

STARK STATE COLLEGE
POLICIES AND PROCEDURES MANUAL

BLOODBORNE PATHOGENS

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POLICY:

Stark State College promotes the rights of persons with communicable diseases to education and employment, while providing a safe and healthy environment for the College's students and employees. The College will make all reasonable accommodations to persons infected with Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) and to employ, continue to employ, and/or enroll persons so infected. As appropriate, faculty and staff will be provided training and/or information regarding bloodborne pathogens, standard precautions, and work practice controls.

The College affords a broad range of academic opportunities in diverse healthcare fields. Instruction in some healthcare fields may require communicable disease precautions against exposure to blood or body fluid, as individuals participating in some program training activities may have a risk of exposure to blood or other potentially infectious materials.

Action will be guided by the most recent medical evidence, the federal regulations of the Rehabilitation Act, state law, guidelines from the Centers for Disease Control and Prevention (CDC), the Public Health Services, the American College Health Association, the Occupational Safety and Health Administration (OSHA), and the State of Ohio Department of Health.

The College will not routinely screen all members of the College community for communicable diseases unless and until required to do so by law because communicable diseases may have different modes of transmission and should be evaluated on an individual basis.

The Federal Rehabilitation Act of 1973 prohibits discrimination against qualified individuals by employers and those who provide services with the assistance of federal funding. Under federal law, the College, as an employer and a provider of educational services, must make reasonable accommodations for handicapped individuals, including those with communicable diseases.

The College maintains standards of confidentiality regarding medical information about students or employees that are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). The Act requires that no specific or detailed information

concerning symptoms or diagnoses be provided to staff, administrators, or family members without the express written permission of the student/employee. Only individuals at the College with a legitimate need to know will have knowledge of the existence of students and/or employees with communicable diseases.

PROCEDURE:

- (A) The College will be flexible in its response to incidents of disease at the College, evaluating each occurrence in light of all applicable federal, state, and local laws, its general policy, and the latest information available. A Case Review Committee consisting of a health practitioner, the dean of the appropriate division (in cases involving students), and the Director of Human Resources will be available to meet to consider reported occurrences of bloodborne pathogens.

- (B) Occupational Exposure Control Plan

The purpose of the occupational exposure control plan is to protect the health and safety of the persons directly involved in handling the materials, Stark State College personnel, and the general public by ensuring the safe handling, storage, use, processing, and disposal of infectious medical waste.

Each program or department having a greater than minimal risk of bloodborne pathogens exposure must establish its own occupational exposure control plan that would be specific to the procedures, materials, and equipment utilized. If a program or department determines that a minimal risk of bloodborne pathogens exposure is present, the following standard precautions must be taken:

Hand Hygiene:

1. During the delivery of health care or laboratory practice, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.
2. When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a non-antimicrobial or an antimicrobial soap and water.
3. If hands are not visibly soiled, decontaminate hands as follows:
 - a. Before having direct contact with patients
 - b. After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
 - c. After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure)
 - d. If hands are likely to move from a contaminated body site to a clean body site during patient care
 - e. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
 - f. After removing gloves

Note: An alcohol-based hand rub is the preferred method of decontamination.

Gloves:

1. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g. stool or urine) could occur.
2. Wear gloves with fit and durability appropriate to the task.
 - a. Wear disposable medical examination gloves for providing direct patient care.
 - b. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.
 - i. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
 - c. Remove gloves after contact with a patient and/or surrounding environment (including medical equipment) using a proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with the transmission of pathogens.
 - d. Change gloves during patient care if the hands are likely to move from a contaminated body site to a clean body site.
 - e. Replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.

Gowns and Eye Protection:

1. Gowns, aprons, or lab coats must be worn when splashes of body fluid on skin or clothing are possible.
2. Masks, goggles, or face shields are required when contact of mucosal membranes (eyes, mouth, or nose) with body fluids is likely to occur (e.g. splashes or aerosolization).

Safe Injection Practices:

1. Use an aseptic technique to avoid contamination of sterile injection equipment.
2. Needles, cannulae, and syringes are sterile, single-use items; they should not be reused.
3. Do not recap, bend, break, or hand manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features where available; place used sharps in a puncture-resistant container.

