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I. PURPOSE
This is a statement of official University policy to establish the process for compliance with the Occupational Safety and Health Administration (OSHA) regulation, “Occupational Exposure to Bloodborne Pathogens, Final Rule (29 CFR Part 1910.1030) and its amendments.

II. SCOPE
This plan applies to all areas of employment at Villanova University where there may be an occupational exposure to blood or other infectious material.

III. DEFINITIONS
“Biological waste” means regulated waste.
“Blood” means human blood, blood components, and OPIM.
“Bloodborne pathogens” means pathogenic micro-organisms that are present in human blood and that can cause disease in humans, such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
“Engineering controls” means controls means controls (e.g., sharps with engineered sharps injury protections and needleless systems, sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
“EHS” means the Villanova University Department of Environmental Health and Safety.
“Needleless systems” means a device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, or (B) the administration of medicine or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
“Other potentially infectious material (OPIM)” means human blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any bodily fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
“PPE” means personal protective equipment.
“Regulated waste” means human blood or OPIM or materials contaminated with them.
“Sharps with engineered sharps injury protections” means non-needle 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.
IV. POLICY STATEMENT

Villanova University is dedicated to providing a safe workplace for employees and students and to complying with federal and state occupational health and safety standards. It is University policy to comply with the requirements of the OSHA Bloodborne Pathogens (BBP) Standard and its amendments. Laboratory administrators, managers, supervisors, faculty, staff, and students share responsibility for minimizing their occupational exposure to human blood or other potentially infectious materials (OPIM). The Exposure Control Plan shall be implemented for all facilities at Villanova University where performance of employees’ duties can be reasonably expected to result in occupational exposure to human blood or OPIM.

V. PROCEDURE

A. Responsibilities

1. EHS shall
   a. Prepare and distribute the Exposure Control Plan (ECP).
   b. Annually review the ECP for effectiveness and update as necessary.
   c. Provide or coordinate training concerning occupational transmission of bloodborne pathogens for all workers with occupational exposure.
   d. Maintain training records.
   e. Assist departments in identifying employee job classifications in which occupational exposure may occur.
   f. Coordinate provision of vaccinations necessary for compliance with this plan.
   g. Coordinate disposal of regulated waste.
   h. Provide assistance, guidance, and training to departments to implement the requirements of the ECP.

2. Affected Department Chairs/Director shall
   a. Provide, at no cost to the employee, all supplies and personal protective equipment that are necessary for compliance with this ECP.
   b. Ensure that employees comply with the requirements of the ECP.
   c. Ensure that employees receive work practice training specific to their duties and that training records are maintained.

3. Villanova University Public Safety Department shall
   a. Ensure that Public Safety employees complete annual training.
   b. Ensure that Villanova Emergency Medical Services (VEMS) employees complete annual training.
B. Background
The OSHA Bloodborne Pathogens Standard applies to employees who could be “reasonably anticipated” to contact blood and OPIM as a result of performing their job duties. The standard requires:
1. Exposure determination
2. Use of universal precautions
3. Use of appropriate PPE
4. Provision of hepatitis B vaccine at no cost to employee
5. Annual training
6. Development of a facility ECP
7. Annual review and update of the ECP

Bloodborne pathogens are organisms that are present in the blood and certain other body fluids of infected persons. They are transmitted by blood-to-blood contact, not by casual contact. The occupational routes of transmission of bloodborne pathogens are by (1) needle-stick or cut from a contaminated sharp object; (2) splash to the eyes, nose, or mouth; or (3) contact with broken skin.

C. Exposure Determination
The following University job classifications have been identified as ones in which employees have reasonably anticipated exposure (skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of PPE. Job classifications are placed in one of two categories:

**Category 1:** Job classifications in which all employees in the classification have occupational exposure. See table below.

