## A. POLICY
1. This procedure follows requirements set forth in 29 CFR 1910.1030.
2. This policy applies to all Alvernia University employees who, as a result of performing their job duties, could be "reasonably anticipated" to come into contact with blood or other potentially infectious substances. "Good Samaritan" acts such as assisting a coworker with a nosebleed would not be considered occupational exposure. Other potentially infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

## B. PURPOSE
The purpose of the Alvernia University Bloodborne Pathogens Exposure Control Plan is to provide written procedures to minimize or eliminate occupational exposure to blood or other potentially infectious materials to Alvernia University employees.

## C. SCOPE
Alvernia University employees who, as a result of performing their job duties, could be "reasonably anticipated" to come into contact with blood or other potentially infectious substances are:

- Health & Wellness personnel
- Athletics personnel
- Housekeeping personnel
- Maintenance personnel
- Grounds personnel
- Events Setup personnel
- Residence Life personnel (including Resident Assistants)
- Nursing Department personnel
- Science Department laboratory personnel
- Director of Science Laboratory Services & Safety
- Alvernia University Environmental Health & Safety Manager
- Public Safety personnel (note: Public Safety personnel are not directly employed by Alvernia University)
- Anyone who responds to a request for first aid
D. DEFINITIONS

“Blood” means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means 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), hepatitis A virus (HAV) and human immunodeficiency virus (HIV).

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Contaminated Sharps” means 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” means 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” means 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” means 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” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“Licensed Healthcare Professional” is a person whose legally permitted scope of practice allows him or her to independently perform the activities required under the section Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

“HAV” means hepatitis A virus.

“HBV” means hepatitis B virus.

“HIV” means human immunodeficiency virus.

“Needleless systems” means 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” means 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” (OPIM) means
(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, any body 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” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Regulated Waste” means 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” means 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” means 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” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
“Universal Precautions” 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, HAV, HBV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (ie. prohibiting recapping of needles by a two-handed technique).

E. RESPONSIBILITIES

1. The Alvernia University Environmental Health & Safety Manager will
   - Act as Exposure Control Officer
   - Work with each department on campus to identify “at risk” employees
   - Maintain the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Provide training classes for Alvernia University personnel who may be “reasonably anticipated” to come into contact with bloodborne pathogens or other potentially infectious material (OPIM) as part of their normal occupation
   - Oversee the offering of the Hepatitis B vaccine to personnel who may be “reasonably anticipated” to come into contact with bloodborne pathogens or other potentially infectious material (OPIM) as part of their normal occupation
   - Maintain training records for personnel
   - Provide records of Hepatitis B vaccination acceptance-declination statements for personnel to the Alvernia University Department of Human Resources
   - Ensure post-exposure follow-up services to affected personnel

2. The Alvernia University Department of Human Resources will
   - Maintain copies of the Hepatitis B vaccination acceptance-declination statements for personnel
   - Maintain all medical records regarding any post-exposure follow-up services

3. The Alvernia University Director of Science Laboratory Services and Safety will
   - Ensure that training classes are conducted for Science and laboratory personnel
   - Coordinate with the Safety Environmental Health & Safety Manager in offering of the Hepatitis B vaccine to “at risk” Science department personnel prior to beginning their job duties
   - Ensure compliance with the Alvernia University Infectious / Biohazardous / Medical Waste Plan
   - Notify the Alvernia University Environmental Health & Safety Manager as soon as possible of any personnel injuries that may have resulted in exposure to bloodborne pathogens so that post-exposure follow-up services may be started

4. The Alvernia University Director of Facilities will
   - Follow and ensure compliance with the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Ensure that training classes are conducted for Facilities personnel
5. The Alvernia University Director of Athletics will
   - Follow and ensure compliance with the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Ensure that training classes are conducted for Athletics personnel
   - Coordinate with the Environmental Health & Safety Manager in offering of the Hepatitis B vaccine to “at risk” Athletics personnel prior to beginning their job duties
   - Notify the Alvernia University Environmental Health & Safety Manager as soon as possible of any personnel injuries that may have resulted in exposure to bloodborne pathogens so that post-exposure follow-up services may be started

6. The Director of Residence Life will
   - Follow and ensure compliance with the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Ensure that training classes are conducted for Residence Life personnel
   - Coordinate with the Environmental Health & Safety Manager in offering of the Hepatitis B vaccine to “at risk” Residence Life personnel prior to beginning their job duties
   - Notify the Alvernia University Environmental Health & Safety Manager as soon as possible of any personnel injuries that may have resulted in exposure to bloodborne pathogens so that post-exposure follow-up services may be started

7. The Director of Health & Wellness will
   - Follow and ensure compliance with the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Coordinate with the Environmental Health & Safety Manager in offering of the Hepatitis B vaccine to “at risk” Health & Wellness personnel prior to beginning their job duties
   - Ensure that Health & Wellness personnel receive training
   - Ensure compliance with the Alvernia University Infectious / Biohazardous / Medical Waste Plan
   - Notify the Alvernia University Environmental Health & Safety Manager as soon as possible of any personnel injuries that may have resulted in exposure to bloodborne pathogens so that post-exposure follow-up services may be started

8. The Director of Nursing will
   - Follow and ensure compliance with the Alvernia University Bloodborne Pathogens Exposure Control Plan
   - Coordinate with the Environmental Health & Safety Manager in offering of the Hepatitis B vaccine to “at risk” Nursing personnel prior to beginning their job duties
   - Ensure that Nursing personnel receive training
ALVERNIA UNIVERSITY

OSHA REGULATION: 29 CFR 1910.1030 OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS


- Ensure compliance with the Alvernia University Infectious / Biohazardous / Medical Waste Plan
- Notify the Alvernia University Environmental Health & Safety Manager as soon as possible of any personnel injuries that may have resulted in exposure to bloodborne pathogens so that post-exposure follow-up services may be started

9. Managers and Supervisors will
- Ensure that the employees under their supervision follow the proper exposure control procedures
- Coordinate with the Alvernia University Environmental Health & Safety Manager to ensure that the employees under their supervision receive training
- Coordinate with the Alvernia University Environmental Health & Safety Manager to offer the Hepatitis B vaccination to “at risk” personnel under their supervision
- Report all employee exposure incidents as soon as possible to the Alvernia University Environmental Health & Safety Manager so that post-exposure follow-up services may be started

10. Employees will
- Know which tasks may expose them to bloodborne pathogens
- Know about and use adequate precautions to protect themselves from exposure
- Attend all required training
- Report unsafe conditions and procedures to their supervisor and the Alvernia University Environmental Health & Safety Manager
- Report all occupational exposures as soon as possible to their supervisor and to the Alvernia University Environmental Health & Safety Manager for post-exposure follow-up

F. OCCUPATIONAL EXPOSURE DETERMINATION
The OSHA Bloodborne Pathogens Standard requires Alvernia University to perform an exposure determination for employees who have or may have occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

The Alvernia University departments and job titles in which employees in those positions would be “reasonably anticipated” to have occupational exposure are listed below.

