Environmental Health and Safety Statement

Iowa State University strives to be a model for environmental, health and safety excellence in teaching, research, extension, and the management of its facilities. In pursuit of this goal, appropriate policies and procedures must be developed and followed to ensure this community operates in an environment free from recognized hazards. Faculty, staff, and students are responsible for compliance with established policies and are encouraged to enculturate practices that ensure safety, protect health, and minimize the institution's impact on the environment.

As an institution of higher learning, Iowa State University
• fosters an understanding of and a responsibility for the environment,
• encourages individuals to be knowledgeable about environmental, health and safety issues that affect their discipline, and
• shares examples of superior environmental health and safety performance with peer institutions, the State of Iowa and the local community.

As a responsible steward of facilities and the environment, Iowa State University
• strives to provide and maintain safe working environments that minimize the risk of injury or illness to employees, students and the public,
• continuously improves operations, with the goal of meeting or exceeding required and applicable environmental, health and safety regulations, rules, policies, or voluntary standards, and
• employs innovative strategies of waste minimization and pollution prevention to reduce the use of toxic substances, promote reuse, and encourage the purchase of renewable, recyclable and recycled materials.

The intent of this statement is to promote environmental stewardship, protect health, and encourage safe work practices within the Iowa State University community. The cooperative efforts of the campus community to remain mindful of these goals will ensure that Iowa State University continues to be a great place to live, work, and learn.

Dr. Steven Leath
President
Directory of Service and Emergency Providers

Services

Environmental Health and Safety
2408 Wanda Daley Drive | (515) 294-5359

Iowa State University Occupational Medicine Department
G11 Technical and Administrative Services Facility (TASF), 2408 Pammel Drive | (515) 294-2056

McFarland Clinic PC, Occupational Medicine
1018 Duff Avenue | (515) 239-4496

Thielen Student Health Center
2647 Union Drive | (515) 294-5801

Emergency

Emergency - Ambulance, Fire, Police
911

Department of Public Safety/ Iowa State University Police
Armory, 2519 Osborn Drive | (515) 294-4428

Mary Greeley Medical Center
1111 Duff Avenue | (515) 239-2011
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# Directory of Service and Emergency Providers

## Services

**Environmental Health and Safety**  
2408 Wanda Daley Drive  |  (515) 294-5359

**Iowa State University Occupational Medicine Department**  
G11 TASF  |  (515) 294-2056

**McFarland Clinic PC, Occupational Medicine**  
1018 Duff Avenue  |  (515) 239-4496

**Office of Risk Management**  
3618 Administrative Services Building  |  (515) 294-7711

**Thielen Student Health Center**  
Sheldon and Union Drive  |  (515) 294-5801

## Emergency

**Emergency - Ambulance, Fire, Police**  
911

**Department of Public Safety/ Iowa State University Police**  
Armory  |  (515) 294-4428

**Mary Greeley Medical Center**  
1111 Duff Avenue  |  (515) 239-2011
A. Introduction

The Bloodborne Pathogens Exposure Control Program is designed to minimize personnel exposure to bloodborne pathogens. This manual describes special precautions that must be taken by Iowa State University personnel whose work involves potential contact with human blood and other potentially infectious materials, and defines the responsibilities of Iowa State University personnel.

Regulatory Basis

Implementation of the Bloodborne Pathogens Exposure Control Program is mandated by the Occupational Safety and Health Administration’s (OSHA’s) Bloodborne Pathogens Standard (29 CFR 1910.1030). This standard was revised on January 18, 2001, to incorporate changes required by the Needlestick Safety and Prevention Act. The regulation applies to all personnel likely to have occupational exposures to human blood and other potentially infectious materials.

