

SKIDMORE COLLEGE

Biohazardous Waste Management Policy and Exposure Control Plan

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GLOSSARY OF RELATED TERMS

These standard definitions, as defined by OSHA, the NYSDOH (NYS Department of Health) and the Environmental Protection Agency (EPA), apply at Skidmore College and appear throughout this plan document:

Biohazardous Waste: Term used, at Skidmore College, interchangeably with Regulated Medical Waste; defined as "...any waste which is generated in the diagnosis, treatment or immunization of human beings or animals, in research pertaining thereto, or in production and testing of biologicals..." (NYS Public Health Law 1389 – aa); includes contaminated or potentially contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials, and "a,o1 (l)-20

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

Other Potentially Infectious Materials: (1) Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluid; (2) Any unfixed human tissue or organ other than skin; and (3) Blood, organs or other tissues from experimental animals infected with HIV, HBV or other microorganisms that have the potential to cause disease in humans.

Parenteral: means piercing mucous membranes or skin through such events a

I. What is biohazardous waste?

At Skidmore College, the terms biohazardous waste and

4. Cleaning of surfaces/equipment contaminated with human or animal body fluids.
5. Insertion of tubes or other equipment into body surfaces (human or animal).
6. Handling/exposure of body fluids (human or animal).
7. Wound care/dressing changes.
8. Responding to emergency situations.
9. Handling of contaminated trash or biohazardous waste.

Skidmore College has determined that any Category A, B, or C position will be treated as a Category A position for the purpose of employee training and identification of employees eligible for the administration of the Hepatitis B vaccine. This is for safety purposes and may differ from the classification in place in the Human Resources Office.

JOB CLASSIFICATIONS WITH RISK OF OCCUPATIONAL EXPOSURE

The following chart lists potential exposures and job classifications by department:

<u>Department</u>	<u>Position</u>	<u>Tasks</u>	<u>Class</u>
<u>Biology</u>	Research Lab Professor	2,3,4,5,6,9	B
	Research Lab Assistant	2,3,4,5,6,9	B
<u>Dance</u>	Professors	1,8	B
	Associate Professors	1,8	B
<u>Exercise Science</u>	Professors	1,2,3,4,5,6,8,9	B
	Teaching Associates	1,2,3,4,5,6,8,9	B
	Research Assistant	1,2,3,4,5,6,8,9	B
	Lab Assistant	1,2,3,4,5,6,8,9	B
<u>Psychology</u>	Research Lab Professor	2,3,4,5,6,9	B
	Research Lab Assistant	2,3,4,5,6,9	B
<u>Athletic Department</u>	Coach	1,8	B
	Equipment Manager	1,4	B
	Trainer	1,3,4,6,7,8	A
	Riding Program Director	1,2,4,8,9	B
	Stable Manager	1,2,4,8,9	B
	Riding Assistant	1,2,4,8,9	B
	Stablehand	4,9	C
<u>Campus Safety</u>	Campus Safety Officer	1,7,8	A
	Director	1,7,8	A
	Sergeant	1,7,8	A
<u>Dining Hall</u>	Cooks	8	C
	Chefs	8	C
	Baker	8	C
	Sanitation/Safety Steward	8	C
<u>Early Childhood Center</u>	Director	1,4,8	B
	Teacher	1,4,8	B
<u>Facilities Services</u>	Environmental Serv. Technician	1,4,9	C
	Housekeeper	1,4,9	C
	Groundskeeper	8	C
	Refuse Driver	8	C

	Electrician	8	C
	HVAC Technician	8	C
	Plumber	8	C
	Carpenter	8	C
	Mason	8	C
	Painter	8	C
<u>Greenberg Childcare Ctr.</u>	Director	1,4,8	B
	Teacher	1,4,8	B
	Teaching Assistant	1,4,8	B
<u>Health Services</u>	Administrative Asst.	8	B
	LPN	1-9	A
	Nurse (RN)	1-9	A
	Nurse Practitioner	1-9	A
	Physician	1-9	A
	Physician Assistant	1-9	A
<u>Special Programs</u>	Camp Northwood Counselors	8	C
	Pre-College Supervisors	8	C
	Athletic Trainers	8	C

III. Methods of Compliance , Infection Control

Universal precautions must be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, body fluids shall be considered potentially infectious materials.

