

 <b>CSN Procedure</b>	<b>Facilities Management</b>
<b>Category: Environmental Health and Safety</b>	<b>Effective Date: 08/12/2024</b>
<b>Bloodborne Pathogens Exposure Control Plan</b>	

**I. PURPOSE**

The purpose of this exposure control plan is to eliminate or minimize employee exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

**II. SCOPE**

This procedure applies to all College of Southern Nevada (CSN) employees who have risk of occupational exposure to blood or other potentially infectious materials while completing job duties and assignments.

**III. DEFINITIONS**

**Bloodborne Pathogens (BBP):** Pathogenic microorganisms that are present in human blood and can cause disease in humans. Bloodborne pathogens include the hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

**Bloodborne Pathogen Exposure:** Specific skin, eye, mouth, or other mucous membrane, non-intact skin, or parenteral (injury that breaks the skin) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Contamination:** The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

**Engineering Controls:** Products or equipment designed to isolate, minimize or remove bloodborne pathogen hazards from the workplace. Where occupational exposure remains after institution of these controls, work practice controls and/or personal protective equipment shall also be used.

**Hepatitis B (HBV):** A serious disease caused by the hepatitis B virus (HBV) that attacks the liver causing cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is spread by contact with the blood of an infected person.

**Hepatitis C (HCV):** A liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person.

**HIV:** Human Immunodeficiency Virus (HIV) that is responsible for a condition that suppresses one's immune system and reduces one's defenses against many other diseases. HIV can lead to Acquired Immunodeficiency Syndrome (AIDS) and eventually death.

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

**Other Potentially Infectious Material (OPIM):** 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids 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); and 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Sharps:** Any object that can penetrate the human skin, including needles, wire, and broken glass. Those that are contaminated with blood or other potentially infectious materials (OPIM) are considered contaminated sharps.

**Universal Precautions:** An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls:** Refers to manners in which an employee performs his/her job. Effective work practices eliminate or minimize exposure incidences to employees.

#### IV. PROCEDURE

##### A. Responsibilities

1. Nevada System of Higher Education (NSHE) Office of Risk Management (“Risk Management”)
  - Receives and manages Workers’ Compensation claims.
  - Communicates with medical service providers and insurers.
  - Performs an ongoing review of recordable injury reports (including bloodborne pathogens occupational exposure incidents) to identify trends and problems areas.
2. CSN Human Resources
  - Requires all new employees to complete the Exposure to Bloodborne Pathogens Determination Form during new employee onboarding or when an employee changes jobs or duties.
  - Submits determination forms to Environmental Health and Safety (EHS) for risk determination and referral to the Hepatitis B vaccination program.
3. CSN Environmental Health and Safety (EHS)
  - Implements and coordinates the CSN BBP Exposure Control Plan and evaluates it annually to assess its effectiveness.
  - Provides technical assistance to CSN departments and programs for exposures and issues related to the program.
  - Determines employee exposure risk and coordinates Hepatitis B vaccine for employees who have opted to receive the vaccination series.
  - Collects sharps containers and other biohazardous materials and processes for proper disposal.
  - Receives BBP exposure incident reports. Assists in coordinating an opportunity for individuals to receive post-exposure evaluation, treatment, and follow-up care.
  - Provides or coordinates BBP training for affected CSN employees.
  - Maintains training records, Hepatitis B series completion records, declination statements, sharps injury logs, and occupational exposure incident reports.
  - In coordination with Custodial Services, identifies and oversees vendors that offer services in the clean-up and removal of blood or OPIM.
  - Provide procedures on the clean-up and removal of blood or OPIM if done with in-house resources (Appendix A).
4. Supervisors, Managers, and Directors overseeing employees with potential occupational exposure to blood or OPIM
  - Provide personal protective equipment (PPE) specified for the job tasks being completed (in appropriate numbers and sizes at no cost) to those covered by this plan and ensure it is being used properly when required.
  - Repair or replace personal protective equipment, as needed, to protect employees from the hazards encountered.

