

Exposure Control Plan

Division of Athletics
(Athletics/Athletic Training/
Recreation & Intramurals/Special Events)

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Purpose

The purpose of the Exposure Control Plan is to:

- Eliminate or minimize occupational exposure to blood or certain other body fluids.
- Comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 Code of Federal Regulations (CFR) 1910.1030.

This policy should be considered flexible and subject to updates as new and additional knowledge is acquired

Definitions

Reference: Bloodborne Pathogens Standard 1910.1030.18 Apr. 2001. Occupational Safety and Health Administration. 16 Feb. 2003. < http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051>.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

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

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

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

Decontamination means the 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 means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means 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.

Occupational Exposure means 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 Materials (OPIM) means (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.

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

Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

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

Sharps with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is 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 means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Responsibilities

Management responsibilities:

- Provide an Exposure Control Plan.
- Ensure availability of appropriate PPE to all employees who are exposed to blood or other potentially infectious materials.
- Develop and implement a written schedule for cleaning and methods of decontamination.
- Ensure waste is disposed of according to appropriate guidelines.
- Provide for post-exposure evaluation and follow-up after reported exposure incident.
- Provide continuing education to faculty, staff, and students.
- Provide protocol for reporting of exposure incidents within 24 hours to appropriate personnel.
- Maintain health and continuing education records as required by OSHA.
- Perform an annual review of the Exposure Control Plan.
- Comply with the University at Buffalo (UB) health requirements.

Student/Employee responsibilities:

- Be knowledgeable of and comply with the Exposure Control Plan of UB-Division of Athletics.
- Comply with OSHA regulations at affiliated agencies.
- Properly use and dispose off required PPE and equipment when performing exposure-prone tasks.
- Comply with hygienic practices/Universal Precautions.
- Immediately report exposure incidents to Division of Athletics administration.
- Be knowledgeable of, and comply with, safety procedures.
- Comply with the University at Buffalo (UB) health requirements.

Methods of Implementation and Control

Universal Precautions

Universal Precautions is an infection control method which requires employees to assume that all human blood and other human body fluids (listed below) are infectious for HIV, HBV and other bloodborne pathogens and must be treated accordingly.

Potentially infectious body fluids:

- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva in dental procedures
- any body fluid visibly contaminated with blood
- all body fluids in situations where it is difficult or impossible to differentiate between body fluids

Universal Precaution Procedures

Employees/students will perform their duties with the understanding that body fluids and medical waste may be infectious. When performing tasks that involve these materials, employees will adhere to the following Universal Precaution procedures:

1. Treat all situations involving potential contact with blood, body fluids or medical waste with caution.
2. Wash hands after contact with any bodily substance or articles contaminated with a bodily substance. Use liquid soap from a dispenser, not bar soap. Employees/students must have immediate access to cleaning supplies and must not be required to wait for appropriate washing (i.e. If an exposure occurs during an athletic event, the employee/student must be allowed to leave the event to engage in proper washing rather than waiting until half-time or the end of the event).
3. Wear protective gloves on both hands for anticipated direct hand contact with blood, body fluids, medical waste or contaminated objects or surfaces. The gloves must be replaced if torn, punctured, 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. Disposable gloves should not be washed or decontaminated for reuse. Wash hands immediately after removing protective gloves.
4. Wear an impervious apron if body fluids are in large quantity and likely to get the clothing wet.

5. Wear a mask if splashing of blood or other body fluids is anticipated, to protect the mucous membranes of the nose or mouth.
6. When unanticipated exposure occurs, remove contaminated substances by avoiding contact with the outer surface and washing hands and other skin surfaces immediately and thoroughly. If splashed in eyes, nose or mouth, flush with water immediately. Notify supervisor of all exposures.
7. All employees/students must take precautions to prevent injuries caused by needles or other sharp instruments. Mechanical means, such as a brush and dustpan should be used to handle such material. Report any needle punctures to supervisor immediately.
8. Soiled linens should be handled as little as possible and with minimum agitation. All linen should be bagged at the location where it is used; it should be placed in impervious bags that prevent leakage.
9. Trash must be placed in covered containers bagged in impervious bags; tops should be secured when full, double bag if break through is anticipated.
10. Areas, surfaces or articles like wash or emesis basins that are grossly soiled with blood or other body fluids must be cleaned with detergent/disinfectant.

Exposure Control Plan (ECP)

Employees/students covered by the bloodborne pathogens standard (see Appendix IV) receive an explanation of the ECP during their initial training/ orientation session). It will also be reviewed in their annual refresher training.

All employees have an opportunity to review this plan at any time during their work shifts by contacting Martha Boyer, Division of Athletics Human Resources Manager. The ECP can also be accessed at:

- a. the Intranet Policies and Procedures Manual for the Division of Athletics
- b. the Annual Division-wide meeting
- c. the Athletic Training Student Handbook
- d. the Student Athlete Handbook

The Exposure Control Plan Committee is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The ECP committee members include:

- Paula Maxwell (co-Chair), *Clinical Associate Professor*
- Laurie Barnum (co-Chair), *Associate Athletic Director, Internal Operations/Senior Woman Administrator*.
- Sue Rocque, *Head Athletic Trainer*
- Bob Maxwell, *Assistant Athletic Director for Facility Operations*
- Ed Michael, *Director, Recreation & Intramural Services* (with input from Joe Muscarella and Marcus Hutchins)
- Martha Boyer, *Division of Athletics Human Resources Manager*

Personal Protective Equipment (PPE)

PPE is provided to our employees/students at no cost to them. Training is provided by the supervisor of that specific area (i.e. Events, Recreation and Intramurals) in the use of the appropriate PPE for the tasks or procedures employees/students will perform.

