

DUQUESNE UNIVERSITY

EXPOSURE CONTROL PLAN (ECP) FOR BLOODBORNE PATHOGENS

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Purpose

This document serves as the written procedures for the Bloodborne Pathogens Exposure Control Plan (ECP) for Duquesne University. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work. This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure of employees to blood or other potentially infectious materials.
- Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.

Administrative Duties

The Director, Environmental, Health and Safety (EH&S) is responsible for developing and maintaining the

program. Employees may review the plan by obtaining a copy from their supervisor, the Facilities Management office or the EH&S office. In addition, the Director, EH&S is responsible for maintaining any records related to the Exposure Control Plan.

If after reading this program, improvements can be made, please contact the Director, EH&S, Manager, EH&S or the EH&S Coordinator, Mellon Hall. Duquesne University encourages all suggestions and is committed to the success of our written ECP. Duquesne University strives for clear understanding, safe behavior, and involvement from every level of the University.

Responsibility

EH&S Department:

- Administer the University's Exposure Control Plan.
- Ensure all affected employees receive training on an annual basis.
- Update all job listings to include personnel who have the potential to be exposed.
- Provide appropriate personal protective equipment for employees.
- Provide advice and assistance to Deans, Directors, Department Heads, and Supervisors who have affected employees.

Deans, Directors, and Department Heads:

- Develop a written program for affected employees supplementing the University's Exposure Control Plan.
- Report all exposures on the Supervisors Accident Investigation Report (available from Risk Management).
- Ensure the Hepatitis B immunization is offered to all eligible employees. If they decline, maintain a copy of the declination form (Appendix A) in the employee's medical files in Health Service. Assistance in scheduling the immunization can be obtained by calling the Manager, EH&S, the EH&S Coordinator, Mellon Hall or Health Services. Each department is responsible for paying for the immunization.
- Provide required training to affected employees on an annual basis. This can be accomplished through Health Services, the Manager, EH&S and/or the EH&S Coordinator.
- Maintain training records for affected employees. Provide the Manager, EH&S and/or the EH&S Coordinator with a listing of said employees.
- Provide personal protective equipment as needed.
- Provide laundry service for any employee's contaminated clothing at no cost to the employee. The employee's department will cover the cost of laundry services.

Health Services Director:

- Maintain all medical records of exposure incidents, immunizations, declinations and the sharps injury log.
- Coordinate all medical care required after an exposure.
- Provide assistance in scheduling Hepatitis B immunizations for affected employees.

Exposure Determination

The University has determined which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

Job Classes: Function-Specific Risk of Exposure

In addition, we have identified job classifications in which some employees may have occupational exposure. Not all employees in these categories are expected to have exposure to blood or OPIM. Therefore, tasks or procedures that would cause occupational exposure are also listed to further specify which employees have occupational exposure. The job classifications and associated tasks for these categories are as follows:

- University Public Safety: Security and Police Officers – First Aid and Arresting Activities
- Health Services - Medical Care

- Facilities Management:
Housekeepers - Custodian Duties
Plumbers – Regular and Preventative Maintenance
Service One - Custodian Duties
AJ Palumbo Center - Event Workers and Custodian Duties
- Athletic Trainers - First Aid and Medical Care
- School of Nursing - Instruction of Medical Care
- School of Health Sciences - Handling of potentially infectious materials
- Environmental Health & Safety - Handling of potentially infectious materials
- School of Pharmacy - Handling of potentially infectious materials
- Animal Care – Handling of potentially infectious materials
- Bayer School of Natural & Environmental Sciences – Handling of potentially infectious material

Compliance Strategies

This plan includes a schedule and method of implementation for the various requirements of the standard. Universal precaution techniques developed by the Centers for Disease Control and Prevention (CDC) will be observed at this facility to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment. At this facility the following engineering controls are used:

- Placing sharp items (e.g., needles, scalpels, etc.) in puncture-resistant, leakproof, labeled containers.
- Performing procedures so that splashing, spraying, splattering, and producing drops of blood or OPIM is minimized.
- Removing soiled PPE as soon as possible.
- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM.
- Thorough hand washing with soap and water immediately after providing care or provision of antiseptic towelettes or hand cleanser where handwashing facilities are not available.
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses, and so on in work areas where exposure to infectious materials may occur.
- Use of leak-proof, labeled containers for contaminated disposable waste or laundry.
- All potentially infectious material and contaminated PPE will be properly disposed at Health Services and/or the Hazardous Materials Manager Office, Basement Mellon Hall.

The above controls are examined and maintained on a regular schedule.

Hand Washing Facilities

Hand washing facilities are available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to bloodborne pathogens could occur. At this facility handwashing facilities are located:

- Within every building at the University.

