

West Virginia School of Osteopathic Medicine



Bloodborne Pathogens Guidelines

&

Exposure Control Plan

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INTRODUCTION

The mission of the Occupational Health and Safety Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA promotes worker safety and health in every workplace in the United States. The purpose of OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) is to protect employees who work in occupations where they are at risk of exposure to blood or Other Potentially Infectious Materials (OPIM). This Standard requires employers to develop written documents to explain how they will implement the Standard, provide training to employees, and protect the health and safety of their workers. The Standard was revised in 2001 with new requirements for employers to maintain a Sharps Injury Log and to provide employees with safety needles. Full text and additional information can be found on the OSHA website at www.osha.gov.

As stated previously, the purpose of the BBP Standard is to protect employees who work in occupations where they are at risk of exposure to blood or OPIM. The standard requires the following of any workplace where the employees can be reasonably expected to come into contact with blood or OPIM:

- Provide bloodborne pathogens information and training to workers
- Explain virus epidemiology, transmission, and symptoms
- Establish an Exposure Control Plan (ECP)
- Update such ECP at a minimum of one year intervals or when needed if sooner
- Identify and use engineering controls
- Identify and ensure the use of work practice controls
- Provide personal protective equipment (PPE) as needed
- Offer Hepatitis B vaccinations to all workers with possible occupational exposure
- Provide post-exposure evaluation, treatment, and follow up to employees free of charge
- Use labels and signs to communicate hazards
- Maintain worker medical and training records
- Use Universal Precautions

GENERAL INFORMATION

Bloodborne Pathogen Definition/Transmission

Bloodborne pathogens (BBP) are viruses or infectious agents carried by human blood and body fluids. Any article that is saturated with free flowing blood or contaminated with dried is considered a possible bloodborne pathogen source. They can enter our bodies and cause disease and immune deficiencies,

which can sometimes lead to death. Other body fluids (OPIM) besides blood have demonstrated a viral load sufficient to potentially transmit infection. These fluids are:

- cerebrospinal fluid
- synovial fluid
- pleural fluid
- amniotic fluid
- pericardial fluid
- peritoneal fluid
- semen
- vaginal fluid
- any body fluid contaminated with blood or saliva in dental procedures
- unfixed body tissue or body organs other than intact skin
- blood, organs, and tissue from experimental animals infected with HIV, HBV, HCV, or OPIM

The most well known examples of BBPs are Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). Transmission of BBPs can occur either directly or indirectly. An example of direct transmission would be through a cut or puncture wound, such as a needlestick or cut from broken glass. It can also occur via splashing the contaminated fluid into non-intact skin or into mucous membranes such as eyes, nose, or mouth. Indirect transmission can occur as well by touching a contaminated surface and then transferring the infectious material to your eyes, mouth, or open sore. HBV in particular can survive up to seven days outside of the body in, for instance, a dried blood spot.

Symptoms of Most Common Bloodborne Diseases

Human Immunodeficiency Virus (HIV)

The symptoms of HIV can vary from an asymptomatic state to severe immunodeficiency and associated opportunistic infections, tumors, and other conditions. The initial infection can sometimes start as an acute flu-like illness. As HIV progresses, the symptoms become more severe and can include: recurrent fevers, rapid weight loss, diarrhea, swelling of lymph nodes, night sweats, muscle and joint pain, rash, malaise, sore throat, white spots or blemishes in the mouth, and headaches. Most untreated people infected with HIV develop AIDS. Once AIDS is present, normally mild or rare diseases may turn into potentially fatal conditions.

Hepatitis B Virus

Hepatitis B is much more common than HIV and is present in high concentrations in the blood of infected persons. A person with HBV can spread the virus to others before signs of the illness appear, for an unknown time after signs of the illness appear, and even if signs of the illness never appear. HBV infection develops through two phases, acute and chronic.

Acute HBV infection starts developing directly after a person is infected and can last from a few weeks up to several months. Because the disease has a very long incubation period, from 30 days up to 180 days, the initial symptoms are nonspecific and typically include: malaise, anorexia, vomiting, fever, rash, and polyarthrititis. These initial symptoms normally last from three to ten days and are followed by the development of jaundice and/or dark urine. More than 90% of healthy adults who are infected with the hepatitis B virus will recover and be completely rid of the virus within six months.