<table>
<thead>
<tr>
<th>Department</th>
<th>Job Title</th>
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<tbody>
<tr>
<td>Athletics</td>
<td>Coaches</td>
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<td></td>
<td>Trainers</td>
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<tr>
<td>Facilities</td>
<td>Director of Facilities and Campus Operations</td>
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<td></td>
<td>Maintenance Supervisor</td>
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<td></td>
<td>Maintenance Personnel</td>
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<td></td>
<td>Grounds Supervisor</td>
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<td></td>
<td>Grounds Personnel</td>
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</tbody>
</table>
Housekeeping Supervisor
Assistant Supervisor – Housekeeping
Environmental Health & Safety Manager
Housekeeping Personnel
Plumber
Events Setup
Health & Wellness
Director of Health & Wellness
Nurse
Public Safety
Director of Public Safety
Assistant Director of Public Safety
Sergeant
Patrolman
Nursing
Director of Nursing Department
Nursing staff and faculty
Science
Director of Science Laboratory Services & Safety
Science and laboratory faculty and staff
Residence Life
Director of Residence Life
RA – Hall Director
Residence Life staff
Philadelphia Campus
Staff
Schuylkill Campus
Staff

G. METHODS OF COMPLIANCE
1. Universal precautions are observed to prevent contact with blood or other potentially infectious body fluids. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.
2. Engineering controls are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Engineering control equipment includes:
- sharps disposal containers
- autoclave
- disposable resuscitation equipment
- disposable pipette bulbs
- biological safety cabinets
- needleless systems
- sharps with engineered sharps injury protection for employees

Additional engineering controls used throughout the facility include:
- Handwashing facilities which are readily accessible to all employees who have exposure to blood or other potentially infectious materials
3. Work practice controls establish standard practices by which a task is performed. Work practice controls include:

- Employees wash hands and any other potentially contaminated skin area immediately after glove removal. Employees wash hands as soon as possible with soap and water when waterless disinfectants have been used first.
- Whenever an employee's skin or mucous membranes have been exposed to blood or other potentially infectious materials, the affected area is washed with soap and water or flushed with water as appropriate as soon as possible.
- Contaminated needles and sharps are not bent, broken, recapped, removed, sheared or purposely broken. They are discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.
- Contaminated, reusable sharps are placed in a puncture-resistant, leak-proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.
- During use, containers for contaminated sharps are easily accessible to personnel, are located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found, are maintained upright throughout use, are not allowed to overfill, and replaced routinely.
- Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited in working areas where occupational exposure may occur.
- Mouth pipetting / suctioning is prohibited.
- 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.
- All procedures in which blood or other potentially infectious materials are present are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these materials.

4. Collection of Specimens

- Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling processing, storage, transport, or shipping of the specimens.
- The container used to collect specimens is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. If the specimen containers are sent to another facility, a biohazard or color-coded label is affixed to the outside of the container.
- Specimens of blood and other potentially infectious body substances or fluids are usually collected within the Health & Wellness Center or a laboratory setting. These specimens are appropriately labeled to indicate the contents and other pertinent information.
- If outside contamination of the primary container occurs, the primary container is
placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.

- Any specimen that could puncture a primary container is placed within a secondary container that is puncture proof.

5. Contaminated Equipment

- Equipment is decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.
- Contaminated equipment is labeled with a biohazard label.

6. Personal Protective Equipment

Where occupational exposure remains after institution of engineering controls and work practice controls, personal protective equipment is used.

- Personal protective equipment is provided by Alvernia University without cost to the employee.
- Personal protective equipment is considered appropriate only if it is fluid resistant and does not permit blood or other potentially infectious material (OPIM) to pass through or reach the employee’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment is used.
- Examples of personal protective equipment include:
  - gloves
  - gowns
  - laboratory coats
  - masks
  - face shields
  - eyewear with side shields
  - mouthpieces
  - resuscitation bags, pocket masks, or other ventilation devices
  - aprons
  - shoe covers

- All personal protective equipment is cleaned, laundered, and disposed of by Alvernia University at no cost to employees. All repairs and replacements are made by Alvernia University at no cost to employees.
- Personal protective equipment shall be utilized whenever contact with blood or other potentially infectious materials may occur.
  - Gloves are worn whenever it is reasonably anticipated that hand exposure to blood, other potentially infectious material (OPIM), non-intact skin, or mucous membranes may occur.
  - If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided.
  - Disposable gloves will not be re-used and will be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
o Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They are discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.

o Masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious material (OPIM) may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

o Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers are worn when gross contamination can be reasonably anticipated.

o All garments that are penetrated by blood are removed immediately or as soon as feasible.

o Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated.

o Used protective equipment is placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

7. Housekeeping

- Alvernia University shall ensure that the work site is maintained in a clean and sanitary condition.

- All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious material (OPIM), and at the end of the work shift.

- Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and work surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

- Bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

- Any broken glassware that may be contaminated is not picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments.

8. Regulated Waste Disposal

- All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

- Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.

- All regulated waste is properly disposed in accordance with the Alvernia University Medical / Infectious / Biological Waste Program.
H. ALVERNIA UNIVERSITY ATHLETICS BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES

Exposure Determination
The Alvernia University Director of Athletics is required to determine which employees in the work area have occupational exposure to blood or other potentially infectious materials and which tasks and procedures conducted result in occupational exposure. This determination must be made without regard to use of Personal Protective Equipment (PPE).

The Alvernia University Director of Athletics and the Alvernia University Safety Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to "at risk" employees prior to beginning their job assignments. The Director of Athletics and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.

Universal Precautions
All human blood and other potentially infectious material (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. In general, under the OSHA Bloodborne Pathogens Standard, universal precautions are to be observed to prevent contact with blood or "other potentially infectious materials".

Hand washing
Hands and any other contaminated skin are to be washed with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Handwashing facilities must be readily accessible. Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Sharps Precautions
These precautions apply to any contaminated object that can penetrate the skin, including needles, scalpels and glass objects.

1. Contaminated needles are not to be bent, broken, recapped, or removed, unless it can be demonstrated that no alternative is feasible. When necessary, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated reusable sharps and needles must be placed in an approved, puncture-resistant sharps container until properly reprocessed.

2. Broken glassware which may be contaminated must not be collected directly with the hands. Wear gloves and use mechanical means, such as a brush and dust pan, tongs, or forceps.

