

TEXAS STATE TECHNICAL COLLEGE
STATEWIDE OPERATING STANDARD

No. GA 1.6.5	Page 1 of 7	Effective Date: 3/19/15
DIVISION:	General Administration	
SUBJECT:	Infection Prevention and Exposure Control	
AUTHORITY:	29 CFR 1910.1030, Occupational Exposure to Blood-borne Pathogens	
PROPOSED BY:	<i>Original Signed by Tom Hooker</i>	
TITLE:	Director, Governance, Risk, and Compliance	Date: 3/19/15
RECOMMENDED BY:	<i>Original Signed by Jonathan Hoekstra</i>	
TITLE:	Vice Chancellor/Chief Financial Officer	Date: 3/19/15
APPROVED BY:	<i>Original Signed by Mike Reeser</i>	
TITLE:	Chancellor	Date: 3/19/15

STATUS: Approved by EMC 3/19/15

HISTORICAL STATUS: Proposed 3/04/2015

POLICY

Compliance

PERTINENT INFORMATION

In accordance with 29 *CFR* 1910.1030, Occupational Exposure to Blood-borne Pathogens, Texas State Technical College (TSTC) provides, to the fullest extent possible, an environment for employees, students and visitors free of infectious diseases that may be contracted by the blood-borne route by providing guidance on personal protective equipment, engineering controls, and training.

DEFINITIONS

Blood includes human blood, human blood components, and products made from human blood.

Blood-borne Pathogens are pathogenic microorganisms and/or viruses present in human blood that can cause diseases in humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Engineering Controls are designed to eliminate or minimize personnel exposure to Blood-borne Pathogens and Other Potentially Infectious Materials by removing or isolating the hazard or by isolating the individual from exposure.

Other Potentially Infectious Materials (OPIM) include the following: 1) 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 visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood; 2) HIV- or HBV-containing culture medium or other solutions; and blood infected with HIV or HBV.

Work Practice Controls establish standard practices by which a task is performed. Proper work practice controls include proper hygienic procedures, specimen collection procedures, contaminated equipment management, proper biohazard waste- storage/ disposal, and appropriate use of personal protective equipment.

TSTC employees, students, and visitors are at risk of infection and subsequent illness as a consequence of exposure to human blood or other potentially infectious body fluids and agents potentially infectious to humans. Therefore, this infection prevention and exposure control program (IPECP) has been developed to minimize employee and student exposure to blood-borne pathogens, such as Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

This IPECP establishes the policy for the implementation of procedures that relate to the control of infectious diseases that may be contracted by the blood-borne route. The program is in compliance with the recommendation made by the Texas State Office of Risk Management (SORM) and serves as both the written program, for compliance purposes, and as a training document. The IPECP will be reviewed and updated by both the TSTC Risk Manager and the individuals responsible for instituting measures in compliance with SOS HR 2.4.4 at least annually and whenever necessary to (A) reflect changes in technology that eliminate or reduce exposure to blood-borne pathogens; and (B) document annually consideration and implementation of appropriate commercially available and effective safer devices designed to eliminate or minimize occupational exposure.

Job Classifications and circumstances in which TSTC employees and students and visitors may have occupational exposure:

Category I - Duties in which employees are exposed to blood or OPIM on a regular basis and where exposure is considered normal course of work.

- Student health service providers.
- Medical-related program instructors (i.e. nursing and dental hygiene assistants)
- Law enforcement and emergency response personnel.

Category II –Duties in which employees may have an incidental exposure to blood or OPIM and where such exposures occur only during certain conditions or tasks.

- Industrial Arts program instructors
- Food service employees.
- Custodial employees.

RESPONSIBILITIES

- A. **The Safety Coordinator is responsible for:** The implementation of the IPECP; Supervise/training (including applicable OSHA and biohazard training), documentation of training, and making the written IPECP available to employees and SORM representatives.
- B. **ADSO:** assist Campus Safety Coordinator with implementation of IPECP.
- C. **Category I Employee Supervisors:**
- Ensuring that all medical actions required by OSHA standard 29 *CFR* 1910.1030, Occupational Exposure to Blood-borne Pathogens are performed and that appropriate student and employee health are maintained.
 - Providing and maintaining all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. In addition, they will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- D. **Category II Employee Supervisors:**
- Providing and maintaining all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by 29 *CFR* 1910.1030, Occupational Exposure to Blood-borne Pathogens. In addition, they will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes;

PROCEDURES

- A. **Universal precautions are used to prevent contact with blood or OPIM.**
Treat all blood and OPIM as potentially infectious, regardless of the individual.

