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EXPOSURE CONTROL PLAN

I. PURPOSE

One of the major goals of the Michigan Occupational Safety and Health Administration (MIOSHA) is to regulate facilities where work is carried out and to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, MIOSHA has enacted the Bloodborne Pathogens Standard, codified as Rule 325.70001-.70018 (Part 554). The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

Central Michigan University believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These include:

- Risk of exposure to bloodborne pathogens should never be underestimated.
- It is prudent to minimize all exposure to bloodborne pathogens.
- Departments should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

This Exposure Control Plan is implemented to meet the requirements of the MIOSHA Bloodborne Pathogens Standard and also to assure that all CMU employees have a safe workplace environment.

The objectives of the Exposure Control Plan are:

- To protect employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling in the event that an employee is exposed to bloodborne pathogens.
- To provide employees with timely and appropriate training information on bloodborne pathogen related diseases.

II. GENERAL PROGRAM MANAGEMENT

A. RESPONSIBLE PERSONS

There are five major categories of responsibility that are crucial to the effective implementation of the Exposure Control Plan. They include:

- The Exposure Control Officer (Manager, Risk Management, Environmental Health & Safety/Emergency Management)
- Deans, Department Chairpersons, Directors, Managers and Supervisors
The following sections define the roles played by each of these groups in carrying out the plan. If a new employee or department is assigned any of these responsibilities, the Exposure Control Officer is to be notified of the change so that records can be updated.

1. **Exposure Control Officer**

   The Exposure Control Officer will be responsible for overall management and support of the Exposure Control Plan. Activities which are delegated to the Exposure Control Officer include, but are not limited to:

   - Overall responsibility for implementing the Exposure Control Plan for the entire University and ensuring all contract agreements with any outside contractors who have reasonable anticipated exposure to blood or bloodborne pathogens while performing their tasks at CMU are complying with the bloodborne pathogen standard.
   
   - Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of the Exposure Control Plan.
   
   - Seeking ways to improve the Exposure Control Plan, as well as to revise and update it when necessary.
   
   - Knowing current legal requirements regarding bloodborne pathogens.
   
   - Conducting periodic organization audits to maintain an up-to-date Exposure Control Plan.

   The Manager, Risk Management, Environmental Health & Safety/Emergency Management at Central Michigan University will serve as the University Exposure Control Officer.

2. **Deans, Department Chairpersons, Directors, Supervisors and Managers**

   Deans, Department Chairpersons, Directors, Supervisors and Managers are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer, the Exposure Control Committee, University Health Services and the employees to ensure that proper exposure control procedures are followed.

3. **Department Exposure Control Coordinator**
The Exposure Control Coordinator for each department of the University that generates infectious waste is responsible for assuring that the waste is appropriately collected, bagged, labeled, and transported to a designated University biohazardous waste collection site. See Appendix-AB. The following departments have identified exposure control coordinators:

Athletics – John Mason
Biology - Tom Schultz
CHIP – Tammy Griffin
CMU Police – Cameron Wassman
College of Health Professions – John Lopes and Carol Stevens
Facilities Management – Jay Kahn
Residence Life – Shaun Holtgreive
University Health Services – Mary Armstrong
University Recreation – Demond Pryor

4. Education/Training Coordinator

Activities falling under the responsibility of the Coordinator include:

- Maintaining an up-to-date list of CMU personnel requiring training.
- Developing suitable education/training programs.
- Scheduling periodic training programs for employees
- Maintaining appropriate training documentation such as sign-in sheets, etc.
- Periodically reviewing the training programs with the Exposure Control Officer, Deans, Directors, Chairpersons, etc. to include appropriate new information.

The Education/Training Coordinator for Central Michigan University is the Manager, Risk Management, Environmental Health & Safety/Emergency Management.

5. Employees

The employees have the most important role in the bloodborne pathogens compliance program, for the ultimate effectiveness of the Exposure Control Plan rests in their hands. Employee responsibilities include:

- Knowing what tasks they perform that have occupational exposure.
- Attending the bloodborne pathogens training programs.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing and maintaining good personal hygiene habits, such as hand washing.
B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES

To help employees with their efforts, Central Michigan University’s Exposure Control Plan is available to CMU employees at any time. Employees are advised of this availability during their education/training sessions. The Exposure Control Plan can be found at www.cmich.edu/cmuehs.

C. REVIEW AND UPDATE OF THE PLAN

It is important to keep the Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually.
- Whenever new or modified tasks and procedures are implemented which affect the occupational exposure of employees to bloodborne pathogens.
- Whenever employees’ jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established that may involve exposure to bloodborne pathogens.

III. EXPOSURE DETERMINATION

One of the keys to successfully implementing the Exposure Control Plan is identification of the exposure situations that employees may encounter. The exposure determination was performed by the Exposure Control Committee through the use of a questionnaire distributed to Deans, Department Chairpersons, Directors, Managers and Supervisors. Determination was made without regard to the use of personal protective equipment.

Appendix A contains the following information.

- CATEGORY A: Job classifications in which all or some employees have occupational exposure to bloodborne pathogens.

Appendix Q contains the following information.

- Questionnaire packet that was used to perform the exposure determination.

IV. METHODS OF COMPLIANCE

There are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens. The principle investigators (Deans, Department Chairpersons, Directors, Managers, and Supervisors) are responsible for ensuring compliance with the CMU Exposure Control Plan. Areas dealt with in the plan are:
1. Training and Education.
2. Following Universal Precautions.
3. Establishing appropriate Engineering Controls.
4. Implementing appropriate Work Practice Controls.
5. Using necessary Personal Protective Equipment.
7. Implementing appropriate Housekeeping Procedures.

Each area is reviewed with the employees during their bloodborne pathogens related training (see the "Training & Education" Section VII of this plan for additional information). By rigorously following the requirements of MIOSHA's Bloodborne Pathogens Standard in these six areas, it is expected this will eliminate or minimize the employees' occupational exposure to bloodborne pathogens as much as possible.

A. UNIVERSAL PRECAUTIONS

The term "Universal Precautions" refers to a method of infection control developed by the Centers for Disease Control and the National Institute of Health in which blood and body fluids of all people are handled as if they contain bloodborne pathogens.

Body fluids to which Universal Precautions apply:

- Blood and other body fluids containing visible blood. (Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting.)

- Semen and vaginal secretions.

- Body fluids. (Spinal fluid, joint fluid, fluid surrounding the heart and lungs, or amniotic fluid.)

- Any undetermined body fluid. (In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.)
At Central Michigan University, the practice of Universal Precautions is observed to prevent contact with blood and other potentially infectious materials. All human blood and body fluids are treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens.

Department Chairpersons, Directors, Managers and Supervisors with employees at risk are responsible for overseeing the Universal Precautions program in their departments.

Body fluids that do not transmit bloodborne diseases unless contaminated with blood are listed below. Because these fluids can transmit other infection, Universal Precautions still apply at Central Michigan University and must be followed.

- urine
- feces
- sweat
- vomitus
- nasal secretions
- sputum, phlegm (lung secretions)
- tears
- saliva

Materials in addition to human blood that may be capable of transmitting bloodborne pathogens include:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

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

3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.

4. Organs, or other tissues from experimental animals infected with HIV or HBV.

B. ENGINEERING CONTROLS

Engineering Controls are used to eliminate or minimize employee exposure to bloodborne pathogens. Equipment such as sharps disposal containers, biological safety cabinets and ventilating laboratory hoods are used as appropriate.

Members of the Exposure Control Committee periodically work with departments to review tasks and procedures performed where engineering controls can be implemented or updated. As part of this effort, the Exposure Control Officer may inspect areas, as needed, to identify the following, but is not limited to:

- Areas where engineering controls are currently employed.
- Areas where engineering controls can be updated.
Areas currently not employing engineering controls, but where engineering controls could be beneficial.

The following engineering controls are to be used throughout the University:

1. **Hand washing facilities** (or antiseptic hand cleansers or antiseptic towelettes) are readily accessible to all employees who have the potential for exposure. If waterless hand cleansers or towelettes are used, the employee must follow-up with soap and water wash as soon as feasible.

2. **Safer sharps devices** are to be used where appropriate in order to reduce the risk of injury from needlesticks and other sharp instruments. (See Section G : Sharps Injury Protection Program). **Note:** Needles that will not become contaminated during use (e.g., those used to withdraw medication from vials) are not required to have engineering controls.

3. **Sharps containers** for contaminated sharps are located in areas where sharps (needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires or any other material/object that could penetrate the skin) are used and have the following characteristics:
   - Puncture-resistant
   - Color-coded and/or labeled with a biohazard warning label
   - Leak-proof on the sides and bottom
   - Closable

Containers for reusable sharps must meet the same requirements as containers for disposable sharps, with the exception that they are not required to be closable.

Reusable sharps will not be stored or processed in a manner that requires reaching into containers of contaminated sharps.

4. **Storage containers** are used to reduce the possibility for an environmental release of potentially infectious materials. Primary containers should be designed to be:
   - Leak-proof
   - Puncture resistant
   - Closable
   - Labeled with the biohazard symbol

Examples of containers that must be labeled as biohazardous if storing blood or potentially infectious materials:
   - Refrigerator
   - Freezer
   - Liquid nitrogen tank
   - Incubator

Exceptions:
• Containers of blood, blood components, or blood products which are labeled as to their contents and which have been released for transfusion or other clinical use are exempt from these labeling requirements.

• Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage are exempted from labeling requirements.

5. **Transport containers** are secondary containers used to reduce the possibility of an environmental release of potentially infectious materials when transporting biological materials between campus facilities as well as over roadways.

- Use primary containers designed to contain the material being transported.

- Place primary sample containers into a leak-resistant securely covered secondary container for transport (i.e., a cooler with a latchable lid).

- If sample materials contain liquids, place enough absorbent material (i.e., paper towels) in the secondary container to absorb all free liquids in the event of breakage or leakage.

- Package primary containers in the secondary container in a manner that will reduce shock and/or rupture. (Bubble wrap or similar shock-absorbing “spacer” materials may be used.)

- Label secondary containers with a brief description of the contents and an emergency contact name and phone number. Containers used for transporting blood specimens (regardless of source) or specimens known to or suspected to contain a pathogen (affecting humans or animals) should be additionally labeled with the biohazard symbol.

- Use a University-owned vehicle for transport. Store and secure the transport container in a location in the vehicle whereby if an accident were to occur, the container or its contents will not be an exposure risk to the driver or the environment.

- When preparing potentially infectious materials to be moved off campus, use a primary container as described previously, enclosed in a secondary container that contains enough shock-resistant, absorbent material to accommodate the contents of the primary container.

- The secondary container must then be placed in an appropriate shipping container that is labeled in accordance with applicable shipping regulations. For more information and assistance regarding packaging of potentially infectious materials for off campus shipment, contact Tom Schultz at 774-3279.
6. **Autoclaves** are available in some departments to decontaminate solid biohazardous waste. The departments are responsible for monitoring the equipment to assure that proper sterilization occurs. Proper instrumentation will be used to verify that time, temperature, and steam are adequate. In addition, Facilities Management will provide an annual check of all autoclaves on campus used for decontaminating biological wastes.

7. **Emergency eyewash stations** are in close proximity to workstations where employees perform tasks that produce splashes of potentially infectious materials. Eyewash stations should meet the following ANSI requirements.

   a. Provide at least 0.4 gallons of water per minute for 15 continuous minutes, flushing both eyes simultaneously with hands free to hold eyes open.

   b. Eye wash facilities must not exceed 95 psi (pounds per square inch) water flow pressure.

   c. It is recommended that the eye wash facility be flushed on a regular basis. A log documenting the recommended weekly 5 minute flush is encouraged.

8. **Appropriate containers for other regulated waste** are used.

9. **Mechanical pipettes** are used. (Pipetting by mouth is specifically prohibited by MIOSHA).

10. **Laboratory equipment specific to the type of work involved** is used.

11. **Self retracting needles** will be used in all situations where needles are to be used. This shall include but not be limited to, drawing blood, administration of shots, etc.

12. **Trunk Pack.** Each CMU Police car has a trunk pack that includes personal protective equipment as well as a biohazard waste bag. Additional biohazard materials are stored in the first aid cabinet in the storage room.