- Ensure employees who have potential exposure to blood or OPIM complete BBP Training.
  - Provide sharps containers that meet the requirements of OSHA standard 29 CFR 1910.1030 and work with EHS to ensure they are processed for disposal as required.
  - Maintain engineering controls to ensure they work properly and are providing effective protection for those working in areas where they are used.
  - Ensure regulated waste is placed in properly labeled, appropriate containers that are processed for pick-up/disposal.
  - Establish and communicate procedures to identify and separate clean and sanitized reusable items from those that are contaminated.
  - Provide for the clean-up and decontamination of equipment, carts, or vehicles that are owned or used by the department.
  - Implement a schedule for cleaning and decontamination when the following has occurred:
    - After completion of procedures.
    - As soon as possible when surfaces are overtly contaminated.
    - Any spill of blood or potential infectious material.
    - At end of work shift, if contaminated since the last cleaning.
  - Clean and decontaminate surfaces, bins, pails, cans, and similar receptacles to include those that:
    - Are intended for reuse, which have a reasonable likelihood of becoming contaminated with blood or OPIM.
    - Have visible signs of contamination on them.
    - Are being serviced or shipped, unless demonstrated that decontamination did not occur because it is not feasible.
  - Report all employee BBP incidents to Risk Management.
  - Report all student BBP incidents to EHS.
5. Employees with potential occupational exposure to blood or OPIM (including part-time, temporary, and contract employees of CSN).
- Complete required BBP training.
  - Eat, drink, smoke, apply lip balm/cosmetics and handle contacts in areas where there is not a reasonable likelihood of occupational exposure.
  - Store personal consumable items (food and drinks) in areas where they will not be contaminated with blood or OPIM.
  - Inspect all PPE prior to use and bring defective PPE to supervisor for repair or replacement.
  - Wear all specified PPE properly.
  - Follow Universal Precautions and all other safe work practices.
  - Remove PPE prior to leaving the work area and place it in an appropriate container for storage, washing, decontamination or disposal.
  - Wash hands immediately (or as soon as feasible) after the removal of gloves or other personal protective equipment, in contact with blood or OPIM. Note: Centers for Disease Control and Prevention (CDC) guidelines for washing hands and using hand sanitizers are provided at: <https://www.cdc.gov/clean-hands/about/index.html>
  - Report all BBP exposure incidents to your immediate supervisor at the time of occurrence.

#### B. Employee Exposure Determination

1. At the time of hire, Human Resources will require all new employees to complete the Exposure to Bloodborne Pathogens Determination Form (Appendix B). This information identifies employees who may incur occupational exposure to blood or OPIM while performing his/her assigned duties. Completed forms are forwarded to EHS for review and exposure determination.

2. The exposure determination is made without regard to the use of personal protective equipment (e.g., employees are considered to be exposed even if they wear protective clothing or equipment).
3. The listing below shows job classifications and work tasks in which all employees at CSN may have occupational exposure to blood or OPIM. A summary of job classifications and tasks performed can be found in Appendix C.
  - Athletic Trainer
  - Early Childhood Education Faculty and Teaching Assistants
  - Custodial Worker
  - Dental Care Professional, Faculty, or Laboratory Support
  - Health Care Professional, Faculty, or Laboratory Support
4. The listing below shows job classifications in which some employees at CSN may have occupational exposure to blood or OPIM. A summary of job classifications and tasks performed can be found in Appendix C.
  - Environmental Health and Safety Staff
  - Facilities Maintenance and Technical Services Staff
  - Landscape/Grounds Staff
  - Science, Medical, and Applied Technologies Laboratory Faculty and Staff

#### C. Communication of Hazards to Employees

1. EHS will provide general exposure control plan information to employees.
2. Departments/Schools will provide specific information about potential BBP hazards and protection from these hazards to which individuals will be potentially exposed.
3. The following items should be clearly labeled with the universal symbol for biohazard to communicate hazards to personnel. Red bags or containers may be substituted for labels, with approval from EHS.
  - Containers of regulated waste
  - Sharps containers
  - Refrigerators and freezers containing blood or other potentially infectious material
  - Containers used to store, transport, or ship blood or other potentially infectious material
4. The Exposure Control Plan is available for review on the [EHS website](#). Incident reporting procedures and forms can be found on the [CSN Incident Reporting website](#). Refer to the employee or student injury, illness, or exposure section.

#### CI. Methods of Compliance

1. Engineering Controls and work practice controls will be used to prevent or minimize exposure to BBP. The following controls shall be utilized at CSN:
  - Engineering Controls
    - Tools for picking up contaminated sharps and broken glassware.
    - Containers for properly discarding needles and contaminated sharps.
    - Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper to cover equipment and surfaces that may become contaminated and are difficult to disinfect.
    - Facilities for hand washing and the flushing of mucous membranes; eyes, face, and body after any contact with blood or OPIM.

- Work Practice Controls
  - Use of Universal Precautions whenever handling blood or OPIM.
  - Proper handling and disposal of sharps and sharps containers.
  - Washing hands and exposed skin with soap and hot water as soon as possible after working in an area where there is blood or OPIM.
  - Using antiseptic hand cleaners when soap and hot water are not available.
  - Implementing and following procedures to minimize splashing, spraying, spattering and generation of droplets.
  - Cleaning and disinfection of facilities, work surfaces and equipment as soon as possible after contamination and prior to reuse.

