CANISIUS COLLEGE

EXPOSURE CONTROL PLAN 2012

Director of Student Health, Patricia H. Creahan
Safety Director, Joe Roetter

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CANISIUS COLLEGE

EXPOSURE CONTROL PLAN

Statement of Policy

Canisius College, in August 1992, developed the following Exposure Control Plan (ECP) to ensure a safe and healthful work environment for our entire staff, students, and visitors. In pursuit of that goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodbome pathogens in accordance with OSHA stand 29 CFR 1910.1030, "Occupational Exposure to Bloodbome Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees, students and entire campus community. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control including
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstance surrounding exposure incidents

POLICY DATES

Reviewed/Revised Dates

Date: 1995

Date: 1997

Date: 1999

Date: 2000

Date: 2001

Date: January 2002

Date: November 2004

Date: May 2006

Date: May 2008

Date: June 2009

Date: November 2010

Date: January 2012

Exposure Control Plan developed and implemented Date: 1992

EXPOSURE CONTROL PLAN

I. DEFINITIONS

For the purpose of this program, the following definitions apply:

Blood - human blood or blood components and products made from human blood.

Bloodbome Pathogen - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and hepatitis C (HCV).

Clinical Laboratory - a work-place where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

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

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

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

Disinfect - to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g. bacterial endospores) on inanimate objects.

Engineering Controls - technology that isolates or removes the hazard from the workplace such as sharps disposal containers, self sheathing needles, safer medical devices with engineered sharps injury protections and needle-less systems.

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.

Hand Washing Facility - a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Hepatitis B Surface Antibody -a serologic marker to determine immunity to hepatitis B. Employees at risk for exposure will be given a blood test to determine presence of this marker after the initial series of three hepatitis B vaccinations will be done between one and two months following vaccine completion.

Hepatitis B Virus - a potentially life threatening bloodbome pathogen transmitted (HBV) through sexual contact, needle sharing, through skin wounds or breaks in the skin and by mucous membrane contact with contaminated blood or blood products which causes an inflammation of the liver. The virus can survive for periods of one week or longer on surfaces contaminated with blood.

Hepatitis B Vaccine - non infectious yeast-based recombinant injection, given in a series of three doses, intramuscular in the deltoid area of the upper arm at zero, one and six months. The duration of protection and need for booster doses are not yet well defined, but is considered effective for greater than 15 years, according to the CDC. Those individuals vaccinated who develop adequate antibodies after the series may lose detectable antibody, but protection against infection and clinical disease appears to persist. Current medical information indicates that 90% of all adult vaccine recipients develop adequate antibody responses. A number of factors may be involved in non response to the vaccination. These include vaccine factors such as dose, schedule and injection site and certain host factors such as older age (greater than 40 years), obesity, smoking, male gender, and chronic illness. These factors, if present might be a cause for non response to the vaccination. Further vaccination with a second series of hepatitis B vaccine may produce a positive antibody response in greater than 75% of all second series recipients.

Individuals who do not respond to a second series of three vaccines will be considered non responders or hypo responders. In the event of an exposure incident these individuals will be treated with post exposure prophylaxis.

The vaccine is considered to be 80% to 100% effective in preventing infection or clinical hepatitis in those who have been vaccinated and develop an antibody response.

Common side effects of the vaccine include soreness at the injection site and hypersensitivity. The recombinant vaccine is genetically engineered from yeast, and contains no human material. Therefore, the vaccine does not contain HIV or live HBV.

Hepatitis C Virus - is the most common chronic bloodbome infection in the United States. It is spread by contact with the blood of an infected person. Persons at risk for having hepatitis C include, IV drug users, those persons who received blood transfusions or solid organ transplants before July 1992, those persons who received blood products for a clotting problems before 1987 , kidney dialysis patients or those who have abnormal liver enzymes which might indicate liver disease. It is also spread by sexual contact. There might also be a risk of infection with body piercing or receiving a tattoo.

Hepatitis C often occurs with no symptoms or very mild symptoms. Of every 100 persons infected with hepatitis C, 85 persons may develop long term liver disease, 70 persons may develop chronic liver disease, 15 persons my develop cirrhosis over a period of20 to 30 years, and 5 persons may die from the consequences of long term liver disease such as liver cancer or cirrhosis.

There are no vaccines to protect workers from this disease. Treatment includes use of antiviral agents. The risk of contracting hepatitis C after a needle stick or sharp injury and subsequent exposure to hepatitis C is about 1.8% or 2 persons out of 100 exposed. The range for transmission is about 0 to 10% following an exposure for workers at high risk.

Human Immunodeficiency Virus (HIV) - a blood borne, sexually-transmitted pathogen which damages the body's immune system, allowing other infectious agents to invade the body causing disease and death. HIV is spread via contact with blood and body fluids, non-intact skin, and mucous membranes.

Licensed Healthcare Professional- is a person whose legally permitted scope of practice allows him/her to independently perform activities associated with hepatitis B vaccination and post exposure evaluation and follow-up.

Needle-less System - devices that do not use needles for collection of body fluids, or withdrawal of body fluids after initial venous or arterial access is established, to administer medication or fluids, or any other procedure that involves the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Other Potentially Infectious Materials (OPIM)

a. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid whether blood is visible or not.

b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

c. HIV, HCV, or HBV containing cell or tissue cultures, organ cultures, and culture medium or other solutions, and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Parenteral - exposure occurring as a result of piercing the skin barrier or mucous membrane (e.g. subcutaneous, intramuscular, intravenous routes) through such events as needlestick, human bite, cuts and abrasions.

Personal Protective Equipment (PPE) - specialized clothing or equipment worn by an employee to protect him/her from a hazard. General work clothes, such as uniforms, pants, shirts or blouses are not intended to function as protective equipment and are not considered personal protective equipment.

Regulated Medical Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

Safety Devices - products and technology that are designed to prevent needle stick injuries and exposure to bloodborne pathogens.

Sharps with Engineered Sharps Injury Protection - non-needle sharps or a needle with a device for withdrawing body fluid, accessing a vein or artery, or administering medications or other fluids with a built in safety feature or mechanism that effectively reduces the risk or an exposure incident.

Sharps Injury Log - a record for recording percutaneous injuries from contaminated sharps.

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 process by which chemical or physical actions are used to destroy all microbial life.

Universal Precaution - a method of infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV, HCV and other blood-borne pathogens.

Work Practice Controls - activities that reduce the likelihood of exposure by altering the manner in which a task is performed, such as prohibiting recapping of needles by a two-handed technique.

II. ADMINISTRATION OF EXPOSURE CONTROL PLAN

The Director of Student Health, the Director of Human Resources, the Safety Director and appropriate department directors and supervisors are responsible for the implementation of the Canisius College Exposure Control Plan.

