SKIDMORE COLLEGE

Biohazardous Waste Management Policy and Exposure Control Plan

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Introduction

The purposes of this policy and related exposure control plan are to assist Skidmore College employees with the proper handling and disposal of biohazardous or regulated medical waste, to identify those employees who may be at risk of occupational exposure to human blood-borne pathogens and/or biohazardous or medical waste, and to implement control measures designed to decrease these risks. Additionally, this policy and exposure control plan functions as a tool to be utilized in meeting the Occupational Safety and Health Administration (OSHA), New York State Department of Health (NYSDOH), Center for Disease Control (CDC) and Environmental Protection Agency (EPA) guidelines, standards and regulations concerning provision of training for employees at risk for occupational exposure to blood-borne pathogens and/or who must handle biohazardous waste. Training regarding this plan will be provided initially at an employee's time of employment, and on an annual basis, and will be updated to reflect the most current regulatory requirements.

In compliance with OSHA Regulations 29 CFR 1910.1200 (HAZCOM and HAZWOPER) AND 29 CFR 1910.1030 (Blood-Borne Pathogens Standard) requirements, this plan includes measures containing the following information:

I. **Identification/Definition of Biohazardous and Regulated Medical Waste**

II. **Employee Job Classification and Exposure Determination List - includes all job classifications where employees have occupational exposure to human blood-borne pathogens**

III. **Methods of Compliance, Infection Control Measures**

IV. **Communication of Hazards (from human blood-borne pathogens or other potentially infectious materials)**

V. **Procedures for Evaluation of human Blood-Borne Pathogens Exposure Incidents and Post-Exposure Follow-Up**

VI. **Biohazardous/Regulated Medical Waste Containers, Packaging and Usage - including marking, labeling and on-site transportation**

VII. **Accumulation and Storage Area Requirements**

VIII. **Tracking Forms and Off-Site Transportation**

GLOSSARY OF RELATED TERMS

These standard definitions, as defined by OSHA, the NYSDOH (NYS Department of Health) and the Environmental Protection Agency (EPA), apply at Skidmore College and appear throughout this plan document:

Biohazardous Waste: Term used, at Skidmore College, interchangeably with *Regulated Medical Waste*; defined as "…any waste which is generated in the diagnosis, treatment or immunization of human beings or animals, in research pertaining thereto, or in production and testing of biologicals…" (NYS Public Health Law 1389 – aa); includes contaminated or potentially contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials, and "any wastes that may contain infectious agents of sufficient virulence and quantity that present a risk or potential risk to the health of humans, other animals, or plants, either directly through infections or indirectly through disruption to the environment" (EPA, 1986).

Blood: Human blood and blood components (unless otherwise specified as *animal* blood or blood components)

Blood-borne pathogens: Microorganisms present in human blood that can cause disease in humans (including, but not limited to, hepatitis B virus [HBV], hepatitis C virus [HCV] and human immunodeficiency virus [HIV]).

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: The presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry which has been soiled with human blood or other potentially infectious materials, or that may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin, including, but not limited to: needles, scalpels, lancets, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate or destroy blood-borne pathogens on a surface or item to the point where they are considered safe for handling, use or disposal.

Engineering Controls: Controls (sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needle-less systems) that remove the blood-borne pathogens hazard from the workplace.

Exposure Incident: 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.

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

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

Other Potentially Infectious Materials: (1) Includes 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 where it is difficult or impossible to differentiate between body fluid; (2) Any unfixed human tissue or organ other than skin; and (3) Blood, organs or other tissues from experimental animals infected with HIV, HBV or other microorganisms that have the potential to cause disease in humans.

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

Personal Protective Equipment or PPE: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes or uniforms are not considered to be protective equipment.

Regulated Medical Waste: Any waste that is generated in the diagnosis, treatment or immunization of human beings or animals, in research pertaining thereto, or in production and testing of biologicals… (used interchangeably with the term *biohazardous waste*).

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize: The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

Universal Precautions: An approach to infection control wherein all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV or other blood-borne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

I. What is biohazardous waste?

At Skidmore College, the terms *biohazardous waste* and *regulated medical waste (RMW)* are used to describe different types of waste "…generated in the diagnosis, treatment or immunization of human beings or animals," and "…in research pertaining thereto…" According to the Environmental Protection Agency (EPA), the term *biohazardous waste* is further defined as, "Any wastes that may contain infectious agents of sufficient virulence and quantity that present a risk or potential risk to the health of humans, other animals, or plants, either directly through infections or indirectly through disruption to the environment."

Under provisions for managing regulated medical waste as defined by New York State Public Health Law 1389, and according to OSHA standards and regulations, the following categories of items are regulated as medical waste and/or potentially contaminated with human "blood-borne pathogens" and are managed under the general classification of *biohazardous waste* at Skidmore College:

1. Cultures and Stocks

This is waste that includes cultures and stocks of agents infectious to humans (systems/equipment used to grow and maintain infectious agents in vitro), associated biologicals (preparations made from living organisms and their products used in diagnosing, immunizing or treating human beings or animals), and culture dishes and devices used to transfer, inoculate or mix cultures. These include, but may not be limited to:

- Agar plates, culture/petri dishes
- Plastic or glass plates, flasks, vials, beakers, bottles, jars and tubes
- Inoculation loops and wires
- Rubber, plastic and cotton stoppers and plugs
- Contaminated or potentially contaminated gloves and other personal protective equipment (PPE)
- Filtering devices made of natural and artificial substances
- Materials used to clean and disinfect items indicated above
- Human, primate and impure animal cell lines
- Serums
- Discarded live and attenuated vaccines
- Antigens
- Antitoxins

2. Human Pathological Waste

- Human organs, tissues, and body parts (except teeth)
- Body fluids removed during medical procedures
- Specimens of body fluids and their containers (includes urine *only* if the urine is a clinical specimen submitted to a laboratory for testing)
- Discarded material saturated (to the point of dripping) with body fluids other than urine

3. Human Blood and Blood Products

- Human blood, blood components (serum and plasma)
- Containers with free flowing blood or blood components
- Discarded *saturated* material (to the point of dripping) containing free flowing blood or blood components (including, but not limited to: clothing, linens, dressing/bandage materials, gloves and other PPE)

4. Sharps

Includes ***all*** *discarded (used and unused) sharps* used in human ***or*** animal medical care, in medical research or in clinical laboratories, such as:

- Intravenous, hypodermic or other medical needles

- Hypodermic or intravenous syringes or tubing to which a needle or other sharp is still attached
- Pipettes, scalpel blades, lancets, blood vials, test tubes
- Glass or rigid plastic slides, coverslips
- Razor blades
- Any *contaminated* object that can penetrate skin

5. Animal Waste

This waste consists of discarded materials from animals *known to be contaminated with infectious organisms* or from *animals inoculated during research, production of biologicals or pharmaceutical testing with infectious agents*, including:

A) Animal carcasses (except those preserved with formaldehyde, etc., for educational use – these are not considered biohazardous due to the fixative used to preserve the body), body parts, body fluids, blood and/or bedding

II. Employee Job Classification and Exposure Risk Determination

A list has been developed of job descriptions at Skidmore College, classified according to risk of occupational exposure to blood-borne pathogens and potential for handling of biohazardous, regulated medical waste. The classifications are defined as follows:

CATEGORY A: This category includes all employees who have routine exposure to blood-borne pathogens, primarily Health Services and Campus Safety staff.

CATEGORY B: This category includes all employees who do not routinely have exposure to blood-borne pathogens but, on occasion, may perform tasks that involve potential BBP exposure. These employees include custodians, housekeepers, athletic coaches (including Riding Program faculty), Child Care Center staff, Exercise Science Department faculty and assistants, Dance department faculty, and Biology and Psychology research laboratory faculty and assistants.

CATEGORY C: This category includes all employees who may potentially have occupational exposure to, or may be required to handle biohazardous waste as defined in this document and according to NYS Public Health Law 1389 (1993), including riding program stable assistants.

