

**BLOODBORNE PATHOGENS STANDARDS PROGRAM**

**Creighton University  
Published In Accordance with  
Occupational Safety and Health Act 29 CFR 1910.1030**

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### Attachments

#1 Informed Refusal for HBV Vaccination

#2 Employee Exposure Incident Form

#3 Informed Refusal of Post Exposure Medical Evaluation

#### **I. PURPOSE**

The purpose of this program is to inform all affected employees, supervisors, and management of the University that the Director of Environmental Health and Safety, (402) 546-6269 has been named as Program Coordinator. The director is charged with the overall responsibility for the Bloodborne Pathogens Standards Program, in compliance with OSHA Instruction CPL 2-2.44A and 29 CFR 1910.1030:

**Director of EH&S, phone: (402) 546-6269 or (402) 546-6400**

The Program Coordinator has the full support and authority of the employer to ensure compliance is maintained on this campus.

Creighton University will comply with this instruction by determining exposure risks of personnel, implementing an infection control program, providing Hepatitis B vaccinations at no cost to personnel, and providing training in writing and by video instruction.

The Program Coordinator has overall responsibility for the program and will review and maintain the Program for the University. Copies of the policy are available from the Department of Environmental Health and Safety.

This Program will acquaint you with the contents of the OSHA standard as it applies to Hepatitis and AIDS transmission, the use of protective clothing, and safe work practices and vaccination protocol.

#### **II. HEPATITIS TRANSMISSION**

Hepatitis B (HBV) is a virulent infectious disease which claims an estimated 300,000 new cases every year. Over 1 million people in the U.S. are carriers of the disease. Hepatitis B is transmitted to health care workers and ancillary employees through contact with the blood and body fluids of infected patients, usually through accidental needle sticks and unprotected cuts and sores.

Hepatitis B is commonly transmitted through intravenous drug users sharing needles. It

has infected 18,000 health care employees per year, such as operating room personnel, lab workers, surgeons, dental personnel, blood bank technicians, first responders, maintenance workers and housekeeping personnel. Employees are usually infected through contact with bloodborne pathogens and accidental needle stick injuries. However all employees exposed to blood are at risk.

Hepatitis symptoms often include jaundice, loss of appetite, nausea, and elevated liver function tests. AIDS and Hepatitis risks can be reduced or prevented in the health care setting by:

- use of personal protective equipment (PPE) to protect against the transference of body fluids during at-risk procedures. This includes, but is not limited to gloves (of various types) masks, goggles or glasses, gowns, etc.
- using disinfectants to reduce pathogens in the environment,
- washing hands after each cleaning event, each time gloves are changed, and at the beginning and end of each work day
- using proper equipment for blood clean up disposal.

**Rev: Nov. 1996.** Due to the increase in reported cases of Hepatitis, additional detailed information regarding Hepatitis may be found by accessing The Center for Disease Control at:

<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm><http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>. This web site will provide extensive information inclusive of fact sheets on Hepatitis A, B, C, and G. Information and recommendations regarding exposure, testing, evaluation, and reporting is provided in depth for management review.

Due to excessive length of documentation, "General Information" on Hepatitis will not be provided in this program. Rather it is suggested that the reader review this CDC web site.

### **III. HEPATITIS PROTECTION**

OSHA (Occupational Health and Safety Administration) enforces the CDC (Centers for Disease Control) recommendations. OSHA requires every worker who is exposed to more than one infection risk per month to receive a Hepatitis B vaccination. Creighton University must offer it to each of these employees at no cost to the employee. Human Resources is charged with the responsibility of identifying, scheduling, and documenting affected employees.

An employee who refuses inoculation must sign an Informed Refusal Form in the possession of the Program Coordinator. Support documentation must be maintained in personnel records for 30 years from the date of termination of the employee. (See attachment #1).

#### **IV. AIDS TRANSMISSION**

AIDS (HIV) is not as contagious in a health care setting as Hepatitis, but it has no vaccine for prevention. It is transmitted through body fluids so house keeping workers are exposed to it.

OSHA requires that employees be trained in prevention and be required to protect themselves during at-risk procedures.

AIDS is transmitted through blood and semen. It is most commonly seen in homosexual and bisexual men, IV drug abusers, and hemophiliacs.

AIDS is transmitted sexually and through blood exposure or perinatal from the mother to the child. AIDS is not transmitted through general contact with a carrier.

Symptoms of HIV infection are varied, and include fatigue, fever, weight loss, night sweats, rashes, mouth sores or pneumonia.

There is no current inoculation against AIDS! CDC recommends and, OSHA enforces, that "Universal Precautions" be instituted in all health care settings.

#### **V. UNIVERSAL PRECAUTIONS**

Under "Universal Precautions", the blood and body fluid of all persons is considered potentially infected with AIDS virus (HIV), Hepatitis B Virus (HBV) and other bloodborne pathogens, and must be handled accordingly. Precautions taken to prevent the transmission of Hepatitis B are effective in preventing the transmission of the A and C forms.