**Category 2:** Job classifications in which some employees have occupational exposure and a list of tasks and procedures in which occupational exposure occurs. See table below.
# Bloodborne Pathogens Exposure Control Plan

## University Division/Department
- **FMO/Environmental Health and Safety**

## Policy Number
- **S7**

## Effective Date
- **20 April 1999**

## Page
- **5 of 18**

### Category I

<table>
<thead>
<tr>
<th>Department</th>
<th>Tasks involving exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletics</td>
<td>Relative to contact with athletes:</td>
</tr>
<tr>
<td>• Physician</td>
<td>• Diagnosis and/or treatment of injuries</td>
</tr>
<tr>
<td>• Trainer</td>
<td>• Provide emergency and/or continuous care</td>
</tr>
<tr>
<td>• Coach</td>
<td>• Respond appropriately to unanticipated injuries</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>• Cleaning and sanitizing bathrooms</td>
</tr>
<tr>
<td>• Custodian</td>
<td>• Emptying trash containers, including containers in teaching laboratories</td>
</tr>
<tr>
<td>• Custodian supervisor</td>
<td>• Cleaning locker rooms and showers</td>
</tr>
<tr>
<td>• General Mechanic</td>
<td>• Responding to emergency events in laboratories and dormitories</td>
</tr>
<tr>
<td>• Plumber</td>
<td>• Routine maintenance in laboratories, dormitories and common areas</td>
</tr>
<tr>
<td>Health Services</td>
<td>• Diagnosis and/or treatment of student injuries or illnesses</td>
</tr>
<tr>
<td>• Physician</td>
<td>• Possible needle sticks and splashes to percutaneous or mucosal tissue</td>
</tr>
<tr>
<td>• Nurse</td>
<td></td>
</tr>
<tr>
<td>Public Safety</td>
<td>• Routine exposure to OPIM characteristics of police work</td>
</tr>
<tr>
<td>• Police Officer</td>
<td></td>
</tr>
<tr>
<td>• Public Safety Officer</td>
<td></td>
</tr>
<tr>
<td>• Villanova Voluntary</td>
<td></td>
</tr>
<tr>
<td>• Emergency Medical Student</td>
<td></td>
</tr>
</tbody>
</table>

### Category II

<table>
<thead>
<tr>
<th>Department</th>
<th>Minimal or infrequent tasks involving exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletics</td>
<td>• Launder uniforms, towels</td>
</tr>
<tr>
<td>• Student Assistant</td>
<td>• Clean equipment</td>
</tr>
<tr>
<td>• Equipment Manager</td>
<td>• Emergency response</td>
</tr>
<tr>
<td>• Lifeguard</td>
<td></td>
</tr>
<tr>
<td>Academic Departments</td>
<td>• Use blood or OPIM in research</td>
</tr>
<tr>
<td>• Biology</td>
<td>• Nursing faculty only: Clinical observations</td>
</tr>
<tr>
<td>• Biochemistry</td>
<td></td>
</tr>
<tr>
<td>• Chemical Engr</td>
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<tr>
<td>• Civil Engr</td>
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<tr>
<td>• Mech Engr</td>
<td></td>
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<tr>
<td>• Psychology</td>
<td></td>
</tr>
<tr>
<td>• Nursing</td>
<td></td>
</tr>
<tr>
<td>Facilities Management</td>
<td>• Emergency response</td>
</tr>
<tr>
<td>• Carpenter</td>
<td></td>
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<tr>
<td>• Electrician</td>
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<tr>
<td>• HVAC Mechanic</td>
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<tr>
<td>• Locksmith</td>
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<tr>
<td>• Painter</td>
<td></td>
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<tr>
<td>• Groundskeeper</td>
<td></td>
</tr>
<tr>
<td>Health Services</td>
<td>• Emergency response</td>
</tr>
<tr>
<td>• Support Staff</td>
<td></td>
</tr>
</tbody>
</table>
D. Universal Precautions
   1. All employees will use Universal Precautions, a method of infection control in which all human blood, tissue, and OPIM are treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens.
   2. Universal precautions include the following practices:
      - Wear gloves when hands may come into contact with human blood or OPIM. Replace gloves when they become torn or contaminated.
      - Perform any and all procedures involving blood or OPIM in a way that minimizes splashing, spraying, spattering, and generating droplets of these substances.
      - Wear masks and protective eyewear whenever splashes, spray, or spatter of blood or potentially infectious materials are likely to occur.
      - Wear protective suits, gowns, or aprons during procedures that are likely to generate splashing of potentially infectious materials.
      - Wash hands and other skin surfaces immediately following contact with human blood or other potentially infectious substances and after gloves are removed.
      - Use care when handling needles, scalpels, razors and other sharp objects contaminated with blood or OPIM. Use tongs or forceps if possible.
      - Use appropriately labeled and constructed containers for disposal, storage, and transport of any potentially infectious material.
      - Employees providing medical assistance should use protective resuscitation masks.
      - Health care workers must cover skin lesions and wear gloves when treating patients or when handling health care equipment.
      - Do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in work areas where there is likelihood of occupational exposure.
      - Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops where human blood or OPIM are present.