CATEGORY D: This category includes all employees who have no routine occupational exposure to blood-borne pathogens and who would not be required to handle regulated medical or biohazardous waste. These employees consist mostly of faculty, administrators and support staff not identified in Category A, B or C.

Skidmore College has defined these classifications to include the various tasks within these categories where occupational exposure might occur. These tasks have been grouped as follows:

0. No occupational exposure.
1. Handling of contaminated linen/clothing.
2. Handling of contaminated sharps/blood gas analysis and venous access.
3. Handling of contaminated surgical instruments.

4. Cleaning of surfaces/equipment contaminated with human or animal body fluids.
5. Insertion of tubes or other equipment into body surfaces (human or animal).
6. Handling/exposure of body fluids (human or animal).
7. Wound care/dressing changes.
8. Responding to emergency situations.
9. Handling of contaminated trash or biohazardous waste.

Skidmore College has determined that any Category A, B, or C position will be treated as a Category A position for the purpose of employee training and identification of employees eligible for the administration of the Hepatitis B vaccine. This is for safety purposes and may differ from the classification in place in the Human Resources Office.

JOB CLASSIFICATIONS WITH RISK OF OCCUPATIONAL EXPOSURE

The following chart lists potential exposures and job classifications by department:

Department	Position	Tasks	Class
Biology	Research Lab Professor	2,3,4,5,6,9	B
	Research Lab Assistant	2,3,4,5,6,9	B
Dance	Professors	1,8	B
	Associate Professors	1,8	B
Exercise Science	Professors	1,2,3,4,5,6,8,9	B
	Teaching Associates	1,2,3,4,5,6,8,9	B
	Research Assistant	1,2,3,4,5,6,8,9	B
	Lab Assistant	1,2,3,4,5,6,8,9	B
Psychology	Research Lab Professor	2,3,4,5,6,9	B
	Research Lab Assistant	2,3,4,5,6,9	B
Athletic Department	Coach	1,8	B
	Equipment Manager	1,4	B
	Trainer	1,3,4,6,7,8	A
	Riding Program Director	1,2,4,8,9	B
	Stable Manager	1,2,4,8,9	B
	Riding Assistant	1,2,4,8,9	B
	Stablehand	4,9	C
Campus Safety	Campus Safety Officer	1,7,8	A
	Director	1,7,8	A
	Sergeant	1,7,8	A
Dining Hall	Cooks	8	C
	Chefs	8	C
	Baker	8	C
	Sanitation/Safety Steward	8	C
Early Childhood Center	Director	1,4,8	B
	Teacher	1,4,8	B
Facilities Services	Environmental Serv. Technician	1,4,9	C
	Housekeeper	1,4,9	C
	Groundskeeper	8	C
	Refuse Driver	8	C

	Electrician	8	C
	HVAC Technician	8	C
	Plumber	8	C
	Carpenter	8	C
	Mason	8	C
	Painter	8	C
Greenberg Childcare Ctr.	Director	1,4,8	B
	Teacher	1,4,8	B
	Teaching Assistant	1,4,8	B
Health Services	Administrative Asst.	8	B
	LPN	1-9	A
	Nurse (RN)	1-9	A
	Nurse Practitioner	1-9	A
	Physician	1-9	A
	Physician Assistant	1-9	A
Special Programs	Camp Northwood Counselors	8	C
	Pre-College Supervisors	8	C
	Athletic Trainers	8	C

III. Methods of Compliance, Infection Control

Universal precautions must be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, ***all*** body fluids shall be considered potentially infectious materials.
Biohazardous waste must be properly handled, contained and disposed of so as not to become a means of transmission of disease to Skidmore workers, to other humans or to animals, or cause disruption to the environment. All biohazardous waste shall be handled using personal protective equipment (PPE), and must be disposed of and transported in closed, leak-proof (sides and bottom), puncture resistant containers that are clearly marked with the standard bio-hazard symbol. In situations where the outside of a waste container becomes contaminated, then a secondary container must be used. Responsibility for managing the biohazardous waste disposal program rests primarily with Facilities Services, which collects, transports and incinerates this waste. For further information concerning disposal management of biohazardous waste, please refer to sections VI – VIII of this document.

Methods of compliance with biohazardous waste management and infection control guidelines consist of measures designed to protect the health and safety of Skidmore workers and the campus community, as well as that of the surrounding community and environment. These methods include:

A) Engineering controls
B) Biosafety cabinets
C) Safe work practices
D) Use of personal protective equipment
E) Availability of safety equipment for use during campus emergency medical and disturbance calls

F) A biohazard communications and training policy (addressed in Section IV: Communication of Hazards)
G) A (housekeeping) policy and schedule for cleaning and decontamination of work areas and equipment
H) Policy and procedures for handling blood spills
I) Procedures for handling and cleaning of contaminated laundry
J) Policy for provision of employee Hepatitis B vaccinations and related training

A) ENGINEERING CONTROLS*:* The following policy modifications and engineering controls have been adopted in an effort to decrease occupational risk to blood-borne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment should also be used:

1. A system to isolate contaminated needles and other sharps in a safe fashion:
    - All needle disposal units at Skidmore are made of rigid plastic which prevents needles or other sharps from piercing through the container. These units are also leak-proof. Disposal units are strategically placed to allow for disposal as quickly as possible. When impractical to install in direct patient care areas or other areas of use, smaller units are available to permit proper disposal.
    - These systems are inspected regularly and replaced when ¾ full. This further reduces the potential for accidental exposure due to overfill.

2. Annual review of accidental sharp's injury prevention measures and engineering controls utilized in Health Services by an appointed "Needlestick Safety Committee" consisting of non-managerial Health Services clinical staff responsible for direct patient care. See **Addendum to the Skidmore College Biohazardous Waste Management Policy and Exposure Plan** for further information.

The Biohazardous/Regulated Medical Waste Containers, Packaging and Usage (section VI) portion of this document outlines procedures to be followed when disposing of sharps waste.

B) BIOSAFETY CABINETS: These are in use where occupational exposure might occur. All microbiological and parasitic specimens are processed using these cabinets. Bio-safety cabinets are also used when specimens are separated and processed. Responsibility for the cabinets and appropriate documentation is maintained in the department where cabinets are used.

C) SAFE WORK PRACTICES: The following procedures must be followed by employees who may be exposed to blood-borne pathogens or other potentially infectious materials, or who may be required to handle biohazardous waste:

1. **Hand Washing - (hand washing facilities are provided that are easily accessible to employees):** Hand washing is the single **MOST IMPORTANT** means of preventing the spread of infection. It is an important measure to decrease occupational exposure to blood-borne pathogens, potentially infectious or biohazardous materials. Proper hand washing procedures should be as follows:

    - Use warm running water.
    - Use mild liquid soap.
    - Friction is the most important part of the hand washing procedure. Careful washing between fingers is essential. Rub hands together for at least 15 seconds to work up a lather.
    - Hands should be thoroughly rinsed while they are held downward.
    - Dry thoroughly with paper towels.

- Turn water faucet off with paper towel. (This prevents re-contamination of the hands.)
- When hand washing facilities are not available, the employee should use an appropriate antiseptic or alcohol-based waterless hand cleanser/sanitizer, or antiseptic towelettes (these products will be provided by Skidmore College). When antiseptic hand cleansers, alcohol-based cleansers or towelettes are used, hands should be washed with soap and running water as soon as feasible.

2. **Hands Should Be Washed/Cleansed:**

- After touching patient secretions or any potentially infectious material.
- Before leaving any isolation room.
- Before performing any invasive procedures.
- Before touching any immunosuppressed individual.
- After performing personal bodily functions.
- As soon as feasible after removal of gloves or other personal protective equipment.
- Remember: Gloves are not a substitute for hand washing

3. **Other Important Infection Control Measures:**

- Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the College demonstrates that no alternative is feasible or that such action is required by a specific medical procedure. Shearing or breaking of contaminated needles is prohibited.
- Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- Immediately or as soon as possible after use, contaminated *reusable* sharps shall be placed in appropriate containers until properly reprocessed. These containers must be:

  a) Puncture resistant;
  b) Labeled or color-coded in accordance with the OSHA Blood-Borne Pathogens Standard;
  c) Leak proof on sides and bottom;
  d) In accordance with requirements set forth by the OSHA Blood-Borne Pathogens Standard section regarding reusable sharps.