Definitions

Bloodborne Pathogens

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to:

- human Immunodeficiency Virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS)
- hepatitis B Virus (HBV), which causes Hepatitis B, a liver disease
- hepatitis C Virus (HCV), which causes Hepatitis C, a liver disease

Potentially Infectious Materials

Potentially infectious materials (PIMs) are materials that can carry bloodborne pathogens. They include

- human blood and blood products
- semen
- vaginal secretions
- spinal fluid
- amniotic fluid
- Other internal human body fluids from joints, chest cavity, heart sac or abdomen
• saliva during dental procedures (special case due to likelihood of blood being present)
• breast milk (only by ingestion - known to transmit HIV)
• human or primate cell lines or strains that have not been documented to be free of bloodborne pathogens by testing
• unfixed human tissues or organs (living or dead)
• blood or tissues from animals experimentally infected with bloodborne pathogens
• cultures or other solutions containing specific bloodborne pathogens, such as HIV, HBV or HCV
• equipment contaminated with human blood or other PIMs
• any body fluid that is visibly contaminated with blood, or that is difficult or impossible to distinguish

Potentially infectious materials do not include the following, unless the material is visibly contaminated with blood or is difficult or impossible to distinguish.

• tears
• sweat
• saliva (except during dental procedures)
• vomit
• feces
• urine
• nose fluids
• intact human skin (living or dead source)

Responsibilities

Iowa State University

The president of Iowa State University is ultimately responsible for all environmental health and safety issues at the university. This responsibility is exercised through the normal chain of authority within the university by delegating the charge for ensuring safe work practices and adherence to established policies and guidelines to the provost, vice presidents, deans, directors, department chairs, principal investigators, supervisors, and, ultimately, all personnel.

Environmental Health and Safety (EH&S)

EH&S is responsible for

• Formulating and implementing Iowa State University policy
• Performing audits and assuring compliance with that policy
• Ensuring that affected departments are aware of university policies and regulatory guidelines regarding the proper use of human blood or other PIMs

**Occupational Medicine**

Occupational Medicine is responsible for

• Administering Hepatitis B vaccinations to personnel who may face potential exposure to human blood or other PIMs

• Providing relevant medical information regarding the benefits and contraindication to the vaccine

**Department Executive Officers**

Each department executive officer will identify departmental job positions and the personnel who may have exposure to human blood or other PIMs during the performance of their assigned duties. The exposure determination will be made without regard to the use of personal protective equipment. Records will be kept of the names of affected personnel, their job titles and duties, and their procedures that present bloodborne disease hazards.

Each department that has personnel at risk will adopt this university policy as its Bloodborne Pathogens Exposure Control Plan and establish a program of compliance. This departmental program will include department-specific training, maintenance of required records, and compliance with the contents of this policy and those of the attached OSHA final regulation 1910.1030 -Bloodborne Pathogens.

**Supervisors**

Supervisors are primarily responsible for ensuring that the policies and guidelines established in this manual are strictly followed by all personnel under their jurisdiction. Refer to the checklist in Appendix I.

**Individual Personnel**

Individuals who work with human blood or other PIMs have a responsibility to follow the requirements presented in this manual and during personnel training. Personnel should consult with their supervisors regarding the safe handling and proper disposal of human blood or other PIMs used in their specific work areas.
B. Exposure Determination

Personnel who may reasonably be expected to face exposure to bloodborne pathogens while performing assigned job duties must participate in the Iowa State University Bloodborne Pathogens Exposure Control Program. Exposure to bloodborne pathogens can occur when PIMs contact the eyes, mouth, other mucous membranes or non-intact skin, or when PIMs enter the body through a break in the skin, such as a puncture wound with a contaminated object.