Prevent Ingestion
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
Storage of food and drink is prohibited in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

**Minimize Splashing**
All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

**Labels**
Warning labels must be used to identify the actual or potential presence of a biological hazard on or in freezers, incubators, centrifuges, cabinets, etc. which are used with blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Warning labels must include the following information:
- The Universal Biohazard Symbol and be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

**Contaminated Equipment**
All equipment (i.e. freezers, refrigerators, centrifuges, etc) potentially contaminated with blood or other potentially infectious material (OPIM) must be labeled with the biohazard warning symbol. Contaminated equipment must be decontaminated with an EPA registered tuberculocidal disinfectant or a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water prior to servicing or shipping. Portions of the equipment not feasible for decontamination are to be designated with a BIOHAZARD warning label and the information communicated to service personnel.

**Personal Protective Equipment**
Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (including uniforms) are not PPE. Whenever there is the potential for occupational exposure, personal protective equipment such as gloves, gowns, aprons, face shields or masks and eye protection must be utilized. 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.

All contaminated personal protective equipment must be removed and placed in a designated container (for storage, decontamination, or disposal) prior to leaving the work area. Contaminated PPE must not be worn outside of the work area. Gloves must be removed prior to leaving the laboratory. DO NOT wear gloves on elevators or use them to open doors or touch equipment (i.e. phones, computers) that others will be handling without gloves.

**Gloves**
Gloves are to be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact
Skin; and when handling or touching contaminated items or surfaces. 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. Disposable (single use) gloves are not to be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are to be readily accessible to those employees who are allergic to the gloves normally provided.

Masks, Eye Protection, and Face Shields
Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Regular prescription glasses are not considered eye protection and safety glasses, goggles or faceshields must be worn over these glasses.

Gowns, Aprons, and Other Protective Body Clothing
Appropriate protective clothing such as, but not limited to, gowns, aprons, or similar outer garments are to be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Housekeeping
Work areas are to be maintained in a clean and sanitary condition. All equipment and work surfaces are to be cleaned and decontaminated with an appropriate disinfectant after completion of procedures or immediately after spills. Suitable disinfectants include those that are tuberculocidal or a solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10 to 1:100 with water. Fresh solutions of diluted household bleach must be made daily.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are to be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Contaminated Laundry
Contaminated laundry is to be handled as little as possible with a minimum of agitation. Contaminated laundry must be bagged or containerized at the location where it was used and is not to be sorted or rinsed in the location of use. Contaminated laundry is to be placed and transported in bags or containers labeled as Biohazard or other color-coded bags. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. Contaminated clothing or other laundry must not be taken home for cleaning. All employees who handle contaminated
laundry will utilize proper personal protective equipment (PPE) to prevent contact with blood or other potentially infectious materials.

**Bodily Fluids Clean-up Procedure**

A Universal Precautions Spill Cleanup Kit is located in each housekeeping closet, with each first aid kit on campus, and in each OPSC laboratory prep room. Each kit includes a protective apron, vinyl gloves, safety shield, clean-up scoop and scraper, antimicrobial wipe, fluid solidifier (Red-Z, Super-Sorb, etc.), disinfectant solution, a towel, and a red biohazard waste bag. Notify the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660) if a kit is missing or incomplete.

**Procedures:**

1. Put on the disposable gloves, protective apron, and safety shield.
2. Sprinkle the solidifier over the spilled area. Allow the liquid to congeal for safer handling and transport.
3. Remove the gelled material with the scoop and scraper. Place carefully in the red bag.
4. Disinfect the contaminated surface area with a disinfectant solution. For small spills, use the disinfectant solution included in the cleanup kit. For larger spills, use an EPA-approved disinfectant registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV or a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:100 with water. To minimize re-aerosolization, avoid pouring the disinfectant solution directly onto the spill. Allow to remain on the surface for 20 minutes. Wipe up with the towel from the cleanup kit (for small spills) or a mop (for larger spills).
5. For large spills or spills containing sharp materials (broken glass, plastic), use the scoop to transfer contaminated materials (paper towels, glass, liquid, etc.) into a biohazard bag, then tape or tie the bag closed and place in a second biohazard bag.
6. Place all contaminated materials, including the scoop, scraper, gloves, apron, and safety shield, in the red bag. Seal the bag and place in the biohazard refrigerator in Room 3003 in O’Pake Science Center. Do not place the bag in the regular trash!
7. Wipe hands with the antimicrobial hand wipe. Wash with soap and running water as soon as possible.
8. Notify the Alvernia University Safety Environmental Health & Safety Manager that a biohazard bag has been placed in the refrigerator. The Environmental Health & Safety Manager will notify the Alvernia University Director of Science Safety & Laboratory Services.

**Waste Disposal**

The OSHA Bloodborne Pathogens Standard regulates the containment and labeling of blood and certain waste which may be contaminated with blood as well as needles and other sharps.

All regulated waste is properly disposed in accordance with the Alvernia University Medical / Infectious / Biological Waste Program.
I. ALVERニア UNIVERSITY SCIENCE DEPARTMENT BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES

Exposure Determination
The Director of Science and Laboratory Safety is required to determine which employees in the work area have occupational exposure to blood or other potentially infectious materials and which tasks and procedures conducted in the laboratory result in occupational exposure. This determination must be made without regard to use of PPE.

Laboratory employees covered by the standard are those with job duties that require likely contact or manipulation of blood or other potentially infectious materials. Recognition of tasks with exposure risks enables one to utilize engineering and work practice controls and to choose the proper personal protective equipment, which will eliminate or minimize exposures to blood and other potentially infectious materials. Some laboratory tasks with exposure risks include manipulation of contaminated sharps or glass equipment or waste, procedures that could possibly produce sprays and splatters of blood or potentially infectious materials (centrifugation, pipetting, opening tubes).

The Alvernia University Director of Science Safety & Laboratory Services and the Alvernia University Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to “at risk” employees prior to beginning their job assignments. The Director of Science Safety and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.

Universal Precautions
All human blood and other potentially infectious material (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. In general, under the OSHA Bloodborne Pathogens Standard, universal precautions are to be observed to prevent contact with blood or other potentially infectious materials.

Engineering Controls
These are controls that isolate or remove the Bloodborne Pathogen hazard from the workplace. Engineering controls used at Alvernia University include sharps disposal containers, safer needle devices and biological safety cabinets:

- **Sharps disposal containers**
  Sharps containers must be easily accessible and located near areas where sharps are used. The containers must be puncture-resistant, leakproof and display a BIOHAZARD label. These containers must be maintained upright, must not be overfilled, must be closed prior to removal and must not be opened, emptied or cleaned manually.

- **Safer needle devices**
  If there is no alternative to using a needle for a laboratory procedure (i.e. injection into animals), the use of safer needle devices should be considered. Protective devices include those that have a built-in safety feature or mechanism and “needleless systems” that effectively reduce the risk of an exposure incident.
Biological Safety Cabinets

Biological safety cabinets must be used when conducting procedures with a potential for creating aerosols or splashes of blood/other potentially infectious material (OPIM). These procedures include:

1. Centrifuging (note: if centrifuge has sealed rotor heads or safety cups, centrifuging can be conducted outside of the cabinet, provided that the rotor heads and safety cups are opened in the cabinet)
2. Grinding, blending, vigorous shaking or mixing
3. Sonic disruption
4. Opening containers whose internal pressures differ from ambient
5. Inoculating animals intranasally*
6. Harvesting infected tissues from animals or embryonate eggs*
7. Conducting experiments with high concentrations or large volumes (greater than 10 liters).