E. Hepatitis B Vaccination
   1. EHS will provide annual training to employees that will include information about the hepatitis B vaccine, addressing its safety, benefits, efficacy, methods of administration, and availability.
   2. The hepatitis B vaccination series is available at no cost and reasonable times, after training and within 10 days of initial assignment, to
employees identified in the exposure determination (See Appendix B for acceptance form).

3. Should an employee choose to decline the vaccination, the employee must sign a Declination Form (Appendix C). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of the declination is kept by EHS.

4. If, in the future, a routine booster dose(s) of the hepatitis B vaccine is recommended by the U. S. Public Health Service or other health care provider, the dose(s) will be provided at no charge.

F. Post Exposure Evaluation and Follow Up
   1. An employee who believes (s)he has been exposed to a bloodborne pathogen or OPIM should immediately report it to her/his supervisor. A confidential medical examination at an off-site clinic will be provided at no cost.

   2. Follow up actions will include:
      a. Documentation of the route(s) of exposure and how the exposure occurred.
      b. Identification and documentation of the source individual, if possible (unless identification is infeasible or prohibited by law).
      c. Collection of the exposed employee’s blood as soon as feasible for testing for HIV, HBV, and HCV (with employee’s consent). Should the employee refuse consent, sample will be preserved for 90 days. See Appendix D.
      d. If the source individual can be identified and provides consent, collect a blood sample and test as above. If consent is not obtained, document this. If consent is not required by law, the sample shall be obtained and tested and the results documented. See Appendix E.
      e. Provide results of source individual testing to the exposed employee (only after consent is obtained).
      f. Inform the exposed employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
      g. Post exposure prophylaxis will be determined by the off-site clinic medical provider.
      h. Counseling will be made available to employees and their families on the implications of testing and post exposure prophylaxis at no cost.
      i. An evaluation of any reported illnesses will be conducted.

3. All medical evaluations and procedures will be made available at no cost and at reasonable time and place to the employee. All medical
evaluations and procedures will be conducted by or under the supervision of a licensed physician and laboratory tests will be conducted in accredited laboratories.

4. The following information will be provided to the health care professional:
   a. A description of the employee’s job duties relevant to the exposure incident – provided by the supervisor.
   b. Route(s) of exposure
   c. Circumstances of exposure
   d. If possible, results of source individual blood testing (if consent was given)
   e. Relevant employee medical records including vaccination status.

5. Villanova will obtain and provide the employee with a copy of the evaluating health care professional’s written opinion within 15 days of the completion of the evaluation.
   a. The written opinion for hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee and if the employee has received the vaccination.
   b. The written opinion for post exposure evaluation and follow up will be limited to confirmation that the employee has been informed of the evaluation results and that the employee has been told about any medical conditions resulting from the exposure which require further evaluation.
   c. All other findings or diagnoses will remain confidential and will not be included in the written report.

