

Athletics/Health Center/Human Resources/Physical Plant

Policy type: Administrative

Applies to: Employees with specific job responsibilities that may include occupational exposure to blood or other potentially infectious materials.

POLICY DATES

This policy supersedes and replaces all other policies prior to this revised date

Issued: 7/2016

Revised: 12/05/2025

Edited By Beth Wayt, Marci Craig (along with various representatives from multiple areas)

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. In furtherance of this goal, OSHA enacted the Occupational Exposure to Bloodborne Pathogens Standard, codified as 29 CFR §1910.1030 (the "OSHA Standard"). The purpose of the OSHA Standard is to "reduce occupational exposure to hepatitis B Virus ("HBV"), human immunodeficiency virus ("HIV") and other "bloodborne pathogens" that employees may encounter in their workplace.

Table of Contents

- I. Policy Details
 - A. Contents and Availability of Exposure Plan
 - B. Discipline- Failure to Comply to Exposure Plan
 - C. Exposure Determination
 - D. Potential Occupational Hazard at the Hospital
 - E. OSHA Training Requirement
 - F. Training Requirements
 - G. Recordkeeping
- II. Procedures
 - A. Schedule of Implementation of OSHA
 - B. Universal Precautions
 - C. Engineering
 - D. Work Practice Controls
 - E. Personal Protective Equipment
 - F. Housekeeping
 - G. Regulated Waste
 - H. Contaminated Laundry
 - I. Hep B Vaccination and Post-Exposure Follow-Up
 - J. Healthcare Post-Exposure Evaluation Opinion
 - K. Labels and Signs

Definitions

Term	Definition
BBP OSHA Standard	To reduce occupational exposure to hepatitis B (HBV), human immunodeficiency virus (HIV), and other blood-borne pathogens that employees may encounter at the workplace.
Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogens (BBP)	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

Term	Definition
Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Engineering Controls	Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities	A facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.
HBV	Hepatitis B virus.
HIV or AIDs	Human immunodeficiency virus.
Needleless Systems	A device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
Occupational Exposure	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.
Other Potentially Infectious Materials	(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
Personal Protective Environment	This is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Sharps with Engineered Sharps Injury Protections	A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

Term	Definition
Universal Precautions	This is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

I. Policy Details

A. Contents and Availability of Exposure Plan

University of Mount Union ("Mount Union") realizes that occupational exposure to blood or other potentially infectious materials can occur to its employees. Therefore, to protect the health and welfare of its employees, Mount Union has established certain precautions and safeguards for all employees who may come into contact with blood or blood products or other bodily fluids that may result from the performance of an employee's duties.

Mount Union has created this Exposure Control Plan (the "Plan") to comply with the OSHA Standard. The Plan provides for the following:

1. A schedule of how and when the provisions of the OSHA Standard will be implemented.
2. Exposure determinations. See [Exhibit A](#)
3. Methods of compliance.
4. Hepatitis B vaccination and post-exposure evaluation and follow-up.
5. Labeling.
6. Training.
7. Recordkeeping: You should send a copy of the healthcare professional post-exposure written opinion form to the healthcare professional who is evaluating an employee after an exposure incident.

This Plan is accessible to all employees and will be reviewed and updated annually on a regular basis as necessary to:

1. Reflect new or modified tasks and procedures which affect occupational exposure;
2. Reflect new or revised employee positions with occupational exposure;
3. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
4. Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Copies of the Plan will be kept at the following locations: (1) the Human Resources Department; (2) the Student Health Center; (3) in the office of the Director of Athletic Training; (4) in the office of the Director of Physical Plant; (5) in the office of the supervisor of lifeguards; (6) in the Huston Brumbaugh Nature Center; and (7) in the Security Office.

B. Discipline- Failure to Comply to Exposure Plan

Mount Union has established this Plan in accordance with the OSHA Standard. The Plan is intended to protect Mount Union's employees from occupational exposure to Bloodborne Pathogens. Employees must abide by the procedures set forth in the Exposure Control Plan. Failure to follow procedures will result in disciplinary action up to and including termination.

For example, employees with occupational exposure must schedule and attend bloodborne pathogens training in a timely manner after being hired by Mount Union and annually thereafter so as to comply with the Plan. Employees must also schedule and receive Hepatitis B vaccination, unless the employee has declined the vaccination in accordance with the requirements of the Plan or has executed a verification of previous vaccination and provides the dates of such vaccination.