Biohazardous waste must be properly handled, contained and disposed of so as not to become a means of transmission of disease to Skidmore workers, to other humans or to animals, or cause disruption to the environment. All biohazardous waste shall be handled using personal protective equipment (PPE), and must be disposed of and transported in closed, leak-proof (sides and bottom), puncture resistant containers that are clearly marked with the standard bio-hazard symbol. In situations where the outside of a waste container becomes contaminated, then a secondary container must be used. Responsibility for managing the biohazardous waste disposal program rests primarily with Facilities Services, which collects, transports and incinerates this waste. For further information concerning disposal management of biohazardous waste, please refer to sections VI – VIII of this document.

Methods of compliance with biohazardous waste management and infection control guidelines consist of measures designed to protect the health and safety of Skidmore workers and the campus community, as well as that of the surrounding community and environment. These methods include:

- A) Engineering controls
- B) Biosafety cabinets
- C) Safe work practices
- D) Use of personal protective equipment
- E) Availability of safety equipment for use during campus emergency medical and disturbance calls

F) A biohazard communications and training policy (addr0d ())((a)5.7 (d)0.6 (d39)Tj Ew ()Tj 1.8

- Turn water faucet off with paper towel. (This prevents re-contamination of the hands.)
- When hand washing facilities are not available, the employee should use an appropriate antiseptic or alcohol-based waterless hand cleanser/sanitizer, or antiseptic towelettes (these products will be provided by Skidmore College). When antiseptic hand cleansers, alcohol-based cleansers or towelettes are used, hands should be washed with soap and running water as soon as feasible.

2. Hands Should Be Washed /Cleansed :

- After touching patient secretions or any potentially infectious material.
- Before leaving any isolation room.
- Before performing any invasive procedures.
- Before touching any immunosuppressed individual.

no cost and will be accessible in all areas wifact>dd

All employees will be trained in the appropriate use of PPE at the time of their employment, if applicable.

E) CAMPUS EMERGENCY MEDICAL, DISTURBANCE AND CPR CALLS :

1. Emergency Medical and Disturbance Calls: All personnel who respond to disturbances or emergency calls will be trained in appropriate measures designed to decrease the risk for injury and minimize exposure to blood-borne pathogens. If an employee sustains a human bite during the course of responding to an emergency, it will be considered a percutaneous BBP exposure and follow-up measures for exposure will be instituted. In addition, the person who inflicted the bite needs evaluation for BBP exposure due to blood contact with a mucus membrane, i.e. the mouth. (see section VI, [Procedures for Evaluation of human Blood-Borne Pathogens Exposure Incidents and Post-Exposure Follow-Up](#)).
2. CPR: In the event that cardiopulmonary resuscitation (CPR) must be performed, employees should utilize a mechanical device designed to protect the employee from bodily fluid exposure. These devices may consist of either a disposable pocket CPR mask with one-way valve (for mouth-to-mouth resuscitation), or a manual resuscitation combination bag and mask device. Both types of devices are located in emergency kits in both Health Services and Campus Safety.

F) BIOHAZARD COMMUNICATIONS AND TRAINING – see Section IV. [Communication of Hazards](#)

G) HOUSEKEEPING: POLICY FOR CLEANING AND DECONTAMINATION OF WORK AREAS AND EQUIPMENT - Skidmore College strives to provide a work environment that is maintained as safe, clean and as free from potential exposure as possible.

