

**Table of Contents for SUNY Geneseo
Exposure Control Plan for Bloodborne Pathogens**

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I. PURPOSE

The State University of New York College at Geneseo acknowledges the potential illnesses that employees may experience due to exposure to contaminated blood, body fluids, and other potentially infectious materials while performing their assigned tasks. As a result, the College has formulated and implemented this Exposure Control Plan (ECP) to protect employees from exposure to infectious agents while on the job. This document was prepared in accordance with the United States Department of Labor, Occupational Safety and Health Administration Bloodborne Pathogens Standard, 29 CFR 1910.1030, and the Center for Disease Control and Prevention (CDC) Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care.

II. DEFINITIONS

Standard Precautions- are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect the healthcare provider (HCP) and prevent the HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. (CDC)

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, HCV and other Bloodborne pathogens. (OSHA)

III. PERSONNEL AFFECTED

While any employee could stumble upon another person's blood or other potentially infectious material at any time, this plan specifically addresses the functions or job duties of employees who have the potential for exposure to Bloodborne pathogens as a normal part of their job.

Exposure Determination

An exposure determination for Bloodborne Pathogens was performed to identify job titles where employees may be exposed to blood, body fluids, or other infectious materials without regard to the use of any personal protective equipment or frequency of exposure. These are:

CATEGORY I - Tasks that involve exposure to blood, body fluids, or other infectious materials;

Job Classification	Tasks
All Non-Clerical Health Services Employees: College Physicians College Physician Assistants Nurse Practitioners Nurse Manager, Nurse 1, and 2 Health Services Cleaner and Substitutes	Patient contact
Custodial Personnel: Janitors and Cleaners	Cleanup of blood and bodily fluids

Supervising and Head Janitors	
All Non-Clerical University Police Personnel: University Police Officers University Police Supervising Officers Campus University Police Investigator	Altercation with suspects and potential exposure through incidental exposure
Geneseo First Response Personnel: EMT-Bs Attendants	Patient contact
All Non-Clerical Intercollegiate Athletic and Recreation Personnel: Director of Athletics Athletic Trainer and Assistants All Athletic Team Coaches and Assistant Coaches Athletic Department Training Room Cleaner and Substitute	Treatment of wounds and cleanup of blood and bodily fluids

Campus volunteer CPR personnel would also be considered Category I, however, due to their volunteer status, they are not covered by this program.

CATEGORY II - Job titles that do not typically involve exposure to blood, body fluids, or other infectious materials but may require unplanned Category I tasks are considered Category II.

Job Classification	Tasks
Specific Biology Dept. Personnel	Activities involving blood and/or tissue sampling
Zone Maintenance personnel	Repair and maintenance of the college sanitary sewer system, associated piping and fixtures. emergency response to releases of blood or other body fluids from illness or injuries
Plumbers/Steamfitters	Repair and maintenance of the college sanitary sewer system, associated piping and fixtures. emergency response to releases of blood or other body fluids from illness or injuries
Asst. Stationary Engineers	Repair and maintenance of the college sanitary sewer system, associated piping and fixtures. emergency response to releases of blood or other body fluids from illness or injuries
Fitness Center Personnel	Caring for open wounds which may occur in the Workout Centers located in the Merritt Athletic Center or Schrader

CATEGORY III - All other job titles, where exposure to blood, body fluids, or other infectious materials are not required for employment, are considered Category III.

IV. RESPONSIBILITIES

A. Employees

It is the responsibility of every SUNY Geneseo employee covered by this program to follow the procedures and training set forth to protect themselves and others from Bloodborne Pathogens.

They should also notify their supervisor if procedures or personal protective equipment are insufficient to eliminate or reduce exposure.

B. Supervisors/Directors

The Director of Student Health and Counseling, Chief of University Police, Director of Intercollegiate Athletics and Recreation, Associate Director of Facilities and Director of Environmental Health and Safety have the responsibility of ensuring that the Hepatitis B Vaccine is offered to those Category I and II individuals and that necessary protective equipment (PPE) is available for use by employees. Direct line supervisors are responsible to see that employees are wearing the correct PPE.

Supervisors and Directors will ensure the waivers are signed by the employees and sent to Human Resources to be kept in the employee's confidential medical folder.