The types of PPE available to employees/students are as follows:

- gloves
- gowns
- face shields
- masks
- eye protection (splash-proof goggles, safety glasses with side shields)
- mouthpieces

Individuals in need of such items should request them from their supervisor or other designee.

PPE Kits can be purchased through:

MedCo Sports Medicine
1-800-55-MedCo or (716) 695-3244
Brian Ross, ex. 350

PPE is located in the following areas:

- 1) Alumni Athletic Training Room (located under the physician's examination table in the private exam room)
- 2) Stadium Athletic Training Room (located in the physician's cabinet)
- 3) Facilities Operations Office (21 Alumni Arena) (located under emergency lights)
- 4) Equipment Room (30 Alumni Arena) (located above the light panel)
- 5) Pro Shop (30B Alumni Arena) (located in storage bin under the clock)
- 6) 113B Clarke Hall (located on top of freezer during business hours, otherwise in closet)
- 7) Tennis Hut – Ellicott Complex (located in blue bag next to desk)
- 8) R & I Office (130 Alumni Arena) (located on shelf where sports entry forms are housed)
- 9) Alumni Pool (Alumni 86) (located at the lifeguard station above first aid kit)
- 10) Alumni Strength Facility (Alumni 70) (located to the right of the exit doors, on the second shelf of the black cabinet)
- 11) Stadium Strength Facility (Stadium 130) (located in office # 130b in the file cabinet in the southeast corner of the room in the top drawer)
- 12) Boat House- Brenon Road (located in cabinet)

All employees using PPE must follow the Universal Precautions Procedures outlined above.

The procedure for handling used PPE is discussed in the section on Housekeeping and handling of Regulated waste.

Housekeeping

Spills/Cleanup: Clean-ups are handled by the custodial staff by phoning 71 from an intracampus phone. The only exception to this policy is for a spill that occurs during an intercollegiate competition that impacts the progression of the event. In this instance, the athletic training staff is prepared to deal with the clean-up in order to allow the event to continue (See Appendix IX for clean-up procedures). In the event a spill occurs in the pool area, the following procedures apply:

- a) In the water:
 - 1) Blood and vomit: Call 71 for necessary clean-up. Swimming can resume as soon as clean-up is complete.
 - 2) Fecal matter: Clear all swimmers from water and call 71 for clean up. The pool must remain closed until clean-up has occurred. Super chlorinate (breakpoint chlorinate) the pool, which is raising the levels of chlorine to 10 times the combined chlorine amount. Hand feed a small amount of chlorine in the vicinity of the accident. Pool can be re-opened when chlorine levels return to normal (.6-5.0).
- b) On the deck area (in which there is no contamination of the water): Cordon off area, call 71 for clean-up, apply bleach to the surface area after the clean-up has occurred. Swimmers do not need to exit the water.

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, and contain appropriate labeling or color-coding (see Labels section). All regulated waste containers are closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps containers are red, capped, puncture-resistance, leak-proof containers located in the Alumni and Stadium Athletic Training Rooms.

Contaminated Waste bins are Aluminum cans lined with “Red Bags.” They are located in the Alumni Athletic Training room. Red bags are used to hold contaminated waste in the Stadium Athletic Training Room, Recreation and Intramurals Office, and the Special Events Office, and the Equipment Room, but are transferred to the Alumni Athletic Training Room metal can as soon as is feasible.

Procedure for Regulated Waste Disposal:

All regulated waste (non-sharps) is placed in red biohazard bags and sealed. Sealed biohazard bags are then placed in the metal contaminated waste bin in Alumni Athletic Training Room. Likewise, full sharps containers are capped and placed in the same metal bin. (Contaminated waste bags from Clark Hall, the Stadium Athletic Training Room, Equipment Room, and the Recreation and Intramural Office are transferred to the Alumni Athletic Training Room contaminated waste bin for storage and disposal). When the metal bin fills up, the contents are sealed in the outer Red Bag that lined the metal bin. This bag is then placed in an “Infectious Waste” disposal box provided by BioClean, the company contracted to pick up and dispose of contaminated waste materials for the Division of Athletics. The disposal box is sealed and awaits pick-up by BioClean. Pick-up occurs on the Tuesday following notification of BioClean by a certified athletic trainer. New disposal boxes are delivered to the athletic training room upon request.

BioClean
382 High Street
Buffalo, NY 14204
(716) 886- 6000

Laundry

The following contaminated articles will be laundered in either of the two Division of Athletics equipment rooms (Alumni Arena Equipment Room or the Stadium Equipment Room):

Towels
Uniforms/Practice attire

(Note: Towels or uniforms that contain minimal blood or bodily fluids will be treated with an approved product for blood clean-up/organic stain remover (i.e. Bloodbuster, Formula 10, or other such product), then laundered. Items that are blood soaked (i.e. have the potential of dripping or leaking) will be disposed of in the contaminated waste bin rather than laundered).

