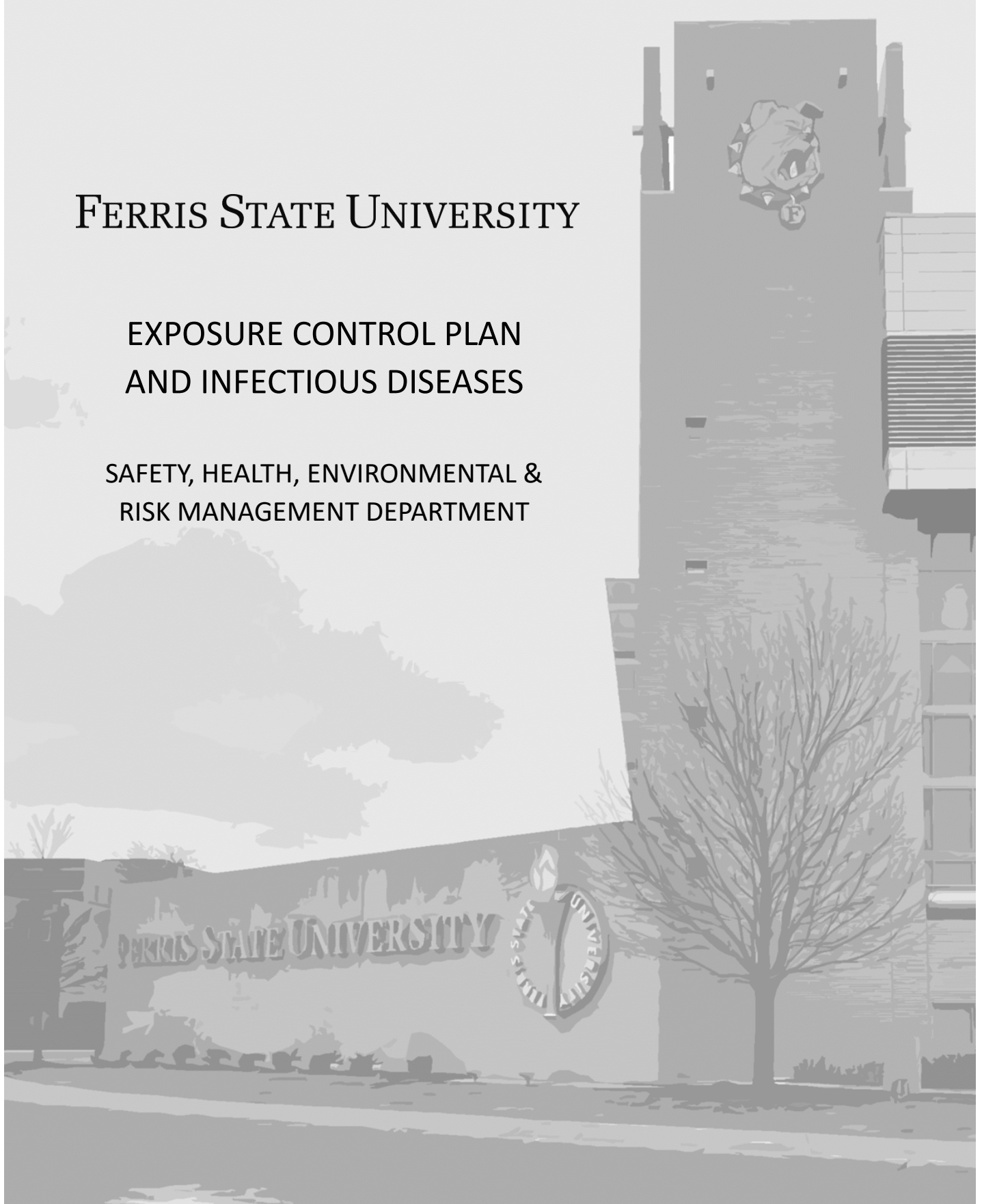


# FERRIS STATE UNIVERSITY

## EXPOSURE CONTROL PLAN AND INFECTIOUS DISEASES

SAFETY, HEALTH, ENVIRONMENTAL &  
RISK MANAGEMENT DEPARTMENT



Revision 03.18.2025

This document can be found: <https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/homepage.htm>

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## PURPOSE

The purpose of this program is to provide a comprehensive infection control system that maximizes protection against communicable diseases for all employees at Ferris State University, promote safe work practices, ensure medical treatment, and minimize injury and illness experienced by employees. Universal precautions shall always be observed whenever working with any body fluids and other potentially infectious material. In addition, the goal of this program is to:

- Provide each Department or College with the information needed for compliance within their perspective areas.
- Assist Departments or Colleges with training and education requirements for all affected employees on the types, transmission, cause, and effects of infectious diseases; appropriate steps to decrease exposure risk; and follow-up procedures if exposure occurs.
- Provide each Department or College with immunization requirements and personal protective equipment (PPE) requirements for protection from communicable diseases.
- Prohibit discrimination of any member for health reasons, including infection or seroconversion, or both, with HIV, HBV, or HCV.
- Regard all medical information as strictly confidential.

Relative to the above goals, MIOSHA has enacted the Bloodborne Infectious Disease Standard (Part 554). The purpose of this standard is to “reduce” occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter in their workplace.