## 2. Personal Protective Equipment (PPE)

- Where there is potential for occupational exposure to BBP, PPE shall be provided by CSN without cost to employees.
- Training on the use and appropriateness of PPE for specific tasks or procedures shall be provided by the department. Departments may consult with EHS as needed.
- Employees using PPE must observe the following precautions:
  - Wash hands immediately or as soon as feasible after removing gloves or other PPE.
  - Remove PPE after it becomes contaminated and before leaving the work area.
  - Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces.
  - Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
  - Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
  - Never wash or decontaminate disposable gloves for reuse.
  - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
  - Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

## 3. Housekeeping and Regulated Waste Management

- All areas of the workplace shall be maintained in a clean and sanitary condition.
- Contaminated work surfaces must be decontaminated with a high-level disinfectant that is EPA rated to kill HIV, HBV, and HCV. Porous surfaces such as carpeted floors or upholstered items require special consideration. Contact Facilities Management for custodial staff specially trained in this area.
- Broken glassware that may be contaminated must be picked up using mechanical means, such as tongs or brush and dustpan.
- Regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- Contaminated sharps must be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled.
- Sharps containers shall not be overfilled. Once the contents reach the fill line, the container shall be closed and securely moved from the work area to the designated storage area. EHS will collect sharps containers for disposal.

#### E. Hepatitis B Vaccination Program

1. All employees who have been identified as having a potential for exposure to blood or other potentially infectious materials, will be offered the Hepatitis B vaccine at no cost to them.
2. CSN EHS is responsible for determining exposure risk and offering the vaccination series to employees. The vaccination will be provided by a designated healthcare provider.
3. The vaccine shall be offered within 10 days of an employee's initial assignment to work involving the potential for occupational exposure unless the employee has previously had the vaccine, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
4. An employee who accepts the vaccine must sign a consent form (Appendix D) before EHS will refer the employee to the designated healthcare facility for administration of the Hepatitis B vaccination series. This will be done at no cost to the employee.
5. After being offered the Hepatitis B vaccine series, an employee may decline to receive the vaccine. An employee who declines shall sign a declination form (Appendix D). Employees who initially decline the vaccine but who later wish to receive it may then have the vaccine provided at no cost provided his/her job description indicates an exposure risk.

#### F. Post-Exposure Evaluation and Follow-Up

1. An occupational exposure to bloodborne pathogens refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (stick or cut in the skin) with blood or other potentially infectious materials that results from the performance of an employee's duties. Bloodborne pathogens are pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
2. An exposure to bloodborne pathogens is considered a medical urgency and individuals should follow these immediate actions:
  - STOP the activity.
  - Wash the injury with antimicrobial soap and running water OR flush mucous membranes with copious amounts of water.
  - Administer first aid to the injury site as needed.
  - Immediately report the incident/injury to a supervisor.
  - Seek medical attention.
  - Complete the required incident report forms.
3. Exposed individuals should seek medical evaluation as soon as possible following the incident. For employees, immediate medical attention may be secured at an approved workers' compensation medical provider or at the most convenient medical location. Follow-up medical evaluations and treatment MUST be performed by an approved workers' compensation provider. Please refer to Risk Management's [list of approved providers](#). Note that the medical providers on this list may not be the same as those associated with an individual's personal health care insurance.
4. Employees should report exposure incidents to Risk Management as soon as feasible using the "C1 Notice of Injury or Occupational Disease" form and the "Report of Exposure to Bloodborne Pathogens" form (Appendix E). Detailed instructions for reporting exposures can be found on the [CSN Incident Reporting website](#).

5. CSN employees who experience an exposure incident will be offered post-exposure evaluations and follow-up treatment at designated facilities at no cost. Post-exposure evaluations and follow-up treatment include:
  - Visiting an approved worker compensation medical provider and filing a worker's compensation claim during their initial visit.
  - Receiving a physician's progress report and scheduling appointments for follow-up treatment.
  - Reporting to the medical care provider for the follow-up treatment.
6. Employees who decline post-exposure evaluations and treatment should sign the "Post-Exposure Evaluation Declination Form" (See Appendix F).
7. For exposure incidences that may occur at an off-campus site (performing duties as prescribed in CSN job description), employees should report the incident to the site's infection control coordinator. Complete incident reports as required by the site in addition to CSN's reporting process.
8. Students experiencing an exposure to bloodborne pathogens shall be treated in the same manner as an exposed employee, except the student is responsible for his/her own expenses as they relate to the exposure. A student may choose his/her own medical provider for post-exposure evaluation and follow-up; however, EHS is available for guidance in securing such medical attention. Faculty or the corresponding academic department should report student exposures to EHS by submitting a "Report of Exposure to Bloodborne Pathogens" form. Student Exposures that occur off-campus at clinical sites should also be reported to the site's infection control coordinator. Detailed instructions and forms for reporting student exposures can be found on the [CSN Incident Reporting website](#).
9. EHS will investigate the circumstances of all reported exposure incidents to evaluate the following factors:
  - Procedure being performed when the incident occurred
  - Engineering controls in use at the time
  - Work practices followed
  - Description of the device being used (including type and brand)
  - Evaluation of a safer devices
  - Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
  - Location of the incident
  - Employee's or student's training
10. EHS will record all employee percutaneous injuries from contaminated sharps in a Sharps Injury Log. The log must include at least: 1) date of the injury; 2) type and brand of the device involved (syringe, suture needle); 3) department or work area where the incident occurred; 4) explanation of how the incident occurred. The log will be reviewed as part of the annual program evaluation. If a copy is requested by anyone, it must have all personal identifiers removed from the report.

