

Non-Medical Personnel Bloodborne Pathogen Procedures

General Information

Bloodborne pathogens are disease causing microorganisms that may be present in human blood and other body fluids. The three most commonly encountered bloodborne pathogens are hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Bloodborne pathogens are transmitted when the pathogens from infectious body fluids enter the bloodstream through cuts or other breaks in the skin. They can also enter through mucus membranes. Bloodborne pathogens are **not** transmitted by casual contact.

This document is designed to give West Virginia University (WVU) employees who are not medical professionals the information they need to work safely with bloodborne pathogens. They do not replace procedures developed by the WVU Office of Institutional Biosafety. A copy of the bloodborne pathogens exposure control program is located at orc.research.wvu.edu/r/download/2011.

Employees covered by this supplement

This supplement applies to West Virginia University employees who have the potential to come into contact with blood or Other Potentially Infectious Material (OPIM). These employees include:

Job Classification	Task/Procedure in jobs that may have occupational exposure
Bus drivers	Providing First Aid; Clean up of materials that may contain blood or OPIM
Carpenters	Doing maintenance and repairs on equipment contaminated with blood or OPIM
Child Care Workers	Providing First Aid; Clean up of materials that may contain blood or OPIM
Custodians	Clean up of materials that may contain blood or OPIM
Electricians	Doing maintenance and repairs on equipment contaminated with blood or OPIM
First Aid Responders	Providing First Aid
Lifeguards	Providing First Aid; Clean up of materials that may contain blood or OPIM
General Maintenance Workers	Doing maintenance and repairs on equipment contaminated with blood or OPIM
Plumbers	Doing maintenance and repairs on equipment contaminated with blood or OPIM
PRT workers	Providing First Aid; Clean up of materials that may contain blood or OPIM
Sanitarians	Handling waste that may contain blood or OPIM
University Police Officers	Providing First Aid; Clean up of materials that may contain blood or OPIM

Exposure Control Plan

Personal Protective Equipment (PPE)

The amount of personal protective equipment needed will depend upon the activity the employee is engaged in. Use the following table to determine what PPE is required to be worn.

Task/Procedure in jobs that may have occupational exposure	PPE requirements
Clean up of materials that may contain blood or OPIM	Disposable Gloves (Latex, or Nitrile)
Handling waste that may contain blood or OPIM	Disposable Gloves (Latex, or Nitrile) *Splash Proof Safety Goggles *Splash Proof Face Shield
Providing First Aid	Disposable Gloves (Latex, or Nitrile) *Splash Proof Safety Goggles *Splash Proof Face Shield
Maintenance and repairs on equipment contaminated with blood or OPIM	Disposable Gloves (Latex, or Nitrile)

* Needed when there is a potential for blood or OPIM to splatter, Squirt, or Spray

General Rules

- Treat all blood and OPIM as infectious.
- Do not handle broken glass, needles, razor blades or other sharp objects with your hands. Use mechanical means such as a dustpan and broom.
- Engineering controls should be used whenever possible. An example of an engineering control in a barrier device when performing rescue breathing.
- Wash hands immediately after removing gloves or contact with blood or OPIM.
- Do not consume or store food or drinks in areas where blood or OPIM could be present.
- Avoid smoking in areas where infectious materials could be present.
- Do not use cosmetics where blood or OPIM could be present.
- Always follow safe work practices as outlined in the exposure control plan.

Housekeeping

Although OSHA does not require non-medical custodial staff to be included in a bloodborne pathogen program, WVU believes that there is a potential for accidental exposure to BBPs. In addition to the general rules, custodial staff must:

- Separate contaminated laundry from non-contaminated laundry.
- Handle contaminated laundry as little as possible.
- Carry laundry bags from the top.
- Watch for sharp objects, broken glassware and used syringes when emptying trash. Wear leather gloves when appropriate.

- Clean and decontaminate equipment and surface that had contact with infectious materials with a solution of one and a half cups bleach to one gallon of water (one part bleach to 10 parts water).

Exposure Incidents

An exposure incident is when blood or OPIM comes in contact with the eye, mouth, mucous membrane, broken skin or parenteral (under the skin). In the event of an exposure the following procedures should be followed:

- Immediately wash or rinse the exposed area for 10 to 15 minutes
- Immediately following washing, seek medical attention by going to the Ruby Memorial Hospital, Second Floor, Room B204 or the emergency room.
- Notify your supervisor as soon as possible and provide detailed information about the incident.
- The supervisor will attempt to identify the source individual.
- If identified, the supervisor will attempt to notify the source individual of the exposure incident and obtain consent to collect blood to test for HIV/HBV/HDC infectivity
- Results of testing of the source individual will be made available to the exposed employee, but the applicable laws and regulations concerning disclosure of identity and infectivity of the source individual will be strictly followed.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report experiences to appropriate medical personnel.
- If the employee denies follow-up care, they must sign a post-exposure evaluation and follow-up declination waiver.

Evaluation of Exposure Incidents

All exposure incidents will be investigated by the employee's supervisor. This will help prevent similar incidents for occurring in the future. The information gathered will include:

- Employee name
- Employee identification number
- Date of incident
- Occupation
- Department
- Building/Room where incident took place
- A brief description of how the incident occurred including the task which was being performed as well as any PPE worn or utilized
- Was a needle stick involved
- Recommendations
- Supervisor Name

- Date

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure to bloodborne pathogens or OPOIM may occur. Environmental Health and Safety will schedule and conduct Bloodborne Pathogen Training. All employees must receive annual refresher training. Training will include all the requirements in the OSHA standard including an opportunity for questions and answers with the person conducting the training.

Hepatitis B vaccine

All non-medical WVU employees who have the potential for exposure to Bloodborne pathogens will be offered a vaccination for the Hepatitis B virus at no cost to them. The vaccine will be offered within 10 working days of an employee's initial assignment of work involving the potential for occupational exposure to BBP. Employees who initially decline the HBV vaccine, but later request to have it, may then receive the vaccine at no cost. Employees who decline the vaccine must sign a waiver that states:

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

First Aid Providers

Employees who administer first aid as a collateral duty to their routine work assignments will not be offered the pre-exposure hepatitis B vaccination, provided the following conditions are met:

- Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer **before the end of the work shift** during which the incident occurs.
- Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time, as well as a determination of whether an exposure incident, as defined in the standard, has occurred.
- Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.

- First aid providers must receive training under the Bloodborne Pathogens Standard that covers the specifics of the reporting procedures.
- All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure occurs, must have the vaccine made available to them as soon as possible but in no event later than **24 hours after the exposure incident**. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.