A staff member with occupational exposure who fails to receive bloodborne pathogens training within 10 days after initial hiring or within 10 days after initial assignment at Mount Union will receive one (1) written warning and thereafter is subject to termination for failure to comply with his or her obligations under the Plan.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

Similarly, a non-tenured employee with occupational exposure who fails to complete his/her Hepatitis B vaccination within 10 days of commencing employment at Mount Union (unless the employee has declined the vaccination in accordance with the requirements of the Plan or has executed a verification of previous vaccination and provides the dates of such vaccination) will receive one (1) written warning from the appropriate employee handbook of discipline and thereafter is subject to termination for failure to comply with his or her obligations under the Plan.

A tenured employee with occupational exposure who fails to comply with bloodborne pathogens requirements is subject to discipline in accordance with tenured employee discipline policies.

C. Exposure Determination

The OSHA Standard requires each employer that has one or more employees with "occupational exposure" to prepare an exposure determination which lists (1) the job classifications of all employees who have occupational exposure and (2) a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed. See the Exposure Determination, a copy of which is attached hereto as [Exhibit A](#).

D. Potential Occupational Hazard at the Hospital

Some of the Mount Union employees also have occupational exposure to blood or other potentially infectious materials at hospital(s).

Mount Union has instructed all employees that have occupational exposure at such hospital(s) or clinical location to follow such hospital(s)' or clinic(s)' Exposure Control Plan(s) as it pertains to the activities that the employees perform at the hospital or clinic location.

Because of the dynamic nature of such hospital(s)' /clinic(s)' Exposure Control Plan(s), any employee wishing to obtain information about that hospital's Exposure Control Plan, should contact the infection control nurse at Aultman Alliance Community Hospital at 330-596-6000. In any event, each employee of Mount Union who also works at a hospital or clinic will be instructed to review, become familiar with, and to ask any questions that it may have concerning the Plan at any hospital or clinic at which it also has occupational exposure to blood or other potentially infectious materials.

E. OSHA Training Requirement

The OSHA Standard includes requirements for providing information and training to employees with occupational exposure to blood or other potentially infectious materials. All employees with such occupational exposure must participate in a training program which will be provided at no cost to the employee and during working hours.

F. Training Requirements

Current employees with occupational exposure to blood or other potentially infectious materials will be trained. The training must be done within ten (10) days after the date of initial hiring (or within ten (10) days after initial assignment to a task in which occupational exposure may take place). All employees with occupational exposure to blood or other potentially infectious materials must receive training at least annually thereafter. At the time of training, the Supervisor/Director, or the on-site BBP trainer (Aultworks) will require each employee to sign the Training Log and the Acknowledgement of Training Form.

The training program will contain the following elements:

1. An accessible copy of the regulatory text of the OSHA Standard and an explanation of its contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the Plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

9. Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color coding required by the OSHA Standard;
14. An opportunity for interactive questions and answers with the person conducting the training session.

G. Recordkeeping

A. EMPLOYEE MEDICAL RECORDS.

1. Medical Recordkeeping Requirement. The OSHA Standard requires the employer to maintain an accurate employee medical records for each employee with occupational exposure to blood or other potentially infectious materials. All BBP records, including training materials, are maintained by Aultworks.
2. General Requirements-Medical Records. The employee medical records must be kept confidential and separate from other personnel records. The employee medical records cannot be disclosed or reported without the employee's express written consent to any person inside or outside of the workplace except as is required by law and by the OSHA Standard. It is understood, however, that upon compliance with 29 CFR 1020 and 29 CFR 1913.10 (OSHA practice and procedure governing OSHA access to employee medical records), the Assistant Secretary of Labor for Occupational Safety and Health, or its designated representative, as well as the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or its designated representative, have access to these records. The records can be maintained on site or by the healthcare professional who provides the services. The medical records must be retained for the duration of the employee's employment plus thirty (30) years.
3. Contents of Employee Medical Records. The employee medical records must be entered onto a form substantially in the Employee File and include the following for each employee with occupational exposure:
 - a) the employee name and social security number;
 - b) The employee's HBV vaccination status, including dates of all the HBV vaccinations, and any medical records relative to the employee's ability to receive the vaccination;
 - c) For every occupational exposure incident that occurs, a copy of all results of examinations, medical testing, and follow-up procedures required by the OSHA Standard (1910.1030(f)(3)), and the written opinion of the healthcare professional required after an exposure incident (1910.1030(f)(5)).
 - d) A Copy of the information provided to the healthcare professional regarding the exposed employee's duties as they relate to the exposure incident, the documentation of the routes of exposure and circumstances under which exposure occurred, and the results of the source individual's blood testing (1910.1030(f)(4)(B), (C), and (D)), if available.