Laundering will be performed by Patty Murphy or staff member (Alumni Arena equipment room) or Dave Borsuk or staff member (Stadium equipment room) as soon after contamination as is feasible.

Universal Precautions Procedures must be followed when handling contaminated laundry.

Labels

The following labeling method(s) is/are used in this facility:

<u>Equipment to be labeled</u>	<u>Label type (size, color)</u>
BioClean boxes	Universal Biohazard symbol with “Infectious Waste” written on them
Red Bags	Red with Universal Biohazard symbol
Sharps Containers	Red with the Universal Biohazard symbol

Sue Rocque, Head Athletic Trainer, will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Sue Rocque if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Hepatitis B Vaccination

Laurie Barnum, Associate Athletic Director, Internal Operations/Senior Woman Administrator, will set up training for employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

Employees have the following options to get the hepatitis B vaccination:

1. Utilize the vaccination clinic offered by the Division of Athletics.
2. Receive the vaccination from a personal physician at the employee’s expense, provided

documentation of the shot is submitted to Martha Boyer, Human Resources Manager in the Division of Athletics.

3. Receive the vaccination by contacting Dr. Hughes at ECMC (see contact information below).
4. Decline the vaccine and sign the annual declination waiver.

If an employee chooses to decline vaccination (option 4), the employee must sign a waiver form (see Appendix V). Employees who decline may request and obtain the vaccination at a later date, per the above mentioned options. Documentation of refusal of the vaccination is kept 1) in the Division of Athletics Human Resources office (for employees), or 2) at Michael Hall Student Health Services (for students).

Vaccinations will be provided to all employees through Dr. Hughes at ECMC and to all students by the Student Health Center at Michael Hall. Students should make personal appointments with Michael Hall to receive the immunizations. The Division of Athletics will coordinate immunization sessions for the staff.

Contact information:

Dr. Hughes at ECMC	(716) 898-4153
Dr, Hughes at Windsong Medical Park	(716) 631-9600
Student Health Services	(716) 829-3316

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, the employee or student must contact his/her direct supervisor if the supervisor is readily available. If the supervisor is not readily available, evaluation/care should not be delayed. Seek medical assistance and report the incident to the supervisor as soon as is feasible. Please see Appendix II on Exposure Policies.

Exposures should be reported to the following individuals/departments:

All **Certified Athletic Trainers** and **Division of Athletics employees** should report exposure incidents to

1. their immediate supervisor
2. Department/sport supervisor within the Division of Athletics
3. Martha Boyer, Division of Athletics Human Resources Manager
4. Kelly Haidar, Administrative Operations Manager at Environment, Health and Safety Services (Martha Boyer will forward a report to Kelly Haidar)
5. the State Employee Accident Reporting System (ARS) maintained by the New York State Department of Civil Service (Employee is responsible for reporting to ARS)

All **Athletic Training students** should notify

1. their direct supervising certified Athletic Trainer

2. Sue Rocque, Head Athletic Trainer
3. Paula Maxwell, Athletic Training Program Director
4. the Michael Hall Student Health Services

Contact information for the above individuals/ departments:

Sue Rocque	(716) 645-3438
Paula Maxwell	(716) 829-2941 ext. 405
Kelly Haidar	(716) 829-3301
NYS Accident Reporting System	1-888-800-0029 (24 hrs.)
Martha Boyer	1-800-421-1220 (Relay Service) or (716) 645-6875
Student Health Services	(716) 829-3316

An immediately-available, confidential medical evaluation and follow-up will be conducted by physicians or medical staff members at the nearest hospital emergency room. It is strongly recommended that the initial medical evaluation be conducted at Millard Fillmore Suburban Hospital or Erie County Medical Center (ECMC), both equipped with 24-hour exposure assistance. Follow-up counseling is provided by ECMC. If the incident occurs while the employee is traveling to an away contest, exposures should be evaluated at the nearest emergency facility. The employee or student should never wait until he/she returns to Buffalo to seek evaluation and/or care. It is strongly recommended that medical care be sought within the first two hours after an exposure in case prophylactic medication is indicated.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law). (Students: see Post-Exposure Source Patient Form in Appendix III).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity. Document that the source individual's test results were conveyed to the employee's health care provider. If possible, request that the source patient accompany you to the Health Care facility for evaluation.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident and test blood for HBV and HIV serological status. (Students: see Post-Exposure Health Care Worker Form in Appendix III).

- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-Up

If requested, the immediate supervisor of the employee ensures that the health care professional evaluating the employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The attending hospital or the Human Resources Office (if the information is available to them) provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Kelly Haidar, Administrative Operations Manager, and Laurie Barnum, Associate Athletic Director, Internal Operations/Senior Woman Administrator, will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (athletic training room, triple gym, etc.)
- Procedure being performed when the incident occurred
- Employee's training

Martha Boyer, Human Resources Manager, will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log. All incidents will also be reported to Kelly Haidar.

If it is determined that revisions need to be made, the Exposure Control Committee will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices,

adding employees to the exposure determination list, etc.). Employees are afforded the opportunity to provide input to their supervisors regarding safety/protective devices and are strongly encouraged to make requests for more effective protective devices within the areas in which they work.