Director of Student Health - Patricia Creahan 888-2610

Director of Human Resources - Deborah Siegrist 888-2240

Safety Director - David Teloh 888-2338

The Director of Student Health and the Safety Director will maintain and update the written Exposure Control Plan annually and as needed when new information or other information related to this plan is available.

Canisius College employees who are determined to have occupational contact with or exposure to blood or other potentially infectious materials must comply with the procedure and work practices set forth in this plan.

Each department supervisor with employees determined to have occupational exposure to blood or other potential infectious material are responsible to provide and maintain personal protective equipment (PPE), engineering controls, work practice controls, labels, and red bags as required by this standard. Department supervisors are also required to ensure an adequate supply of aforementioned supplies, in appropriate sizes. These supervisors are also responsible for arranging for initial and annual training, documentation of training and making the ECP available to all employees.

Safety Director for the college will provide initial and annual training.

Director of Human Resources will be responsible to ensure that all employees follow the provisions of this Exposure Control Plan

Other Responsibilities:

- Director of Facilities Management and the Housekeeping Manager will have the responsibility for written housekeeping protocols, purchasing PPE and effective disinfectants, establishing regular cleaning schedules, notifying Public Safety, Student Health, Safety Director of cleaning staff on duty for clean up of blood and body fluid spills and ensuring that housekeeping staff comply with these protocols, schedules and the Canisius College ECP. Facilities Management phone number is 888-2250, Housekeeping Manager phone number is 888-2928.

- Director of Student Health, the Safety Director, and Director of Human Resources, will work collaboratively to assume responsibility for arranging hepatitis B vaccinations, ensuring that all medical actions required are performed following exposure incident, that all exposure incidents are reviewed and appropriate actions taken.

- Director of Human Resources will be responsible for maintaining all records of vaccinations, declination statement, exposure incidents, including appropriate OSHA logs, the Sharp's Injury log, and training records, as well as ensuring all employees complete all three hepatitis B doses and hepatitis B surface antigen testing and attend initial and annual training.

- Director of Student Health, Director of Human Resources, Safety Director, and Head Athletic Trainer will be responsible for developing training materials, conducting training, documentation of those who attend training, and making the written Exposure Control Plan available to all employees, OSHA and NIOSH representatives.

- Department directors and supervisors, in areas where there is a potential for exposure to blood and other potentially infectious materials, will maintain and provide all necessary personal protective equipment (PPE), evaluate and select safety devices, implement engineering and work practice controls (i.e., sharp containers, labels, and red bags) as required by this standard. Department directors and supervisors will also ensure that adequate supplies of the aforementioned equipment are readily available and used when there is a risk of exposure, as well as be responsible for completing appropriate paper work, arranging medical evaluation, and adjusting work schedules when an exposure incident occurs. Department directors and supervisors will also be responsible for employee attendance at initial and annual training, hepatitis B vaccination programs, adjusting work schedule for employees to attend training, and obtaining signed declination statements. Department directors will be responsible to supervise their employees to determine compliance with this plan. Department directors will be responsible for investigating new devices and procedures designed to reduce the risk of needle stick injuries, document this consideration and evaluation of new products and procedures, using front line workers and management. The evaluation must note the methods used to evaluate those devices and the justification for the eventual selection. Directors will keep a written record of this and forward a copy to the Director of Human Resources. Department directors are responsible to review work practices and engineering controls annually and more frequently if exposure incidents occur. An evaluation of each exposure incident will also be done by Director of Student Health, Director of Human Resources and the Safety Director to determine if corrective actions need to be implemented.

III EXPOSURE CONTROL PLAN AVAILABILITY

An explanation of this Exposure Control Plan will be given to employees during the initial training session, and annually. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting their department supervisor. Employees seeking copies of the Plan may contact

the Director of Student Health. A copy of the Plan will be made available free of charge, and within 15 days of the request.

IV. DETERMINATION OF EMPLOYEE EXPOSURE RISK

As part of our Exposure Control Plan, the following is a list of all job classifications and Departments at Canisius College in which employees may have occupational exposure to blood or other potentially infectious material.

- Director of Student Health and registered nurses - Student Health Center
- Director of Public Safety, public safety officers - Department of Public Safety
- Athletic Trainers - Koessler Athletic Center
- Physicians, Nurse Practitioners and Physician Assistants - Koessler Athletic Center and Student Health Center

The following is a list of job classifications in which so me employees at Canisius College have occupational exposure. Included is a list of tasks and procedures in which occupational exposure may occur for these individuals.

Job Title	Dept./Location	Task Procedure
Housekeepers And Laundry Personnel	Fac.Mgt.	- Cleaning blood/body fluids spills - Handling and laundering blood or body fluid contaminated linen, clothing or other items. - Handling regulated medical waste
Plumber	Fac. Mgt	- Contact with blood/body fluids and stool during plumbing maintenance - Cleaning blood/body fluid spills - Handling regulated medical waste
General Workers And Grounds Crew	Fac. Mgt	- Cleaning blood/body fluid spills - Exposure to contaminated syringes found on grounds during clean up/maintenance - Assist plumbers - Handling regulated medical waste

HVAC	Fac. Mgt	- Cleaning blood and body fluid - Assist plumbers - Handling regulated medical waste
Lifeguards	Department of Athletics Koessler Athletic Center	- First Aid - Cleaning blood/body fluid spills - Handling regulated medical waste

"Good Samaritan" acts which result in exposure to blood and other potentially infectious material from assisting a fellow employee, student, visitor, etc. are not included in this standard. The College will, however, offer employees a post-exposure evaluation and follow up for such events as outlined in this document. To reduce the risk to other campus employees, all employees are directed to call Public Safety in the event of a medical emergency. Public Safety officers act as the College's first responders.

Contracted Employees

Canisius College, at times, contracts with other companies, organizations, etc., for temporary employees. Canisius College has a shared responsibility with contracted agencies to protect employees. Department directors arranging for temporary employees will be responsible for protecting such employees while employed at Canisius College.

The agency employing the "temp" is required to:

- provide general training outlined by OSHA blood borne pathogen
- provide hepatitis B vaccinations or obtain declination statement
- provide proper follow-up evaluations following exposure incident

Department directors at the College are required to:

- have temporary employees, hired for ten (10) days or longer at Canisius College attend Canisius College OSHA training on Canisius College Exposure Control Policy
- provide personal protective equipment, implement work practice and engineering controls, and monitoring "temps" for compliance with this plan.

