

## **THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE ATHLETIC TRAINING BLOOD-BORNE PATHOGEN POLICY**

In accordance with the Occupational Safety and Health Administration (OSHA) Blood-borne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed for the Intercollegiate Athletics Department at The University of North Carolina at Pembroke. The Athletic Training Program (ATP), including all potential students, current students, faculty and preceptor staff is to adhere to the policies and guidelines outlined below.

### **A. Purpose**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee/student occupational/educational exposure to blood or certain other body fluids.
2. Comply with the OSHA Blood-borne Pathogens Standard, CFR 1910.1030, as well as NCAA Guideline 2L.

### **B. Exposure Determination**

All UNCP athletic training staff and potential/current ATP students may be expected to incur occupational exposure to blood or other potentially infectious materials, according to OSHA.

### **C. Implementation Schedule and Methodology**

#### **1. Compliance methods**

Universal precautions are observed in all aspects of the Athletics Department in order to prevent contact with blood or other potentially infectious materials. The concept of Standard precautions, recognizing that infectious diseases may also be transmitted from moist body substances, applies to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood. Since standard precautions is a more inclusive concept, it will be observed and implemented, regardless of the perceived status of the source individual.

Work practice controls are utilized to eliminate or minimize exposure to employees/students in the athletic training setting. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be utilized. In the Athletics Department, the following controls will be utilized, and include sharps containers and containers for biohazardous waste.

The above controls will be examined and maintained on a regular schedule. The athletic trainer responsible for operation of the specific site will review controls daily. The Head athletic trainer will be responsible

for examining the controls in the Jones Athletic Training facility. Other sites to be examined include:

- a. Main Gym
- b. Belk Track/Field Complex
- c. Cox Baseball Field
- d. LRA Softball Field
- e. North Soccer Field
- f. Wrestling room
- g. Caton Field House Athletic Training Facility

Handwashing facilities shall be made available to employees/students who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. Additionally, antiseptic handwashing cleansers are available, especially for use on practice and game fields.

Each staff shall ensure that after the removal of personal protective gloves, employees/students shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

## 2. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure.

## 3. 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 handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are presented.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

## 4. Specimens

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. All urine specimens for drug screening are labeled and identified. Collectors are required to wear gloves and wash hands between collection of specimen. While Athletic Training staff/ATP students do not collect urine specimens for drug testing, they may collect specimens for urinalysis. Collectors are required to wear gloves and wash hands after collection in this case also.

To protect the athletic trainer/student from potentially infectious agents, certain work practices and protective equipment are mandated for any task that involves exposure or potential exposure to blood, body fluids or tissues. Standard precautions must be practiced at event sites, home and away.

- a. Non-sterile gloves should be readily accessible and worn whenever contact with blood or body fluids, (secretions or excretions) is anticipated.
- b. Gowns should be worn when soiling of clothing with blood or body fluid is anticipated.
- c. Strict hand washing should be performed before and after any procedure. Always wash hands after removing gloves. (Liquid hand sanitizer can be used when washing facility is unavailable.)
- d. When there is a situation in which there is a splatter with blood, bloody secretions, or body fluids is possible, protective eyewear such as goggles and a mask should be worn.
- e. Needles, syringes and scalpel blades should be disposed of in a rigid, puncture-proof container. Needles should not be recapped and should not be bent or broken by hand since accidental needle puncture may occur.
- f. Extraordinary care should be taken to avoid accidental wounds from needles or other sharp instruments.
- g. Whenever possible, a hazardous procedure and device should be substituted with one less risky or harmful.
- h. Soiled linen and other laundry which has become contaminated with blood or other body fluids should be appropriately labeled and processed according to the policy regarding athletes in isolation precautions.
- i. Infectious waste should be disposed of according to the Athletics Department Policy.
- j. Accidental Exposure Protocol—First Aid treatment and appropriate referral to Student Health Services for initial assessment and then to Southeastern Occupational Health WORKS for further evaluation and testing.

## 5. Contaminated Equipment

The Head athletic trainer and assistant athletic trainers shall ensure that equipment which has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

## 6. Personal Protective Equipment

### Personal Protective Equipment Provision

Athletic training staff and ATP administrators are responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to staff/students. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the wearer's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Each athletic training facility, venue and equipment area will have disposable gloves, gowns, and goggles for staff/student usage. Additionally, utility gloves may be used and re-used provided the integrity of the glove is not compromised. Utility gloves shall be inspected prior to every use and shall 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. The staff person supervising each facility shall notify the Head Athletic Trainer regarding inventory needs, allowing ample time for ordering and restocking.

