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Interim Chancellor

SUBJECT: Exposure Control Plan for Bloodborne Pathogens

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APPENDICES

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1. PURPOSE OF THE PLAN

One of the major goals of the North Carolina Department of Labor, Occupational Safety and Health Division (NCOSHA) is to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. To help achieve this goal NCOSHA enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter in the work place.

Appalachian State University believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These principles include:

- It is prudent to minimize all occupational exposure to human body fluids.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- Our facilities should institute as many engineering and work practice controls as possible to eliminate or minimize an individual's exposure to bloodborne pathogens.

The University has implemented this Exposure Control Plan to meet the letter and intent of the NCOSHA Bloodborne Pathogens Standard. The objective of the plan is twofold:

- To protect our employees from the health hazards associated with bloodborne pathogens, and
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

2. DEFINITIONS

The following terms are defined in paragraph (b) of 29 CFR 1910.1030

Assistant Secretary; Blood; Bloodborne Pathogens; Clinical Laboratory; Contaminated; Contaminated Laundry; Contaminated Sharps; Decontamination; Director; Engineering Controls; Exposure Incident; Handwashing Facilities; Licensed Healthcare Professional; HBV; HCV; HIV; Needleless Systems; Occupational Exposure; Other Potentially

Infectious Materials; Parenteral; Personal Protective Equipment; Production Facility; Regulated Waste; Research Laboratory; Sharps with Engineered Sharps Injury Protections; Source Individual; Sterilize; Universal Precautions; and Work Practice Controls.

Unless stated otherwise, the definitions in 29CFR 1910.1030(b) shall apply to use of these terms in this Exposure Control Plan (the Plan). 29 CFR 1910.1030, as amended in April 2001 by the Needlestick Safety and Prevention Act, is included as Appendix 1. This standard also can be accessed from the following web site: http://www.osha-slc.gov/OshStd_data/1910_1030.html.

3. GENERAL PROGRAM MANAGEMENT

3a. Responsibilities

There are five major categories of responsibility that are central to the effective implementation of our Exposure Control Plan. These categories are:

1. Exposure Control Officer,
2. Exposure Control Committee,
3. Education/Training Coordinator,
4. Department Managers and Supervisors, and
5. Employees with occupational exposure (i.e., reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties).

The following discussions define the roles played by each of these responsible parties in carrying out the Exposure Control Plan. Throughout the Plan, persons are identified by job title, rather than by individual names. It is tacitly understood that the Plan changes the job description of these individuals to include these responsibilities. A list of individuals filling the first three responsibility categories is included as Appendix 2.

Exposure Control Officer. The Exposure Control Officer shall be designated by the Chancellor of the University. It shall be this person's responsibility to manage the overall program. Activities which are delegated to the Exposure Control Officer include, but are not limited to:

- Maintaining overall responsibility for implementing the Exposure Control Plan for the entire facility.
- Working with administrators and other employees of the University to develop and administer any additional policies and practices needed to support the effective administration of plans related to bloodborne pathogens.
- Reviewing and revising as necessary the Exposure Control Plan on at least an annual basis.

- Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard, and bloodborne pathogens safety and health information. This is maintained in the office of the Exposure Control Officer.
- Knowing current legal requirements concerning bloodborne pathogens.
- Acting as facility liaison during NIOSH inspections.
- Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.
- Reviewing and approving the bloodborne pathogens training program, including the Training Coordinator and his/her designee(s).
- Reviewing exposure incident forms and assisting departments in coming up with effective exposure incident prevention programs.

Exposure Control Committee. The Exposure Control Committee shall assist the Exposure Control Officer in carrying out her/his duties. The committee may consist of, but is not limited to:

- The Registered Nurse responsible for infection control at Student Health Services.
- The Head Athletic Trainer.
- A representative from Building Services (Academic Housekeeping) and/or Residence Life Housekeeping.
- A representative from the College of Arts and Sciences.
- A representative from the College of Fine and Applied Arts.
- A representative from the Office of Student Development, University Recreation Department.
- A representative from Health Promotions.
- The University Attorney or Assistant University Attorney.
- A representative from the Office of Human Resource Services.
- The Director of the Broyhill Inn and Conference Center.
- The Director of University Police.

- The Director of the Safety & Workers' Compensation Office.
- The Bloodborne Pathogens Education/Training Coordinator.
- The Exposure Control Officer.

The responsibilities of the Exposure Control Committee are as follows:

- Review procedures developed by specific departments.
- Identify job classifications.
- Recommend personal protective equipment.
- Propose budget to the University Administration.
- Provide consultation to the Exposure Control Officer and the Education/Training Coordinator.
- Review noncompliance and/or exposures and make recommendations to the administration for possible changes.
- Revise/review plan whenever necessary to reflect new or modified tasks or positions with occupational exposure to bloodborne pathogens, but at least every year.

Education/Training Coordinator. The Education/Training Coordinator will be appointed by the Chancellor and shall be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Education/Training Coordinator include:

- Maintaining an up-to-date list of Appalachian State University personnel requiring training.
- Developing education/training programs and keeping them up to date.
- Conducting training and/or designating trainers (with approval of the Exposure Control Officer) to conduct training. In accordance with NCOSHA guidance, acceptable trainers include healthcare professionals and non-healthcare professionals who are knowledgeable in the subject matter of the training program as it relates to the workplace.
- Maintaining appropriate documentation of training such as training attendance records, outlines of training protocols, etc.

- Periodically reviewing the training programs with the Exposure Control Officer, department directors/chairpersons, and Exposure Control Committee, to include appropriate new information.

Department Managers and Supervisors. Deans of Colleges, Chairpersons of Departments, and Directors of Services (such as, but not limited to: Student Health, Residence Halls, Human Performance Laboratories, Scientific Laboratories, Athletics, and Athletic Facilities) are responsible for exposure control in their respective areas.

Supervisors whose employees are covered by this Plan are responsible for:

- Ensuring that proper exposure control procedures are followed.
- Scheduling initial training of covered employees prior to employees undertaking activities with exposure potential.
- Scheduling annual refresher training for all covered employees.
- Ensuring that all new or transferred employees who will have a reasonable possibility for exposure to bloodborne pathogens in their new jobs undergo University-approved training prior to undertaking such duties.
- Determining whether additional training is needed by comparing an employee's previous job classification and tasks to those for any new job or function.
- Contacting their administrative superiors and the Safety & Workers' Compensation (S&WC) Office to request the addition of specific employees or new job categories to the lists of people who may have occupational exposure (i.e., Category I or II in the Exposure Determination list in Appendix 3).
- Training employees how to use engineering or work practice controls with which the employee is inexperienced.
- Ensuring that the procedures in this Plan are followed, including exposure incident reporting and follow-up.

Administrators responsible for the Athletics Department and operating units within the divisions of Academic Affairs, Business Affairs, Student Development, and University Advancement may adopt more specific policies and procedures to achieve the objectives set forth in this plan, so long as such policies and procedures are at least as stringent as, and not inconsistent with, this plan. Such policies and procedures shall be subject to the approval of the Exposure Control Officer as well as their administrative superiors having approval authority for policies and procedures.

Employees with Reasonable Anticipation of Occupational Exposure. As with all of the activities of the University, our employees have the most important role in our bloodborne pathogens compliance program. The ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they shall:

- Know what tasks they perform that have the potential for occupational exposure,
- Attend bloodborne pathogens training sessions,
- Plan and conduct all operations in accordance with our work practice controls,
- Practice good work and personal hygiene habits.

3b. Availability of the Plan

The University Exposure Control Plan shall be available to employees of Appalachian State University at any time. Employees shall be advised of this availability during their initial orientation to their assignments. Copies of the Exposure Plan and NCOSHA regulations (29 CFR 1910.1030) will be kept in each of the following locations:

- Resource Manual for Faculty and Staff,
- Safety & Workers' Compensation Office,
- Student Health Services Library,
- Office of the Exposure Control Officer, and
- Office(s) of the Education/Training Coordinator and his/her designees.

3c. Review and Update of the Plan

Review of the Exposure Control Plan will be conducted by the Exposure Control Officer and the Exposure Control Committee at the following times:

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- At least annually.
- Whenever new or modified tasks and procedures which affect occupational exposure of our people are implemented.
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
- When the University establishes new functional positions that may involve exposure to bloodborne pathogens.
- When new curricula are introduced that may involve opportunities for exposure to bloodborne pathogens.

3d. Adding New Job Categories to the Plan

Chairpersons and area supervisors who wish to add specific employees or new job categories to the Plan's Exposure Determination List **must** send a letter of request to their respective administrative superiors, with a copy to the S&WC Office. Exposure Control Committee members will review these requests and make recommendations to the Chancellor. Chairpersons and area supervisors will be notified by the S&WC Office as to the Chancellor's determination.

Requests to add specific employees or new job categories shall include the following information for **each** position to be added:

- Employee name.
- Specific job classification.
- Position title (the exact position title as listed by Human Resource Services or Academic Affairs).
- Specific tasks or procedures that affect the occupational exposure level.
- Reason(s) or explanation for inclusion.

4. EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations that employees may encounter. We have recognized the following categories:

- **Category 1.** NIOSH defines Category 1 as job classifications or departments in which all employees have been determined to have occupational exposure due to their job tasks (e.g., physicians and Medical Center Facility staff).
- **Category 2.** NIOSH defines Category 2 as job classifications or departments in which some employees have been determined to have occupational exposure to bloodborne pathogens due to their job tasks (e.g. Housekeepers involved with cleanup and removal of blood or other body fluids at an athletic event).
- **Category 1NR and 2NR.** In addition to the NIOSH-defined categories, Appalachian State University allows receipt-supported departments to enroll employees in the Bloodborne Pathogens Program even when the Exposure Control Committee has determined the employees are not at sufficient risk of occupational exposure to blood or other potentially infectious materials. "1NR" means all employees in that job category participate, but they have been determined "Not at Risk" by the Exposure Control Committee. "2NR" means some employees in that job category participate, but they have been determined "Not at Risk" by the Exposure Control Committee.

In these cases, the department either covers the cost of the Hepatitis B vaccine series, or encourages employees to obtain the vaccines on their own (at no cost) through the university-provided medical insurance program.