B. EMPLOYEE TRAINING RECORDS

1. Training record requirements. Training records documenting each training session, in the Training Log, must be retained by the employer for three (3) years from the date on which the training occurred. These records are maintained by Aultworks. The Employee Acknowledgment of Training form, must be maintained for three (3) years. These records are required to be made available upon request to employees or OSHA representatives.
2. Contents of training records. The training records must include:
 - (a) The dates of the training sessions;
 - (b) Contents or a summary of the training sessions;
 - (c) The names and qualifications of persons conducting the training;
 - (d) The names and job titles of all persons attending the training sessions.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

C. SHARPS INJURY LOG – See [Exhibit F](#)

Mount Union will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. In accord with 29 CFR 1904.33, the sharps injury log shall be maintained for five (5) years following the end of the calendar year that the sharps injury log covers. The sharps injury log will contain:

1. the type and brand of device involved in the incident,
2. the department or work area where the exposure incident occurred, and
3. an explanation of how the incident occurred.

II. PROCEDURE

A. Schedule of Implementation of OSHA

In 1994, Mount Union originally implemented the following components of the OSHA Standard:

1. Existence of Written exposure control plan.
2. Exposure determination.
3. Methods of compliance.
 - (a) Engineering/work practice controls.
 - (b) Personal protective equipment.
 - (c) Housekeeping.
4. HBV vaccination/post exposure procedures.
5. Labeling.
6. Training.
7. Recordkeeping.
8. On an annual basis and as otherwise set forth herein, Mount Union continues to review, update as needed and implement the Plan.

B. Universal Precautions

The OSHA Standard requires the use of "universal precautions" to prevent contact with blood or other potentially infectious materials. In addition, whenever it is difficult or impossible to distinguish between different body fluids, all body fluids must be treated as if contaminated by HIV, HBV, and other bloodborne pathogens.

C. Engineering Controls

Engineering controls reduce exposure to blood or other potentially infectious materials in the work place by either removing the hazard or isolating the worker from the hazard. Generally, this is achieved by using equipment designed for this purpose. An example of an engineering control is the use of sharps disposal containers, which isolate the hazard from the employee by physical means.

Work practice controls reduce the chance of exposure through changing the way in which a task is performed. Examples of work practice controls are proper hand washing and prohibiting recapping of contaminated needles.

The engineering and work practice controls listed below are specifically required in the OSHA Standard.

The engineering controls listed below will be examined and maintained or replaced on a regular schedule to ensure their effectiveness, by the following individuals for the following areas:

Individual

Director of Athletic Training Services
Housekeeping Supervisor
Director of the Physical Plant
Grounds Supervisor
Person supervising lifeguards
Director of Security

Area

Athletic Department
Housekeeping
Physical Plant
Grounds Crew
Pools, Pool Areas, and Lifeguard Areas
Security Office

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

D. Work Practice Controls

Work practice controls reduce the change of exposure through changing the way in which a task is performed.

Examples of work practice controls are proper hand washing and prohibiting recapping of contaminated needles.

1. Handwashing.

(a) Handwashing facilities (an adequate supply of running potable water, soap, and single use towels or hot-drying machines) are available in most areas in which an employee has occupational exposure to blood or other potentially infectious materials. Handwashing facilities are available in the athletic training facilities and laundry area in Timken; and in all other university buildings.

(b) In locations where employees may have occupational exposure to blood or other potentially infectious materials but soap and running water are not available, the employer has provided antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. These handwashing alternatives are located in the athletic training facilities, in each certified athletic trainer's first aid kit, and in the Physical Plant trucks.

(c) Whenever employees use antiseptic hand cleansers or towelettes, the employer requires that the employees wash their hands with soap and running water as soon as feasible.

(d) The employer, the Director of Athletic Training Services, the Housekeeping Supervisor (for Housekeeping), Grounds Supervisor (for Grounds Crew), and the Director of the Physical Plant (for Physical Plant), and the person supervising the lifeguards (for the lifeguards) will ensure that employees wash their hands immediately or as soon as feasible after removing gloves or any other personal protective equipment (for example, masks, goggles, gowns).

(e) The employer, the Director of Athletic Training Services, the Housekeeping Supervisor (for Housekeeping), Grounds Supervisor (for Grounds Crew), and the Director of the Physical Plant (for Physical Plant), and the person supervising the lifeguards (for the lifeguards) will ensure that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible after contact of such body areas with blood or other potentially infectious materials.

2. Contaminated Needles and Other Contaminated Sharps.

(a) Contaminated needles and other contaminated sharps are not sheared or broken.