C. **WORK PRACTICE CONTROLS**

   A number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens are utilized. Overseeing the implementation of Work Practice Controls is the responsibility of the supervisors. They work in conjunction with Deans, Directors, Chairpersons, Managers or designees and the Training Coordinator to effect this implementation.

   The following Work Practice Controls are part of the Bloodborne Pathogens Compliance Program:
1. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited on work surfaces that carry an inherent potential for contamination. Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored. Such storage equipment must be clearly labeled to prevent this possibility.

2. Hands and other skin surfaces contaminated with potentially biohazardous material must be washed immediately and thoroughly with soap and water. Hands must be washed immediately after gloves are removed, even if the gloves appear to be intact. Following any contact of body areas with blood or any other infectious materials, the employees will wash the affected area and any other exposed skin with soap and water as soon as possible. They will also flush exposed mucous membranes with water.

3. Precautions shall be taken to prevent injuries caused by needles, scalpels, or other sharp instruments. Used needles shall not be bent, broken, reinserted into their original sheaths, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture resistant container. Puncture resistant containers shall be located as close as practical to the use area and shall be available to all persons using needles (including diabetic students, faculty and staff on campus). These containers shall be labeled “Biohazard.”

4. All persons who have open wounds or weeping skin rashes shall refrain from all direct patient/client care, potentially hazardous laboratory procedures, and from handling patient-care equipment until the condition resolves. Cuts or abrasions shall be protected with a dressing and gloves prior to performing any procedure involving contact with potentially infectious materials.

5. Pregnant persons shall be especially familiar with and strictly adhere to Universal Precautions. Infection in the mother places the fetus at risk of acquiring the infection.

6. Blood spills shall be cleaned up promptly with a disinfectant solution such as a fresh 1:10 dilution (1 part bleach to 10 parts water) of liquid chlorine bleach (5.25% sodium hypochlorite), or an approved hospital disinfectant. Studies have shown that HIV is inactivated rapidly after being exposed to commonly used chemical germicides. Germicides vary in their activity against infectious agents and in the time needed for disinfection. Manufacturer’s guidelines shall be followed.

7. Large work areas contaminated by blood or body fluids must be thoroughly cleaned, flooded with a liquid germicide, cleaned again, and decontaminated with fresh germicide.

8. Medical equipment that requires sterilization or disinfection shall be thoroughly cleaned before disinfection and care must be taken to follow manufacturer’s guidelines for compatibility with the germicide.

9. Contaminated laundry shall be placed in labeled or color-coded, leakproof containers at the location where it was used. The employer shall ensure that employees who have contact with contaminated laundry wear appropriate personal protective equipment.
Contaminated footwear shall be autoclaved and laundered or discarded as Biohazardous.

10. HBV vaccine shall be offered, at department expense, to all persons whose occupational tasks place them at risk of exposure to blood or other potentially infectious materials.

11. All Deans, Department Chairpersons, Directors, Supervisors, and/or Managers shall be responsible for informing persons of any special precautions pertinent to their area.

12. No human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other bloodborne pathogen shall be used for research purposes on this campus without prior approval of the Dean of Graduate Studies, the Institutional Review Board (IRB) when appropriate, and the Exposure Control Committee. All National Institute of Health (NIH) and Center for Disease Control (CDC) guidelines shall be followed. The University Exposure Control Officer shall be responsible for notifying the Director of Risk Management and the CMU Police Department whenever bloodborne pathogens are to be used for research purposes at Central Michigan University.

13. All procedures involving blood or other infectious materials should be conducted in such a manner as to minimize splashing, spraying, or other actions generating droplets of these materials.

14. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)

15. Self retracting needles shall be used in all situations were needles are to be used, such as drawing blood and administration of shots.

16. Broken glassware must be picked up by mechanical means, not directly with hands. Broken glassware shall also be placed in a “sharps” container or other puncture resistant container.

17. Contaminated needles and other contaminated sharps are not bent, recapped or removed. They shall be placed in a puncture resistant container and labeled Biohazard. These containers are located throughout the University.

18. When dealing with a patient that is actively coughing and there is the possibility of splattering blood or body fluids, goggles/glasses and a disposable mask will be worn.

19. A mechanical device (BVM or pocket mask with one-way valve or Microshield Mouth to Mouth Resuscitation Barrier) will be used for all respiratory assistance or resuscitation.
20. To preserve contaminated criminal evidence, it will be collected and placed in a closed, labeled/color-coded container to prevent leakage, such as a plastic bag or a pan with a lid for transport to the evidence room. Upon receipt at the evidence room, the material will be removed from the container and permitted to air-dry. The law enforcement officer performing this task will utilize the proper protective clothing such as gloves. When the evidence is dry it will be placed in a proper closed specimen container and labeled Biohazardous. The original container will be autoclaved, decontaminated or disposed of as Biohazardous Waste.

21. Equipment that becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).

- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
- Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing, or shipping.

When a new employee enters the department or an employee changes jobs within the department having Category A positions, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification, the tasks and procedures that they will perform are checked against the Job Classification and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferring from one job to another within the department, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the staff member into occupational exposure situations are identified.
- Employee training is then offered through the University’s Education/Training Coordinator regarding any work practice controls that the employees are not experienced with.
- HBV vaccine shall be offered, at department expense, to all persons whose occupational tasks place them at risk of exposure to blood or other potentially infectious materials.

D. PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is the employee’s last line of defense against bloodborne pathogens. Personal protective equipment must be provided at no cost to employees to protect them against such exposure. This equipment includes, but is not limited to:

- Gloves
- Gowns
- Laboratory coats
- Face shields/masks
- Safety glasses
- Goggles
- Mouthpieces
- Resuscitation bags
- Pocket masks
- Hoods
- Shoe covers

The Deans, Department Chairpersons, Directors, Supervisors, and/or Manager is responsible for ensuring that all work areas have appropriate personal protective equipment available to employees.

Employees are trained regarding the use of appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Initial training about personal protective equipment is completed at the time the Exposure Control Plan is implemented for the department. Additional training is provided when necessary, if an employee takes a new position or new job functions are added to their current position.

Any training conducted should be coordinated with the Manager, Risk Management, Environmental Health & Safety/Emergency Management. This will allow for one universal type of training used by all departments on campus. This will also allow for better recordkeeping and tracking of employee training records. The Manager, Risk Management, Environmental Health & Safety/Emergency Management does not have to be part of the training class, but should be knowledgeable that it is being conducted.

To determine whether additional training is needed, the employee’s supervisor, along with the Exposure Control Officer will compare the employee's previous job classification and tasks versus those for any new job or function that they undertake. Any needed training is provided by their department manager or supervisor working with the training coordinator.

Protective barriers reduce the risk of exposure of a person’s skin or mucous membranes to fluids that require Universal Precautions. The following are required protective barriers.

1. Gloves shall be worn for touching human blood, body fluid, mucous membranes, or skin with open wounds or weeping rashes; for touching items or surfaces soiled with blood or body fluids; for performing venipuncture or other procedures which enter blood vessels.

   a. Latex or nitrile exam gloves shall be used for all medical and laboratory procedures. Hands shall be washed and gloves changed between patient contacts. Latex or nitrile gloves shall NOT be washed. Use of soap compromises their ability to protect.

      Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an exposure barrier.

   b. General-purpose utility gloves (rubber household gloves) shall be used for housekeeping chores involving potential blood contact and for instrument clean-up or decontamination procedures. Gloves extending beyond the wrists are preferable.
Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.

2. Masks, protective goggles, and face shields shall be worn if aerosolization, splashing, spraying, or spattering of droplets of infectious materials is likely to occur.

3. Gowns or fluid-proof aprons, laboratory coats, or other protective clothing shall be worn if blood spattering is likely.

Any garments including uniforms penetrated by blood or other infectious materials are to be removed immediately if feasible, or as soon as possible. Garments shall be placed in biohazardous waste bags for cleaning or disposal.

4. Surgical caps/hoods, and/or shoe covers/boots are used in any instances where gross contamination is anticipated.

5. Disposable personal protective equipment shall be disposed of properly and not reused. Reusable equipment shall be decontaminated properly soon after use.

6. All personal protective equipment shall be removed before leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

7. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

8. An employee shall wash his or her hands immediately after removing gloves or other protective clothing, as soon as possible after hand contact with blood or other potentially infectious material, and upon leaving the work area. Hand-washing shall be completed using the appropriate facilities, such as utility or rest room sinks.

E. HOUSEKEEPING

Departments and units, with the assistance of Facilities Management or other trained employees will adhere to the following practices:

1. All equipment and surfaces are cleaned and decontaminated as soon as feasible after contact with blood or other potentially infectious materials.

2. Spill Kits designed for use in cleaning spills of blood and/or other potentially infectious materials will be readily accessible to custodians.

3. Protective coverings are removed and replaced:
   
   - As soon as it is feasible when overtly contaminated.
   
   - At the end of the work shift if the surface may have been contaminated during that shift.
4. All pails, bins, cans and other receptacles intended for routine use are inspected, cleaned and decontaminated as soon as feasible if visibly contaminated.

5. Potentially contaminated broken glassware is picked up using mechanical means, such as dustpan and brush.

6. Contaminated reusable sharps are placed in containers that do not require hand processing.

7. Facilities Management is responsible for setting up cleaning and decontamination schedules and assuring that the work is carried out.

F. INFECTIOUS WASTE DISPOSAL

1. Infectious waste is defined as follows:

   a. Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.

   b. Liquid human and animal waste, including blood and blood products, and body fluids (as defined under Universal Precautions). This includes materials crusted or soaked with blood or body fluids, but does not include urine.

   c. Pathological waste (human organs, tissues, body parts, fluids).

   d. Contaminated sharps (needles, scalpels, syringes, etc.).

   e. Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals.

2. The Department Exposure Control Coordinator for each department of the University that generates infectious waste is responsible for assuring that the waste is appropriately collected, bagged, labeled, and transported to a designated University biohazardous waste collection site. The Biosafety Officer (BSO) or his/her designee monitors the disposal of infectious waste at Central Michigan University. The disposal of infectious waste shall be in accordance with applicable federal, state, and local regulations.

3. Medical, biological, and other infectious wastes must be disposed of in designated containers or bags that are color-coded, labeled, and tagged as "biohazard". Questions regarding safe disposal shall be directed to the Biosafety Officer.

   Starting on the date that the Exposure Control Plan is implemented, the following procedures are used with all types of regulated wastes:

   - They are discarded and “bagged” in containers that are:

     Closeable.
     Puncture-resistant.
     Leak-proof, if potential for fluid spill or leakage exists.
Red in color or labeled with the appropriate biohazard warning label.

- Locations of regulated waste containers and clean up kits are listed in Appendix AB and are within easy access of the staff and as close as possible to the sources of the waste.

- Waste containers are maintained uptight, routinely replaced and not overfilled.

- Contaminated laundry is handled only when wearing proper PPE and is not sorted or rinsed where it is used.

- Whenever the employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container. Trained personnel from the building where there is a Biohazardous Waste Station is located are responsible for securing, transporting, and disposing of “full” biohazard bags to one of the following sites: See Appendix AB

G. SHARPS INJURY PROTECTION PROGRAM

Supervisors of all departments who have employees with risk of occupational exposure to bloodborne pathogens are responsible for:

- Considering and, where appropriate, using effective engineering controls, including safer sharps devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

  Note: An appropriate safer sharps device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

- Establishing a program for evaluating safer sharps devices designed to eliminate or minimize occupational exposure. This program should include: 1) an identification process, 2) an evaluation process, and 3) a selection process.

- Reviewing the sharps that are being used on an annual basis. (See the Annual Review section on the following page.)

Identification Process:

Supervisors are responsible for identifying all sharps devices that have available products with safer engineering features and determining which products are to be evaluated.

Evaluation Process:

Supervisors are responsible for:

1. Assuring that evaluation of the safer sharps devices is documented on the “Safer Sharps Device Evaluation Form”. See Appendix S.
2. Choosing non-managerial employees who perform tasks with sharps exposure risk to be involved in the evaluation process for selecting safer sharps. (Supervisors in departments that provide direct patient care must not evaluate and select the safer sharps devices alone.)