* Note – these procedures are not currently applicable to Alvernia University

Improper use of biological safety cabinets can lead to loss of containment (and potential exposure to infectious material) and contamination of experiments. The following practices should be followed when using the biological safety cabinet:

1. Decontaminate work surfaces before and after use
2. Use only materials needed for procedures
3. Arrangement of clean and contaminated items
4. Limit movement in and out of the cabinet; it disrupts the air barrier
5. No flame burners
6. Minimize room air currents from walking near cabinet, opening doors, room air vents
7. Pipettes should be disposed of in a horizontal tray filled with disinfectant inside the cabinet or a small biohazard bag inside the cabinet. Do not use a container outside of the cabinet.

Moving your hands in and out of the cabinet disrupts the air barrier and could lead to contamination outside of the cabinet or exposure.

Work Practice Controls

These are controls that reduce likelihood of exposure by altering the manner in which a task is performed.

Hand washing

Hands and any other contaminated skin are to be washed with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Handwashing facilities must be readily accessible and should be located within the laboratory where the blood/other potentially infectious material (OPIM) is used. Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Sharps Precautions

These precautions apply to any contaminated object that can penetrate the skin, including needles, scalpels and glass objects.

1. Contaminated needles are not to be bent, broken, recapped, or removed, unless it can be
demonstrated that no alternative is feasible. When necessary, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated reusable sharps and needles must be placed in a approved, puncture-resistant sharps container until properly reprocessed.

2. Broken glassware which may be contaminated must not be collected directly with the hands. Wear gloves and use mechanical means, such as a brush and dust pan, tongs, or forceps.

Prevent Ingestion
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.

Storage of food and drink is prohibited in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. Mechanical pipetting devices must be used.

Minimize Splashing
All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Labels
Warning labels must be used to identify the actual or potential presence of a biological hazard on or in freezers, incubators, centrifuges, biological safety cabinets, etc. which are used with blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Warning labels must include the following information:
The Universal Biohazard Symbol and be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.

Specimen Containers
Specimens of blood or other potentially infectious materials are to be placed in a closed container which displays a BIOHAZARD warning label and prevents leakage during collection, handling, processing, storage, transport, or shipping. If the specimen could puncture, or, if outside contamination of the primary container occurs, the primary container is to be placed within a second labeled, leakproof container.

Specimens and other infectious material must be transported in a secondary container displaying the biohazard label. The secondary container must be closable, leakproof and free of contamination.
Contaminated Equipment
All equipment (i.e. freezers, refrigerators, centrifuges, etc) potentially contaminated with blood or other potentially infectious material (OPIM) must be labeled with the biohazard warning symbol. Contaminated equipment must be decontaminated with an EPA registered tuberculocidal disinfectant or a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water prior to servicing or shipping. Portions of the equipment not feasible for decontamination are to be designated with a BIOHAZARD warning label and the information communicated to service personnel.

Personal Protective Equipment
Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (including uniforms) are not PPE. Whenever there is the potential for occupational exposure, personal protective equipment such as gloves, gowns, laboratory coats, face shields or masks and eye protection must be available and utilized. Personal protective equipment in the appropriate sizes is to be readily accessible at the worksite or issued to employees. 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.

All personal protective equipment must be removed and placed in a designated container (for storage, decontamination, or disposal) prior to leaving the work area. PPE must not be worn outside of the laboratory area. Gloves must be removed prior to leaving the laboratory. DO NOT wear gloves on elevators or use them to open doors or touch equipment (i.e. phones, computers) that others will be handling without gloves.

The minimum PPE required for handling blood/other potentially infectious material (OPIM) in laboratories is gloves, safety glasses (or goggles) and lab coats. Additional PPE such as surgical masks or faceshields may be required for procedures with high probability for splashing.

Gloves
Gloves are to be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces. 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. Disposable (single use) gloves are not to be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are to be readily accessible to those employees who are allergic to the gloves normally provided.

Masks, Eye Protection, and Face Shields
Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or
mouth contamination can be reasonably anticipated. Regular prescription glasses are not considered eye protection and safety glasses, goggles or faceshields must be worn over these glasses.

**Lab coats, Gowns, Aprons, and Other Protective Body Clothing**
Appropriate protective clothing such as, but not limited to, lab coats, gowns, aprons, or similar outer garments are to be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

**Housekeeping**
Laboratories are to be maintained in a clean and sanitary condition. All equipment and work surfaces are to be cleaned and decontaminated with an appropriate disinfectant after completion of procedures or immediately after spills. Suitable disinfectants include those that are tuberculocidal or a solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10 to 1:100 with water. Fresh solutions of diluted household bleach must be made daily.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, are to be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are to be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

**Contaminated Laundry**
Contaminated laundry is to be handled as little as possible with a minimum of agitation. Contaminated laundry must be bagged or containerized at the location where it was used and is not to be sorted or rinsed in the location of use. Contaminated laundry is to be placed and transported in bags or containers labeled as Biohazard or other color-coded bags. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. Contaminated clothing or other laundry (such as lab coats) must not be taken home for cleaning. All employees who handle contaminated laundry will utilize proper personal protective equipment (PPE) to prevent contact with blood or other potentially infectious materials.

**Clean-up of blood spills**
Spills may occur when containers of blood or other potentially infectious materials (OPIM) are dropped in the laboratory or may occur when an injured person drips blood on the floor. Employees who are exposed to blood or other potentially infectious material (OPIM) are to be thoroughly familiar with emergency and decontamination procedures so that the contamination is contained and exposure of individuals is minimized. The following procedure is suggested for clean-up of blood spills in laboratories at Alvernia University:
1. A Universal Precautions Spill Cleanup Kit is located in each housekeeping closet, with each first aid kit on campus, and in each OPSC laboratory prep room. Each kit includes a protective apron, vinyl gloves, safety shield, clean-up scoop and scraper, antimicrobial wipe, fluid solidifier (Red-Z, Super-Sorb, etc.), disinfectant solution, a towel, and a red biohazard waste bag. Notify the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660) if a kit is missing or incomplete.

2. Put on the disposable gloves, protective apron, and safety shield.

3. Sprinkle the solidifier over the spilled area. Allow the liquid to congeal for safer handling and transport.

4. Remove the gelled material with the scoop and scraper. Place carefully in the red bag.

5. Disinfect the contaminated surface area with a disinfectant solution. For small spills, use the disinfectant solution included in the cleanup kit. For larger spills, use an EPA-approved disinfectant registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV or a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:100 with water. To minimize re-aerosolization, avoid pouring the disinfectant solution directly onto the spill. Allow to remain on the surface for 20 minutes. Wipe up with the towel from the cleanup kit (for small spills) or a mop (for larger spills).