(b) Contaminated needles and other contaminated sharps are not bent, recapped, or removed unless the employer has complied with the following:

(i) Contaminated needles and other contaminated sharps are not recapped or removed unless the employer has documented that no alternative to such recapping or removal is feasible or that such action is required by a specific medical procedure. In addition, even in these situations, recapping or needle removal is accomplished through the use of a mechanical device or a one-handed technique.

(ii) The employer has completed the documentation, Recapping/Removing Contaminated Needles.

3. Containers for Contaminated Reusable Sharps.

Immediately or as soon as feasible after use, employees must place contaminated reusable sharps into a container that is:

- puncture resistant
- labeled with the biohazard symbol or color-coded red in accord with the OSHA Standard
- leakproof on the sides and bottom
- stored and processed in a manner so that employees do not reach into the reusable sharps container by hand

4. Restrictions on Eating, Drinking, Etc. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials.

5. Restrictions on Storage of Food, Drink, Etc. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present or routinely stored. Food and drink may be kept in separate storage areas where blood or other potentially infectious materials are not present or are not routinely stored.

6. Minimizing Splashing, Spraying, Spattering. Procedures that involve blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

7. Mouth Pipetting/Suctioning Prohibited. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
8. Containers for Specimens of Blood or Other Potentially Infectious Materials.
- (a) Specimens of blood or other potentially infectious materials are placed in the following type of container:
 - (i) prevents leakage during collection, handling, processing, storage, transport, or shipping
 - (ii) labeled with the biohazard symbol or color coded in red
 - (iii) closed prior to being stored, transported, or shipped
 - (b) Specimen containers used by Mount Union are placed in transport containers and then placed in a leak-proof bag that is color coded in red or labeled with the biohazard symbol.
 - (c) If outside contamination of the primary container occurs, the primary container should be placed into a second container that prevents leakage, is closed, and is labeled with the biohazard symbol or color coded in red.
 - (d) If the specimen could puncture the primary container, the primary container is placed in a second container that prevents leakage, is closed, is labeled with the biohazard symbol or color coded in red and is puncture resistant.
9. Servicing/Shipping of Equipment that May Become Contaminated with Blood or Other Potentially Infectious Materials. Equipment that may become contaminated with blood or other potentially infectious materials is examined by the Director of Athletic Training Services, the Housekeeping Supervisor (for the Housekeeping area), Grounds Supervisor (for Grounds Crew), and the Director of the Physical Plant (for the Physical Plant), and the person supervising the lifeguards (for the lifeguards) prior to servicing (whether by employees or outside servicing personnel) or shipping and is decontaminated by the individuals listed above for each area or an appropriate designated individual covered by this Plan if necessary unless the employer can demonstrate that decontamination of the equipment or portions of the equipment is not feasible. If the employer demonstrates that decontamination of such equipment or portions of such is not feasible, the Director of Athletic Training Services, the Housekeeping Supervisor (for the Housekeeping area), Grounds Supervisor (for Grounds Crew), and the Director of the Physical Plant (for Physical Plant situations), and the person supervising the lifeguards (for the lifeguards) should attach a biohazard label that states what portions of the equipment are contaminated. In addition, in situations in which the equipment or portions of the equipment are not decontaminated prior to servicing or shipping, the Director of Athletic Training Services, the Housekeeping Supervisor (for the Housekeeping area), Grounds Supervisor (for Grounds Crew), and the Director of the Physical Plant (for Physical Plant situations), and the person supervising the lifeguards (for the lifeguards) must inform the following persons, as appropriate, that the equipment or portions of the equipment are contaminated prior to handling, servicing, or shipping so that such person can take appropriate precautions:
- Affected employees;
 - Servicing representative; and/or
 - The manufacturer.

E. Personal Protective Equipment

1. Provision of Personal Protective Equipment. When it is reasonably anticipated that an employee(s) will have skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious materials during the performance of his or her duties as an employee, the OSHA Standard requires that the employer provide, at no cost to the employee, appropriate personal protective equipment such as gloves, gowns, laboratory coats, clinic jackets, face shields or masks, mouth pieces, resuscitation bags, pocket masks, or other ventilation devices. The personal protective equipment provided by this employer is listed in Section 3. below.
2. Use of Personal Protective Equipment. Employees must use personal protective equipment when appropriate unless under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance its use of personal protective equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. The introduction to the OSHA Standard gives examples of what OSHA considers "rare and extraordinary circumstances." These include sudden changes in patient status that puts the patient's life in immediate jeopardy; a firefighter discovers that his/her resuscitation equipment is damaged, and he/she must administer CPR.
- Whenever an employee makes this judgment, the matter should be reported to the Supervisor/Director or Human Resources as soon as possible. The Supervisor/Director and Human Resources will investigate and document the circumstances to determine, if appropriate, whether changes can be made to prevent such occurrences in the future.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