3. Providing at least 4 or more test samples of each product being evaluated to each individual evaluating the product.

4. Ensuring that visual instructions and a demonstration of the proper use of each device is provided to all evaluators.

5. Reviewing the instructions and rating system on the evaluation form with each evaluator.

6. Encouraging each evaluator to comment on the forms. This will provide a useful decision making tool.

7. Keeping all records of completed evaluation forms in their department.

Note: If safer sharps are already in use, the evaluation process must still be completed.

Note: If there is no safer option for a particular sharps device used where there is exposure to blood or other potentially infectious materials, it is not required to use something other than the device that is normally used. This information should be documented. During the annual review of devices, it is required to inquire about new or prospective safer options.

Selection Process:

Supervisors are responsible for implementing the use of the safer sharps devices as soon as possible, once the evaluation process has been completed and the safer sharps device has been chosen.

Note: The selection and implementation process cannot be postponed in order to use up supplies of non-safer sharps. When the safer sharps are in place, supplies of the non-safer sharps may not be used. Contact the Biosafety officer for disposal assistance if needed. Do not put unused supplies in trash or send to salvage.

Note: If the safety device is not available due to supply shortages, back orders, shipping delays, etc., that must be documented.

Annual Review:

All sharps that are being used where there is exposure to human blood or other potentially infectious materials must be reviewed on an annual basis.

This will be accomplished by completing a “Safer Sharps Devices Annual Review Form”. (See Appendix T) This form should be completed at the end of each calendar year and maintained with department records. A copy will be forwarded to the University Exposure Control Officer. The purpose of the review form is to document annual consideration and implementation of appropriately available and effective safer sharps devices designed to eliminate or minimize exposure.
The review and update must reflect innovations in procedural and technological developments that eliminate or reduce exposure to bloodborne pathogens. This includes, but is not limited to, newly available sharps devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens.

**Resources:**

For the latest EpiNet list of safety-engineered sharp devices and other products designed to prevent occupational exposures to bloodborne pathogens:

http://www.healthsystem.virginia.edu/internet/epinet/

For more information on safer sharps devices and manufacturers, contact University Health Services at 989-774-3944 or healthservices@cmich.edu.

**V. HIV, HBV OR HCV RESEARCH LABORATORIES AND PRODUCTION FACILITIES**

HIV and HBV research laboratories present increased risk for occupational exposure to bloodborne pathogens. All laboratories engaged in bloodborne pathogens infectious disease research will reduce employee exposure risk by providing additional administrative controls, protective equipment, information and training beyond that required for research laboratories not involved in such work.

**PROCEDURE:**

- Employees working in HIV and HBV Research Laboratories and Production Facilities will adhere to standard microbiological safety practices as described in the CDC/NIH Guidelines for Biosafety in Microbiological and Biomedical Research Laboratories - Laboratories - Section III, Biosafety Level 2, part A. These standard practices offer limited control of hazards associated with microbiological research.

- All infectious liquid or solid waste shall be incinerated or decontaminated by a method known to effectively destroy bloodborne pathogens before being disposed of.

- The following special practices will be followed in HIV and HBV Research Laboratories:
  - A biosafety manual has be prepared and is periodically reviewed and updated at least annually. Personnel will be advised of the potential hazards, will be required to read instructions on practices and procedures, and will be required to follow them.
  - Access to the work area will be limited to authorized persons. Only persons who have been advised of the potential biohazard, who meet any specific entry requirement, and who comply with all entry and exit procedures will be allowed to enter the work areas.
  - A hazard warning sign incorporating the universal biohazard symbol and the word “biohazard” will be posted on all access doors.
  - Laboratory doors will be kept closed when work involving HIV or HBV is in progress.
  - Before disposal, all contaminated waste will either be incinerated or decontaminated by a method, such as autoclaving, known to effectively destroy bloodborne pathogens.
  - Contaminated materials that are to be decontaminated at a site away from the work area will be placed in a durable, leakproof, labeled or color-coded container that is closed before removal from the work area.
• All activities involving potentially infectious materials will be conducted in biological safety cabinets or other physical containment devices within the laboratory.
• Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing will be used in the work area and animal rooms. Protective clothing will not be worn outside the work area and will be decontaminated before being laundered.
• Special care will be taken to avoid skin contact with potentially infectious materials. Gloves will be worn when handling infected animals and when making hand contact with potentially infectious materials is unavoidable.
• A facility for hand washing and an emergency eyewash station will be readily available within the work area. An autoclave will be available within the work area for the decontamination of biohazardous waste.
• Vacuum lines will be protected with liquid disinfectant traps and high efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and that are checked routinely and maintained or replaced as necessary.
Hypodermic needles and syringes will be used only for parenteral injection and aspiration of fluids from laboratory animals or diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units will be used for injection or aspiration of other potentially infectious materials. Extreme caution will be used when handling needles and syringes. Needles will not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe will be promptly placed in a puncture-resistant container and routed as waste to an incinerator. All spills will be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials. A spill or accident that results in an exposure incident will be immediately reported to the employees supervisor.
• All activities or procedures with potentially infectious materials that pose a threat of exposure to droplets, splashes, spills or aerosols require a combination of personal protective equipment and primary containment such a respirator and biological safety cabinet, or special protective clothing and containment caging for animals. Biological safety cabinets will be certified by EHS (or outside contractor approved by EHS) when installed, when moved, and at least annually.

VI. HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

Exposure incidents can occur even with good adherence to exposure prevention practice. A Hepatitis B Vaccination Program and procedure for post-exposure evaluation and follow-up have been established. (See Appendices B, C, G and K).

A. VACCINATION PROGRAM

Central Michigan University has implemented a vaccination program at University Health Services. This program is offered at no cost to all employees who have occupational exposure to bloodborne pathogens.

The vaccination program consists of a series of three inoculations over a six-month period. As part of their bloodborne pathogens training, the employees have received information regarding hepatitis B vaccination, including its safety and effectiveness.

Employees who complete the vaccine series are tested for hepatitis B surface antibody (anti-HBs) 1 to 2 months after the third dose. If anti-HBs is negative, 3 more doses are given with the same spacing and the employee is retested 1 to 2 months after the last dose. If they then test positive for anti-HBs, no further treatment is necessary. If anti-HBs is again negative, the employee is considered a non-responder and should be evaluated to determine if hepatitis B surface antigen (HbsAG) positive. Employees who are non-responders and who are HbsAG negative and who are exposed should receive 2 doses of hepatitis B immune globulin (HBIG) 1 month apart.

Previously vaccinated employees with an anti-HBs negative test on file need no further treatment. Anti-HBs testing is not recommended for previously vaccinated employees without documentation of anti-HBs testing on file unless there is an exposure.

University Health Services is responsible for setting up and operating the vaccination program. The vaccination program is under the supervision of Penelope Cook, D.O., Associate Director, Medical Services, University Health Services, a licensed physician.

Employees identified as Category A for exposure purposes will be registered on file with the Office of Risk Management, Environmental Health and Safety. To ensure that all employees are aware of the vaccination program, it is thoroughly discussed in the bloodborne pathogens training.

B. POST-EXPOSURE EVALUATION AND FOLLOW-UP

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, efforts should be focused on getting medical consultation and treatment expeditiously. After immediately flushing the wound or site of exposure with water, the following procedure should be initiated:
1. The employee must report the incident to the supervisor who will then refer the exposed employee and the source individual, if available, to Health Services for immediate evaluation and treatment. If Health Services is closed, the exposed employee will be directed to Ready Care/Central Michigan Community Hospital Emergency Room for initial evaluation and care. When initial treatment is provided somewhere other than Health Services, the exposed employee must report to Health Services the next business day for assessment and follow-up.

2. The supervisor must inform the Workers’ Compensation Office of the exposure by calling 774-7177 (24-hour voice mail service) as soon as possible after the exposure incident.

3. The Workers’ Compensation Office will generate an Employee Accidental Personal Injury Report form and route it to the supervisor for review with the exposed employee and appropriate signatures (Appendix I).

4. University Health Services follows the procedure for HIV, HBV, and HCV Potential Exposure (Appendix K & L).

5. University Health Services will schedule follow-up appointments to monitor the employee’s post-exposure medical status.

The University Exposure Control Officer as well as the department Exposure Control Officer, or his/her designee, investigates every exposure incident that occurs within the department. This investigation is initiated within 24 hours after the incident occurs. The exposed employee is referred to University Health Services by the supervisor or acting supervisor where the Exposure Incident Investigation Form (Appendix K) which includes the following information is completed.

- When the incident occurred.
  - Date and time.

- Where the incident occurred.
  - Location within the department.

- What potentially infectious materials were involved in the incident.
  - Type of material (blood, amniotic fluid, etc.)

- Source of material.

- Under what circumstances the incident occurred.
  - Type of work being performed.

- How the incident was caused.
  - Accident.
  - Unusual circumstances. (e.g. equipment malfunction)

- Personal protective equipment being used at the time of the incident.
After University Health Services (in collaboration with the department) evaluates the exposed employee's situation, an opinion report will be written documenting that the staff member was informed of 1) evaluation results and the need for follow-up; 2) whether Hepatitis B vaccine is indicated and was received. Recommendations will be prepared to avoid similar incidents in the future.

In order to make sure that the University employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the University has set up a comprehensive post-exposure evaluation and follow-up process which includes:

- Actions taken as a result of the incident.
  - Employee decontamination
  - Cleanup
  - Notifications made

Much of the information involved in this process must remain confidential, and every effort will be taken to protect the privacy of people involved.

C. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

To assist the healthcare professional the following documents will be forwarded to them:

- A copy of the Bloodborne Pathogen Standard (University Health Services will follow the OSHA Bloodborne Pathogen Standard available online.)
- A description of the exposure incident.
- The exposed employee’s relevant medical records.
- Any other pertinent information.

D. HEALTHCARE PROFESSIONAL’S WRITTEN OPINION

After the consultation, the healthcare professional provides the Worker’s Compensation Office with a written opinion evaluating the exposed employee’s situation. The exposed employee will also receive a copy of it.

In maintaining the confidentiality of the process, the Healthcare Professional’s Written Opinion will contain only the following information:

- Whether hepatitis B vaccination is indicated for the employee.
- Whether the employee has received hepatitis B vaccination.
- Confirmation that the employee has received the results of the evaluation.
• Confirmation that the employee has been informed of any medical condition resulting from the exposure incident that requires further evaluation or treatment.

• All other findings or diagnoses will remain confidential and will not be included in the Healthcare Professional’s Written Opinion.

E. SOURCE INDIVIDUAL TESTING

According to Michigan State Law MCL 333.5204 a police officer, fire fighter, local correctional officer of other county employee, court employee or other person making a lawful arrest who has an exposure to the blood or body fluids of an arrestee, inmate, parolee, or probationer to request that the person be tested for HIV, HBV, and/or HC.

In addition, MCL 333.20191 allows a police officer, fire fighter, medical first responder, emergency medical technician, emergency medical technician-specialist, paramedic, an emergency medical services instructor-coordinator, or any individual assisting an emergency patient (“a good Samaritan”), to request HIV and or HBV testing of an emergency patient if there has been a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of the emergency patient.

F. MEDICAL RECORD KEEPING

University Health Services is responsible for setting up and maintaining these records that include the following information:

• Name of employee.

• Campus ID number of the employee.

• Copies of the results of the examinations, medical testing, and follow-up procedures that took place as a result of the employee’s exposure to the bloodborne pathogens.

• A copy of the information provided to the consulting health care professional as a result of any exposure to bloodborne pathogens.

VII. LABELS AND SIGNS

The most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. University Stores will maintain a supply of the required biohazard labels and signs for use in campus facilities.

The following items are labeled:

• Containers of regulated waste.

• Refrigerators/freezers containing blood or other potentially infectious materials.

• Sharps disposal containers.

• Other containers used to store, transport or ship blood and other infectious materials.
- Laundry bags and containers.
- Contaminated equipment.

Biohazard signs must be posted at entrances to Bloodborne Pathogen research laboratories and production facilities. The laboratories at Central Michigan University do not currently conduct work which is covered by special signage requirements.

VIII. TRAINING AND EDUCATION

All employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive annual training program and furnished with as much information as possible on this issue. The employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as staff changing jobs or job functions, will be given any additional training about their new position requirements at the time of their new job assignment.