### Personal Protective Equipment Use

The athletic training staff shall ensure that appropriate protective equipment is used based on the current situation. If a staff member or student declined to use personal protective equipment, the incident should be documented and investigated by the Head Athletic Trainer/Clinical Education Coordinator.

### Personal Protective Equipment Accessibility

The athletic training staff and ATP Administrators shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at each site or is issued without cost to staff/students. Hypoallergenic gloves, glove liners, powderless gloves, and other similar

alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

#### Personal Protective Equipment Cleaning, Laundering, and Disposal

All personal protective equipment will be cleansed, laundered, or disposed of by the University at no cost to the staff/students. All repairs and replacements will be made by the University at no cost to the staff/students.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. The contaminated clothing is to be placed in a designated bag and washed accordingly.

#### Gloves

Gloves shall be worn where it is reasonably anticipated that staff/students will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes and when handling or touching contaminated items or surfaces.

Disposable gloves used at these facilities 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, when used, may be decontaminated for re-use provided the integrity of the glove is not compromised. Utility gloves shall be inspected prior to every use and gloves shall 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.

#### Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

### 7. Housekeeping

The facility will be cleaned and decontaminated according to the following schedule:

<u>Area or Equipment</u>	<u>Schedule</u>
Treatment tables	Daily
Floors	Daily
Laundry	Daily
Swimex/Plunge pools	Once per semester
General Areas	Weekly
Blood spills	Immediately after care

Acceptable decontamination solutions include any commercially prepared solution designed to decontaminate potentially infectious material (Envirocide, Simple Green, etc.) or a freshly prepared 1:10 bleach solution. All contaminated surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the day. Any reusable sharps or utensils that have been contaminated will have all visible blood removed with a decontaminant solution and then will be sterilized with a commercial sterilizer/disinfectant (such as Pro Quaternary or Cidex).

## 8. Regulated Waste Disposal

### a. Disposable Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on both sides and bottom and labeled or color coded. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain and prevent leakage during handling, storage, transport, or shipping. The second container shall be labeled or color-coded to identify its content. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose staff/students to the risk of percutaneous injury.

### b. Other Regulated Waste

Regarding gloves, gauze, human tissue, etc.—each athletic training facility will have a covered waste container lined with a biohazardous trash bag. Materials contaminated with blood, secretions, body fluid wastes, or other infectious materials are to be placed in these covered containers. Grossly soaked towels will be discarded in a biohazard bag. Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations.

## 9. Laundry Procedure

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. All student-athletes will be properly instructed on the procedures for handling contaminated equipment. Note should also be made to properly dispose of contaminated dressings removed following physical activity. Those staff members responsible for implementation and enforcement of this include the head athletic trainer, assistant athletic trainers, graduate assistant athletic trainers, athletic training students, and equipment managers for respective teams. Such laundry will be placed in appropriately marked biohazard labeled bags available from the athletic training staff. Such laundry will not be sorted or rinsed in the area of use.

Laundry worn by athletic teams will be laundered in the respective laundry facilities for the sport. Soiled linens include towels, uniforms, socks, jocks, etc. and are handled in such a manner as to protect the launderer from inadvertent exposure to any organism contained in the soiled items, although the risks of disease transmission through soiled linens is negligible. Players should handle their own dirty laundry items as much as possible. Linens washed in hot water with detergent or cool water with germicide will be decontaminated during laundering. It is required that gloves and gowns be worn when handling soiled linen. Linen with moderate amounts of blood or body fluid contamination may be placed in the normal laundry bag.

## 10. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

UNC Pembroke shall make available the Hepatitis B vaccine and vaccination series to all staff/students who have potential exposure, and post exposure follow-up to those who have had an exposure incident.

The head athletic trainer and department chairperson shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at no cost to the staff member
- b. Made available to the staff member at a reasonable time and place
- c. Performed under the supervision of an appropriate provider
- d. Provided according to the recommendations of the U.S. Public Service

All laboratory tests shall be conducted by an accredited laboratory at no cost to the staff member.

### Hepatitis B Vaccination

#### Employees

Student Health Services is in charge of the Hepatitis B vaccination program. Hepatitis B vaccination is made available after the staff member has received the training in occupational exposure (see information and training).

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination shall then be made available.

All staff members who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

#### Students

The Hepatitis B Vaccination is required for students who were born after 1994 (North Carolina General Statute §130A 152-157). Students are strongly encouraged to receive the Hepatitis B Vaccination if they have not done so because of the risk for potential exposure. Should a student choose NOT to have the vaccination, he/she must complete the Hepatitis B Vaccination waiver form and submit with application materials when applying to the program.