3. Personal protective equipment - availability and accessibility. Appropriate personal protective equipment in appropriate sizes is readily accessible at the following work sites:

(a) Disposable, single-use gloves, in appropriate sizes, are provided in the training room and each certified athletic trainer's first aid kit. Also, antiseptic hand cleaner and gloves are provided in each of the University Physical Plant trucks.

(b) Utility gloves are available in the Housekeeping Department and the Physical Plant Department.

(c) Masks, goggles, and disposable protective gowns are available in the training room. They can also be found in Housekeeper's closets and Physical Plant trucks.

(d) A pocket mask is available in the training room, and each certified athletic trainer's first aid kit. This will minimize the need for emergency mouth-to-mouth resuscitation without proper equipment. If an employee is allergic to the gloves normally provided, the employer will make available to such employee hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives which provide effective barrier protection.

4. Gloves.

(a) Gloves are required to be worn whenever it can be reasonably anticipated that an employee may have contact with:

(i) blood,

(ii) other potentially infectious materials,

(iii) mucous membranes,

(iv) non-intact skin,

(v) when performing vascular access procedures,

(vi) when handling or touching contaminated items or surfaces.

(b) Disposable (single-use) gloves, such as surgical or examination gloves, must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(c) Disposable (single-use) gloves should not be washed or decontaminated for reuse.

(d) Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or show any other signs of deterioration or when their ability to function as a barrier is compromised.

5. Gowns, Masks, Eye Protection, and Face Shields. Masks in combination with eye protection (such as goggles or glasses with solid side shields, or chin length face shields) are required to be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials are generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, aprons, and lab coats are required when necessary to prevent blood or other potentially infectious materials from reaching the employee's skin or work clothes.

6. Cleaning, Laundering, Disposal, Repair, Replacement of Personal Protective Equipment. (a) The employer cleans, launders, and disposes of the personal protective equipment required by the OSHA Standard, at no cost to the employee.

(b) The employer repairs or replaces the personal protective equipment as needed, at no cost to the employee.

7. Removal and Storage of Personal Protective Equipment. (a) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. (b) All personal protective equipment is required to be removed prior to leaving the work area. (c) When personal protective equipment is removed it is required to be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

F. Housekeeping

1. Cleaning Schedule. The Director of Athletic Training Services, the Housekeeping Supervisor (for the housekeeping area), Grounds Supervisor (for Grounds Crew), the Director of the Physical Plant (for Physical Plant), and the person supervising the lifeguards (for the lifeguards) will each ensure that their respective areas are maintained in a clean and sanitary condition. The individuals listed in the preceding sentence (for the areas listed in the preceding sentence) will determine and implement the Written Schedule for Cleaning which will include the appropriate method of disinfection for the different surfaces, equipment, and rooms in their respective areas (based on the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures performed in the area).

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

2. Requirement to Wear Gloves. All employees should wear protective gloves when cleaning and disinfecting surfaces or items contaminated with blood or other potentially infectious materials. Utility gloves should be worn when cleaning contaminated reusable sharps.