- Eating, drinking, smoking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure to biohazardous materials.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood, bodily fluids, or other potentially infectious or biohazardous materials are present.
- All procedures involving blood-borne or other potentially infectious biohazardous materials should be performed in such a manner as to minimize splashing. Employees should be trained in these techniques during their orientation period.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

D) PERSONAL PROTECTIVE EQUIPMENT: The use of PPE may decrease occupational risk of exposure to blood-borne pathogens or biohazardous materials. PPE is provided to employees at

no cost and will be accessible in all areas where occupational exposure is possible. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious or biohazardous materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions or use, and for the duration of time which the protective equipment will be used. Appropriate PPE includes, but is not limited to; gloves; gowns; laboratory coats; face shields or NIOSH/OSHA approved particulate respirator masks and eye protection (protective glasses), mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

1. **GLOVES -** must be used when:
   - There is likelihood of contact with blood, bodily fluids or other potentially infectious materials.
   - During venous access procedures (phlebotomy).
   - Whenever there is contact with mucous membranes and non-intact skin.
   - When contaminated items/surfaces are handled/cleaned.

   a) Hypoallergenic gloves, non-latex gloves, glove liners, powderless gloves or other similar alternatives will be readily accessible to those employees who are allergic to gloves normally provided.
   b) Disposable gloves, such as surgical or examination gloves, should be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. They must be discarded when contaminated and *may not be re-washed or reused*.
   c) Utility gloves must be used to perform housekeeping activities when occupational exposure exists. These gloves may be decontaminated but must be disposed of when cracked or no longer intact. To decontaminate, the gloves should be washed with a college-approved disinfectant or a solution of diluted bleach (1:10), and dried.

2. **MASKS, EYEWEAR AND FACE SHIELDS** – Particulate respirator masks and/or paper surgical masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of blood, or other potentially infectious or biohazardous materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

3. **GOWNS, APRONS and OTHER PROTECTIVE BODY CLOTHING –** Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments should be worn in occupational exposure situations. The type and characteristics depend on the task and degree of exposure anticipated. All gowns or aprons selected as PPE must possess the following:
   - Must adequately cover clothes.
   - Must prevent blood or other fluids from reaching clothes or skin.

   If lab coats are used as PPE, these must be:
   - Laundered by the College.
   - Be adequate to the task to prevent contamination of clothes or skin.

   If an employee's clothing becomes contaminated while on duty, the College will launder the clothing free of charge for the employee and the employee will be provided with a College-issued uniform or other clothing to wear.

All employees will be trained in the appropriate use of PPE at the time of their employment, if applicable.

E) CAMPUS EMERGENCY MEDICAL, DISTURBANCE AND CPR CALLS:

1. **Emergency Medical and Disturbance Calls:** All personnel who respond to disturbances or emergency calls will be trained in appropriate measures designed to decrease the risk for injury and minimize exposure to blood-borne pathogens. If an employee sustains a human bite during the course of responding to an emergency, it will be considered a percutaneous BBP exposure and follow-up measures for exposure will be instituted. In addition, the person who inflicted the bite needs evaluation for BBP exposure due to blood contact with a mucus membrane, i.e. the mouth. (see section VI, Procedures for Evaluation of human Blood-Borne Pathogens Exposure Incidents and Post-Exposure Follow-Up).
2. **CPR:** In the event that cardiopulmonary resuscitation (CPR) must be performed, employees should utilize a mechanical device designed to protect the employee from bodily fluid exposure. These devices may consist of either a disposable pocket CPR mask with one-way valve (for mouth-to-mouth resuscitation), or a manual resuscitation combination bag and mask device. Both types of devices are located in emergency kits in both Health Services and Campus Safety.

F) BIOHAZARD COMMUNICATIONS AND TRAINING – see Section IV. Communication of Hazards

G) HOUSEKEEPING: POLICY FOR CLEANING AND DECONTAMINATION OF WORK AREAS AND EQUIPMENT - Skidmore College strives to provide a work environment that is maintained as safe, clean and as free from potential exposure as possible.

The following list of tasks may be performed by some Skidmore employees (please refer to pages 5 – 7 for employee job classifications with occupational risk of exposure to BBP and other biohazardous materials). All employees at risk for occupational exposure according to their pre-determined category of work-related duties will be trained to perform these tasks in ways that decrease their occupational exposure to blood-borne pathogens and other biohazardous materials. A detailed schedule for cleaning and decontamination is based upon the location within the facility, the degree of contamination present and the nature of the tasks being performed in each area. This schedule is maintained by the Manager of Custodial Services and is reviewed annually.

1. **Decontamination of Work Surfaces:**
    - To prevent exposure of the employee to blood or other potentially infectious, biohazardous materials remaining on a work surface from a previous procedure, all work surfaces should be decontaminated after completion of each procedure, when they are overly contaminated during a procedure and at the end of the work shift.
    - When procedures are performed continually throughout a shift, the work area should be decontaminated after each set of tasks is completed.
    - The work area should be decontaminated if an employee leaves the area.
    - Work surfaces in patient care areas do not need to be cleaned after each procedure *unless* that procedure results in contamination of the area.

- All agents used to decontaminate work areas are EPA approved and meet standards for deactivating Hepatitis B and HIV viruses as well as the Tuberculosis bacillus.

2. **Decontamination of Equipment:**
   - Equipment will be decontaminated immediately if contamination with potentially infectious, biohazardous materials has occurred.
   - Employees who perform the task of decontaminating equipment will be trained in the methods appropriate to the procedure and according to specifications for that equipment.

3. **Trash Receptacles:**
   - Any reusable receptacles used for biohazardous waste must be decontaminated weekly and immediately following any gross contamination. This includes all receptacles used to hold contaminated materials or items, even when a plastic liner is used.
   - The containers should be visibly inspected at the time of emptying and decontaminated if soiled. Antibacterial cleaner and water (dilution as per manufacturer's recommendations) should be used for this procedure.
   - Employees performing this function should use personal protective equipment designed to prevent exposure.

H) <u>BLOOD SPILLS</u>: Blood Spills are of extreme concern for transmission of blood-borne pathogens. The following procedures must be used by all employees who remove or disinfect a blood or bodily fluid spill.
The following instructions are designated for small and large blood spills. The distinction between small and large is arbitrary, but generally speaking, if the spill will saturate a paper towel, it is considered a large blood spill.
The disinfectant in use determines the contact time for complete disinfection of HIV and Hepatitis B. Currently, Signet Heavy Duty Non-Acid Washroom Cleaner/Disinfectant is in use. The package insert indicates that HIV is completely killed within 1 minute of application and Hepatitis B is completely killed within 5 minutes of application.

<u>SMALL BLOOD SPILL</u>

1. Put on gloves.
2. Block off the area if necessary.
3. Wipe up blood drips with a paper towel.
4. Dispose of paper towel in regular trash (as long as it is not dripping or saturated with blood).
5. Spray area with Signet disinfectant leaving surface looking wet. Disinfectant should be in contact with the surface for at least 5 minutes for confident disinfection.
6. Take off gloves and wash hands.

<u>Considerations</u>: The surface that the blood was on may be a high touch or low touch surface. For instance, the floor is a low touch surface. Open skin or mucus membranes are less likely to contact low touch surfaces resulting in less exposure to blood borne pathogens.

In the case of blood on a floor surface (i.e. gym floor during a game, dance in Falstaff's etc.), though cleaning should be thorough as possible, there may be instances that require quick clean up and prevention of traffic for 5 minutes may not be possible. Wiping the area and leaving the surface looking wet is considered appropriate cleanup for this low touch surface and is considered a reasonable effort.

If blood contacts a counter top, door handle, light switch, or an area of frequent hand contact, disinfection must be thorough. Signet disinfectant should be in contact with the soiled surface for 5 full minutes.