#### G. Training

1. BBP training will be provided to employees at the time of initial job assignment where occupational exposure may take place and then annually thereafter. Training will occur during work hours and will be provided at no cost to employees.
2. Supplemental training will occur when tasks or procedures are modified, or during the implementation of new procedures which affect employee's occupational exposure.
3. Training for employees with potential for occupational exposure to bloodborne pathogens shall include an explanation of the following topics:

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- General epidemiology and symptoms of bloodborne diseases
  - Modes of transmission of bloodborne pathogens
  - Tasks and activities which might cause exposure to blood or other potentially infectious materials at this facility
  - Methods which will be used at the facility to control exposure to blood or to other potentially infectious materials including use of personal protective devices, safe handling and disposal methods
  - Post-exposure reporting procedures
  - Post-exposure evaluation and follow up
  - Signs and labels
  - Hepatitis B vaccination program
4. Training will be conducted using training methods such as in-person training, video, written material, and online training programs.
  5. For training delivered online or asynchronously, employees must be provided with an email address or phone number to contact EHS if they have questions regarding the training.

#### H. Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Risk Management.
2. The sharps injury log will be maintained by EHS for five years following the incident.
3. Training records will be maintained for a minimum of three years from the date of which the training occurred.
4. All other records that pertain to vaccinations, potential exposures and medical determinations/treatment will be kept for the duration of employment plus 30 years.

#### V. AUTHORITY AND CROSS REFERENCE LINKS

[OSHA 29 CFR 1910.1030](#) (Bloodborne Pathogens)

Nevada System of Higher Education (NSHE) Risk Management Office [Worker's Compensation Program](#)

CSN [Incident Reporting and Investigation](#)

#### VI. APPENDICES

Appendix A – Blood and Other Potentially Infectious Materials Clean-Up Procedures

Appendix B – Employee Exposure to Bloodborne Pathogens Determination Form

Appendix C – Job Classifications and Work Tasks

Appendix D – Hepatitis B Vaccination Consent/Declination Form

Appendix E – Report of Exposure to Bloodborne Pathogens

Appendix F – Post-Exposure Evaluation Declination Form

Appendix G – Document Revision History





## Appendix A – Blood and Other Potentially Infectious Materials Clean-up Procedures

### I. PURPOSE

All CSN staff will use this procedure to clean-up blood and other potentially infectious materials. Contact Facilities Management for assistance with large spills or spills that affect carpet or upholstery.

### II. DEFINITIONS

**Contact Time:** Amount of time a chemical must stay in contact with bacteria or viruses to render them unable to cause disease.

**Contaminated:** The presence or the reasonably anticipated presence of blood or other potentially infectious material (OPIM) 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 or the surface or item is rendered safe for handling, use, or disposal. Sterilization, disinfection, and antisepsis are all forms of decontamination.

**Disinfection:** Process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. Objects are usually disinfected by liquid chemicals.

**Disinfectant suitable for this procedure:** Must be EPA-registered as a hospital disinfectant. Must kill *Mycobacterium tuberculosis* within a reasonably short period of time (maximum 10 minutes).

### III. GENERAL INFORMATION

#### 1. Sharps

- To prevent injuries, sharps may not be picked up directly with the hands and shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- Dispose of non-contaminated sharps in a puncture proof container. Typically, non-contaminated sharps can be disposed of in the same containers designated for contaminated sharps.
- Sharps contaminated with blood or OPIM are potentially infectious. Since it is impossible to visually determine whether a contaminated sharp is infectious, ALL needles and other sharp items with visible blood will be considered infectious and handled with a mechanical device (tongs, forceps, broom and dustpan, etc.). Never pick up sharps manually. Dispose of needles, broken glass and other sharps contaminated with blood or OPIM in the designated sharps container or designated puncture proof biohazard waste container.