3. Cleaning and Disinfection.

- (a) All equipment/surfaces. Equipment and working surfaces must be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials.
- (b) Work surface decontamination. Work surfaces must also be decontaminated with an appropriate disinfectant at the following times:
 - (i) after completion of procedures;
 - (ii) immediately or as soon as feasible when surfaces become obviously contaminated;
 - (iii) after any spill of blood or any potentially infectious materials; and
 - (iv) at the end of the work shift.
- (c) Protective coverings. Protective coverings such as plastic wrap, aluminum foil or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces, but they are not required. If used, the protective coverings shall be removed and replaced as soon as feasible when they are obviously contaminated or at the end of the work shift.
- (d) Decontamination prior to servicing/shipping. As stated above, equipment that may become contaminated with blood or other potentially infectious materials should be checked by the Director of Athletic Training Services, if in the athletic facilities. These infectious materials should also be checked by the Director of the Physical Plant (for the Physical Plant Department), and the person supervising the lifeguards (for the lifeguards) routinely and prior to servicing or shipping. It should be decontaminated as necessary. See Engineering and Work Practices Section 9 above for labeling requirements and other information requirements required prior to shipping or servicing (whether by in-house employees or by outside servicers).
- (e) Bins, pails, cans, other receptacles. All bins, pails, cans, and similar items intended for reuse that may become contaminated with blood or other potentially infectious materials should be inspected and decontaminated by the Housekeeping Department on a biweekly basis. In addition, these items will be cleaned and decontaminated immediately or as soon as feasible if visible contamination occurs.
- (f) Broken glassware. Broken glassware that may be contaminated shall not be picked up with the hands. Instead, it will be cleaned up using a brush and dustpan or tongs or forceps and placed in a sharps container.
- (g) Reusable sharps. Reusable sharps that are contaminated with blood or other potentially infectious materials are not stored or processed in a manner that requires employees to reach by hand into the containers where the reusable sharps have been placed. Employees use tongs or forceps to remove reusable sharps from these containers. Reusable contaminated sharps must be cleaned as follows. Such sharps are placed into the appropriate reusable sharps containers and taken to the decontamination area in the laboratory. These items are then cleaned and rinsed. They are then allowed to dry and are put into appropriate packets prior to heat sterilization. The items are then autoclaved.

G. Regulated Waste

1. Contaminated disposable sharps.

- (a) Immediately or as soon as feasible after use, contaminated disposable sharps should be disposed of in closable, puncture-resistant, disposal containers that are leak-proof on the sides and bottom and that are labeled with the biohazard symbol or color coded in red. Mount Union uses disposable sharps containers that are located in each certified athletic trainer's first aid kit, and the training room.
- (b) The disposable sharps containers are maintained upright throughout use. They are replaced immediately when full, closed securely, and stored for disposal with the disposal company.
- (c) When moving disposable contaminated sharps containers, the containers are closed immediately prior to removal or replacement to prevent spillage or protrusion of contents. If leakage is possible, the containers should be placed into a

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

second container that is closable, prevents leakage during handling, is color coded in red, or labeled with the biohazard symbol.

2. Reusable Sharps Containers. Reusable sharps containers are not opened, emptied, or cleaned manually or in any other way that would expose employees to risk of percutaneous injury.

3. Other Regulated Waste.

(a) Regulated wastes other than contaminated sharps are put in leak-proof bags that are labeled with the biohazard symbol or color coded in red and that are located in, the training room, each certified athletic trainer's first aid kit, and each housekeeping closet.

These containers are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, labeled with the biohazard symbol or color coded in red, closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(b) If outside contamination of these regulated waste containers occurs, the container should be placed in a second container. The second container should also be closable, constructed to contain all contents and to prevent leakage of fluids, labeled with the biohazard symbol or color coded in red, and closed prior to removal.

H. Contaminated Laundry

1. Generally. The OSHA Standard prohibits employees from taking contaminated laundry home to be washed at home. Contaminated laundry must be washed at Mount Union or by an outside laundry service. However, it is not the responsibility of the employer to launder uniforms or clothing (i.e., street clothes) worn under personal protective equipment.

2. Handling Requirements/Restrictions. Contaminated laundry is:

1. handled as little as possible with a minimum of agitation
2. put into a red plastic bag or other container at the location where it was used and is not sorted or rinsed in the location of use
3. placed into and transported in red colored bags or bags that are labeled with the biohazard symbol
4. Whenever contaminated laundry is wet and might soak through the laundry bag, the laundry is placed and transported in a bag or container that prevents leakage
5. cleaned or laundered by the employer and not taken home by the employee

3. Requirement to Wear Gloves. Employees that have contact with contaminated laundry must wear protective gloves.

4. Shipping to Outside Laundry. Contaminated laundry shipped off-site to a second facility must be placed in laundry bags or containers that are color coded in red or are labeled with the biohazard symbol.

I. Hep B Vaccination and Post-Exposure Follow-Up

A. PROVIDING THE HEPATITIS B VACCINE – See [Exhibits B, C, D, E](#)

1. Hepatitis B Vaccine. The hepatitis B vaccine is provided free of charge by the employer to:

(a) all employees who have occupational exposure within ten (10) working days of initial assignment after the bloodborne pathogens training is complete unless the employee has previously received the complete hepatitis B vaccination series, antibody testing reveals that the employee is immune, or the vaccine is contraindicated for medical reasons.

2. Certification of Previous HBV Vaccination. If the employee has already had the hepatitis B vaccination, the employee must sign and complete the Certification of Previous Vaccination Form. If the employee is a minor, that person's parent or guardian must sign this form.