C. Program Review

This program will be reviewed and updated:

- On an annual basis by Environmental Health and Safety (EHS) and other appropriate personnel to ensure its effectiveness and to comply with any regulatory revisions. The review will include the input from members of Biology, Custodial Services, Geneseo First Response, Lauderdale Student Health Center, University Police, Intercollegiate Athletics and Recreation
- To reflect new or modified tasks which affect occupational exposure and
- To reflect revised employee positions with occupational exposure

V. METHODS OF COMPLIANCE AND IMPLEMENTATION

A. Compliance Methods

Universal and Standard Precautions are used at SUNY Geneseo in order to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. Universal and Standard Precautions information is detailed in Appendix A, Bloodborne Pathogen Training Points.

Engineering and work practices are utilized to eliminate or minimize exposure to employees on campus. Where occupational exposure remains after application of these controls, Personal Protection Equipment (PPE) shall be used as outlined in Section V. G. At SUNY Geneseo, the following controls and work practices are used:

1. Health Services

- Sharps containers
- Prohibition of recapping needles
- Biohazard waste containers in each procedural room
- Scheduling of lab work to minimize repeat exposures
- Biohazard labeling of contaminated containers and equipment
- Regular schedules for pick-up of infectious wastes
- Procedures for handling of contaminated laundry
- Scheduling disinfection of potentially contaminated equipment
- Use of sharps with engineered sharps injury prevention

2. University Police and Geneseo First Responders

- Departmental procedures for responding to a reported accident involving an injury or illness.
- Each patrol vehicle and response van is equipped with an emergency kit that includes personal protective equipment and biohazard waste bags.

3. Intercollegiate Athletic and Recreation Department

- Biohazard waste container is located within the Merritt and Schrader Athletic Center training rooms.
- Sharps containers located in training rooms
- Departmental procedures for responding to accident or illnesses within the athletic buildings or at intercollegiate or intramural sporting events.

4. Custodial and Residence Life Staff

- Procedures for responding to incidents or releases of blood or other body fluids resulting from accidents or illnesses.
- Biohazard response materials are available at locations throughout the campus.

B. Method of Effective Determination

The Director of Student Health and Counseling, Chief of University Police, Director of Intercollegiate Athletics and Recreation, Associate Director of Facilities and Director of Environmental Health and Safety or their designees, will review the effectiveness of work controls annually and whenever controls or work practices fail to prevent exposure. See appendix F for documentation.

C. Hand Hygiene

OSHA requires hand washing facilities to be readily accessible. At SUNY Geneseo, sinks suitable for hand washing are located in all occupied campus buildings. Moist towelettes or alcohol-based hand sanitizer are also provided in UPD vehicles, Geneseo First Responders van and at Intercollegiate Athletic and Recreation games and activities. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin areas immediately or as soon as possible with soap and water.

The use of alcohol-based hand rub (ABHR) is the primary mode of hand hygiene in Lauderdale Health Center. ABHR is recommended by the (CDC) and World Health Organization (WHO) because of it's efficacy against Healthcare acquired infection (HAI) and as compared with soap and water, can increase compliance with recommended hand hygiene practices by requiring less time, irritating hands less and facilitating hand hygiene at the point of patient care. For these reasons ABHR is the preferred method for hand hygiene except when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea (*Clostridium difficile*), in which soap and water should be used.

D. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, smoke, apply cosmetics or lip balm 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 other potentially infectious materials are present.

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

Specific procedures used to minimize blood splashing at the Health Services include:

1. Covering the centrifuge machine
2. Covering and sealing the centrifuge tubes.
3. Placing venipuncture collection tubes in zip-lock bags to prevent leakage.
4. Specimens handlings as follows:

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The containers used for this purpose will be labeled, or be easily recognized as specimen containers (postal or DOT specimen containers), in accordance with the requirements of the OSHA standard. Any specimens, which could puncture a primary container, will be placed within a secondary container that is puncture resistant.

E. Housekeeping: Contaminated Equipment and Surfaces

Equipment or other surfaces which have become contaminated with blood or other potentially infectious materials must be cleaned and disinfected prior to reuse. Grossly contaminated equipment or other articles may be disposed of as Regulated Medical Waste (RMW), if it appears decontamination is not possible or feasible. Decontamination of such surfaces requires the use of an EPA approved disinfectant which should be left on surfaces at least 10 minutes or according to manufacturer's instructions.

