

5.5 Blood-borne Pathogen Exposure and Sharps Injury Policy

Purpose

To provide faculty, staff, and students of Central Lakes College (CLC) with 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 this policy, "sharps" primarily refers to used or unused needles, 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 practice 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, or 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. All body fluids shall be considered potentially infectious materials.

Re-capping Needles

Contaminated needles or other 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" that 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 staff who have undergone the OSHA-required yearly safety and hazardous waste training may handle biohazardous waste.

Equipment

Equipment that has been in contact with blood or other potentially infected material must be examined and decontaminated by trained laboratory or maintenance personnel as necessary before 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 bag containing 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, or punctured, or when their ability to function as a barrier is compromised. Students, faculty, and staff must wash their hands immediately after removing gloves or other personal protective equipment, and following contact with blood or other potentially infectious materials.

Routine Housekeeping

For routine housekeeping or soiling removal 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 potentially infectious material overtly contaminates surfaces, appropriate disinfectants/germicidals should be used to disinfect them. Any EPS-registered hospital disinfectant is adequate. Only those containing tuberculocidal, bactericidal, virucidal, and fungicidal agents can effectively kill HIV, HBV, and other noted pathogens.

Environmental surfaces, such as floors, woodwork, or countertops, that have become soiled should be cleaned and disinfected using a cleaner or disinfectant agent intended for environmental use. For assistance, please contact the building services.

All bins, pails, cans, and similar receptacles intended for reuse that have the potential to become contaminated with potentially infectious materials should be inspected, cleaned, and disinfected on a regularly scheduled basis, and immediately 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 dustpan, a vacuum cleaner, tongs, cotton swabs, or forceps. For assistance, please contact the building services.

Equipment Decontamination

Equipment that has been in contact with blood or other potentially infected material must be examined and decontaminated by trained laboratory or maintenance personnel as necessary before 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 bag containing 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 a non-contaminated needle and is not serious, the injured areas shall be given first aid attention.
- If individuals are exposed through the skin or to mucous membranes, those areas should be washed or flushed with water immediately following contact.
- For serious wounds and any exposure to contaminated or infectious materials, the affected individual shall receive temporary first aid and be directed immediately to the nearest medical facility for proper medical attention. If warranted, call 911.

Incident Exposure Follow-up Referrals

The individual's Primary Care Provider will conduct immediate follow-up to all incident exposures. Those injured will be directed to their provider for immediate post-exposure evaluation. All individuals who incur an injury/exposure incident will be offered a post-exposure evaluation and follow-up in accordance with OSHA standards.

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 they consent, post-exposure prophylaxis, counseling, and evaluation of reported illnesses. All diagnoses will remain confidential. Medical care costs, including laboratory services, counseling, and prophylaxis medication, will be provided at no cost to the employee and billed to the student's insurance.

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 possible, identify the source individual and their health status. The blood of the source individual will be tested (by consent) for HIV/HBV infectivity.
- The results of testing the source individual will be made available to the exposed employees, including information on the source individual's identity and infectivity.
- 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 receive appropriate counseling regarding precautions to take during the period following 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)

Per OSHA, a log must be maintained for all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or OPIM. The log must comply with all applicable OSHA regulations, including retention length and privacy reporting requirements.

An attending faculty or staff member shall complete an incident report immediately after caring for the individual and submit it to Human Resources. Details of injury, care given, and medical care required shall be documented in the report. The Vice President of Human Resources shall submit copies of the report to the Director of Security and the Vice President of Academic and Student Affairs (if a student was involved in the incident).

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