## DEFINITIONS

Biologically hazardous conditions: means equipment, containers, rooms, materials, and experimental animals, animals infected with HBV or HIV virus, or combinations thereof that contain, or are contaminated with, blood or other potentially infectious material.

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 hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Category A Employees: Per MIOSHA’s Bloodborne Infectious Diseases Standard, Category A employees are all employees who have duties which potentially expose them to blood or other potentially infectious material are determined to have a reasonably anticipated risk of exposure to bloodborne pathogens and are acknowledged in this Exposure Control Plan.

Clinical laboratory: means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

Contamination: means the presence of an infectious agent on body surfaces, also on clothes, instruments, surfaces and tools or other inanimate articles or substances including water, food,

other liquids, and solids. The presence of foreign material that adulterates or renders impure a material the composition of which is thereby degraded.

Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface. To make impure or unsuitable by contact or mixture with something unclean.

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

Contaminated sharps: means any contaminated object that can penetrate the skin, including any of the following:

- Needles
- Scalpels
- Broken glass
- Exposed ends of dental wires and dental tools

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.

Disinfect: means to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.

Engineering controls: means controls, for example, sharps disposal containers, self-sheathing needles, or safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, which isolate or remove the bloodborne pathogen hazard from the workplace.

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. "Exposure" Proximity or contact with a source of a disease agent in such a manner that effective transmission of the agent or harmful effects of the agent may occur.

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

Handwashing facilities: means facilities that provide an adequate supply of running, potable water, soap, and single-use towels or a hot-air drying machine.

Licensed health care professional: means a person whose legally permitted scope of practice allows him or her to independently perform the activities required by MIOSHA Part 554 Bloodborne Infections Diseases R 325.70013 Rule 13 concerning hepatitis B vaccination and post-exposure evaluation and follow-up.

OPIM: Other Potentially Infections Material - Other potentially infectious materials include:

- Semen,
- Vaginal secretions,
- Amniotic fluid,
- Cerebrospinal fluid,
- Peritoneal fluid,
- Pleural fluid,
- Pericardial fluid,
- Synovial fluid,
- Saliva in dental procedures,
- Any bodily fluid that is visibly contaminated with blood,
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Personal protective equipment: or “PPE” means specialized clothing or equipment that is worn by an employee to protect him or her from a hazard. General work clothes, such as uniforms, pants, shirts, or blouses that are not intended to function as protection against a hazard are not considered personal protective equipment.

Regulated waste: means any of the following:

- Liquid or semi liquid blood or other potentially infectious material.
- Contaminated items that would release blood or other potentially infectious material in a liquid or semi liquid state if compressed.
- Items that are caked with dried blood or other potentially infectious material and which can release these materials during handling.

Contaminated sharps: Pathological and microbiological waste that contains blood and other potentially infectious material.

SHERM: Safety, Health, Environmental and Risk Management

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

Universal precautions: means a method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, and other bloodborne pathogens.

Work practices: means controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed

## **DUTIES AND RESPONSIBILITIES**

### **Ferris State University**

It is the responsibility of the employer, Ferris State University, to:

- Provide required PPE at no cost to employees.

- Ensure hand washing facilities or an appropriate alternative are available to employees with exposure.
- Provide for the cleaning, laundering, or disposal of applicable PPE at no cost to the employee.
- Provide the option for hepatitis B vaccination to Category A employees at no cost to them.
- Provide medical evaluations and counseling as needed to any employee who has had work-related exposure.

### **Department/College**

It is the responsibility of each applicable Department or College to:

- Develop SOPs or specific instructions for working with OPIM as needed
- Maintain a list of Category A employees.
- Provide input as desired or needed to help improve this program.
- Ensure that this program is available to all employees that meet Category A requirements.
- Ensure each of their Category A employees receives initial training and the option to get their hepatitis B vaccination within 10 working days of when exposure may occur and annual training. All training documents shall be kept for the following 3 years.
- Ensure employees comply with this program.
- Ensure each area where BBPs may be present is maintained and in a clean sanitary condition.
- Ensure each Category A employee signs a declination form or receives vaccine.
- Ensure that if a work-related exposure occurs, and the source individual provides consent, the source individual's blood is tested as soon as possible to determine HBV or HIV infectivity. If consent is not obtained from the source individual, the Department or College shall document this in the exposure report. See Appendix E and Appendix F.
- Ensure eye wash stations and emergency showers are flushed and inspected.
- Provide appropriate protection and procedure for any new exposure or exposure not identified in this program.

### **SHERM Department**

It is the responsibility of the SHERM Department to:

- Review and update this document.
- Be a resource for any Department or College if assistance or guidance is needed regarding compliance or questions on this policy, MIOSHA Part 554 – Bloodborne Infectious Diseases, or anything else related to this topic.
- Recommend appropriate PPE requirements as a baseline for working with BBPs.
- Maintain an injuries log that includes work-related sharps injuries specifically identified.

### **Ferris State University Employees**

It is the responsibility of each employee to:

- Comply with this program.

- Always follow universal precautions when working with or near blood or other potentially infectious materials.
- Wear any required PPE for the job/task that they are doing.
- Sign a declination form, if the category A employee does not wish to receive the HBV vaccination for any reason.
- Report all work-related exposures and injuries immediately.