The following list of tasks may be performed by some Skidmore employees (please refer to pages 5 – 7 for employee job classifications with occupational risk of exposure to BBP and other biohazardous materials). All employees at risk for occupational exposure according to their pre-determined category of work-related duties will be trained to perform these tasks in ways that decrease their occupational exposure to blood-borne pathogens and other biohazardous materials. A detailed schedule for cleaning and decontamination is based upon the location within the facility, the degree of contamination present and the nature of the tasks being performed in each area. This schedule is maintained by the [Manager of Custodial Services](#) and is reviewed annually.

1. Decontamination of Work Surfaces:
 - To prevent exposure of the employee to blood or other potentially infectious, biohazardous materials remaining on a work surface from a previous procedure, all work surfaces should be decontaminated after completion of each procedure, when they are overly contaminated during a procedure and at the end of the work shift.
 - When procedures are performed continually throughout a shift, the work area should be decontaminated after each set of tasks is completed.
 - The work area should be decontaminated if an employee leaves the area.
 - Work surfaces in patient care areas do not need to be cleaned after each procedure unless that procedure results in contamination of the area.

In the case of blood on a floor surface (i.e. gym floor during a game, dance in Falstaff's etc.),

Upholstered furniture should be treated similar to carpet. Depending on the extent of blood spill and whether the stain can be removed, the furniture may or may not need to be disposed of. If a blood stain can be removed and the furniture appears usable, the furniture could be disinfected and taken out of service for 7 days to insure there are no BBP's present (Hepatitis B can live on a surface for up to 7 days). Contact a supervisor to decide the outcome of blood on upholstered furniture or mattress.

For bodily fluid spills containing glass, the glass should be removed by sweeping with a counter brush and dustpan or with tongs or forceps. Broken glassware should not be picked up directly with the hands. Bodily fluids should then be removed following proper procedures as stated above. Equipment used to clean a body fluid should be disinfected using Signet disinfectant. All glass should be disposed of in a manner to prevent exposure to others.

Reusable sharps that are contaminated with blood or other potentially infectious materials should not be stored in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

I) LAUNDRY: Contaminated laundry is defined as any laundry that may contain blood or potentially infectious material. The following guidelines have been designed to decrease occupational exposure by means of contaminated linen:

1. Linens should not be sorted or rinsed in patient care areas.
2. All personnel should use protective equipment when handling contaminated linen.
3. Only laundry bags that prevent soak through or leakage of fluid should be used to contain soiled or contaminated laundry.
4. All laundry workers with exposure to contaminated laundry will be trained in the following areas: proper method of handling contaminated linen, method of selecting protective equipment and handling of contaminated sharps.
5. Standard sharps containers should be located near laundry areas for disposal of all sharps found in contaminated linen.

5.

4. Regulated waste that has been decontaminated
5. Laundry bags containing uncontaminated or decontaminated laundry

C) Labels required for contaminated equipment should also state which portions of the equipment remain contaminated.

SIGNS must be posted at the entrance of work areas. Signs will include the universal biohazard symbol which is fluorescent orange-red with letters and symbols in contrasting colors, and will contain the following information:

1. Name of the infectious agent
2. Special requirements for entering the area
3. Name and phone number of the responsible person(s)

BIOHAZARD COMMUNICATIONS TRAINING for employees will be provided prior to their initial assignment to tasks where occupational exposure may take place, and annually thereafter. See Section V, part D for further biohazardous materials and waste management training policy and provisions.

V. Procedures for Evaluation of Human Blood- Borne Pathogens Exposure Incidents and Post -Exposure Follow - Up

An occupational exposure incident is defined as “specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties”.

A) THE FOLLOWING STEPS SHOULD BE TAKEN AFTER EACH “EXPOSURE INCIDENT”:

Employees/Student Employees :

1. The employee will be administered first aid. All affected areas of skin must be washed thoroughly, eyes flushed if necessary.
2. Each incident is to be reported to the employee’s supervisor
3. Every employee has the right to be evaluated should they feel they have been exposed to blood. Swift action is essential for proper evaluation of potential blood exposure incidents. Ideally, the employee should be evaluated within 2 hours of the exposure.