#### 2. Personal Protective Equipment (PPE)

- PPE must be worn during all clean-up procedures, as outlined in this protocol.
- Gloves will help protect the workers' hands from contacting blood and the chemicals used to disinfect the area. Heavy utility gloves must be worn when handling sharps. Disposable gloves may be worn when cleaning up blood or other potentially infectious body fluids.
- Eye protection, face shields, and surgical masks will prevent infection in mucous membrane of the eyes, nose, and mouth.
- When the spill is large, wear a gown and shoe covers to avoid contamination of personal clothing and skin.

### 3. Handwashing

- Prior to beginning clean-up procedures and putting on gloves, always wash hands thoroughly with warm water and hand soap. Pay special attention to between fingers and around nail beds. Twenty seconds is recommended. Rinse and dry thoroughly. Following clean-up and glove removal, repeat handwashing.

### 4. Disinfectant Chemicals

- Disinfectants used to effectively kill bloodborne pathogens must be prepared and used according to manufacturer's directions. In order to make the blood or OPIM harmless, the disinfectant must remain wet and in contact with the blood for the recommended time. This contact time will vary depending on the disinfectant's directions. Follow the manufacturer's directions.

## IV. CLEAN-UP PROCEDURES

### 1. SMALL SPILL ON HARD SURFACES (See Table 1 for list of equipment)

- Assure all clean-up equipment is in the immediate vicinity of the spill.
- Wash hands. Put on gloves, eye protection, and a mask or face shield.
- Use spray type disinfectant. Spray disinfectant on and around spill. Leave disinfectant on the spill for the recommended contact time.
- Soak up spill with paper towel or other disposable absorbent materials. Pick up all visible signs of the spill.
- Place soiled materials in a biohazard bag. Close the biohazard bag and dispose of bag in centralized biohazard pick-up area.
- Spray area again liberally and let dry.
- Remove PPE. Discard disposable gloves and mask in biohazard bag. If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
- Disinfect eye protection with spray disinfectant. Allow to air dry.
- Wash hands.
- Replace all used clean-up equipment in the spill kit or cart.

### 2. MAJOR SPILL ON HARD FLOORS (See Table 1 for list of equipment)

- Notify custodial staff by calling Facilities Management at 702-651-4888.
- Place wet floor signs around the spill area. Block off area to traffic as needed.
- Assure all clean-up equipment is in the immediate vicinity of the spill.
- Mix disinfectant in appropriate bucket.
- Wash hands. Put on gloves, eye protection, and a mask or face shield.
- Put on shoe covers and protective gown.
- Dip mop head in disinfectant. Do not wring it out.
- Do not touch mop to spill. Drip disinfectant over spill. Completely cover spill. Avoid splashing.
- Wait the required contact time. Increase time if heavily soiled. Keep spill area wet with disinfectant.
- Return mop head to disinfectant. Wring out.
- Thoroughly, mop up spill.
- Rewet and wring mop head as needed.
- Large absorbent pads may be used to soak up the spill after disinfection.
- Leave mop head in the disinfectant solution for the recommended contact time. Wring out mop head and allow to air dry.
- Discard solution in custodial sink. If used, discard large absorbent pads in biohazard containers.
- Close the biohazard bag and dispose of bag in centralized biohazard pick-up area.
- Remove PPE. Discard disposable gloves and mask in biohazard bag.
- If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow them to dry. Disinfect eye protection with spray disinfectant and allow it to air dry.

- Wash hands.
- Assure surface is dry. Remove wet floor signs.
- Replace all used clean-up equipment in the spill kit or cart.

**3. SPILLS ON CARPET (See Table 1 for list of equipment)**

- Notify custodial staff by calling Facilities Management at 702-651-4888.
- Place wet floor signs around the spill area. Block off area to traffic as needed.
- Assure all clean-up equipment is in the immediate vicinity of the spill.
- Wash hands. Put on gloves, eye protection, and a mask or face shield.
- Mix disinfectant in appropriate bucket.
- Put on shoe covers and protective gown.
- Do not touch mop to spill. Drip disinfectant over spill. Completely cover spill. Avoid splashing.
- Wait the required contact time. Increase time if heavily soiled. Keep spill area wet with disinfectant.
- Line the collection tank of the wet/dry vacuum with two layers of plastic bags. This can be disposed of easily and requires minimal cleaning of the tank.
- Pick up all visible signs of the decontaminated spill with wet/dry vacuum.
- Repeat: drip disinfectant over spill, wait contact time, and then pick-up with wet/dry vacuum.
- Leave mop head in the disinfectant solution for the recommended contact time. Wring out mop head and allow to air dry.
- Discard solution in custodial sink. Dispose of plastic bags in biohazard bag.
- Remove PPE. Discard disposable gloves and mask in biohazard bag.
- Close the biohazard bag and dispose of bag in centralized biohazard pick-up area.
- If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow them to dry. Disinfect eye protection with spray disinfectant and allow it to air dry.
- Wash hands.
- Assure surface is dry. Remove wet floor signs.
- Replace all used clean-up equipment in the spill kit or cart.

