PART 1: BLOODBORNE PATHOGENS POLICY

SECTION 1

Departments Covered by the Standard

Faculty; Basic Sciences
Health Center; Clinic and Exam Doctors, College Work Study Employees
Housekeeping / Maintenance
Student Services; First Aid / First Responders

SECTION 2

Statement of Policy

Employees are at risk of contracting infectious disease each time they are exposed to blood borne pathogens. Any exposure incident may result in infection and subsequent illness. Since it is possible to become infected from a single exposure incident it is the policy of Sherman College of Chiropractic to prevent exposure incidents whenever possible. In accordance with OSHA 29 C.F.R. 1910.1030 and for the health and safety of our employees we have established an exposure control plan. The purpose of this plan is to identify those employees whose tasks and procedures may be exposed to blood borne pathogens and implement controls to eliminate or significantly reduce the risk of infection by blood borne pathogens. This plan also includes provisions for all affected employees to receive training, Hepatitis B vaccinations and if necessary, confidential medical evaluations and follow up at no cost to the employee. This exposure control plan is for your benefit, and we invite your questions, comments and suggestions regarding any of its provisions.

Exposure Control Plan

A. Review
This plan is to be reviewed and updated on an annual basis.

B. Exposure Determination

1. Job Classifications in which all employees have potential Occupational Exposure (O. E. means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.) to BBP's. In all cases the only anticipated exposure would be from parenteral (cuts, abrasions, bites, needle sticks) accidents or when blood is drawn by the Diagnosis Faculty.

Anatomy Instructors

Diagnostic Instructors
Health Center Employees
Housekeeping Staff
Laboratory Assistants
Maintenance Staff
Microbiology Instructors
Security Staff
Student Service Employees
Work Study Employees – Lab

2. Job Tasks and procedures

Anatomy Instructors
- Accident clean up
- Be aware of contaminated sharps

Diagnostic Instructors
- Drawing of Human Blood
- Accident clean up
- Be aware of contaminated sharps

First Responders / First Aid
- Accident clean up
- Be aware of contaminated sharps
- Life saving techniques
- Crisis intervention

Health Center Employees
- Accident clean up
- Be aware of contaminated sharps

Housekeeping Staff
- Cleaning restrooms
- Removing trash
- Accident clean up
- Be aware of contaminated sharps

Laboratory Assistants
- Accident clean up
- Be aware of contaminated sharps

Maintenance Staff
- Accident Clean up
- Be aware of contaminated sharps
- Use of hand and power tools
- General Maintenance and construction

Microbiology Instructors
- Accident clean up
- Use of edged tools

Security Staff
- Crisis Intervention
- Accident Clean up
- Be aware of contaminated sharps

Work Study Employees – Lab
- Accident Clean up
- Be aware of contaminated sharps
- Use of hand and power tools

General Maintenance and construction

3. Employee Input

Employers must solicit input from non-managerial employees responsible for direct patient care regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Employees selected should represent the range of exposure situations encountered in the workplace, such as those in geriatric, pediatric, or nuclear medicine, and others involved in direct care of patients.

OSHA will check for compliance with this provision during inspections by questioning a representative number of employees to determine if and how their input was requested.

Documentation of employee input

Employers are required to document, in the Exposure Control Plan, how they received input from employees. This obligation can be met by:

Listing the employees involved and describing the process by which input was requested; or presenting other documentation, including references to the minutes of meetings, copies of documents used to request employee participation, or records of responses received from employees.

C. Method of compliance

1. Universal Precautions: Due to the fact that many people are unaware of their infection status blood and body fluid precautions are to be used in all cases of possible exposure.

Universal precautions apply to:
- Blood
- Other body fluids with visible blood
- Tissue

Semen
Vaginal secretions
Cerebral spinal fluid
Synovail fluid
Pleural fluid
Pericardial fluid
Peritoneal fluid
Amniotic fluid

Universal precautions do not apply to:

Feces
Nasal secretions
Sputum
Sweat
Tears
Urine
Vomitus (unless there is blood)
Breast milk
Saliva (unless there is blood)

2. Engineering Controls

Engineering controls refer to the use of equipment that reduces exposure. Whenever possible, engineering controls will be used as the primary method of exposure prevention by isolating and removing BBP from the work place.

a. Sharps containers; puncture resistant, leak proof, color coded sharps containers will be placed in readily accessible locations in laboratories, and maintenance areas.
b. Accessible hand washing facilities or disposable antiseptic hand wipes followed by washing with soap and water as soon as possible.
c. Appropriate and accessible personal protective equipment.
d. Appropriate regulated waste containers for disposal of biohazard waste.