6. For large spills or spills containing sharp materials (broken glass, plastic), use the scoop to transfer contaminated materials (paper towels, glass, liquid, etc.) into a biohazard bag, then tape or tie the bag closed and place in a second biohazard bag.

7. Place all contaminated materials, including the scoop, scraper, gloves, apron, and safety shield, in the red bag. Seal the bag and place in the biohazard refrigerator in Room 3003 in O’Pake Science Center. Do not place the bag in the regular trash!

8. Wipe hands with the antimicrobial hand wipe. Wash with soap and running water as soon as possible.

9. Notify the Alvernia University Director of Science Safety & Laboratory Services that a biohazard bag has been placed in the biohazard refrigerator so that proper biohazard disposal procedures are followed.

**Waste Disposal**

The OSHA Bloodborne Pathogens Standard regulates the containment and labeling of blood and certain waste which may be contaminated with blood as well as needles and other sharps.

All regulated waste is properly disposed in accordance with the Alvernia University Medical / Infectious / Biological Waste Program.

**J. ALVERNIA UNIVERSITY HEALTH & WELLNESS BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES**

**Exposure Determination**

The Alvernia University Director of Health & Wellness is required to determine which employees in the work area have occupational exposure to blood or other potentially infectious materials and which tasks and procedures conducted result in occupational exposure. This determination must be made without regard to use of Personal Protective Equipment (PPE).
The Alvernia University Director of Health & Wellness and the Alvernia University Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to “at risk” employees prior to beginning their job assignments. The Director of Health & Wellness and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.

Universal Precautions
Universal precautions shall be observed throughout all areas of Alvernia University Health & Wellness where reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material may result.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls shall be utilized where practical to eliminate or minimize exposure to employees on campus.

Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be used.

Engineering Controls
Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Alvernia University provides hand washing facilities that are readily accessible to employees receiving occupational exposure. Where this is not feasible, antiseptic hand cleanser and paper towels or antiseptic towelettes are provided. If the latter method is used, hands should be washed with soap and running water as soon as feasible.

Hands shall also be immediately washed after personal protective equipment is removed or upon any contact with blood or related products. If blood contacts mucous membranes, they should also be rinsed with water. Soap and running water should be used for other washing.

Sharps disposal containers, reusable sharps containers, and self-sheathing needles shall be used when appropriate. Sharps collection containers shall be made of rigid, leak-proof material and shall be puncture resistant.

Housekeeping
1. Clean and decontaminate all equipment and surfaces after contact with blood or other potentially infectious materials. Gross contamination must be removed before decontaminating to ensure the disinfectant is completely effective.
2. Clean and decontaminate:
   - after the completion of medical procedures;
   - immediately (or as soon as feasible) when surfaces become contaminated;
   - after any spill of blood or infectious materials;
   - at the end of the work shift, especially if the surface may have become contaminated during that shift.
Note: Decontamination must be performed with a disinfectant product that is EPA-registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV.

3. Clean up spills of infectious materials as soon as possible. The following considerations should be made when treating and removing a spill of infectious material:
   - Wear appropriate personal protective equipment when cleaning up spills;
   - Spills should be covered with an absorbent material, wiped up and disposed of in a biohazard bag;
   - Disinfectant must be applied to contaminated surfaces for the amount of time prescribed by the manufacturer to assure effective decontamination.

Personal Protective Equipment
Where occupational exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall be used. Forms of personal protective equipment that may be used are gloves, masks, CPR masks, protective clothing such as laboratory coats/aprons and eye protection devices such as goggles and face shields.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious material (OPIM), mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious material (OPIM) may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing shall be worn in occupational exposure situations. The types and characteristics shall depend upon the task, location, and degree of exposure anticipated.

Containing and Handling Regulated Waste

Contaminated Sharps Containers
   - All contaminated sharps and potential sharps must be discarded immediately after use, or as soon as possible into containers which meet the following requirements:
     o Closable and not able to be opened except by use of tools.
     o Puncture-resistant.
     o Leak-proof on bottom and sides to prevent leakage of contaminated liquids.
     o Labeled using the universal biohazard symbol and the word "biohazard".
   - Sharps containers must be easily accessible for use, maintained in an upright position during use, and replaced routinely so that they are not overfilled.
   - When moving containers of contaminated sharps, the containers must be closed so that their contents do not spill or protrude.
If leakage of the primary container is possible, it must be placed into a second container, which is closable, labeled, and shall safely contain all contents without leaking.

Reusable containers should not be opened, emptied, or cleaned manually or in any manner, which would expose employees to the risk of injury.

Other Regulated Waste Containers

- Regulated waste shall be placed in containers, which are closable and labeled using the universal biohazard symbol and the word "biohazard". Containers must be constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Containers must be closed prior to being handled, stored, or transported.
- If outside contamination of a regulated waste container occurs, it must be placed in a secondary container, which meets the requirements stated above.

Waste Disposal

The OSHA Bloodborne Pathogens Standard regulates the containment and labeling of blood and certain waste which may be contaminated with blood as well as needles and other sharps.

All regulated waste is properly disposed in accordance with the Alvernia University Medical / Infectious / Biological Waste Program.

K. ALVERNIA UNIVERSITY FACILITIES DEPARTMENT BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES

Exposure Determination

For Facilities staff, the potential for exposure to bloodborne pathogens may exist when encountering spilled blood or body fluids or handling waste which may contain blood- or other body fluid-contaminated materials. Housekeeping, Grounds, Events, and Maintenance personnel may encounter contaminated needles, broken glass, or other contaminated items while performing their duties around campus.

Facilities personnel should treat all spilled blood and body fluids, needles, broken glass, and clothing or other items with visible blood or body fluids as potentially infectious materials and universal precautions should be followed.

Facilities personnel should also be aware that waste containers and trash bags may contain blood- or body fluid-contaminated materials, broken glass or other sharp objects, and discarded used needles. Care should be used when handling waste containers and trash bags during disposal.

The Alvernia University Director of Facilities and the Alvernia University Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to “at risk” employees prior to beginning their job assignments. The Director of Facilities and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.
Universal Precautions
All human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. In general, under the OSHA Bloodborne Pathogens Standard, universal precautions are to be observed to prevent contact with blood or other potentially infectious materials.

Hand washing
Hands and any other contaminated skin are to be washed with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Handwashing facilities must be readily accessible. Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Bodily Fluids Clean-up Procedure
A Universal Precautions Spill Cleanup Kit is located in each housekeeping closet, with each first aid kit on campus, and in each OPSC laboratory prep room. Each kit includes a protective apron, vinyl gloves, safety shield, clean-up scoop and scraper, antimicrobial wipe, fluid solidifier (Red-Z, Super-Sorb, etc.), disinfectant solution, a towel, and a red biohazard waste bag. Notify the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660) if a kit is missing or incomplete.

