STANDARD PRACTICE INSTRUCTION

DATE: May 24, 2011 (Revision 2)

SUBJECT: Bloodborne Pathogens/Biohazardous Waste Program

REGULATORY STATUTE: OSHA - 29 CFR 1910.1030

BASIS: Approximately 5.6 million American workers are at risk of developing illnesses due to their exposure to bloodborne pathogens, such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses, and other potentially infectious materials in the workplace. This standard practice instruction establishes uniform requirements to ensure that procedures to limit the spread of such hazards are implemented, evaluated and that the proper hazard information is transmitted to all affected workers.

GENERAL: Connecticut College will ensure that all potentially infectious hazards are evaluated and controlled. This standard practice instruction is intended to comprehensively address, the issues of evaluating and identifying potential infectious hazards, evaluating engineering controls, work practices, administrative controls, medical management, training and establishing appropriate procedures.

RESPONSIBILITY: The Director of Environmental Health and Safety and the Occupational Health Manager are responsible for all facets of this program, and have full authority to make necessary decisions to ensure success of the program. The Director of Environmental Health and Safety is the sole person authorized to amend these instructions and is authorized to halt any operation of the college where there is danger of serious personal injury.

Connecticut College's Bloodborne Pathogens Program

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1. **Written program.** Connecticut College will review and evaluate this standard practice instruction on an annual basis, or when changes occur that prompt revision of this document, or when facility operational changes occur that require a revision of this document. In addition, the existing requirements concerning exposure control plans (29 CFR 1910.1030(c)(1)(iv)), the review and update of this plan is also required to:

    1.1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

    1.2. Annually document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure; and

    1.3. Solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.'.

This written program will be communicated to all personnel. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals and objectives.

2. **General requirements**. OSHA guidelines require that each employer who has employee(s) with potential occupational exposure to bloodborne pathogens, shall prepare an exposure determination. This exposure determination shall contain the following:

    2.1. A list of job classifications for all employees whose job classifications have occupational exposure.

    2.2. A list of all tasks and procedures, or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of this standard practice instruction.

    2.3. The schedule and method of implementation, methods of compliance, Hepatitis B vaccinations and post-exposure evaluation, and follow-up communication of hazards and recordkeeping required by 29 CFR 1910.1904 and 1030.

    2.4. Procedures for the evaluation of circumstances surrounding exposure incidents.

    2.5. Methods of compliance.

3. **Exposure Control Plan.**

3.1. Job Classifications in which employees have, or may have occupational exposure.

- Student Health Staff
- Campus Safety Personnel
- Bloodborne Pathogen Spill Response Team
- Designated Athletic Center personnel
- Staff of the Children's School & Special Needs Program

3.2. Methods of Compliance.

3.3. General: Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible to ascertain, all body fluids shall be considered potentially infectious materials.

3.4. Engineering and Work Practice Controls.

3.4.1. 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. Examples of controls include safer medical devices, such as sharps with engineered sharps injury protections, and needle-less systems.

3.4.2. Engineering controls shall be re-evaluated on a periodic basis to ensure their effectiveness.

3.4.3. The college will provide hand washing facilities which are readily accessible to employees.

3.4.4. When provision of hand washing facilities is not feasible, The college shall provide an appropriate hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelette. When antiseptic cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3.4.5. The college shall ensure that employees wash their hands immediately, or as soon as feasible after removal of gloves or other personal protective equipment.

3.4.6. The college shall ensure that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.

3.4.7. Contaminated needles or other contaminated sharps shall not be re-capped or removed. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited.

3.4.8. Immediately, or as soon as possible after use, contaminated sharps shall be placed in appropriate containers. The containers shall not be filled more than 2/3 full. The containers shall be:

- Puncture resistant.
- Labeled or color-coded in accordance with this standard.
- Leak-proof on the sides and bottom.

3.4.9. Although not necessarily all inclusive, sharps containers are located at the following sites:

- Gatehouse
- Campus Safety Vehicles
- Athletic Trainer's Office
- Student Health Services Treatment Room(s)
- Laboratories in Hale Lab, Bill Hall and New London Hall

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

3.4.11. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other infectious materials are present.