Universal Precautions applies to blood and body fluids containing visible blood, including cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal and pericardial fluid and amniotic fluid. They do not apply to feces, nasal secretions, sputum, sweat, tears, urging, saliva, breast milk and vomitus, unless blood is visible.

The amount of blood required to constitute an infectious risk has been variously defined by OSHA, EPA and others are "substantial," "dripping" and "significant." This definition of quantity does not preclude the use of protective clothing; it only helps to define what constitutes infectious waste when disposing of blood-soaked materials. Regardless of amount, all blood is potentially infectious and dangerous to exposed workers.

#### **VI. DEFINITIONS OF INFECTIOUS CONDITIONS**

Infection needs four simultaneous conditions to exist. If you take any condition away, the danger from infection will be reduced or eliminated. The conditions which must exist simultaneously are:

- A sufficiently-large dose of contaminated blood to constitute an infectious risk.
- A sufficient virulence, to be dangerous.
- A portal of entry into a host, such as through an open cut or the nasal passages.
- A diminished resistance level in the host. For instance, if a medical worker is tired, has the flu or a cold, the host is more susceptible to infection.

Infectious diseases are prevented by using one or more of the following interventions:

- The use of gloves and masks that eliminate portals of entry.
- Regular hand washing and the use of disinfectants which remove or reduce the dose and virulence of the disease.
- Using proper disposal methods for used cleaning supplies

## **VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

It is the responsibility of Creighton University to provide protective clothing in all work areas and locations where infectious wastes may be generated. In each instance the University will provide protective clothing commensurate with the exposure risks in each area. The use of protective clothing is an OSHA and Creighton requirement.

## **VIII. GLOVES**

Three basic glove types are provided for use in Creighton facilities.

- Utility gloves of strong latex for use in maintenance and scrubbing work. Gloves of this type are reusable until punctured, torn, or cracked. This is the primary type of glove worn by housekeeping personnel.
- Examination type gloves for cleaning procedures not requiring the use of utility gloves.

After donning gloves, examine them for physical defects. Wear gloves whenever your hands might come into contact with blood, body fluids, or surfaces which could be contaminated by them. Discard gloves after each patient. Fit gloves so they cover the cuff of your clothing if possible to reduce the area of skin exposure.

## **IX. MASKS**

Masks are to be worn if there is a risk of splashing or aerolization of blood. (rare when cleaning up blood.)

Masks reduce the risk of infectious droplets entering the breathing passages.

Chin-length face shields are sometimes worn in place of a mask, but these are uncommon.

#### **X. PROTECTIVE EYE WEAR-GOGGLES**

Protective eye wear, better known as goggles, protect the eyes from splashing and aerolization body fluids and harmful chemicals. If a procedure presents a risk of splashing or if a manufacturer recommends that goggles be worn when using their product, the employee must wear goggles.

#### **XI. GOWNS AND HEAD COVERINGS**

Gowns and head coverings are usually not needed when cleaning up body fluids.

#### **XII. RESUSCITATION EQUIPMENT**

Not needed for cleaning body fluids.

#### **XIII. PROTECTIVE CLOTHING DISPOSAL**

Linens and reusable protective clothing which becomes soiled with body fluids shall be handled as little as possible and must be bagged at the location in leak proof bags.

When removing protective clothing apparel, avoid contamination of your exposed body parts.

#### **XIV. HAND WASHING OCCASIONS**

Wash hands regularly with an antimicrobial solution

- before gloving
- after gloves are removed,
- before leaving work,
- before eating,
- immediately after your hands have touched a potentially contaminated area.

#### **XV. PROCEDURES IF AN EXPOSURE INCIDENT OCCURS**

If an exposure incident occurs, that is, if another individual's body fluids may have gained entry into an employee, an immediate report must be made to the Program Coordinator and an Exposure Incident Form completed. The affected employee must

immediately report to the selected occupational health center. (contact Risk Management for address, after hours report to the Creighton University Medical Center emergency room) A Creighton University Form PR-24 must be completed by the affected employee's supervisor and filed with Risk Management within 24 hours after the incident occurs.

The physician in charge may request that the source person submit to serologic testing for HBV and HIV if they are known. Read "[Follow-up Procedures After Possible Exposure to HIV/HBV, Section 5\(a\) \(1\) \(d\) \(6\)](#)" of OSHA Inst. 2-2.44 A for procedural guidelines. This is followed by a Post-Examination process.

## **XVI. SHARPS**

Needle stick injuries often occur when cleaning if needles have not been placed in proper sharps containers by the users. Used needles should not be bent, broken, or recapped by hand; syringes found during cleaning must be placed in sharps containers.

Sharps containers must be closely available at the location where sharps are typically used in public areas. (restrooms) **DO NOT ALLOW SHARPS CONTAINERS TO BE OVERFILLED.**

CDC recommends, but not requires, that a disinfecting solution be used in the sharps container to break the chain of infection.

## **XVII. HOUSEKEEPING**

Housekeeping is addressed in the Infection Control Policy. Many safety and health injuries occur because of inadequate cleaning, repair and maintenance. At minimum, the following housekeeping rules must be practiced.