Procedures:
1. Put on the disposable gloves, protective apron, and safety shield.
2. Sprinkle the solidifier over the spilled area. Allow the liquid to congeal for safer handling and transport.
3. Remove the gelled material with the scoop and scraper. Place carefully in the red bag.
4. Disinfect the contaminated surface area with a disinfectant solution. For small spills, use the disinfectant solution included in the cleanup kit. For larger spills, use an EPA-approved disinfectant registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV or a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:100 with water. To minimize re-aerosolization, avoid pouring the disinfectant solution directly onto the spill. Allow to remain on the surface for 20 minutes. Wipe up with the towel from the cleanup kit (for small spills) or a mop (for larger spills).
5. For large spills or spills containing sharp materials (broken glass, plastic), use the scoop to transfer contaminated materials (paper towels, glass, liquid, etc.) into a biohazard bag, then tape or tie the bag closed and place in a second biohazard bag.
6. Place all contaminated materials, including the scoop, scraper, gloves, apron, and safety shield, in the red bag. Seal the bag and place in the biohazard refrigerator in Room 3003 in O’Pake Science Center. Do not place the bag in the regular trash!
7. Wipe hands with the antimicrobial hand wipe. Wash with soap and running water as soon as possible.
8. Notify the Alvernia University Environmental Health & Safety Manager that a biohazard bag has been placed in the refrigerator. The Environmental Health & Safety Manager will then notify the Alvernia University Director of Science Safety & Laboratory Services so that proper biohazard disposal procedures are followed.
L. ALVERNIA UNIVERSITY RESIDENCE LIFE BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES

Exposure Determination
For Residence Life staff, the potential for exposure to bloodborne pathogens may exist when encountering spilled blood or body fluids or handling waste which may contain blood- or other body fluid-contaminated materials. Residence Life personnel may encounter contaminated needles, broken glass, or other contaminated items while performing their duties around campus.

Residence Life personnel should treat all spilled blood and body fluids, needles, broken glass, and clothing or other items with visible blood or body fluids as potentially infectious materials and universal precautions should be followed.

Residence Life personnel should also be aware that waste containers and trash bags may contain blood- or body fluid-contaminated materials, broken glass or other sharp objects, and discarded used needles. Care should be used when handling waste containers and trash bags during disposal.

The Alvernia University Director of Residence Life and the Alvernia University Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to “at risk” employees prior to beginning their job assignments. The Director of Residence Life and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.

Universal Precautions
All human blood and other potentially infectious materials (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. In general, under the OSHA Bloodborne Pathogens Standard, universal precautions are to be observed to prevent contact with blood or other potentially infectious materials.

Hand washing
Hands and any other contaminated skin are to be washed with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Handwashing facilities must be readily accessible. Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Bodily Fluids Clean-up Procedure
A Universal Precautions Spill Cleanup Kit is located in each housekeeping closet, with each first aid kit on campus, and in each OPSC laboratory prep room. Each kit includes a protective apron, vinyl gloves, safety shield, clean-up scoop and scraper, antimicrobial wipe, fluid solidifier (Red-Z, Super-Sorb, etc.), disinfectant solution, a towel, and a red biohazard waste bag. Notify the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660) if a kit is missing or incomplete.
Procedures:
1. Put on the disposable gloves, protective apron, and safety shield.
2. Sprinkle the solidifier over the spilled area. Allow the liquid to congeal for safer handling and transport.
3. Remove the gelled material with the scoop and scraper. Place carefully in the red bag.
4. Disinfect the contaminated surface area with a disinfectant solution. For small spills, use the disinfectant solution included in the cleanup kit. For larger spills, use an EPA-approved disinfectant registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV or a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:100 with water. To minimize re-aerosolization, avoid pouring the disinfectant solution directly onto the spill. Allow to remain on the surface for 20 minutes. Wipe up with the towel from the cleanup kit (for small spills) or a mop (for larger spills).
5. For large spills or spills containing sharp materials (broken glass, plastic), use the scoop to transfer contaminated materials (paper towels, glass, liquid, etc.) into a biohazard bag, then tape or tie the bag closed and place in a second biohazard bag.
6. Place all contaminated materials, including the scoop, scraper, gloves, apron, and safety shield, in the red bag. Seal the bag and place in the biohazard refrigerator in Room 3003 in O'Pake Science Center. Do not place the bag in the regular trash!
7. Wipe hands with the antimicrobial hand wipe. Wash with soap and running water as soon as possible.
8. Notify the Alvernia University Environmental Health & Safety Manager that a biohazard bag has been placed in the refrigerator. The Environmental Health & Safety Manager will notify the Alvernia University Director of Science Safety & Laboratory Services so that proper biohazard disposal procedures are followed.

M. ALVERNIA UNIVERSITY DEPARTMENT OF NURSING BLOODBORNE PATHOGENS EXPOSURE CONTROL PROCEDURES

Exposure Determination
The Alvernia University Director of Nursing is required to determine which employees in the work area have occupational exposure to blood or other potentially infectious materials and which tasks and procedures conducted result in occupational exposure. This determination must be made without regard to use of Personal Protective Equipment (PPE).

The Alvernia University Director of Nursing and the Alvernia University Environmental Health & Safety Manager will coordinate initial bloodborne pathogens training and the offering of the Hepatitis B vaccine to "at risk" employees prior to beginning their job assignments. The Director of Nursing and the Environmental Health & Safety Manager will also coordinate annual bloodborne refresher training for personnel.

Universal Precautions
All human blood and other potentially infectious material (OPIM) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. In general, under the OSHA Bloodborne Pathogens Standard, universal precautions are to be observed to prevent contact with blood or "other potentially infectious materials".
Hand washing
Hands and any other contaminated skin are to be washed with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Handwashing facilities must be readily accessible. Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Sharps Precautions
These precautions apply to any contaminated object that can penetrate the skin, including needles, scalpels and glass objects.

1. Contaminated needles are not to be bent, broken, recapped, or removed, unless it can be demonstrated that no alternative is feasible. When necessary, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

   Immediately or as soon as possible after use, contaminated reusable sharps and needles must be placed in an approved, puncture-resistant sharps container until properly reprocessed.

2. Broken glassware which may be contaminated must not be collected directly with the hands. Wear gloves and use mechanical means, such as a brush and dust pan, tongs, or forceps.

Prevent Ingestion
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.

Storage of food and drink is prohibited in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Minimize Splashing
All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Labels
Warning labels must be used to identify the actual or potential presence of a biological hazard on or in freezers, incubators, centrifuges, cabinets, etc. which are used with blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

Warning labels must include the following information:
The Universal Biohazard Symbol and be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Red bags or red containers may be substituted for labels.
Contaminated Equipment
All equipment (i.e. freezers, refrigerators, centrifuges, etc) potentially contaminated with blood or other potentially infectious material (OPIM) must be labeled with the biohazard warning symbol. Contaminated equipment must be decontaminated with an EPA registered tuberculocidal disinfectant or a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water prior to servicing or shipping. Portions of the equipment not feasible for decontamination are to be designated with a BIOHAZARD warning label and the information communicated to service personnel.