- **Non-Paid Students & Volunteers.** The University recognizes that students and volunteers sometimes participate in university-sponsored activities that are reasonably likely to result in exposure to bloodborne pathogens (for example, students who work with human blood samples in the Human Performance Lab). Because these students and volunteers are not employees, this OSHA-required program does not apply to them. Supervisors who allow students or volunteers to participate in such activities are encouraged to obtain students' or volunteers' signature on the "Form for Non-Paid Students," which is available from the Exposure Control Officer.

Tasks and procedures performed by employees in Categories 1 and 2 are tasks in which occupational exposure may reasonably be expected to occur. These tasks include:

- Handling regulated waste or contaminated laundry,
- Cleaning contaminated facilities and equipment,
- Handling blood specimens,
- Rendering first aid or other medical treatment,
- Venipuncture or use of needles, and
- Nonsurgical medical procedures such as examining vocal cords.

Tasks and procedures performed by Category 1NR and 2NR employees typically involve housekeeping in areas other than the Student Health Services clinic.

5. METHODS OF COMPLIANCE

In order to effectively eliminate or minimize exposure to bloodborne pathogens within the University, a number of issues must be addressed. This plan addresses the following issues:

- Standard precautions,
- Engineering controls,
- Work practice controls,
- Personal protective equipment (PPE), and
- Housekeeping procedures.

These issues are reviewed with employees during University-approved bloodborne pathogens training (see the Information and Training section of this Plan for additional information).

5a. Standard Precautions

Standard Precautions, rather than the less stringent Universal Precautions, will be practiced to prevent contact with blood or other potentially infectious materials to reduce the risk of

occupational exposure. That is, all body fluids will be treated as if they are potentially infectious so gloves and handwashing will be required. The exception is childcare centers, where wearing gloves is not required for everyday activities that are likely to contact children's saliva (because small children tend to "mouth" everything, virtually every object in a daycare center can be contaminated with saliva). Standard Precautions have the added advantage of minimizing the spread of many minor but unpleasant illnesses.

Glove use is discussed in detail in Section 5d of this Plan, "Personal Protective Equipment." Handwashing is discussed in detail in Appendix 5.

NCOSHA defines the following fluids as potentially infectious:

- Blood.
- Semen.
- Vaginal secretions.
- Cerebrospinal fluid.
- Synovial fluid.
- Pleural fluid.
- Pericardial fluid.
- Peritoneal fluid.
- Amniotic fluid.
- Saliva in dental procedures.
- Any body fluid that is visibly contaminated with blood.
- All body fluids in situations where it is difficult or impossible to differentiate between infectious and noninfectious body fluids.

It is sometimes easier to think of which body fluids are not capable of transporting bloodborne pathogens (unless, of course, they contain or can not be distinguished from the above-listed body fluids):

- Urine,
- Feces,
- Saliva (unless from dental procedures),

- Vomit,
- Sputum,
- Nasal secretions, and
- Cerumen.

5b. Engineering Controls

Engineering controls must, by law, serve as the first line of defense against exposure. Engineering controls such as safer medical devices, sharps disposal containers, ventilating laboratory hoods, disposable needles, etc., should be used as appropriate to eliminate or minimize exposure of people to bloodborne pathogens. Specific guidelines for engineering controls are provided in Appendix 4, "Engineering & Work Practice Controls."

In response to the Needlestick Safety and Prevention Act, in April 2001, NIOSH began requiring the use of safer medical devices such as self-sheathing needles, needleless IV connectors, and plastic rather than glass capillary tubes. Failure to use such devices must be documented with a written explanation of why safer medical devices are not appropriate or available.

The April 2001 revisions to the OSHA Bloodborne Pathogens Standard now require documentation of the selection process for safer medical devices. This documentation is included in Appendix 10 of this Plan.

5c. Work Practice Controls

Work practice controls are the second line of defense in eliminating or minimizing employee exposure to bloodborne pathogens. Common work practice controls include handwashing; not recapping, breaking, or reusing needles; and not mouth-pipetting blood or other potentially infectious materials. Appendices 4, 5, and 6 provide a more detailed review of appropriate work practice controls.

Chairpersons and Directors are responsible for implementation of these Work Practice Controls, though they may delegate implementation responsibility to supervisors of various campus areas. The Exposure Control Officer will provide advice as needed.

5d. Personal Protective Equipment

Personal protective equipment (PPE) is provided on the basis of an employee's required job tasks. It is the person's last line of defense against bloodborne pathogens. The University provides (at no cost to the employee) the PPE that may be needed to protect employees against such exposure. This PPE may include, but is not limited to:

- Gloves,
- Safety glasses or goggles,
- Face shields or masks,

- Gowns,
- Laboratory coats,
- Mouthpieces,
- Bag-mask resuscitators,
- Pocket masks for resuscitation,
- Hoods, and/or
- Shoe covers.

To minimize the chances of employees developing latex allergy, it is recommended that departments generally select nonlatex gloves such as nitrile gloves, or powder-free, low protein-content latex gloves. Vinyl gloves are not appropriate for situations in which sharps might be present. If latex gloves are used, only powder-free gloves should be selected.

If an employee covered under this Plan is allergic to latex, the department shall provide appropriate non-latex gloves at no cost to the employee. Supervisors are encouraged to contact the Exposure Control Officer for suggestions.

The Exposure Control Officer will assist supervisory personnel in areas outside Student Health Services in identifying PPE appropriate for the area.

All persons will be trained regarding the use of appropriate PPE for their job classifications and the tasks or procedures that they perform. Additional training will be provided, when necessary, such as change of job or task by an individual or the arrival of new persons in an area. The supervisor will determine whether additional training is needed by comparing a person's previous job classification and tasks to those for any new job or function.

The University adheres to the following practices to ensure that PPE is not contaminated and is in the appropriate condition to protect the individual from potential exposure:

- All PPE shall be inspected periodically by the user and repaired or replaced as needed to maintain its effectiveness, at no cost to the employee.
- Reusable PPE shall be cleaned, laundered, and disinfected between users and more frequently as needed, at no cost to the employee.
- PPE that cannot be decontaminated shall be disposed of in a safe manner.

Individuals shall adhere to the following practices when using PPE to ensure that this equipment is used as effectively as possible:

- Any garment penetrated by blood or other potentially infectious materials shall be removed immediately, or as soon as possible.

- All PPE shall be removed prior to leaving a work area and placed in an appropriate, designated area or container for storage, washing, decontamination, or disposal.
- Disposable gloves shall be replaced as soon as practical after contamination, or if they are torn, punctured, or otherwise lose the ability to function as a barrier to exposure.
- Utility gloves shall be decontaminated before reuse. If they become cracked, peeling, torn, or exhibit other signs of deterioration, they shall be disposed of.
- Masks and eye protection (such as goggles, face shields, etc.) shall be used whenever splashes or sprays may generate droplets of infectious materials.
- Eye protection shall be worn whenever other eye hazards exist (e.g. when mixing bleach solution).
- Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and or shoe covers/boots shall be used in any instance where gross contamination such as spraying blood is anticipated.

Gloves shall be worn in the following circumstances:

- Whenever a person anticipates hand contact with human body fluids (especially blood and other potentially infectious materials), mucous membranes, or non-intact skin.
Exception: employees who work extensively with young children are not expected to wear gloves solely to prevent contact with children's saliva.
- When performing vascular access procedures (e.g., venipuncture).
- When handling or touching contaminated items or surfaces.

5e. Housekeeping

A written schedule will be maintained for cleaning and decontamination of all areas where blood or other potentially infectious materials are routinely encountered.

The housekeeping supervisor of each building or area is responsible for writing the cleaning schedule and method(s) of decontamination, and for making sure that it is carried out within that area. The written housekeeping schedule should be based on the tasks or procedures performed in the area, the area's location within the facility, the type(s) of surface(s) to be cleaned, and the type of contamination present.

Where blood or other potentially infectious materials are not routinely encountered (such as nonmedical academic classrooms), it is understood that spills of such materials shall be cleaned up immediately. If immediate cleanup is not feasible, the area shall be cordoned off from public access until proper cleanup and decontamination can occur.

5f. Regulated Waste

Waste that NIOSH defines as “regulated waste” must be handled following special procedures. The Recycling Coordinator or a designee will coordinate the collection, handling and disposal of the University’s regulated waste. Regulated waste shall be placed in a container that meets the requirements specified in Appendix 7.

The following items are defined as “regulated waste”:

- Contaminated sharps (needles, broken glass, etc).
- Liquid or semi-liquid blood or other potentially infectious materials.
- Contaminated items that would release liquid or semi-liquid blood or other potentially infectious materials when compressed.
- Contaminated items that would release dried blood or other potentially infectious materials when handled.
- Pathological and microbiological wastes containing blood or other potentially infectious materials.
- In addition to the items NIOSH defines as regulated waste mentioned above, any waste that contains more than 20 milliliters (approximately four teaspoons) of liquid blood may not be disposed of in the regular trash due to local landfill requirements. Thus any such wastes should also be disposed of as “regulated waste” regardless of the ability to release liquid or dried blood when handled. When in doubt, treat blood-contaminated waste as regulated waste.

5g. Contaminated Laundry

Contaminated laundry is any laundry that may contain blood or other potentially infectious materials. Standard Precautions will be used when handling all laundry. All areas/departments where biohazardous laundry will be cleaned must implement a written procedure that is substantively consistent with the procedure developed by Student Health Services. The Student Health Services’ procedure is included as Appendix 6.

Contaminated laundry shall be placed in a biohazard-labeled or color-coded container at the location where it was used. Appalachian State University employees who sort, rinse, or wash

contaminated laundry shall follow the procedures in Appendix 6, or substantively similar procedures as developed by their area/department.

Only laundry bags or other containers that prevent soaking-through and leakage of fluid shall be used to contain contaminated laundry.

If an offsite laundering facility used by the University does not use universal precautions when handling all laundry, all contaminated laundry shall be shipped to that facility only in bags or other containers that are biohazard-labeled or color-coded.