## **Occupational Health**

It is the responsibility of the Occupational Health to:

- Maintain and keep confidential all applicable medical records for all employees, as it applies to this program, for the duration of employment plus 30 years.
- Provide hepatitis B vaccination series to Category A employees, when applicable.
- Provide post-exposure testing, when applicable.

## **EXPOSURE DETERMINATION**

The SHERM Department originally determined which job classifications include potential exposure to bloodborne pathogens with a job description. The exposure determinations are made without regard to the use of personal protective equipment. Job classifications which have been determined to have a reasonably anticipated risk of exposure to blood borne pathogens, either by the nature of the occupation or by specific tasks, which an employee is required to perform as part of their job.

Information regarding job classifications, which are covered by the provisions of the Exposure Control Program, will be updated/reviewed annually or as needed based on information received from affected departments.

### **Category "A" Job Classifications**

Ferris State University employees in the following job classifications have reasonably anticipated risk of exposure to bloodborne pathogens:

- Plumbers
- Custodians cleaning of body fluids and other Bio-matter
- Maintenance Worker for Pools and Public Restroom cleaning activities
- Law Enforcement Officers - Medical first aid provider, prisoner exposure
- Clinical Faculty and Staff – Direct exposure to bloodborne pathogens

*NOTE: First aid training is often available to all staff. Unless a job description specifically requires the employee to be trained to respond to first aid situations, then that job does not fall within the requirements of this program. If an employee exposure occurs from a non-job-required first aid situation, that exposure would fall under a Good Samaritan act. Reference: MIOSHA/CET-5240 (02/15)*

### **Exposure Considerations and Controls**

Emergency eyewash stations: Are near workstations where employees perform tasks that are known to produce splashes of potentially infectious materials. Eyewash stations should meet the MIOSHA Standards Requirements. *NOTE: The eyewash station must be flushed on a regular basis. A log documenting the flush is required.*

Handwashing facilities: Are available to the employees who incur exposure to blood or other potentially infectious materials. MIOSHA requires that these facilities be readily accessible after incurring exposure. At the Ferris State University, handwashing facilities will be described in the local area supplement (if applicable).

Restrooms: nearest available to location. Notify supervisor and close until decontaminated.

Upon providing first aid or incurring exposures when handwashing facilities are not feasible, the Department or College shall arrange to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel or antiseptic towelettes. If these alternatives are used, the affected employee shall wash their hands with soap and running water as soon as feasible.

After removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water for at least 30 seconds or longer if greater exposure occurs.

*If employees incur exposure to their skin or mucous membranes, then the employee shall need to wash and or flush with water as soon as feasible following contact.*

Needles: Needles are not used in Ferris State University, except by trained and authorized employees. If needles are used, they shall not be recapped unless required by a medical procedure, must not be bent or broken and must be disposed of in a labeled, closeable, leak-proof, puncture-resistant container and treated as a Biohazard (Sharps Container)

Sharps containers: are used, when appropriate, to properly store and dispose of sharps in areas of known occupational use. Approved sharps containers are designed to isolate the cut or puncture hazard associated with handling sharp items. Approved sharps containers are puncture-resistant, red in color or labeled with a biohazard warning label, leak-proof on the sides and bottom, and closable

Work Area Restrictions: In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Personal Protective Equipment: All personal protective equipment used in patient treatment, applicable trades' work, housekeeping involving blood or OPIM by a Ferris State University employee shall be provided without cost to employees. Employee personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. PPE minimal requirements are listed in Appendix A, B, and C.



All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. Repairs and replacements of any PPE shall be made by the employer at no cost to employees.

All personal protective equipment will be removed prior to leaving the work area. If visibly contaminated, the equipment shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

If an employee were to have another person's blood or OPIM splash or soak their clothing, they would remove the contaminated clothing as soon as possible. This clothing would be laundered at no cost to the employee. The clothing would be identified as contaminated and any employee, of any employer or company, exposed to it would be notified and protected from exposure.

Disposable gloves used are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

NOTE: All contaminated PPE, equipment, and clothing shall be put into approved Biohazard containment bags and disposed of, or laundered, per standards and regulations.

Housekeeping: First aid kits and areas involved in a first aid incident will be cleaned and decontaminated in accordance with their Department or College procedure. For areas that do not have a specific procedure, the requirements available in Appendix B and C shall be used. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Regulated Waste Disposal: All bins, pails, cans, and similar receptacles for regulated waste disposal with any area normally involved in first aid shall be appropriately colored or labeled as containing biohazards and shall be inspected, emptied, and decontaminated on a regularly scheduled basis, set by the applicable Department or College.

Disposal of feminine hygiene products and bandages or tissue used in self-administered first aid (bloody nose, small cut) are not considered regulated waste and will be disposed of in the normal waste stream.

It is up to each Department or College to maintain a bio-waste storage room meeting the requirements for regulated waste. (See the [Medical Waste](#) guidance document) These areas are used for secure storage of regulated waste waiting for disposal pick-ups. The SHERM department can assist with identifying these areas upon request.

### **Contingency Plans:**

Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up. See Appendix A, B, and C.