Personal Protective Equipment
Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (including uniforms) are not PPE. Whenever there is the potential for occupational exposure, personal protective equipment such as gloves, gowns, aprons, face shields or masks and eye protection must be utilized. 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.

All contaminated personal protective equipment must be removed and placed in a designated container (for storage, decontamination, or disposal) prior to leaving the work area. Contaminated PPE must not be worn outside of the work area. Gloves must be removed prior to leaving the laboratory. DO NOT wear gloves on elevators or use them to open doors or touch equipment (i.e. phones, computers) that others will be handling without gloves.

Gloves
Gloves are to be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces. 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. Disposable (single use) gloves are not to be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are to be readily accessible to those employees who are allergic to the gloves normally provided.

Masks, Eye Protection, and Face Shields
Masks in combination with eye protection devices such as goggles or glasses with solid side shields, or chin-length face shields, are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Regular prescription glasses are not considered eye protection and safety glasses, goggles or faceshields must be worn over these glasses.
Gowns, Aprons, and Other Protective Body Clothing
Appropriate protective clothing such as, but not limited to, gowns, aprons, or similar outer garments are to be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Housekeeping
Work areas are to be maintained in a clean and sanitary condition. All equipment and work surfaces are to be cleaned and decontaminated with an appropriate disinfectant after completion of procedures or immediately after spills. Suitable disinfectants include those that are tuberculocidal or a solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10 to 1:100 with water. Fresh solutions of diluted household bleach must be made daily.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are to be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Contaminated Laundry
Contaminated laundry is to be handled as little as possible with a minimum of agitation. Contaminated laundry must be bagged or containerized at the location where it was used and is not to be sorted or rinsed in the location of use. Contaminated laundry is to be placed and transported in bags or containers labeled as Biohazard or other color-coded bags. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior. Contaminated clothing or other laundry must not be taken home for cleaning. All employees who handle contaminated laundry will utilize proper personal protective equipment (PPE) to prevent contact with blood or other potentially infectious materials.

Bodily Fluids Clean-up Procedure
A Universal Precautions Spill Cleanup Kit is located in each housekeeping closet, with each first aid kit on campus, and in each OPSC laboratory prep room. Each kit includes a protective apron, vinyl gloves, safety shield, clean-up scoop and scraper, antimicrobial wipe, fluid solidifier (Red-Z, Super-Sorb, etc.), disinfectant solution, a towel, and a red biohazard waste bag. Notify the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660) if a kit is missing or incomplete.

Procedures:
1. Put on the disposable gloves, protective apron, and safety shield.
2. Sprinkle the solidifier over the spilled area. Allow the liquid to congeal for safer handling and transport.
3. Remove the gelled material with the scoop and scraper. Place carefully in the red bag.
4. Disinfect the contaminated surface area with a disinfectant solution. For small spills, use the disinfectant solution included in the cleanup kit. For larger spills, use an EPA-approved disinfectant registered as a tuberculocidal or effective for the destruction of Hepatitis B and HIV or a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:100 with water.
To minimize re-aerosolization, avoid pouring the disinfectant solution directly onto the spill. Allow to remain on the surface for 20 minutes. Wipe up with the towel from the cleanup kit (for small spills) or a mop (for larger spills).

5. For large spills or spills containing sharp materials (broken glass, plastic), use the scoop to transfer contaminated materials (paper towels, glass, liquid, etc.) into a biohazard bag, then tape or tie the bag closed and place in a second biohazard bag.

6. Place all contaminated materials, including the scoop, scraper, gloves, apron, and safety shield, in the red bag. Seal the bag and place in the biohazard refrigerator in Room 3003 in O’Pake Science Center. Do not place the bag in the regular trash!

7. Wipe hands with the antimicrobial hand wipe. Wash with soap and running water as soon as possible.

8. Notify the Alvernia University Environmental Health & Safety Manager that a biohazard bag has been placed in the refrigerator. The Environmental Health & Safety Manager will then notify the Alvernia University Director of Science Safety & Laboratory Services so that proper biohazard disposal procedures are followed.

Waste Disposal
The OSHA Bloodborne Pathogens Standard regulates the containment and labeling of blood and certain waste which may be contaminated with blood as well as needles and other sharps.

All regulated waste is properly disposed in accordance with the Alvernia University Medical / Infectious / Biological Waste Program.

N. HEPATITIS B VACCINATION PROGRAM
A. All employees who have been identified as having occupational exposure to blood or OPIM are offered the hepatitis B vaccine (HBV) by Alvernia University at no cost to the employee (See Section 400 Number 2).
B. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.
C. The HBV is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless the employee has previously received the complete HBV series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.
D. Alvernia University employees may receive the HBV at a healthcare facility contracted by the University or at a designated site on the Alvernia University campus.
E. Vaccination is offered with post vaccination laboratory screening to assess immune status.
F. Employees who decline the HBV sign a Declination of Vaccination Statement (See Section 400 Number 2). Employees who later elect to receive the HBV may then have the vaccine provided at no cost.
G. Any necessary booster doses of the HBV are provided by the University at no cost to the employee.
O. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. If an employee suffers an occupational exposure, the employee must report the incident to his/her supervisor and the Human Resources department and complete an Alvernia University Employee Incident Report form.

B. The employee is offered a confidential medical evaluation and follow-up that includes:

1. Documentation of the route(s) of exposure and the circumstances related to the incident.
2. Identification and documentation of the source individual, unless Alvernia University can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HAV/HBV infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
3. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee is offered the option of having his/her blood collected for testing of the employee’s HIV/HAV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible. (NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/her blood tested within 10 days of the exposure to demonstrate absence of disease at the time of the exposure.)
5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the attending physician or the U.S. Public Health Service.
6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
7. The supervisor of an employee with occupational exposure is designated to assure that the Alvernia University Bloodborne Pathogens Exposure Control Plan is followed.

All post-exposure evaluations will be handled by:

- Occupational Health Services of the Reading Hospital and Medical Center
  Tel: 1-888-594-4001 (Reading sites)
- Industrial Health Center
  Tel: 1-888-594-4001 (Philadelphia campus)
- InjuryCare at Pottsville Hospital
  Tel: 1-888-594-4001 (Schuylkill campus)

For exposure incidents during working hours, employees should report the incident immediately to their supervisor and to the Alvernia University Environmental Health & Safety Manager (cell: 610-621-9660). For exposure incidents after working hours, the
employee should report directly to the emergency room of the Reading Hospital. The employee should tell the emergency room staff that they need a post-exposure evaluation screening for bloodborne pathogens (HIV/HAV/HBV). This screening is done at no expense to the employee.