**Table 1 – Bloodborne Pathogens Clean-up Equipment List**

	<b>Small Spill on Hard Surface</b>	<b>Large Spill on Hard Surface (Call Facilities)</b>	<b>Spill on Carpet (Call Facilities)</b>	<b>Contaminated Sharps</b>	<b>Non-Contaminated Sharps</b>
<b>PPE</b>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Mask/Face Shield</li> <li>• Eye Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Mask/Face Shield</li> <li>• Eye Protection</li> <li>• Protective Gown</li> <li>• Shoe Covers</li> </ul>	<ul style="list-style-type: none"> <li>• Gloves</li> <li>• Mask/Face Shield</li> <li>• Eye Protection</li> <li>• Protective Gown</li> <li>• Shoe Covers</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy Utility Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy Utility Gloves</li> </ul>
<b>Disinfectant Product</b>	<ul style="list-style-type: none"> <li>• Spray</li> </ul>	<ul style="list-style-type: none"> <li>• Mixed in Bucket</li> </ul>	<ul style="list-style-type: none"> <li>• Mixed in Bucket/Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Do Not Disinfect Sharps</li> </ul>	<ul style="list-style-type: none"> <li>• Do Not Disinfect Sharps</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>• Disposable Towels/Absorbent Materials</li> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Mop</li> <li>• Bucket</li> <li>• Absorbent Pads</li> <li>• Wet Floor Signs</li> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Plastic Liners</li> <li>• Wet/dry Vacuum</li> <li>• Wet Floor Signs</li> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Broom and Dustpan or tongs or forceps</li> <li>• Sharps Container</li> </ul>	<ul style="list-style-type: none"> <li>• Broom and Dustpan or tongs or forceps</li> <li>• Sharps Container</li> </ul>
<b>Disposal</b>	<ul style="list-style-type: none"> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Solution in Custodial Sink</li> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Solution in Custodial Sink</li> <li>• Red Biohazard Bag</li> </ul>	<ul style="list-style-type: none"> <li>• Sharps Container</li> </ul>	<ul style="list-style-type: none"> <li>• Sharps Container</li> </ul>

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**Appendix B – Employee Exposure to Bloodborne Pathogens Determination Form**

This form will be used to determine an employee’s potential exposure to bloodborne pathogens during the performance of his/her job at CSN. Please complete this form and return it to:

**CSN Human Resources**, 6375 W. Charleston Blvd, W40E, Las Vegas, NV 89146

**All Fields are Required. If you need assistance with this form, contact CSN Environmental Health & Safety at [ehs@csn.edu](mailto:ehs@csn.edu).**

Employee Name (Print) \_\_\_\_\_ Employee No. \_\_\_\_\_

Title \_\_\_\_\_

Department/Program \_\_\_\_\_ Campus \_\_\_\_\_ Mail Sort \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**1. Do you come into contact with any of the following in the performance of your job at CSN?**  
HUMAN BODY FLUIDS including blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, unfixed tissue or organ [other than intact skin] from a human [living or dead]; HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

YES     NO

**2. Do you come into contact with needles, scalpels, or any other sharp devices CONTAMINATED WITH BODY FLUIDS during the performance of your job at CSN?**

YES     NO

**3. Do you handle regulated waste or 'red bags' waste in the performance of your job at CSN?** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.

YES     NO

**4. Have you received the hepatitis B vaccination series of 3 injections?**

YES     NO

**IF YES, please provide the dates of each injection. Give specific dates.**

**Injection #1** \_\_\_\_\_

**Injection #2** \_\_\_\_\_

**Injection #3** \_\_\_\_\_

Employee Signature

Date

Unless otherwise specified at the beginning of this procedure, printed copies of this procedure are UNCONTROLLED. Always ensure prior to use you are using the most current copy.