3. Declination Statement. If the employee declines the vaccine, the employee must sign a Declination Form. If the employee is a minor, that person's parent or guardian must sign the declination statement.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

4. Consent to HBV Vaccination Form. If the employee consents to taking the hepatitis B vaccine, the employee must sign the Consent Form.
If the employee is a minor, that person's guardian must sign this form.
5. Subsequent Vaccination Request. If the employee originally declines hepatitis B vaccination, but at a later date, while still covered under the Plan or OSHA Standard, decides to accept the vaccination, the employer will make the hepatitis B vaccination available at that time.
6. Titers and Booster Doses. Mount Union will provide the employee, at no cost, post vaccination testing for antibodies to the hepatitis B surface antigen, booster doses, and other related measures to the extent that the U.S. Public Health Guidelines recommend such measures. The employer will provide a copy of the OSHA Standard to the healthcare professional who evaluates the employee and/or administers the vaccine to the employee.
7. Healthcare Professional Opinion Form. The healthcare professional will complete this Opinion Form, once an employee gets a hepatitis B vaccine. The employer must have the healthcare professional return the completed form within fifteen (15) days after the employee receives the hepatitis B vaccination. The completed Healthcare Professional's Opinion Form - Vaccination Status will be filed in the employee's medical record.

B. POST-EXPOSURE EVALUATION AND FOLLOW-UP.

1. Exposure incident. After an employee reports an "exposure incident," the employer will make available to the employee a confidential medical evaluation and follow-up, as described below.
2. Report of exposure incident. Employees in the Athletic Department should report each exposure incident to the Director of Athletic Training Services; Employees in the Housekeeping area should report each exposure incident to the Housekeeping Supervisor; Grounds Crew Employees should report each exposure incident to the Grounds Supervisor; and Employees in the Physical Plant Department should report each exposure incident to the Director of the Physical Plant; and the Lifeguard Employees should report each exposure incident to the person supervising the lifeguards. Subsequently, each such exposure incident should be reported as soon as possible to the Supervisor/Director.
3. Documentation of exposure incident. After a report of an exposure incident, the Supervisor/Director or Human Resources, if available, and, if not available, the Director of Athletic Training Services Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, as applicable, will record the following items of information concerning the exposure incident on the Exposure Incident Form.
 - (a) Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.
 - (b) Identification and documentation of the source individual unless the Supervisor/Director, Human Resources, Director of Athletic Training Services, the Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, and/or the person supervising the lifeguards, as applicable, notes that such identification is not possible or is prohibited by state or local law. If identification is not possible, the Supervisor/Director, Human Resources, Director of Athletic Training Services, Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, and/or the person supervising the lifeguards, as applicable, will note that fact on the Exposure Incident Report Form.

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

- (c) Any source individual that consents to the test will be required to sign a Source Consent Form. The source individual's blood will be drawn and tested as soon as feasible after consent is obtained from the source individual, to determine HBV or HIV infectibility. If the source individual is already known to be infected with HBV or HIV, testing for that virus need not be done.
- (d) If consent cannot be obtained from the source individual, the Supervisor/Director, Human Resources, Director of Athletic Training Services, Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, and/or the person supervising the lifeguards, as applicable, should note in writing on the Exposure Incident Report Form that legally required consent cannot be obtained from the source individual. Even if the source individual's consent is not obtained, the source individual's blood, if available, shall be tested and the results documented.
- (e) Results of the source individual's testing will be made available to the exposed employee. The employee will also be informed of all then applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- (f) The exposed employee will be asked to consent to blood collection and testing for HIV and HBV (the employee has the right to refuse consent for the blood collection and testing). Any exposed employee that consents to the testing will be required to sign an Employee Consent To Test Form.
- (g) If the employee consents to the HIV and HBV testing, the blood is collected and tested for HIV and HBV as soon as possible. If the employee declines testing but consents to blood collection, the blood sample must be held for ninety (90) days in the laboratory. If, within this ninety (90)-day time period, the employee decides to consent to have the baseline blood sample tested, a consent form should be signed and such testing must be done as soon as feasible.
- (h) If the employee refuses to have the HIV and/or HBV testing done, the Supervisor/Director, Human Resources, Director of Athletic Training Services, Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, and/or the person supervising the lifeguards, as applicable, must complete the form entitled Employee Refusal to Test.
- (i) The employer will provide, a post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. This is provided in accordance with the provisions of the Healthcare Post-Exposure Evaluation Opinion.
- (j) Counseling as well as evaluation of illnesses that are reported after exposure will be provided in accord with the recommendations of the United States Public Health Service.