Symptoms of chronic hepatitis B can include those typically seen in acute hepatitis B. They tend to be mild to moderate in intensity and typically come and go. Other symptoms can occur, particularly in people who have been dealing with chronic hepatitis B for many years. Additional symptoms include rash, hives (urticaria), arthritis, and burning/tingling in the arms and legs (polyneuropathy). According to the World Health Organization (WHO), about 600,000 people die each year from the consequences of HBV infection.

Hepatitis C Virus (HCV)

The HepC Connection reports that many persons with hepatitis C have no symptoms at all but some will notice mild to severe symptoms such as: "flu-like" symptoms, abdominal discomfort, loss of appetite, nausea, vomiting, fatigue, weight loss, and sometimes yellowing of the skin and eyes (jaundice). Most people who get hepatitis C carry the virus for the rest of their lives. Some people with liver damage due to hepatitis C may develop cirrhosis, liver cancer, or liver failure, which may take many years to develop. Treatment for Hepatitis C has many side effects and HCV infection is the leading cause of liver transplants.

WVSOM BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Procedure

WVSOM is committed to providing a safe and healthy work environment for all of its employees. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030.

PROGRAM ADMINISTRATION

The WVSOM Safety Committee is responsible for implementation of the ECP. The Safety Committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The Research Safety Officer and the Industrial Hygiene Specialist will work in conjunction with the Safety Committee to assist with this task. Employee suggestions for selection of improved safety equipment can be submitted to the Safety Committee members at any time.

Those employees who have been determined to be at risk of occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in this ECP. Each Principal Investigator (PI), laboratory supervisor, or Health Educator will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), labels, and appropriate red or orange bags as required by this standard and the WVSOM Laboratory Biosafety Manual.

The Safety Committee, in conjunction with the Human Resources Department, will be responsible for ensuring that all actions required by the standard are performed and that appropriate employee health and OSHA records are maintained in compliance with current HIPAA regulations.

The Safety Compliance Officer, with assistance from supervisors, will be responsible for ensuring that training is completed and documented, and that the written ECP and WVSOM Bloodborne Pathogen Guidelines are made available to employees, OSHA and NIOSH representatives as needed. Employees covered by the BBP Standard will receive an explanation of these Guidelines and ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this information at any time during their work shifts by contacting their supervisor. Electronic access can be found at

www.wvsom.edu/sites/default/files/u60/WVSOM%20BBP%20Guidelines%20July%2020%202018.pdf

If requested, WVSOM will provide an employee with a written copy of the information free of charge and

within fifteen days of the request. Immediate access is also available at

www.wvsom.edu/sites/default/files/u60/WVSOM%20BBP%20Guidelines%20July%2020%202018.pdf,

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at WVSOM in which some or all of the employees might have occupational exposure to Bloodborne Pathogens (BBP) or Other Potentially Infectious Material (OPIM). Included in the list is a description of the tasks and procedures, or groups of closely related tasks and procedures in which occupational exposure may occur for these individuals. Also included is Personal Protective Equipment (PPE) that may be utilized dependent on the task assigned. Employees must always follow supervisor instructions on appropriate use of PPE.