Employee Training

All employees who have occupational exposure to bloodborne pathogens (see Appendix IV for list) receive Bloodborne Pathogens training conducted by Occupational and Environmental Safety Services at the University at Buffalo as organized by the Division of Athletics (for employees) and by the Athletic Training Program Director (for Athletic Training students) on an annual basis.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard.
- An explanation of our ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices and PPE.
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color-coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers with the person conducting the training session.

Recordkeeping

Training records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years with Laurie Barnum, Associate Athletic Director, Internal Operations/Senior Woman Administrator, as well as in the Office of Occupational and Environmental Safety Services. Athletic Training students' records will be maintained in the Athletic Training Program Director's office.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Laurie Barnum, Associate Athletic Director, Internal Operations/Senior Woman Administrator.

Medical records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Martha Boyer, Human Resources Manager, is responsible for maintenance of the required medical records. These confidential records are kept at the Business Office of the Division of Athletics for at least the duration of employment plus 30 years. Student medical records are kept in Student Health Services in Michael Hall.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Martha Boyer, Human Resources Manager.

OSHA Recordkeeping

All exposure incidents must be reported and recorded. Please see the 'Post-Exposure Evaluation and Follow-Up' sections for information on exposure incident reporting.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log (see Appendix VII). The log is maintained by Martha Boyer, Human Resources Manager as well as the Workman's Compensation Office.

All incidences must include at least:

- the date of the injury
- the type and brand of the device involved

- the department or work area where the incident occurred
- an explanation of how the incident occurred.

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Contact Information

Barnum, Laura

Associate Athletic Director, Internal Operations/Senior Woman Administrator
(716) 645-3957

BioClean

382 High Street
Buffalo, NY 14204
(716) 886-6000

Boyer, Martha

Division of Athletics Human Resources Manager
1-800-421-1220 (Relay Service) or
(716) 645-6875

Center for Disease Control and Prevention (CDC)

1-800-232-2522 or 1-888-443-7232
National Immunization Program <http://www.cdc.gov/nip>
Division of Viral Hepatitis <http://www.cdc.gov/hepatitis>

Custodial Clean-Up

Extension 71 (from UB campus)

Dr. Hughes

At ECMC (716) 898-4153
At Windsong (716) 631-9600

Haidar, Kelly

Administrative Operations Manager at EH&S
(716) 829-3301

Maxwell, Paula

Athletic Training Program Director
(716) 829-2941 ext. 405

Maxwell, Robert

Assistant Athletic Director for Facility Operations
(716) 645-3486

MedCo Sports Medicine

1-800-55-MedCo or (716) 695-3244
Brian Ross, ext. 350

Michael, Edward

Director, Recreation & Intramural Services
(716) 645-6871

National Vaccine Injury Compensation Program

1-800-338-2382
<http://www.hrsa.gov/bhpr/vicp>

NYS Accident Reporting System

1-888-800-0029 (24 hrs.)

Rocque, Sue

Head Athletic Trainer
(716) 645-3438

Sellick, Dr. John

UB Student Health Services
(716) 829-3316

Student Health Services

(716) 829-3316

Vaccine Adverse Event Reporting System (VAERS)

1-800-822-7967
<http://www.vaers.org>

Appendix I

Information on Occupational Exposure

Information for Health Care Workers after an occupational exposure

Introduction

As you have been told, the needlestick or other type of contact with blood or body fluids you reported may have exposed you to a bloodborne virus, such as hepatitis B (HBV), hepatitis C (HCV) and/or the human immunodeficiency virus (HIV), the virus that causes AIDS. By reporting the incident and getting medical care, you already have taken an important first step toward helping yourself. During the next few days or weeks you may have questions about your risk of getting infected, the tests that are being done on your blood, the medicine you may be taking and whether you pose a risk to anyone else. It is normal to feel upset and scared after a blood or body fluid exposure. Counseling and emotional support is available to you. Also, this sheet should answer many of your questions.

With your written consent, a sample of your blood will be drawn and tested for HBV, HCV and HIV. This is called a “base-line” test because it tells whether you had an infection before the exposure. Also, if it is learned that you were exposed to one of the bloodborne viruses, you will be asked to return at specified times for follow-up blood testing to find out whether an infection develops and to see whether you are having any side effects from medication that may have been prescribed.

Whom can I tell about the exposure?

When we feel scared or upset, it is natural to want to talk with someone. Clinicians and counselors are here to help, but you also may want to seek support from your family or co-workers. You do have an obligation to keep confidential the identity of the person whose blood you were exposed to but you can talk to others about the exposure if you wish. In general, we suggest that you do not talk to a lot of people; confide only in those you feel you can really trust. If you do become infected with any of the viruses, you would probably prefer that few people know about it.

What do I need to know about HIV confidentiality?

New York State has an HIV Confidentiality Law that requires that you be given certain information about HIV and HIV testing and sign a consent form before your blood can be drawn for HIV testing. With few exceptions, you also must sign an HIV consent form to release that information. Anyone releasing HIV information in violation of the law is punishable by a fine and/or imprisonment.

What is my risk of getting infected with HIV?

More than 99% of health care workers exposed to HIV do not become infected. Among those workers who have become infected, the exposure generally involved a sizeable volume of blood, such as a deep injury with a blood-filled needle. This type of exposure may represent an increased risk for infection.