**Appendix C – Job Classifications and Work Tasks**

- 1) **ALL CSN employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials.**

<b>Job Classification</b>	<b>Job Tasks/Procedures that may lead to occupational exposure to bloodborne pathogens</b>
Athletic Trainer	Rendering first aid to injured student athletes.
Cardiorespiratory Sciences Faculty	Using invasive respiratory diagnostic techniques, contact with pulmonary fluids, contact with human blood and resulting biohazard waste.
Clinical Lab Science Faculty	Preparing samples of blood or other bodily fluids for microscopic examination, working at laboratory benches and other areas where potentially infectious materials are handled.
Custodian	Cleaning sinks, toilets, bathroom fixtures, clean-up of vomit, excrement, urine, blood spills, removal of waste containing body fluids including female waste.
Dental Faculty Practice, Dental Assisting and Dental Hygiene Program Personnel: Dentists, Dental Assistants, Dental Hygienists, Faculty, Lab Technicians	Working with instruments, needles, and equipment contaminated with human blood and saliva, administration of cardio-pulmonary resuscitation, treating dental patients. Working with human extracted teeth.
Diagnostic Medical Sonography faculty	Performing transvaginal ultrasound. Contact with patients, with potential for direct contact with body fluids.
Early Childhood Education, Child Care Facility Faculty, and Teaching Aids	Caring for children; rendering first aid, assisting in personal hygiene tasks, cleaning up after body function accidents.
Emergency Medical Sciences Faculty	Performing invasive procedures related to emergency responses. Working with equipment and needles contaminated with human blood and other body fluids, administration of cardio-pulmonary resuscitation, treating emergency patients.
Medical Assisting Faculty	Handling contaminated needles and equipment, basic laboratory tests involving human body fluids, assisting with minor surgical procedures.
Microbiology Faculty	Teaching microbiology labs where blood and body fluids may be examined and handled.
Nursing Faculty	Contact with patients, with potential for direct contact with body fluids, handling contaminated needles and equipment. Clinical instruction at off-campus sites involving blood and other body fluids, handling of contaminated sharps and equipment.
Nursing Lab Technician	Setting up or cleaning up following laboratory activities involving contaminated sharps, contact with infectious waste.
Ophthalmic Assistant Faculty	Contact with ophthalmic fluids.
Surgical Technology Faculty	Contact with human body fluids through contact with contaminated items in the surgical suite.
Phlebotomy Faculty	Collecting specimens of blood and other body fluids. Working with contaminated needles and equipment.

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- 2) **Some CSN employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials.**

<b>Job Classification</b>	<b>Job Tasks/Procedures that may lead to occupational exposure to bloodborne pathogens</b>
Applied Technologies Lab Faculty	Rendering first aid to students injured during laboratory instruction.
Biology Lab Faculty	Laboratory exercises involving human blood and other body fluids.
Biology Lab Technician	Setting up or cleaning up following laboratory activities involving sharps and equipment contaminated with human blood and body fluids, infectious waste collection and decontamination.
Environmental Health and Safety Worker	Handling regulated waste as part of the disposal process.
Facilities Maintenance and Technical Services Workers	Repair of lab and clinic facilities/equipment, repair of sanitary fixtures and sewer lines.
Grounds Keeper	Providing trash clean-up from campus grounds; may include syringes.
Physical Therapy Assistant Faculty	Contact with patients, with potential for direct contact with body fluids.
Radiation Therapy Faculty	Contact with patients, with potential for direct contact with body fluids.



## Appendix D – Hepatitis B Vaccination Consent/Declination Form

Name (Print): \_\_\_\_\_ Title at CSN: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.30) requires that employers offer the Hepatitis B vaccine series free of charge to any employee who is reasonably anticipated to have exposure to blood or other potentially infectious materials (OPIM). At the time of hire, you completed a survey that indicated performing your job duties at CSN may have potential for exposure to blood or OPIM.

After reading the following information, you may consent or decline this offer for Hepatitis B vaccination. Whether or not you wish to receive the vaccination, you must sign this form and return to the office of Environmental Health and Safety (see page 2).

### **Why Get Vaccinated?**

Hepatitis B is a serious disease. A short-term (acute) illness leads to loss of appetite; tiredness; pain in muscles, joints, and stomach; diarrhea and vomiting; and sometimes jaundice (yellow skin or eyes). A long-term (chronic) form of Hepatitis B can lead to liver damage (Cirrhosis), liver cancer and even death. You can be protected from Hepatitis B by being vaccinated.

### **How Is Hepatitis Spread?**

Hepatitis B is spread through contact with blood and body fluids of an infected person. One can get infected in several ways, such as having unprotected sex with an infected partner, sharing needles when injecting illegal drugs, being stuck with a used needle on the job, or from an infected mother to the baby during childbirth.

### **Who Should NOT get the Vaccine?**

You should not receive the Hepatitis B vaccination if you have had an allergic reaction to baker's yeast or a previous dose of the vaccine. The vaccination should not be given if you are moderately or severely ill. In this case, the vaccine should be postponed until you are well. Pregnant women can safely receive the vaccine at any time, but it is always best to confirm this with your doctor.