Job Title	Dept./Location	Task	PPE
Faculty	Clin. Sci./Biomed. Sc./Smith Sci. Bldg./RCBC/Clin. & Transl. Sci. Ctr.	Drawing and handling of human blood, human cell lines, collecting /handling swabs of human specimens/clinical instruction	Lab coat, gloves, eye protection, facemask, shoe covers
Academic Laboratory Instructor Assistant	Biomed. Sci./ Smith Sci. Bldg./ Clin. & Transl. Sci. Ctr.	Working w/blood, human cell lines, collecting /handling swabs of human specimens, preparation of cadavers for Anatomy Instruction	Lab coat, gloves, eye protection, facemask, shoe covers
Research Assistant I, II, III, & Research Lab Coordinator	Biomed. Sci./ Smith Sci. Bldg./ RCBC/Clin. & Transl. Sci. Ctr.	Drawing, handling, processing, testing of human blood; working with human cell lines, collecting /handling swabs of human specimens; biohazard waste onsite treatment	Lab coat, gloves, eye protection, facemask
Supervisor Laboratory Animal Resources	Biomed. Sci./ Smith Sci. Bldg.	Biohazardous waste onsite treatment; exposure to OPIM	Lab coat, gloves, eye protection, shoe covers
Health Educator	Clinical Education Center(CEC)	PPD testing	Lab coat, jackets, gloves, facemask, shoe covers
Student Worker	Biomed. Sci./ Smith Sci. Bldg./ Clin. & Transl. Sci. Ctr.	Drawing, handling, processing, testing of human blood, human cell lines, collecting /handling swabs of human specimens	Lab coat, gloves, eye protection, facemask, shoe covers
Custodial Staff/	Campus Facilities/ Smith Sci.	Cleaning or handling of OPIM	Gloves, facemask

Campus Service Worker	Bldg./CEC/Clin. & Transl. Sci. Ctr.		
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Each laboratory or work site will have a supply of PPE necessary for the safe performance of job duties, and is responsible for ensuring that access and supplies are readily available to all employees on a daily basis.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize Universal Precautions which is the practice of treating all human blood and OPIM as if it were known to be infectious for BBP.

Engineering Controls

The specific engineering controls and work practice controls used are listed below:

- Handwashing facilities for immediate use after removing gloves or contact with blood or OPIM
- Easy access to biohazardous sharps containers
- Aerosol caps for centrifuge rotors provided; caps must be removed/opened in a Class II BSC after centrifugation
- Eyewash/Safety showers are provided in laboratory areas
- Eating, drinking, and handling of contact lenses is prohibited in work areas with risk of occupational exposure to BBP
- Use of safety needles and appropriate needleless devices at CEC for medical student instruction
- Use of disposable scalpels in Anatomy Instruction/Embalming area

Eyewash/Safety Showers – Smith Science Building

First Floor:

- Eyewash – Rms. J101, J105, and J109/J110 each sink (Gross Anatomy Lab)
- Shower – Rm. J102
- Eyewash/Safety Shower Combo – Rm. J120 (Embalming Room)

Second Floor:

- Eyewash & Safety Shower – Hallway adjacent to stairwell door
- Eyewash – Rm. J209, J211, and J208
- Eyewash/Drench Hose – Rm. J231A – Animal Facility

Eyewash/Safety Showers – Main Building/B Section

Eyewash – Hallway adjacent to Rm. B169

Eyewash – Rm. B306 (back pillar in room; by Exit door)

Eyewash – Rm. B307 on sink

Eyewash/Safety Showers-Maintenance Building

Eyewash/Drench Hose – Rm. U104

Eyewash/Safety Showers - Robert C, Byrd Clinic

Eyewash – PEDS, A-Pod, N-Pod, P-Pod, OMM (Procedure Rooms)

Eyewash/Safety Showers - Student Center

Eyewash – Rm. SC128

Sharps

Contaminated sharps must be collected, stored, and disposed of in containers specifically designed for use with biohazardous or medical sharps. These containers are closable, leak-proof, puncture resistant, and appropriately labeled or color-coded. The containers must be easily accessible, with the opening visible, and placed as close as possible to the point of generation of the sharps waste. **Bending, recapping, or removing of needles from syringes is prohibited.** The entire needle and syringe unit must be placed in the sharps container after use.

Smith Science Building

Broken glassware that may be contaminated may only be picked up using mechanical means, such as a brush and dustpan, and placed in the appropriate sharp biohazard container. The procedure for handling other regulated waste is detailed in the WVSOM Laboratory Biosafety Manual.

When sharps containers are $\frac{3}{4}$ full the lid is to be closed – **DO NOT OVERFILL.**

When full, contact Millie Mattox (mmattox@osteo.wvsom.edu; 979-777-1046 (cell)) for secure transport to the biohazard storage room (J114B Smith Sci. Bldg.) for packaging before pickup by Stericycle.