6. HEPATITIS B VACCINATION PROGRAM

The hepatitis B virus (HBV) vaccination program shall be offered to all employees who have occupational exposure to bloodborne pathogens within the course and scope of employment duties. The University shall make available the HBV vaccine to all such employees within ten working days of initial assignment to the work where exposure may occur.

The University shall make available all medical evaluations and procedures, including the HBV vaccination series at no cost to the employee. These services shall be provided at a reasonable time and place and in accordance with the recommendations of the U.S. Public Health Service then current. All medical evaluations shall be performed by a physician or other licensed healthcare professional. All vaccinations shall be provided by or under the supervision of a physician or other licensed healthcare professional.

The vaccination program consists of a series of inoculations over a specified period, following the recommendations of the U.S. Public Health Service and Centers for Disease Control then current. For healthcare providers, the program also includes testing of the individual one month after the third vaccine is administered to determine whether or not immunity to HBV has been successfully achieved. If the results of this test show that immunity has not been achieved, additional inoculation(s) are administered as necessary to confer immunity.

Each employee with occupational exposure shall be required to sign a form indicating desire to be or not be immunized. Copies of the form shall be kept on file at the S&WC Office. Copies of the acceptance and declination forms are provided in Appendix 8.

An employee with occupational exposure may request the vaccination at any time during the term of his or her employment, even if the employee previously signed a declination form.

Student Health Services provides the HBV immunizations to university employees who are required to be offered the immunization. Student Health Services shall maintain a copy of the current Bloodborne Pathogens regulation and the current Appalachian State University Exposure Control Plan, and make it available to all healthcare providers who may administer the HBV vaccine to university employees.

7. EXPOSURE INCIDENTS

An exposure incident is any incident where an employee receives an accidental needlestick, is cut by a contaminated object, or is splashed by blood or other potentially infectious materials on nonintact skin or on any mucous membrane. Even with adherence to all of our exposure prevention practices, exposure incidents can occur. The University shall make available post-exposure evaluation and follow-up to all employees who have had an exposure incident within the course and scope of their employment duties.

The University shall make available all medical evaluations and procedures, including the HBV vaccination series at no cost to the employee. These services shall be provided at a reasonable time and place and in accordance with the recommendations of the U.S. Public Health Service then current. All medical evaluations shall be performed by a physician or other licensed healthcare professional. All vaccinations shall be provided by or under the supervision of a physician or other licensed healthcare professional.. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Much of the information involved in evaluating and providing follow-up for exposure incidents must remain confidential, and precautions will be taken to protect the privacy of all employees concerned.

7a. Post-Exposure Evaluation and Follow-Up

When an exposure incident occurs, the **employee** shall follow the procedures outlined in Appendix 9.

Upon notification of an exposure incident, the employee's **Supervisor** shall:

- Immediately complete an "ASU Exposure Incident Report" or substantively similar report. The purpose of this report is to provide a written summary of the incident and its causes and to make recommendations for avoiding similar incidents in the future. A blank copy of the ASU Exposure Incident Report is included in Appendix 9.
- **If the incident involves needles or other sharps, the a report format in Appendix 9 must be used, or else a second "Needlestick Log" shall be prepared** in accordance with the Needlestick Safety and Prevention Act.
- Within 24 hours, complete a Workers' Compensation Report. All the above reports shall be submitted to and retained by the S&WC Office.

Upon notification of an exposure incident, the **S&WC Office** shall notify the Exposure Control Officer within 24 hours.

Upon notification of an exposure incident, the **Exposure Control Officer** shall review the incident and methods of preventing future such incidents with the affected department.

A checklist is utilized to make sure that the exposed employee receives appropriate treatment following an exposure to bloodborne pathogens. The checklist is used to verify that all steps in the process have been taken. A copy of the checklist is included in Appendix 9.

The exposed employee will be furnished with documentation of the routes of exposure and the circumstances under which the exposure incident occurred. The source individual will be identified unless unknown or identification is prohibited by law.

After consent is obtained, and as soon as feasible, the source individual's blood will be tested for the possibility of HIV and/ or HBV infectivity. Results of the source individual's testing (but not the individual's identity) shall be made available to the exposed employee. At the same time the employee shall be made aware of any applicable laws and regulations concerning the disclosure of the identity and infectious status of a source individual (See North Carolina General Statutes, section 130A-143).

The University shall arrange to collect and test the blood of the exposed employee as soon as feasible. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The University shall assist the exposed employee in obtaining appropriate medical treatment, including counseling and evaluation of reported illnesses.

7b. Information Provided to the Healthcare Professional

Student Health Services shall provide the post-exposure evaluation and followup except when (1) Student Health Services is not open at the time of the exposure incident, or (2) when expertise not available at Student Health Services is deemed necessary by a healthcare provider or Workers Compensation administrator. Student Health Services shall maintain a copy of the current Bloodborne Pathogens regulation and the current Appalachian State University Exposure Control Plan.

The following documents shall be provided to the healthcare professional responsible for the employee's evaluation after an exposure incident:

- A copy of the federal bloodborne pathogen standard (29 CFR. 1910.1030) or Federal Register Vol. 56, #235, pages 64175-64182 (December 6, 1991). The standard is included as Appendix 1 of this Plan, and is also accessible from the following web site: www.osha-slc.gov/OshStd_data/1910_1030.html.
- A description of the exposed employee's duties relative to the exposure incident.

- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All relevant medical records maintained by the University, including vaccination status.

7c. Healthcare Professional's Written Opinion

After consultation, the healthcare professional shall provide to the University a written opinion evaluating the exposed employee's situation. The University will, in turn, provide this information to the employee within 15 days of the evaluation. In keeping with this process' emphasis on confidentiality, the written opinion should contain only the following information:

- Whether HBV vaccination is indicated for the employee.
- Whether the employee has received the HBV Vaccine.
- Confirmation that the exposed employee has been informed of the results of the evaluation.
- Confirmation that the employee has been informed about any medical conditions resulting from the exposure incident that require further evaluation or treatment.

7d. Medical Recordkeeping

Medical records for each employee with occupational exposure shall be maintained in the S&WC Office. In accordance with federal regulations set forth at 29 C.F.R. 1910.1030(h), these records shall include:

- The employee's name and social security number.
- A copy of the employee's HBV vaccination status, including dates of HBV vaccinations.
- A copy of any exposure incident records, including Exposure Incident Investigation Reports, Post-Exposure Incident Checklists, healthcare professional's written opinions, and source individual's express written consent for testing.

These records shall be kept confidential and not be disclosed to any person within or outside the work place except as required by law without the employee's express written consent. The records shall be maintained for at least 30 years after the employee's termination of employment with the University.

8. LABELS AND SIGNS

A comprehensive biohazard warning labeling program will be maintained wherever indicated for protection of all people on the campus. The Exposure Control Officer will be responsible for this program, and can provide information on where to obtain biohazard labels.

The following items at the University will be labeled as containing biohazards and/or placed in bright red or red-orange containers (labeling is preferred):

- Containers of regulated waste.
- Refrigerators/freezers containing human blood, blood components or products, or other potentially infectious materials as defined in 29 CFR 1910.1030.
- Sharps disposal containers. (Note: liquid laundry detergent bottles, particularly red or red-orange colored ones, are acceptable sharps containers if properly labeled.)
- Other containers used to store, transport, or ship human blood, blood components or products, or other potentially infectious materials. Details on what constitutes an acceptable container are provided in Appendix 7.
- Laundry bags and containers from medical treatment areas.
- Laundry bags and containers used to store or transport contaminated laundry from other areas such as University Police, Athletics, etc.
- Contaminated equipment. On labels attached to contaminated equipment, an indication shall be made as to what portions of the equipment are contaminated.

The following items do not require biohazard labels:

- Containers of human blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or clinical use.
- Individual containers of blood or other potentially infectious materials that are placed in a biohazard-labeled container.

9. INFORMATION AND TRAINING

9a. Applicability

All employees with occupational exposure to bloodborne pathogens must take part in a training program which includes the content set forth below. Training shall be made available at a reasonable time and place and at no cost to the employee.

The Education/Training Coordinator is responsible for conducting bloodborne pathogens training and/or coordinating other trainers who have been approved by both the Training Coordinator and the Exposure Control Officer..

9b. Frequency

Initial training shall occur before the employee undertakes those specific job duties where exposure to bloodborne pathogens may occur. Retraining will take place on at least an annual basis. Additional training will be provided when modification of tasks or procedures or institution of new tasks or procedures affect an employee's occupational exposure.

9c. Training Topics

The Training Coordinator shall develop a standardized training outline and shall keep it up-to-date. This standardized training outline and changes made to it shall be approved by the Exposure Control Officer. To ensure that at least the minimum NIOSH training requirements are met, all approved trainers shall provide at least the information indicated in the outline. Trainers are free to provide additional information, as long as it does not conflict with the standardized outline.

The topics covered in the training program include, but are not limited to:

- The Appalachian State University Exposure Control Plan (and how an individual may obtain a copy).
- The Bloodborne Pathogens Standard (29 CFR 1910.1030) and how an individual may obtain a copy.
- The epidemiology and symptoms of bloodborne diseases covered by the standard.
- The modes of transmission of bloodborne pathogens.
- Methods for recognizing tasks and other activities that may involve an exposure to blood and other potentially infectious materials.
- Engineering controls to be used to prevent or reduce exposure.
- Work practice controls to be used to prevent or reduce exposure.
- Personal protective equipment (PPE) to be used to prevent or reduce exposure, including how to prevent and recognize latex allergy.
- Basis for selecting PPE.

- Information on the proper removal, handling, and disposal of contaminated equipment, laundry, and regulated waste.
- Warning labels and signs.
- Information on the Hepatitis B Vaccine, including its benefits, efficacy, safety, method of administration, and that it is offered free of charge to the employee.
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information on post-exposure evaluation and follow-up, including medical consultation, that the University will provide.

9d. Training Methods

The University's training presentations make use of several training techniques, including, but not limited to:

- Classroom setting with personal instruction,
- Videotape programs,
- Training manuals and handouts, and
- Discussion between the trainer and employees.

Any training not conducted in person by a trainer shall provide an opportunity for interactive questions and answers with an approved trainer.

