

## 5.5 Bloodborne Pathogen Exposure and Sharps Injury Policy

### Purpose

To provide faculty, staff, and students of the Central Lakes College (CLC) comprehensive and standardized procedures to guide in the prevention and handling of an injury and exposure to hazardous or infectious material.

### Scope

This policy applies to all CLC employees and students.

### Definitions

- *Sharps* – Medical articles that may cause punctures or cuts (i.e., syringes, needles, scalpel blades, disposable razors, lancets, instruments). For the purpose of this policy, “sharps” primarily refers to used or unused needles and/or syringes and lancets.
- *Biohazard* – Anything that is harmful or potentially harmful to man, other species or the environment.
- *Blood* - human blood, human blood components, and products made from human blood.
- *Blood borne Pathogens* - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- *Contaminated* - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- *Contaminated sharps* - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a sharp item or surface.
- *Exposure Incident* - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of duties or practicing of skills.
- *Potentially infectious materials* - means the following human body fluids:
  - Semen
  - Vaginal secretions
  - Pericardial fluid
  - Cerebrospinal fluid
  - Synovial fluid
  - Pleural fluid
  - Amniotic fluid
  - Peritoneal fluid
  - Saliva in dental procedures
  - Any body fluid that is visibly contaminated with blood

- All body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human, living or dead, human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures
- Hepatitis B virus (HBV)-containing culture medium or other solutions.
- Blood, organs, or other tissues from experimental animals infected with HIV, HBV, or other diseases infectious to humans.
- Emesis (vomiting)

### **Exposure Prevention**

Precautions shall be observed at all times when working with sharps, human blood, saliva, or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Standard precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, or vomitus unless they contain visible blood.

### **Re-capping Needles**

Contaminated needles or other contaminated sharps must not be recapped, sheared, bent, broken or re-sheathed by hand. Contaminated sharps must be placed in appropriate sharps, biohazard containers.

These containers shall be:

- Puncture resistant,
- Labeled or color-coded, and
- Leak-proof on the sides and bottom.

### **Bio-hazardous Storage**

Specimens of blood or other potentially infectious materials should be placed in a color-coded container, labeled “Biohazard Material”, which prevents leakage during collection, storage, transport, or shipping. A secondary container must be used if the primary container is contaminated, punctured or leaking. Bio-hazardous material must be disposed of only by authorized bio-hazardous waste removal companies. Only the staff that has undergone the OSHA required yearly safety and hazardous waste training may handle bio-hazardous waste.

### **Equipment**

Equipment which has been in contact with blood or other potentially infected material must be examined and decontaminated by trained laboratory or maintenance personnel as necessary prior to servicing or shipping. If the equipment cannot be completely decontaminated, it should be bagged if possible and a readily observable label must be attached to the contaminated equipment.

### **Gloves**

Gloves must be worn when there is potential for contact with potentially infectious materials. Disposable (single use) gloves such as surgical or examination gloves must be replaced as soon as possible when visibly soiled, torn, and punctured or when their ability to function as a barrier is compromised. Students, Faculty and staff must wash their hands immediately after removal of gloves or other personal protective equipment, and following contact with blood or other potentially infectious materials.

### **Routine Housekeeping**

For routine housekeeping or removal of soiling in the absence of visible blood contamination, work surfaces must be decontaminated with an appropriate disinfectant.

### **Disinfection Following Contamination by a Potentially Infectious Material**

When surfaces are overtly contaminated by a potentially infectious material, appropriate disinfectants/germicidals need to be used to disinfect surfaces. Any EPA-registered hospital disinfectant is adequate. Only those containing tuberculocidal, bactericidal, virucidal, and fungicidal may be used to effectively kill HIV, HBV and other noted pathogens.

Environmental surfaces such as floors, woodwork, or countertops which have become soiled should be cleaned and disinfected using any cleaner or disinfectant agent that is intended for environmental use. Building services should be contacted for assistance.

All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with potentially infectious materials should be inspected, cleaned, and disinfected on a regularly scheduled basis and immediately or as soon as possible upon visible contamination.

### **Glassware**

Broken glassware which may be contaminated must not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, a vacuum cleaner, tongs, cotton swabs or forceps. Building services should be contacted for assistance.

### **Equipment Decontamination**

Equipment which has been in contact with blood or other potentially infected material must be examined and decontaminated by trained laboratory or maintenance personnel as necessary prior to servicing or shipping. If the equipment cannot be completely decontaminated, it should be bagged if possible and a readily observable label must be attached to the contaminated equipment.

## **POST EXPOSURE FOLLOW-UP PROCEDURES**

### **Immediate Action Procedure**

In the event of a sharps injury or an exposure to infectious or hazardous material the following procedure shall be followed:

- Immediately notify the Faculty instructor or Supervisor
- If an injury is sustained via non-contaminated vehicles and is not serious in nature, injured areas shall be given first aid attention.
- If individuals incur exposure through the skin or to mucous membranes, those areas shall be washed or flushed with water immediately following contact.
- For serious wounds and all types of exposure to contaminated or infectious materials, the affected individual shall be given temporary first aid and directed immediately to the nearest medical facility for proper medical attention. If warranted call 911.

### **Incident Exposure Follow up Referrals**

Immediate follow-up to all incident exposures will take place by the individuals Primary Care Provider. Those injured will be directed to their provider for immediate post-exposure evaluation. All persons who incur an injury/exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

Consultation with a physician will be encouraged. Medical Care and follow-up will include a confidential medical evaluation documenting the circumstances of exposure, testing the exposed person's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. All

diagnoses will remain confidential. Medical care cost including laboratory, counseling, and prophylaxis medication will be provided at no cost to the employee, and billed to personal insurance for the student.

### **Person to Person Exposures**

The follow-up procedure will include the following:

- Documentation of the route of injury/exposure and the circumstances related to the incident.
- If necessary and if possible, the identification of the source individual and the health status of the source individual. The blood of the source individual will be tested (by consent) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employees in the identity and infectivity of the source individual.
- The individual will be offered the option of having their blood collected for testing of their HIV/HBV serological status.
- The individual will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The individual will be given appropriate counseling concerning precautions to take during the period after the exposure incident. Further, the individual will also be given information on what potential illnesses to be alert for and to report any related experiences.

### **Reporting**

Incidents must be reported by the Faculty Instructor within 24 hours after the incident to the appropriate CLC authorities including but not limited to the following in this order:

- Human Resources
- Director of Security
- Dean of Students (if student injury/involvement)

Attending Faculty or staff member shall complete an incident report immediately following the care of the individual and submit it to Human Resources. Details of injury, care given and medical care required shall be documented in the report. The Human Resource Director shall submit copies of the report to the Director of Security, and the Dean of students (if a student was involved in the incident).

**Date of policy creation: 04/13/2009**

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**Date of Implementation:**



**Signature of College President**

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