Clinical Evaluation Center (CEC)

Each work/training area will have readily accessible Sharps Containers.

When containers are $\frac{3}{4}$ full the lid is to be closed – **DO NOT OVERFILL.**

When full, contact Millie Mattox (mmattox@osteo.wvsom.edu; 979-777-1046 (cell)) or Jeff Dowdy (Institutional Services) to arrange transportation to the Science Building for storage before pickup by Stericycle.

Clinical & Translational Science Center (CTSC)

Each room/work area will have a readily accessible Sharps Container.

When containers are $\frac{3}{4}$ full the lid is to be closed – **DO NOT OVERFILL.**

When full, contact Millie Mattox (mmattox@osteo.wvsom.edu; 979-777-1046 (cell)) or Jeff Dowdy (Institutional Services) to arrange transportation to the Science Building for storage before pickup by Stericycle.

Personal Protective Equipment

Personal protective equipment (PPE) is provided free of cost to our employees. Training in the use of the appropriate PPE is provided by each PI, trained Research Assistant, or Health Educator. The types of PPE available to employees are as follows: gloves (both latex and latex-free), face masks, respirators (when appropriately fit-tested), face shields, safety glasses, lab coats, jackets, and shoe covers. The PPE should be located in each work area where protection is needed and will be maintained in clean, working order at all times. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as possible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Dispose of used PPE in the appropriate biohazard containers
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised

- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Never wash or decontaminate disposable gloves for reuse
- Wear appropriate face, eye, and mouth protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with outer surface.

Housekeeping

Housekeeping/custodial staff are not to handle any waste other than that in regular, nonhazardous trash bins. One exception to this rule is the custodial worker assigned part-time as an animal care worker. This individual will assist with the disinfection and disposal of biohazardous waste in the Smith Science Building after completing specialized onsite training in the process. In general, laboratory personnel are responsible for the handling and movement of regulated medical waste/biohazardous waste at WVSOM. As a standard precaution, other custodial staff should watch for sharp objects, broken glassware, and used syringes when emptying trash. Use PPE as needed.

Laundry

Smith Science Building

The Smith Science Building has a washer/dryer unit located in J112 to perform the necessary in-house laundry of non-contaminated articles of clothing from departmental personnel.

Anatomy Lab:

Laboratory personnel should don scrubs or lab coats provided by the Department of Biomedical Sciences if they are aware of a significant potential for clothing contamination before engaging in a known hazardous task. Soiled laundry is removed and placed in a bin in the Anatomy lab bathroom. Unless contaminated with biohazardous substances, it is collected, laundered, and returned for use by Biomedical Department staff. If biohazardous contamination is suspected, the soiled laundry is placed inside an orange autoclave bag and disinfected by means of treatment with 10% hypochlorite solution or sterilization by autoclaving before laundering. Millie Mattox should be contacted at 979-777-1046 when disinfection or sterilization of laundry is required.

Biomedical Science Labs:

Regular soiled laboratory coats/scrubs can be placed in the laundry cart in J112 for cleaning and return. Lab coats/scrubs that have been worn in [BSL1](#) or [BSL2](#) laboratories must first be placed inside orange bags and undergo disinfection/sterilization before they can be placed in the laundry bin in J112 for cleaning and return. Each BSL1 or BSL2 lab must have a lidded laundry bin lined with an orange autoclave bag for collection of soiled lab coats/scrubs. When full, contact Millie Mattox (979-777-1046) to arrange for disinfection or sterilization before laundry is cleaned.

Clinical Evaluation Center (CEC)

Patient gowns, robes, and scrubs are provided at the CEC for standardized patients. In addition, the CEC provides jackets for the Health Educator nursing staff. All of these articles of clothing are cleaned and disinfected in onsite laundry facilities. If contaminated with biohazardous substances the laundry should be placed in an orange autoclave bag and transported in a lidded plastic bin to the Smith Science Building before cleaning. Millie Mattox (979-777-1046) should be contacted for assistance.