### **Hepatitis B Vaccine:**

All employees who have been identified as having exposure to blood or OPIM will be offered the hepatitis B vaccine, at no cost to the employee. The vaccine will be offered from the Department or College's supervisor to the Category A employee within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or OPIM. Occupational Health Services will provide the hepatitis B vaccine series.

Employees who decline the hepatitis B vaccine shall sign a copy of the attached waiver (see Appendix D).

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Department or College has responsibility for ensuring that the vaccine is offered, or the declination forms are signed.

### **Post-Exposure Evaluation, Counseling, and Follow-Up:**

If an employee has an exposure incident, report the incident to the supervisor immediately. (See [Employee Incident](#) Report) Additionally, complete appendix E and F forms for all BBP and OPIM exposures.

All employees who incur an exposure incident shall be offered post-exposure evaluation along with follow-up by a Licensed Health Care Professional at local occupational wellness clinic (such as Med1 or Corewell Occupational Health), or the local Emergency Room in accordance with the MIOSHA Occupational Health Bloodborne Infections Diseases Part 554 Standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual.
- The blood of the source individual shall be tested (after consent obtained) for HIV/Hepatitis infectivity as medically necessary.

Results of testing of the source individual shall be made available to the employer's healthcare professional and exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

The employee shall be offered the option of having his or her own blood collected for testing of their HIV/Hepatitis serological status. The blood sample will be preserved for 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

However, if the employee decides prior to the time that testing was or shall be conducted then the appropriate action can be taken, and the blood sample discarded.

The employee shall be offered post exposure prophylaxis (PEP) in accordance with the current recommendations of the U.S. Public Health Service in consultation with a licensed physician treating the exposed employee.

The employee shall be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident. Counseling on risk reduction and the risks and benefits of HIV testing in accordance with state law. The employee shall also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

For complete information on occupational exposure, please reference CDC guidelines, located here: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

### **Students Exposed (Non-Employee) in Class/laboratory**

- Student reports exposure to instructor.
- Instructor or Clinic Staff identifies source patient and requests completion of APPENDIX F - SOURCE INDIVIDUAL BBP EXPOSURE CONSENT FORM.
- If a medical history is available for the Source Individual, obtain consent to send the history to the Birkam Health Center. [Example of Dental Hygiene Consent form](#)
- Send Source Individual for testing:
  - Student Source Individuals can be sent to Birkam Health Center or local medical facility for testing.
  - Non-students treatment or testing at local medical facility with test results sent to Birkam Health Center at: [birkamHC@ferris.edu](mailto:birkamHC@ferris.edu), Fax: (231)591-5970, Phone: (231)591-2614 (Press 3 for the Nurse Line)
- Exposed student completes APPENDIX E - BLOODBORNE PATHOGEN EXPOSURE REPORT.
- Students are sent to Birkam Health Center or local medical facility for treatment and/or testing.
- Instructor or Clinic Staff completes [Non-Employee/Student Incident Form](#)
- Send copies of completed incident reports to SHERM Department.
- The Birkam Health Center manages exposed student's treatment and care.

### **Interaction with Health Care Professionals:**

The health care professional who is responsible for the hepatitis B vaccination is provided with a copy of these rules and appendices. Written opinions are provided to the SHERM Director.

Written opinions will be provided in the following instances:

- When the employee is sent to obtain the Hepatitis B vaccine.
- Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall limit their written opinions to:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion of the employer is not to reference any personal medical information.)

## **TRAINING**

Training for all Category A employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur and shall be set up by the employees' Department or College. Training will be conducted in the following manner:

Training for employees shall include an explanation of:

- Any limitations on the employee's use of personal protective clothing or equipment.
- The MIOSHA Part 554 Bloodborne Infectious Disease Standard
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This Exposure Control Plan, (i.e. points of the plan, lines of responsibility, how the plan will be implemented, access to the plan, etc.)
- Procedures, which might cause exposure to blood or other potentially infectious materials at this facility.
- Control methods that shall be used at the facility to control exposure to blood or other potentially infectious materials.
- Personal protective equipment shall be made available at each facility and whom the employee shall contact concerning its use.
- Post Exposure evaluation and follow-up.
- Signs and labels used at the facility
- Hepatitis B vaccine program (per. Ferris State University procedure)
- Proper disposal of any contaminated clothing, equipment, and PPE
- How to handle and search for Sharps

The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood of exposure, and which will be used in the employee's work.

Training may include but is not limited to:

- Ferris State University Blood Borne Infectious diseases procedures, policies
- Personal protective equipment demonstration
- Employees will review the Ferris State University Exposure Control Plan
- Department or College's additional procedures or SOPs
- MIOSHA Part 554 Blood Borne Infectious Diseases Standard

NOTE: This training shall be given annually to all Category A employees as designated in the Exposure Determination section.

### **Training Records:**

The Department or College shall maintain a record for each employee with occupational exposure to include:

- Date(s)
- Summary of Contents
- Names and qualifications of trainers
- Names and job titles of all trainees
- Maintain records for three (3) years

All training records shall be sent to the SHERM Department.