The Education/Training Coordinator, is responsible for seeing that the employees who have potential exposure to bloodborne pathogens receive this training. She/he will be assisted by the University's Bloodborne Pathogen Education Committee.

A. TRAINING TOPICS

1. Central Michigan University shall provide a formal training and education program for persons with exposure or potential exposure to blood or other potentially infectious body fluids (Category A).

2. The training program shall contain the following elements:
   a. The Bloodborne Pathogens Standard itself.
   b. A general explanation of the epidemiology of HBV, HIV and HCV symptoms associated with clinical illness from these viruses.
   c. An explanation of the modes of transmission of HBV, HIV and HCV.
d. An explanation of Central Michigan University’s Exposure Control Plan. This will include an explanation of Universal Precautions, Engineering and Work Practice Controls, and the use of Personal Protective Equipment.

e. A detailed explanation of protective barriers and other personal protective equipment, the basis by which these are selected, and the limitations of these methods of control in preventing exposure as well as their proper use, location, removal, handling, decontamination and disposal.

f. An explanation of the signs, labels, tags, and color-coding used to denote biohazards.

g. Information on HBV vaccine, including its indications, safety, efficacy, benefits, and CMU’s vaccination program.

h. An explanation of the procedure to follow if accidental exposure occurs and the medical follow-up that will be made available.

B. TRAINING METHODS

1. Material shall be used which is appropriate in content and vocabulary to the educational level, literacy, and language background of the persons being trained.

2. Training presentations will make use of several training techniques including, but not limited to the following:

   a. Classroom environment with personal instruction

   b. Training manuals, educational printed materials

   c. On-line training

   d. Employee review sessions

   e. Interactive hands on demonstrations using items such as personal protective equipment (PPE), biohazard bags, waste disposal, etc.

C. RECORD KEEPING

The Central Michigan University Office of Risk Management, Environmental Health and Safety is responsible for maintaining documentation that all CMU employees who have potential exposure to bloodborne pathogens receive training.

NOTE: These guidelines and procedures may be amended as necessary by changes in law, regulation and technology.
EXPOSURE DETERMINATION

All occupations that require procedures or occupation-related tasks that involve exposure or the potential for exposure to blood or other potentially infectious material or that involve a potential for spill or splashes of blood or other potentially infectious material are included in this exposure determination. This includes procedures or tasks conducted in non-routine situations as a condition of employment.

CATEGORY A

JOB CLASSIFICATION IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL EXPOSURE

ATHLETIC TRAINING EDUCATION PROGRAM
- Faculty
- Head Athletic Trainer
- Assistant Athletic Trainer
- Graduate Assistant Athletic Trainer

ATHLETICS
- Assistant Coach
- Athletic Trainer, Certified
- Equipment Room Personnel
- Equipment Room Student Worker/Usher
- Head Coach
- Sports Camp Coach/Counselor
- Team Physician
- Physician Assistant

BIOLOGY
- Faculty/Staff Instructor
- Faculty/Staff Researcher
- Laboratory Assistants
- Graduate Students

CENTRAL HEALTH IMPROVEMENT PROGRAM (CHIP)
- Manager, Employee Health and Wellness
- Coordinator, Prevention/Rehabilitation
- Coordinator, Fitness & Conditioning

CHEMISTRY
- Faculty/Staff Instructor
- Faculty/Staff Researcher
- Laboratory Assistants
- Graduate Students

CHILD DEVELOPMENT AND LEARNING LABORATORY
- Laboratory Director
- Lead Teacher
- Food Service Facilitator
COLLEGE OF HEALTH PROFESSIONS
Manager, Carls Center
Student Assistants, Carls Center
Coordinator/Business Services, Dean’s Office
Coordinator/Security & Events, Dean’s Office
Regular Faculty, Physical Education & Sport, Physical Therapy, & Communication Disorders
Full-Time Temporary Faculty, Physical Education, Sport & Physical Therapy, & Communication Disorders
Part-Time Temporary Faculty, Physical Education, Sport & Physical Therapy, & Communication Disorders
Graduate Assistants, Physical Education & Sport
Teaching & Research Graduate Assistants, School of Health Sciences, Communication Disorders
Regular Faculty, School of Health Sciences
Regular Faculty, Physician’s Assistant
Full-Time Temporary Faculty, Physician’s Assistant
Part-Time Temporary Faculty, Physician’s Assistant
Clinical Supervisor/SP Language Pathology, Communication Disorders
Clinical Supervisor/Coordinator Special Programs, Communication Disorders
Clinical Supervisor/Audiology, Communication Disorders
Director/Clinical Instructor/Audiology, Communication Disorders
Director/Clinical Instruction-Sp Language Services, Communication Disorders
Coordinator/Animal Facility, Vivarium
Student Assistants, Vivarium

COLLEGE OF MEDICINE

COMMUNICATION AND DRAMATIC ARTS
Costume Shop
Dance Company
Scene Shop

CMU POLICE
Chief of Police
Captain
Lieutenant
Sergeant
Police Officer
Detective

DINING SERVICES
Cashier
Catering Cook
Cook
Food Service Worker
Head Cook
Management
Relief Employee
Supervisor

FACILITIES MANAGEMENT

Architectural Trades Supervisor
Electrical & Maintenance Mechanics Supervisor
Building Services Supervisors
Senior Caretakers
Caretakers
Architectural Trades Helper
Carpenter, Journeyman
Custodial Repair Technician
Custodians
Director of Facilities Operations
Electrician, Journeyman
Electrician Helper
Kitchen Equipment & Mechanics
Journeyman Auto/Equipment Repair
Journeyman Locksmith
Journeyman Refrigeration & Controls
Maintenance Mechanic, Journeyman
Mason, Journeyman
Painter, Journeyman
Powerhouse Operator, Journeyman
Preventative Maintenance Technician
Beaver Island Maintenance Coordinator
Fire Alarm Technician
Journeyman Welder/Maintenance Mechanic
Water Quality Specialist
Lead Maintenance Mechanic

HUMAN ENVIRONMENTAL STUDIES

Faculty

PHYSICAL EDUCATION

Faculty
Graduate Assistant
Graduate Student
Undergraduate Student

PSYCHOLOGY

Faculty
Clinic Director
Manager ST
Post-Doctoral Fellows
Research Scientist
Temporary Faculty
Staff – Office Professionals
Graduate Assistant
Student Employee
Student Teaching Assistant
Students working in faculty labs

RESIDENCE LIFE
Director, Residence Life
Associate Director, Residence Life
Assistant Director, Residence Life
Residence Hall Director
Multicultural Advisor
Residence Assistants
Building Maintenance Worker, Journeyman
Desk Receptionists
Fitness Center Employees (Towers & East Center Complex)
Building Maintenance Workers Assistants (Students)

UNIVERSITY HEALTH SERVICES
Licensed Practical Nurse
Medical Laboratory Technician
Nurse Practitioner
Physicians
Physician Assistants
Registered Nurses

UNIVERSITY RECREATION, EVENTS AND CONFERENCES
Assistant Vice President
Director/Facility Operations
Director/Programming
Director/Marketing and Business
Assistant Director of Business Operations
Assistant Director/Facilities and Customer Relations
Sr. Assistant Director of Student Personnel and Training and Development
Assistant Director/Intramurals
Assistant Director/Aquatics and Safety
Assistant Director/Fitness and Wellness
Coordinator of Fitness and Wellness (Residence Life)
Director Events & Conference Services
Assistant Director Events and Conference Services
Assistant Director of Events and Conference Services/Bovee University Center
Assistant Director Facility Operations Events Center
Coordinator of Events and Conferences Services
Coordinator of Bovee University Center
Graduate Assistant of Events and Conferences Services
University Center Manager
Director University Events
Assistant Director University Events
Supervisory/Technical University Event
Facility Technician
Building Maintenance Worker (BMW)
Graduate Assistant(s)
Student Managers
Building Supervisors
Intramural Supervisors
Group Fitness Leaders
Lifeguards
Service Center Representatives
Fitness Attendants (including The Towers and East Center Complex)
Fitness Specialists
Facility Operations Staff
Program Coordinators
Water Safety Instructors
Lifeguards
Bowling Attendants
Facility Techs
Personal Trainers
Program Desk Representatives
Membership Services Representatives
Senior Techs
Coordinator of Injury Care Center
Event Management Staff
Club Sport Supervisors
Interns
Safety Education Instructors
# CENTRAL MICHIGAN UNIVERSITY
## HEALTH SERVICES
### VACCINE SCREENING QUESTIONNAIRE AND CONSENT FORM

**Part I: PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Name (last)</th>
<th>(first)</th>
<th>(middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus ID #</td>
<td>Age</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State &amp; Zip</td>
</tr>
</tbody>
</table>

[ ] Student  [ ] Student’s spouse  [ ] Faculty/Staff  [ ] Other

*Please answer these questions by checking the boxes. If the question is not clear, please ask the nurse to explain it.*

**Part II: SCREENING QUESTIONNAIRE FOR IMMUNIZATION**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you sick today?</td>
</tr>
<tr>
<td>2. Do you have any allergies to medications, food or vaccines? Specify:</td>
</tr>
<tr>
<td>3. Have you ever had a serious reaction after receiving a vaccination? Describe:</td>
</tr>
<tr>
<td>4. Do you, any person who lives with you, or any person you take care of have cancer, leukemia, AIDS, or any other immune system problem?</td>
</tr>
<tr>
<td>5. Do you, any person who lives with you, or any person you take care of take cortisone, prednisone, other steroids, anti-cancer drugs, or x-ray treatments?</td>
</tr>
<tr>
<td>6. During the past year, have you received a transfusion of blood or plasma, or been given a medicine called immune (gamma) globulin?</td>
</tr>
<tr>
<td>7. For Women: Are you pregnant or is there a chance you could become pregnant in the next three months? First day of last menstrual period:</td>
</tr>
</tbody>
</table>

**Part III: VACCINE CONSENT FORM**

I have read or had explained to me the information in the vaccine information statement (VIS) about: ________________. I have had a chance to ask questions and they were answered to my satisfaction. I believe that I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named below for whom I am authorized to make this request. I agree to wait 20 minutes after receiving the injection to be observed for any adverse reaction to the vaccine.

Signature of the person to receive vaccine or person authorized to make the request (parent or guardian): X

Date:

**Part IV: ADMINISTRATION RECORD TO BE COMPLETED BY CLINIC STAFF.**

Date / Time Vaccine Administered: Lot Number:

Vaccine Name / Manufacturer: Expiration Date:

Dosage: [ ] IM [ ] SC Injection Site:

VIS on: given by: Date: Edition Date of VIS:

Signature and Title of Vaccine Administrator:

HS 253 (revised 7/13/00)
Vaccination against the Hepatitis B virus (HBV) is provided to Central Michigan University (CMU) employees who, in the course of their regular duties, may have exposure to human blood, blood products, certain human body fluids, tissues, organs, and primary cell lines. The HBV vaccination is a series of three shots given over a period of six months.

I understand that due to my occupational exposure to blood or other potentially infectious diseases (OPIM) I may be at risk of acquiring Hepatitis B (HBV) infection.

By signing this form, I certify that I have been given the opportunity to be vaccinated against the Hepatitis B virus at no charge to myself. I understand that if I decline this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting my direct supervisor to make the necessary arrangements.