3. Work Practice Controls

Work practice controls refer to modifications in work techniques that reduce the likelihood of exposure. It is a standard practice of this College that employees follow personal hygiene and work practice controls at all times.

a. Hand washing
Employees shall wash their hands as soon as possible after removing gloves and other personal protective equipment. If washing is not immediately available, antiseptic hand cleanser/paper towels or antiseptic towelettes may be used followed by washing with soap and running water as soon as feasible. In the case of direct contact with blood or other pathogenic fluids, wash immediately after contact using large amounts of soap and water for at least 2 minutes.

b. Sharps
Sharps shall not be sheared bent or broken and shall be disposed of only in an approved Sharps Container.

c. Eating, Drinking, Etc.
Eating, drinking, applying cosmetics or lip balm and handling contact lenses or storing food or drink are prohibited in any work area where there is a potential for occupational exposure. Sherman College is a smoke free work place.

d. Human Blood
Sherman College does draw human blood occasionally. Students in the laboratories at Sherman College never work with human blood. The processing of required procedures done in labs is done on sheep blood. However, occasionally human blood is needed for demonstration only. The faculty members are the only individuals to handle human blood. Human blood is drawn either by veinipuncture or finger stick. After staining and demonstration, the blood is discarded following DEHEC/OSHA procedures. Sharps and biohazard waste containers are collected and transported by an approved sharps management service. Records are maintained in the Waste Management Notebook in the Laboratory Supervisor's Office.

e. Personal Protective Equipment
Sherman College shall ensure that the employees use appropriate Personal Protective Equipment. The College at no cost will provide this equipment to the employee. It will be inspected, regularly maintained in good repair or replaced. It will preferably be disposable. This equipment will be readily available at all times. This equipment shall include but not be limited to gloves, masks, eye protection and or face shields and water impervious aprons. The employer will insure that the employee uses such equipment whenever the probability of exposure can be reasonably anticipated. All PPE shall be removed before leaving the work area and disposed of in an approved biohazard container.

f. Housekeeping
    1. General

Sherman College shall ensure that the worksite is maintained in a clean and sanitary condition. Each department will be responsible for their own area. The College shall determine and implement an appropriate written schedule for cleaning and decontamination based on the location within the facility, type of surface to be cleaned, type of soil present and tasks and procedures being performed in the area.

2. Contaminated Work Surfaces
   Any work surface or tools will be decontaminated with an appropriate disinfectant as soon as possible after contamination. After tools have been cleaned and decontaminated, tools will be deposited in a clean storage area.

3. Trash Receptacles
   All bins, pails, cans and similar trash containers which have a likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected on a regularly scheduled basis and decontaminated if there is any visible contamination.

4. Broken Glassware
   Broken glassware, parts, etc. which maybe contaminated shall not be picked up directly with the hands. Tongs or a broom and dustpan may be used. The articles must be disposed of in an approved container.

5. Spill kits
   Sherman College will provide an appropriate number of spill kits for use in cleaning and decontamination should an incident occur.

   Each kit will contain:
   (a) latex and /or vinyl gloves
   (b) red or biohazard labeled bags
   (c) a water spray bottle
   (d) safety goggles
   (e) mask
   (f) apron
   (g) cat litter or other absorbent material
   (h) antiseptic (usually fresh 10% bleach or components)
   (i) brush and dustpan

6. Reusable Sharps
   Reusable sharps contaminated with possibly infectious materials shall not be stored, processed or decontaminated in a manner where hand contact is possible.

g. First Aid Procedures
In the event of an emergency, the following procedures should be followed:

1. The vice president for enrollment and student success should be notified, (if not available, notify the receptionist) who will page the first aid team using the public address system. "MEMBERS OF THE FIRST AID TEAM PLEASE RESPOND IMMEDIATELY TO (LOCATION)."
2. All of the members of the team and the vice president for enrollment and student success will respond and clear the room where the emergency is.