## **RECORDKEEPING**

The SHERM Department shall maintain in the Worker's Comp file, a record for each employee with occupational exposure to include:






- Name
- Hepatitis B vaccine from status
- Copies of any past exposure/evaluation or follow-up
- Employer shall ensure record confidentiality
- Kept for duration of employment plus 30 years

### **Guide to Applicable Regulations:**

- MIOSHA Occupational Health rule 325.70001-70018, Bloodborne Infectious Diseases
- MIOSHA Part 554 Bloodborne Infectious Diseases (as amended 6- 28-01)
- TB FACT SHEET: RESPIRATORY PROTECTION, MIOSHA CET 5880- 3/04
- MIOSHA Part 451 Respiratory Protection

## APPENDIX A:

### PPE REQUIRED FOR WORKING WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL

	PPE	Examples	Requirements and Additional Info
1	Hand Protection 	<ul style="list-style-type: none"> <li>Nitrile Disposable Gloves</li> <li>Rubber Gloves</li> <li>Puncture Resistant Gloves</li> </ul>	Employees shall wear gloves if there is a reasonable anticipation of direct skin contact with blood, other potentially infectious material, mucous membranes, or nonintact skin of patients, or during any cleanup of BBP, including OPIMs.
2	Eye Protection 	<ul style="list-style-type: none"> <li>ANSI Z87 Safety Glasses</li> <li>ANSI Z87 Safety Goggles without vents</li> </ul>	Employees shall wear eye protection as appropriate if splashes, sprays, spatters, droplets, or aerosols of blood or other potentially infectious material may be generated and if there is a likelihood for eye contamination. If working with liquid material at or above the waistline, goggles shall be worn, or if splashing is possible.
3	Body Protection 	<ul style="list-style-type: none"> <li>Tyvek Suit</li> <li>Tyvek Booties</li> <li>Rubber Apron</li> <li>Gowns or Lab Coats</li> <li>Specialty Clothing/Uniforms</li> </ul>	Employees shall wear gowns, lab coats, aprons, clinic jackets, or similar outer garments where appropriate if there is a reasonably anticipated exposure. Such clothing shall protect all areas of exposed skin that have a significant likelihood for contamination. The type of characteristics will depend upon the task and degree of exposure anticipated.
4	Face Protection 	<ul style="list-style-type: none"> <li>ANSI Z87 Face Shield</li> <li>Chin-Length face shield</li> </ul>	Employees shall wear masks or chin-length face shields as appropriate if splashes, sprays, spatters, droplets, or aerosols of blood or other potentially infectious material may be generated and if there is a likelihood for nose or mouth contamination.
5	Respiratory Protection 	<ul style="list-style-type: none"> <li>N95 respirator or cartridge equivalent</li> <li>Powered Air Purifying Respirator (PAPR)</li> <li>Surgical mask</li> </ul>	Employees shall wear respiratory protection when there is known exposure to someone with an infectious disease, or likely to have an infectious disease, that is transmitted through respiratory routes of entry. Surgical masks shall be worn when appropriate in the perspective clinical procedure.

## APPENDIX B:

### PROCEDURE FOR ROUTINE WORK WITH OR NEAR BLOODBORNE PATHOGENS

Routine work: Routine work is described as the following, *in which no exposure occurs:*

- During routine cleaning: custodians may encounter small drops of blood and feminine hygiene receptacles with used products. If normal bathroom cleaning procedures are followed when dealing with these situations, there is no risk of exposure to bloodborne pathogens. When trace amounts of blood or other potentially infectious materials, or body fluids which are potentially OPIMs, the following procedure applies.
- During routine medical, dental, and other clinical operations: clinicians may encounter small quantities of blood or other potentially infectious material, including saliva in dental procedures, the following procedure applies.
- During routine inspection, maintenance, construction, repair, and installation of plumbing-related and pool-related activities, it is unlikely that any BBP or OPIMs are present. If there may be trace amounts of blood or other potentially infectious materials discovered, the following procedure applies.
- Generally, any routine work that involves exposed blood or other potentially infectious material below 10 mL (about 2 teaspoons worth).

#### Minimum PPE Requirements

Face Protection	Hand Protection	Eye Protection	Clothing
A face shield is only needed if cleaning directly above you, or there is any risk of splashing.	Nitrile disposable gloves or disposable impervious rubber gloves are acceptable.	Safety glasses with side shields are acceptable.	Personal clothing, normal medical clothing, scrubs, lab coats, aprons, or similar are acceptable.

*NOTE: Surgical masks shall be worn when appropriate in the perspective clinical procedure.*

#### Procedure:

1. Always wash your hands with soap and water before handling the required PPE.
2. Inspect all equipment and PPE before use. Look for any imperfections, tears, holes, rips, or other concerns. Put on inspected PPE.
3. Identify all areas where BBPs could exist and what exposure could occur if coming in contact with it.
4. Identify if there are any sharps or objects that could puncture the skin if contact were to occur.
  - a. Cleaning operations: If there are any sharps or objects that need to be cleaned up or removed, utilize tongs or a pan with a brush to clean up as much as possible. Never pick up a used needle, broken glass, or sharp object by hand, even if a glove is worn.
  - b. Clinical operations: If working with a patient, and having to use sharps (needles, dental instruments, etc.), always be mindful of the sharps' point. Never attempt to touch the sharps' point with a gloved hand. Always set items down in a safe way.