If servicing of contaminated equipment is required, it must be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. It is known that the following equipment at the Health Services cannot be completely decontaminated prior to servicing. Service contractors will be made aware of this prior to servicing:

- Centrifuges
- Incubator
- Microscopes
- Lab Refrigerator

SUNY Geneseo has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

F: Cleaning Schedule

Area	Scheduled Cleaning (day/time)	Cleaners and Disinfectants Used	Specific Instruction
All residence halls and academic areas	As needed	EPA approved disinfectant	Follow directions provided by manufacturers
Lauderdale Health Center Exam Rooms	Daily and between patients	EPA approved disinfectant	Follow directions provided by manufacturers
Athletic facilities (Schrader, Merritt)	Daily and between patients	EPA approved disinfectant	Use 10% bleach solution or comparable disinfectant
Science Labs	As needed	Diluted bleach solution or Lysol solution (Biology uses Virex or solution specified by equipment manufacturer)	For bleach solution, a 10% solution is used. For Lysol, and Virex, container directions are followed

G. Personal Protective Equipment

All Personal Protective Equipment (PPE) used at SUNY Geneseo will be provided without cost to the employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's 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.

A list of protective equipment and the specific tasks for which they are to be used is included in Appendix A. This listing is not to be inclusive or prohibit the use of additional protective equipment should the situation warrant.

All personal protective equipment will be removed prior to leaving the work area where the exposure occurred, unless involved with transporting an injured individual. Disposable protective equipment shall be placed into biohazard (red) bags immediately upon removal. Washable PPE must be laundered in accordance with procedures included in Section III of this document. Grossly contaminated PPE and or personnel clothing may be disposed of as RMW, if it appears laundering would not decontaminate the articles.

H. Needles and Sharps

Unused needles and syringes requiring disposal, contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. Disposal of needles and sharps must be in the appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label, and are leak-proof.

OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. **The exception will not be used by SUNY Geneseo.**

The most up-to-date location list of the sharps containers at SUNY Geneseo can be found at: https://www.geneseo.edu/ehs/infection_control. In addition, University Police shall have small sharps containers that may be used for evidence collection or transport of a sharps device back to one of the stationary sharps containers mounted in any of the buildings. Sharps containers are also available at Health Services for students required to use syringes on a personal basis (i.e., diabetic individuals). Letters are sent to students known to have diabetes which indicate sharps containers are available at the Health Center.

Use of sharps with engineered sharps injury protections will be used whenever appropriate, available and economically feasible. The Director of Student Health and Counseling will develop and implement procedures for solicitation of employee input into the identification, evaluations and selection of such controls.

Any broken glassware will not be picked up directly with the hands. The use of gloves and broom and dustpan is mandatory. The broken glass will then be placed in a puncture resistant container. If contaminated or potentially contaminated, it must be disposed of as regulated medical waste.

I. Regulated Medical Waste (RMW)

Regulated medical wastes (RMW) generated on campus must be transported to a designated collection area for disposal. Departments with these areas include: Lauderdale Center for Student Health and Counseling, Intercollegiate Athletic and Recreation (Merritt and Schrader Training Rooms, Custodial

Services (on behalf of Student Life-Clark 115), Chemistry Department and the Biology Department. Additional information on RMW is contained in Appendix B.

J. Laundry Procedures

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. Grossly contaminated laundry may be disposed of as RMW, if laundering does not appear feasible.

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriate marked containers and will not be sorted or rinsed in the area of use. Contaminated laundry should be washed, separately from other campus laundry, in accordance with CDC guidelines. These guidelines include: a minimum temperature of 140 degrees Fahrenheit for 25 minutes or at a lower temperature using temperature-appropriate laundry chemicals.

If not able to clean contaminated garments on campus, blood soiled garments may be taken to dry cleaners capable of laundering such materials at no cost to the employee. If contaminated laundry is taken to a dry cleaner that does not practice Universal Precautions, the soiled garments must be transported in a bag that has the universal biohazard symbol on it. The Student Health Center contracts Alco Linens to launder soiled items. GFR members take soiled linens to the Geneseo Fire Department for cleaning.

VI. MEDICAL ISSUES

A. Hepatitis B Vaccine

All Category I and II employees will be offered and encouraged to accept the series of Hepatitis B vaccinations at no cost. New employees in the College departments or positions noted above will be offered the vaccination within 10 working days of their start of employment. Employees who decline the Hepatitis B vaccine will be required to sign a waiver, which uses the wording in the OSHA standard and Appendix C of this Exposure Control Plan. Employees who initially decline the vaccine but later wish to receive the vaccination will be given the vaccination at no cost. The vaccine will be administered by a physician of the Lauderdale Center for Student Health and Counseling or by a nurse acting as the physician's designee.