Hand-washing facilities: Employees should wash their hands before and after treating another individual. If water is not available, then an alcohol-based sanitizer is effective. When sanitizer is used, employees should wash their hands with soap and water as soon as possible.

Needle (sharps) Safety: Do not bend, recap, or purposely break used needles. Place used needles in a sharps disposal container. Ensure that sharps disposal containers are puncture resistant, labeled with a biohazard label, and leak-proof.

Sharps Containers: Puncture resistant sharps containers are to be used at all work sites where needles and syringes, Pasteur pipettes, scalpel blades, razor blades, and other sharps are used. When appropriately three-quarters filled, the containers are to be appropriately sealed and placed in a Medical Pathological Waste (MPW) box for disposal by incineration. All equipment that may have been exposed to hazardous materials (i.e., known hazardous chemical, radiological, or biological substances) must be appropriately decontaminated and certified by the user as being clear of hazards. This includes all scientific/medical equipment and any office furniture/equipment or supplies that have been used in clinical areas,

classrooms, or other potentially hazardous locations.

B. Work Practice Controls: Category I & II Employees

Work practice controls must be used to eliminate or minimize worker exposure to blood or other potentially infectious materials. Where occupational exposure remains after institution of these controls, engineering controls or personal protective equipment shall also be used.

Guidelines regarding universal precautions are to be posted visibly in applicable departments. All employees shall have access to policy guidelines, electronically or otherwise, at will, in addition to annual training, visibly posted guidelines, and the guidance of supervisors. Providing access to policy information shall not take the place of appropriate annual training.

C. Personal Protective Equipment

Gloves -Gloves are to be worn by all employees when directly handling potentially infectious material or when in contact with contaminated surfaces. Based on individual need, the employee may choose vinyl examination, surgical latex, or nitrile gloves. Gloves are to be changed routinely and rigorous hand washing policies established in laboratory areas. Employees must inspect gloves routinely and replace them whenever they are visibly soiled, torn, or punctured. All gloves are to be discarded into a biohazard waste container. Hands are to be washed when gloves are changed or removed on completion of work.

Other Protective Garments - Laboratory coats, gowns, aprons, or suits, whichever is most appropriate for the particular application, are to be worn by all personnel manipulating or otherwise handling infectious or potentially infectious materials. These garments are not to be worn outside of the work/treatment area.

D. Exposure Reporting Responsibilities

The ultimate responsibility for reporting exposures, spills, and other biological hazards rests with the TSTC employees. Such exposures and hazards need to be reported to supervisors, additional duty safety officer (ADSO), TSTC Communicable Disease Committee, and campus safety coordinator.

The following areas serve as examples:

- Notifying employees of the presence of potentially infectious materials in any workplace
- Notifying emergency services of spills
- Notification of exposures, spills, and other hazards must be done immediately upon becoming aware of the situation.

E. Emergency Steps to Take in the Event of a Potential Exposure - If an employee sustains a potential exposure to HIV or other blood-borne pathogen, immediate first aid should be initiated before leaving the worksite. Contaminated skin should be vigorously scrubbed for fifteen minutes using soap and copious amounts of water. Contaminated eyes and mucous membranes should be irrigated for 15 minutes using normal saline or water. Notify your supervisor, if he or she is immediately available. Report to Student Health Services within one hour of the exposure. If emergency transport is needed, call 911 (on campus).

- F. **Post-Exposure Incident Review** - In the event an employee or students sustains a potential exposure to HIV or other blood-borne pathogen, the campus safety coordinator as well as the employee's supervisor or student's instructor will review the incident and record the details using TSTC-0-GA-051 (Accident/Incident Form).