How will I know whether I become infected?

You will be asked to return for follow-up HIV testing four times over the next 12 months (at 6 weeks, 3, 6, and 12 months.) If your test is still negative after that period of time, you can be virtually assured that you did not become infected from this exposure. If it is learned that the source of your exposure is negative for HIV, you will not need to return for follow-up testing.

Are there symptoms I should look for?

The symptoms of early HIV infection can appear like the flu or other viral infection. During the follow-up period, if you become ill with fever, swollen glands, general achy feeling or other flu-like symptoms, immediately contact the health professional who is following your exposure to help determine the cause of your symptoms.

Is there treatment to prevent me from getting infected?

There is no vaccine to prevent HIV at this time and no treatment that assures protection from infection. However, a combination of several drugs may be prescribed for a short time to try to help your body resist the virus. Information on these drugs is listed on **Sheet A**.

Should I be concerned about spreading HIV to someone else?

Until you know you have not been infected, it is wise to take steps to protect others from exposure to your blood any body fluids. This means you should do the following: Use condoms or abstain from sex; avoid pregnancy; stop breastfeeding; don't donate blood, organs, tissue or sperm; if you are pregnant talk with your obstetrician about risks to your baby.

Appendix II
Post-Exposure Policies/Care Steps

UNIVERSITY AT BUFFALO
Division of Athletics

Policy for STAFF Exposure to Bloodborne Pathogens

1. Please read “Information for Health Care Workers” form before an exposure occurs.
2. If an incident occurs, wash the affected area with soap and water. If the incident is an eye splash injury, flush the eye with water.
3. Go immediately to the nearest Emergency Room with your source patient, if known:

If you are on campus or in the Buffalo area at the time of the exposure, proceed (with your source patient) to the nearest Emergency Department, preferably Millard Fillmore Suburban Hospital or Erie County Medical Center (ECMC).

If you are traveling with a team at the time of the exposure, go to the nearest emergency room (with your source patient) as soon as possible. Do not wait until you are back in Buffalo to seek care.

4. Follow up with care as directed by the Emergency Department personnel.
5. Report the incident to
 - Your immediate supervisor
 - Department/sport supervisor within the Division of Athletics
 - Martha Boyer, Division of Athletics Human Resources Manager
 - Kelly Haidar, Administrative Operations Manager at Environment, Health and Safety Services (Martha Boyer will forward a report to Kelly Haidar)
 - The State Employee Accident Reporting System (ARS) maintained by the New York State Department of Civil Service (Employee is responsible for reporting to ARS)

UNIVERSITY AT BUFFALO
Division of Athletics

Policy for STUDENT Exposure to Bloodborne Pathogens

1. Please read “Information for Health Care Workers” form before your clinical rotations begin.
2. If an incident occurs, wash the affected area with soap and water. If the incident is an eye splash injury, flush the eye with water.
3. Report the incident immediately to your supervising Certified Athletic Trainer and to Sue Rocque, the Head Athletic Trainer.
4. Have your source patient fill out her/his portion of the Source Patient Post Exposure Prophylaxis (PEP) form.
5. Fill out your portion of the Health Care Worker (HCW) PEP form.
6. Call UB Student Health Services (SHS) at 829-3316. If UB SHS is open, please let the appointment scheduler know you have had a bloodborne pathogens exposure and need to be seen ASAP (as a walk-in if necessary). If UB SHS is closed, please proceed (with your source patient) to the nearest Emergency Department.

If you are on campus or in the Buffalo area at the time of the exposure, try to go to Millard Fillmore Suburban Hospital or Erie County Medical Center (ECMC).

If you are traveling with a team at the time of the exposure, go to the nearest emergency room as soon as possible. Do not wait until you are back in Buffalo to seek care.

6. If you are seen first at the UB SHS, please follow up there as directed. If you are seen first at an Emergency Department, please have copies of your lab work sent to Dr. John Sellick, UB Student Health Services, 3435 Main Street, Buffalo, NY 14214. Please then make an appointment with Dr. Sellick by calling 829-3316.
7. Report the incident to the Paula Maxwell, Athletic Training Education Director, as soon as possible.

UNIVERSITY AT BUFFALO
Division of Athletics

Policy for OTHERS (non-student, non-employee) exposed to Bloodborne Pathogens

1. If an incident occurs, wash the affected area with soap and water. If the incident is an eye splash injury, flush the eye with water.
2. Go immediately to the nearest Emergency Room with your source patient, if known.
3. Follow up care as directed by the Emergency Department personnel.
4. Report the incident to the immediate supervisor of the area in which the incident occurred. The supervisor must file an incident report with Martha Boyer, Human Resources Manager.
5. Supervisors or Martha are requested to forward the incident report to Kelly Haidar. Clearly mark on the report that the incident is for a non-employee.