Following the report of exposure, the Alvernia University Exposure Control Plan coordinator will contact the exposure source and request that that person be tested for HIV/HAV/HBV at Alvernia University expense. The source individual’s blood will be tested as soon as possible and after consent is obtained to determine HIV/HAV/HBV infectivity.

During all phases of post-exposure, the confidentiality of the exposed employee and the exposure source will be maintained on a “need-to-know” basis.

P. SHARPS INJURY LOG

The recordkeeping requirements of the OSHA Bloodborne Pathogen Standard requires that Alvernia University maintain a sharps injury log to serve as a tool for identifying high-risk areas and evaluating devices. The Standard states "The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum: (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."

The sharps injury log must include the specified minimum information regarding the device involved (if known), the location of the incident, and the description of the events that resulted in the injury. The level of detail presented should be sufficient to allow ready identification of the device, location, and circumstances surrounding an exposure incident (e.g., the procedure being performed, the body part affected, objects or substances involved and how they were involved) so that the intended evaluation of risk and device effectiveness can be accomplished.

Information in the sharps injury log must be recorded and maintained in a manner that protects the privacy of the injured employee. If data from the log is made available to other parties, any information that directly identifies the employee (e.g., name, address, social security number, payroll number) or information that could reasonably be used to identify indirectly a specific employee (e.g., exact age, date of initial employment) must be withheld.

All incidents of sharps injury will be investigated by the Alvernia University Exposure Control Officer and recorded on the Alvernia University Sharps Injury log form. When complete, the Sharps Injury log form will be given to the Alvernia University Human Resource department for recordkeeping purposes.

See Section 400 Number 3 for the Alvernia University Sharps Injury log form.
Q. EMPLOYEE TRAINING

1. Information and training for all employees with occupational exposure to blood or other potentially infectious material will be made available at time of initial assignment and at least annually thereafter. Additional training shall be provided by Alvernia University when changes, modifications or additional procedures or tasks affect the employee’s occupational exposure.

The person conducting the training shall be knowledgeable in the area of bloodborne pathogens, as well as the subject matter in the training program as it relates to the work place.

2. Information the training will include but is not limited to:
   - An explanation of the Alvernia University Exposure Control Plan
   - Where to find a copy of the regulatory text of the Bloodborne Pathogen Standards from OSHA
   - The epidemiology and symptoms of bloodborne disease
   - Modes of transmission of bloodborne pathogens
   - Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
   - Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
   - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
   - Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination are free of charge
   - Information on appropriate action to take and persons to contact in the event of exposure to blood or other potentially infectious material
   - Information on procedures to follow if an exposure incident occurs including method of reporting the incident and the available medical follow-up that will be made available
   - Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
   - Explanation of bio-hazardous signs and labels

Alvernia University's training presentations shall utilize several training techniques including, but not limited to, the following:
   - Classroom type atmosphere with personal instruction.
   - On-line training (Computer Based Training) and exam with option to ask trainer questions
   - Videotape programs
   - Employee handouts.

R. RECORDKEEPING

Training records will include: dates of the training sessions, contents or a summary of the training session; name of person conducting the training, and names and job titles of persons attending the training sessions.
Training records shall be maintained for at least 3 years from the date on which training occurred. Training records will be maintained for each employee by the Alvernia University Environmental Health & Safety Manager.

The completed Alvernia University Hepatitis B Vaccination form will be kept in the employee’s medical records file in Human Resources. All post-exposure medical records will also be kept in the employee’s medical records file in Human Resources. These files will be maintained as confidential information and not disclosed or reported without the employee’s express written consent to any person within or outside the workplace.

S. ACCESSIBILITY
The Alvernia University Bloodborne Pathogen Exposure Control Plan is available for review by all employees. Copies of this plan will be kept in the following locations:
- The Alvernia University Environmental Health & Safety Manager’s office
- The Alvernia University Director of Facilities’ office
- The Alvernia University Director of Athletics’ office
- The Alvernia University Director of Health & Wellness’ office
- The Alvernia University Director of Science and Laboratory Safety’s office
- The Alvernia University Director of Residence Life’s office
- The Alvernia University Director of Nursing’s office
- The Alvernia University Human Resources office
- The Alvernia University Director of Philadelphia campus’ office
- The Alvernia University Director of Schuylkill campus’ office
- The Alvernia University Safety Management web page

T. REFERENCES
A. ALVERNIA UNIVERSITY HEPATITIS B VACCINATION ACCEPT / DECLINE FORM

See attached.
Alvernia University

Hepatitis B Vaccination Form

____ I would like to receive the Hepatitis B Vaccination.

____ I have already been vaccinated.

  Date vaccinated: ________________

____ I do not wish to receive the Hepatitis B Vaccination at this time.

I understand that due to my occupational exposure to blood or 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 the 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.

Employee’s Name _____________________________

Employee’s Signature ___________________________

Employee’s Department ___________________________

Date ______________
A. ALVERNIA UNIVERSITY SHARPS INJURY LOG FORM

See attached.
### ALVERNIA UNIVERSITY
### Sharps Injury Log

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident</td>
<td></td>
</tr>
<tr>
<td>Time of Incident</td>
<td></td>
</tr>
<tr>
<td>Exposed Employee's Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Male / Female</td>
<td></td>
</tr>
<tr>
<td>Exposed Employee's Job Classification</td>
<td></td>
</tr>
<tr>
<td>Task / Procedure Being Performed</td>
<td></td>
</tr>
<tr>
<td>Location of Incident</td>
<td></td>
</tr>
<tr>
<td>Description of Exposure Incident</td>
<td></td>
</tr>
<tr>
<td>Body Part(s) Injured</td>
<td></td>
</tr>
<tr>
<td>Identity of Sharp Involved</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
</tr>
<tr>
<td>Did the exposure incident occur</td>
<td></td>
</tr>
<tr>
<td>During the use of the sharp</td>
<td></td>
</tr>
<tr>
<td>Between steps of a multi-step procedure</td>
<td></td>
</tr>
<tr>
<td>After use and before disposal of sharp</td>
<td></td>
</tr>
<tr>
<td>While putting the sharp in the disposal container</td>
<td></td>
</tr>
<tr>
<td>Sharp left in inappropriate place ie. table, bed, etc.</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Did the device being used have engineered sharps protection?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td></td>
</tr>
</tbody>
</table>
Was the protective mechanism activated?

- Yes - Fully
- Yes - Partially
- No

Did the exposure incident happen

- Before
- During
- After activation

Exposed Employee

If the sharp had no engineered sharps injury protection, do you have any opinion that such a mechanism could have prevented the injury?

- Yes
- No

Explain:

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?

- Yes
- No

Explain:

This form will be completed by the Alvernia University Exposure Control Officer through interviews and maintained in accordance with 29 CFR 1904.33.