Clinical & Translational Science Center (CTSC)

Soiled laundry will be collected and transported to the Smith Science Building for cleaning and return. If contaminated with biohazardous substances the laundry should be placed in an orange autoclave bag and transported in a lidded plastic bin to the Smith Science Building and disinfected by means of treatment with 10% hypochlorite solution or sterilization by autoclaving before cleaning. Millie Mattox (979-777-1046) should be contacted for assistance.

Hazard Labels/Identification

Each PI and/or laboratory supervisor is responsible for ensuring that warning labels (universal orange biohazard stickers) are affixed and orange bags are used as required to properly identify a container for the collection of regulated waste or contaminated/biohazardous waste. Employees are to notify the Research Safety Officer or a member of the Safety Committee if they discover regulated/biohazardous containers, refrigerators, or any receptacle containing blood or OPIM without proper labels.



Biohazardous Waste Handling

Each laboratory generating biohazardous waste or OPIM must have readily accessible leak-proof containers lined with orange biohazard bags. (Red bags are only used to line boxes for filled sharp containers for shipment to Stericycle.) Containers will be labeled with a Biohazard warning sticker. When containers are $\frac{3}{4}$ full, the bag should be removed using Universal Precautions, closed with a twisty-tie, and transported inside a leak-proof tub to room J215 of the Smith Science building. The Biohazard bag is to be placed inside the large red portable biohazard transport container in this room. When the transport container is full, trained personnel will take the closed container to the autoclave room (J231C Smith Science bldg.) for disinfection and processing for final disposal in the regular waste stream as detailed in the [WVSOM Infectious Medical Waste Management Plan](#).

Hepatitis B Vaccination

The most effective approach to managing biohazards is prevention. WVSOM has contracted with the West Virginia University Board of Governors on behalf of West Virginia University and its School of Medicine, West Virginia University Medical Corporation d/b/a University Health Associates, and West Virginia University Hospitals, Inc., to provide preventative and occupational medicine services for those WVSOM positions which have been determined to require medical monitoring. Employees in positions that have been identified as being at risk for exposure to human pathogens will complete a health and job information questionnaire and may be requested to undergo a pre-placement medical evaluation as determined by the occupational medical staff at WVU. Before working in the laboratory/clinic, the employee will be informed of potential hazards in the work area and steps that should be taken in the event of an accidental exposure. Following required training in BBPs, a commercial vaccine for Hepatitis B will be offered to employees at no cost to provide protection against this virus. Each employee's immunization history will be reviewed by an occupational medicine physician at WVU to ensure completeness and currency at the time of employment. Whenever the individual is assigned job responsibilities with a new biohazard, the immunization records should be reviewed by the occupational medicine providers at WVU. Contact the Office of Human Resources (304-647-6264) for more information regarding required paperwork and the occupational medicine program at WVSOM.

If an employee declines vaccination, the employee must sign a declination form. Employees who decline may request and obtain vaccination at a later date at no cost. Documentation of refusal of the vaccine is kept at the WVSOM Office of Human Resources.

Accidental Exposure Incident Protocol

If a MAJOR accident, injury, or spill occurs involving a BBP or OPIM, first leave the immediate area until any aerosols present settle. Do not delay treatment for any reason. If possible, immediately wash or flush the exposed area with soap and/or water. Next call 9-911 (on-campus phone) or 911 (from a cell phone) for outside assistance. The hospital of choice for WVSOM employees is Greenbrier Valley Medical Center, 202 Maplewood Avenue, Ronceverte, WV. For less severe injuries go to MedExpress, 1318 Jefferson Street North, Suite A, Lewisburg, WV 24901.