3. Necessary first aid will be applied. Precautions will be used to include all designated personal protective equipment and procedures to prevent contamination during the rendering of first aid in case of blood spill. If the first aid team and the vice president for enrollment and student success decide it is necessary for the individual to go to the emergency room, 911 will be called.

4. If the individual refuses to go to the emergency room, a waiver must be signed and dated by the individual, the vice president for enrollment and student success, and the first aid team stating that he/she will not hold Sherman College liable and will be taken home.

5. The emergency contact person, found on the student profile in the Office of Student Affairs, will be notified.

6. The first aid team will complete an incident report to be filed in the Office of Student Affairs.

h. Spill Procedure

Should a contaminated spill or accident occur:

1. Prevent contact with the area by all personnel.
2. Access and open a spill kit.
3. Don all PPE; double gloves, goggles, mask and apron.
4. Mix a fresh solution of 10% bleach
5. Apply absorbent material
6. Use pan and broom to sweep up material and place in biohazard bag
7. Put any broken glass or sharps into a puncture resistant container.
8. Spray disinfectant on the accident area until saturated
9. Wipe with paper toweling until dry placing all towels into the bag
10. Spray disinfectant onto toweling in the bag

11. Discard all disposable PPE into bag, any PPE that must be disinfected should be placed in a separate bag and decontaminated as soon as possible according to approved procedures
12. Tie bag if contaminated on the outside put in clean bag and tie
13. Put bag into designated container
14. Wash hands
15. Return and resupply spill kit

i. Decontamination Procedures

Basic Sciences

Responsibility:	Lab Manager, Basic Science Faculty and Teaching Lab Assistants Spill clean-up in the labs
Procedures:	Follow Spill Procedures under 3 – G above

Clinical Sciences

Responsibility:	Physical Exam Supervisors, Floor Doctors Spill clean-up in the Health Center
Procedures:	Follow Spill Procedures under 3 – G above

Maintenance, Housekeeping, Security

Responsibility:	Maintenance and Housekeeping Staff Spill clean-up in the common areas of the campus
Procedures:	Follow Spill Procedures under 3 – G above

Student Services

Responsibility:	Spill clean-up in the common areas of the campus
Procedures:	Follow Spill Procedures under 3 – G above

D. Hepatitis B Vaccination
Sherman College of Chiropractic has selected Mary Black Hospital Westside Industrial Health Division as our Vaccination and Post Exposure Evaluation Administrator. All employees in the above listed job classifications shall be offered the hepatitis B vaccination series at no cost to the employee in accordance with the requirements of the Standard. Employees who decline the vaccination must sign a copy of the waiver located in Appendix B of this plan. The signed waiver shall be placed in the employee's confidential medical file by the Human Resource Manager/Safety Manager.

E. Post – Exposure Evaluation and Follow up
1. Definition of exposure

Exposure to bloodborne infections is most likely to occur by sharps injuries / accidents or as a result of:

a. Percutaneous
   Any exposure caused by a contaminated sharp instrument such as a needle stick, cut or human bite.

b. Mucous Membrane
   Mucous membrane exposure by splash of blood or body fluid to the eye or mouth.

c. Cutaneous
   Exposure involving large amounts of blood or prolonged skin contact with blood; especially when the exposed skin is chapped, abraded, or affected by eczema or other dermatitis.

2. Immediate Treatment of Exposure
   Any exposure to blood or body fluids must be reported to your supervisor immediately. Initial treatment is based on the mechanism of exposure.