Contracts for temporary employees at risk for occupational exposure should clearly describe the responsibilities of both parties in order to ensure that all requirements of this Exposure Control Plan and OSHA standards are met. Department directors arranging for temporary employees are responsible for securing such a contractual agreement.

V. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions: Will be used when there is a risk of exposure to blood or other potentially infectious body fluids. Universal precautions require that Canisius College employees assume all human blood or body fluids, whether visibly contaminated with blood or not, are infectious for HIV, HBV, HCV and other blood borne pathogens and must be treated accordingly. It is essential that these precautions be used in all cases especially those of an emergent nature when the risk of blood exposure increases and the infection status of the individual is unknown.

B. Engineering and Work Practice Controls: Engineering and work practice controls go together to reduce or remove the risk of exposure to blood borne pathogens in the workplace. Work practices are actions taken to receive the full benefit of safe engineering technologies. If a risk of exposure still exists, even when using work practice and engineering controls, personal protective equipment must be worn. The specific engineering controls, work practice controls and where they will be used are listed below:

Student Health Center (SHC), Public Safety (PS), Koessler Athletic Center (KAC), Facilities, Housekeeping (FMlHK), Biology

	SHC	PS	KAC	F M/H K	BIO
Engineering Controls					
Biohazard closet in SHC	Yes	Yes	No	Yes	No
Biohazard waste refrigerator	No	No	No	No	Yes
Biohazard waste labels	Yes	Yes	Yes	Yes	Yes
Biohazard red bag	Yes	Yes	Yes	Yes	Yes
Biohazard waste containers	Yes	Yes	Yes	Yes	Yes
Puncture resistant disposal containers	Yes	Yes	Yes	Yes	Yes
Sharps with safety devices	Yes	Yes	Yes	No	Yes
Antiseptic towelettes	Yes	Yes	Yes	Yes	Yes
Work Practice Controls					
Hand washing facilities	Yes	Yes	Yes	Yes	Yes
Proper hand washing techniques	Yes	Yes	Yes	Yes	Yes
Interim hand washing techniques using antiseptic towelettes or alcohol based hand sanitizer	Yes	Yes	Yes	Yes	Yes

	SHC	PS	KAC	F M/H K	BIO
Washing body parts as soon as possible after contact with blood other potentially infectious materials	Yes	Yes	Yes	Yes	Yes
Prohibiting recapping or bending of needles and breaking or shearing contaminated needles	Yes	Yes	Yes	Yes	Yes
Biohazard Labeling	Yes	Yes	Yes	Yes	Yes
Equipment Decontamination	Yes	Yes	Yes	Yes	Yes
Prohibit eating, drinking, applying cosmetics, lip balm, and contact lenses where there is a likelihood of occupational exposure	Yes	Yes	Yes	Yes	Yes
Prohibiting food and drink from being kept in refrigerators, freezers shelves, cabinets or on counter tops or bench tops where blood or other potentially infections materials are present	Yes	Yes	Yes	Yes	Yes
Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner so as to minimize splashing, splattering, and generation of droplets of these substances	Yes	Yes	Yes	Yes	Yes
Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping	Yes	Yes	Yes	Yes	Yes
Examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated	Yes	Yes	Yes	Yes	Yes

Engineering controls will be reviewed annually and by each department director after each exposure incident. These controls will also be reviewed by the Director of Student Health and the Safety Director annually and after each exposure incident. Changes to these practices will be determined by review of the exposure incident, employee interview and review of newer evaluation practices and technology.

C. Personal Protective Equipment and Ordering: When there is a potential for occupational exposure to blood or other potentially infectious material, Canisius College requires that at risk employees use College provided appropriate personal protective equipment, including gloves, fluid proof aprons or coveralls, laboratory boots, hand and foot coverings, masks or face shield, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices. The type and characteristics of personal protective equipment used will depend upon the task and degree of exposure anticipated. However, clothing selected shall form an effective waterproof barrier. Personal protective equipment will be available in appropriate sizes in work areas for all at risk employees. Personal protective equipment will be ordered by department directors based on the principles outlined in this plan and the tasks involved. The Director of Student Health is available to assist directors with the selection of PPE and the names of vendors if needed. Employees will be trained annually in appropriate use of personal protective equipment for specific job tasks. Department directors/supervisors will be responsible for monitoring that personal protective equipment is used, maintained and disposed of according to this plan.

Personal protective equipment will be either disposable or capable of being decontaminated after use. Canis ius College will repair and replace all required personal protective equipment as needed to maintain its effectiveness. Directors will be responsible for arranging the repair and replacement of all personal protective equipment.

Location of Personal Protective Equipment (PPE):

1. Student Health Center PPE is available:

- in all treatment rooms and the emergency cart
- in the first aid bag
- available during all hours of clinic operation

2. Koessler Athletic Center PPE is available:

- in Athletic Training Room
- available during all hours of KAC operation
- in athletic trainer medical kits brought to sports events

3. Public Safety PPE is available:

- in all vehicles
- in Public Safety office
- 24 hours per day, 7 days per week

4. Facilities Mgt/Housekeeping PPE is available:

. through supervisors at worksites .
during hours of operation
. on cleaning carts

Contaminated personal protective equipment must be placed in a red biohazard waste bag, provided by Stericycle, immediately upon removal. These bags are located in the Student Health Center, Public Safety, Facilities, Biology Department, Housekeeping and Koessler Athletic Center. Contaminated personal protective equipment should not be placed in regular disposal/waste cans. Departments will follow procedures for disposal of regulated medical waste as outlined in this plan.

Indication for Use

Gloves (disposable or reusable). Gloves must be worn when the employee has the potential for the hands to have direct skin contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious materials. Hypoallergenic gloves will be available to employees allergic to gloves regularly provided. Department directors will consider the possibility of allergies when selecting gloves and make a variety of gloves available for staff members such as vinyl and nitrile. All gloves should be powderless.

- Disposable (single use) gloves, such as surgical or examination gloves must be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They must not be washed or disinfected for re-use.

- Utility gloves may be disinfected for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.

Masks, Eye Protection, and Face Shields. Masks and eye protection or chin-length face shields must be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination.

Gowns, Aprons, and Other Protective Body Clothing

- Gowns, lab coats, aprons, or coveralls must be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.
- Fluid-resistant clothing, such as aprons, coveralls, or gowns, must be worn if there is a potential for splashing or spraying of blood or other potentially infectious materials.
- Surgical caps or hoods must be worn if there is a potential for splashing or splattering of blood or other potentially infectious materials on the head.
- Fluid-proof clothing must be worn ifthere is a potential for clothing becoming soaked with blood or other potentially infectious materials.
- Fluid-proof shoe covers must be worn if there is a potential for shoes to become contaminated and/or soaked with blood or other potentially infectious materials.