At Iowa State University, personnel with the following job classifications must participate in the Bloodborne Pathogens Exposure Control Program:

- Health Care Workers
- Police Officers
- Personnel who are designated as responsible, as part of their job duties, to render first aid or medical assistance, remove bandages, or have potential exposure to human blood in any way. Examples of departments with these personnel include, but are not limited to, the Athletic Department, Student Health Services, and Recreation Services.
- Laboratory personnel working with human blood or other PIMs as determined by individual departments.
- Any personnel designated to work with or around situations that may involve potential human blood or body fluid exposures that are covered by the OSHA Bloodborne Pathogens Standard. The exposure potential will be determined by individual departments and be a condition of the job. Preferably the exposure should be listed in employee job descriptions.
C. How to Comply

All personnel who have been assessed to require participation in the Iowa State University Bloodborne Pathogens Exposure Control Program must

- Complete a **Hazard Inventory form**
- Be offered a Hepatitis B vaccination and complete a Hepatitis B **Consent or Decline of Vaccination Form**
- Receive initial and annual *Bloodborne Pathogens Exposure Control training*
- Follow safe work practices and proper waste disposal guidelines outlined in this manual

Details are specified in following sections.

### Medical Surveillance

#### Hazard Inventory Form

Personnel who work with human blood or other potentially infectious materials (PIMs) must complete a *Hazard Inventory form* prior to work with the materials. This information and information from the Information Request forms will be used by EH&S (or by Ames Laboratory Environment, Safety, Health and Assurance for Ames Laboratory personnel) and the Occupational Medicine physician to determine if vaccination is necessary or if other medical surveillance is required and to enroll the individual in the Iowa State University Occupational Medicine program.

#### Hepatitis B Vaccination

Personnel who work with human blood or other PIMs must receive Bloodborne Pathogens Exposure Control Training and be offered the choice of receiving Hepatitis B vaccination within 10 working days of initial assignment. Personnel may not begin work with human blood or other PIMs until the training and vaccination offer have been completed. Vaccinations will be administered by the Occupational Medicine office and billed to the vaccine recipient’s department.

- Affected personnel choosing to receive the vaccination must complete a **Consent or Decline of Vaccination Form**. The consent form will be returned to the Occupational Medicine office (G11 Technical and Administrative Services Facility (TASF), 2408 Pammel Drive) and filed in the vaccine recipient’s medical history file.
- Affected personnel choosing not to receive Hepatitis B vaccination must complete the Consent or Decline of
Vaccination Form. The completed and signed declination form is returned to the Occupational Medicine office (G11 Technical and Administrative Services Facility (TASF), 2408 Pammel Drive) and filed in the individual’s medical history file.

- If affected personnel desire to be tested for Hepatitis B Virus antibodies prior to deciding to receive immunization, the testing will be made available at no cost. If an adequate antibody titer is found, the offer of immunization is not required.

- It is highly recommended that healthcare workers only receive an HBV antibody titer test 1-2 months after the third and final vaccination dose. This will also be provided at no cost to the employee.

If an Exposure Occurs

Exposure to bloodborne pathogens can occur when human blood or other PIMs contact the eyes, mouth, other mucous membranes or non-intact skin, or when PIMs enter the body through an injury to the skin, such as a puncture wound with a contaminated object.

First Aid

If an exposure to human blood or other PIMs occurs or is suspected to have occurred, contaminated broken skin must be washed immediately with soap and water. If mucous membranes are involved, they must be flushed with water immediately for a minimum of 15 minutes. After thorough washing, apply any necessary first aid.

Medical Evaluation

Immediately following washing and application of necessary first aid, a confidential post-exposure medical evaluation must be offered to the exposed individual. Costs of the post-exposure evaluation will be billed to the department in which the exposure occurred.

- Iowa State University employees exposed or injured while at work or in the course of employment must seek medical attention at the McFarland Clinic PC, Occupational Medicine Department (1018 Duff Ave, Ames, IA; (515) 239-4496). Supervisors should call the McFarland Clinic Occupational Medicine Department during regular work hours to schedule an appointment for the employee. Any relevant safety information such as a Safety Data Sheet (SDS) should accompany the employee to the appointment.

- The post-exposure medical evaluation will include:
  - Documentation of the exposure route, the HBV and HIV antibody status of the exposure source individual (if
known), and the circumstances under which the exposure occurred.