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

3.5. Personal Protective Equipment

3.5.1. Appropriate Personnel Protective Equipment will be provided at no cost to the employee, such as, but not limited to: gowns, gloves, laboratory coats, face shields or masks, eye protection, mouth pieces, resuscitation bags, pocket masks or other ventilation devices. Personal Protective Equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to, or reach employee's work clothes, street clothes, undergarments, skin eyes mouth or other mucous membranes under normal conditions of use. This PPE should be designed to protect the employee for the duration of time for which the protective equipment will be used.

3.5.2. The college shall ensure that employees use appropriate Personal Protective Equipment unless the employer shows that the employee temporarily and briefly declined to use Personal Protective Equipment when under rare and extraordinary circumstances it was the employee's professional judgment that

in the specific instance its use should have prevented the delivery of health care or safety services or would have posed an increased hazard to the safety of the worker. When the employee makes this judgment, the circumstances shall be investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.

3.5.3. The college shall ensure that appropriate protective equipment in the appropriate sizes is readily accessible at the worksite or issued to employees. Hypoallergenic gloves or alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

3.5.4. The college shall clean, launder and dispose of Personal Protective Equipment required by 29 CFR 1910.1030 at no cost to the employee.

3.5.5. The college shall repair or replace Personal Protective Equipment as needed to maintain its effectiveness at no cost to the employee.

3.5.6. If blood or other potentially infectious materials penetrates a garment, the garment shall be removed as soon as feasible, and laundered.

3.5.7. All Personal Protective Equipment shall be removed prior to leaving the facility.

3.5.8. When Personal Protective Equipment is removed, it shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.

3.5.9. Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood other potentially infectious materials, mucous membranes, non-intact skin when performing vascular access procedures such as removing foreign bodies and when handling or touching contaminated items or surfaces.

3.5.10. Disposable (single use) gloves shall be replaced immediately if they tear or are punctured, or when their ability to function as a barrier is compromised.

3.5.11. Disposable (single use) gloves shall not be washed or decontaminated for reuse.

3.5.12. Masks, eye protection and face shields, masks in combination with eye protective devices such as goggles or glasses with solid side shields, or chin-length face shields shall be worn whenever splashes, sprays, splatters or droplets of blood, or potentially infectious materials may be generated, and eye, nose or mouth contamination can reasonably be expected.

3.5.13. Appropriate protective clothing such as but not limited to, gowns, aprons, lab

coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of occupational exposure anticipated.

3.6. Record Keeping

3.6.1. Medical Records. Connecticut College shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.20. Records shall include:

- Employee's name and Social Security Number.
- A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030.
- A copy of all results of examinations, medical testing and follow-up procedures as required by 29 CFR 1910.1030.
- The college's copy of the healthcare professional's written opinion as required by 29 CFR 1910.1030.
- A copy of the information provided to the healthcare professional as required by 29 CFR 1910.1030.

3.6.2. The Occupational Health Coordinator 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:

- The type and brand of device involved in the incident,
- The department or work area where the exposure incident occurred, and
- An explanation of how the incident occurred.

3.6.3. Retention of OSHA medical records are to be held during the length of employment, plus 30 years.

3.6.4. The college shall ensure that employee medical records required by 29 CFR 1910.1030 are kept confidential. They are not to be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may be required by law.

3.6.5. Training records shall include the following:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training session.

- Training records shall be maintained for 3 years from the date on which the training occurred.

3.6.6. Availability of Records. The college shall ensure that all records that are required to be maintained, shall be made available upon written request to employee and/or to their designate, in accordance with 29 CFR 1910.20.

3.6.7. Transfer of Records. The college shall comply with the requirements set forth in 29 CFR 1910.20. If the college ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the college shall notify the local OSHA Office. This notification will be accomplished at least three months prior to cessation of operations, and the records will be transferred per OSHA direction.

3.7. General Housekeeping

3.7.1. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.

3.7.2. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated, or after any spill of any other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

3.7.3. Protective coverings, such as absorbent paper used to cover equipment and surfaces, shall be removed and replaced as soon as feasible when they have been contaminated, or at the end of the work shift if they have become contaminated during the shift.

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

3.7.5. Broken glassware which may have been contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

3.7.6. Regulated waste and contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable.
- Puncture resistant.

- Leak-proof on sides and bottom.
- Labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.7. During use, containers for contaminated sharps shall be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.
- Maintained upright throughout use.
- Replaced routinely and not allowed to overfill. Sharps containers should be filled only to ¾ full.