All work-related needle-stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030) will be recorded on a Texas DPS Contaminated Sharps Injury Reporting Form and entered into the Risk Management Information System (RMIS). All required records are kept within the employee's file for a minimum of five (5) years following the end of the calendar year that the records cover.

G. **Transportation of Infectious Materials**

All potentially infectious materials transported between a TSTC campus and outlying buildings must be packaged and transported according to applicable Federal regulations (42 CFR 72 and 49 CFR 173.386-172.388). Guidance in complying with regulations pertaining to the shipment of biological materials can be obtained by contacting the campus safety coordinator or TSTC Communicable Disease Committee.

All potentially infectious materials transported between buildings on TSTC campus must be placed in labeled, sealed and unbreakable primary and secondary containers. Between the primary and secondary containers, an amount of absorptive material adequate to contain a spill must be placed between the two containers.

Under no circumstances shall personal vehicles or public transportation be used to transport infectious materials to or from a TSTC campus. Only TSTC vehicles or commercial carriers shall be used to transport infectious materials.

H. **Decontamination and Spill Clean up**

All work surfaces where blood, body fluids, any infectious agents or materials are handled must be disinfected after each use with an appropriate disinfectant. Additionally, work surfaces must be disinfected after any overt spill. Work surfaces should be covered with plastic-backed absorbent toweling to facilitate clean up and reduce production of aerosols that may result from a spill. Spills of potentially infectious material are to be cleaned up using the following method:

- Notify persons in the immediate area that a spill has occurred.
- Wearing the appropriate protective equipment (e.g., gloves, lab coat, etc.), cover the spill with absorbent toweling.
- Carefully, pour a freshly prepared 1 in 10 dilution of household bleach (or other suitable disinfectant prepared to manufacturer's specifications) around the edges of the spill working toward the center.
- Allow a twenty-minute contact time.
- Using paper towels, wipe up the spill, working from the outside edges toward the center. Be careful to avoid cuts with broken glass. To eliminate the potential for cuts use tongs, dust pan or some other device for pickup and carefully discard into an approved sharps

- container.
- Repeat process with fresh disinfectant.
- Place all used materials into an MPW box for disposal.

In the event of an unusual or particularly large spill contact the TSTC Fire Department (911) for clean up.

In the event of a spill of infectious material in a public access area (e.g., hallway, elevator, etc.), keep all persons away from the spill area and call the TSTC Fire Department (911) for clean up.

COMMUNICATION OF INFECTIOUS HAZARDS TO EMPLOYEES

Employees must be notified of the presence of potentially infectious materials in any workspace. Classrooms and other work areas handling human blood and body fluids and any human pathogens must be posted with an NIH-approved biohazard sign. Any special requirements (e.g., immunizations, personnel protective equipment) required for entry to a workspace will be designated on the biohazard sign affixed to the entry door.

All infectious waste transferred to the incinerators will be placed in a MPW box or a “burn box” imprinted with the international biohazard warning symbol.

All containers used to transport infectious materials between laboratories or buildings will be labeled with stickers carrying the international biohazard-warning symbol.

EMPLOYEE EDUCATION AND TRAINING PROGRAM

IIECP Training for Category I employees is provided on an annual basis, while Category II employees will receive the training bi-annually. Supervisors are responsible for assuring that all Cat I & II employees under their direction who may be potentially exposed to a blood-borne pathogen are familiarized with this IIECP prior to handling infectious materials and that they receive refresher training in accordance with the prescribed duration.

Supervisors of these employees are also responsible for job-specific safety training and must document that employees selected for jobs involving manipulation of infectious materials have been adequately trained to perform these tasks.

Fire, emergency response personnel, and law enforcement officers receive training consistent with the information provided in the HHS publication entitled *Guidelines for Prevention of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers*. Training is provided upon employment and annually.

PERFORMANCE STANDARDS

1. The Infection Prevention and Exposure Control Program (IIECP) has been implemented across TSTC to minimize employee and student exposure to blood-borne pathogens, such as Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

2. The IPECP will be reviewed and updated by both the TSTC Risk Manager and the TSTC Communicable Disease Committee at least annually.