Other Considerations:

1. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth-to-mouth contact. (This statement is required for groups where resuscitation is a part of their program training.)
2. All pipetting must be carried out with the aid of a rubber bulb or other vacuum assist device. Mouth pipetting is strictly forbidden.

(C) Waste Disposal Plan

1. Medical/Infectious waste must be segregated from other waste at the point of origin.
2. Medical/Infectious waste, except for sharps (e.g. razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be contained in double, disposable, red bags conspicuously labeled with the words "INFECTIOUS WASTE – BIOHAZARD."
3. Infectious sharps must be contained for disposal in leak-proof, rigid, puncture-resistant containers.

Always keep these sharps safety guidelines in mind:

- Avoid direct contact with sharps as much as possible.
- Remember that needle sticks are the most common source of infection.
- Always wear gloves when handling sharps.
- Never use your hands to sweep up broken glass.
- Use tongs or other devices – not your hands – when retrieving reusable sharps.
- Be careful of sharps that may be hidden in patients' laundry or linen.
- Know and observe all procedures for proper storage and disposal of sharps.
- Always report immediately any incident involving potential exposure to bloodborne pathogens.
- If exposed to sharps, get medical evaluation quickly.

4. Infectious waste thus contained as described in procedures (2) and (3) above must be placed in reusable or disposable leak-proof bins or barrels which must be conspicuously labeled with the words "INFECTIOUS WASTE – BIO HAZARD." These waste barrels are to be picked up regularly by an outside company licensed to handle infectious wastes.
5. Mixed waste that includes biological/infectious waste and radioactive waste must be disinfected by a person trained in radioisotope safety and waste disposal procedures.
6. A solution of sodium hypochlorite (household bleach) diluted 1:9 with water must be used to disinfect, following initial cleanup of a spill, with a chemical germicide approved as a hospital disinfectant. Spills must be cleaned up immediately.
7. After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in warm or cold running water.
8. Other biological wastes that do not contain radioactive or hazardous substances may be disinfected by heat and/or steam sterilization (autoclave) and then disposed of in the regular trash.
9. Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.

10. Reusable glassware must be decontaminated with sodium hypochlorite (household bleach) solution (1:9) prior to rinsing and acid washing. Then the glassware must be sterilized in an autoclave.

Applicable supervisors must ensure that their staff is trained in proper work practices about the concept of universal precautions, about personal protective equipment, and in proper cleanup and disposal techniques.

(D) Training Plan

Pertinent students and employees will participate in a training program at no cost, during educational/work hours, and with materials appropriate to the literacy, education, and language of the employee.

The training will include:

- A copy of the standard for each employee and an explanation of the content.
- A general explanation of bloodborne pathogens and how they are transmitted.
- Explanation and access to the Exposure Control Plan including the location of incident report form(s).
- Explanation of the departmental policies on Personal Protective Equipment.
- An awareness of tasks that may involve exposure and how to avoid or minimize it.
- All pertinent Hepatitis B training.
- How to handle emergencies involving exposure.
- Explanation on biohazard labels.

(E) Post-Exposure Plan

When a student or employee is potentially exposed to bloodborne pathogens, immediate first aid care and prompt follow up by a medical professional should occur. Remember: Risk of infection is low when precautions are taken and appropriate medical follow up is obtained.

1. Stay Calm – Act Quickly.
2. Notify an instructor/supervisor immediately.
3. Immediately initiate first aid treatment.
 - Puncture Wound (sharp contaminated object, needle-stick, bite with bloody saliva)
 - a. Wash area thoroughly for 2-3 minutes with an antibacterial soap – do not squeeze area to cause to bleed.
 - b. Proceed to step 4.