Appendix III
Post-Exposure Forms (for Student Exposures)

(Insert [Health Care Worker Post-Exposure Form](#) Here)

(Insert [Source Patient Post-Exposure Form](#) Here)

Appendix IV
List of Employees

Division of Athletics Employees

Employees with **High Risk** of Bloodborne Pathogen Exposure:

Name	Title	Category
Astudillo, John	M. Soccer Head Coach	High
Baugh, Shannon	Asst. Coach, W. Basketball	High
Beach, Tim	Asst. Track & Field Coach	High
Beavers, Jaclyn	Asst. Softball Coach	High
Beichner, Jim	Wrestling Head Coach	High
Bell, Alan	Staff Asst., Equip. Room	High
Bennett, Timothy	Asst. Coach, W. Swimming	High
Bernas, Michelle	Pro Shop Supervisor	High
Best, Robert	Asst. Football Coach	High
Bittar, Paul	Dir of Football Operations	High
Borsuk, Dave	Stadium, Equip. Mgr	High
Breene, Bill	Baseball Head Coach	High
Bridenbaker, Justin	Cheerleading Coach	High
Browning, Paula	Asst. Athletics Trainer	High
Burke, Patrick	Asst. Coach, Men's Tennis	High
Catrabone, Jeff	Asst. Coach, Wrestling	High
Crispell, Russ	M. Tennis Head Coach	High
Cudeck, Eric	Event Oper. Coordinator	High
Curran, Marie	Softball Head Coach	High
Dees, Andrew	Asst. Football Coach	High
Eckert, Kristine	Asst. Coach, Women's Soccer	High
Esler, Steve	Asst. Coach, Track and Field	High
Fitzsimmons, Edward	Funct. Reconditioning Spec.	High
Garnham Sr., Jim	Volunteer Coach, T&F	High
Gelotte, Melissa	Aerobics/Fitness Coord.	High
Goss, Antonio	Asst. Football Coach	High
Groneman, Ryan	Asst. Coach, Sports Performance	High
Harris, Obadiah	Graduate Assistant, Football	High
Hawkins, Chris	M. Basketball Asst. Coach	High
Heck, Kevin	M. Basketball Asst. Coach	High
Helder, Karla	Diving Coach	High
Hesch, David	M. Soccer Asst. Coach	High
Hill-MacDonald,Linda	Head Coach, W. Basketball	High
Hofher, Jim	Football Head Coach	High
Holmes, Kenyatta	Football Equip. Room Asst.	High
Houseknecht, Kristen	GA, R&I Services	High
Hutchins, Marcus	Open Recreation Coord.	High
Istvan, Roy	Asst. Football Coach	High
Iya, Ladi	Asst. Coach Volleyball	High

Jenkins, Perry	M.Track & Field Head Coach	High
Johnson, Michelle	G.A., Athletic Training	High
Johnston, Douglas	Asst. Coach, Track and Field	High
Jones, Thomas	Asst. Football Coach	High
Kasiman, Fery	Asst. Coach, Women's Tennis	High
Koeppel, Jenny	Student Asst Coach	High
Kurowski, Sue	Facilities Mgt. Asst.	High
Kwitchoff, James	M. Basketball Asst. Coach	High
Labella, Jessica	Athletic Facilities Op. Asst.	High
Ladewski, Julia	Asst. Coach, Sports Performance	High
Larmondra, Daniel	Asst. Coach, Men's Soccer	High
Lockwood, Sue	Recreation Mgt. Asst.	High
Lodes, Jim	Head Coach, W. Volleyball	High
Lyons, Kevin	Pool Technician	High
Majchrowicz, Edward	Equipment Asst.	High
Maxwell, Bob	Facilities & Event Oper. Dir	High
McCarter, Norm	Athletic Facility Ops Manager	High
McGahan, Brian	Athletic Facility Ops-Intern	High
Mitchell, Victoria	W.Track & Field Head Coach	High
Mogridge, Allen	Football Asst.	High
Mollosky, James	Asst. Athletics Trainer	High
Morrone, Kelly	Asst. Coach, W. Basketball	High
Mouyeos, Jason	Head Football Athletic Trainer	High
Murphy, Patty	Equipment Mgr	High
Muscarella, Joe	Clark Hall Coordinator	High
Newill, Brandon	Asst. Wrestling Coach	High
Nugent, Carolyn	Volunteer Coach, T&F	High
Ostermeier, Elizabeth	Asst. Coach, Women's Crew	High
Pethtel, Scott	Asst. Coach, Football	High
Pietri, Cheyenne	Director, Sports Performance	High
Prunty, Megan	Athletic Facilities Op., Stadium	High
Raymond, Adam	Football Video Coordinator	Low
Rocque, Sue	Head Athletic Trainer	High
Rondeau, Andrew	Asst. Coach, Football	High
Ryan, Phil	Strength Coach/Fitness Dir	High
Sandler, Eric	GA, Athletic Training	High
Shipp, Cindy	Building Services	High
Short, Tucker	Asst. Coach, W. Volleyball	High
Smolinski, Dr. Robert	Team Physician	High
Socha, Doug	Asst. Football Coach	High
Tassy, Jean A.	W. Soccer Head Coach	High
Taylor, Mattt	Intern, Sports Performance	High