☐ YES, I would like to receive the Hepatitis B vaccination
☐ I have already been vaccinated against Hepatitis B
☐ I DECLINE the Hepatitis B vaccine at this time

Printed Name of Employee __________________________  Campus ID Number __________________________

__________________________  __________________________
Employee Signature               Date

__________________________  __________________________
Printed Name of Department Representative               Title

__________________________  __________________________
Department Representative Signature               Date

cc:  Original: Employee’s Dept. Personnel File (BBP training only) or Patient’s Medical Record (Post Exposure Incident)
     Risk Management, Environmental Health and Safety (BBP Training Only)
WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Below are listed the tasks and procedures in the CMU Police Department in which human blood and other potentially infectious materials are handled and therefore may result in exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>TASK/PROCEDURE</th>
<th>JOB CLASSIFICATION/DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Health Improvement Program</td>
<td></td>
</tr>
<tr>
<td>Emergencies &amp; Injury Care (First Aid/CPR/Cleanup)</td>
<td>Manager, Employee Health &amp; Wellness Coordinator/Fitness &amp; Conditioning Coordinator/Prevention &amp; Rehabilitation</td>
</tr>
<tr>
<td>Participant Biometric Screening</td>
<td>Manager, Employee Health &amp; Wellness Coordinator/Fitness &amp; Conditioning Coordinator/Prevention &amp; Rehabilitation</td>
</tr>
<tr>
<td>Special Events (scavenger hunt, poker walk, wellness picnic, etc.)</td>
<td>Manager, Employee Health &amp; Wellness Coordinator/Fitness &amp; Conditioning Coordinator/Prevention &amp; Rehabilitation</td>
</tr>
<tr>
<td>Transport of biohazard waste to pick-up site</td>
<td>Manager, Employee Health &amp; Wellness Coordinator/Fitness &amp; Conditioning Coordinator/Prevention &amp; Rehabilitation</td>
</tr>
<tr>
<td>CMU Police</td>
<td></td>
</tr>
<tr>
<td>Medical Assist</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Auto Accident</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Special Events, (dances, parades, football, basketball, and other athletic activities)</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Suspect Search</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Criminal Investigations</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Investigation of serious felony and follow-up, delivery of offender taken into custody</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Police Training</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Obtaining evidence and identification such as disposition of dangerous drugs, blood, clothing, sexual assaults</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Investigation of major fires and follow-up</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Pursuit and emergency driving apprehension of offenders</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Search of Police Cars</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Activity</td>
<td>Occupation</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Cleaning Police Cars</td>
<td>Journeymen Auto, Equipment Repair, Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Disturbances, riots, loud parties, domestic violence, restraint &amp; control of crowds</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td>Lost &amp; found pick-up and delivery to Lost &amp; Found office</td>
<td>Chief of Police, Captain, Lieutenant, Detective, Sergeants, Officers</td>
</tr>
<tr>
<td><strong>College of Medicine</strong></td>
<td>College of Medicine</td>
</tr>
<tr>
<td>Provide Patient Care</td>
<td>College of Medicine</td>
</tr>
<tr>
<td><strong>Dining Services</strong></td>
<td></td>
</tr>
<tr>
<td>Custodial Duties</td>
<td>Cashier, Catering Cook, Cook, Food Service Worker Cook, Management, Relief Employee, Supervisor</td>
</tr>
<tr>
<td>Serving Customers</td>
<td>Cashier, Catering Cook, Cook, Food Service Worker Cook, Management, Relief Employee, Supervisor</td>
</tr>
<tr>
<td>Cooking/Prepping &amp; Managing a food service establishment</td>
<td>Cashier, Catering Cook, Cook, Food Service Worker Cook, Management, Relief Employee, Supervisor</td>
</tr>
<tr>
<td><strong>Facilities Management</strong></td>
<td></td>
</tr>
<tr>
<td>Transfers Biohazardous Waste</td>
<td>Caretakers, Custodians</td>
</tr>
<tr>
<td>Repairs and Maintains Piping Systems</td>
<td>Journeyman Maintenance Mechanic &amp; Helper, Metal Worker</td>
</tr>
<tr>
<td>Works in Bathrooms and Kitchens</td>
<td>Maintenance Mechanic Supervisor, Journeyman Carpenter, Journeyman Painter, Apprentice Painter, Journeyman Maintenance Mechanic</td>
</tr>
<tr>
<td>Performs Repairs on Plumbing Fixtures, Unstops Stools and Drains</td>
<td>Journeyman Building Maintenance Workers, Journeyman Mason &amp; Helper, Journeyman Maintenance Mechanic</td>
</tr>
<tr>
<td>Unplugs Commodes, Urinals, Sink Drains</td>
<td>Custodial, Journeyman BMW, Journeyman Maintenance mechanic &amp; Helper</td>
</tr>
<tr>
<td>Cleans Restrooms</td>
<td>Custodial</td>
</tr>
<tr>
<td>Spot Wash Walls</td>
<td>Custodial</td>
</tr>
<tr>
<td>Floor Maintenance (Spills)</td>
<td>Custodial</td>
</tr>
<tr>
<td>Makes Beds and Changes Linen in Guest Rooms</td>
<td>Custodial</td>
</tr>
<tr>
<td>Collects and Disposes of Waste Material</td>
<td>Custodial</td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td></td>
</tr>
<tr>
<td>Biopsy</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
</tr>
<tr>
<td>CPR</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Service</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Emesis</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Epistaxis</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<td>I &amp; D</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<td>IV</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Laceration Repair</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Pelvic Exam</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Nail Excision</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Wart Treatment</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<td>Biohazardous Waste Collection</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Housekeeping Duties</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<td>Spill Cleanup</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>Wound Irrigation</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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<tr>
<td>First Aid for Bleeding, Lacerations/Abrasions, etc.</td>
<td>Licensed Practical Nurse, Medical Laboratory Technician, Nurse Practitioner, Physician, Physician Assistant, Registered Nurse</td>
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**Residence Life**

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<tr>
<th>Residence Life</th>
<th>Director, Residence Life</th>
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<tr>
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<td>Associate Director, Residence Life</td>
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<td>Assistant Director, Residence Life</td>
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<td></td>
<td>Residence Hall Director</td>
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<tr>
<td>Bio-Hazard transport to secondary pick-up site</td>
<td>Building Maintenance Worker</td>
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<tr>
<td>Director, Residence Life</td>
<td>Associate Director, Residence Life</td>
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<tr>
<td>Residence Hall Director</td>
<td>Assistant Director, Residence Life</td>
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<tr>
<td>Building Maintenance Worker</td>
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**Sports Medicine**

- CPR: Certified Athletic Training, Graduate Assistant
- Mouth-Mouth Respiration: Certified Athletic Training, Graduate Assistant
- Wound Management: Certified Athletic Training, Graduate Assistant
- Skin Lesion Inspection: Certified Athletic Training, Graduate Assistant
- Blister Care: Certified Athletic Training, Graduate Assistant
- Compound Fracture/Dislocation: Certified Athletic Training, Graduate Assistant
- Callus/Skin Care: Certified Athletic Training, Graduate Assistant
- Scar Management: Certified Athletic Training, Graduate Assistant
- Nose Bleed: Certified Athletic Training, Graduate Assistant
- Head Injury: Certified Athletic Training, Graduate Assistant
- Vomit: Certified Athletic Training, Graduate Assistant
- Housekeeping: Certified Athletic Training, Graduate Assistant
- Regulated Waste Transport: Certified Athletic Training, Graduate Assistant
# Personal Protective Equipment per Task or Procedure

<table>
<thead>
<tr>
<th>TASK/PROCEDURE/CONDITION</th>
<th>PERSONAL PROTECTIVE EQUIPMENT NEEDED</th>
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<tbody>
<tr>
<td></td>
<td>Gloves</td>
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<tr>
<td>Medical assist control with spurting blood</td>
<td>X</td>
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<tr>
<td>Medical assist with minimal bleeding</td>
<td>X</td>
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<tr>
<td>Auto accident</td>
<td>X</td>
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<tr>
<td>Special events</td>
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<tr>
<td>Suspect search</td>
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<tr>
<td>Investigation of serious felony &amp; follow-up</td>
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<tr>
<td>Obtaining evidence</td>
<td>X</td>
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<tr>
<td>Search of cars</td>
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<td>Disturbance, riots, domestic violence</td>
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<tr>
<td>Emergency childbirth</td>
<td>X</td>
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<tr>
<td>CPR</td>
<td>X</td>
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<tr>
<td>Bio-Hazard transport to pick-up sites</td>
<td>X</td>
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<tr>
<td>Laboratory Cleaning</td>
<td></td>
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<tr>
<td>Repairs on plumbing fixtures i.e. unstop stools and drains</td>
<td>X</td>
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<tr>
<td>Repair and maintain sanitary sewer system</td>
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<tr>
<td>Unplug commodes, sink drains, urinals</td>
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<tr>
<td>TASK/PROCEDURE/CONDITION</td>
<td>PERSONAL PROTECTIVE EQUIPMENT NEEDED</td>
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<td>--------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>Gloves</td>
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<tr>
<td>Spot wash walls</td>
<td>X</td>
</tr>
<tr>
<td>Make beds and change linen in guest room</td>
<td>X</td>
</tr>
<tr>
<td>Collect and dispose of waste material in departments as under Bloodborne Pathogen Standard</td>
<td>X</td>
</tr>
<tr>
<td>Empty all trash containers into plastic bags and move to pick-up stations from bloodborne designated departments</td>
<td>X</td>
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<tr>
<td>Floor maintenance, spill cleanup</td>
<td>X</td>
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<tr>
<td>Cleaning interior of buses</td>
<td>X</td>
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<tr>
<td>Restroom cleaning</td>
<td>X</td>
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<tr>
<td>Serving Customers</td>
<td>X</td>
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<tr>
<td>Cooking/Prepping &amp; Managing a Food Service Establishment</td>
<td>X</td>
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<tr>
<td>Biopsy</td>
<td>X</td>
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<td>Epistaxis</td>
<td>X</td>
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<td>IV</td>
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<td>Laceration Repair</td>
<td>X</td>
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<td>Pelvic Exam</td>
<td>X</td>
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<td>Nail Excision</td>
<td>X</td>
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<tr>
<td>Wart Treatment</td>
<td>X</td>
</tr>
<tr>
<td>Wound Irrigation</td>
<td>X</td>
</tr>
<tr>
<td>First Aid for Bleeding, Lacerations/Abrasions</td>
<td>X</td>
</tr>
<tr>
<td>Biometric Screening</td>
<td>X</td>
</tr>
<tr>
<td>Blister Care</td>
<td>X</td>
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<tr>
<td>Compound Fracture/Dislocation</td>
<td>X</td>
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<tr>
<td>Callus/skin care</td>
<td>X</td>
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<td></td>
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<td>--------------------------------</td>
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<tr>
<td>Scar Management</td>
<td>X</td>
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<tr>
<td>Nose Bleed</td>
<td>X</td>
</tr>
<tr>
<td>Head Injury</td>
<td>X</td>
</tr>
<tr>
<td>Vomit</td>
<td>X</td>
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</tbody>
</table>
DEPARTMENT'S HEPATITIS B VACCINE IMMUNIZATION FLOW CHART
NEW OR TRANSFERRED EMPLOYEES

STEP 1 Department/Supervisor complete Hepatitis B Vaccine Immunization Log, form A, following training session.

STEP 2 Send Hepatitis B Vaccine Immunization Log, form A, at least one week prior to anticipated immunization dates to Tom Trionfi, Director, University Health Services, Foust Hall, Room 249.

STEP 3 Employees report to Foust Hall, Room 200, Monday - Friday (8:30 to 11:30 a.m.).

STEP 4 University Health Services nursing staff will document receipt of Hepatitis B vaccination on Hepatitis B Vaccine Immunization Log, form A.

STEP 5 Employee will receive Pocket Health Profile.

STEP 6 Director, University Health Services, will send department-supervisor the Hepatitis B Vaccine Immunization Log, form A, along with reminder note for next scheduled subsequent vaccination. (There will be a minimum time delay of two months between second and third dose.)

STEP 7 Department/Supervisor will be responsible for ensuring employee compliance with vaccination schedule. Repeat the process beginning with step 2 until all 3 doses are given.