9e. Recordkeeping

Training records will be maintained in the S&WC Office and contain the following information:

- Dates of all training sessions,
- Contents/summary of the training sessions,
- Names and qualifications of the trainers, and
- Names and job titles of persons attending the training sessions.

Training records shall be available for examination and copying by employees and the Assistant Secretary and the Director (as defined in 29 CFR 1910.1030(b)), in accordance with 29 CFR 1910.1030(h)(2). These records shall be maintained for at least 3 years from the date on which each training session occurred.

APPENDICES

- 1. OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030**
- 2. List of Responsible Persons & Contact Information**
- 3. Exposure Determinations List (Alphabetically by Area/Dept)**
- 4. Engineering & Work Practice Controls**
- 5. Recommended Handwashing Procedures**
- 6. Example Contaminated Laundry Procedure**
- 7. Containers for Regulated Waste**
- 8. Hepatitis B Vaccination Forms**
- 9. Exposure Incident Forms**
- 10. Safer Medical Devices – Proof of Consideration (as required by the Needlestick Safety and Prevention Act)**

Appendix 1

OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030

[Click here](#) or type this link into internet browser:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Appendix 2

List of Responsible Persons and Contact Information (as of May 22, 2003)

Exposure Control Committee Chair

Name: Mr. Joe Carter

Title: Director, University Recreation

Phone: 828.262.6304

Email: carterjr@appstate.edu

Location: University Recreation, Broome-Kirk Gymnasium

Mailing Address: ASU Box 32081, Appalachian State University, Boone NC 28608-2081

Exposure Control Committee Secretary

Name: Ms. Wanda Yates

Title: Safety & Workers' Compensation Administrator

Phone: 828.262.4008

Email: yateswk@appstate.edu

Location: Safety & Workers' Compensation Office, Business Affairs Annex

Mailing Address: ASU Box 32112, Appalachian State University, Boone NC 28608-2112

Exposure Control Officer

Name: Ms. Mary M. Cavanaugh

Title: University Industrial Hygienist

Phone: 828.262.6838

Pager: 262.6497; enter "162" at first tone; enter your callback number at second tone.

Email: cavanaughmm@appstate.edu

Location: Industrial Hygiene Office, CAP Building Room 431

Mailing Address: ASU Box 32140, Appalachian State University, Boone NC 28608-2140

Education/Training Coordinator

Name: VACANT; interim coordinator is Mary M. Cavanaugh

Title:

Phone:

Email:

Location:

Mailing Address:

Exposure Control Committee Members

Varies frequently. Contact Exposure Control Committee Secretary, above.

Appendix 3

Exposure Determinations List

(Shown Alphabetically by Area/Dept)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Appalachian Senior Programs	Project Assistant	1	Spill cleanup, First aid	Allegheny, Ashe, Avery, Watauga, & Wilkes Counties	Ms. Wanda Brooks, POB 605, Jefferson NC 28640 33.846.4898, brookswl@	Mr. Jim Shorten (x3080, shortenj)
Athletic Training	Curriculum Director	1	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Mr. Jim Shorten (x3080, shortenj)	Mr. Jim Shorten (x3080, shortenj)
Athletic Training	Clinical Coordinator	1	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Mr. Jim Shorten (x3080, shortenj)	Mr. Jim Shorten (x3080, shortenj)
Athletic Training	Head Athletic Trainer	1	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Mr. Jim Shorten (x3080, shortenj)	Mr. Jim Shorten (x3080, shortenj)
Athletic Training	Asst Athletic Trainer	1	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Jim Shorten	Jim Shorten
Athletic Training	Graduate Assistant Intern	1	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Jim Shorten	Jim Shorten
Athletic Training	Student Athletic Trainer	1NR	Spill cleanup, First aid, Percutaneous sharps	Field House, Broome-Kirk Gym Training Rm, Holmes Training Rm	Jim Shorten	Jim Shorten
Athletics	Athletic Equipment Mgr (Athletic Facilities, Laundry)	2	Spill cleanup, First aid, Laundry	Owens Field House	Mr. Chuck Cobb (x8100)	MM Cavanaugh (x6838)
Biology Dept	Faculty	2	Venipuncture	Rankin Hall	Dr. Dru Henson (x2673, hensonda) &/or Ray Williams	MM Cavanaugh (x6838)
Biology Dept	Grad Asst	2	Lab	Rankin Hall	Dr. Dru Henson &/or Ray Williams	MM Cavanaugh (x6838)
Biology Dept	Laboratory Mgr	2	Venipuncture	Rankin Hall	Dr. Dru Henson &/or Ray Williams	MM Cavanaugh (x6838)
Camp Broadstone (part of Conferences & Institutes)	Camp Counselors (temporary)	1	First aid, Percutaneous sharps	Camp Broadstone	Ms. Judith Bevan, (963-4640, bevanjk)	Judith Bevan (963-4640)
Camp Broadstone	Housekeeper	2	Spill cleanup	Camp Broadstone	Ms. Judith Bevan, Peter Vandenberg	Judith Bevan (963-4640)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Camp Broadstone	Univ Residence Administrator II	2	First aid	Camp Broadstone	Ms. Judith Bevan, Peter Vandenberg	Judith Bevan (963-4640)
CDC (Communication Disorders Clinic, formerly Comprehensive Clinic)	Clinical Audiologist	1	Medical procedures, First aid	Duncan Hall	Ms. Kathy Mann	Mary Ruth Sizer (x6071)
CDC	Clinical Speech/Language Pathologist	1	Medical procedures, First aid	Duncan Hall	Ms. Kathy Mann	Mary Ruth Sizer (x6071)
CDC	Director, CDC	1	Medical procedures, First aid	Duncan Hall	Ms. Kathy Mann	Mary Ruth Sizer (x6071)
CDC	Office Asst	2	Medical procedures, First aid	Duncan Hall	Ms. Kathy Mann	Mary Ruth Sizer (x6071)
CDC	Pgm Asst	2	Medical procedures, First aid	Duncan Hall	Ms. Kathy Mann	Mary Ruth Sizer (x6071)
Child Development Ctr	Administrator	2	Spill cleanup, First aid	Poplar Hill Dr.	Ms. Peggy Eller (2083, ellermb)	MM Cavanaugh (x6838)
Child Development Ctr	Day Care Teacher II	1	Spill cleanup, First aid	Poplar Hill Dr.	Ms. Peggy Eller	MM Cavanaugh (x6838)
Child Development Ctr	Educational Developmental Aid I	1	Spill cleanup, First aid	Poplar Hill Dr.	Ms. Peggy Eller	MM Cavanaugh (x6838)
Food Services	Designated food service workers (1 per shift or on-call)	2	Spill cleanup	All food services	Art Kessler, Asst Director (Trivette Hall, x613)	MM Cavanaugh (x6838)
Health Promotions	Director	1	First aid, Venipuncture	Varsity Gym Basement, West (old Racquetball Courts)	Ms. Sherri Wilson (x6314)	MM Cavanaugh (x6838)
Health Promotions	Health Specialist	1	First aid, Venipuncture	Varsity Gym Basement, West (old Racquetball Courts)	Ms. Sherri Wilson (x6314)	MM Cavanaugh (x6838)
HLES	Faculty	2	Venipuncture	Broom-Kirk Gym, Holmes Ctr	Ms. Melanie Austin (x3142, melanieaustin3@hotmail.com)	MM Cavanaugh (x6838)
HLES	Grad Asst	2	Venipuncture	Varsity Gym, Holmes Ctr	Ms. Melanie Austin	MM Cavanaugh (x6838)
HLES	Lab Coordinator	2	Venipuncture	Varsity Gym Rm 207, Holmes Center	Ms. Melanie Austin	MM Cavanaugh (x6838)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
HLES	Stock Clerk I (Athletic Facilities)	2	Venipuncture	Varsity Gym, Holmes Ctr	Ms. Melanie Austin	MM Cavanaugh (x6838)
Holmes Center	Housekeeper	1	Spill cleanup	Holmes Convocation Center, during events	X7890	MM Cavanaugh (x6838)
Housing Operations	Housekeeper	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg, Asst. Dir. (x7584 or 2278, JET Bldg)	MM Cavanaugh (x6838)
Housing Operations	Housekeeping Administrator II	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Housing Operations	Housekeeping Supervisor	1	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Housing Operations	Maintenance Assistant	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Housing Operations	Maintenance Mechanic IV	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Housing Operations	Maintenance Mechanic V	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Housing Operations	Utility Worker	1NR	Spill cleanup	All univ-owned housing	Dr. Peter Vandenberg	MM Cavanaugh (x6838)
Lucy Brock (Upstairs & Downstairs)	Day Care Teacher I	1	First aid	Lucy Brock Upstairs, Sanford Hall 1 st Floor	Dr. Patricia Hearron (x2660, hearronpf)	MM Cavanaugh (x6838)
Lucy Brock (Upstairs & Downstairs)	Day Care Teacher II	1	First aid	Sanford Hall	Dr. Patricia Hearron	MM Cavanaugh (x6838)
Lucy Brock (Upstairs & Downstairs)	Graduate Assistant	2	First aid	Lucy Brock Upstairs	Dr. Patricia Hearron	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Acad Hsekeeping	Administrator	1NR	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Acad Hsekeeping	Housekeeping Supervisor II	1	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Acad Hsekeeping	Floor Maintenance Assistant	1	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Acad Hsekeeping	Housekeeping Assistant	1NR	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Phys Plant Bldg Svcs - Acad Hsekeeping	Maintenance Mechanic I	2	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Acad Hsekeeping	Maintenance Mechanic II	2	Spill cleanup	Academic Bldgs except sports	Mr. Jeff Trivette (4048)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Sports Facilities	Facilities Manager/Maintenance Mechanic	2	Spill cleanup	Varsity Gym, Broome-Kirk Gym, Owens Field House & Stadium	Mr. Mike Norris (6727, norrismd)	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Sports Facilities	Facilities Supervisor	1NR	Spill cleanup	Varsity Gym, Broome-Kirk Gym, Owens Field House & Stadium	Mike Norris	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Sports Facilities	General Utility Workers	1NR	Spill cleanup	Varsity Gym, Broome-Kirk Gym, Owens Field House & Stadium	Mike Norris	MM Cavanaugh (x6838)
Phys Plant Bldg Svcs - Sports Facilities	Housekeeper	1NR	Spill cleanup	MM Cavanaugh (x6838)	Mike Norris	MM Cavanaugh (x6838)
Phys Plnt Motor Pool	Bus Driver	1	Spill cleanup	Motor Pool	Mr. Bob Ellerbe (3195, ellerberf)	MM Cavanaugh (x6838)
Phys Plnt Motor Pool	General Utility Worker/Car Washer	1	Spill cleanup	Motor Pool	Mr. Bob Ellerbe	MM Cavanaugh (x6838)
Physical Plant Envtl Safety	Recycling Coordinator I	1	Waste handling	Physical Plant Admin Bldg	Ms. Jennifer Maxwelll (x3190-108, maxwelljb)	MM Cavanaugh (x6838)
Safety & WC Office	Industrial Hygienist	1	Spill cleanup, First aid	Anywhere on campus	Dr. Evan Rowe (6120, roweek)	MM Cavanaugh (x6838)
Safety & WC Office	Safety Director I	1	Spill cleanup, First aid	Anywhere on campus	Dr. Evan Rowe	MM Cavanaugh (x6838)
Safety & WC Office	Safety Inspector	2	Spill cleanup, First aid	Anywhere on campus	Dr. Evan Rowe	MM Cavanaugh (x6838)
Safety & WC Office	Workers Comp Administrator	2	Spill cleanup, First aid	Anywhere on campus	Dr. Evan Rowe	MM Cavanaugh (x6838)
Student Health Svcs	Appointment Secretary	1	First aid	Mary S. Shook Student Health Services Center	Ms. Beverly Cuthbertson (3100, cuthebertsonb)	Beverly Cuthbertson & Brown (x3100)
Student Health Svcs	Athletic Trainer	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Student Health Svcs	Housekeeper/Nursing Asst	1	Spill cleanup	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Houskeeper/Nursing Asst/Laundry Tech	1	Spill cleanup, Laundry	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Medical Laboratory Asst III	1	Venipuncture	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Medical Laboratory Technician II/Lab Supervisor	1	Venipuncture	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Network Administrator	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Nurse Supervisor III	1	First aid, Venipuncture, Medical procedures	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Nursing Asst I/Housekeeper/Laundry Tech	1	First aid, Laundry	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Office Mgr/Admin Secretary	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Pharmacist II	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Pharmacist Technician	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Physician	1	First aid, Venipuncture, Medical procedures	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Physician Extender II	1	First aid, Venipuncture, Medical procedures	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Processing Asst II	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Processing Asst III	1	First aid	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	Staff Nurse	1	First aid, Venipuncture, Medical procedures	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Health Svcs	X-Ray Technician II	1	Contact w/bloody injuries	Student Health Svcs Ctr	Ms. Beverly Cuthbertson	Beverly Cuthbertson & Beverly Brown
Student Pgms	Housekeeper (Student Union)	2	Spill cleanup	Student Union	Mr. Brad Vest (x3030)	MM Cavanaugh (x6838)
Student Pgms	Legends Mgr	1	First aid??	Legends	Mr. Brad Vest	MM Cavanaugh (x6838)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Student Pgms	Maintenance Mechanic III	2	Spill cleanup??	Legends, Student Union	Mr. Brad Vest	MM Cavanaugh (x6838)
Student Pgms	Student Pgms Assoc Director	1	First aid??, Spill cleanup??	Student Union	Mr. Brad Vest	MM Cavanaugh (x6838)
Student Pgms	Student Pgms Director	1	First aid??	Student Union	Mr. Brad Vest	MM Cavanaugh (x6838)
Student Pgms	Student Union Mgr	1	First aid??	Student Union	Mr. Brad Vest	MM Cavanaugh (x6838)
Student Pgms	Student Union Night Mgr	1	First aid??	Student Union	Mr. Brad Vest	MM Cavanaugh (x6838)
Univ Police	Chief of Police	1	First aid, Body searches	Service Annex	Chief Gunther Doerr (2150, doerrge)	Darrin Tolbert (x2150)
Univ Police	Police Officer I	1	First aid, Body searches	Service Annex	Chief Gunther Doerr (2150, doerrge)	Darrin Tolbert
Univ Police	Police Officer II	1	First aid, Body searches	Service Annex	Chief Gunther Doerr (2150, doerrge)	Darrin Tolbert
Univ Police	Police Officer III	1	First aid, Body searches	Service Annex	Chief Gunther Doerr (2150, doerrge)	Darrin Tolbert
Univ Recreation	Aerobics Instructor	1	First aid	Quinn Ctr, Mt Mitchell Ctr, SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Director	1	First aid	Student Recreation Center (SRC)	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Equipment/Fields Supervisor	1	Spill cleanup	Quinn, Mt Mitchell, SRC, Ball fields	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Equipment/Fields Worker	2	Spill cleanup	Quinn, Mt Mitchell, SRC, Ball fields	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Facility Asst Coordinator	1	First aid	Quinn Ctr, Mt Mitchell Ctr, SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Facility Supervisor	1	First aid	Quinn Ctr, Mt Mitchell Ctr, SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	General Utility Worker I	1	Spill cleanup	Quinn Center, SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	General Utility Worker II	1	Spill cleanup	Quinn Center, SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Fitness & Facility Coordinator	1	First aid, Spill cleanup	Quinn Ctr, SRC, Mt Mitchell Ctr	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Informal Coordinator	1	First aid, Spill cleanup	Quinn Ctr, SRC, Mt Mitchell Ctr	Mr. Joe Carter, Director	Brent Cochran (x4953)