If you have to turn or move with a sharps object, always look where you need to go before turning or moving, so as not to accidentally stick someone who is nearby. If needing to recap a needle used for clinical operations, one-handed scooping methods are only permitted. Self-sheathing needles or recapping devices are preferred. Always place used needles in sharps containers immediately.

5. Always utilize a minimum of 2 layers of protection when having to come in contact with fluids on surfaces, typically a gloved hand and some means of an absorbent material or cloth.
6. If any tools are used, whether a broom pan to pick up broken glass or dental instruments, they will need to be properly disinfected or sterilized, or brought to a place where disinfecting or sterilization can occur.
7. If any surfaces come in contact with body fluids, tools, contaminated PPE, instrumentation, or anything else with potential BBPs, it will need to be properly disinfected or sterilized.
8. To disinfect surfaces, EPA-registered disinfectants or antimicrobials shall be used. This list can be found here: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
9. Ensure each chemical used, whether a liquid, spray, or wipe, has an adequate contact time, typically 10 minutes.
10. Since there is no significant source of BBPs, all (non-sharps) waste can be disposed of in a regular trash receptacle. If desired, it can be bagged separately and disposed of normally.
11. Minimize contact with gloved hands to any surface, as any surface touched with contaminated gloves will need to be adequately disinfected.
12. To remove your gloves, grab near the wrist, without touching any skin, and pull away from your body, turning the glove inside out as it rolls off your hand. Then, ball up the glove solely with your gloved hand, inside the palm of the gloved hand. Grip under the cuff of the gloved hand, being careful not to touch the outside surface, and gently roll off the glove, turning it inside out as you pull the glove off. Immediately discard the glove.
13. If no other contact with BBPs occurred with any other source of PPE, immediately wash your hands with a generous amount of soap and water. Scrub under fingernails and between fingers, along with the backside of your hands and past your wrist where your gloves stopped.

*NOTE: If any exposure to mucous membranes, open wound, or sharps injury occurs, a Bloodborne Pathogen Exposure Report (Appendix E) must be filled out within 1 hour of contact.*



## APPENDIX C:

### PROCEDURE FOR NON-ROUTINE WORK WITH BLOODBORNE PATHOGENS

Non-routine work: Routine work is described as the following, *in which no exposure occurs*:

- When a blood spill or accident occurs, and custodial assistance is needed.
- When police response is needed, and first aid is administered from the police officer or medical response (when cleanup is needed).
- When a sample spills, that contains blood or other potentially infectious materials.
- Generally, any non-routine work that involves exposed blood or other potentially infectious material above 10 mL (about 2 teaspoons worth), or any disconnected body tissue.

#### Minimum PPE Requirements

Face Protection	Hand Protection	Eye Protection	Clothing
A face shield is required whenever splashing could occur. A CPR mask is required, <i>if readily available</i> , for giving CPR and if authorized and certified to perform CPR.	Nitrile disposable gloves or disposable impervious rubber gloves are acceptable. Puncture-resistant gloves are recommended for any law enforcement tasks where sharps injuries could occur.	Safety glasses with side shields are acceptable. If any splashing is likely to occur, goggles without vents are required.	Medical clothing, scrubs, lab coats, aprons, or similar are acceptable. Normal street clothing shall be covered by Tyvek suits or similar if splashing is a possibility. Booties are needed if walking within contaminated area.

*NOTE: Respirator use is only required when there is known exposure to someone with an infectious disease, or likely to have an infectious disease, that is transmitted through respiratory routes of entry.*

#### Procedure:

1. Mark off the area, so no one walks through, steps on, or accidentally comes in contact with blood or other potentially infectious materials.
2. Always wash your hands with soap and water before handling the required PPE.
3. Inspect all equipment and PPE before use. Look for any imperfections, tears, holes, rips, or other concerns. Put on inspected PPE.
4. Identify all areas where BBPs could exist and what exposure could occur if coming in contact with it.
5. Identify if there are any sharps or objects that could puncture the skin if contact were to occur. If there are any sharps or objects that need to be cleaned up or removed, utilize tongs or a pan with a brush to clean up as much as possible. Never pick up a used needle, broken glass, or sharp object by hand, even if a glove is worn.
6. Always utilize a minimum of 2 layers of protection when having to come in contact with fluids on surfaces, typically a gloved hand and some means of an absorbent material or