B. Post-Exposure Evaluation and Follow-up

All employees who have an Exposure Incident will be offered a Post-Exposure Evaluation and follow-up in accordance with the OSHA Standard and the *Health Services Procedures for The Management of Blood Exposures*, Appendix D.

When an employee believes that he/she has incurred an exposure incident, the employee should immediately seek medical first aid at Health Services and subsequent treatment with their personal physician. In 2001, OSHA recommended that employees who believe they have been exposed should have their medical evaluation and treatment performed by their personal physician, at no cost to them.

The employee must notify their immediate supervisor and the Human Resources Department using the "Employee On-The-Job Accident and Injury Report" form and DOSH 982B (a PESH form) found in Appendix E.

OSHA/PESH requirements after an exposure include:

- In all situations, the confidentiality of the employee must be maintained at all times
- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source will be tested (if after consent is obtained) for HIV/HBV infectivity.
- If consent is obtained, results of the testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- If consent cannot be obtained, SUNY Geneseo must note that consent from the source individual could not be established.
- 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. However, if the employee decided testing will or will not be conducted then the appropriate action can be taken and the blood sample used or disposed.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the public health service and the SUNY Geneseo Health Services procedures for the management of blood exposures.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential symptoms and illnesses to look for.

C. Interaction with Health Care Professionals

A written opinion (not referencing any personal medical information) shall be obtained by the health care professional who evaluates SUNY Geneseo employees in the following instances:

1. When an employee is sent to obtain Hepatitis B vaccine
2. Whenever the employee is sent to a health care professional following an exposure incident

Health care professionals shall limit their opinions to:

1. Whether the Hepatitis B vaccine is warranted and if the employee has received the vaccine, or for evaluation following an incident
2. That the employee has been informed of the results of the evaluation, and
3. That the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious material

Health care professionals may be required by New York State Department of Health regulations to report incidents of certain infectious diseases to the Livingston County Health Department.

VII. TRAINING

Training for Category I and II employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will include an explanation of the following:

- The provisions of the OSHA Bloodborne pathogen standard
- Epidemiology and symptoms of Bloodborne diseases
- Modes of transmission of Bloodborne pathogens
- The contents of this exposure control plan
- Procedures which might cause exposure to blood or other potentially infectious materials at the College
- Methods used to control exposure to blood or other potentially infectious material
- Personal protective equipment available for employees and whom to contact
- Post-exposure evaluation and follow-up procedures
- Signs and labels used by the College to designate potential exposure areas, materials and equipment
- Hepatitis B vaccine program

The initial training will be conducted and documented by the employee's supervisor or designee familiar with the OSHA Bloodborne Pathogen standard and the College's Exposure Control Plan within the first 10 days of assignment. A copy of the documented training shall be sent to EHS. Refresher training will be provided by EHS staff.

VIII. RECORDKEEPING

All training records required by the OSHA Bloodborne Pathogen Standard will be maintained by the Environmental Health and Safety Department. Human Resources will maintain any medical records such as a vaccination declinations or post exposure reports

IX. REFERENCES

OSHA 29 CFR 1910.1030 Bloodborne Pathogens

29 CFR 1910.1030 App A Hepatitis B Vaccination Declination

CDC Guide to Prevention Infection For Outpatient Settings: Minimum Expectations for Safe Care

12NYCRR part 801: NYS Public Employees Safety and Health SH 901, Instructions for Recording and Reporting Public Employees' Occupational Injuries and Illnesses

X. APPENDICES/FORMS

Appendix A- Bloodborne pathogen training points

Appendix B- Infectious and medical waste handling and disposal guidelines

Appendix C- Hepatitis B vaccination declination form

Appendix D- Management of blood and other body fluid exposures

Appendix E- PESH Exposure incident report

Appendix F- Exposure Control Plan development and revision data

Appendix A BLOODBORNE PATHOGEN TRAINING POINTS

I. Introduction

In accordance with 29 CFR 1910.1030, SUNY Geneseo, including the Student Health, and Center for Disease Control (CDC) guidelines for Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, has adopted a policy of Universal and Standard Precautions. It is our policy to apply Universal and Standard Precautions to all patients.