J. Healthcare Post-Exposure Evaluation Opinion

1. Information Provided to Healthcare Professional After Exposure Incident. The employer is required to provide certain information to the healthcare professional who is responsible for the post-exposure evaluation of the employee. The Supervisor/Director, Human Resources, Director of Athletic Training Services, Housekeeping Supervisor, Grounds Supervisor, Director of the Physical Plant, and/or the person supervising the lifeguards, as applicable, should give the evaluating healthcare professional the following:

- (a) A copy of the OSHA Standard;
- (b) A description of the exposed employee's duties as they relate to the exposure incident;
- (c) Documentation of the route(s) of exposure and circumstances under which the exposure occurred;

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

(d) The results of the source individual's blood testing, if available; and

(e) All medical records relevant to the appropriate treatment of the employee (including vaccination status) which the employer is responsible to maintain (see Medical Records section of this Exposure Control Plan).

2. Written Opinion of Healthcare Professional. The employer is required to make sure that the healthcare professional provides to both the employer and the employee a copy of a written opinion within fifteen (15) days after completion of the evaluation. The written opinion must contain only the information listed in items (a) and (b) below. Further, the healthcare professional must use the standards to evaluate an employee who has had an exposure incident. However, all other findings and diagnoses shall remain confidential and shall not be included in the written report. The items required to be in the written report are as follows:

(a) That the employee has been informed of the results of the evaluation;

(b) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, that require further evaluation or treatment. This letter sets out the information required to be given to the healthcare professional when evaluating an employee who has had an exposure incident and also informs the healthcare professional of his obligation concerning the written opinion.

PLEASE NOTE You should send a copy of the healthcare professional post-exposure written opinion form to the healthcare professional who is evaluating an employee after an exposure incident.

K. Labels and Signs

The OSHA Standard has a section entitled "communication of hazards to employees." This portion of the Plan lists requirements for labels. The labels and signs are required to be used to warn employees of exposure to blood or other potentially infectious materials.

1. Type of Label Required. The OSHA Standard requires a label that displays the biohazard symbol and the legend "Biohazard." A picture of the biohazard symbol is shown below. The label must be fluorescent orange or orange-red with letters or symbols in a contrasting color.



Red bags or red containers can be substituted for the labels.

2. How to Attach Labels. Labels must be affixed or attached as closely as possible to the container by string, wire, adhesive, or other method so that the label is not lost or unintentionally removed. Alternatively, labels can be imprinted on the bag or container.

3. When to Use Labels. The biohazard labels are to be placed on all containers of regulated waste and other items (e.g., refrigerators, freezers) that contain blood or other potentially infectious materials. Biohazard labels must also be placed on

Bloodborne Pathogen Policy PER 2.0

Athletics/Health Center/Human Resources/Physical Plant

all containers used to store, transport, or ship blood or other potentially infectious materials (for example, sharps containers, specimen containers). Likewise, laundry contaminated with blood or other potentially infectious materials must also be labeled or color coded.

Some examples of the items that must have biohazard labels affixed to them or must be contained in red containers are as follows:

- All regulated waste containers, including but not limited to disposable and reusable sharps containers
- All containers used to store, transport, or ship specimens of blood or other potentially infectious materials
- Refrigerators and freezers containing blood or other potentially infectious materials
- Contaminated equipment or portions of equipment that are contaminated

4. When Labels/Color Coded Containers are not Required. Any regulated waste that has been decontaminated need not be labeled or placed in red containers.

Responsibilities

Position or Office	Responsibilities
OSHA	Provides the standards for handling the bloodborne pathogens

Resources

[Exhibits A-F](#)
[BBP Safety & Health Policy Employee Sign Off](#)

Contacts

Position	Office	Telephone	E-mail/URL
Health Services Coordinator	Health Center Office	330-596-7995	healthcenter@mountunion.edu
Director of Athletic Training Services	Athletics Department	330-829-2863	Athletics@mountunion.edu
Housekeeping Supervisor	Physical Plant	(330) 823-7292	physplant@mountunion.edu
Director of the Physical Plant	Physical Plant	(330) 823-7365	physplant@mountunion.edu
Grounds Supervisor	Physical Plant	(330) 829-8101	physplant@mountunion.edu
Director of Safety & Security	Campus Security Office	(330) 829-8721	security@mountunion.edu
Director Human Resources	Office of Human Resources	(330) 829-6560	humanresources@mountunion.edu
Person Supervising Lifeguards	Recreation and Wellness	(330) 829-8990	recreation@mountunion.edu

History

This policy was established in 2016. All previous versions are inventoried by the Policy Review Council.