LARGE BLOOD SPILL

1. Block off the affected area to prevent potential exposure to other people.
2. Put on gloves and goggles.
3. Use paper towels or clumping agent to absorb and contain the blood spill.
4. Wipe up blood spill with paper towels or scoop up clumped blood disposing in a **red biohazardous waste bag**. (Any dripping or saturated towels must be discarded as biohazardous waste.)
5. Once blood has been wiped from the area, thoroughly apply Signet disinfectant and allow for at least 5 minutes of contact time. (The 5 minute contact time is the based on the package instruction for Signet Washbasin disinfectant.)
6. After 5 minutes, wipe down the surface and throw used paper towels in red biohazardous waste bag.
7. Secure the red biohazardous waste bag, double bag if necessary, and transport to the MAA storage area.
8. Take off gloves and wash hands or any area of skin that has had contact with blood.

Considerations: The Signet disinfectant must be used per the package instruction at the proper strength. In order to achieve this, blood should be wiped up prior to application to prevent dilution of the disinfectant.

Paper towels are preferred for blood clean up because they are disposable. Using cotton cloths and rinsing in cleaning water contaminates the water and potential spread of blood borne pathogens.

Any tools (carpet cleaner, upholstery cleaner) that are used to clean blood, must be disinfected in the same manner as the blood spill. Items that are unable to be cleaned because of heavy soil, must be disposed of, i.e. carpet squares, fabric.

If carpeting is unable to be removed because it is in a long sheet, per OSHA, the employer has the responsibility to "reasonably disinfect." Since carpet is low touch, a reasonable effort is an acceptable standard.

Upholstered furniture should be treated similar to carpet. Depending on the extent of blood spill and whether the stain can be removed, the furniture may or may not need to be disposed of. If a blood stain can be removed and the furniture appears usable, the furniture could be disinfected and taken out of service for 7 days to insure there are no BBP's present (Hepatitis B can live on a surface for up to 7 days). Contact a supervisor to decide the outcome of blood on upholstered furniture or mattress.

For bodily fluid spills containing glass, the glass should be removed by sweeping with a counter brush and dustpan or with tongs or forceps. Broken glassware should not be picked up directly with the hands. Bodily fluids should then be removed following proper procedures as stated above. Equipment used to clean a body fluid should be disinfected using Signet disinfectant. All glass should be disposed of in a manner to prevent exposure to others.

Reusable sharps that are contaminated with blood or other potentially infectious materials should not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

I) LAUNDRY: Contaminated laundry is defined as any laundry that may contain blood or potentially infectious material. The following guidelines have been designed to decrease occupational exposure by means of contaminated linen:

1. Linens should not be sorted or rinsed in patient care areas.
2. All personnel should use protective equipment when handling contaminated linen.
3. Only laundry bags that prevent soak through or leakage of fluid should be used to contain soiled or contaminated laundry.
4. All laundry workers with exposure to contaminated laundry will be trained in the following areas: proper method of handling contaminated linen, method of selecting protective equipment and handling of contaminated sharps.
5. Standard sharps containers should be located near laundry areas for disposal of all sharps found in contaminated linen.

J) POLICY FOR PROVISION OF EMPLOYEE HEPATITIS B VACCINE AND RELATED TRAINING: Skidmore College provides Hepatitis B vaccine free of charge for all employees who have the potential for occupational exposure to this human blood-borne pathogen during the course of performing their duties.

General provisions:

1. Vaccinations are performed under the supervision of the Clinical Director of Health Services.
2. All employees eligible to receive the vaccine will be trained on the provisions of this standard prior to their initial assignment to tasks where occupational exposure may take place, and will be offered the vaccine following attendance of training. See Section V, part D for further details and provisions of mandatory comprehensive biohazardous/medical waste and Bloodborne pathogens training program.
3. Skidmore College does not offer the vaccine to new employees who have previously received the vaccine series, if antibody testing reveals the employee is already immune, or for employees for whom the vaccine is contraindicated. When the vaccine is not given for any of these reasons, there will be documentation of such provided in the employee's medical record.
4. All employees who choose to receive Hepatitis B vaccine must sign an informed consent explaining the benefits derived from receiving the vaccine and its possible side effects and adverse reactions.

5. Any employee who chooses to decline the vaccine must sign the declination statement at the bottom of the Consent/Declination Form. At this time the employee will be counseled as to the risks of refusal.
6. If at any future time an employee who initially declined Hepatitis B vaccination decides to accept the vaccination, Hepatitis B vaccine will be administered at that time, at no cost to the employee.
7. All employees who refuse vaccination will be reminded annually and re-offered vaccination.

Administration of the Vaccine:

1. Hepatitis B vaccine will be administered by Health Services clinical staff according to the United States Public Health Standards.
2. If in the future the US Standards require routine booster doses, these will be offered to all employees with occupational exposure as required by the guidelines.
3. Under current public health guidelines, routine post-vaccination testing (immune titer) is not required and is not part of the Skidmore College employee Hepatitis B vaccination program.

Record Keeping:

1. Employees of Skidmore College will have a written opinion from a College Health Care Provider regarding their occupational risk for exposure and indication for Hepatitis B vaccination.
2. A copy of the above information will be kept in the employee's medical record on file in Health Services.

IV. Communication of Hazards

Biohazard warning labels and signs are used to communicate hazards to Skidmore College employees. Biohazard signs and labels include the universal biohazard symbol, which is fluorescent orange or orange-red with lettering and symbols in a contrasting color. These signs and labels will either be an integral part of the biohazardous waste container or will be located as close to the hazard as possible, and should be affixed by a method that prevents their loss or unintentional removal.

LABELS will be affixed to:

A) Containers of regulated/biohazardous waste
B) Refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials, with the exception of:

1. Red bags or red containers already possessing biohazard symbols
2. Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use
3. Individual containers of blood or other potentially infectious materials that are placed within another appropriately labeled container during storage, transport, shipment or disposal

4. Regulated waste that has been decontaminated
5. Laundry bags containing *uncontaminated* or *decontaminated* laundry

C) Labels required for contaminated equipment should also state which portions of the equipment remain contaminated.

SIGNS must be posted at the entrance of work areas. Signs will include the universal biohazard symbol which is fluorescent orange-red with letters and symbols in contrasting colors, and will contain the following information:

1. Name of the infectious agent
2. Special requirements for entering the area
3. Name and phone number of the responsible person(s)

BIOHAZARD COMMUNICATIONS TRAINING for employees will be provided prior to their initial assignment to tasks where occupational exposure may take place, and annually thereafter. See Section V, part D for further biohazardous materials and waste management training policy and provisions.

V. Procedures for Evaluation of Human Blood-Borne Pathogens Exposure Incidents and Post-Exposure Follow-Up

An occupational **exposure incident** is defined as "specific eye, mouth or 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".

A) THE FOLLOWING STEPS SHOULD BE TAKEN AFTER EACH "EXPOSURE INCIDENT":

Employees/Student Employees:

1. The employee will be administered first aid. All affected areas of skin must be washed thoroughly, eyes flushed if necessary.

2. Each incident is to be reported to the employee's supervisor ***immediately***.

3. Every employee has the right to be evaluated should they feel they have been exposed to blood. Swift action is essential for proper evaluation of potential blood exposure incidents. Ideally, the employee should be evaluated within 2 hours of the exposure.

   This evaluation may take place at the nearest Emergency Room or Urgent Care Center. Employees/Student employees should anticipate possible laboratory testing and administration of prophylactic medication.

   If the source individual is known, they should also be requested to have testing.

4. The supervisor and the employee will complete an Accident Reporting Form (found on the Human Resources website) as soon as possible after the exposure incident. The report should be filed in Human Resources within 24 hours. The

employee should also be prepared to present documentation of evaluation and recommendations for further follow up as directed by Human Resources.

5. The Non Academic or Academic Safety Officer (depending on the department) will conduct an interview with the involved parties surrounding the exposure and assure that appropriate remediation, re-training, and follow up has taken place.