   Methods:
   a. Percutaneous
      1. Allow the wound to bleed freely
      2. Wash the exposed area with soap and water
      3. Apply an antiseptic such as 70% isopropyl alcohol or 3% hydrogen peroxide
      4. Report the incident to your supervisor
      5. Assess tetanus immunization status and have dT vaccine administered if needed
      6. Fill out an exposure report
      7. Obtain counseling

   b. Mucous membrane
      1. Flush the exposed area immediately with copious amounts of water
      2. Rinse mouth with 3% hydrogen peroxide
      3. Report the incident to your supervisor
      4. Assess tetanus immunization status and have dT vaccine administered if needed
      5. Fill out an exposure report
      6. Obtain counseling

   c. Cutaneous
      1. Wash the exposed area thoroughly with soap and running water.
      2. Use 70% isopropyl alcohol or 3% hydrogen peroxide as an antiseptic.

3. Report the incident to your supervisor.
4. Fill out an exposure report.
5. Obtain counseling

3. Post-Exposure Evaluation
    a. Documentation of the routes of entry and circumstances surrounding the exposure incident.
    b. Identification of the source individual if possible.
    c. Request for and serologic testing of source individual if consent is given.
    d. Serologic Testing of the employee if consent is given.
    e. Following the exposure Sherman College of Chiropractic will provide at no cost to the employee, a confidential medical evaluation through Mary Black Westside Industrial Medicine. This examination will include at least serological testing, post-exposure prophylaxis, counseling, and evaluation of reported illnesses.

Within 15 days of completing the post-exposure evaluation, Sherman College of Chiropractic will provide the employee with a copy of the *Health Care Professional's Written Opinion.* Every attempt will be made to identify the source individual and receive consent to test for serological evidence of HIV infection. All testing will be done at the expense of Sherman College of Chiropractic. All information will be kept confidential. All recommendations provided by the Licensed Health Care Provider will be obtained within 15 days in writing and a copy will be provided to the employee. This written opinion shall be in accordance with the requirements of Section (f) (5) of the Standard. 29 C.F.R. 1910.1030 (f) (5). The original shall be placed in the employee's confidential medical file.

F. Hazard Communication
The Human Resource Manager/Safety Manager shall be responsible for the development and implementation of a Hazard Communication and Training Program consistent with the requirements of Section (g) of the Standard. 29 C.F.R. 1910.1030 (g).

The following elements must be included:

1. Labels
Fluorescent orange or red-orange warning labels bearing the universal biohazard symbol and the legend BIOHAZARD must be affixed to all containers of regulated waste, freezers, and refrigerators containing blood or other potentially infectious materials and other containers used to store, transport, or ship blood or other potentially infectious materials.

2. Information and Training
   The Human Resource Manager/Safety Manager shall be responsible for selecting a qualified instructor who shall be responsible for implementing the employee training portions of the Standard. Initial training must take place within 10 days of an employee's initial assignment to a job involving occupational exposure. Refresher courses must be provided at least annually thereafter. The minimum elements to be included in all employee training are listed in the Standard at 29 C.F.R. 1910-1030 (g) (2) (vii) (A)- (N). The Human Resource Manager/Safety Manager shall be responsible for oversight of all employee training.

G. Record Keeping
   The Human Resource Manager/Safety Manager shall be responsible for establishing and maintaining accurate records for each employee with occupational exposure. Two types of records must be maintained: Medical Records and Training Records. Recordkeeping requirements are found in the Standard at 29 C.F.R. 1910-1030 (h) and records must include information listed in the Standard. Medical records must be maintained for the duration of employment plus 30 years, and training records must be maintained for 3 years from the date of training. The Human Resource Manager/Safety Manager shall be responsible for maintaining the confidentiality of employee records as required by the Standard at 29 C.F.R. 1910-1030 (h) (1) (iii). In addition the Human Resource Manager/Safety Manager shall be responsible for making all records available to employees, The Occupational Safety and Health Administration, and individuals to whom the employee gives his/her written consent.

Appendix:

A. Hepatitis B Vaccination Waiver
B. Consent for Serologic Testing

Sherman College of Chiropractic
Hepatitis B Vaccine Declination

As an employee of Sherman College of Chiropractic 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 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.