Using the approach of Universal Precautions, the blood and body fluids of all patients are considered potentially infectious. As such, the following Standard Precautions will be employed:

1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. These practices are designed to both protect the healthcare provider (HCP) and prevent the HCP from spreading infections among patients.

All moist body substances should be handled with care, including blood, blood products, sputum, vomitus, urine, feces, drainage, tissues and discharges. In addition, a health care worker whose skin has a cut, break, abrasion, or dermatitis should ensure that no body substance contacts it. When a Health Services employee has exudative or weeping skin lesions, direct contact with patients and their body fluids should be suspended until the lesions resolve.

Employees should be familiar with the principles outlined in this policy. Departmental supervisory personnel will be familiar with the specific placement of protective equipment, with its appropriate use, and will be able to answer questions relating to the policy. Individual Department policies will address specific precautions not covered in this document.

II. Modes of Transmission

- A. Bloodborne diseases including Hepatitis B, Hepatitis C and HIV are transmitted by the parenteral route - that is, by close, intimate contact such as sexual contact, by shared needles among drug addicts, by transfusion of contaminated blood products, and by needle stick, mucous membrane or wound contact with contaminated blood or body fluids.
- B. Bloodborne diseases have **NOT** been shown to be transmitted via casual contact with patients or inanimate objects, (i.e., talking to someone, shaking hands, delivering food or handing objects or medications to patients, or from tabletops, toilet seats, telephones, or equipment in patient rooms).

III. Work Practices

- A. Universal and Standard Precautions shall be applied to all patients; not just those with recognized Bloodborne disease, such as Hepatitis B, Hepatitis C and HIV.
- B. Although not covered by the Exposure Control Plan, additional types of isolation may need to be implemented for selected patients; for example: respiratory isolation for patients with tuberculosis. These precautions would not replace, but be implemented in addition to the basic blood and body fluid precautions.
- C. Specific Guidelines
 - 1. Gloves:

Nitrile or Latex gloves must be worn when handling blood, body fluids, mucous membranes, non-intact skin, tissues, and specimens. New gloves must be worn for each patient contact. Perform hand hygiene after glove removal.

Rubber gloves (nitrile or latex gloves may be worn under the rubber gloves) are to be worn when handling waste containers and when performing tasks involving plumbing of sanitary sewers and associated fixtures.

2. Gowns and Aprons: If an employee anticipates the possibility of soiling his/her clothing with patient material, a protective garment should be worn. Custodial persons must wear aprons or other body coverings when responding to blood clean-ups.
3. Masks and Protective Eyewear: If the possibility of a splash of blood or body fluid to the face is anticipated, a face mask and goggles or protective eyewear must be worn. Custodial persons must wear protective eyewear when responding to blood clean-ups.
4. Resuscitation: If a health care worker or other CPR certified campus personnel recognizes a patient's need for emergency ventilator support, a resuscitation mask should be employed.
5. Sharps: Use caution when handling needles, scalpels, and other sharp objects that have been used. Do not bend, break, or recap needles. Place disposable sharps in a designated puncture resistant container promptly. Sharps with engineered sharps injury protection will be used to withdraw body fluids, perform venipuncture, or administer medications.
6. Environmental Cleaning: The College has established policies and procedures for routine cleaning and disinfection of environmental surfaces as part of our infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process (e.g., ultrasonic cleaners) with appropriate chemical agents. This process removes large numbers of microorganisms from surfaces and must always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared to sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Gloves must be worn when cleaning up spills and decontaminating walls, tabletops, floor, beds, and other objects soiled with any body fluid. A solution of EPA registered disinfectant with label claims for use in healthcare must be used. Procedures for use of these disinfectants typically require a 10 minute "working" period. Discard paper towels and cloths used to wipe up the spills or gross contamination after use in the red infectious waste bags.

7. Laundry: Laundry contaminated with blood or body fluids should be placed in a clear plastic bag and sealed prior to cleaning or disposal or a red bag with the biohazard symbol if taken dry cleaner off-site.
8. Instruments or Equipment: Reusable instruments soiled with any body fluid should be handled only with gloves. The instruments should be soaked for 15 minutes in an EPA- registered disinfectant, scrubbed to remove the gross contamination and then placed into autoclavable trays or wrappers and sterilized as soon as possible. Autoclave procedures must follow NYSDOH and/or manufacturer's specifications. Other equipment should be decontaminated following Environmental Cleaning procedures. If decontamination and/or disinfection is not feasible, the equipment may be disposed of as RMW.