- Blood collection and testing of the source individual to determine the presence of HBV or HIV infection if the source individual is known and permission is obtained. The source individual’s test results will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious nature of the source individual. When the source individual is known to be infected with HIV or HBV, testing of the source individual’s blood need not be repeated.

- Collection of blood from the exposed employee as soon as possible after the exposure incident for determination of HIV and/or HBV status. (Actual testing may be done at that time or at a later date if the employee so requests.)

- Additional follow-up, including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure treatment according to standard recommendations for medical practice.

**Reporting**

All work-related injuries, illnesses, or exposures must be reported to the employee’s supervisor, even when medical attention is not required or is refused by the employee:

- A First Report of Injury (FROI) must be completed through AccessPlus and submitted within 24 hours of the incident. The employee or supervisor may complete the FROI, but supervisors must review, approve and electronically submit the FROI. Supervisors will be prompted to fill out information relating to the Accident Investigation as part of the FROI process. The online questionnaire is listed as Work Injury under the Employee tab once logged into AccessPlus. Questions regarding the form may be forwarded to Human Resource Services at (515) 294-3753.

**Student Accidents and Injuries**

Students not employed by Iowa State University who are exposed or injured in the classroom or laboratory should seek medical attention at the Thielens Student Health Center (2647 Union Drive, (515) 294-5801). All accidents and injuries sustained by Iowa State University students while in academic classes or events sponsored by the university must be reported to Risk Management by the student and a university representative using the *Student Accident Report Form*. 
**Medical Emergencies**

If injury, illness or exposure necessitates immediate treatment, transport the employee to the Emergency Room at Mary Greeley Medical Center at (515) 239-2155. If emergency transport is needed, dial 911. Be prepared to provide any relevant safety information, such as an SDS. When an employee requires emergency treatment, the incident must be reported to EH&S at (515) 294-5359 as soon as possible. Provide assistance to injured or exposed personnel by following the *First Aid Procedures*.

**Follow-up Investigation**

The department in which the exposure incident occurred must evaluate the incident in order to prevent repeat incidents. The evaluation will include documentation of

- safety equipment in use at the time of the exposure incident
- work practices in place at the time of the exposure incident
- personal protective equipment or clothing in use at the time of the exposure incident
- an evaluation of the policies and “failures of controls” at the time of the exposure incident

**Medical Records**

Confidential records will be established and maintained for all personnel with occupational exposure to human blood or other PIMs. These records will include at least the following:

- Personnel names and University ID numbers
- Signed Consent or Decline of Vaccination Forms for each participating individual
- Hepatitis B vaccination status, dates of vaccinations, and any medical records relative to each individual’s ability to receive vaccination.
- Copies of all examination results, medical testing, and follow-up procedures for each participating individual
- Copies of the health care professional’s written opinion following any evaluation of the medical status of individual personnel. This written opinion will be provided to the participating individual and his/her department chair within 15 working days of the completion of the evaluation. The opinion will be limited to the following, (any other information will remain confidential):
  - recommendations as to the limitations of the individual’s ability to receive Hepatitis B vaccination
Bloodborne Pathogens Manual

- specific findings or diagnoses which are related to the individual’s ability to receive Hepatitis B vaccination
- a statement that the individual has been informed of the results of the evaluation and any medical conditions resulting from exposure to human blood or other PIMs that require further evaluation or treatment

All medical records will be kept for 30 years after the employee separates from Iowa State University.

Training

All personnel required to participate in the Bloodborne Pathogens Exposure Control Program must receive initial training and annual retraining. New personnel must be trained prior to working with human blood or other PIMs. Individual supervisors are responsible for providing training that is specific to each work site.

How to Get Training

Required training may be accomplished by completing the Bloodborne Pathogens and Sharps Safety Online Training Module, through the Learn@ISU.

Training Records

Each department must maintain a copy of the current training status of all affected personnel. This documentation will include the dates of training, the instructor’s name, and the signatures of the individuals who have received the training to signify that they have received and understood the information and will comply with the requirements of this program. All training records must be kept for at least three years from the time the training is given.