EMPLOYEE(S) WHO EITHER TRANSFER(S), OR IS/ARE A NEW HIRE(S) IN A JOB CLASSIFICATION/TASK WHICH HAS REASONABLE ANTICIPATED EXPOSURE TO BLOOD OR BLOODBORNE PATHOGENS, MUST HAVE THE VACCINATIONS MADE AVAILABLE WITHIN 10 WORKING DAYS OF ASSIGNMENT. BLOODBORNE PATHOGEN TRAINING MUST OCCUR INITIALLY UPON ASSIGNMENT AND ANNUALLY.
# Central Michigan University
## Health Services

### Bloodborne Pathogen Exposure Control Plan

**Occupational Post-Exposure Evaluation**

**HEALTH CARE PROFESSIONAL’S WRITTEN OPINION**

<table>
<thead>
<tr>
<th>A.</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Employee Name: _____________________________ CMU ID# _______________</td>
<td></td>
</tr>
<tr>
<td>2. Date of Incident: ____________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>3. Date of Office Visit: ________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>4. Health Care Facility: Central Michigan University Health Services, 200 Foust, Mount Pleasant, MI 48859</td>
<td></td>
</tr>
<tr>
<td>5. Health Care Facility Telephone: _______ (989) 774-6591 _______</td>
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</tr>
</tbody>
</table>

**B. As required under the Bloodborne Pathogen Standard:**

- _____ The employee named above has been informed of the results of the post-exposure health evaluation.
- _____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- _____ Hepatitis B vaccination is _____ is not _____ indicated.
Signature of health care provider: ___________________________ Date: ________________

Printed name/title of health care provider: ___________________________

C. This form is to be returned to the employer, and a copy provided to the employee within 15 days:

Employer Name: ________________________________________________

Title: __________________________________________________________

Address: _______________________________________________________

Original: Patient's File      Yellow: CMU Worker's Compensation Office      Pink: Patient Copy

HS 106 A (11/07/07R)
DEFINITIONS

The following is a list of common terms and their definitions as they are used in the Bloodborne Pathogen Exposure Control Plan.

Amniotic fluid: Fluid from the uterus.

Blood: Human blood, human blood components (e.g., plasma, platelets) and products made from human blood (e.g., immune globulins, albumin).

Bloodborne pathogens (BBPs): Pathogenic organisms that are present in human blood or other potentially infectious materials (OPIM) and can infect and cause disease in persons who are exposed to blood containing the pathogen. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cerebrospinal fluid: Fluid from the spine.

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

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

Engineering controls: Equipment that is designed to isolate or remove the bloodborne pathogen hazard from the workplace (e.g., sharps disposal containers, biosafety cabinets, autoclaves and safer medical devices such as sharps with engineered sharps injury protections, needleless systems, blunt suture needles, plastic capillary tubes and mylar-wrapped capillary tubes).

Exposure incident: A specific eye, mouth, or other mucous membrane, non-intact skin (includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee’s duties.

HBV: Hepatitis B virus; causes inflammation of the liver and may lead to long term liver damage including cirrhosis and cancer.

HCV: Hepatitis C virus; causes inflammation of the liver and can lead to long term liver cancer including cirrhosis and cancer.

HIV: Human immunodeficiency virus; attacks critical cells of the immune system which leads to acquired immunodeficiency syndrome (AIDS), a life threatening condition.

Needleless Systems: A device that does not use needles for: 1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2) the administration of medication or fluids; or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps (e.g., intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle connection,
jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without the use of a needle).

**Occupational exposure:** Reasonably anticipated (includes the potential for contact as well as actual contact with blood or other potentially infectious material) skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee’s duties.

**Other potentially infectious materials (OPIM):** Materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.
4. Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral exposure:** Exposure occurring as a result of piercing the skin barrier or mucous membrane, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting from needlesticks, human bites, cuts, abrasions, or other mechanical mechanisms.

**Pericardial fluid:** Fluid surrounding the heart.

**Peritoneal fluid:** Fluid from the abdominal cavity that surrounds the major organs.

**Pleural fluid:** Fluid from the lung tissue.

**Personal protective equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., a uniform, pants, shirt, blouse) not intended to function as protection against a hazard are not considered personal protective equipment.

**Post-exposure follow-up:** In the event of an exposure incident, the mandatory course of action taken by the employer to provide medical services (e.g., medical assessment, vaccination, source testing, baseline testing, counseling) to the exposed employee in order to decrease the risk of infection.

**Production facility:** Facility engaged in industrial scale, large volume or high concentration production of bloodborne pathogens (e.g., HIV).

**Regulated waste:** Any of the following: 1) liquid or semi-liquid blood or other potentially infectious materials (OPIM); 2) contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; 3) items which are caked with dry blood or OPIM and are capable of releasing these materials during handling; 4) contaminated sharps; and 5) pathological and microbiological wastes containing blood or OPIM.
**Research laboratory:** A laboratory producing or using research laboratory-scale amounts of bloodborne pathogens, but not in the volume found in production laboratories.

**Sharps:** means any contaminated object that can penetrate the skin, including any of the following: needles, scalpels, broken glass, broken capillary tubes, exposed ends of dental wires or any other material/object that could penetrate the skin.

**Sharps with Engineered Sharps Injury Protection (Safer Sharps Devices):** A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other body fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident (e.g., syringes with a sliding sheath that shields the attached needle after use, shielded or retracting catheters used to access the bloodstream for intravenous administration medication or fluids, and intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering).

**Source individual:** Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure for an employee.

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

**Synovial fluid:** Fluid from the joints such as the elbows, knees, or shoulders.

**Universal Precautions:** A method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, HCV, and other bloodborne pathogens.

**Work practice controls:** Controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.
CMU
Central Michigan University

Employee Accidental Personal Injury Report

Group Type

- Employee
- Student Employee
- Relief/Temp/Indp Centr

Name of Injured: ____________________________  Department/Group: ____________________________

Responsible to: ____________________________  Office Telephone #: ____________________________

Location of Incident ____________________________  Date/Time of Incident ____________________________

Date Reported To Work Comp Office: __________

Nature of Injury/Illness ____________________________  Body Part: ____________________________

Detailed description of how injury/illness occurred: _______________________________________________

Primary cause of accident was: ________________________________________________________________

Treatment Rendered:

- NONE
- Central Occup. Med. Program
- Relief/Temp/Indp Centr
- CHIP Facility
- CMCH/RC
- UHS
- Own Physician

Name of Physician/Address/Phone/Fax: _________________________________________________________

Injured person is currently: ____________________________  As of (date) ____________________________

Name of person(s) who saw this incident (witness/es and their comments): ____________________________

______________________________________________________________

Supervisor/Dept. Head’s comments and or corrective action taken: _______________________________

______________________________________________________________

Please sign and return to: Worker’s Compensation Office, South Grounds Building

Supervisor/Dept Head Signature  Date  Witness(es) Signature (optional)  Date

Injured’s Signature  Date
# CENTRAL MICHIGAN UNIVERSITY

## HEPATITIS B VACCINATION PROGRAM

### AUTHORIZATION TO BILL DEPARTMENT

| Department: | ________________________________ | Account Number: | ________________________________ |
| Supervisor: | ________________________________ | Signature: | ________________________________ |
| Date: | ________________________________ | Address: | ________________________________ |

<table>
<thead>
<tr>
<th>Print first and last name:</th>
<th>Campus ID Number</th>
<th>Job Title/Class.</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
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AT LEAST ONE WEEK BEFORE EMPLOYEES ARE TO RECEIVE HEPATITIS B VACCINE, COMPLETE AND RETURN THIS FORM TO THE PRIMARY CARE SUITE COORDINATOR, HEALTH SERVICES, FOUST 200.

Cc: Primary Care Suite Coordinator    Health Services Business Office
CENTRAL MICHIGAN UNIVERSITY

BLOODBORNE PATHOGEN POST-EXPOSURE INCIDENT EVALUATION, CARE, AND FOLLOW-UP

EXPOSURE INCIDENT DEFINITION: Accidents in which blood, blood-contaminated body fluid or tissue to which universal precautions apply are introduced into the eye, mouth, or other mucus membrane or into non-intact skin via a needlestick, skin cut, or direct splash as a result from the performance of the employee’s duties.

Exposure incidents can result in serious nosocomial disease, including hepatitis B, hepatitis C, and human immunodeficiency virus (HIV) infection. It is essential that standards be defined that assure prompt identification of the affected employees and prompt intervention with appropriate prophylaxis, education, and treatment.

FOCUS OF POST-EXPOSURE EFFORTS:

There are two things that we immediately focus our efforts on when a potential bloodborne pathogen exposure incident occurs:

1. Making sure that the employee receives medical consultation and treatment as expeditiously as possible.
2. Investigating the circumstances surrounding the exposure incident.

BLOODBORNE PATHOGEN POST EXPOSURE PROCEDURE:

The attached Bloodborne Pathogen Post Exposure Procedure will be followed whenever a potential bloodborne pathogen exposure incident involving an employee in the performance of his/her job duties occurs at Central Michigan University.
In case of exposure to blood borne pathogens, complete this form and return to the nurses’ station. If other persons were involved, attach additional copies of this form for each person involved.

<table>
<thead>
<tr>
<th>Date of Report:</th>
<th>Time of Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
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</tr>
</tbody>
</table>

Name (Last, First, M.I.):__________________________________________________

Sex: ___Male ____Female

Address:__________________________________________________ Date of Birth:_____________________

Work Phone:____________________ Home Phone:____________________

Status at time of Exposure: ____Employee ____Student ____Faculty ____Other

Job Title:_____________________________ Duties Related to Exposure:_____________________________

Has the exposed individual been immunized against Hepatitis B Virus? ___Yes ___No

Dates of Immunization: (1) ___/____/____ (2) ___/____/____ (3) ___/____/____

Place where exposure incident occurred:______________________________________________

<table>
<thead>
<tr>
<th>Department</th>
<th>Work Area</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Did the incident arise out of and in the course of University employment? __Yes ___No

Name of individual in charge of area where exposure occurred:____________________

List any witnesses present:______________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</thead>
<tbody>
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</tbody>
</table>

Personal protective equipment in use at time of exposure:__________________________

Exposure to: ___Blood  ___Body Fluids ___Body Fluids with visible blood

Type of exposure:__________________________

**Severity of exposure:**

How much fluid?

How long was exposure?

How severe was the injury?

Estimated time interval from exposure until medical evaluation:____________________

**Source of Exposure:**

Source individual, if known:______________________________________________________

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<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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<tbody>
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</tbody>
</table>

- Proceed to SOURCE INFORMATION PAPERWORK and complete
- Is a blood sample from the source available?_____________________________________
- Is the source individual’s HBV antigen/antibody status known?_____________________
- Is the source individual’s HIV status known?_____________________________________

Describe Activity Leading to Exposure:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
Describe Immediate Interventions:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Was the area washed & or flushed?_____________________________________________________________

Did the injury bleed freely?_______________________________________________________________

Was antiseptic applied?_______________________________________________________________

Was medical treatment obtained? ___Yes  ___No

Hospital, Physician, or clinic where injured person was taken if applicable:______________

Person completing form:

Name

Job title

Work Telephone

Home Telephone

Signature

Date

Attachment:
Source Patient Information
Health Care professional’s written opinion
BloodBorne pathogen follow up instruction
SOURCE PATIENT INFORMATION

Source Name: ________________________________________________
Work Phone: ___________________________ Home Phone: ________________
Address: _______________________________________________________
University ID Number: ______________________________________________
Date of Birth: ___________________________ Primary Care Physician___________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known HIV Positive</td>
<td></td>
</tr>
<tr>
<td>Known Homosexual, bisexual, prostitute of sexual contact with same</td>
<td></td>
</tr>
<tr>
<td>Known IV drug user or history</td>
<td></td>
</tr>
<tr>
<td>Received blood transfusion 1977-1985</td>
<td></td>
</tr>
<tr>
<td>Currently taking Zidovudine(AZT), Lamiduvine (3TC) and or Indinivir (IDV)</td>
<td></td>
</tr>
<tr>
<td>History of Hepatitis B, past, present, or carrier</td>
<td></td>
</tr>
<tr>
<td>History of Hepatitis C, past, present, or carrier</td>
<td></td>
</tr>
<tr>
<td>History of hemophilia, kidney dialysis, or transplant</td>
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<tr>
<td>Currently elevated liver enzymes</td>
<td></td>
</tr>
<tr>
<td>Current fever, lymphadenopathy, rash, malaise, GI or neuro s/s</td>
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</tr>
<tr>
<td>Traveled outside of the United States, where __________________________</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Signature of individual preparing form: ________________________________
Guidelines for management of Bloodborne Pathogen Exposure Incidents

The physician is responsible for making the final determination of whether or not actual potential exposure to bloodborne pathogens has occurred and for initiating immunizations and/or prophylactic treatment.

The Registered Nurse in consultation and collaboration with a UHS Physician will utilize the following guidelines in managing the care of CMU students, staff and faculty who have sustained potential bloodborne pathogen exposure incidents.