Appendix B INFECTIOUS AND MEDICAL WASTE HANDLING AND DISPOSAL GUIDELINES

New York State and Federal regulations define medical and infectious wastes as any waste material generated in the diagnosis, treatment, or immunization of human beings or animals. Included in the definition of medical waste are: cultures of infectious agents, culture dishes, and devices used to transfer, inoculate or mix cultures; human pathological wastes; specimens of body fluids and their containers; human blood, items saturated with human blood and their containers **whether used or unused**; All sharps, including needles, syringes, scalpels, sutures, etc.; animal carcasses and bedding that have been known to have been contaminated with infectious agents; and laboratory wastes having contacted infectious agents. Wastes satisfying the above definition require special handling, packaging, transporting, and disposal.

The following are exempt and not subject to the packaging, and disposal requirements provided the patient is not in isolation to protect others from a highly communicable disease: Disposable towels, tongue depressors, cotton swabs, and unsaturated, blood stained bandages and gauze (including sanitary napkins).

The State University of New York College at Geneseo contracts with a licensed firm for the transportation and disposal of the medical wastes. This company provides the College with the necessary supplies to package the medical waste properly. That company also transports the wastes off campus and incinerates the wastes as a means of disposal.

As an alternative to using this service, medical waste generators are legally able to disinfect the medical waste prior to disposal as regular trash. However, should the generator choose to follow this course of action, several other requirements must be initiated, including autoclaving and destroying the waste so as it will no longer be recognizable as a medical or infectious waste.

A. Off Campus Disposal

1. Medical and infectious wastes, as defined previously, shall be collected in leak proof "Red" plastic bags imprinted or labeled with the words "Infectious Waste" or "Regulated Medical Waste", or with the universal symbol for infectious waste.
2. Each bag is to contain an identification tag indicating the college's name and campus address. The outside of each bag must be imprinted or labeled with the same information.
3. The filled bags are to be securely closed and placed in a rigid outer container and the container sealed closed. Double-bagging is also recommended.
4. The container must be conspicuously labeled "Infectious" or "Regulated medical waste" and bear a label with the following information: the College's name and campus address, the transporter's name and permit number, and the date of shipment.
5. The waste containers are stored, as described below, to await transportation and disposal. Wastes generated at the:
 - Lauderdale Health Center are packed, stored and picked-up at the loading dock
 - Sciences are packed and stored by the generating departments and picked-up from those locations
 - Academic (except Merritt and Schrader) and residential buildings are packed into containers at the point of generation and brought to Clark for storage and pick-up
 - Athletic facilities (Merritt and Schrader) are packed, stored and picked-up at the "training room" in Merritt

6. At the time of pick up for disposal, each container must either be weighed and the weight recorded or the amount of waste in cubic feet must be entered on the "Medical Waste Tracking Form"
7. The tracking form is to be completed, signed by a College representative, NOT a student, signed by the transporter, and the generator's copy retained. A copy of the retained form is to be sent to the Department of Environmental Health and Safety for their files. Note: With regards to Regulated Medical Waste, if the College is inspected by a regulatory body, EHS must have all supporting paperwork including medical waste tracking forms. If we don't have them, the College may receive violations or financial penalties.
8. Upon receipt of the waste, the disposal facility's representative will sign the tracking form and return a signed copy for the generating department's files. These tracking forms must be retained for a minimum of three years. A copy of the retained form is to be sent to the Department of Environmental Health and Safety for their files.

Note: The contracted transportation and disposal company, as part of their service provides the college with the red plastic bags and the rigid cartons for packing. The firm also weighs the cartons and completes the tracking form with the exception of the generator's signature.

B. Sharps

1. Both used and unused sharps, including needles, sutures, scalpels, syringes, etc., are included in the definition of medical waste and must be disposed of in accordance with the State and Federal Regulations. *Exception: Used or unused (expired) Epinephrine syringes (otherwise known as epipens) must be disposed of as "hazardous waste NOT "regulated medical waste."*
2. Sharps are to be collected in leak and puncture proof containers which cannot be opened without being destroyed. The containers are to be either red or labeled as infectious or medical waste, or the containers may be of any color with a red label indicating that the container holds medical waste.
3. After the container is filled and all openings have been closed and sealed, the container must be marked or labeled with the college's name and campus address.
4. The container can then be placed into a labeled plastic bag with other medical wastes, double bagged, containerized, and transported for disposal.