Students:

1. The student will be administered first aid. All affected areas of skin must be washed thoroughly, eyes flushed if necessary.

2. Each incident is to be reported to the student's faculty member ***immediately***.

   Every student has the right to be evaluated should they feel they have been exposed to blood. Swift action is essential for proper evaluation of potential blood exposure incidents. Ideally, the student should be evaluated within 2 hours of the exposure.

   This evaluation may take place at the nearest Emergency room or Urgent Care Center. Students should anticipate possible laboratory testing and administration of prophylactic medication.

   If the source individual is known, that individual should also be requested to have testing.

3. The faculty member and student must file a non-employee incident report (found on the Campus Safety website) within 24 hours of the incident. The non-employee incident report should be filed with Human Resources and the Academic Safety Officer.

B) POST EXPOSURE FOLLOW-UP:

Employees/Student Employees:

1. Confidential post exposure medical follow-up will be conducted after each exposure incident. This follow-up will be provided by a licensed health care provider at Malta Medical Arts Corporate Health Services according to Public Health guidelines.

2. All employees who experience an exposure as previously defined must complete an incident report. This report must be evaluated and signed by the employee's supervisor. If indicated, the employee will be offered further training to correct any performance problems identified by the incident report.

3. Blood borne pathogen exposure incident reports will be forwarded to Human Resources and Corporate Health Services at Malta Medical Arts.

4. In order to conduct appropriate follow-up, the health care provider responsible for post-exposure follow-up will be provided with the following information:

   - A description of the employee's duties as they relate to the incident.

- Documentation of the route of exposure and circumstance under which the exposure occurred.
- Results of source individual's blood testing, if available.
- Medical records relevant to the treatment of the employee, including vaccination status.

5. All employee exposure incidents resulting in the need for medical treatment and follow-up will be kept on file in the OSHA "300" and "300A" Logs in Human Resources.

6. All needle-stick incidents will be documented in the Health Services "Sharps Injury Log."

Students:

1. Confidential post exposure medical follow-up will be conducted after each exposure incident. This follow up will be provided by a licensed health care provider, ideally the student's Primary Care Physician or Infectious Disease Physician.

2. A copy of the post exposure medical evaluation report will be kept in the student Health record and with the Academic Safety Officer.

3. The student should present documentation of evaluation and recommendations for further follow up to the Academic Safety Officer.

4. The Academic Safety Officer will investigate the incident and offer additional training to laboratory personnel/students to correct any performance problems identified by the incident report if necessary.

C) MEDICAL RECORDS:

Skidmore College will maintain confidential medical records for all employees with an occupational exposure incident for the duration of their employment and an additional thirty (30) years. All employee medical records are maintained as confidential records and as such will not be disclosed without written consent, unless required by law.

All occupational exposure related medical records will include at a minimum the following information:

1. The name and social security number of the employee.
2. All information pertinent to Hepatitis B status and vaccination.
3. A copy of results, examinations, medical testing and follow-up.
4. A copy of the information provided to the health care professional.

D) OCCUPATIONAL HAZARD EXPOSURE RISK AND PREVENTION – BIOHAZARDOUS WASTE AND BLOOD-BORNE PATHOGENS MANAGEMENT AND EXPOSURE CONTROL EMPLOYEE TRAINING:

Specific information and training regarding occupational hazards and required protective measures will be provided to all employees at risk for occupation exposure. New employees at risk for occupational exposure will receive training prior to their initial assignment to tasks where

occupational exposure may occur. Retraining on an annual basis will be conducted. Provision will be made for training by a qualified trainer whenever a change in an employee's responsibilities, duties, or work situation is such that an occupational exposure risk is affected.

General Biohazardous Waste Management and Exposure Control training will be provided by designated Skidmore Health Services staff, or other individuals or an individual who are/is knowledgeable in the subject matter, at no cost to the employee, during work hours, and at a location reasonably accessible to the employee. The training will be appropriate in content, language and vocabulary to the educational, literacy and language background of the employee. This training will include:

1. An accessible copy of the regulatory text of the OSHA Bloodborne Pathogens Standard.
2. A general description of the epidemiology and symptoms of blood-borne pathogens.
3. An explanation of the modes of transmission of blood-borne pathogens.
4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods of recognizing risks and other activities that may involve exposure to blood, bodily fluids and other potentially infectious materials.
6. An explanation of the use and limitation of methods that will prevent or reduce exposure, including personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be provided free of charge.
10. Information on the appropriate action to take and the person to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color-coding used to identify bio-hazards.
14. An opportunity for interactive questions and answers with the person(s) conducting the training.

Arrangements for provision of biohazardous waste management and exposure control training for Academic Department employees will be managed by the Academic Safety Officer. Non-academic departmental supervisors are responsible for assuring that their employees who are at occupational risk have attended an annual Biohazardous Waste Management and Exposure Control training presented by Health Services, and for provision of annual "site-specific" training regarding:

- The proper segregation, storage, treatment and disposal of biohazardous waste;
- Potential blood borne pathogen risks specific to their employee's duties;
- Procedures to follow in an exposure incident; and
- Assuring their employees compliance with safety practices as outlined in the Biohazardous Waste Management and Exposure Control Policy.

See Appendix A for example of the Skidmore College employee BIOHAZARDOUS WASTE TRAINING RECORD including "site specific practices" to be reviewed and signed annually by the employee and their non-academic departmental supervisor. Supervisors will maintain the "site specific" training records in their employee's files for three (3) years.

Written records of the Biohazardous Waste Management and Exposure Control training provided by Health Services staff (which covers OSHA-required blood borne pathogens training) will be kept in the Health Services office (with copies provided to each employee's departmental supervisor) for three (3) years. These records will include:

1. Dates of the training sessions.
2. Contents or summary of the training.
3. Names and qualifications of the person conducting the training sessions.
4. Names and job titles of all persons attending the training sessions.

E) SHARPS INJURY LOG:
A sharps injury log will be maintained in the office of Health Services for the purpose of recording percutaneous injuries from contaminated sharps (see section ii, Addendum to the Biohazardous Waste Management and Exposure Control Plan, pg. 25). The information in the log will be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log will contain, at minimum:

1. The type and brand of device involved in the incident.
2. The department or work area where the exposure incident occurred.
3. An explanation of how the incident occurred.

VI. Biohazardous/Regulated Medical Waste Disposal Guidelines

SKIDMORE COLLEGE
MEDICAL/BIOLOGICAL WASTE DISPOSAL GUIDELINES

What is Medical/Biological Waste?
Medical waste is defined as biohazardous or sharps waste and waste which is generated or produced as a result of the diagnosis, treatment, or immunization of human beings/animals, research pertaining to the diagnosis, treatment, or immunization of human beings/animals, production/testing of biological, or the accumulation of properly contained home-generated sharps waste. Facilities Services provides the following guidelines for the disposal of medical waste (**TO REQUEST DISPOSAL OF ANY OF THESE ITEMS PLEASE VISIT THE FACILITY SERVICES WEBSITE TO COMPLETE A REQUEST FOR PICK UP FORM):**

Labeling Requirements for Medical Waste Containers
Medical waste contained in a red biohazard bag must be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD". (**See page 20 for ordering of approved campus biohazardous waste containers and labeling products.**)

Medical Waste Storage and Handling
- Place all waste in Red biohazard bag.
- Tie red biohazard bags to prevent leakage or expulsion of contents during future storage, handling, or transport.

- Place red biohazard bags for storage, handling, or transport in a rigid secondary container.
- Rigid secondary containers must be leak resistant, have tight fitting covers and be kept clean and in good repair. Containers must be white with the words “Biohazardous Waste” or the international biohazard symbol and the word “BIOHAZARD” on the lid and on the sides so as to be visible from any lateral direction.