6. EHS will review the circumstances of the exposure incident (Appendix A) to determine if changes in policy or practice are required:
   a. Engineering controls in use
   b. Work practices followed
   c. Description of a device being used
   d. Protective equipment in use at the time of the incident
   e. Location of the incident
   f. Working being performed at the time of the incident
   g. Employee’s training

G. Information and Training

Training will be coordinated through EHS and will be conducted in a manner appropriate to the educational level, literacy, and language of those employees receiving training. Training materials are available at EHS.
1. All current and new employees with potential for occupational exposure will participate in initial and annual refresher training, at no cost.

2. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

3. Additional training will be provided when changes such as modification of tasks or procedures affect employee potential for exposure. Additional training may be limited to addressing the new exposures created.

4. The person conducting the training will be knowledgeable in the subject matter.

5. Topics included:
   a. Explanation of the Bloodborne Pathogens standard.
   b. Explanation of this ECP and how to obtain a copy.
   c. Explanation of tasks that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
   d. Explanation of use and limitation of engineering controls, work practices and PPE.
   e. Explanation of the types, uses, location, removal and disposal of PPE.
   f. Information on the hepatitis B vaccine, including information on efficacy, safety, method of administration, and benefits, stressing that it is offered free of charge to employees.
   g. Information on actions to take in the event of an incident involving exposure to blood or OPIM.
   h. Explanation on procedures for managing a possible exposure incident.
   i. Explanation of the signs, labels, etc. used at Villanova.

H. Recordkeeping

1. Medical records will be maintained in a locked location for each employee with an occupational exposure. Medical records are confidential and are not disclosed without the employee’s written consent, except as required by law. Records include:
   a. Name and Banner ID of the employee.
   b. Copy of the hepatitis B vaccination record or declination form and any additional records relating to hepatitis B.
   c. Results of examinations, medical testing, and follow up procedures.
   d. Health care provider’s written opinion(s).
   e. Copies of information provided to health care providers.

2. Training records, available to employee and employee representative upon request, include:
   a. Date(s) of training session.
   b. Contents or summary of training session.
c. Name(s) and qualifications of person(s) conducting training.
d. Names and job titles and departments of all persons attending training.

I. Plan Review and Update
This plan will be reviewed and updated, as appropriate, at least annually and whenever necessary to reflect:
1. New or modified tasks or procedures which affect occupational exposure or
2. New or revised employee positions with occupational exposure

VI. RELATED INFORMATION/FORMS
   A. Exposure Incident Investigation Form
   B. Consent Form for Hepatitis B Vaccination
   C. Declination Form for Hepatitis B Vaccination
   D. Exposed Individual’s Consent or Refusal for Testing
   E. Source Individual’s Consent or Refusal for Testing
   F. Job Specific Work Practices

VII. HISTORY
     Effective Date: April 20, 1999
     Revision Date(s): August 2009; October 2009; March 2012; October 2014; January 26, 2018

VIII. RESPONSIBLE UNIVERSITY DIVISION/ DEPARTMENT
     Vice President Facilities Management
     Facilities Management Office
     610.519.4589

IX. RESPONSIBLE ADMINISTRATIVE OVERSIGHT
    Director Environmental Health and Safety
    Environmental Health and Safety
    610.519.3801
Appendix A

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: __________ Time of Incident: ____________________
Location: ___________________________________________________________________
Person(s) Involved: _____________________________________________________________
Title: ___________________________________________ Department: ____________
Potentially Infectious Materials Involved:
   Type: __________________________ Source: __________________
Circumstances (what was occurring at the time of the incident): _______
   _______________________________________________________________________
   _______________________________________________________________________
How was the incident caused: (accident, equipment malfunction, etc.)
List any tool, machine, or equipment involved: __________________________
   ____________________________________________________________
   ____________________________________________________________
Personal protective equipment being used at the time of the incident:
   ____________________________________________________________
   ____________________________________________________________
Actions taken (decontamination, clean-up, reporting, etc.) ____________
   ____________________________________________________________
   ____________________________________________________________
Recommendations for avoiding repetition of incident: ___________________
   ____________________________________________________________
   ____________________________________________________________
Supervisor’s Name/Sig. _____________________________________________
Department: __________________________________________________________________
Date: ____________________________________________________________________
APPENDIX B