3.7.8. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping, and placed in a secondary container if leakage is possible. The second container shall be:

- Closable.
- Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.
- Labeled or color-coded according to 29 CFR 1910.1030.

3.7.9. Reusable containers shall not be opened, emptied or cleaned manually, or in any other manner that could expose employees to the risk of percutaneous injury.

3.7.10. Other regulated waste shall be placed in containers which are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Labeled or color-coded in accordance with 29 CFR 1910.1030.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

3.7.11. If outside contamination of the regulated waste container occurs, it shall be placed in a secondary container. The second container shall be:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Labeled or color-coded in accordance with 29 CFR 1910.1030.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

3.7.12. Disposal of all regulated waste shall be in accordance with applicable

regulations of the United States and its Territories, The State of Connecticut and New London County.

3.7.13. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

3.7.14. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be rinsed or sorted in the location of use.

3.7.15. Contaminated laundry shall be placed and transported in bags or containers, labeled or color-coded in accordance with 29 CFR 1910.1030.

3.7.16. 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 secondary bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

3.7.17. The college shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate Personal Protective Equipment.

3.8. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.

3.8.1. General Guidelines. The college shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

3.8.2. The college shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccine vaccination series, and post-exposure evaluation and follow up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician, or by or under the supervision of another licensed healthcare professional.
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

3.8.3. The college shall ensure that all laboratory tests are conducted by an accredited laboratory, at no cost to the employee.

3.8.4. Hepatitis B Vaccination. Hepatitis B vaccination shall be made available after the employee has received the required training, and within 10 working days of initial assignment to all employees who have occupational exposure, unless the employee has previously received the complete Hepatitis B vaccination series,

and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

3.8.5. The college shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

3.8.6. If the employee initially declines Hepatitis B vaccination, but at a later date while still covered under 29 CFR 1910.1030 decides to accept the vaccination, The college shall make available Hepatitis vaccination at that time.

3.8.7. The college shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign a declination statement.

3.8.8. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with 29 CFR 1910.1030.

3.8.9. One month after completion of the three dose vaccination series, a hepatitis antibody titer will be performed, to ensure immunity has been achieved. This testing will be at no cost to the employee.

3.8.10. Post-Exposure Evaluation and Follow-Up. Following a report of an exposure incident the employer shall immediately make available to the exposed employee a confidential medical evaluation and follow-up. The employee shall be immediately referred (No later than 72 hours following exposure) to the:

Pequot Occupational Health Center
52 Hazelnut Hill Road
Groton, CT 06320
(860) 446-8265

The examination shall include, but is not limited to the following elements:

- Documentation of the route(s) of exposure(s)and the circumstances under which the exposure incident occurred. (Exposure Incident Report)
- Identification and documentation of the source individual, unless the employer can establish that identification is unfeasible or prohibited by state or local law.

3.8.11. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV status. If consent is not obtained, The college shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood if available shall be tested and the results documented.

3.8.12. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

3.8.13. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3.8.14. Post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service:

- Counseling.
- Evaluation of reported illness.

3.8.15. The college shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of 29 CFR 1910.1030.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which will be maintained by the employer.

1.

3.8.16. Healthcare Professional's Written Opinion. The college shall obtain, and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

3.8.17. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

- That the employee has been informed of the results of the evaluation.
- That the employee has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment.

3.8.18. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

3.8.19. Medical Recordkeeping. Medical records required shall be maintained in

accordance with standard medical practice.

3.9. Communication of Hazard to Employees.

3.9.1. Labels and Signs. Warning labels shall be affixed to containers of regulated waste, refrigerators, and other containers used to store, transport, or ship blood or other potentially infectious materials.

3.9.2. Labels required by this section shall be as shown below in Figure(s) 1 and 2.

Figure1

Figure 2

These labels shall be fluorescent orange or orange-red, with lettering or symbols in a contrasting color.

3.9.3. Labels required shall be affixed as close as feasible to the container by wire, adhesive or other method that prevents their loss or unintentional removal.

3.9.4. Red bags or red containers may be substituted for labels.

3.9.5. Signs. The college shall post signs at the entrance to the work areas where biological hazards exist. These signs shall be fluorescent orange-red with lettering in a contrasting color. An example of these signs is shown below in Figure 3.

Figure 3

3.9.6. Information and Training. Connecticut College shall ensure that all employees with occupational exposure participate in a training program, which

shall be provided at no cost to the employee, and during working hours.