Sharps Waste

- Sharps waste (needles, syringes, scalpels, blades etc.) that is contaminated with infectious materials must be placed in rigid, puncture and leak resistant containers that are labeled with the words “Sharps Waste” and with the international biohazard symbol or the word “BIOHAZARD”. (Appropriate sharps containers may be ordered through the purchasing office).
- Sharps waste that is not contaminated with infectious materials must be placed in rigid, puncture, and leak resistant containers and taped shut before request for pick up.
- Full sharps containers must be tightly sealed or taped to ensure contents will not spill. (Sharps containers should never be filled more than ¾ full).

Biohazard/Medical Waste Labeling and Container Packaging Products

- Pricing and products can be ordered by contacting EMEDCO (1-800-442-3633) or by visiting http://www.emedco.com/
- All departments are responsible for ordering their own supplies and must pay for it out of individual department budgets

VII. Accumulation and Storage Area Requirements

Skidmore College, as a generator of biohazardous waste, is responsible for meeting requirements for storage, containment, packaging and labeling of biohazardous waste for off-site transport, and for completing an approved Medical Waste Tracking Form (MWTF). In addition to the Biohazardous/Regulated Medical Waste Disposal Guidelines detailed in section VI., the following list of campus requirements for waste accumulation and storage areas meets guidelines to ensure the safe handling and storage of biohazardous waste awaiting off-site transport by an authorized hauler:

- All bags containing biohazardous/regulated medical waste will be labeled according to Department of Environmental Conservation regulations and placed in secondary rigid type containers in the designated accumulation area to await off-site transport. These containers will be white in color and be leak-proof, have tight fitting covers, and if reusable, must be kept clean and in good repair. Each container will be conspicuously labeled with the word biohazard or with the universal biohazard symbol.
- Storage of biohazardous/regulated medical waste will be in an accumulation area that is secure, insect and rodent-free, dry, properly ventilated (to the outdoors) and that is only accessible to authorized personnel.
- Such waste will be protected from the elements and be maintained in a non-putrescent state in a location that minimizes the possibility of exposure to the environment and the public. There are no maximum time limits that biohazardous waste may be stored on-site.
- Storage areas will be marked with prominent warning signs on or adjacent to, the exterior doors. The warning signs will include the nationally recognized biohazard symbol that can be easily read from a distance of 25 feet. Outside biohazardous waste storage areas will be locked to prevent unauthorized access and vandalism.

- Reusable storage containers will be thoroughly washed and decontaminated each time they are emptied unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags or other devices removed with the waste itself.
- A properly trained Facilities Services staff member will complete an approved Medical Waste Tracking Form for biohazardous/regulated medical waste that has been packaged, labeled and awaiting transport by an approved hauler. The College will maintain all MWTFs for a minimum of 3 years and will have them available for examination by NYSDOH and DEC inspectors on request. (Please see section VIII for a medical waste tracking form sample.)

VIII. Tracking Forms and Off-Site Transportation

Off-site transport of all properly packaged and labeled biohazardous/regulated medical waste will be handled by a hauler authorized by the Department of Environmental Conservation. The transported waste must be accompanied by a completed approved medical waste tracking form – a sample follows:

Addendum to the SKIDMORE COLLEGE BIOHAZARDOUS WASTE MANAGEMENT POLICY AND EXPOSURE PLAN

Department of Health Services

Annual Review – Accidental Sharp's Injury Prevention

1. A Health Services' "Needlestick Safety Committee" will be appointed in mid May of each year (the week prior to college Commencement).
2. The Committee members will be selected from non-managerial clinical staff responsible for direct patient care.
3. The Committee's goals will be:
   - Annual review of current practices and safety equipment available for use in Health Services to prevent accidental
   - Consideration of any innovations in medical procedure and technological developments that reduce the risk of blood-borne pathogen exposure through accidental contaminated sharps injury.
   - Document consideration and use of appropriate, commercially available and effective safer devices through written descriptions of devices identified as candidates for use, the method(s) used to evaluate those devices and justification for the eventual selection.
   - Select safety devices as candidates for Health Services' use that, based on reasonable judgment, will not jeopardize patient or employee safety or be medically inadvisable, but that will make an exposure incident from a contaminated sharp less likely to occur.
   - Submit documentation of the Committee's review and recommendations, signed and dated by each Committee member, to the Director of Health Services for approval and implementation by June 1st of each year.

Engineering Controls – Safety Devices Available

Upon recommendation of the 2001 Health Services Needlestick Safety Committee, the following safety devices, as well as sharps injury preventive equipment as outlined in the Skidmore College Biohazardous Waste Management Policy and Exposure Control Plan will be available for staff use:

1. **Portex (Terumo) Hypodermic Needle-Pro® Device with Needle, Portex (Terumo) Hypodermic Needle-Pro® Syringe and Needle with Needle Protection Device:** Since implementation of actual clinic use, these products have proved effective and easy to use, have been readily utilized by all clinical staff, and remain available in all syringe and needle sizes used in Health Services. They are also less expensive than safety syringe/needle combinations previously purchased and other similar products currently on the market. It was thus determined that all future safety syringe and safety needle purchases would continue to be of this type. (The availability of safety needles without syringes was determined to be a continued necessity as most vaccine prefilled syringes no longer come with needles due to current OSHA Needlestick Safety Regulations.)
2. ***Vacutainer*® Safety-Lok Push-Button 23G Butterfly Blood Collection Sets, BD *Vacutainer*® Eclipse™ 22G Blood Collection Needles:** These supplies are still provided by the Saratoga Hospital Laboratory for use in phlebotomy. Future modifications or changes in safety phlebotomy equipment will continue to be supplied and staff training provided by the Hospital Laboratory.
3. ***Haemolance*™ Safety Lancets:** These have proved most effective and well utilized by Health Services staff. Supplies will continue to be purchased and made available for use by Health Services personnel for drawing whole blood samples via fingerstick.

Recordkeeping

A “Sharp’s Injury” Log that protects the privacy of employees will be maintained and will contain the following:

- The type and brand of device involved in the incident;
- Location of the incident (work area); and
- Description of the incident.
- The Log will not include any names or employee ID numbers (no personal identifiers).

A sample of the Employee Sharp’s Injury Log format is included at the end of this Policy. The actual log will be kept in an appropriately labeled file folder in the Health Services Laboratory file cabinet.

Signature – Needlestick Safety Committee Member	Date
Signature – Needlestick Safety Committee Member	Date
Signature – Needlestick Safety Committee Member	Date
Signature – Health Services Clinical Director	Date

Skidmore College Health Services
Sharps Injury Log

Employee Department: _____

Date of Incident: _____

Type/Brand of Device: _____

Location of Incident: _____

Description of Incident:

_____
_____
_____
_____
_____
_____
_____

Supervisor: _____

Employee Department: _____

Date of Incident: _____

Type/Brand of Device: _____

Location of Incident: _____

Description of Incident:

_____
_____
_____
_____
_____
_____
_____

Supervisor: _____

Appendix A

SKIDMORE COLLEGE

BIOHAZARDOUS WASTE TRAINING RECORD

EMPLOYEE RESPONSIBILITIES:

- Attend an annual Biohazardous Waste Management and Exposure Control training session presented by a designated Skidmore Health Services Staff member.
- Become familiar with engineering controls, personal protective equipment, and actively use safe work practices.
- Complete site-specific training with your supervisor as outlined below.

SUPERVISOR RESPONSIBILITIES:

Supervisors are responsible for assuring that their employees have received annual training regarding:

- proper segregation, storage, treatment, and disposal of biohazardous waste;
- potential blood borne pathogen risk specific to their job;
- what to do in an exposure incident

Supervisors are also responsible for monitoring employee compliance with safety practices as outlined in the Biohazardous Waste Management and Exposure Control Policy. To assist in this task, supervisors should review the following site-specific information with employees, checking each item as it is reviewed. The completed and signed form should be kept on file in departmental records. OSHA requires training records to be maintained for 3 years.

Site-Specific Practices:

____ Discussion of which wastes generated in the work area are biohazardous and how the waste is to be segregated, stored, transported, and disposed of.