Consent Form for Hepatitis B Vaccination

Consent:
I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

________ I elect to receive this free immunization.

NAME: (Print):_____________________________________________ Date __________

Title: ____________________________________ Department: ___________________

SIGNATURE:_______________________________________________ Date __________
APPENDIX C

Declination Form for Hepatitis B Vaccination

Decline:
I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at possible risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to receive the hepatitis B vaccine, I can receive the vaccination at no charge.

I decline to receive this free immunization.

NAME: ____________________________________________________ Date __________
Title: ____________________________________ Department: ___________________
SIGNATURE: _______________________________________________ Date __________

Previously Vaccinated:
I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. However, by virtue of receiving the vaccination at a location other than Villanova University, I decline the vaccination at this time. I will obtain and provide to the Office of Environmental Health & Safety medical evidence of such vaccination.

I decline to receive this free immunization.

NAME: ____________________________________________________ Date __________
Title: ____________________________________ Department: ___________________
SIGNATURE: _______________________________________________ Date __________
## Appendix D

### Exposed Individual’s Consent or Refusal

For HIV, HBV and HCV Infectivity Testing

Villanova University – Environmental Health & Safety Department

Note: Complete this form and submit to the Villanova University health care professional.

**Exposed Individual’s Statement of Understanding**

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood, or bodily fluids of any individual, or human cell lines. I understand that I have been accidentally exposed to blood, bodily fluids, or human cell lines and that testing for HIV, HBV and HCV infectivity is available. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present or a false negative result when an HIV antibody is present and follow-up may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment and to others only as required by law.

**Please initial all boxes that apply and sign below:**

<table>
<thead>
<tr>
<th>Infectivity Agent</th>
<th>Waive right to testing</th>
<th>Consent to blood collection and testing</th>
<th>Consent to blood collection, But Not Serological Testing.</th>
<th>Reserve right to Serological Testing within 90 days of date blood was collected.</th>
<th>I refuse consent to testing. The source material to which I was exposed was screened for HIV, HBV &amp;HBC. I am comfortable with the Certificate of Analysis provided by the University.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certificate of Analysis provided by Villanova under Purchase Order Number __________ (if applicable).

Exposed individual’s printed name: ____________

Title: ____________ Villanova University Department/ Program: ____________

Telephone number: ____________ Exposure Date: ____________

Signature of Exposed Individual ____________ Date ____________

(or parent/guardian if individual is less than 18 years old)
Appendix E

Source Individual’s Consent or Refusal

For HIV, HBV and HCV Infectivity Testing

Villanova University – Environmental Health & Safety Department

Source Individual is the person whose blood or body fluids provided the source of this exposure.

Note: Complete this form and submit to the Villanova University health care professional.

Source Individual’s Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a Villanova University employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present or a false negative result when an HIV antibody is present and follow-up may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed person for his or her medical benefit only and to others only as required by law.

<table>
<thead>
<tr>
<th>Infectivity Agent</th>
<th>Waive right to testing</th>
<th>Consent right to testing only</th>
<th>Consent right to testing, and make results available to exposed parties.</th>
<th>Consent right to testing and Do Not make results available to exposed parties.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
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<tr>
<td>Hepatitis C</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Certificate of Analysis provided by Villanova under Purchase Order Number ___________________________ (if applicable).