3.9.7. Training shall be as follows:

- At the time of initial assignment to tasks where occupational exposure may take place.
- Within 90 days after the effective date of 29 CFR 1910.1030.
- At least annually thereafter.

3.9.8. Connecticut College shall provide additional training when changes such as modification of tasks or procedures, or institution of new tasks or procedures affect the employee's occupational exposure. New training may be limited to addressing the new exposures created.

3.9.9. Material appropriate in content and vocabulary to the educational level, literacy and language of employees shall be used.

3.9.10. The training program shall contain at a minimum the following elements:

- An accessible copy of the text of 29 CFR 1910.1030, and an explanation of its contents.
- A general explanation of epidemiology, and symptoms of bloodborne diseases.
- An explanation of the modes of transportation of bloodborne pathogens.
- An explanation of this exposure control plan, and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A description and explanation of 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.
- An explanation of the basis for selection of Personal Protective Equipment.
- Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination being offered free of charge.
- Information on the appropriate actions to take, and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the college is required to provide for the employee following an exposure incident.

- An explanation of the signs and color labels and/or color-coding required by 29 CFR 1910.1030.
- An opportunity for interactive questions and answers with the person conducting the training session.
- The person conducting the training session shall be knowledgeable in the subject matter covered by the elements contained.

4. **Biohazardous Waste Management** The OSHA General Industry Standard for Bloodborne Pathogens (29 CFR 1910.1030) directs all organizations who generate medical "regulated waste" to develop an active program to dispose of such waste in a safe manner.
5. 5.1. Definitions:

- REGULATED WASTE: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid 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.

- BIOLOGICAL WASTE: Waste originating from a living organism or its products, including vaccines and cultures intended for use in diagnosing, immunizing, or treating humans or animals, or in research pertaining thereto.

- BIOMEDICAL WASTE: Untreated solid waste, any disposable container which has not been decontaminated, generated during the administration of medical care, or the performance of medical research involving humans or animals, including infectious waste, pathological waste and chemotherapy waste.

- BLOOD PRODUCT: Any substance derived from human blood, including but not limited to plasma, platelets, red or white blood cells, and interferon.

- BODY FLUID: Any substance which emanates or derives from the human body, including but not limited to blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid and saliva.

- CHEMOTHERAPY WASTE: Waste that has come in contact with an antineoplastic agent during the preparation, handling or administration of such an agent.

- CONTAMINATED: The presence of, or the reasonably anticipated presence of

blood or other potentially infectious materials on an item or surface.

- CONTAMINATED LAUNDRY: Laundry that has been soiled with blood or other potentially infectious materials, or may contain sharps.

- CONTAMINATED SHARPS: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

- POTENTIALLY INFECTIOUS MATERIALS (PIMS): Includes the following human body fluids:

  - Semen
  - vaginal secretions
  - cerebrospinal fluid
  - synovial fluid
  - pleural fluid
  - peritoneal fluid
  - amniotic 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)
  - HIV-containing cell or tissue cultures, and HIV- or HBV – containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV

5.2. Disposal of Biohazardous Waste.

5.2.1. Biohazard waste from the Student Health Center will be collected in red biohazard bags, contained within specially marked cardboard boxes, at the point of generation. Student Health Center personnel will transport this waste to the biohazard storage facility in the basement of the Infirmary, to be stored until picked up by an outside solid waste vendor.

5.2.2. Contaminated sharps will be collected in properly labeled, puncture resistant, closed containers designed for that purpose. Student Health Center personnel will transport these containers to the Biohazard storage facility.

5.2.3. Contaminated Sharps and bio-hazardous waste generated by students, will be brought to the Student Health Center in properly labeled, puncture resistant, closed containers. Student Health Center personnel will transport these containers to the Biohazard storage facility.

5.2.4. Members of the campus Biohazard Spill Team (Custodial staff) shall be responsible for cleaning, packaging and transport of potentially infectious materials such as blood spills and contaminated spill clean-up materials.

5.2.5. Campus Safety personnel and Grounds personnel will collect potentially contaminated sharps found on campus (i.e. syringes/needles or contaminated broken glass), utilizing proper personal protective equipment and procedures, and transport the item to the Student Health Center, or to the Biohazard Storage Facility.