Area/Dept	Job Title	Cat	Reason(s)	Where Done	Supervisor or Designee (Optional)	Designated Trainer (Optional)
Univ Recreation	Intramural Coordinator	1	First aid, Spill cleanup	SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Lifeguard	1	First aid, Spill cleanup	SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Coordinator I	1	First aid, Spill cleanup, Percutaneous sharps	SCR, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Coordinator II	1	First aid, Spill cleanup, Percutaneous sharps	SRC, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Coordinator III	1	First aid, Spill cleanup, Percutaneous sharps	SRC, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Grad Asst I	1	First aid, Spill cleanup, Percutaneous sharps	SRC, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Grad Asst II	1	First aid, Spill cleanup, Percutaneous sharps	SRC, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Outdoor Trip Leader	1	First aid, Spill cleanup, Percutaneous sharps	SRC, Outdoors	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Pool Coordinator	1	First aid, Spill cleanup	SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Recreation/Intramural Pgmmer	1	First aid, Spill cleanup	SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)
Univ Recreation	Recreation/Intramural Supervisor	1	First aid, Spill cleanup	SRC	Mr. Joe Carter, Director	Brent Cochran (x4953)

Explanation of Categories:

Category 1 = All employees with this Job Title have occupational exposure to bloodborne pathogens (BBP).

Category 1NR = Employees not considered at risk by Exposure Control Committee, but Department opts to train & vaccinate all employees with this Job Title. Also applies to non-employees who are at risk but are not paid for work that involves exposure (e.g. students whose curriculum requires potential exposure to BBP).

Category 1NR* = Same as above except request to upgrade to Category 1 or 2 is being evaluated by Exposure Control Committee (ECC)

Category 2 = Some employees with this Job Title have occupational exposure to BBP.

Category 2NR = Employees not considered at risk by ECC, but Department opts to train & vaccinate some employees with this Job Title. Also applies to non-employees who are at risk but are not paid for work that involves exposure (e.g. students whose curriculum requires potential exposure to BBP).

Category = * = Request has been made to be categorized but ECC has not yet made decision.

Adding New Positions or Job Categories to the Exposure Determination List

Chairpersons and area supervisors who wish to add specific employees or new job categories to the Bloodborne Pathogen Exposure Control Plan's "Exposure Determination List" must send a written request to their respective administrative superiors, with a copy to the Exposure Control Officer (cavanaughmm@appstate.edu).

Exposure Control Committee members will review these requests and make recommendations to the Chancellor. Chairpersons and area supervisors will be notified by the Exposure Control Officer or S&WC Office as to the Chancellor's determination.

Requests to add specific employees or new job categories shall include the following information for **each** position to be added:

- Specific job classification.
- Position title (the exact position title as listed by Human Resource Services or Academic Affairs, e.g. "Nursing Assistant II," "Housekeeping Supervisor I" etc).
- Employee name(s) (if only certain employees are to be added).
- Specific tasks or procedures that affect the occupational exposure level to blood or other potentially infectious materials.
- Reason(s) or explanation for inclusion. Examples of incidents where exposure to blood or other potentially infectious materials has or could occur can be very helpful.

The requesting department should be aware that inclusion of any employee in the Exposure Determinations List will require the department to:

- Send the affected employees for initial and annual refresher training, and keep track of employee training needs (no cost to the department).
- Pay for Hepatitis B Virus vaccination for the affected employees (contact Student Health Services to find out current cost of this vaccine, which consists of 3 inoculations over approximately 6 months).

Appendix 4

Engineering & Work Practice Controls

The University has adopted the following work practice controls as part of the Bloodborne Pathogens Program:

Employees shall wash their hands with soap and clean, running water immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.

In rare instances where water is not immediately available (for example, on a police call or during outdoor events), employees shall use an alcohol gel, antimicrobial towelette, or similar antiseptic product immediately after removing gloves, and shall wash hands with soap and water as soon as it can be made available.

Following contact of any body area with blood or other potentially infectious materials, employees shall wash the exposed area and then their hands with soap and water as soon as possible. In rare instances where water is not immediately available (for example, on a police call or during outdoor events), employees shall clean the area with an alcohol gel, antimicrobial towelette, or similar antiseptic product immediately, and shall wash it with soap and water as soon as it can be made available.

Any mucous membranes (including eyes) that have come into contact with blood or other potentially infectious materials shall be flushed with clean water for 15 minutes.

Contaminated sharps shall be placed in appropriate sharps containers immediately, or as soon as possible, after use.