All employees using personal protective equipment must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

SELECTION OF PERSONAL PROTECTIVE EQUIPMENT FOR CERTAIN DUTIES

TASK	HAND WASH ING	G L 0 V ES	GOWN	EYE WARE	MASK	FOOT/HEAD COVER
HANDLING SOILED EQUIPMENT/ INSTRUMENTS	YES	YES	NO	NO	NO	NO
TREATING SIMPLE LACERATIONS	YES	YES	NO	NO	NO	NO
TREATING EXTENSIVE LACERATIONS	YES	YES	MAYBE *	MAYBE *	MAYBE *	MAYBE *
DRAWING BLOOD FOR LABORATORY TESTS	YES	YES	NO	NO	NO	NO
CONTACT WITH SHARPS	YES	YES	NO	NO	NO	NO
APPL YING PRESSURE TO CONTROL BLEEDING	YES	YES	MAYBE *	MAYBE *	MAYBE *	MA YBE*
ROUTINE DRESSING CHANGES	YES	YES	NO	NO	NO	NO
CLEANING UP SPILLS OF BLOOD	YES	YES	MAYBE *	MAYBE *	MAYBE *	MAYBE *
HANDLING CONTAMINATED LAUNDRY /W ASTE	YES	YES	MAYBE *	MAYBE *	MAYBE *	MAYBE*
TAKING A TEMPERATURE OR BLOOD PRESSURE	YES	NO	NO	NO	NO	NO
GIVING AN INJECTION	YES	YES	NO	NO	NO	NO
CPR	YES IF POSSIBLE	YES	NO	YES	CPR MASK	NO
CLEARING AIRWAY	YES	YES	MAYBE *	YES	YES	NO

*MA YBE - Wear gown, eye-ware and mask, head and foot cover, if there is a chance of clothing, face, head or feet getting splattered or soiled with blood or body fluid.

D. Housekeeping: Director of Facilities Management and Housekeeping Manager will develop and implement written schedule for cleaning and decontaminating all College work surfaces. To ensure that Canisius College maintains a clean and sanitary environment, this schedule will cover 24 hours per day, 7 days per week. Housekeeping Manager will be responsible to update and notify Public Safety, Residence Life, Safety Director, and Director of Student Health of the staff on call for clean up of blood and body fluid. All areas including work sites, lavatories, patient care areas, laboratories, and hallways are cleaned daily, using Sani-Master IVan E.P.A. registered disinfectant.

Housekeeping staff must be trained in and carry out good cleaning technique which involves physical removal of microbes via scrubbing. Housekeeping staff must wear utility or disposable gloves when cleaning all areas. Additional personal protective equipment must be used if soiling of clothing, spraying or soaking with blood is possible as outlined in the chart on page 16.

Environmental surfaces such as walls, floors, cabinets, etc. should be cleaned when visibly soiled using Sani-Master IV or a diluted 1 to 10 bleach to water solution and following the schedule for cleaning as noted above.

Carpeting, fabric and upholstery should be cleaned when visibly soiled with a detergent or cleaner suitable for the fabric and following the schedule for cleaning as noted above.

Sani-Master IV and other cleaning products and personal protective equipment are available through the Housekeeping Supervisor.

E. Blood Spills: Blood or other potentially infectious body fluids should be cleaned up immediately. Gloves must be worn during a spill clean up. Additional personal protective equipment may be required depending on the size of the spill. If splashes are anticipated, protective eyewear, face mask and fluid resistant gowns or coveralls must be worn.

All spills must be removed using an absorbent towel. The area should then be cleaned with soap and water and then disinfected using one of the following:

- A fresh solution of 5.25% sodium hypochlorite (household bleach) diluted 1 part bleach to 10 parts water or 1 tablespoon bleach to one quart of water
- Chemical germicide approved for use as a hospital disinfectant and tuberculocidal when used at recommended dilutions and applied to area liberally for recommended duration and air dried.

It is recommended that all invasive medical procedures be done using single use, disposable equipment since autoclaving services are not available.

Broken glass which may be contaminated will not be picked up with the hands. It should be picked up with a dustpan and brush, a vacuum cleaner, tongs, forceps or cotton swabs. The area should then be cleaned as previously described.

F. Laundry: All laundry from workplaces where exposure to blood or body fluid is likely will be treated as contaminated and handled as little as possible with a minimum of agitation. Contaminated items to be laundered include: towels, bed linen, lab coats, and other items that are contaminated with blood or body fluid. All individuals handling laundry must wear gloves and other personal protective equipment if splashing is likely. Contaminated laundry will be bagged at the scene of contamination in a leak proof plastic laundry bag labeled, or color-coded as biohazardous. Laundry will not be sorted or rinsed in areas where it is to be used. Sharps containers must be available at the laundry area in the event that needles or sharps are unintentionally mixed with laundry.

If laundry is sent off campus to a commercial laundry department directors will be responsible for arranging such services and must determine if the receiving facility uses universal precautions for all laundry. If universal precautions are not used, clearly mark laundry sent off-site with orange biohazard labels, or use red biohazardous bags. Leak-proofbags must also be used when there is a potential for leakage during transport.

Linen should be washed with detergent in hot water at least 1400 F. - 1600 F. for 25 minutes. Iflow-temperature « 1400 F.) laundry cycles are used, chemicals suitable for low-temperature
washing concentration should be used, such as bleach.

Shoes and other leather goods may be brush scrubbed clean with soap and water prior to leaving the work area.

G. Regulated Medical Waste Disposal: All infectious waste will be removed from campus by Stericycle, via a contracted agreement. Stericycle agrees to comply with all federal, state and local regulations regarding the removal and transportation of regulated medical waste. Stericycle will pick up regulated medical waste monthly or sooner as needed. The procedure for handling regulated medical waste is found in Attachment 1.

H. Sharps Containers:

- All sharps, immediately after use, must be disposed of in containers that are closeable, puncture resistant, leak proof on bottom, sides, and labeled or color coded according to this plan, such as using the biohazard label, red color or marked biohazard waste. The College will require that departments using sharps purchase sharps with engineered safety devises to reduce the risk of needle stick injuries. The Director of Student Health is available to assist department directors in selecting safety devises. Puncture resistant containers will be located in areas of use and made easily accessible, maintained in the upright position throughout use, replaced routinely and not allowed to be overfilled. Sharps containers must be marked Canisius College and with the department name and address. When moving sharps from one area to another, the containers must be closed immediately prior to transport or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping. If there is a possibility of leakage, the container must be placed in a secondary container that is closable, constructed to contain all contents and prevent leakage during handling, transport, or shipping. Labeling of containers is required according to this plan.
- Department directors will be responsible to check sharp containers regularly to make sure they are not overfilled. This should be done at least monthly or more often as determined by the department director. Sharps containers will be purchased by department directors. The Director of Student Health is available to assist with the selection of sharps containers.