Safe Work Practices

Universal Precautions

All personnel participating in the Bloodborne Pathogens Exposure Control Program must practice Universal Precautions. Using Universal Precautions means that all human blood and other PIMs are treated as if they contain bloodborne pathogens. Universal Precautions work by preventing human blood and other PIMs from invading the body through typical routes of entry. The routes of entry for bloodborne pathogens are

- injection (such as an accidental needle stick or other puncture into the skin with a sharp object)
- contact with broken skin (such as rash, acne, cut, scrape, hangnail)
• contact with mucous membranes (eyes, inside of nose and mouth, genitals)

**Specific Universal Precaution Requirements**

When working in an area where human blood or other PIMs are present, personnel must not

• eat, drink, smoke, apply cosmetics, or handle contact lenses

• store food in freezers, refrigerators, cabinets, or any other area where human blood or other PIMs are also stored or that may be contaminated with human blood or other PIMs

• mouth pipette

When working with human blood or other PIMs, personnel must:

• minimize splashing or spraying of human blood or other PIMs

• wash hands frequently, even if gloves have been worn

  □ hand, skin, and eye washing facilities must be provided in a location that is readily accessible to personnel. If facilities at field work sites are not feasible, then either an appropriate antiseptic hand cleanser and clean cloth/paper towels or antiseptic towelettes will be provided. After use of the antiseptic cleansers or towelettes, hands and contaminated skin will be washed with soap and running water as soon as possible.

• use leak-proof and non-breakable containers for holding human blood or other PIMs

• affix biohazard symbols to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, as well as any other containers used to store, transport, or ship blood or other potentially infectious materials

• use a sealed secondary container for transporting human blood or other PIMs through hallways or between buildings

• keep waste containers near the area where work with human blood or other PIMs is being performed

• never overfill waste containers

• use extreme caution when working with sharp objects such as needles, razor blades, or broken glass, and properly dispose of in an appropriate sharps container

**Personal Protective Equipment (PPE)**

Departments will provide readily accessible personal protective equipment (PPE) in appropriate sizes at each work site. Hypoallergenic gloves will be provided for those employees who are allergic to those
normally provided.

PPE and clothing should fit the working conditions. When skin or clothing may be splashed with human blood or other PIMs, personnel should wear nitrile or latex gloves and lab coats, gowns or aprons. When personnel may potentially be exposed via the head, eyes, mouth, or nose with human blood or other PIMs, they should wear goggles, dust masks or face shields, and possibly surgical caps, depending on the quantity of PIMs and degree of possible splashing. Where personnel may need to perform emergency resuscitation, pocket masks, resuscitation bags or other ventilation devices use is encouraged instead of direct mouth-to-mouth procedures.

Departments will provide for decontamination, cleaning, laundering, or disposal of required PPE and the repair or replacement of items as needed to maintain their effectiveness.

All PPE must be removed immediately upon leaving the work area and placed in an appropriately designated container that displays the biohazard symbol for decontamination, storage, washing, or disposal.

**Gloves**

Personnel must wear appropriate gloves when performing procedures in which human blood or other PIMs may be handled or contacted. Gloves must also be worn when handling bagged PIMs or obviously contaminated linen. Appropriate gloves include either disposable or utility gloves made of either latex or nitrile. Disposable gloves must be replaced when visibly soiled, torn, punctured or otherwise compromised and may not be washed or disinfected for re-use.