Re-capping needles is strictly prohibited unless there is absolutely no other alternative (for example, reusable epinephrine delivery devices where no alternative device exists). Where re-capping is absolutely essential, then re-capping shall be accomplished using the single-hand method or the cap shall be held by forceps. Safer devices shall be used when they become available on the market.

Needleless devices shall be selected whenever feasible. Where needleless devices are not available or feasible, disposable, single-use sharps with safety features such as self-sheathing needles shall be selected.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

Items meant for human ingestion (including food, drink, medicines, etc) shall not be stored in refrigerators, freezers, cabinets, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

Mouth-pipetting and mouth-suctioning of blood or other potentially infectious materials are strictly prohibited.

All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes splashing, spraying, spattering, and generating droplets of these materials.

Specimens of blood or other materials shall be stored in designated, appropriately-labeled, leakproof containers.

If outside contamination of a primary specimen container occurs, that container shall be placed within a second appropriately labeled, leakproof container. If the specimen could puncture the primary container, the secondary container must also be puncture-resistant.

Equipment that becomes contaminated shall be examined prior to servicing or shipping and decontaminated as necessary, unless decontamination is not feasible. An appropriate biohazard warning label shall be attached to any contaminated equipment, and the label shall clearly identify contaminated portions of the equipment. Information regarding the remaining contamination shall be conveyed to all persons who will handle, transport, store, or service the equipment.

Appendix 5

Recommended Handwashing Procedure

Frequent and thorough handwashing is very important in preventing the spread of disease, including bloodborne pathogens.

When to wash:

- Immediately, or as soon as feasible, following contact with blood or other potentially infectious materials.
- Immediately, or as soon as feasible, after removing gloves or other personal protective equipment.
- After handling any contaminated material or equipment.
- When clean water and soap are not immediately available, an alcohol gel or other antimicrobial waterless hand soap may be used until clean, running water and soap can be located.

How to wash:

1. Using a clean paper towel, turn on water faucet and adjust temperature. Leave water running throughout the procedure.
2. Moisten hands and wrists under running water.
3. Apply soap and work into a heavy lather. Add water as needed to keep lather from becoming dry.
4. Work the lather over hands and wrists, between fingers, around and under fingernails and rings.
5. Rinse hands thoroughly under running water, letting the water run from wrists down toward the fingertips.
6. Dry hands with a paper towel. Use a clean paper towel to turn the water off and open the bathroom door.

Note: Keep hands away from sides of sink. Start over at Step 2 if hands touch the inside of the sink.

Appendix 6

Example Contaminated Laundry Procedure

Departments may modify this procedure as necessary to suit departmental needs, as long as the minimum requirements below are met to address storage, transportation, and decontamination.

Employees whose clothing becomes contaminated will remove that clothing immediately or as soon as doing so can safely be accomplished. Do not wear contaminated laundry out of the work area.

Always handle contaminated laundry as little as possible. Wear impervious (e.g. rubber or nitrile) gloves if contact with the contaminated laundry is possible.

Storage & Transportation

1. Immediately place contaminated laundry in red plastic, leak-proof bags, at the location where the laundry was contaminated (in other words, contaminated laundry should be bagged before carrying it through another room). If red bags are not available, attach a biohazard label to the bag.

NOTE: If laundry will be decontaminated immediately and in the room where it was contaminated, then it can be placed directly into the sink or other container in which it will be decontaminated.

2. Store containers holding contaminated laundry in an area not accessible to the public or untrained employees.
3. For contaminated laundry that will be sent elsewhere for cleaning, the container must be labeled with the biohazard label or placed in a biohazard bag. The transporter and the accepting launderer must be informed that the laundry is contaminated with blood or other potentially infectious materials.

Decontamination

1. Do not sort or rinse laundry in patient care areas or areas accessible to untrained personnel or the general public.
2. Wear impervious gloves of sufficient length to prevent skin contact of the laundry and rinsewater.
3. Handle contaminated laundry as little as possible, with a minimum of agitation.
4. Using cool water, make enough 1:10 bleach:water solution to completely cover the contaminated laundry.
5. Soak the contaminated laundry in the bleach:water solution for 3 to 5 minutes.
6. Rinse thoroughly and launder (or send off-site for laundering) as usual.

Appendix 7

Acceptable Containers for Regulated Waste

Sharps Containers

If the regulated waste may contain sharps (e.g. needles, broken glass, or anything else that could cut or puncture the skin), it must be stored in containers that are:

- Closable,
- Puncture resistant,
- Leakproof on the sides and bottom,
- Red-orange in color and/or conspicuously labeled with the biohazard label,
- Easily accessible to personnel,
- Located as close as possible to the area where sharps are used or may be found,
- Maintained upright throughout use, and
- Replaced routinely and not allowed to be overfilled.

Other Regulated Waste Containers

If the regulated waste does not contain sharps, it must be stored in either a container that can hold sharps, as described above, or a container that is:

- Closable,
- Constructed to contain all contents,
- Leakproof during handling, storage, transport, and shipping, and
- Red-orange in color and/or conspicuously labeled with the biohazard label

General Waste Container Procedures

1. Always wear impervious gloves when handling regulated waste containers.
2. If the outside of either a sharps or other regulated waste container becomes contaminated, place that container inside a secondary container that is equivalent in design to the above.
3. Always close containers before moving them.
4. Never try to remove anything from, or otherwise reach into, a container of regulated waste.
5. Containers of human blood, blood components, or blood products that are labeled as to their contents and that have been released for clinical or transfusion use do not have to be labeled.
6. Individual containers of blood or other potentially infectious materials that are placed in a properly-labeled biohazard container do not have to be labeled.
7. Previously contaminated objects or laundry that has been properly disinfected do not have to remain labeled.

Appendix 8

Hepatitis B Vaccination Forms

- 1. Hepatitis B Vaccination Consent Form**
- 2. Hepatitis B Vaccination Declination Form**

Appalachian State University Consent for Hepatitis B Vaccination

I have read and understand the HEPATITIS B VACCINE INFORMATION SHEET which describes the clinical course of the disease, and the vaccine's possible side effects and contraindications. I have discussed any concerns or questions with an ASU Bloodborne Pathogen Instructor and/or my physician or nurse.

I understand that there is no guarantee that vaccination will be effective or that my vaccination will be free of side effects. I understand that my participation in the hepatitis B vaccination program is entirely voluntary, although recommended for me, because I am in a work environment at Appalachian State University which presents a reasonable anticipation of my exposure to potentially infectious materials.

I have opted to receive the HEPATITIS B VACCINE (synthetic). I hereby consent to the administration of the HEPATITIS B vaccine to be given by Appalachian State University Student Health Services over the next six months. I understand that I must receive three doses of vaccine to confer immunity.

Employee Signature	Employee Name (Please Print)	Training Date
Department Job Title	Work or Home Phone	Date of Birth
Local Address or (ASU Box)	E-Mail Address	
ASU BBP Instructor Signature	Chair/Director Signature	Approved Budget Code

----- *Below this Line to be Completed by Student Health Services* -----

Date Vaccinated	Lot #	Site of Injection/Nurse
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

*INSTRUCTIONS: **Employee** -- Complete this form during Initial BBP class & give to instructor. **Instructor** -- Sign form & turn in to Workers' Comp Administrator. **WC Administrator** -- Obtain budget code & signature from Chair/Director, then send to Student Health Services. **Student Health Services** -- Return form to WC Administrator after all vaccinations received.*

Appalachian State University

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine, at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with HBV vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Printed Employee Name

Work Department

Please answer **one** of the following questions that applies to you. Circle yes or no:

Yes No Are you declining because you do not wish to receive the HBV vaccine at this time?

Yes No Are you declining because you have already received the HBV vaccine?

Note: If you have signed an ASU declination in the past, you do not need to sign another one.

*INSTRUCTIONS: **Employee** -- Complete this form during Initial BBP class & give to instructor. **Instructor** – Sign form & turn in to Workers' Comp Administrator. **WC Administrator** –File with employee training records.*

Appendix 9

Exposure Incident Forms

- 1. ASU Exposure Incident Procedure**
- 2. ASU Exposure Incident Report & Sharps Injury Log**
- 3. Post-Exposure Evaluation and Follow-up Checklist**
- 4. Healthcare Professional's Written Opinion**

ASU Exposure Incident Procedure

When an exposure incident occurs, follow the instructions below.

The Exposed Employee Should:

1. Immediately wash the contaminated area with soap and water, and wipe it with an antiseptic agent.
2. Cover the wound, if necessary.
3. Report the incident to your Supervisor. Include the following information: how the incident happened; the object (e.g. needle) that caused the incident; and the source of the blood or other potentially infectious material.
4. Report to Student Health Services for a medical evaluation. If Student Health Services is not open, report to the Watauga County Medical Center's Emergency Room.

The Exposed Employee's Supervisor Should:

1. Immediately complete an "ASU Exposure Incident Report & Sharps Injury Log" or substantively similar report & provide a copy to the S&WC Office. *The purpose of this report is to provide a written summary of the incident and its causes and to make recommendations for avoiding similar incidents in the future. A blank copy of the ASU Exposure Incident Investigation Report is included in Appendix 9 of the ASU Exposure Control Plan.*
2. Immediately complete – with S&WC Office assistance as needed – the ASU "Post-Exposure Evaluation & Followup Checklist" form.
3. Within 24 hours, complete a Workers' Compensation Report & submit it to the S&WC Office.
4. Evaluate the incident with help from employees, supervisors, and the Exposure Control Officer to determine steps to take to prevent a repeat of the incident.

The S&WC Office Should:

1. Upon notification of an exposure incident, notify the Exposure Control Officer by email or voicemail within 24 hours.
2. Maintain paperwork for duration of employment plus 30 years.

ASU Exposure Incident Report & Sharps Injury Log

Instructions for Employee, Supervisor, & S&WC Office: Employee/Supervisor – Complete & send to S&WC Office. Use for all exposure incidents, including sharps injuries. S&WC – Provide copy to Exposure Control Officer. Maintain original for a minimum of 30 years after incident.