I. Regulated Medical Waste Containers: Departments may purchase regulated medical waste containers that are closeable, constructed to contain all contents and designed to prevent leakage. Contents from these containers must be placed into the Stericycle system for transport and disposal. Department may use the Stericycle system as regulated medical waste containers. Regulated medical waste containers must be checked frequently and not allowed to over fill. All containers must be clearly marked as "biohazardous - infectious" waste and kept closed. All waste containers contaminated with blood or other potentially infectious material must be decontaminated using bleach and water at a 1: 1 0 dilution or chemical germicide with each bag change or daily; or as soon
as possible when visibly contaminated. Employees in work areas with regulated medical waste containers will be responsible for cleaning containers as directed

above. Any regulated medical waste that has the potential to puncture the red liner bags and cardboard container system should be placed in a secondary container which is puncture resistant.

Department directors will check regulated medical waste containers regularly based on use and as needed thereafter to insure compliance with the Exposure Control Plan.

J. Contaminated Equipment: The department director/supervisor is responsible for ensuring that equipment, which has become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

Labels required for contaminated equipment shall state which portion of the equipment remains contaminated. This information shall be conveyed to all affected employees, the servicing, or shipping so that appropriate precautions will be taken.

K. Needles and Needle Devices: Many types of needle devices are associated with needle-stick injuries and these injuries can occur in many ways. Therefore Canisius College will eliminate the use of needle devices where sharps with engineered sharp injury protections or needle-less systems are available. The College will also require that department directors take into account innovations in medical procedures and technology that reduce the risk of exposure.

Department directors will be required to annually review technology and innovations and consider adding newer products, changing procedures and technology. Directors will be required to document consideration of these newer advances and the steps taken to evaluate the new technology and the justification for the final selection.

It is understood that no medical device is considered appropriate for every circumstance. Directors must select devices based on reasonable judgment that the devices will not jeopardize patient or employee safety or be medically inadvisable. Selection should be made based on the likelihood that an exposure incident will occur with the use of sharps.

VI. Communication of Hazards and Training

Canisius College shall provide employee training programs regarding this plan, within 10 days of initial work assignment and annually thereafter.

Educational training will be developed by the Director of Student Health and the Safety Director using appropriate content and vocabulary to educational level, literacy and language background of the employee. Training may include video tapes, guest speakers, or other format as deemed appropriate by the Director of Student Health and the Safety Director. Employees must sign in on a roster at training sessions to prove attendance. The roster must be sent to the Director of Human Resources.

Training will include:

- A copy of OSHA regulations and explanation.
- Explanation of epidemiology and symptoms of blood borne diseases.
- Explanation of transmission of blood borne illnesses. Explanation
- of tasks and activities that may involve exposure.
- Explanation of the use and limitation of practices that will prevent or reduce exposure, including previously described engineering controls, work practice controls and personal protective equipment.
- Explanation of the Canisius College Exposure Control Plan, previously described location of the plan on campus, and how to obtain copies.
- Information on the types, proper use, location, removal, handling and decontamination and/or disposal of personal protective equipment.
- Explanation regarding selection of personal protective equipment.
- Information on hepatitis B vaccine; information on the purpose of, safety, effectiveness and benefits of vaccination.
- Information on the appropriate actions to take and person to contact, in the event of an emergency or exposure.
- Explanation of the procedure to follow if an exposure incident occurs, including reporting methods, medical follow up and medical counseling.
- Explanation of signs and labeling and/or color coding of regulated medical waste.
- Emergency procedures for blood and other potentially infectious materials.

In addition, training will include education and demonstration of proficiency in a question and answer session on standard microbiological practices and technique (ex. - hand washing).

Department directors will be responsible for scheduling mandatory training for new employees in their area by contacting the Human Resources Office. Annually, department directors

will be responsible to notify employees of need for training, and schedule training through Athletic Trainers or the Human Resources Office.

Bloodborne pathogen training records will be maintained by the Director of Human Resources. Training records will be kept for three years and include dates of training, participants, trainers and content of sessions. Employee training records will be provided upon request to the employee or authorized representative of the employee, within fifteen (15) working days after submitting a signed consent for release of training material to the Director of Human Resources.

The following labeling method will be used at Canisius College to communicate a biohazard:

Warning labels, that are fluorescent orange or orange/red with contrasting letters and marked "Biohazardous" and the biohazardous symbol, shall be affixed to containers of infectious waste, including:

- red bags not marked biohazard
- containers of regulated waste
- refrigerators and freezers containing blood or other potentially infectious materials
- sharp disposal containers
- laundry bags and containers
- contaminated equipment for repair
- containers for storage, transport, or shipping blood or blood products or other potentially infectious materials

These labels are not required when:

- red bags or red containers are used
- containers of blood, blood component of blood products are labeled as to their contents and have been released for transfusion or clinical use
- individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal

Warning labels must also be affixed to containers used to store or transport blood or other potentially infectious material. Labels are available through department directors.

It is the responsibility of each department director to make sure such warning labels are used appropriately and clearly visible.

Labels must be an integral part of the container or shall be affixed by wire, string, adhesive or other method to prevent loss or removal.

Employees who discover unlabeled regulated medical waste containers will immediately notify their supervisors or department director.

VII. HEPATITIS B VACCINATION AND DECLINATION PROCEDURE

A. Vaccination

Canisius College will offer the series of three hepatitis B vaccines to all employees who have a reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from performance of an employee's duties. Vaccinations are given in a series of three, spread over a 6 month period. The 2nd is given 1 month after the first, followed by the third dose 6 months after the first. Vaccination will be encouraged by the college unless: 1.) documentation exists that the employee has had a completed hepatitis series; 2.) antibody testing reveals that the employee is already immune; or 3.) medical information from a doctor shows that the vaccination is contraindicated. Employees who can not produce proof of a completed hepatitis B vaccination series from elsewhere, or who have a negative surface antibody or identifies themselves as allergic or unable to receive the vaccine, without medical evidence, will be asked to sign a declination statement. Vaccination is believed to be effective for 20 or more years.

Vaccination will be available within 10 days of initial assignment, at no cost to Canisius College at HealthWorks, WNY. See Attachment 5 for locations. HealthWorks, WNY will follow all OSHA regulations and guidelines. All medical evaluations and procedures surrounding the vaccination will be performed by or under the supervision of a Health Works physician.