Appendix C HEPATITIS B VACCINE DECLINATION

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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Employee Signature: _____ Date: _____

Job Title: _____

Witness Name: _____

Witness Signature: _____ Date: _____

The original of this form is to be maintained by Human Resources

Appendix D MANAGEMENT OF BLOOD and OTHER BODY FLUID EXPOSURES

1. Contamination of intact skin: Wash skin with soap and water. No incident report is necessary.
2. Contamination of non-intact skin or of mucous membranes, and needle sticks/scalpel cuts: Wash skin with soap and water, and cleanse with chlorhexidine (hibiclins) or iodophor (betadine). For intra-oral exposure, rinse the mouth well water. For eyes, rinse well with sterile saline. (Note: remove contact lenses first. After rinsing eyes, disinfect contacts per manufacturer's recommendation.) Fill out an employee incident report. Be sure to include the patient's name, but not the patient's diagnosis.
3. Employee must report the potential exposure to their Supervisor.
4. The employee must report the potential exposure to their personal physician or Health Services Provider with the following information:
 - a. Name of employee and SS#
 - b. Department or unit
 - c. Date of exposure
 - d. Type of exposure (needlestick, splash in eyes, etc.)
 - e. Name of patient.
 - f. Whether employee has had 0, 1, 2, or 3 doses of hepatitis B vaccine.
 - g. Employee's post-vaccine antibody titer (if known).
5. Employee Screening and Post-Exposure Prophylaxis
Any employee who has experienced a needle stick incident or other potential Bloodborne pathogen exposures, should seek medical first aid immediately with the Student Health Center and then follow up with their personal physician for subsequent treatment.

If a source individual is known, appropriate laboratory tests for the source patient should be ordered by the exposed employee's personal physician, if able, by working collaboratively with the College's Student Health Center staff. The personal physician may order tests to determine HBV, HCV, and HIV infectivity.

Appendix E EXPOSURE INCIDENT REPORT

EXPOSURE INCIDENT REPORT (ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT) Please Print				
Date Completed				
Employee's Name		Last four digits of S. S.#		
Home Phone		Business Phone		
DOB		Job Title		
Employee Vaccination Status				
Date of Exposure		Time of Exposure	A.M.	P.M.
Location of Incident (Home, Street, Clinic, Etc.)-Be Specific:				
Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:				
Describe what task(s) you were performing when the exposure occurred - Be Specific:				
Were you wearing Personal Protective Equipment (PPE)?		YES		NO
Did the PPE Fail?		YES		NO
If YES, Explain how:				
Were you using Engineering Controls?		YES		NO
Did the Engineering Controls fail?		YES		NO
If YES, Explain how:				
What body fluid(s) were you exposed to (blood or other potentially infectious material? Be specific:				

What part of your body became exposed? Be specific:				
Estimate the size of the area of your body that was exposed:				
For how long?				
Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?				
	Yes		No	
If Yes, what was the object?				
Where did it penetrate your body?				
Was any fluid injected into your body?	Yes		No	
If Yes, what fluid?	How much?			
Did you receive medical attention?	Yes		No	
If Yes, where?				
When?				
By Whom?				
Identification of Source Individual(s)				
Name(s)				
Did you treat the patient directly?	Yes		No	
If Yes, what treatment did you provide - Be Specific				
Other pertinent information				

Appendix F EXPOSURE CONTROL PLAN DEVELOPMENT AND ORIGINATION DATA

Exposure Control Plan developed:

Signature or Initials _____ Date _____

Reviewed/Revised Dates:

Signature or Initials _____ Date _____

Signature or Initials _____ Date _____

Signature or Initials _____ Date _____

Signature or Initials _____ Date _____

Signature or Initials _____ Date _____

The 2018 plan was reviewed by:

Edward Beary	Biology
Karen Rockhill	Custodial Services
Representative	Geneseo First Response
Joann Gardner	Custodial Services
Deborah Penoyer	Lauderdale Student Health Center
Darlene Necaster	Environmental Health and Safety
Thomas Kilcullen	University Police
Scott Ewanow	University Police
Angelo Zegarelli	Intercollegiate Athletics and Recreation