- Splash exposure (body fluids splashed into the eyes, nose, mouth)
 - a. Flush area with clear water for 10 minutes.
 - b. Wash the area with antibacterial soap (where applicable).
 - c. Proceed to step 4.
 - Splash exposure (contact of blood with chapped, abraded, or otherwise non-intact skin)
 - a. Wash area thoroughly for 2-3 minutes with antibacterial soap.
 - b. Proceed to step 4.
4. The instructor or appropriate personnel will discuss the incident with the source individual and request his/her cooperation in being tested for Hepatitis B, Hepatitis C, and HIV. Source individuals willing to cooperate will be referred to Cleveland Clinic Mercy Hospital's Work, Health, and Safety Services or another medical facility of his/her choice where they will be treated appropriately.
 5. The exposed individual will complete the program - or department - specific Exposure Incident Report Form and SSC Incident Report Form as soon as practical - preferably before leaving campus. The forms should be submitted to the Program Coordinator or Department Chair and Campus Security for follow-up.
 6. The exposed individual should report to the treatment facility as soon as possible after the incident. If the source individual is known to be at high risk, the student and/or employee might be referred to the Cleveland Clinic Mercy Hospital Emergency Room or another medical facility of his/her choice for same day treatment.

SPECIAL NOTES:

Each program or department with a reasonable risk of bloodborne pathogens exposure will be responsible for developing program-specific procedures as determined in the program handbook. The SSC Incident Report Form can be obtained from the Security Office.

Refusal of medical follow up

If any student and/or employee with a possible exposure refuses to follow the protocol when procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed individual.

(F) Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

1. The Program Coordinator, and/or Department Chair, and/or department supervisor will review the circumstances of all exposure incidents to determine:
 - a. engineering controls in use at the time
 - b. work practices followed
 - c. a description of the device being used (including type and brand)
 - d. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - e. location of the incident
 - f. procedure being performed when the incident occurred
 - g. student/employee training
2. If revisions to the Exposure Control Plan are necessary, the Program Coordinator, Department Chair, and/or department supervisor will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

(G) DEFINITIONS

BIOLOGICAL HAZARD - The term biological hazard or biohazard is taken to mean any viable infectious agent (etiologic agent) that presents a risk, or a potential risk, to the well-being of humans. Each supervisor has identified the specific biological hazard associated with a job, and the supervisor will arrange for training, if necessary.

BLOOD AND BODY FLUIDS – These are defined as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluids, amniotic fluid, saliva, other body fluids containing visual blood, human tissue or organs other than intact skin, HIV-containing cell or tissue cultures, organ cultures; HIV, HBV, or HCV, containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

BLOODBORNE PATHOGENS – These are defined as microorganisms present in blood and able to cause disease in humans; these include but are not limited to HBV and HIV.

CONTAMINATED – This is defined as the presence or reasonably anticipated presence of blood or potentially infectious body fluid on laundry items or sharps or glassware.

ENGINEERING CONTROLS – These are defined as sharp disposable containers, self-sheathing needles that isolate or remove the bloodborne pathogens hazard.

ETIOLOGIC AGENTS - The United States Department of Health and Human Services, Public Health Service, Classification of Etiologic Agents on the Basis of Hazard is the classification system used at Stark State College for etiologic agents.

MEDICAL WASTES/INFECTIOUS WASTES – This is defined as all laboratory waste emanating from human or animal tissues, blood, or blood products or fluids; all cultures of tissues or cells of human origin or cultures of etiologic agents; specimens of human or animal parts or tissues removed by surgery, autopsy, or necropsy.

OCCUPATIONAL EXPOSURE – This is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact that may result from the performance of an employee's duty. Parenteral means piercing the skin barrier through cuts, human bites, abrasions.

PERSONAL PROTECTIVE EQUIPMENT – This includes gloves, gowns, laboratory coats, face shields, eye protection, masks, and other devices.

POTENTIALLY INFECTIOUS MATERIALS – These are defined as the following human body fluids: semen, vaginal secretions, cerebrospinal, synovial, pericardial, pleural, peritoneal, amniotic, saliva in dental procedures, and any other body fluid in situations where it is impossible to distinguish between fluids; any unfixed tissue or organ from a dead or living human; HIV-containing cell or tissue cultures, organ cultures; and HIV- or HBV-containing culture medium.

REGULATED WASTE – This is defined as infectious waste. Any item soiled with blood or other body fluids such as sharps, clothing, and glassware. This waste must be treated as Infectious Waste.

UNIVERSAL PRECAUTIONS – This refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with bloodborne pathogens. All infectious/medical material must be handled according to Universal Precautions.

WORK PRACTICE CONTROLS – These are defined as measures that reduce likelihood of exposure, such as adherence to the practice of universal procedures, prohibiting recapping of needles or other sharps, and prohibiting pipetting or suctioning by mouth.