When circumstances require handwashing and facilities are not available, either an antiseptic cleanser and paper towels or antiseptic towelettes are provided. Employees must then wash their hands with soap and water as soon as possible. Employees can find these handwashing supplies:

- Within spill cleanup kits located throughout the University.

Supervisors make sure that employees wash their hands and any other contaminated skin after immediately removing personal protective gloves, or as soon as feasible with soap and water.

Supervisors also ensure that if employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

Sharps

Employees may not bend, recap, remove, shear, or purposely break contaminated needles and other sharps. If a procedure requires that the contaminated needle be recapped or removed and no alternative is feasible, then that employee must recap or remove the needle by using a mechanical device or a one-hand technique.

Handling Contaminated Needles and Other Sharps

The procedure for handling contaminated sharps is:

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leakproof on sides and bottom, and labeled or color-coded.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., Health Services).
- The containers are kept upright throughout use and replaced routinely and not allowed to be overfilled.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.
- Reusable containers shall not be used.
- Once sharp containers are filled, supervisors should contact Health Services to arrange for infectious waste disposal.
- Deans and/or Department Heads are to provide appropriate sharps containers to their respective departments.

Containers for REUSABLE Sharps

Duquesne University does not utilize reusable sharp containers.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

Mouth pipetting/suctioning of blood or OPIM is prohibited. All procedures involving blood or other potentially infectious materials will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

Specimens

Specimens of blood or OPIM will be placed in containers which prevent leakage during their collection, handling, processing, storage, and transport. Any specimen containers which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a

secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Contaminated Equipment

Duquesne University requires that equipment which has become contaminated with blood or OPIM must be decontaminated before servicing or shipping as necessary unless the decontamination of the equipment is not feasible. Our procedures for equipment decontamination are as follows:

- All equipment used to cleanup blood or OPIM will be decontaminated prior to reuse or storage. This includes all equipment within spill cleanup kits and other such equipment (e.g. mops, brooms, scrub brushes, etc.). Disinfectant and germicidal sprays within spill cleanup kits are to be used for decontaminating equipment. A small amount of liquid bleach may also be used. All equipment not decontaminated will be considered contaminated and will be properly disposed of according to this plan.

Personal Protective Equipment

All personal protective equipment (PPE) used at this facility is provided without cost to employees. PPE is chosen based on the anticipated exposure to blood or OPIM. The protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Duquesne University makes sure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees by:

- All necessary PPE is located within spill cleanup kits or can be obtained through immediate supervisors and/or the Manager, EH&S or EH&S Coordinator, Mellon Hall.

The University purchases (when consumable), cleans, launders, and/or disposes of personal protective equipment as needed.

All repairs and replacements are made by Duquesne University.

Employees must remove all garments which are penetrated by blood immediately or as soon as possible. They must remove all PPE before leaving the work area. When PPE is removed, employees place it in a designated container for disposal, storage, washing, or decontamination.

Gloves

Employees must wear gloves when they anticipate hand contact with blood, OPIM, non-intact skin, and mucous membranes, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

All potentially contaminated disposable gloves are to be placed in red, bio-hazardous waste bags for proper disposal.

Eye and Face Shields

Employees must wear masks in combination with eye protective devices, such as goggles or glasses with solid side shield, or chin length face shields, whenever splashes, splatter, or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose, or mouth.

Housekeeping

This facility is cleaned and decontaminated according to the schedule set by the Building Services Supervisor.

All equipment and surfaces are cleaned and decontaminated with appropriate disinfectant after contact with blood or OPIM.

Contaminated surfaces are cleaned and decontaminated immediately following or as soon as possible after the spill has been picked up and/or removed.

All protective coverings (e.g. plastic wrap, aluminum foil, imperviously backed absorbent paper) is removed and replaced as soon as possible when they are contaminated.

All reusable bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis or as soon as possible upon visible contamination.

Additional housekeeping requirements to prevent the spread of bloodborne pathogens include:

- Any broken glassware which may be contaminated will not be picked up directly with the hands.
- Reusable sharps that are contaminated with blood or OPIM are not stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Handling Regulated Wastes

When handling regulated wastes, other than contaminated needles and sharps, we make sure it is:

- Placed in containers which are closeable, constructed to contain all contents, and prevent fluid leaks during handling, storage, transportation, or shipping.
- Labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: Disposal of all regulated waste is in accordance with applicable Federal, State and Local regulations.

Handling Contaminated Laundry

Laundry contaminated with blood or OPIM is handled as little as possible. Such laundry is placed in appropriately marked (biohazard labeled, or color-coded red bag) bags at the location where it was used. Such laundry is not sorted or rinsed in the area of use and should not be sorted or reused in patient care areas.

Rather than rigid procedures and specifications, good hygiene and common sense storage and processing of contaminated linens are recommended. Soiled linen should be handled as little as possible and with minimum agitation to prevent contamination of the air and persons handling linens.