All employees who receive the vaccination must have post vaccination surface antibody testing to determine optimal response to the vaccine. This must be done 1 to 2 months after completion of the vaccine series and arranged by Human Resources. Testing will be done at Health Works. Results of post vaccination testing will be made available to the employee and the Director of Human Resources. Additional series of3 doses will be given at HealthWorks if needed and as ordered by the Health Works physician, if the individual does not have evidence of hepatitis antibodies 1-2 months after completing the first 3 dose series. After the second 3 dose series, if the individual does not have evidence of antibodies, the employee will be considered susceptible. No additional doses are recommended after 6 doses.

HealthWorks will supply Human Resources with a record of hepatitis B vaccination and antibody test results. Employees will also be advised to return vaccination paperwork to Human Resources.

Current medical literature indicates that after the 1st dose, 20 to 30% of vaccinated individuals will develop adequate antibodies against HBV; after the 2nd dose, approximately 75 to 80% of those vaccinated will develop adequate antibodies against HBV; after the 3rd dose, 90 to 95% of vaccinated individuals will be adequately immunized against HBV.

However, if the series is not completed, individuals will not have the long term protection afforded by 3 doses. Employees who have not completed the series will be referred to Health Works for completion of the series.

Employees also can be directed to the Student Health Center at Canisius College or to Health Works for additional information, or to discuss individual concerns.

Human Resources will arrange for hepatitis B vaccination at Health Works and post vaccination testing.

B. Declination of the Vaccination

Any individual who wishes to decline the vaccine must sign a declination statement (Attachment #2) stating they are aware, and accept the risks of occupational exposure and understand the benefit of the vaccine but refuse vaccination. One copy of this will be given to the employee, one copy will be retained in the Human Resources Office. All declination statements must be signed within 10 days of initial assignment. Human Resources is responsible for obtaining signed declination statements.

Any employee who declines can request the vaccine at any time and will be vaccinated as soon as possible, and at no cost to the employee.

Any employee can request hepatitis B antibody testing prior to the vaccination. Canisius College will provide such testing through Health Works at no cost to the employee. Employees with positive surface antibody results will not be vaccinated unless the medical opinion of the Health Works physician recommends vaccination.

Any employee who previously received the hepatitis B series and completed all three (3) doses will not be revaccinated, but will be required to submit proof of three doses of hepatitis B vaccine. Proof must be signed by a healthcare provider or a record from a previous employer

showing dates of three vaccinations. This must be submitted to the department director who will forward the record to the Human Resources Office. Any employee who believes he/she has a medical condition or has physician signed proof of a medical contraindication or other reason for not being vaccinated will be asked to sign a declination statement.

Department directors should notify the Human Resources Office to arrange for hepatitis B vaccination at Health Works if the employee changes their mind at any time during employment.

V III. RECORDKEEPING

Medical records which contain information regarding occupational exposure incidents in accordance with 29 CFR 1910.1020 will be kept confidential and protected from unauthorized access. All records related to an exposure incident will be kept for 30 years as outlined in the regulation.

Human Resources will keep a record of the employee's hepatitis B vaccination, signed declination statement, occupational exposure incident, OSHA forms, physician's written opinion following an exposure and the Sharps Log.

All information stored in Human Resources regarding vaccinations, exposure incidents, etc., will remain confidential and will not be released without the written permission of the individual. If an employee requests information, Human Resources will release it to the employee or to a named person designated on the HIPP A Compliant Authorization for Release of Medical Information And Confidential HIV* Related Information fifteen (15) days after receiving the signed authorization. (Attachment #6)

Records regarding vaccinations, declination statements and exposure incidents will be kept throughout the duration of employment plus 30 years.

The Sharps Injury Log will be maintained by the Director of Human Resources. This log will record any percutaneous injury from a contaminated sharp. The Log must contain the following information, date of injury, type and brand of sharp device used, department/work area where the incident occurred and an explanation of the incident. The log must be maintained in such a manner as to protect the employee's confidentiality. Therefore, Canis ius College will not include the name of the employee. A number will be assigned to each incident in lieu of the employee's name. The log must be kept for five (5) years. It will serve as a tool to evaluate sharps related incidents for needed changes in equipment, procedures, or technology.

IX. OCCUPATIONAL EXPOSURE PROCEDURE

The New York State Department of Health recommends occupational exposure incidents be medically evaluated and prophylaxis treatment for HIV or HBV begin within 1-2 hours of the exposure. The availability of effective medications can decrease replication of HIV in exposed employees making immediate referral and evaluation a priority. This position is supported by the Center for Disease Control. The Emergency Room at Erie County Medical Center is a designated AIDS Center and is able to start prophylaxis treatment on site. Therefore evaluation of all occupational exposure incidents will be referred to Erie County Medical Center.

Employees must go for a medical evaluation after an exposure incident. If an employee refuses medical evaluation, the department supervisor must advise the exposed employee that the college requires evaluation. If the employee continues to refuse evaluation, the department supervisor must notify the Director of Human Resources.

HIV testing of needles or other sharps associated with an exposure regardless of whether the source is known or unknown is not recommended by the Center for Disease Control since reliability and interpretation of findings in such circumstances are unknown.

A. Exposed Employee Responsibilities

- First Aid
    - o Needle sticks, cuts, lacerations to skin: wash with soap and water; do not squeeze, dry, apply band aid
    - o Mucous membrane splashes (eyes, nose, mouth): flush with water until splashed fluid no long visible
- Notify Department Supervisor
- Complete Employee Blood and Body Fluid Exposure Form (Attachment #3)
- Notify Human Resources
- Go to Erie County Medical Center Emergency Room
- Consent to HIV test - request rapid test
- Request HIV status of source individual

- Notify Human Resources that Emergency Room visit was completed
- Arrange follow-up care through Human Resources at Designated AIDS Center at Erie County Medical Center, Health Works WNY or private physician

B. Department Supervisor Responsibilities

- Arrange for employee to be transported to Erie County Medical Center immediately- do not delay
- Arrange for someone else to carry out employee's duties for the remainder of the shift
- Complete Employee Blood and Body Fluid Exposure Form along with employee. Send one copy to Human Resources marked "Confidential"
- Send one copy to Emergency Room with employee
- Locate source individual - get name, phone number, address
- Notify Human Resources of the incident as soon as possible
- If incident occurs after regular college business hours, department supervisor should call Emergency Room at Erie County Medical Center to notify them of arrival of employee who has had an occupational exposure to a blood or body fluid (Attachment #5)
- Request employee follow up with Human Resources upon return to work

C. Human Resources Responsibilities

- Notify Erie County Medical Center Emergency Room of arrival of employee who has had an occupational exposure to blood or body fluid (Attachment #5)
- Contact source individual- request that they get an HIV test. If unwilling to get tested and occupational exposure is determined significant, notify college's legal consultant
- If source individual is willing, refer to Erie County Medical Center Designated AIDS Center or Health Works WNY for testing as soon as possible
- Follow up with exposed employee within 15 days of incident to be sure exposed employee has received a written medical opinion, medical care and follow up.