- Clean and disinfect the work area with proper commercial disinfectant.
- Clean exposed equipment and environmental surfaces after contact with blood and other infectious agents.
- Apply hospital-level tuberculocidal disinfectant on blood spills. These disinfectants should be made available in all work settings where blood and infectious materials are handled.

Place biohazard labels on sharps containers and infectious waste containers (contact EH&S if labels are needed).

## **XVIII. INFECTIOUS WASTE**

The EPA administers infectious waste disposal policies in concert with the State Health Department. OSHA administers the regulations within the work place.

Both institutions agree that materials which are blood-soaked are considered infectious wastes. Saturated articles are to be disposed of in containers with red bag inserts and tightly-fitting lids.

## **XIX. TRAINING**

Initial training of all potentially affected employees must be accomplished within ten (10) days after start of employment. Human Resources must identify potentially affected employees. This condition will normally be specifically identified in the job description. Newly hired affected employees must be advised that training is required, and that they will be scheduled. Human Resources will provide the names of the affected new employees and date of hire to Environmental Health and Safety. The Director of Environmental Health and Safety will schedule, conduct, and document the training. Documentation of training will be forwarded to Human Resources and will be maintained for a minimum of three (3) years in the affected employees' personnel folder.

Annual training: All affected Creighton University employees must receive annual training. It is the responsibility of Department heads to insure that all affected employees received Bloodborne Pathogens training. Training can be scheduled with the Director of Environmental Health and Safety at 546-6400.

## **XX. EXPOSURE CONTROL PLAN**

A. The following categories of employees are considered to be potentially at risk for exposure to bloodborne pathogens (HUMAN BLOOD OR BODY FLUIDS) due to job classification and/or task(s) required by the job:

- a) Laboratory workers (who work with Human blood or body fluids)
- b) First Responder Personnel (Public Safety, Environmental Health & Safety)
- c) maintenance Personnel
- d) Housekeeping Personnel
- e) Day Care Workers

B. Evaluation of exposure to blood or body fluids is based upon initial reporting of the incident by the person exposed to that individual's supervisor and upon prompt report to a physician for evaluation. The sooner the better and within the hour is definitely recommended. During normal work hours, Creighton employees should report to the selected occupational clinic or to a physician of their choice. After normal work hours to the Emergency Room, Creighton University Medical Center, or a physician of choice. It

is the supervisor's responsibility to insure that an HR-24 (Accident/Incident report) is prepared, signed, and submitted to Risk Management within 24 hours of the incident. Evaluation of the incident (cause, corrective action to prevent reoccurrence, etc.) will be accomplished by Environmental Health & Safety, Risk Management, and/or supervisory personnel as indicated by the nature of the exposure.

NOTE: Not all employees within a specific job classification perform duties where occupational exposure occurs. In those cases, a list of bloodborne pathogens related tasks and procedures is not required. This does not preclude training and information to be provided to those individuals in general, and does not preclude the employer responsibility for providing personal protective equipment (PPE). It probably precludes inoculation of HBV in these cases. All exposures are confidential in nature between the patient and doctor.

**Rev: June., 1996 II HEPATITIS TRANSMISSION on page 2.**

**Confidential**

**Informed Refusal for Hepatitis B Vaccination**

I, \_\_\_\_\_, am employed by Creighton University . My employer has provided me education about the Hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis B in the office/lab, and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition, and despite my employer's urging, have elected not to be vaccinated against Hepatitis B. I have personal reasons for making the decision not to be vaccinated.

_____	_____
	Signature
	_____
	Name
_____	_____
Witness	Address
	_____
	City/State/Zip Code
	_____
	Date

**Note: Maintain this record for duration of employment plus 30 years.**

**Confidential**

**Employee Exposure Incident Report Form**

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

\_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_

\_\_\_\_\_

Exposure incident circumstance (Describe what happened.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Route of exposure (e.g., needle stick, splash, puncture wound, abraded skin)

\_\_\_\_\_  
\_\_\_\_\_

Source antibody status if known:

\_\_\_\_\_  
\_\_\_\_\_

Date of Incident \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Note: Maintain this record for duration of employment plus 30 years.**

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**Confidential**

**Employee Informed Refusal of  
Post Exposure Medical Evaluation**

I, \_\_\_\_\_, am employed by \_\_\_\_\_. My employer has provided me training in Bloodborne Pathogen Policies and the risk of disease transmission in the medical office/lab.

On \_\_\_\_\_, 20\_\_\_\_, I was involved in an exposure incident when I (describe incident)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My employer has offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contacted an infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer's offer, have elected not to have a medical evaluation. I have personal reasons for make this decision.

_____	_____ Signature
	_____ Name
_____	_____ Address
	_____ City/State/Zip Code
	_____ Date

**Note: Maintain this record for duration of employment plus 30 years.**



**Bloodborne Pathogens Standards Program for Facilities Management**

Reviewed by:  
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January, 2013