Contaminated linens should be washed with detergent for at least 25 minutes using hot (160⁰F) water.

Information and Training

Duquesne University ensures that bloodborne pathogen trainers are knowledgeable in the required subject matter. We make sure that employees covered by the bloodborne pathogens standard are trained at the time of initial assignment to tasks where occupational exposure may occur, and every year thereafter.

Training is tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- The standard and its contents.

- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- Duquesne University Bloodborne Pathogen ECP, and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- The types, use, location, removal, handling, decontamination, and disposal of PPE.
- The basis of selection of PPE.
- The Hepatitis B immunization, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- The evaluation and follow-up required after an employee exposure incident.
- The signs, labels, and color coding systems.

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered.

Recordkeeping

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV immunization status, including the dates of immunization.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

Transfer of Records

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

Sharps Injury Log

Risk Management and Health Services must be informed of any injuries involving contaminated sharps. Health Services will 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.

The Risk Manager must be notified so the injury can be recorded on the annual log of occupational injuries and illnesses (OSHA 300 log).

The sharps injury log must be maintained for 5 years following the end of the year to which they relate.

Evaluation and Review

This program and its effectiveness is reviewed every year and updated as needed. The Director, EH&S will implement all provisions required by this standard.

Hepatitis B Immunization Program

Duquesne University offers the Hepatitis B immunization series to all employees who have occupational exposure to bloodborne pathogens, and post exposure follow-up to employees who have had an exposure incident.

All medical evaluations and procedures including the Hepatitis B immunization series and post exposure follow up 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. The University's Health Service will administer the Hepatitis B immunization series.
- Provided according to the recommendations of the U.S. Public Health Service.
- The department in which the employee works will pay for the cost for the Hepatitis B immunization.

An accredited laboratory at no cost to the employee conducts all laboratory tests. Hepatitis B immunization is made available:

- After employees have been trained in occupational exposures (see Information and Training).
- Within 10 working days of initial assignment.
- To all employees who have occupational exposure unless a given employee has previously received the complete Hepatitis B immunization series, antibody testing has revealed that the employee is immune, or the immunization is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving the Hepatitis B immunization series. If the employee initially declines the Hepatitis B immunization series but at a later date, while still covered under the standard, decides to accept the immunization, the immunization will be made available. All employees who decline the Hepatitis B immunization series offered must sign the OSHA-required waiver indicating their refusal.

If a routine booster dose of Hepatitis B immunization is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

Post-Exposure Evaluation and Follow-Up

All exposure incidents are reported, investigated, and documented. When the employee is exposed to blood or

OPIM, the incident is reported to immediate supervisors, EH&S and Health Services. When an employee is exposed, he or she will receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure-occurred.
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Risk Manager establishes 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, will be tested and the results documented.
- 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.
- Results of the source individual's testing are made available to the exposed employee, and the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- The exposed employee's blood is collected as soon as possible and tested after consent is obtained;
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up according to the OSHA standard.

The healthcare professional responsible for the employee's Hepatitis B immunization is provided with the following:

- A copy of 29 CFR 1910.1030.
- A written description of the exposed employee's duties as they relate to the exposure incident.
- Written documentation of the route of exposure and circumstances under which exposure occurred.
- Results of the source individuals blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including immunization status.

Duquesne University obtains and provides 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 the HBV immunization must be limited to whether the HBV immunization is indicated for an employee, and if the employee has received such immunization.

The healthcare professional's written opinion for post-exposure follow-up is limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

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

Labels and Signs

Biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store, transport or ship blood or OPIM. The universal biohazard symbol is used. The label is fluorescent orange or orange-red. Red bags or containers may be substituted for labels. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

Definitions

For purposes of this procedure, the following shall apply:

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

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures is performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means 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.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Immunization and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless Systems means a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following 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 that is visibly contaminated with blood, and all body fluids in situations

where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or 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.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with Engineered Sharps Injury Protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

This program will be reviewed at least annually and updated when deemed necessary.



Appendix A
Hepatitis B Immunization Form

Duquesne University

ACCEPT:

I will be vaccinated and included in the Hepatitis B Immunization Program at Duquesne University. I understand there will be no cost to me for this immunization.

Name: _____

Signature: _____

Social Security #: _____

Job Title: _____

Date: _____

DECLINE:

I understand that due to my occupational exposure to blood or other potentially infectious materials at Duquesne University, I may be at risk of acquiring the Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with the Hepatitis B immunization at no charge to myself however I decline the Hepatitis B immunization at this time. I understand that by declining this immunization I continue to be at risk of acquiring the Hepatitis B virus. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with the Hepatitis B immunization, I can receive the immunization at no charge to me.

Name: _____

Signature: _____

Social Security #: _____

Witness: _____

Date: _____