- cloth. Use large absorbent pads, absorbent powders found in BBP spill kits, or similar materials that are designed to clean up blood or other potentially infectious materials.
7. All absorbent materials, powders, contaminated items that are being disposed of, shall be disposed of in a red/orange biohazard bag. If biohazard bags are not available, plain red bags can be used.
    - a. All biohazard bags need to be disposed of in accordance with your Department's or College's procedures. If assistance is needed, you can contact the SHERM director for recommendation on biohazardous waste.
  8. If any surfaces, tools, contaminated PPE, instrumentation, come in contact with body fluids or anything else with potential BBPs, it will need to be properly disinfected, sterilized, or disposed of in a biohazard bag.
  9. To disinfect surfaces, EPA-registered disinfectants or antimicrobials shall be used. This list can be found here: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
    - a. Inside spills: Utilize your Department's or College's disinfectant and spray down the surface.
    - b. Outside spills: Attempt to block off any drain, if safe and possible to do so. Utilize your Department's or College's disinfectant and create a 5-gallon bucket solution. This solution will be dispersed across the area once the body fluids/materials are cleaned. Then spray it down with water.
  10. Ensure each chemical used, whether a liquid, spray, or wipe, has an adequate contact time, typically 10 minutes.
  11. Since there is no significant source of BBPs, all (non-sharps) waste can be disposed of in a regular trash receptacle. If desired, it can be bagged separately and disposed of normally.
  12. Minimize contact with gloved hands to any surface, as any surface touched with contaminated gloves will need to be adequately disinfected.
  13. Remove your booties first if wearing them. Discard booties in a biohazard bag. Then remove gloves second, grab near the wrist, without touching any skin, and pull away from your body, turning the glove inside out as it rolls off your hand. Then, ball up the glove solely with your gloved hand, inside the palm of the gloved hand. Grip under the cuff of the gloved hand, being careful not to touch the outside surface, and gently roll off the glove, turning it inside out as you pull the glove off. Immediately discard the glove. If safe to do so, without risk of contaminating other surfaces or yourself, wash your hands, then proceed to remove the remaining PPE.
  14. Once all PPE is removed, immediately wash your hands (again) with a generous amount of soap and water. Scrub under fingernails and between fingers, along with the backside of your hands and past your wrist where your gloves stopped.
  15. If any personal clothing gets contaminated, it shall be removed as soon as possible, and laundered at no cost to the employee. The clothing shall be handled in accordance with this program.

*NOTE: If any exposure to mucous membranes, open wound, or sharps injury occurs, a Bloodborne Pathogen Exposure Report (Appendix E) must be filled out within 1 hour of contact.*



## APPENDIX D:

Please submit this form to the SHERM Director using this [link](#).

### HEPATITIS B VACCINATION DECLINATION

#### Ferris State University

##### Employee Hepatitis B Vaccination Declination Form

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 today. I understand that by declining this vaccine and if I am unvaccinated, 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.

I confirm that I have completed and understand the training provided to me.

Print Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## APPENDIX E:

Please submit this form to the SHERM Director using this [link](#).

### BLOODBORNE PATHOGEN EXPOSURE REPORT

<b>Directions:</b> For exposures to BBPs or OPIMs, within one hour of incident, the individual exposed can be directed to the Occupational Health (Big Rapids), Med1 (Grand Rapids), Urgent Care (Big Rapids), or the Emergency Room (after hours) for blood sample to be taken. If the source individual is known and consents, they shall be sent to the same location within 1 hour of the incident and complete Appendix E. The Supervisor of the exposed individual shall call ahead before sending. This report is to be completed as soon as possible and sent to the SHERM director at <a href="mailto:MikeMcKay@ferris.edu">MikeMcKay@ferris.edu</a> and a copy sent with the patient to give to the "Medical Center" (regardless of where the individual is sent).		
<b>Today's Date:</b>	<b>Date of Exposure:</b>	<b>Time Exposed:</b>
<b>Campus:</b>	<b>Building:</b>	<b>Activity:</b>
<b>Individual Exposed</b>		
Name: _____ Date of Birth: _____ ID Number: _____		
Phone Number: _____		
Individual Exposed Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: _____		
Hepatitis B Vaccination Series Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If known, when: _____)		
<b>Source Individual</b>		
Is the source individual known? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name: _____ DOB: _____)		
Does the source individual consent to testing? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide S.I. "Appendix F")		
<b>Exposure</b>		
<b>Source:</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Patient <input type="checkbox"/> FSU Employee <input type="checkbox"/> FSU Student <input type="checkbox"/> Collected Sample <input type="checkbox"/> Animal <input type="checkbox"/> Other: _____	<b>Type of Exposure:</b> <input type="checkbox"/> Used needlestick <input type="checkbox"/> Sharp object or tool (puncture or cut) <input type="checkbox"/> Contact with mucous membrane. Specify where: _____ <input type="checkbox"/> Direct skin contact (no open wound) <input type="checkbox"/> Other: _____	<b>How did the exposure occur?</b>
PPE Used? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____		
<b>Exposed Individual Signature:</b>		<b>Today's Date:</b>

## APPENDIX F:

Please submit this form to the SHERM Director using this [link](#).