**Sharps Safety**

Sharps pose the greatest hazard to personnel working with human blood or other PIMs. In order to prevent sharps injuries, personnel must

- never recap, bend or break needles
- use safer sharps devices, such as retractable or self-blunting syringes and needles whenever possible
- if absolutely necessary to recap a needle, use a mechanical device, such as a hemostat or forceps, to handle the cap
- handle other sharps, such as broken glass, scalpels, razor blades, broken Pasteur pipettes and broken capillary tubes with mechanical devices whenever possible
- dispose of all sharps in appropriate sharps containers
- avoid the use of sharps or breakable materials and use safer sharps devices whenever possible
Required Departmental Sharps Safety Program

Each department must implement a Sharps Safety Program to evaluate the use of alternative devices for preventing sharps injuries to personnel working with human blood or other PIMs. Refer to Appendix III for useful references. To implement a departmental Sharps Safety Program:

• Review available sharps injury data for the department, and answer the following questions.
  ◦ What personnel were involved?
  ◦ What sharps devices were being used?
  ◦ What were the circumstances of the sharps injuries?
  ◦ How frequent are sharps injuries?

If no sharps injuries have occurred, think about where they might happen.

• Determine what alternative safer sharps devices exist to replace the devices currently used. More than a thousand devices designed to prevent sharps injuries are available. Examples to look for are
  ◦ retracting fingerstick lancets
  ◦ breakage resistant plastic specimen/vacuum tubes
  ◦ plastic capillary tubes
  ◦ safety syringes with a cylindrical sheath to shield needles when blood is injected into tubes
  ◦ self-blunting or shielding needles for vacuum tube phlebotomy sets

See Appendix III for resources to help identify available safer sharps devices.

• Evaluate the effectiveness of different available safer sharps devices for each individual workplace setting in the department.

• Non-managerial personnel who will actually be using the devices must be included in the selection of safer sharps devices. This will improve the quality of the selection process and improve personnel acceptance of the newer devices.

• All evaluations must be documented annually in writing.
  ◦ Develop Safety Feature Evaluation Forms specific for alternative safer sharps devices to be tested in the department. A sample form is available in Appendix II.
  ◦ Have personnel using the devices complete the Safety
Feature Evaluation Forms, and summarize the findings in a central location.

- Each year, summarize which alternative safer sharps devices were evaluated, and the reasons why the alternative devices were or were not implemented.

Alternative safer sharps devices must be used wherever it will reduce personnel exposure, either by removing, eliminating or isolating the hazard, regardless of cost.

## Labeling and Signs

### Labels

Labels with the universal biohazard symbol, the word “biohazard” and a predominantly fluorescent orange or orange-red background must be placed on all waste containers, refrigerators and freezers containing human blood or other PIMs, and all other containers used to store, transport or ship human blood or other PIMs.

The only exceptions to this labeling requirement are:

- individual containers of human blood or other PIMs placed inside a labeled container
- containers for storage, transport, shipment, or disposal are exempted from the labeling requirement
- containers of human blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from labeling requirements.

**Central Stores**, (515) 294-0408 stocks a variety of appropriate biohazard labels and containers.

### Signs

Signs with the universal biohazard symbol, the word “biohazard” and a predominantly fluorescent orange or orange-red background must be posted at the entrance to any area where human blood or other PIMs are used or stored. These signs must also include the name of the potentially infectious material, any special instructions for entering the area, and the name and telephone number of the area supervisor. These door signs may be requested from EH&S.

## Laboratories

All laboratory work must be performed in compliance with the Iowa State University **Biosafety Manual** and the Iowa State University **Laboratory Safety Manual**. Additional work practices and procedures are required if the work site activities involve the culture, production,
concentration or manipulation of HIV, HBV or HCV organisms.
D. Decontamination and Disposal of PIM

All human blood and other PIMs must be disinfected and disposed of according to the Iowa State University *Sharps and Biohazardous Waste Procedures*. All sharps, including uncontaminated sharps, must also be disposed of according to this procedure.

Waste containers for human blood and other PIMs must be
- closable
- leakproof
- labeled with the biohazard symbol

Sharps waste containers must also be puncture-resistant. Containers that are contaminated on the outside must be double bagged.