Your immediate supervisor should be notified ASAP after the accident or spill, regardless of severity. Supervisors are to contact the Office of Human Resources (304-647-6264) as soon as possible within the maximum time limit of 24 hours after the incident. In addition, the supervisor must complete both the WVSOM Incident Report Form as well as the WVSOM Bloodborne Pathogens Incident Report Form and submit them to Human Resources within 24 hours of the incident. Human Resources will notify the Campus Security Coordinator. The WVSOM Incident Reports can be found online at:

[WVSOM Incident Report](#)

[WVSOM BBP Report](#)

Spill Cleanup Procedure

For minor spills/accidents in the Smith Science Building, a small Bloodborne Pathogens First Aid Kit is available in room J215 by the centrifuge. In addition, there is a small Bloodborne Pathogens First Aid/Spill Kit in room J120 (Embalming Area). In case of a minor spill that can be safely cleaned up by laboratory or other personnel, the first task is to put on protective gloves, lab coat, safety glasses, shoe covers, and any other apparel needed for protection. The Spill Kit includes: disposable gown with full sleeves, disposable shoe covers, disposable bonnet, eye shield with ear loop mask, and vinyl gloves. The Cardiopulmonary Resuscitation (CPR) pack within the Spill Kit includes a CPR one-way valve faceshield, 2 exam gloves, and 3 antiseptic towelettes. Cover the entire spill with the absorbent granules (Sodium Dichloro Isocyanurate) from the packet. This compound instantly binds vomit, urine, feces, blood, and other bodily fluids. After a semi-solid forms, use the scraper enclosed to scoop the material and either:

- A. Dispose of material into a red sharps container if it contains broken glass or needles
- B. Dispose of material into an orange biohazard container for onsite disinfection and disposal

The enclosed absorbent towels can be used to contain any remaining fluid from the spill. Make sure to dispose of the towels in an orange biohazard bag for proper disposal. Thoroughly wipe down the contaminated area with a germicidal cloth OR a solution of 10% household bleach and water.

Post-Exposure Evaluation and Follow-Up

Needlestick/Sharps Incident

The Bloodborne Pathogens Standard, 29 CFR 1910.1030, requires that post-exposure follow-up be provided to employees who incur a bloodborne pathogens exposure incident, such as a needlestick or sharps injury. First the employee should receive first aid at one of the locations mentioned above (MedExpress or GVMC) and be evaluated by a Healthcare Provider (HCP) that is familiar with CDC recommendations for needlestick/sharps injuries. The requirements as provided by the West Virginia Department of Health and Human Resources, Office of Epidemiology & Prevention Services can be found by clicking on this link: [Office of Epidemiology & Prevention Services: Post Exposure Prophylaxis \(PEP\)](#) In addition, CDC recommendations for post exposure prophylaxis (PEP) can be found by clicking [here](#).

As anti-retroviral medications can significantly lower an exposed person's seroconversion rate, it is important that the employee decide within two hours of exposure to HIV-positive blood whether or not to receive anti-retroviral medication prophylactically. If identified (or applicable), the source individual will be encouraged to give consent to obtain blood samples for testing to include Hep B-Sag, HIV-Ab, Hep C-Ab, and rapid plasma regain (RPR). The West Virginia Emergency Rule 64 states that if the source individual refuses consent for a blood draw, and a sample of their blood is already available in a lab, it may be used without their consent. In the case of research samples, information regarding the status of the source material with respect to bloodborne pathogens must be provided to the attending HCP.

Documentation of the circumstances surrounding an exposure incident will follow all parenteral, mucous membrane, or non-intact skin exposures. This process will help determine if appropriate training and control measures were in place. The circumstances of all exposure incidents should be reviewed to determine the following:

- Engineering controls in use at the time
- Work practices being followed
- Description, type and brand of device used (if applicable)
- Protective equipment being used at the time

- Location of incident
- Procedure being performed
- Employee's training prior to the incident

Needlestick/Sharps Injury Checklist

The following checklist will aid in ensuring appropriate actions are taken following a needlestick or sharps injury:

- Prior to any incident, employees will be made aware of the HCP to be utilized for post-exposure treatment and follow-up
- Post-exposure evaluation and treatment must be administered immediately using the Centers for Disease Control and Prevention (CDC) Guidelines available on the [WV DHHR Website](#)
- Consult in private with the source individual regarding the incident and referral for testing (if applicable)
- Have source sign a consent/declination form for testing blood and file this document with Human Resources (if applicable)
- Have supervisor and/or employee complete exposure incident report; file with the WVSOM HR
- Refer the employee to the HCP and have the employee take the following to the appointment:
 - Copy of WVSOM's Bloodborne Pathogens Standard
 - Applicable employee medical records, including HBV vaccine status
 - Copy of Incident report
 - Source's blood test results and disease status, if known, OR, in the case of research samples, information known regarding the status of the source material with respect to potential bloodborne pathogens
- Document on the OSHA 300 form and the WVSOM Sharps Injury Log
- Receive the HCP's written opinion within 15 days, notify employee and file in employee's medical record file
- Hold retraining with all employees who perform the same task in which the incident occurred
- Evaluate any safety devices used at the time of injury
- Make any necessary changes to the facility Exposure Control Plan

Bloodborne Pathogen Training

All WVSOM employees who are at risk of exposure to blood or OPIM must complete yearly OSHA training and education regarding needlestick/sharps procedures and prevention of bloodborne pathogens. Initial training, as well as yearly refresher training will be conducted online through the use of the Collaborative Institutional Training Initiative (CITI) at the Biomedical Research Alliance of New York (BRANY). WVSOM site-specific information has been inserted into the CITI module which satisfies the OSHA training requirement for Standard 29 CFR 1910.1030. Employees will create an account and notifications will be sent via email when refresher training is required.

Recordkeeping

Training Records

Completion reports for covered employees are available on the CITI server and include the following information:

- The dates of the online CITI Bloodborne Pathogen Training modules
- The contents of the training modules
- Scores achieved on CITI module specific quizzes
- Name of participant
- Date of expiration of training certificate

Summary reports will be downloaded and maintained by the relevant supervisor or manager for at least three years and made available to the Safety Compliance Officer upon request. When needed, employees can access their own training records through their personal CITI account.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." These confidential records are kept in the WVSOM Human Resources office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Elayne Brown, the Office of Human Resources (304-647-6264), ebrown@osteo.wvsom.edu.

OSHA Records/Sharps Injury Log

An exposure incident or injury is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are completed by the Office of Human Resources, (304-647-6264), ebrown@osteo.wvsom.edu.

In addition to the (29 CFR 1904) Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of injury
- Type and brand of the device involved (ex.: syringe, suture needle, etc.)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

Appendix A

Summary Information for Accidental Exposure

Website of ECP: <https://www.wvsom.edu/about/safety>

WVSOM Contact: Elayne Brown, Office of Human Resources

Phone Number: 304-647-~~6264~~

Email: ebrown@osteo.wvsom.edu

Health Care Facility: Med Express
1318 Jefferson Street North, Suite A
Lewisburg, WV 24901

Phone: 304-645-2164

Hours: 9AM-9PM Daily
(9AM-5PM Christmas Eve, Closed Thanksgiving & Christmas Day)

After Hours: call 911 or go to ER:

Greenbrier Valley Medical Center
202 Maplewood Avenue
Ronceverte, WV 24970

Phone: 304- 647-4411

Appendix B

Human Resource/Safety Forms & Manuals

Forms:

Hepatitis B Declination - in HR office

Incident Report [Form](#)

BBP Incident [Report](#)

Manuals:

WVSOM Bloodborne Pathogens Guidelines & Exposure Control Plan

WVSOM Biological Safety Manual

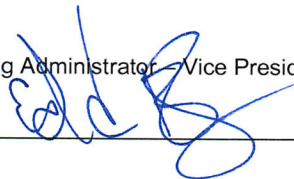
[WVSOM Infectious Medical Waste Management Plan](#)

Procedure Title: Bloodborne Pathogens Guidelines and Exposure Control Plan

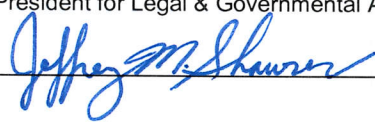
Effective Date: July 20, 2018 Time: 4:30 p.m.

APPROVED BY:

Approving Administrator - Vice President for Administration and External Relations:


Date: 19 July 2018

Vice President for Legal & Governmental Affairs and General Counsel:


Date: 07-19-18