Signed_____
Department_____
Date_____

Consent for Serological Testing

As an employee of Sherman College of Chiropractic I understand that due to my possible occupational exposure to blood or other potentially infectious materials I need to be to undergo serological testing. I have been given the opportunity to be tested by an independent third party, at no charge to myself. I the undersigned do hereby consent to testing with the understanding that all results will be confidential and in accordance with the practices and procedures defined in the Sherman College of Chiropractic Bloodborne Pathogen Policy on pages 13 through 15. However, if I decline testing at this time I understand that I will be unable to determine if I have been exposed to bloodborne pathogens. If in the future I decide to have tests performed I can receive them at no charge to me.

Accepted
Signed_____
Declined
Signed_____
Department_____
Date_____

AUTHORITY

These policies are established in accordance with the Department of Labor Occupational Safety and Health Administration 29 CFR 1930.1030 Occupational Exposure to Bloodborne Pathogens Standard and South Carolina Infectious Waste Management Act number 134 of 1989; as amended April 4, 2001

This plan is written and implemented to eliminate or minimize employee exposure to Bloodborne Pathogens.

PART 2: BIOHAZAROUS CONTROL / WASTE POLICY

It is the policy of Sherman College of Chiropractic to manage waste in a manner designed to protect patients, employees, students, interns, contractors, visitors and volunteers, as well as the environment. Waste handling is accomplished in a cost effective manner in accordance with all applicable local, state and federal regulations and laws. Waste which cannot be reused or recycled will be disposed of in accordance with this policy.

I. BIOHAZARD WASTE

Biohazard waste (infectious waste) is defined as material of biological origin capable of producing an infectious disease in humans or animals and includes at a minimum blood, body fluids, discarded sharps and inoculated culture media. Biohazard waste is composed of two broad categories to include sharps and nonsharps, and can be further subdivided by type.

Biohazard waste is handled by Laboratory personnel and is disposed through a licensed biohazard waste contractor. Final disposition of biohazardous waste is in accordance with all applicable local, state and federal regulations and applies a process which renders the biohazard waste non-infectious.

Biohazard waste, except for sharps, shall be contained in disposable plastic bags or containers that are tear-resistant, leak-proof, and secured to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. These are located at the front desk of the health center.

A. Biohazard waste will be transported in covered containers designated for biohazardous waste.
B. Bags will meet current tear and impact resistance requirements, will conform to current maximum size and weight restrictions, and will be labeled as biohazardous. The top of the inner bag must be closed by twisting it closed and tying in a single knot. It is preferred that infectious waste be placed directly into rigid reusable containers supplied by the waste contractor at the site of origin.

C. Prior to transport off campus, all biohazardous waste will be placed in an approved leak-proof container such as disposable or reusable pails, reusable sharps containers, cartons, boxes, drums, or portable bins. These containers will be clearly marked and labeled in accordance with DOT and OSHA regulatory requirements. All containers will be closed and completely sealed.

D. Infectious sharps, medical sharps, broken contaminated glass and pipettes contaminated with infectious material must be disposed of in leak-proof, rigid, puncture-resistant and break-resistant containers. Sharps containers must be sealed shut when they are 3/4 full and placed with the biohazard waste for pick up and disposal. Sharps containers should be bagged and sealed as outlined above if they contain liquids in the form of blood, body fluids or medications. Disposable sharps containers 4 gallons or smaller are sealed closed and placed in the biohazard waste tub for disposal. Larger disposable sharps containers which will not fit into biohazard tubs for shipping must be in a shippable container, approved by DOT for shipment of sharps with no other packaging required. Reusable sharps containers regardless of size are sealed closed and then transported by the vendor to a facility which handles emptying and disinfecting the containers as well as decontamination of the sharps for disposal.

E. The use of re-usable sharps containers is acceptable with the written approval of the Laboratory personnel. Containers will be handled and processed in a manner consistent with acceptable regulatory guidelines.

II. INFECTIOUS ASEPSIS

A. Containers of antibacterial hand sanitizer are to be located in each of the adjusting rooms and exam rooms for use by interns, patients and case doctors.

B. IOC (intern on call) must at the end of their shift wipe down the adjusting and exam tables with disinfectant which is located at the front desk. They must make sure all face paper is changed and face paper is replenished. All pillowcases are stripped and washed at the end of shift. All patient gowns are washed after each use.

REVIEWED AND REVISED: April 19, 2011