**Initial evaluation**

1. Initiate the evaluation as soon as possible after the exposure.
2. Clean the exposed area immediately with soap and water while encouraging bleeding.
3. Flush exposed mucosal and conjunctiva sites with large quantities of water.
4. Evaluate the wound to determine whether there was actual potential for exposure to bloodborne pathogens and document that determination on page 2 of the “exposed individual report” and on the HealthCare Professional’s written opinion form #HS 106A.
5. Complete the Exposed Individual Report
6. Unless contraindicated administer a Td or Tdap immunization if none has been given in the past 5 years.
7. Inquire whether an Accidental Personal Injury Report has been completed by the supervisor or by the Workman’s Comp office ext. 7177.
8. If the report has not been done have the patient call after treatment.
9. Determine patients Hepatitis B status.
   a. Inform patient of the possible consequences of hepatitis B infection and discuss vaccination.
   b. Document the patient decision regarding testing and immunization in the medical record.
   c. If the patient declines vaccination if indicated have him/her sign hepatitis B vaccination declination form HS238D.
10. Inform patient of possible consequences of HIV infection if indicated by exposure.
11. Discuss HIV testing with patient following CDC guidelines.
12. Follow up monitoring
   a. Schedule periodic follow up visits to monitor progress.
b. Instruct patient to report and seek medical evaluation for any acute febrile disease that occurs within twelve weeks of exposure incident.


14. Complete bloodborne Pathogen Potential Exposure Incident Follow-Up Instructions HS 107A.

15. If patient incident was related to a sharp please complete the Sharps Injury Log HS 346.
BLOODBORNE PATHOGEN PROGRAM
“NEAR MISS” FORM

This form is to be used any time that an exposure to bloodborne pathogens was narrowly avoided.

Date: ____________________

Time: ____________________

Location: __________________________________

Description of the incident: _____________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What personal protective equipment was being worn? _______________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

How could the incident have been avoided? _______________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

______________________________  ________________________________
Employee                                Supervisor

cc: Risk Management, Environmental Health & Safety
INSTRUCTIONS: Please complete the following questionnaire and return it to Jon Kujat, Exposure Control Officer, Smith 103. Answer all questions without regard to use of personal protective equipment. Please do not hesitate to call 774-3154 or e-mail kujat1jd@cmich.edu if you have questions. Attach additional sheets if necessary.

Person completing form: _________________________________________________________

Department: ___________________________________________________________________

Address: ______________________________________________________________________

Phone Number: _____________________________ Date: _________________________

1. Are any employees under your supervision performing procedures on tasks involving exposure or the potential for exposure to human blood, human body fluids, human cell lines, unfixed human tissue or tasks that involve the potential for spill or splashes from these materials? This includes procedures or tasks conducted in non-routine situations.

   YES ________________    NO ________________

   (If yes, continue completing this questionnaire. If no, please sign the form on the last page and return it to Jon Kujat, Exposure Control Officer, Smith 103, with the above information completed.)

2. List all job classifications under your supervision (including full-time, part-time, student employees and off-campus employees) in which all employees with that job classification have occupational exposure to bloodborne pathogens.

   List all employees with that job classification. Please include your own job classification if applicable, and use the official CMU position description title. Attach additional pages if necessary. For some classifications, such as a nurse, it is reasonable to assume that all employees within the job classification have exposure to bloodborne pathogens.
JOB CLASSIFICATION ________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

JOB CLASSIFICATION ______________________________________________________

NAME: ___________________________________________________________________

NAME: _______________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

JOB CLASSIFICATION _________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

JOB CLASSIFICATION _________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

NAME: ___________________________________________________________________

To the best of my knowledge, the information provided is accurate.

SUPERVISOR’S NAME ________________________________

SIGNATURE _______________________________________

TITLE: ____________________  DATE: ________________

Thank you for your time and effort in completing this questionnaire.
Sharps Injury Log

Complete a Sharps Injury Log (HS 346) for each sharps injury exposure incident. Check the most appropriate response to each question. Forward a completed copy to Human Resources (Worker’s Compensation), Grounds South. Maintain original with University Health Services Bloodborne Pathogen Exposure Control Incident File.

<table>
<thead>
<tr>
<th>A. Employee Position</th>
<th>Department/Work Area</th>
<th>Did the exposure incident occur:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>O UHS Clinical Suite Exam Room</td>
<td>O During use of a sharp</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>O UHS Primary Care Suite</td>
<td>O While disassembling</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>O UHS Medical Laboratory</td>
<td>O Between steps of a multi-step procedure</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>O UHS Utility/Service Area</td>
<td>O After use and before disposal of a sharp</td>
</tr>
<tr>
<td>LPN</td>
<td>O Research Laboratory</td>
<td>O While putting sharp into disposal container</td>
</tr>
<tr>
<td>Medical Technologist</td>
<td>O CHP Laboratory</td>
<td>O Contact with sharp left in inappropriate place</td>
</tr>
<tr>
<td>Medical Lab Tech.</td>
<td>O CHP Clinical Area</td>
<td>O Other (specify):</td>
</tr>
<tr>
<td>Custodian</td>
<td>O Injury Care Center</td>
<td>O</td>
</tr>
<tr>
<td>CHP Student</td>
<td>O Athletic Training Room</td>
<td>O</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>O Other (specify):</td>
<td>O</td>
</tr>
</tbody>
</table>

B. Description of Exposure Incident

<table>
<thead>
<tr>
<th>C. Identify Sharp Involved</th>
<th>Body Part</th>
<th>D. Procedure/Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>Finger</td>
<td>O Venous blood draw</td>
</tr>
<tr>
<td>Brand:</td>
<td>Hand</td>
<td>O Arterial blood draw</td>
</tr>
<tr>
<td>Model (e.g., 18 g needle/ABC Medical):</td>
<td>Arm</td>
<td>O Injection through skin</td>
</tr>
<tr>
<td></td>
<td>Leg</td>
<td>O IV start/set up heparin lock</td>
</tr>
<tr>
<td></td>
<td>Torso</td>
<td>O Heparin/saline flush</td>
</tr>
<tr>
<td></td>
<td>Face/Head</td>
<td>O Cutting</td>
</tr>
<tr>
<td></td>
<td>Other (specify):</td>
<td>O Suturing</td>
</tr>
<tr>
<td></td>
<td>Other (specify):</td>
<td>O Other (specify):</td>
</tr>
</tbody>
</table>

E. Did the device being used have engineered sharps injury protection?  
F. Yes O G. No O H. Unsure O

I. Was the protective mechanism activated?  
Sharps exposure incident occurred: 1) Before activation O 2) During activation O 3) After activation O

J. Exposed Employee Opinion

If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?  
YES NO

If answer is YES, please explain (use back of page if necessary):

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?  
YES NO

If answer is YES, please explain (use back of page if necessary):

Form completed by (name and title): Date:
## Safety Needle/Sharps Evaluation Form

<table>
<thead>
<tr>
<th>Evaluator’s Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Date:</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Supervisor’s Name:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name of Device:</th>
<th>Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Manufacturer:</th>
<th>Number of Times Used:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Applications of Device:

Please circle the most appropriate answer for each question. A rating of (1) indicates the highest level of agreement with the statement, five (5) the lowest. Not applicable (N/A) may be used if the question does not apply to this product.

**Please explain all problems with the device in the comments section.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The safety feature can be activated using a one-handed technique.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The user’s hands remain behind the needle/sharp until activation of the safety mechanism is complete.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The safety feature does not interfere with normal use of this product.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Use of this product requires you to use the safety feature.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The device is easy to handle while wearing gloves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The device is easy to handle when wet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. This device does not require more time to use than a non-safety device.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The exposed sharp is blunted or covered after use and prior to disposal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The safety feature works well with a wide variety of hand sizes and with a left-handed person as easily as with a right-handed person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Use of this product does not increase the number of sticks to the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Sterilization (if applicable) of this device is as easy as a standard device.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hepx-lock capping.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The product does not require extensive training to be operated correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The device can be used without causing more patient discomfort than a conventional device.</td>
<td></td>
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</tbody>
</table>

**Additional questions for I.V. Connectors**

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Use of this connector eliminates the need for exposed needles in the connections.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. The connector can be secured (locked) to Y-sites, hepx-locks, and central lines.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional questions for Vacuum Tube Collection Systems**

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. The safety feature works with a butterfly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure.</td>
<td></td>
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</tr>
</tbody>
</table>

**Please rate the quality of the in-service training:**

- Excellent O
- Good O
- Fair O
- Poor O

**Would you recommend using this device:**

- YES O
- NO O

**Comments:**
Central Michigan University
Safer Sharps Devices Annual Review

All sharps that are being used where there is potential exposure to blood or other potentially infectious materials (OPIM) must be reviewed on an annual basis. During your annual review of devices, you must inquire about new or prospective safer options.

The purpose of this form is:

1. To document annual consideration of new safer sharps devices;
2. To determine which sharps devices are currently in use;
3. To document the criteria used in the selection of the safer sharps devices in use.

Please complete the table on the back of this page by filling out the appropriate information on each of the sharps devices that you are using in your department/unit. This includes all scalpels, syringes with needles, I.Vs with needles attached, capillary tubes, and lancets.

By signing the form, you are certifying that in accordance with MIOSHA Bloodborne Infectious Diseases Standard, you have reviewed the new commercially available safer sharps and considered evaluation and use and agreeing that you will evaluate new devices per Central Michigan University’s Bloodborne Pathogens (BBP) Exposure Control Plan and maintain all evaluation forms with department BBP records.

Complete the Central Michigan University Safer Sharps Devices Annual Review Form, please turn the page.

HS 355 (4/02/2004)
<table>
<thead>
<tr>
<th>Name of Sharp</th>
<th>Manufacturer</th>
<th>Size(s) in Use</th>
<th>Is it a safety sharp?</th>
<th>Are there evaluation forms (or an exclusion memo) on file for it?</th>
<th>Justification for Selection of the Device (Enter N/A if no device is currently available)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>O</td>
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<td>YES</td>
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</table>

Central Michigan University
Bloodborne Pathogen Exposure Control Plan

TASK-SPECIFIC WORK PRACTICE and ENGINEERING CONTROLS

Housekeeping Procedures in Restrooms and Residence Halls

The routine cleanup and disinfection of restrooms and residence hall bedroom areas are not considered activities that fall under the requirements of the Bloodborne Pathogens Standard.

It is recognized, however, that infectious agents responsible for other commonly occurring diseases may be present. Application of disinfectant to bathroom surfaces is commonly used to reduce occurrences of such diseases. Disinfectants used for this purpose must be used according to the manufacturer’s directions. The Material Safety Data Sheet (MSDS) may also advise use of personal protective equipment, e.g., gloves.

A. Broken Glass

- Broken glass is not considered Medical Waste unless it is visibly contaminated with human blood or other potentially infectious material. However, broken glass must be handled with great care nonetheless.
- Sweep broken glass into a dustpan for placement into the disposal container. Broken glassware should be placed in a rigid cardboard box for disposal into a dumpster.
- Visibly contaminated glassware should be placed in an appropriate sharps container. Sharps containers must be puncture-resistant, labeled with the biohazard sign or color-coded, and leakproof on the sides and bottom.

B. Bed Linen

- Bed linen, clothing, or towels are not treated as medical waste unless there is visible contamination with human blood or other potentially infectious material.
- Items that appear to contaminated with blood or other potentially infectious material should only be handled by employees who have received the required Bloodborne Pathogen Exposure Control training and personal protective equipment. If a non-trained employee finds a potentially contaminated item, he/she should contact their supervisor who will call an appropriately trained employee to manage the situation.
- Towels, linens, etc. that are contaminated, may be:
  - Disposed of as biohazardous medical waste
  - Decontaminated with an approved disinfectants, or
  - Placed in biohazard disposal bags for laundering by trained workers, e.g., Michigan State Laundry.

C. Laundering of Contaminated Clothing or Bed Linens

The identification of contaminated clothing or bed linen is based upon the visible presence of human blood or other potentially infectious materials. “Dirty” clothing or bed linen which is not visibly contaminated may be handled and laundered by employees who have not been identified as having occupational exposure to bloodborne pathogens. Care must be taken, however, to insure that these employees receive sufficient training to recognize potential contamination so that they may defer this work to trained and protected workers.
D. Contaminated laundry or bed linen should be:

- Handled as little as possible with a minimum of agitation.
- Properly bagged and not sorted or rinsed at the point of origin.
- Placed in appropriately labeled and fluid-resistant containers by the generating department. (Biohazard bags are suitable for this purpose).
- The containers must be kept closed during transport and until clothing is removed for laundering.
- Washed with detergent and water at a temperature of not less than 160\(^\circ\) F for at least 25 minutes.