Termin, Budd	M. Swimming Head Coach	High
Thomas, Jason	GA, Football	High
Thompson, Evelyn	Asst. W. Basketball Coach	High
Titus, Nick	Facilities Coordinator	High
Torgalski, Ron	Asst. Baseball Coach	High
Twist, Kathy	W. Tennis Head Coach	High
Vanderzell, Scott	Asst. W. Swimming Coach	High
Ward, John	Asst. Athletic Trainer	High
Wieler, Andrew	Asst. Coach, Women's Crew	High
Wieler, Rudy	Varsity W. Crew Coach	High
Williams, Aina	Asst. Coach, Women's Crew	High
Witherspoon, Reggie	M. Basketball Head Coach	High
Wright, Ed	Intramurals Coordinator	High
Zabawa, Amy	Cheerleading Coach	High
Zieziula, Nick	Asst. Coach, Men's Tennis	High
Zulawski, Dale	Assistant Athletic Trainer, Athletic Training	High

Employees with **Low Risk** of Bloodborne Pathogen Exposure:

Name	Title	Category
Aiken, Katherine	Dir. Of Technology	No
Applegate, Jeremy	Dir. Of Corporate Sales	No
Asbie, Eddie	Student Relations Coordinator	No
Barnum, Laura	Officer in Charge	No
Boyer, Martha	Human Resources Manager	No
Chamness, Pamela	Football Secretary	No
Chernega, Dave	Recreation Instructor	No
Cruttenden, Kelly	Director of Compliance	No
DeFranco, Lori	Ticket Manager	No
Donnor, Charlie	Asst. Director for Athletic Development	No
Dynas, Jennifer	Office Manager, R&I	No
Feidt, Robert	Asst. Ticket Oper. Manager	No
Frapwell, Joan	Football Office Manager	No
Fuller, Jonathan	Asst. Dir Athletics Com.	No
Gibbs, Heather	Asst R&I Office mgr	No
Glose, Linda	Asst. Dir Compliance	No
Glover, Charles J.	Property Control Manager	No
Goodgain, Tyra	Academic Advisor	No
Gordon, Jason	Academic Advisor, Football	No
Grabowski, Jeremiah	Tech Support	No
Grasevova, Pavla	GA, Human Resources	No
Guistina, Joe	GA, Athletic Communications	No
Hans, Kyle	Administration Secretary	No

Hartmayer, Lauren	Corporate and Ticket Sales	No
Heflin, Michael	Academic Advisor, Football	No
Hernandez, Christina	Asst. AD for Bus. Ops.	No
Hokanson, Paul	Staff Photographer	No
Holohan-Moyer, Irene	Academic Advisor	No
Hurley, Andy	Athletic Development Dir	No
Iak, Marian	Development Secretary	No
Kindron, Patricia	Administration Receptionist	No
King, Stefanie	Compliance Assistant	No
Kowalczyk, Larissa	Bus. Ops. Staff Asst., Procurement	No
Krestos, Carol	Staff Asst. Business Operations	No
LaHaye, Kimberly	Administration Intern	No
Lambert, John	Assoc. AD, External Relations	No
Losowski, Dan	Help Desk Support	No
Lynch, Patt	Compliance Secretary	No
Lyons, Patrick	Senior Financial Aid Advisor	No
Manuel, Warde	Athletics Director	No
Mauck, James	Director of Athletic Bands	No
McNamara, Ellen	HR Manager	No
Meyer, Mary	Basketball Secretary	No
Michael, Ed	R&I Services Dir	No
Michalski, Kathleen	Learning Specialist, Academic Services	No
Peiper, Kellie	Athlete Services Coordinator	No
Reed, Dawn	Marketing Coordinator	No
Rexinger-Kuhn, Jill	Promotion Director	No
Roth, Heidi	Assoc. Dir, Athletic Com.	No
Sanford, Sharon	Dir. Student Athlete Services	No
Smith, Judy	Bus. Op. Calculations Clerk	No
Soules, Sherry	Office Mgr. Athletics Com.	No
Suglia, Robert	Student. Relations Coordinator	No
Triplet, Nick	Network Administrator	No
Tuite, Melissa	Coordinator of Elec. Com.	No
Tyszka, Paul	Lead Programmer	No
Vecchio, Paul	Asst. AD Communication	No
Wallace, Stephen	Athlete Acad. Service Dir	No
Wasko, Ted	Athletic Com. Assist.	No
Wilcox, Andrew	Coordinator Special Event	No
Wilson, Pat	Staff Asst. Academic Serv.	No
Wojtkowski, Leslie	Bus. Oper. Staff Asst.	No
Wudyka, Valarie	Administration Office Mgr	No
Zang, Julie	Staff Asst., Bus. Ops.	No

Appendix V
Hepatitis Waiver Form

Hepatitis B Vaccine Declination Form (Mandatory)

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

Employee Signature

Witness Signature

Name (Printed)

Name (Printed)

Date

Date

(This form will be kept on file with Martha Boyer, Division of Athletics Human Resources Manager).

Appendix VII
Sharps Injury Log

Appendix VII
Exposure Incident Report

EXPOSURE INCIDENT REPORT- Division of Athletics

Please Print

Employee's Name _____ Date ____/____/____

Date of Birth ____/____/____ SS# ____-____-____

Telephone (Home) _____ (Work) _____

Job Title _____

Date of Exposure ____/____/____ Time of Exposure _____ AM ___ PM ___

Hepatitis B Vaccination Status _____

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred:

Describe the circumstances under which the exposure incident occurred:

Name the body fluids, if any, that you were exposed to:

Describe the route of exposure (mucosal contact, contact with non-intact skin, percutaneous):

Describe any personal protective equipment (PPE) in use at time of exposure incident:

Did PPE fail? _____ If yes, how? _____

Identification of source individual(s) name(s):

Other pertinent information:

Complete this form and return to Martha Boyer, Division of Athletics Human Resources Manager, Alumni Arena. This record is to be kept for the duration of the individual's employment plus 30 years.