D. Review of Incident

The Director of Student Health, the Director of Human Resources, and the Safety Director will review circumstances of the exposure incident, as the incidents occur, and

annually to determine what engineering controls were used at the time, what work practices were followed, what devises were being used, what PPE was used, the location of the incident, procedure being performed when the incident occurred and what training the employee had.

The Director of Human Resources will be responsible to keep the Sharps Log (Attachment #4), to document occupational exposures related to needle sticks and other sharps.

If after review, any revisions to the ECP are warranted, those revisions will be made and communicated to all supervisors and employees with a risk of exposure.

X. EXPOSURE CONTROL PLAN REVIEW

The Director of Student Health and the Safety Director will annually review and update this plan. Any changes in the plan will be presented to employees during annual training or sooner as new information regarding workplace safety becomes available.

XI. ATTACHMENTS

Attachment # 1

Regulated Medical Waste Disposal Procedures

May, 2008

HISTORY

After the EP A audit, in the spring of 2003, it was determined that regulated medical waste can not be transported from one site on campus to another, using public streets, without a transporter permit.

Student Health, Biology and Athletics will establish separate contracts with Stericycle for removal of regulated medical waste. Public Safety and Housekeeping will place regulated medical waste in the Student Health Center biohazard closet.

Regulated Medical Waste

Regulated medical waste is defined as:

- Liquid or semi liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items that are caked with blood or other potentially infectious materials that are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or other potentially infectious materials

Training

All Canisius College employees, designated in the Canisius College Exposure Control Plan for Bloodborne Pathogens must undergo training handling and disposing of regulated medical waste. Training will be done at time of hire and annually thereafter.

Stericycle

Canisius College has contracted with Stericycle for the pickup and disposal of all regulated medical waste. Accounts can be set up by calling Stericycle at 1-800-891-7557 ext. 21. Each generator must establish its own account and be issued an account number. Each generator will be billed separately. Contracts with Stericycle generally run for a period of five years.

Stericycle will request the generator to designate a pick up schedule. Pick up schedules can be monthly or at intervals of8, 12, 16 or 24 weeks based on each generator's needs.

Rates are charged based on pick up schedule and/or the type of program selected. Programs can be economy, standard, select and preferred. Each program offers progressively more OSHA assistance tools, manuals etc.

Supplies

Generators that set up separate accounts with Stericycle should request supplies directly from Stericycle and follow all previously outlined procedures for packaging and preparing waste for disposal, see below.

Pick Up

Pick up will occur on schedule unless Stericycle is contacted by the generator, canceling the pick up. You will then be able to arrange the cancelled pick up at another time, without additional cost. To cancel a pick up or to arrange a special pick up callI 866-783-7422.

Record Keeping and Weights

Generators are required to sign the manifest at the time of pick up. Stericycle will complete the form after pick up and mail it back to the generator. These must be kept on file in the department.

In addition, the generator must request Stericycle to weigh each box and provide a weight for each pick up. The weights, recorded as per box, must be maintained along with the manifests.
To request weights, contact Customer Service at 1 866-783-7422. The weights will be faxed to the department. This is done after the pick up.

Packaging Regulated Medical Waste

1. Stericycle will supply the generators on campus with a system of containers for regulated medical waste. The system consists of red plastic liners, which are placed inside a transportation packing container. These transportation containers are made of heavy cardboard and can be collapsed for storing prior to use. Prior to placing the red plastic liner into the cardboard box, the cardboard box must be taped using at least two inch wide pressure sensitive tape. Tape the bottom and sides of the bottom of the box. Insert the red plastic liner into the cardboard box and the transport unit is ready to accept RMW.

2. Each large cardboard container has the capacity to hold 40 Ibs ofRMW. Containers should not exceed 40 Ibs however.

3. All sharps containers or other puncture resistant containers, containing contaminated sharps, can be placed into these liner/transport containers. Sharps containers should be labeled with the following information before disposal in the transport system:

    o Department name o
    Canisius College o
    2001 Main Street o
    Buffalo, New York 14208

4. Small red bags containing a smaller amount of RMW can also be placed into the transport system. These bags must be taped shut or twisted tightly and knotted. Labels are not required on these bags.

5. When the red plastic liner is full, it should be closed by twisting and hand tying in a single knot and placed back into the cardboard transport box.

6. All red bags must be labeled as noted above before closing the cardboard transport system.

7. Close the cardboard transport unit and tape the top and sides of the top of the box. Use at least two inch wide pressure sensitive tape.

   Mark the outside of the box as follows:
   ../ Blacken the small box at the bottom of the container for "incineration"
   ../ Complete Date of Package. This is the date the department prepares RMW for transport.
   ../ Complete Date of Waste Shipped. This the pickup date for Stericycle
   ../ If the container holds sharps, blacken the box for "sharps"
   ../ Stericycle will affix a label onto the container under "customer label"

8. All cardboard container units must be dry and in good condition for transport. No leaking or damaged boxes will be accepted.

9. RMW can remain in each department until the container is full. If waste gives off an odor, it should be disposed of as soon as possible.

10. RMW that has the potential to give off an odor should be placed in at least two red bags.

11. When working with RMW, All staff is required to wear gloves and other protective equipment needed to prevent exposure to contaminated waste. See Canisius College Exposure Control Plan for Bloodborne Pathogens.

12. In the event of an exposure to RMW, contact your supervisor and follow all procedures for exposure incident as outlined in the Canisius College Exposure Control Plan for Bloodborne Pathogens.