____ Review of procedures for on-site waste treatment methods (i.e. proper use of disinfectants, autoclaves etc.)

____ Review of biohazardous waste labeling and pick-up procedures as they apply to the work area.

____ Review of potential blood borne pathogen risk and procedures to follow in the event of an exposure.

____ Review of personal protective equipment available and where to obtain it.

VERIFICATION OF TRAINING

I certify attendance of a Skidmore College Biohazardous Waste Management Policy and Exposure Control Plan annual training session. In addition, site-specific practices were reviewed and understood.

Dates Attended Annual Review Trainings: _____/_____/_____

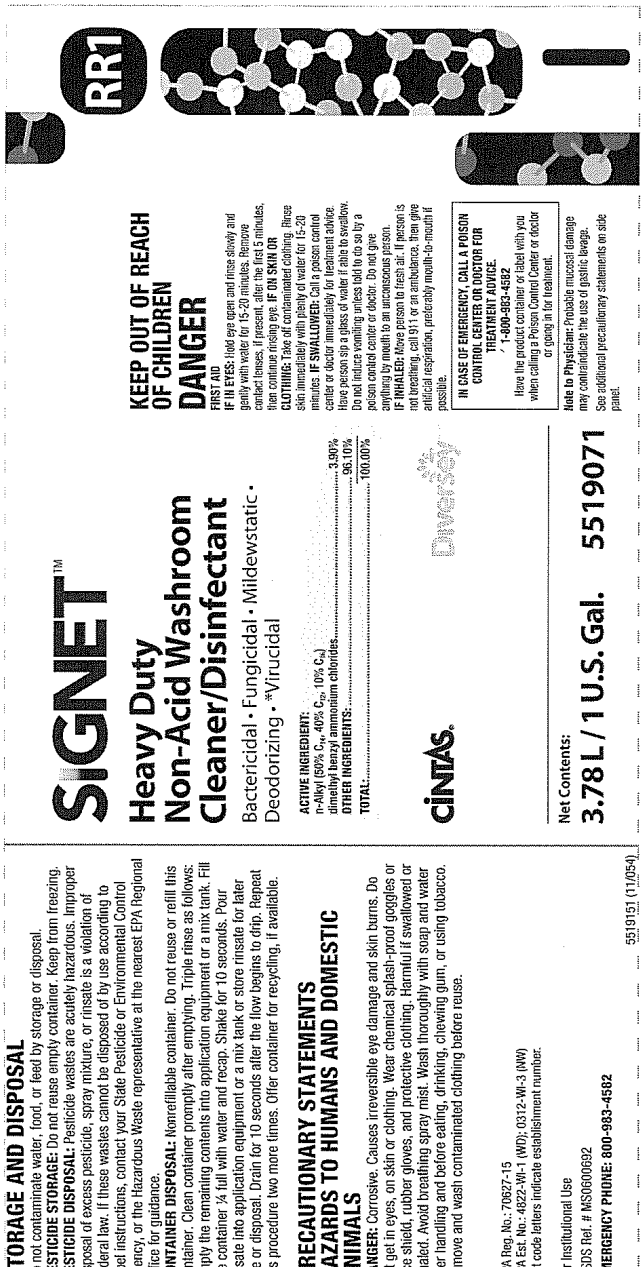
Dates Completed Site-Specific Reviews: _____/_____/_____

Employee Signature/Date	**Employee Signature/Date**	**Employee Signature/Date**
Supervisor Signature/Date	**Supervisor Signature/Date**	**Supervisor Signature/Date**

Employee Name:_____ **DOB:**_____

Supervisor Name:_____ **Dept:**_____

Appendix B: Signet Heavy Duty Non-Acid Washroom Cleaner/Disinfectant



STORAGE AND DISPOSAL
Do not contaminate water, food, or feed by storage or disposal.
PESTICIDE STORAGE: Do not reuse empty container. Keep from freezing.
PESTICIDE DISPOSAL: Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.
CONTAINER DISPOSAL: Nonrefillable container. Do not reuse or refill this container. Clean container promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank. Fill the container ¼ full with water and recap. Shake for 10 seconds. Pour rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times. Offer container for recycling, if available.

PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS
DANGER: Corrosive. Causes irreversible eye damage and skin burns. Do not get in eyes, on skin or clothing. Wear chemical splash-proof goggles or face shield, rubber gloves, and protective clothing. Harmful if swallowed or inhaled. Avoid breathing spray mist. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco. Remove and wash contaminated clothing before reuse.

EPA Reg. No.: 70627-15
EPA Est. No.: 4822-WI-1 (WD); 0312-WI-3 (NW)
Lot code letters indicate establishment number.

For Institutional Use
MSDS Ref. # MSD600692
EMERGENCY PHONE: 800-983-4582

5519151 (11/054)

SIGNET™

Heavy Duty Non-Acid Washroom Cleaner/Disinfectant

Bactericidal • Fungicidal • Mildewstatic • Deodorizing • *Virucidal

ACTIVE INGREDIENT:
n-Alkyl (50% C_{12}, 40% C_{14}, 10% C_{16}) dimethyl benzyl ammonium chlorides 3.90%
OTHER INGREDIENTS: 96.10%
TOTAL: 100.00%

CINTAS.

Diversey

Net Contents:
3.78 L / 1 U.S. Gal. **5519071**

KEEP OUT OF REACH OF CHILDREN
DANGER
FIRST AID
IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. **IF SWALLOWED:** Call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. Do not give anything by mouth to an unconscious person. **IF INHALED:** Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible.

IN CASE OF EMERGENCY, CALL A POISON CONTROL CENTER OR DOCTOR FOR TREATMENT ADVICE.
1-800-983-4582
Have the product container or label with you when calling a Poison Control Center or doctor or going on for treatment.

Note to Physician: Probable mucosal damage may contraindicate the use of gastric lavage.
See additional precautionary statements on side panel.

Reference Sheet

SIGNET™

Heavy Duty Non-Acid Washroom Cleaner/Disinfectant

When used as directed at a 1:64 dilution (2 oz. per gallon of water), this product contains 609 ppm of active quaternary germicide making it highly effective against a wide variety of pathogenic microorganisms including bacteria, antibiotic resistant bacteria, viruses, fungi, mold and mildew.

Using approved AOAC test methods under Good Laboratory Practices, in the presence of 500 ppm hard water, 10% serum load and 10 minute contact time this product kills the following on hard non-porous inanimate surfaces:

Bacteria:

Pseudomonas aeruginosa, (ATCC 15442)
Staphylococcus aureus, (ATCC 6538)
Salmonella choleraesuis, (ATCC 10708)
Bordetella bronchiseptica, (ATCC 10580)
Burkholderia cepacia, (ATCC 25416) formerly known as *Pseudomonas cepacia*
Campylobacter fetus, (ATCC 27374)
Citrobacter freundii, (ATCC 8090)
Enterobacter agglomerans, (ATCC 27155)
Enterobacter cloacae, (ATCC 23355)
Enterobacter liquefaciens, (ATCC 14460) formerly known as *Serratia grimesii* and *Serratia liquefaciens*
Enterococcus faecalis, (ATCC 19433) formerly known as *Streptococcus faecalis*
Enterococcus hirae, (ATCC 10541)
Escherichia coli, (ATCC 11229)
Escherichia coli O157:H7, (ATCC 43890)
Flavobacterium meningosepticum, (ATCC 13253)
Haemophilus influenza, (ATCC 10211)
Hafnia alvei, (ATCC 13337)
Klebsiella oxytoca, (ATCC 13182)
Klebsiella pneumoniae, (ATCC 13883)
Legionella pneumophila, (ATCC 33153)
Listeria monocytogenes, (ATCC 15313)
Micrococcus luteus, (ATCC 4698)
Micrococcus luteus, (ATCC 14452)
Micrococcus sedentarius, (ATCC 27573)
Morganella morganii, (ATCC 25830)
Neisseria gonorrhae, (ATCC 43069)
Pasteurella multocida, (ATCC 43137)
Proteus mirabilis, (ATCC 9240)
Proteus vulgaris, (ATCC 13315)
Pseudomonas diminuta, (ATCC 11568)
Pseudomonas fluorescens, (ATCC 13525)
Pseudomonas putida, (ATCC 12633)
Pseudomonas stutzeri, (ATCC 17588)
Salmonella enteritidis, (ATCC 13076)
Salmonella gallinarum, (ATCC 9184)
Salmonella schottmuelleri, (ATCC 10719)
Salmonella typhi, (ATCC 6539)
Salmonella typhimurium, (ATCC 13311)
Shigella dysenteriae, (ATCC 29026)
Shigella flexneri, (ATCC 25875)
Shigella sonnei, (ATCC 25931)
Staphylococcus aureus, (ATCC 25923)
Staphylococcus aureus (Toxic Shock), (ATCC 33586)
Staphylococcus epidermidis, (ATCC 14990)
Staphylococcus haemolyticus, (ATCC 29970)
Staphylococcus species, (ATCC 12715)
Streptococcus agalactiae, (ATCC 13813)
Streptococcus mutans, (ATCC 25175)
Streptococcus pyogenes, (ATCC 19615)
Streptococcus pyogenes ("Strep A" - Flesh Eating Strain), (clinical isolate)
Vibrio cholera, (ATCC 11623)
Yersinia enterocolitica, (ATCC 9610)