### **What are the Risks from Hepatitis B Vaccine?**

By far, most people who get the Hepatitis B vaccine do not have any problems however, following the vaccination your upper arm may be a little sore for one or two days. You may experience a mild to moderate fever (1 out of 100 adults). Very rarely does a serious allergic reaction occur. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness a fast heartbeat or dizziness. Report these symptoms to a doctor or nurse immediately following any vaccination.

### **Can I get Hepatitis B from the Vaccine?**

You cannot get Hepatitis B from the vaccine. The vaccine currently being used contains no human plasma so one cannot get Hepatitis B or HIV from the vaccine. Since the vaccine is made of yeast cells, persons who are allergic to yeast should not take it. Those whose immune systems are suppressed, those who have HIV infections or individuals getting hemodialysis may not develop protective antibodies with the usual shots. Under these circumstances, the person should be monitored closely by a physician.

### **Vaccination Schedule**

The Hepatitis B vaccine is given in three doses (shots) over a six-month period of time. The first is given, then the second is given 1-2 months after the first dose and the third is given 4-6 months after the first dose. It is important to stay on schedule and not let undue time lapse between doses.

**For your protection, please consider being vaccinated against Hepatitis B.**

Whether or not you wish to receive the vaccination at no cost to you, YOU MUST SIGN THIS FORM AND RETURN IT TO THE OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY.

**I DO** give my consent to receiving the Hepatitis B vaccine. I have read and understand the above information, or it has been read and explained to me.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**I DO NOT** give my consent to receiving the Hepatitis B Vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Interoffice Mail or Email this form to:**  
Director, Department of Environmental Health & Safety  
Mail Sort Code: HNNT311-122  
[ehs@csn.edu](mailto:ehs@csn.edu)  
702-651-7445





**Appendix E – Report of Exposure to Bloodborne Pathogens**

Following an exposure to bloodborne pathogens incident, please send the completed form to EHS at [ehs@csn.edu](mailto:ehs@csn.edu)

<p><b>Do not write in this space</b></p> <p>Incident or C-1 Report: _____</p> <p>Exposure to BBP Case Number: _____</p>
---

**EXPOSED INDIVIDUAL**

Name (Print): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Check one:

- Employee; indicate department \_\_\_\_\_
- Student: indicate program where enrolled \_\_\_\_\_
- Campus Visitor

**SOURCE INDIVIDUAL**

Identify the source individual (the person to whom the exposed individual was exposed), if known:

Name: \_\_\_\_\_ Phone: HOME \_\_\_\_\_ OTHER: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**INCIDENT DETAILS**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Time Incident was reported: \_\_\_\_\_

Name and title of person *initially* notified: \_\_\_\_\_

Location where incident took place: \_\_\_\_\_

Did the accident/exposure result in any of the following? (check all that apply)

- percutaneous exposure (break in skin that caused bleeding)
- mucous membrane contact (eyes, nose, mouth)
- abraded skin, chapped skin, dermatitis
- other, please explain \_\_\_\_\_

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, contaminated solutions)?

YES     NO    describe: \_\_\_\_\_

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**EXPOSED INDIVIDUAL'S STATEMENT**

Describe precisely how the incident occurred.

Describe what was done immediately after the incident.

Describe how this incident could have been prevented.

\_\_\_\_\_  
Signature of Person Making Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor/Witness

\_\_\_\_\_  
Date



**Appendix F – Post-Exposure Evaluation Declination Form**

Name (Print): \_\_\_\_\_ Title at CSN: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Date of BBP Exposure Incident: \_\_\_\_\_

I understand that due to the occupational incident in which I was exposed to blood or other potentially infectious material, I may have been exposed to Hepatitis B (HBV), Hepatitis C (HVC) and/or Human Immunodeficiency Virus (HIV). A postexposure confidential medical evaluation has been recommended to me and would be provided to me by my employer free of charge. At this time, I would like to decline the confidential medical evaluation.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Interoffice Mail or Email this form to:**  
Director, Department of Environmental Health & Safety  
Mail Sort Code: HNNDT311-122  
[ehs@csn.edu](mailto:ehs@csn.edu)  
702-651-7445

**Appendix G – Document Revision History**

<b>Date of Review: 08/01/2024</b>	
<b>Section(s)</b>	<b>Change</b>
IV(A)1., IV(E)3., V(B)	Changed Risk Management from Business Center South to NSHE Risk Management Office.
IV(A)4.	Added supervisor requirements for reporting employee and student exposure incidents.
IV(E)8.	Removed requirement to complete CSN incident form for student exposure incidents.
Appendix G	Added Document Revision History as Appendix G.
All	Minor wording, grammar, and formatting edits throughout the document.
<b>Date of Review: 07/01/2022</b>	
<b>Section</b>	<b>Change</b>
<b>Date of Review:</b>	
<b>Section</b>	<b>Change</b>