Source individual’s printed name:__________________________________________

Title: ___________________________________ Villanova University Department/ Program: __________________________________

Telephone number: ___________________________ Exposure Date: ___________________________

Signature of Source Individual ___________________________________________ Date ____________

(or parent/guardian if individual is less than 18 years old)

Villanova University Employee?: _____ (Yes) _____ (No) Villanova University Student?: _____ (Yes) _____ (No)

Employee Title: ___________________________ Employee Department: ___________________________

Student ID: ___________________________ Student College: ___________________________
Appendix F

Work Practices

A. Hand Washing
   1. Wash hands with soap and water immediately after removal of gloves.
   2. If hand-washing facilities are not available, use a waterless antiseptic hand cleaner or antiseptic towelettes. Wash hands with soap and water at the earliest opportunity.

B. Waste Handling
   1. Dispose of contaminated material as Biological Waste. Place sharp objects in sharps containers. Place other materials contaminated with human blood or OPIM into biohazards disposal bags.
   2. Bring the appropriate red plastic sharps container or biohazard disposal bag to the work location and place contaminated materials inside promptly.
   3. Remove gloves carefully to avoid touching their outside surfaces with bare hands and place into a biohazard disposal bag.

C. Decontamination of Surfaces
   1. Use a 10% bleach solution for decontamination of surfaces. Bleach solution must be diluted fresh daily.
   2. Minimize splashing, spraying, and spattering.

D. Small Spills
   1. Put on gloves before beginning.
   2. Utilize a face shield or mask/goggles if splashing may occur or when working above waist level.
   3. Handle contaminated objects as infectious waste or decontaminate with 10% bleach solution (see above).
   4. Place contaminated sharp objects into sharps containers.
   5. Spread paper towels over contaminated surface(s) and liberally apply disinfectant to the paper towels. Disinfectant should remain in contact with the spilled materials as specified by the manufacturer.
6. Pick up paper towels and wipe surfaces with disinfectant-dampened paper
towels until all visible contamination is removed.
7. Re-wipe surfaces with clean paper towels and disinfectant and allow to dry.
8. Place all cleanup materials into a disposal bag.
9. Remove PPE. Disposable PPE should be put in disposal bag or sharps container.
   Other PPE should be cleaned with disinfectant.

E. Removal of Human Blood or OPIM from University Grounds
   1. Decontamination of outside surfaces (e.g. lawns) requires the same level of
      personal protection as previously described.
   2. If staining remains, apply an approved disinfectant.

F. Plumbing Activities
   1. Use appropriate PPE (gloves, eye protection, boots).
   2. Flush piping with excess water (hot if possible) prior to maintenance of drain
      piping, if possible.
   3. If drain traps are removed, disassemble carefully and inspect contents for human
      blood or OPIM and sharps.
   4. Immediately place any sharp objects into sharps containers.
   5. Handle contaminated material, especially sharps, with tongs.

G. Sewage Cleanup
   1. Wear utility gloves, goggles/mask, and waterproof boots or boot covers.
   2. Use wet vacuums, brooms, squeegees, etc. to remove sewage materials and
      dispose into a properly functioning sanitary drain.
   3. During cleanup watch for visible human blood or OPIM such as sharps.
   4. Set aside sharp items for separate disposal in a sharps container.
   5. Handle contaminate material, especially sharps, with tongs.
   6. Following removal of sewage material, apply a disinfectant (diluted bleach) to all
      surfaces that were contacted by sewage. Hard surfaces should be wiped clean
      and left to dry following disinfectant application.
   7. Disinfect all reusable equipment with disinfectant.

H. Housekeeping
   1. If human blood or other OPIM is encountered, utilize the work practices in
      sections A through D above.
   2. Sweep broken glass into a dustpan for placement into a rigid cardboard box.
   3. Use extreme caution with disposable razors and razor blades.
I. Athletic Department Trainers
   1. Use universal precautions during immediate control of bleeding and when handling bloody dressings, mouth guards, etc. Gloves must be available for all athletic events.
   2. Place disposable gloves and other PPE into a biohazard bag after use.
   3. Handle sharps with extreme care. Do not recap, bend or break needles.
   4. All athlete wounds must be covered before participation.
   5. Athletic personnel with open wounds should avoid situations in which they come into contact with human blood or OPIM.