Antibiotic-Resistant Strains of Bacteria:

Escherichia coli, (ATCC 55244); (Resistant to Kanamycin)
Escherichia coli, (ATCC 47041); (Resistant to Tetracycline)
Enterococcus faecium, (ATCC 51559); (Resistant to Vancomycin (VRE))
Klebsiella oxytoca, (ATCC 15764); (Resistant to Ampicillin, Dihydrostreptomycin)
Micrococcus sedentarius, (ATCC 27573); (Resistant to Methicillin)
Staphylococcus aureus, (CDC HIP 5836); (Resistant to intermediate Vancomycin strain (VISA))
Staphylococcus aureus, (ATCC 14154); (Resistant to Erythromycin, Penicillin, Streptomycin,Tetracycline)
Staphylococcus aureus, (ATCC 33592); (Resistant to Methicillin (MRSA), Gentamicin (GRSA)
Streptococcus pneumoniae, (ATCC 51915); (Resistant to Penicillin (PRSP))

***Viruses:**

*Cytomegalovirus, (VR-538)
*Herpes simplex Type 1, (VR-733)
*Herpes simplex Type 2, (VR-734)
*Parainfluenza Type 3, (VR-93)
*Respiratory syncytial virus, (VR-26)
*Vaccinia virus (smallpox vaccine virus), (VR-119)

Kills HIV-1 (AIDS virus) ($HTLV\text{-}III_B$) when used as directed on hard, non-porous inanimate surfaces with a 1 minute contact time.

Kills Hepatitis B (HBV) virus when used as directed on hard, non-porous inanimate surfaces with a 5 minute contact time.

***Veterinary viruses:**

*Avian Infectious bronchitis (IBV), (VR-22)
*Avian Influenza, (VR-2072)
*Canine distemper, (VR-128)
*Feline Rhinotracheitis, (VR-636)
*Infectious bovine rhinotracheitis, (VR-188)
*New Castle disease, (VR-108)
*Pseudorabies, (VR-135)
*Transmissible gastroenteritis virus (TGE), (U of Minn. Strain)

Fungi/Yeast:

Geotrichum candidum, (ATCC 18301)
Trichophyton mentagrophytes (athlete's foot fungus), (ATCC 9533)

Mold/Mildew Mildewstatic Activity - controls and prevents (inhibits) the growth of mold and mildew: *Aspergillus niger* (ATCC 6275) and the odors caused by them when applied to hard, non-porous environmental surfaces.

See container label for First Aid, Precautionary Statements and complete Directions for Use.

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Appendix C: Frequently Asked Questions

I had the Hepatitis B immunization series years ago, do I need a booster?
Studies indicate that immunity remains intact for at least 20 years. For persons with normal immune status who have been vaccinated, booster doses are not recommended.
Booster doses of Hepatitis B vaccine are recommended in certain circumstances, for Hemodialysis patients or for other immunocompromised persons.

I don't know if I have had the Hepatitis B series and I have no way to retrieve the records. Is there any consequence of receiving the Hepatitis B series a second time?
No. If necessary, administering extra doses of Hepatitis B vaccine are not harmful.

What body fluids are infectious?
Hepatitis B is transmitted through activities that involve percutaneous (puncture through the skin) or mucosal contact with infectious blood or body fluids. Hepatitis B is not spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing.

Do I need to submit a Hepatitis B Response form every year?
No. Once you have submitted a Hepatitis B Response form, there is no need to complete another. If you have previously signed the Hepatitis B form indicating that you "decline" the vaccine but have decided you would like the receive the vaccine, you may start it at any time.

Do I have to receive the Hepatitis B immunization series?
The Hepatitis B series is not required for employment, but is strongly recommended. Hepatitis B is the only blood borne illness that is vaccine preventable. The vaccine series is your best defense against Hepatitis B if you have an exposure. The vaccine remains available to you for the duration of your employment in an "at risk" position. You may choose to begin the vaccine series at any time.

Where do I find supplies for my first aid kit?
Your department is responsible for providing supplies for your first aid kit. It is the employee's responsibility to ask where those supplies are kept and how to access them. First aid kits are only as good as the supplies they are stocked with. Be sure to update expired medications, replace old gloves etc. For questions, ask you supervisor.

Where do I get supplies for proper clean up of biohazardous waste?
Your department is responsible for disinfectants used to clean up biohazardous waste. One part Clorox to 10 parts water is an acceptable disinfectant for surfaces that can tolerate bleach. The solution must remain on the contaminated surface for at least 10 minutes to kill the virus. Hospital grade disinfectants can be used on surfaces that bleach can degrade. Follow package instructions for use.

Why do I have to have Blood Borne Pathogen training every year?
The Occupational Health and Safety Administration requires training on an annual basis for employees who work in an "at risk" position. It serves as a review, reminder, and awareness tool concerning the potential exposure to Hepatitis B on the job.

If I would like to start the Hepatitis B series, where do I go to receive it?
If you are considered an "at risk" employee, you may receive the vaccine at no cost at Skidmore College Health Services during normal business hours.

I work in an area away from running water, how do I wash my hands if I have been exposed?
Alcohol hand sanitizers are portable and effective at killing germs on the skin surface. It might be a good idea to keep a first aid kit stocked with alcohol sanitizer and other first aid supplies in a vehicle or back pack depending on the job you have been asked to do. As soon as possible, any areas exposed to blood should be thoroughly washed, eyes flushed for 15 minutes.

How do I prevent exposure?
Universal precautions and anticipating your needs are very important to prevent exposure. Treating all body fluids as potentially infectious and responding to an emergency with the proper personal protective equipment are key factors in preventing blood borne illness.

If I am exposed to blood, what do I do?
If you are exposed to blood, immediately tell your supervisor/faculty. It is important to be evaluated at the nearest Emergency Room or Urgent Care for proper care. Ideally, this evaluation should take place within 2 hours of the exposure.

Who should not receive the Hepatitis B vaccine?
Anyone who has had a serious allergic reaction to a prior dose of Hepatitis B vaccine, a component of the vaccine, or yeast should not receive Hepatitis B vaccine.

Can Hepatitis B vaccine be given after exposure to Hepatitis B?
Yes. After a person has been exposed to Hepatitis B, appropriate prophylaxis, given as soon as possible but preferably within 24 hours, can effectively prevent infection. The mainstay of postexposure prophylaxis is the Hepatitis B vaccine. In certain circumstances the addition of Hepatitis B immunoglobulin will provide increased protection.

Do I need testing for immunity after vaccination?
Healthcare personnel who have contact with patients or blood should be tested for anti-HBs (antibody to hepatitis B surface antigen) 1 to 2 months after completion of the 3-dose series

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New York State Department of Health: "Managing Regulated Medical Waste" (revised 10 NYCRR, Part 70, Environmental Health Regulations), www.health.state.ny.us/nysdoh/environ/waste.htm

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