E. Housekeeping in Restrooms

Employees who are responsible for housekeeping activities in restrooms need to take preventive measures to prevent contact with human blood or other potentially infectious material. Follow the Work Practice and Engineering Controls described in this plan for the cleanup and decontamination of potentially infectious materials such as blood spills, bandages, contaminated razors, broken glass, discarded feminine hygiene products, used condoms, etc.

F. Disposable razors are routinely discarded in residential bathroom facilities. Workers who are responsible for housekeeping in these areas may carefully handle and discard these razors into the general trash unless they are visibly contaminated with human blood or other potentially infectious material, or damaged in such a way that the razor blade is exposed. In these situations, workers must wear appropriate gloves and carefully place the razor in an appropriate sharps container. If a razor cannot be easily handled due to breakage, or if a bare razor blade must be discarded, the employee should pick up the razor with tongs or tweezers.

G. If feminine hygiene products have been placed in the bathroom’s common waste receptacle, and the receptacle is lined with a plastic bag, the bag may be removed and disposed as normal trash. Employees should wear gloves when removing and handling the trash bag.

To empty and disinfect a container that is dedicated for feminine hygiene product disposal:

- Feminine hygiene product disposal containers should be lined with a plastic bag.
- Wear gloves to remove the plastic bag from the container.
- Tie the plastic bag closed and place in the general trash.
- Wipe or spray surfaces of the container with disinfectant.
- Remove gloves in a manner that prevents skin contact with their outside surfaces. If reusable utility gloves are used, disinfect with disinfectant prior to leaving the site.
## Appendix V

### LOCATION OF PERSONAL PROTECTIVE EQUIPMENT

#### Biohazardous Waste Sites and Clean Up Kits

<table>
<thead>
<tr>
<th>Location</th>
<th>Disposable Gloves</th>
<th>Utility Gloves</th>
<th>Safety Glasses with Sides</th>
<th>Shields</th>
<th>Goggles</th>
<th>Face Shield</th>
<th>Apron</th>
<th>Pocket Mask</th>
<th>Universal Precaution Kit</th>
<th>Sharps Container</th>
<th>Puke-Up</th>
<th>First Aid Kit</th>
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### LOCATION OF PERSONAL PROTECTIVE EQUIPMENT

**Biohazardous Waste Sites and Clean Up Kits**

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### LOCATION OF PERSONAL PROTECTIVE EQUIPMENT

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<th>Puke-Up</th>
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## LOCATION OF PERSONAL PROTECTIVE EQUIPMENT

### Biohazardous Waste Sites and Clean Up Kits

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*Other notes: 2 Blood & Body Fluid Clean Up Kits, 2 pairs stripper boots*
## Appendix V
### LOCATION OF PERSONAL PROTECTIVE EQUIPMENT

#### Biohazardous Waste Sites and Clean Up Kits

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Primary and Secondary Storage Map
POLICY:

It is the policy of the Carls Center in the Herbert H. and Grace A. Dow College of Health Professions at Central Michigan University, that any department that utilizes the Carls Center shall take responsibility to ensure that proper exposure control and infection control procedures are followed.

Clinic Directors are responsible for providing information and training to all supervisors, employees, and students who have the potential for exposure to blood borne pathogens in proper infection control techniques. The Clinic Directors shall annually review the training programs with the University’s Exposure Control Officer.

Clinic Directors are responsible for assuring that employees/students
- Know what tasks they perform that have occupational exposure.
- Attend the blood borne pathogens and infection control training sessions.
- Plan and conduct all operations in accordance with work practice controls.
- Develop good personal hygiene habits.

PROCEDURE:

All potential biohazard materials shall be placed in an orange biohazard bag. The bag shall be sealed and clearly labeled with type of contents (i.e.: vomitus, blood, etc.) and room number where bag was taken from.

All staff and students shall use universal precautions when handling biohazard materials.

The clinical staff shall contact Carol Stevens, the CHP Co-Exposure Control Officer at x3015 to have the biohazard materials picked up.

All staff and students are responsible for assuring that the appropriate staff is contacted to pick up the material(s).

The clinical staff shall inform the Carls Center Manager (x6508) or Carls Center Purchaser/Supplier (Kathy Hall-x3472) when the last biohazard bag in the patient room is used or bags are needed in additional rooms.

Report any problems to the Clinic Supervisor/Director or Carls Center Manager at 774-6508.

March 2007
DECONTAMINATION PROCEDURES FOR CMU POLICE

All equipment and clothing which has become contaminated with bloodborne pathogens shall be taken out of service. It shall be Central Michigan University Police Department policy that no equipment or clothing shall be put back in service until it is properly decontaminated, regardless of the emergency.

A. DECONTAMINATION OF EQUIPMENT

Equipment which may become contaminated with bloodborne pathogens are, but not limited to, the following:

- Weapons
- Vehicles
- Handcuffs
- Reusable personal protective equipment
- Eyeglasses

The following procedure is to be used to decontaminate equipment that has received a possible exposure to bloodborne pathogens.

- Take contaminated equipment out of service as soon as possible.
- Employees/officers performing decontamination procedure must wear personal protective equipment including but not limited to: Full length apron, Disposable sterile gloves, Protective goggles, and Disposable face mask.
- Wash equipment thoroughly with a fresh 1:10 bleach/water solution or other hospital-strength disinfectant with a sponge or brush. (Note: When using disinfectant other than a 1:10 bleach/water solution, disinfectant should be verified with Health Services or Environmental & Safety Services).
- Allow the solution or disinfectant to remain on the surface for ten minutes or the manufacturer’s recommendation.
- Rinse thoroughly with clean water.
- Reapply bleach/water solution or disinfectant, allow it to remain on the surface for ten minutes or the manufacturers recommended amount of time and rinse clean.
- Dry the equipment with a towel or allow to air dry before returning equipment to service.
- Dispose of disposable personal protective equipment, and cleaning supplies as if it is biohazardous waste.
- Note: for Patrol Cars, CMU’s Custodial Services will be notified for decontamination.
B. DECONTAMINATION OF EMPLOYEES / OFFICERS

The following procedure is to be used for the decontamination of an employee/officer which has received a possible exposure to bloodborne pathogens.

- Remove any contaminated clothing as soon as possible and place in a biohazard bag for cleaning or disposal.
- Using an antibacterial/antiviral soap, wash the contaminated and surrounding area thoroughly.
- Rinse with clean, warm water, removing all soap.
- Wash contaminated area thoroughly, again with antibacterial/antiviral soap, and rinse clean.

C. DECONTAMINATION OF CLOTHING

The following procedure is to be used for the decontamination of clothing, such as uniforms, which may have become contaminated with bloodborne pathogens.

- All contaminated clothing should be removed as soon as possible.
- Contaminated clothing must be placed immediately into a Biohazard bag.
- Contaminated clothing in the biohazard bag is then brought to the approved dry cleaner for cleaning and decontamination.
- Clothing items made of leather or a like material shall be placed in a biohazard bag and disposed of as biohazardous waste, as they cannot be feasibly decontaminated.
- The employee/officer that was wearing the contaminated clothing must then follow the decontamination procedure for employees/officers found in this document.
Appendix Z
CMU POLICE DEPARTMENT
PROCEDURES FOR REMOVING EQUIPMENT FROM SERVICE

DID THE EQUIPMENT RECEIVE EXPOSURE TO BLOOD OR BODILY FLUID?

**YES**

**DECONTAMINATE EQUIPMENT**

**NO**

IS THE EQUIPMENT DEFECTIVE?

**NO**

**DO NOT REMOVE FROM SERVICE**

**CAN EQUIPMENT BE SAFELY DISINFECTED BY CMU POLICE?**

**YES**

**NO**

**REMOVE EQUIPMENT FROM SERVICE AND NOTIFY YOUR SUPERVISOR**

NOTE: Some items such as leather shoes/belts may not be able to be decontaminated and will be disposed of as medical waste. Items will not be returned to service until proper decontamination has occurred.
CMU POLICE DEPARTMENT
BLOODBORNE CONTAMINATED EQUIPMENT
DISPOSITION FORM

EXPOSURE

Date ______________ Related IV# ______________

Reported by _______________________________

Item Exposed ________________________________________________________________________

License # (if vehicle) ____________________ S/N or VIN _____________________________

Nature of Exposure __________________________________________

_________________________________________________________________________________

DISPOSITION

Action Taken:  
_____ Item cleaned with disinfectant
_____ Item taken out of service
_____ Item packaged and tagged for cleaning
_____ Item packaged and tagged for disposal
_____ Item turned over to ______________________.

Location where contaminated item is stored ______________________________________________.

Exposure Reported to ___________________________  
Date ______________  Time ______________  
_____ in person  
_____ by phone  
_____ by memo  
_____ this form

Reporting officer signature ________________________________________ Date ______________

Shift Supervisor Signature ________________________________________ Date ______________

-----------------------------------------------------------------------------------------------------------------------------

FOLLOW-UP

_____ Item disinfected by ______________________________________________________________

_____ Item disposed of at ______________________________________________________________

Follow-up officer signature _______________________________ Date ______________________

Cc: Environmental & Safety Services
LOCATION OF BIOHAZARDOUS WASTE SITES

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<td>Thorpe</td>
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<td>Woldt</td>
<td>128</td>
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Appendix AC

Central Michigan University
Bloodborne Pathogen Exposure Control Plan
“Rip and Run”

This page is designed specifically for the employee. It is an abbreviated or summarized version of the Exposure Control Plan. This page is not intended as a substitute to the plan, and cannot act as a stand-alone document. This page is the absolute bare minimum. Additional information can be found in the Exposure Control Plan, from your supervisor, Environmental & Safety Services, or Health Services.

**Universal Precautions**: A comprehensive approach to exposure control that treats all human blood and certain human body fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Personal Protective Equipment**: Includes gloves (disposable & utility), safety glasses with side shields, goggles, face shield, apron, pocket masks. Selected PPE must be worn when dealing with a known or suspected BBP. At a minimum, gloves and safety glasses with side shields must be worn. Upon removing PPE, wash hands immediately. Locations of PPE can be found in Appendix Q of the University’s Exposure Control Plan.

**Disposal Sites**: Disposal sites are located in 19 buildings throughout campus. For locations please consult the EHS web page ([http://www.cmich.edu/cmuehs](http://www.cmich.edu/cmuehs)) under the written plan.

**Clean-up**: A 1-part bleach to 10 parts water (must be a fresh solution) is recommended for disinfection. The wastewater generated can be disposed of in a drain. Any materials used in the clean up such as gloves, sponge, mop head etc. are to be disposed of as contaminated waste and placed in a biohazard bag. These bags can be obtained from your supervisor. Biohazard bags are **not** to be disposed of in a regular trash dumpster. These have special disposal requirements and should be placed in one of the Disposal sites mentioned above.

**Vaccination**: If you are deemed to be in category A, the University offers the hepatitis B vaccine to you free of charge. The vaccine is a series of 3 shots given over a six-month period. This vaccine is only applicable to hepatitis B and no other forms of bloodborne pathogens. If you initially decline to have the shots, you may elect, at any time during your course of employment, to receive the shots, as long as you are still performing the same or a relevant job task.

**Training**: Training is required under both the Occupational Safety and Health Administration (OSHA) and Michigan Occupational Safety and Health Administration (MIOSHA). Annual training on bloodborne pathogens and the exposure control plan is required.

**Hazard Communication**: the University communicates bloodborne pathogen hazards to their employee in two ways: through color (red) and the use of the wording BIOHAZARD and symbols such as

![Biohazard symbol]

**Potential exposure**: If you are potentially exposed to a known or suspected bloodborne pathogen you are to report the exposure to your supervisor immediately. Then proceed to University Health Services during the hours of 8:00 a.m. and 5:00 p.m. After 5:00 p.m., report to the Central Michigan Community Hospital (CMCH) emergency room. The following morning report to University Health Services.