Appendix VIII
Immunization Information

Immunizations for Athletic Trainers/Division of Athletics Staff

Information on the Hepatitis B Vaccine

Who should get the vaccine and when?

All Certified Athletic Trainers, Student Athletic Trainers and other health care personnel who might be exposed to infected blood or body fluids are required to get the Hepatitis B vaccine.

The vaccine is a series of 3 doses given over a period of 6 months.

First dose- anytime

Second dose- 1 month after the first dose

Third dose- 6 months after the first dose

- If you miss a dose or fall behind schedule, get the next dose as soon as you can. There is no need to start over.
- The Hepatitis B vaccine may be given at the same time as other vaccines.

Who should not get the vaccine or should wait?

The Hepatitis B vaccine should not be taken by individuals if they have ever had a life-threatening allergic reaction to Baker's yeast (the kind used to make bread) or to a previous dose of Hepatitis B vaccine.

Individuals who are moderately or severely ill at the time the shot is scheduled should ideally wait until they recover before getting the Hepatitis B vaccine.

What are the risks from Hepatitis B vaccine?

The risk of Hepatitis B vaccine causing serious harm, or death, is extremely small. Getting the vaccine is safer than getting the disease. Most people who get the vaccine do not have any problems with it.

Mild problems

- Soreness where the shot was given, lasting a day or two
- Mild to moderate fever

Severe problems

- Serious allergic reaction (very rare)

What if there is a moderate or severe reaction?

Serious allergic reactions are extremely rare. If one were to occur, it would be within a few minutes to a few hours after the shot.

Signs may include:

- Difficulty breathing
- Hoarseness
- Wheezing

- Hives
- Paleness
- Weakness
- Fast heart beat
- Dizziness

If any of these signs appear, call a doctor or get a person to a doctor right away. Tell your doctor what happened, the date and time it happened and when the vaccination was given. Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>.

A federal program has been set up for those who have been harmed by the vaccine. For more information on this call the National Vaccine Injury Compensation Program at 1-800-338-2382 or visit their website at <http://www.hrsa.gov/bhpr/vicp>.

How can I learn more?

- Ask your doctor or nurse.
- Call your local or state health department's immunization program.
- Contact the Center for Disease Control and Prevention (CDC)
 - Call 1-800-232-2522 or 1-888-443-7232 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>

Other immunizations required by Certified Athletic Trainers, Student Athletic Trainer and other health care personnel who might be exposed to infected blood or body fluids:

- Tetanus and Diphtheria (Td)
- Measles, Mumps, Rubella (MMR)
- Polio
- Tuberculin (PPD) test done within the past 12 months

Recommended immunizations:

- Meningitis
- Influenza (annually)
- Varicella (if no medical history of chicken pox)

References:

www.cdc.gov/nip/publications/VIS/vis-hep-b.pdf
<http://www.kzoo.edu/healthsv/immunizations.html>

Appendix IX

Blood/Body Fluids Spill Clean-Up Procedures

Blood/Body Fluids Spill Clean-Up Procedures for Athletic Training Staff

A. Athletic Trainers' Responsibilities

Athletic Trainers should clean up spills only if the spill occurs during an intercollegiate event **and** the spill impacts the progression of the event **and** other trained personnel are not immediately available to perform the clean-up.

B. Clean-up/Decontamination Procedure

1. Always wear gloves. If there is potential for splattering, also use other PPE (i.e. gown, goggles). Take care not to step in the spill. If shoes become contaminated, they must be cleaned prior to tracking contamination elsewhere.
2. First remove visible matter
 - i. For fluids, use disposable towels or other appropriate means that ensure against direct contact with the fluid.
 - ii. For glass or other sharps, use a broom and dustpan (or cardboard). Place glass/sharps in the sharps container located in the athletic training room.
3. Place all soiled towels or other non-sharp, contaminated materials in a red biohazard bag. Double bag if necessary (i.e. dripping occurs or the outer bag becomes soiled).
4. Spray the area with the 1:10 (one in ten) dilution of household bleach and water* (located under the sinks in both athletic training rooms). Using paper towels or other absorbent cloths, wipe the area clean/dry. Repeat the process using fresh towels. Dispose of towels in the red biohazard bag.
5. Place biohazard "red bags" in the aluminum biohazard container in Alumni athletic training room.
6. Soiled cleaning equipment (i.e. brooms, mops) should be disinfected with the 1:10 solution or placed in an appropriate container for disposal according to University policies.
7. When there is no longer any risk of exposure, remove gloves and other PPE and place them in the aluminum biohazard container.
8. After gloves are removed, wash hands thoroughly with warm water and soap.
9. Refer to laundering procedures in the Exposure Control Plan if clothing becomes soiled.

C. Reporting

Report any exposures to appropriate supervisory personnel as outlined in the Exposure Control Plan.

* 1:10 dilution is created by adding approximately one to one and a half cups of bleach to one gallon of water.