1. Date & time of incident _____
2. Type of incident (needlestick, cut w/contaminated glass, blood splashed in eyes, etc)

3. Building and office/shop area where incident occurred _____
4. Specific location of incident (exam table, centrifuge, 3rd floor bathroom, east entrance glass door, etc.) _____
5. Department in which exposed employee works

6. Type of potentially infectious material involved _____
7. Source of potentially infectious material involved _____
8. Circumstances (work being performed, etc.) _____

9. Type and brand of medical device involved in incident (for example, “Hollister-Stier AnaKit, Item No. 6800ZA”) _____

10. Personal protective equipment (PPE) being used _____

11. Immediate cause of incident (employee misconduct, disregarding procedures, accident, equipment malfunction, lack of PPE, etc) _____

12. Root cause of incident (inadequate supervision, inadequate training, improper technique, unfamiliar with medical device, insufficient work space, proper PPE not available, etc.) _____

13. Recommendations for avoiding repeat incident (review with Exposure Control Officer) _____

14. Actions taken (decontamination, clean-up, reporting, etc.) _____

Post-Exposure Evaluation & Follow-up Checklist

Instructions for Supervisor & S&WC Office: Complete & send (including indicated paperwork) with employee to medical evaluation. S&WC – Maintain copy with confidential employee medical records for duration of employment plus 30 years.

1. Date of incident	
2. Date form completed	
3. Employee furnished with documentation regarding exposure incident (date)	
4. Source individual identified (name)	
5. Source individual's consent for testing obtained (yes or no)	
6. Source individual's blood tested (date)	
7. Test results given to exposed person (date)	
8. Appointment made for exposed person to see healthcare professional (date)	
9. Name of healthcare professional (please print)	
10. Title of healthcare professional	
11. Documentation forwarded to healthcare professional:	
<ul style="list-style-type: none"> • Bloodborne Pathogens Standard OSHA 29 CFR 1910.1030) 	
<ul style="list-style-type: none"> • Description of exposed person's duties 	
<ul style="list-style-type: none"> • Description of exposure incident, including route(s) of exposure 	
<ul style="list-style-type: none"> • Result of source individual's blood test 	
<ul style="list-style-type: none"> • Exposed person's medical records 	
<ul style="list-style-type: none"> • "Healthcare Professional's Written Opinion" form 	
Comments:	

Healthcare Professional's Written Opinion

Instructions for Healthcare Professional & S&WC Office: Healthcare Professional – Please complete this form (or, provide the required information on your own letterhead) as soon as possible & send it directly to the ASU Safety & Workers' Compensation Office. Please do not provide any additional detail regarding your medical evaluation. S&WC – Provide copy of this form to employee **within 15** days of the medical evaluation.

1. Employee name: _____
2. Date & time of incident: _____
3. Type of incident (needlestick, cut w/contaminated glass, blood splashed in eyes, etc)

4. Date & time employee evaluated: _____
5. Based on my evaluation, the employee needs to receive a Hepatitis B vaccination:

YES NO
6. If YES, the employee received such on: _____
[date & time]
7. Employee has been informed of the results of this post-exposure evaluation:

YES NO
8. Employee has been informed about any medical conditions resulting from this exposure that may require further evaluation or treatment:

YES NO
9. Healthcare facility where evaluation performed: _____
10. Date & time evaluation performed: _____
11. Name of healthcare professional [please print]: _____
12. Signature of healthcare professional: _____

Appendix 10

Safer Medical Devices Proof of Consideration

**Includes department-specific policies for complying with the
Needlestick Safety and Prevention Act.**

**Only applies to departments that use needles or other medical devices
capable of cutting or puncturing the skin.**

Outdoor Programs
University Recreation
Appalachian State University
Compliance Policy Statement: OSHA Needlestick Prevention Act
October 31, 2005

Based on the information provided by Mary Margaret Cavanaugh, of the ASU Safety Office, regarding the compliance with the Needlestick Prevention Act, Outdoor Programs has established the following policy statement.

Outdoor Program Use Injection Medications: Our employees are trained in the use of epinephrine (injections) for the emergency treatment of anaphylactic shock (severe allergic reaction to bites & stings, foods, and medications, etc.) Our staff members are certified by the State of North Carolina Office of Emergency Medical Services to administer this medication. This is a well-established industry standard in outdoor leadership, recreation and education. As the dangers of needlesticks are well known, our staff members are trained in the hands-on management of contaminated needles. We use of *BD Safety Glide TB* (27 gauge, ½ inch, latex free & shielding syringes), which are safer than traditional syringes. After each use, we apply the safety shield over the syringe needle and then place the syringe into a small Sharps container. Upon arrival back at ASU, the entire container is disposed of in a large Sharps container, at Outdoor Programs. The large Sharps container disposal is handled by ASU Health Services.

Consideration of Other Devices: Outdoor Programs has considered the use of other devices; such as Epi-Pens and Ana-Kits. Epi-Pens are not used as they contain only one dose, and we need to carry multiple doses. Ana-Kits are no longer in production. Neither device is safer, regarding potential needlesticks. *Safety Glide* syringes, provide temporary protection from needlesticks, when used properly, until the device is placed in a Sharps container. There is no safer, comparable device, available.

Involvement of Non-Management Users: Outdoor Programs has three levels of medical supervision. Patricia Geiger, MD, University Physician, serves as the Medical Director. Outdoor Programs also uses William Herring, MD as a medical advisor, based on the fact that he is a specialist in Wilderness Medicine. Brent Cochran, (W)EMT-I (Outdoor Programs), is the day to day supervisor of the first aid, medical, and rescue equipment and training. Other faculty/staff involved in the decision-making process included: Andrew Miller (Outdoor Programs), Rich Campbell (Outdoor Programs), and Joe Carter (Director of University Recreation). Non-managerial staff involved in the decision-making process are Katie Dickerson (Graduate Assistant, Outdoor Programs) and Zack Green (Graduate Assistant, Outdoor Programs).

Commitment to Employee Safety: Outdoor Programs will review this policy annually and seeks to provide staff with the safest possible (comparable) medical devices, available.

Brent T. Cochran: _____

Brent Cochran

Date: 10/31/05

*recd via email 10/12/06
from melami susan*

Bloodborne Pathogens Program
Human Performance Lab HCC 054
Fall 2006

In our effort to evaluate the medical devices we use in the Human Performance Lab, we had a certified phlebotomist from Cannon Hospital in Linville, North Carolina meet with the manager of the laboratory on October 5, 2006 to discuss the most recent safety advances in techniques and devices used for safe venipuncture. We discussed the possible need for verifying whether or not subjects have latex allergies prior to using latex gloves, band-aids, and tourniquets when drawing blood and doing muscle biopsies. Also, in the past we have been using glass heparinized capillary tubes. A safer available alternative, according to OSHA regulations, for this would be to use plastic capillary tubes.

Dr. David Nieman, director of the Human Performance Lab, has agreed to both of these recommendations.

The Human Performance Lab will now begin to verify that subjects do not have latex allergies prior to using latex gloves and tourniquets when drawing blood and doing muscle biopsies. We have purchased Vacutainer brand stretch latex free tourniquets (Reorder #367203) as well as amerCare synthetic PVC exam gloves (A500-2).

Lastly, the Human Performance Lab has agreed to begin using plastic capillary tubes replacing the glass capillary tubes. Fisher Scientific Separation Technology, Inc. ClearCRIT plastic capillary tubes: Catalog # 23-550-114 : 200 per vial (Pack of 5 vials/\$123)

*recd via email 10/12/06
from melami susan*

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Needlestick Act Regts - Athletics Sept 2001

To: Mary M. Cavanaugh, University Exposure Control Officer

From: Jim Shorten, Head Athletic Trainer

Re: Requirements of New Needlestick Prevention Act

I have received your e-mail regarding the new Needlestick Prevention Act and its requirements. In the training room we keep both lancets and needles of various gauges to use to drain blisters or blood trapped under nails. I reviewed our supply records and saw that we did not order any of the new self-sheathing needles or lancets. Next I checked the supply catalogs from our primary suppliers, Medco Supply and Micro-Bio-Medics Inc, and noticed that they only carried the self-sheathing models in a syringe / needle combination. While we do keep a few syringes on hand for our physicians to use in the training room if they decide to remove fluid from a joint, we do not typically purchase many of these.

This issue was discussed at our weekly staff meeting on Thursday 9/6/01. Since the supply budget has already been spent for this year we will try to identify a source for the self-sheathing needles and lancets for next year.

We are currently putting together sharps injury logs for each of our training rooms.

3/20/03:

Need updated from Jim Shorten. Not acceptable to put off purchasing safer medical devices ~~but~~ just because they still have unsafe ones in stock.

-----Original Message-----
From: Jim Shorten [mailto:jshorten@unh.edu]
Sent: Monday, September 1, 2001 1:27 AM
To: Mary Cavanaugh
Subject: Re: Needlestick Act Regts - Athletics - Requirements of
New Needlestick Prevention Act

Outdoor Programs
University Recreation
Appalachian State University

Compliance Policy Statement: OSHA Needlestick Prevention Act

March 3, 2003

Based on the information provided by Mary Margaret Cavanaugh, of the ASU Safety Office, regarding the compliance with the Needlestick Prevention Act, Outdoor Programs has established the following policy statement.

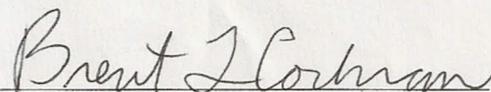
Outdoor Program Use Injection Medications: Our employees are trained in the use of epinephrine (injections) for the emergency treatment of anaphylactic shock (severe allergic reaction to bites & stings, foods, and medications, etc.) Our staff members are certified by the State of North Carolina Office of Emergency Medical Services to administer this medication. This is a well-established industry standard in outdoor leadership, recreation and education. As the dangers of needlesticks are well known, our staff members are trained in the hands-on management of contaminated needles. We use of *Safety Glide* latex free, shielding syringes, which are safer than traditional syringes. After each use, we apply the safety shield over the syringe needle and then place the syringe into a small Sharps container. Upon arrival back at ASU, the entire container is disposed of in a large Sharps container, at Outdoor Programs. The large Sharps container disposal is handled by ASU Health Services.