Attachment #2

CANISIUS COLLEGE

2001 Main Street Buffalo,
New York 14208 (716)
888-2610

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature Date

Supervisor's Signature Date

White copy: Human Resources Director Yellow copy: Department Director Pink copy: Employee's copy

8/04

Attachment #3

#

CANISIUS COLLEGE
2001 Main Street Buffalo,
New York 14208 (716) 888-
2610

EMPLOYEE BLOOD & BODY FLUID EXPOSURE REPORTING FORM

This form is to filled out by the employee and his/her supervisor in the event of a needle puncture wound, mucous membrane splash or laceration resulting in the employee being exposed to blood or other body fluid.
Bring the completed form to the Emergency Room at Erie County Medical Center
Send yellow copy to Human Resou rces

DATE OF INCIDENT EMPLOYEE'S NAME

TIME OF INCIDENT DEPT/OCCUPATION

SUPERVISOR'S NAME

HEPATITIS B SURFACE ANTIBODY
Received Hepatitis Vaccine Date Number of Doses
of most recent dose

Sou rce of Exposu re: Known Unknown Name of source
Address/Phone of source

TYPE OF EXPOSURE:
Needlestick
Laceration
Mucous Membrane Splash
Human Bite
Cutaneous (non-intact skin)
Other

E X P 0 SED TO: Blood
Other Body Fluid Specify:

ACTIVITY RESUL TING IN EXPOSURE (describes how exposure occurred and the severity of exposure, include PPE and Safety Devices used at time):

Transported to:
Date and Time Transported:
Transported by:

Employee's Signature Supervisor's Signature

Date Date

White copy: Emergency Room Yellow copy: Human Resources Director Pink Copy: Chart

8/04

Canisius College
Sharps Injury Log
2

Type of Device (e.g. syringe, suture needle)	Brand Name of Device	Work Area where injury Jccurred (e.g. Health "enter, KAC)	Brief description of how incident occurred. (i.e., procedure being done, clion performed (disposal, injection, etc.), body part injured.	Date incident reviewed	Name of those reviewing incident	~orrective action taken: ~es or No If yes, please record action on back

SHA's Bloodbome Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps injury Log for recording all percutaneous injuries in a facility c
he purpose ofthe Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention o
dition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five
which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee

Corrective action taken and date:

I.

Signature Date

2.

Signature Date

3.

Signature Date

4.

Signature Date

5.

Signature Date

6.

Signature Date

O ccu pational Exposu re Treatment Cente rs

1m med iate Eval uation 24/7

Erie County Medical Center Emergency Room
462 Grider Street
Buffalo NY 14215
(716) 898-4166
www.ecmc.edu

Follow up Care or Testing of Source Individual

1. AIDS Center at Erie County Medical Center (Rapid Testing available)
462 Grider Street
Buffalo NY 14215
(716) 898-4119
www.ecmc.edulmedicalservices

2. HealthWorks WNY (Depew)
6199 Transit Road
Depew, NY 14043 Mon.-Thurs.
8 a.m-7 p.m. Fri. 8 a.m.-5 p.m.
Sat 8am to 1 pm
(716) 206-0390

3. HealthWorks WNY (West Seneca)
1900 Ridge Road
Seneca Square
West Seneca, New York 14224
Mon-Fri 8am to 4pm
(716) 712-0670

4. Health Works WNY (Ken -Ton)
2075 Sheridan Drive (in the Lifetime Health Center)
Tonawanda, New York
Mon-Fri 8am -4pm
(716) 447-6474

New York State Department of Healtn

HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV* Related Information

This form autnorizes release of medical information including HIV-related information. You may cnoose to release just your non-HIV medical information, just your HIV-related information, or both. Your information may be protected from disclosure by federal privacy law and state law. Confidential HIV-related information is any information indicating that a person has nad an HIV-related test, or has HIV infection, HIV-related illness or AIDS, or any information that could indicate a person has been potentially exposed to HIV.

Under New York State Law HIV-related information can only be given to people you allow to have it by signing a written release. This information may also be released to the following: health providers caring for you or your exposed child; health officials when required by law; insurers to permit payment; persons involved in foster care or adoption; official correctional probation and parole staff; emergency or health care staff who are accidentally exposed to your blood, or by special court order. Under State law, anyone who illegally discloses HIV-related information may be punished by a fine of up to $5.000 and a jail term of up to one year. However, some re-discLosures of medical and/or HIV-related information are not protected underfederallaw. For more information about HIV confidentiality, call the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065; for information regarding federal privacy protection, call the Office for Civil Rights at 1-800-368-1019.

By checking the boxes below and signing this form, medical information and/or HIV-related information can be given to the people listed on page two (or additional sheets if necessary) of the form, for the reason(s) listed. Upon your request. the facility or person disclosing your medical information must provide you with a copy of this form.

I consent to disclosure of (please check all that apply): D

D My HIV-related information

D My non-HIV medical information Both HIV-related and non-HIV medical and** HIV-related information)

Information in the box below must be completed.

Name and address of facility/person disclosing HIV-related and/or medical information:

Name of person whose information will be released:

Name and address of person signing this form (if other than above):

Relationship to person whose information will be released:,

Describe information to be released:

Reason for release of information;

Time Period During Which Release of Information is Authorized

From: To:

Disclosures cannot be revoked, once made. Additional exceptions to the right to revoke consent, if any:

Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment or eligiblity for benefits (Note: Federal privacy regulations may restrict some consequences):

All facilities/persons listed on pages 1.2 (and 3 if used) of this form may share information among and between themselves for the purpose of providing medical care and services. Please sign below to authorize.

Signature Date

'Human Immunodeficiency Virus that causes AIDS

"If releasing only non.HN medical information, you may use this form or another HIPAA-(ompliant general medical release form.

DOH.2557 (8/05) p 1 013

Please Complete Information on Page 2.

HIPAA CompHant Authorization for Rel.ei'!se of Medical. Information
and Confidential HIV* Related Information

Complete information for each facility/person to be given general medical information and/or HIV-related information. Attach additional sheets as necessary. It is recommended that blank lines be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

The law protects you from HIV related discrimination in housing, employment, health care and other services. For more information call the New York State Division of Human Rights Office of AIDS Discrimination Issues at 1-800-523-2437 or (212) 480-2522 orthe New York City Commission on Human Rights at (212) 306-7500. These agencies are responsible for protecting your rights.

My questions about this form have been answered. I know that I do not have to allow release of my medical and/or HIV-related information, and that I can change my mind at any time and revoke my authorization by writing the facility/person obtaining this release. I authorize the facility/person noted on page one to release medical and/or HIV-related information of the person named on page one to the organizations/persons listed.

Signature Date

(Subject of information or legally authorized representativej

If legal representative, indicate relationship to subject:

Print Name

Client/Patient Number

HII'M Compliant Authorization for Release of Medical Information
and Corrfidel1tial HIV* Related Information

~<~~~~ Complete information for each facility/person to be given general medical information and/or HIV-related information,
Attach additional sheets as necessary. Blank lines may be crossed out prior to signing.

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

Name and address of facility/person to be given general medical and/or HIV-related information:

Reason for release, if other than stated on page 1:

If information to be disclosed to this facility/person is limited, please specify:

If any/all of this page is completed, please sign below:

Signature

Dat
e

Client/Patient Number.

I/Infectioncontrol/Exposurecontrolplan20
12