## Post Exposure Evaluation and Follow-Up

### **Procedures for Athletic Training Students Post-Exposure**

- 1) Immediately notify supervising preceptor and Clinical Education Coordinator of the incident.
- 2) Report immediately to Student Health Services (SHS) for initial evaluation. Student Health Services will refer to Southeastern Occupational Health WORKS for further evaluation and testing.
  - a. SHS Hours: 24 hours/day Monday-Thursday; close at 4pm on Fridays
  - b. If after 4 pm on Friday or before 5 pm on Sunday, go directly to Southeastern Regional Medical Center in Lumberton or Scotland Health Care System in Laurinburg.
- 3) Complete all required documentation and instructions issued by SHS or SRMC/SHCS.

All exposure incidents shall be reported, investigated, and documented. When the staff member incurs an exposure incident, it shall be immediately reported to the supervising preceptor, Clinical Education Coordinator, and Student Health Services. Following a report of an exposure incident, the exposed staff member shall immediately receive a confidential medical evaluation and follow-up.

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infection. If consent is not provided, the head athletic trainer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the result documented.

- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed staff member, and the staff member shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will be in compliance with accepted federal standards.

- a. The exposed staff member's blood shall be collected as soon as feasible and tested after consent is obtained.
- b. The staff member will be offered the option of having their blood collected for testing of the staff member's HBV or HIV serological status. The blood sample will be preserved for up to 90 days to allow the staff member to decide if the blood should be tested for HIV serological status.

All staff members who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

#### Information Provided to the Healthcare Professional

The healthcare professional rendering care should provide the following information to the staff member/student for their medical records and any subsequent treatment:

- a. A copy of 29 CFR 1910.1030
- b. A written description of the exposed staff member's duties as they relate to the exposure incident
- c. Results of the source individual's blood testing, if available
- d. All medical records relevant to the appropriate treatment of the staff member including vaccination status

#### Healthcare Professional's Written Opinion

The Occupational Health and Safety Office shall obtain and provide the staff member with a copy of the evaluating healthcare professional within fifteen (15) days of the completion of the written evaluation. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for a staff member, and if the staff member has received such vaccination. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- a. A statement that the staff member has been informed of the results of the evaluation
- b. A statement that the staff member has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

## 11. Labels and Signs

Athletic training staff and equipment staff shall ensure that biohazard labels shall be affixed to containers of regulated waste and other containers used to store, transport, or ship blood, or other potentially infectious materials. Additionally, these staff persons will ensure proper information is disseminated to visiting teams and ample supplies are available in visiting team locker room areas to implement the practice of Universal Precautions.

The universal biohazard symbol shall be used. The label shall be orange or red screened on laundry bags for handling contaminated clothing. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

## 12. Information and Training

The athletic training staff/ATP administrators shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the staff member/student. The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents
- b. A discussion of the epidemiology and symptoms of bloodborne diseases
- c. An explanation of the modes of transmission of bloodborne pathogens
- d. An explanation of the Bloodborne Pathogen Exposure Control Plan (this program) and a method for obtaining a copy
- e. The recognition of tasks that may involve exposure
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and personal protective equipment (PPE)
- g. Information on the types, uses, location, removal, handling, decontamination, and disposal of PPE
- h. An explanation of the basis of selection of PPE
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and charges incurred (none).

- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- l. Information on the evaluation and follow-up required after an exposure incident
- m. An explanation of the signs, labels, and color-coding systems

The person conducting the training shall be knowledgeable in the subject matter. Staff members who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered. Additional training shall be provided to staff members/students when there are any changes of tasks or procedures affecting the employee's occupational exposure.

### 13. Record Keeping

The head athletic trainer is responsible for maintaining the following records. These records will be kept in the head athletic trainer's office. Training records shall be maintained for three years from the date of training. The Clinical Education Coordinator for the ATP will maintain a record of training for ATP students in the CEC's office.

The following information shall be documented:

- a. The dates of the training sessions
- b. An outline describing the material presented
- c. The names and qualifications of persons conducting the training
- d. The names and job titles of all persons attending the training sessions

All staff member records shall be made available to the staff member in accordance with 29 CFR 1910.20.

All staff member records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

### 14. Dates

All provisions required by this standard will be implemented by August 17, 2006.

### 15. Outside Contractors

All consulting physicians and health care practitioners are requested to participate in the practice of Universal Precautions. It is understood and acknowledged that these persons accept professional liability and responsibility for their professional actions.