Consideration of Other Devices: Outdoor Programs has considered the use of other devices; such as Epi-Pens and Ana-Kits. Epi-Pens are not used as they contain only one dose, and we need to carry multiple doses. Ana-Kits are no longer in production. Neither of these devices are safer, regarding potential needlesticks. *Safety Glide* syringes, provide temporary protection from needlesticks, when used properly, until the device is placed in a Sharps container. There is no safer, comparable device, available.

Involvement of Non-Management Users: Outdoor Programs has three levels of medical supervision. Patricia Geiger, MD, University Physician, serves as the Medical Director. Dr. Geiger allows us to use William Herring, MD as our medical advisor, based on the fact that he is a specialist in Wilderness Medicine. Brent Cochran, WEMT-I, Coordinator of Outdoor Programs, is the day to day supervisor of the first aid, emergency medical, and rescue equipment and training. Other faculty/staff involved in the decision-making process included: Joe Quinn (Outdoor Programs Coordinator), Rich Campbell (Outdoor Programs Coordinator), and Joe Carter (Director of University Recreation). Non-managerial staff involved in the decision-making process are Wynn Shooter (Graduate Assistant) and Anna Morgan (Graduate Assistant).

Commitment to Employee Safety: Outdoor Programs will review this policy annually and seeks to provide staff with the safest possible (comparable) medical devices, available.

Brent T. Cochran:



Date: 03/04/03

Needlestick Act Regts - Camp Broadstone

Mary Cavanaugh

From: Judith K. Bevan [bevanjk@appstate.edu]
Sent: Tuesday, September 18, 2001 2:25 PM
To: cavanaughmm@appstate.edu
Subject: Needlestick Act



bevanjk.vcf

Hello Mary Margaret,

Following is the documentation from Camp Broadstone concerning the Needlestick Act.

1. Consideration for safer medical devices:

I spoke with Sharon Heer, Senior Drug Information and Product Specialist, of Dey Pharmaceutical on Sept. 4, 2001. Her phone number is 1-800-755-5560 x 2810. Dey only distributes Epi pens and is not the manufacturer. Sharon is aware of the Needlestick Act and said that the manufacturer of Epi-pens is also aware of the act. She said there is no safer device on the market at the moment for the delivery of epinephrine but there should be one in the future.

2. Involvement of non-managerial employees:

Camp Broadstone's two permanent staff are both in managerial roles, so I formed a committee of my most senior instructor staff. These instructors are ASU students who have worked for the camp for at least 3 seasons. They concurred on our present plan of continuing to use our ana-kits until their expiration date in the spring and then switch to the safer epi-pen that could be on the market by then. Our outside groups will end on Oct. 28 and spring groups will start up in mid-April.

3. I have developed a sharps log for the camp that I can make available to you if you need a copy.

Judith

Mary S. Shook Student Health Service
Appalachian State University
Exposure Plan
for
Bloodborne Pathogens

A Supplement to Exposure Control Plan for
Bloodborne Pathogens (PS-05)
Appalachian State University

Effective: August 1992

Revised: July 1993
June 1994
July 1995
August 1996
May 1997
August 2001
October 2002

Reviewed: May 1998
August 1999
August 2000

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* = contains provisions required by the
Needlestick Safety & Prevention Act

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Subject: Responsibility Statement

A. Infection Control and Safety Committee/Infection Control Coordinator

The Infection Control/Safety Committee consists of the Infection Control Coordinator and other representative Health Service personnel, including representatives from the clinicians, laboratory, nursing, and housekeeping. The Medical Director is ex-officio. Committee members are appointed by the Medical Director on an annual basis. The duties of the committee/coordinator are:

- Review standard precautions policy and revise as needed, at least annually.
- Identify list of job classifications with occupational exposure.
- Provide ongoing consultation regarding Infection Control protocol, to include, but not limited to, OSHA standards.
- Develop and coordinate educational programs.
- Assist with compliance evaluation.
- Review and continue post exposure follow-up, and maintain documentation of exposure and follow-up.
- Ensure personal protective equipment and other necessary supplies are available in accessible locations.
- Conduct review on an annual basis or where engineering controls are currently employed and where they can be updated.
- Evaluate the circumstances surrounding exposure incidents including an evaluation of "failures of controls" at the time of the exposure incident.
- Initiate and document disciplinary action for continued non-compliance.
- Monitor training sessions on OSHA's final rule.
- Review and continue to implement Hepatitis B Vaccination program.
- Maintain records regarding Hepatitis B Vaccination program.
- Ensure and document employee orientation and annual training.

B. Director of Nursing (or person delegated by her/him)

- Include compliance with OSHA's final rule into employee's performance evaluation.

Subject: Methods of Compliance

A. Standard Precautions

Standard Precautions will be practiced to prevent contact with blood or other potentially infectious materials to reduce the risk of occupational exposure. See discussion of the specific requirements in "Engineering Controls", "Safe Work Practices", and "Personal Protective Equipment".

B. Engineering Controls: Sharps Safety Program

1. Disposable Sharps

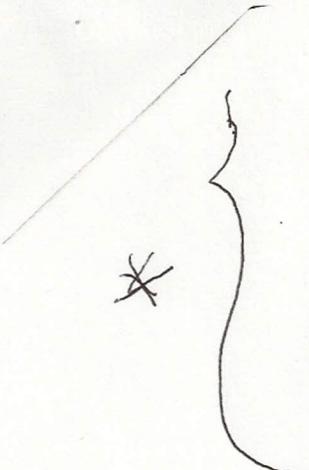
The selection, evaluation, and/or replacement of the type of sharps safety devices is coordinated by the Infection Control/Safety Committee with input from other non-managerial healthcare workers. (See Appendix 1 for documentation.) The evaluation includes safety devices used and their appropriateness and efficiency in preventing needlesticks. These evaluations will be done prior to making new needle devices available and at least annually.

A. Types of Sharps

1. Whenever available, sharps will be used with a built-in safety feature or mechanism that effectively reduces the risk of exposure incident. Controls include self-sheathing needles/blades and needleless systems.
2. As safer devices become available (EX: pre-filled syringes) they will be evaluated and available for use.

B. Recapping (a consideration when safety devices are not available)

1. Contaminated needles cannot be recapped by hand or removed from disposable syringes by hand.
2. The specific situation when recapping is acceptable is self-administration of medication (i.e. insulin, allergy serum). A person may recap his/her own needle.
3. **BENDING, SHEARING, OR BREAKING OF CONTAMINATED NEEDLES IS PROHIBITED!!!**

A hand-drawn bracket on the left side of the page groups the text in item g. To the left of the bracket is a hand-drawn asterisk.

g. Report all needlesticks immediately to the Infection Control Coordinator or immediate supervisor. A Sharps Injury Log is maintained electronically by the Infection Control Coordinator (See Appendix 2). To protect the privacy of the injured worker, each case is given an identifying number known to the Infection Control Coordinator, the supervisor, and the Director of the Health Service.

C. Reusable Sharps

1. Reusable sharps, such as scissors, must be placed in appropriate puncture resistant and leak-proof containers until they are reprocessed.
2. Containers used to transport or store reusable sharps must be labeled. Unless red containers are used, labels on such containers must include the biohazard sign. (Reusable sharp containers are permitted as long as they may be opened, emptied, or cleaned in a manner that will not expose employees to percutaneous injury.)

D. Safe Work Practices (see appendix A in the ASU plan for specifics)

E. Personal Protective Equipment

Gloves, gowns, face shields, and other protective body clothing should be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

1. Personal protective equipment will be provided at no cost to employees.

a. Protective equipment will be accessible to employees and are cleaned, repaired, and replaced when necessary.

b. Protective equipment will not permit blood or other potentially infectious materials to pass through or reach the employee's work or street clothes, undergarments, skin, eyes, mouth, or other mucous membranes.

Outdoor Programs
University Recreation
Appalachian State University
Compliance Policy Statement: OSHA Needlestick Prevention Act
October 31, 2005

Based on the information provided by Mary Margaret Cavanaugh, of the ASU Safety Office, regarding the compliance with the Needlestick Prevention Act, Outdoor Programs has established the following policy statement.

Outdoor Program Use Injection Medications: Our employees are trained in the use of epinephrine (injections) for the emergency treatment of anaphylactic shock (severe allergic reaction to bites & stings, foods, and medications, etc.) Our staff members are certified by the State of North Carolina Office of Emergency Medical Services to administer this medication. This is a well-established industry standard in outdoor leadership, recreation and education. As the dangers of needlesticks are well known, our staff members are trained in the hands-on management of contaminated needles. We use of *BD Safety Glide TB* (27 gauge, ½ inch, latex free & shielding syringes), which are safer than traditional syringes. After each use, we apply the safety shield over the syringe needle and then place the syringe into a small Sharps container. Upon arrival back at ASU, the entire container is disposed of in a large Sharps container, at Outdoor Programs. The large Sharps container disposal is handled by ASU Health Services.

Consideration of Other Devices: Outdoor Programs has considered the use of other devices; such as Epi-Pens and Ana-Kits. Epi-Pens are not used as they contain only one dose, and we need to carry multiple doses. Ana-Kits are no longer in production. Neither device is safer, regarding potential needlesticks. *Safety Glide* syringes, provide temporary protection from needlesticks, when used properly, until the device is placed in a Sharps container. There is no safer, comparable device, available.

Involvement of Non-Management Users: Outdoor Programs has three levels of medical supervision. Patricia Geiger, MD, University Physician, serves as the Medical Director. Outdoor Programs also uses William Herring, MD as a medical advisor, based on the fact that he is a specialist in Wilderness Medicine. Brent Cochran, (W)EMT-I (Outdoor Programs), is the day to day supervisor of the first aid, medical, and rescue equipment and training. Other faculty/staff involved in the decision-making process included: Andrew Miller (Outdoor Programs), Rich Campbell (Outdoor Programs), and Joe Carter (Director of University Recreation). Non-managerial staff involved in the decision-making process are Katie Dickerson (Graduate Assistant, Outdoor Programs) and Zack Green (Graduate Assistant, Outdoor Programs).

Commitment to Employee Safety: Outdoor Programs will review this policy annually and seeks to provide staff with the safest possible (comparable) medical devices, available.

Brent T. Cochran: Brent Cochran Date: 10/31/05