### SOURCE INDIVIDUAL BBP EXPOSURE CONSENT FORM

<b>Directions:</b> For exposures to BBPs or OPIMs, immediately, obtain the source individual consent, then direct Source Individual to Occupational Health (Big Rapids – Employee), Birkam Health Center (Big Rapids – Student), Med1 (Grand Rapids – Student/Employee), or the Emergency Room/Urgent Care (non-student, non-employee, or after hours) for testing. This form should accompany the Source Individual and be provided to the testing site. Testing results and a copy of this form are sent to the Birkam Health Center (regardless of where the individual is sent).		
<b>Today's Date:</b>	<b>Date of Exposure:</b>	<b>Time Exposed:</b>
<b>Campus:</b>	<b>Building:</b>	<b>Activity:</b>
<b>Source Individual</b>		
Source Individual Type: <input type="checkbox"/> Patient <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: _____		
Name: _____ Date of Birth: _____		
ID Number (if Applicable): _____ Phone Number: _____		
<b>Source Individual Notification of Consent</b>		
<p>Due to exposure to your blood or body fluid, it is asked that you have your blood drawn for testing of HIV antibody, hepatitis B virus antigen, and/or hepatitis C antibody. This will determine the risk and concern for the individual exposed and what follow up process is required for their treatment. Send results to: Birkam Health Center, Ferris State University email: <a href="mailto:birkamHC@ferris.edu">birkamHC@ferris.edu</a> or fax: (231)591-5970 Phone: (231)591-2614 (Press 3 for the Nurse Line).</p> <p>Please initial next to each question to confirm as "Yes".</p> <p>_____ I consent to the collection of a blood sample that may be stored for 90 days as needed. <i>Initials</i></p> <p>_____ I consent to testing for the above bloodborne pathogens, as applicable. <i>Initials</i></p> <p>If you know of any bloodborne pathogens that you <b>will</b> test positive for, please indicate below:</p> <p>HIV Positive? <input type="checkbox"/> No <input type="checkbox"/> Yes HBV Positive? <input type="checkbox"/> No <input type="checkbox"/> Yes HCV Positive? <input type="checkbox"/> No <input type="checkbox"/> Yes Other Positive: _____</p>		
<b>Signatures</b>		
<b>Source Individual Signature:</b>	<b>Today's Date:</b>	
<b>Parent/Legal Guardian Signature (if applicable):</b>		

## APPENDIX G:

### INFECTIOUS DISEASES

All infectious diseases that may be encountered during occupational activities at Ferris State University will be handled within the guidelines of CDC and NIOSH recommendations. For complete information on the following diseases and conditions, please reference <https://www.cdc.gov/disasters/disease/infectious.html>

AIDS: Acquired immunodeficiency syndrome (AIDS), is an ongoing, also called chronic, condition. It's caused by the human immunodeficiency virus, also called HIV. HIV damages the immune system so that the body is less able to fight infection and disease.

- Transmission: Epidemiological evidence indicates that HIV can be transmitted from person to person through sexual contact, the sharing of HIV- contaminated needles and syringes, in addition, transfusion of infected blood or its components

Common cold: Disease of the upper respiratory system. Also called acute viral nasopharyngitis.

- Transmission: The viruses that cause the common cold are transmitted presumably by direct person-to-person contact or by inhalation of airborne droplet. More importantly, the viruses are transmitted indirectly by hands and articles freshly soiled by discharges of the nose and throat of an infected person.

HIV: Human immunodeficiency virus (HIV) leads to acquired immune deficiency syndrome (AIDS), which cripples a human's immune system

- Transmission: See AIDS

Head Lice: Head lice is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease.

- Transmission: Head lice are most spread by direct head-to-head contact with an infected person. They may also be spread by sharing personal items such as combs, brushes, other hair-care items, towels, pillows, hats, and other head coverings.

Hepatitis B Virus (HBV): HBV (not HIV) is also found in saliva and other body fluids such as urine, vomit, nasal secretions, sputum, and feces. It is not possible to know whether these body fluids contain blood borne pathogens therefore, all body fluids should be considered potentially infectious.

- Transmission: The hepatitis B virus is transmitted through blood or body fluids, such as infected contact from a wound, semen, cervical secretions, and saliva.

Hepatitis C (HCV): HCV (formerly Hepatitis Non-A Non-B) is a viral infection of the liver caused by the hepatitis C virus. It often has signs and symptoms indistinguishable from hepatitis A or B infection. In most cases the signs and symptoms are not as severe

- Transmission: The hepatitis C virus is spread by exposure to blood from an infected person and blood products from HCV-infected people.

Influenza (Flu): Symptoms are sore throat, fever, headache, muscle pains, weakness, coughing, and discomfort. Influenza (the flu) is a contagious respiratory illness caused by influenza viruses.

- Transmission: The viruses that cause influenza are highly communicable—the organisms are readily transmitted from one individual to another through contact with droplets from the nose and throat of an infected person during coughing and sneezing.

Tuberculosis: Generally, will attack the lungs, but may affect the central nervous system, circulatory system, lymphatic system, bones, joints, genitourinary system, and skin.

- Transmission: TB is transmitted person to person through the air when the person with infectious TB coughs, sneezes, spits, or sings, and releases infected droplets of mucous.

Scabies: Scabies are an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs.

- Transmission: Scabies is spread by prolonged skin-to-skin contact with a person who has scabies.

#### **Other Widespread Viruses or Diseases:**

There is potential for unknown or uncommon viruses or diseases to become nation-wide or centrally located concerns. In this event, it will be up to the SHERM Department at Ferris State University to address this matter accordingly. If a disease or virus, such as SARS-CoV-2 (COVID-19 disease), is a significant concern, it will have a standalone program.

#### **Adequate Response:**

In certain extreme circumstances, there may be a need to discontinue or cancel events, classes, and all meetings to ensure the spread of disease or virus is limited. This will be handled as a case-by-case issue.

The sooner the issue may be addressed, the quicker resolution may be found. There should be no delay in reporting concerns, potential outbreaks, or response to an outbreak, from all forms of involvement at Ferris State.