5.2.6. Research animal waste (i.e. animal tissues/carcasses, animal body parts and bedding) will be prepared for disposal and transport by the generator. Any preservative will be poured off, and the specimens packaged in sealed, properly labeled plastic containers. The chemical preservative will be handled and disposed of as hazardous chemical waste. When the animal waste is properly prepared for disposal, the generator will contact the Director of Environmental Health & Safety, for pick up and transport to the Biohazard Storage Facility.

6. Cleaning Schedule

6.1. All working surfaces shall be cleaned with appropriate OSHA approved disinfectant after each contamination of potentially infectious materials.

6.2. Invasive medical equipment such as Glucometers, shall be disinfected after each use.

6.3. All bins, pails, cans and similar receptacles intended for reuse in areas such as in the Health Center, or women's restrooms which have a reasonable likelihood for becoming contaminated with blood or other infectious materials, shall be inspected and decontaminated if necessary on a daily basis, or as soon as practical upon visible contamination.

6.4. Treatment Room floors in the Health Center shall be mopped on weekly basis, and immediately after body fluid spills, with a disinfectant soap solution.

Exhibits

CONNECTICUT COLLEGE

HEPATITIS B VACCINATION
CONSENT/DECLINATION STATEMENT

I understand that due to 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. I have read the Hepatitis B vaccine information and consent form. I have had the opportunity to ask questions and understand the benefits and risks of the vaccine. I understand that I must have three doses of vaccine, in addition to a titer drawn one month following the vaccination series, to confer immunity. However, as with all medical treatment, there is no guarantee I will become immune or that I will not experience adverse side effects from the vaccine.

I request that the vaccine be given.

Signature: _____ **Date:** _____

Name: _____
Please Print

I decline the Hepatitis B vaccination at this time. I understand that by declining the 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 may receive the vaccination series at no charge to me.

Signature: _____ **Date** _____

Name: _____
Please Print

I decline the Hepatitis B vaccination at this time. I have been previously vaccinated with three doses of Hepatitis B vaccine from:

_____

I will provide the Occupational Health Nurse Coordinator, or Director of Student Health Services at Connecticut College with proof of my vaccination dates.

Signature: _____ **Date:** _____

Name: _____ **(Please Print)**

CONNECTICUT COLLEGE
HEPATITIS B VACCINE
INFORMATION AND CONSENT FORM

Student Health Service employees, and employees designated by OSHA blood borne pathogen manual, are at higher risk than the general population of acquiring infection with the hepatitis B virus. Increased risk is associated with frequent direct and indirect contact with blood and other body fluids which may be infected with the virus. Such contacts include: drawing blood, caring for bleeding patients, handling specimen containers, or contaminated equipment, and performing test on blood and other bloody fluids. You are considered to be a higher risk of hepatitis B because of your work in the Student Health Service.

THE DISEASE:
Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. A small percentage of people may develop chronic active hepatitis and cirrhosis. HBV also appears to be causative factor in the development of liver cancer. This immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

THE VACCINES:
Recombivax HB is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HBsAg) is cloned into yeast and the vaccine for hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck, Sharp & Dohme Research Laboratories.

The antigen is harvested and purified from fermentation cultures of recombinant strain of the yeast Saccharomyces cerevisiae contained the gene of HBsAg. The HBsAg protein is released from the yeast cells by cell disruption and purified by a series of physical and chemical methods. The vaccine contains no detectable yeast DNA but may contain up to 4% yeast protein. The vaccine produced by the Merck method has been shown to be comparable to the plasma-derived vaccine in terms of animal potency (mouse, monkey and chimpanzee) and protective efficacy (chimpanzee and human).

The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products.

CONNECTICUT COLLEGE

BLOODBORNE PATHOGEN
EXPOSURE INCIDENT REPORT

Please Print

Employee's Name _____ **Date** _____

Date of Birth _____ **SS#** _____

Telephone(Business) _____ **Home** _____

Job Title _____

Date of Exposure _____ **Time of Exposure** _____**AM** ___ **PM** ____

Hepatitis B Vaccination Status _____

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred.

_____

_____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) _____

_____

What body fluid(s) were you exposed to? _____

What was the route of exposure (e.g., mucosal contact, contact with nonintact skin, through broken skin)? _____

_____

Describe any personal protective equipment in use at time of exposure incident _____

_____

Did PPE fail? _____ **If yes, how?** _____

_____

EXPOSURE INCIDENT REPORT (page 2)

Identification of source individual(s) (names) _____

Other pertinent information _____