**Potentially Infectious Materials NOT Regulated as Potentially Infectious Materials Waste**

According to OSHA, certain items that are used to contain fluids, such as bandages, towels, sanitary napkins, or other feminine hygiene products used to absorb menstrual flow, are not considered to be PIMs for waste handling purposes unless they fail the “squeeze test.” These items fail the “squeeze test” when squeezing the item would cause blood to drip out, or cause dried blood to flake off. In these situations, the items must be considered PIMs. Note that even when these items pass the “squeeze test,” they should always be discarded in appropriately lined waste containers in order to prevent personnel from having contact with them.

**Decontamination of Non-disposable Items**

Spills of human blood or other PIMs must be decontaminated and cleaned immediately with an appropriate chemical disinfectant. Equipment and work areas where human blood and other PIMs are used routinely must be decontaminated on a regular basis (daily).

Appropriate disinfectants for decontaminating human blood or other PIMs include
- A freshly made solution of sodium hypochlorite (such as a 1:10 dilution of household bleach and water – about 2 cups of bleach in a gallon of water). Bleach solutions that are more than one day old should not be used.
- Any commercial disinfectant that is tuberculocidal (“tuberculocidal” will be indicated on the product label) is also appropriate for decontaminating human blood or other PIMs.

Sharp or breakable objects must not be picked up directly with the
hands. Use mechanical means, such as a brush and dustpan or tongs, in order to prevent sharps injuries.

Each department must ensure that equipment which may be contaminated with human blood or other PIMs is decontaminated prior to servicing, shipping or handling. The servicing representative or shipment receiver must be informed of the decontamination status prior to servicing or shipping.

Laundry and PPE contaminated with human blood or other PIMs must be placed in a leakproof, labeled container marked “Potentially Infectious Materials” (or a similar marking) along with the biohazard symbol at the location where it was used. The contaminated items must then be decontaminated before re-use or disposal.
Appendix I. Supervisor Checklist for use of Human Blood or Other Potentially Infectious Materials

Use this checklist to ensure that proper procedures have been followed before beginning any work with human blood or other potentially infectious materials.

Exposure Determination

- A list has been prepared of individual personnel required to participate in the Bloodborne Pathogens Exposure Control Program. (see Section B)

Medical Surveillance (see How to Comply section)

- All affected personnel have either received Hepatitis B vaccinations or been offered the vaccinations and completed a Consent or Decline of Vaccination Form (Appendix II).
- Forms for personnel declining Hepatitis B vaccination are kept in department files.
- Procedures are in place to respond to an exposure incident (Post-exposure evaluation offered immediately at no cost to affected individual, First Report of Injury form which includes the Accident Investigation form completed, all incidents evaluated to prevent repeat occurrences).

Training and Information (see How to Comply section)

- All personnel have completed a Hazard Inventory Form and Bloodborne Pathogens Training Personnel Inventory (Appendix II) and sent them to EH&S.
- All affected personnel have completed Bloodborne Pathogens and Sharps Safety training within the last year and all new affected personnel have completed the training prior to their first assignment involving potential exposure.
- All affected personnel have received training on work site specific practices.
- Records are kept documenting all training.

Safe Work Practices (see How to Comply section)

- All affected employees are following Universal Precautions.
- Appropriate personal protective equipment is provided at no cost to personnel.
- Handwashing and eyewash facilities, biohazard warning labels, and door signs are provided.
- Alternative safer sharps devices are used wherever it will reduce personnel exposure.
- Evaluations of alternative safer sharps devices are documented annually in writing using Safety Feature Evaluation Forms for Safer Sharps Devices (Appendix II).
Appendix II. Forms

Hazard Inventory for Occupational Medicine Surveillance
Bloodborne Pathogen Training Personnel Inventory
Consent or Decline of Vaccination Forms
Sample Safety Feature Evaluation Form for Safer Sharps Devices
Non-discrimination Statement

“Iowa State University does not discriminate on the basis of race, color, age, ethnicity, religion, national origin, pregnancy, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran. Inquiries regarding non-discrimination policies may be directed to Office of Equal Opportunity, 3350 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, Tel. 515 294-7612, email eooffice@iastate.edu”