This evaluation may take place at the nearest Emergency Room or Urgent Care Center. Employees/Student employees should anticipate possible laboratory testing and administration of prophylactic medication.

If the source individual is known, they should also be requested to have testing.

4. The supervisor and the employee will complete an Accident Reporting Form (found on the Human Resources website) as soon as possible after the exposure incident. The report should be filed in Human Resources within 24 hours. The

employee should also be prepared to present documentation of evaluation and recommendations for further follow up as directed by Human Resources.

5. The Non Academic or Academic Safety Officer (depending on the department) will conduct an interview with the involved parties surrounding the exposure and assure that appropriate remediation, re-

- Documentation of the route of exposure and circumstance under which the exposure occurred.
 - Results of source individual's blood testing, if available.
 - Medical records relevant to the treatment of the employee, including vaccination status.
5. All employee exposure incidents resulting in the need for medical treatment and follow-up will be kept on file in the OSHA "300" and "300A" Logs in Human Resources.
 6. All needle-stick incidents will be documented in the Health Services "Sharps Injury Log."

Students:

1. Confidential post exposure medical follow-up will be conducted after each exposure incident. This follow up will be provided by a licensed health care provider, ideally the student's Primary Care Physician or Infectious Disease Physician.
2. A copy of the post exposure medical evaluation report will be kept in the student Health record and with the Academic Safety Officer.
3. The student should present documentation of evaluation and recommendations for further follow up to the Academic Safety Officer.
4. The Academic Safety Officer will investigate the incident and offer additional training to laboratory personnel/students to correct any performance problems identified by the incident report if necessary.

C) MEDICAL RECORDS:

Skidmore College will maintain confidential medical records for all employees with an occupational exposure incident for the duration of their employment and an additional thirty (30) years. All employee medical records are maintained as confidential records and as such will not be disclosed without written consent, unless required by law.

All occupational exposure related medical records will include at a minimum the following information:

1. The name and social security number of the employee.
2. All information pertinent to Hepatitis B status and vaccination.
3. A copy of results, examinations, medical testing and follow-up.
4. A copy of the information provided to the health care professional.

D) OCCUPATIONAL HAZARD EXPOSURE RISK AND PREVENTION – BIOHAZARDOUS WASTE AND BLOOD-BORNE PATHOGENS MANAGEMENT AND EXPOSURE CONTROL EMPLOYEE TRAINING:

Specific information and training regarding occupational hazards and required protective measures will be provided to all employees at risk for occupation exposure. New employees at risk for occupational exposure will receive training prior to their initial assignment to tasks where

- Reusable storage containers will be thoroughly washed and decontaminated each time they are emptied unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags or other devices removed with the waste itself.
- A properly trained Facilities Services staff member will complete an approved Medical Waste Tracking Form for biohazardous/regulated medical waste that has been packaged, labeled and awaiting transport by an approved hauler. The College will maintain all MWTFs for a

Recordkeeping

A “Sharp’s Injury” Log that protects the privacy of employees will be maintained and will contain the following:

- ¾ The type and brand of device involved in the incident;
- ¾ Location of the incident (work area); and
- ¾ Description of the incident.
- ¾ The Log will not include any names or employee ID numbers (no personal identifiers).

A sample of the Employee Sharp’s Injury Log format is included at the end of this Policy. The actual log will be kept in an appropriately labeled file folder in the Health Services Laboratory file cabinet.

Signature – Needlestick Safety Committee Member

Date

Signature – Needlestick Safety Committee Member

Date

Signature – Needlestick Safety Committee Member

Date

Signature – Health Services Clinical Director

Date

Skidmore College Health Services
Sharps Injury Log

Appendix A

SKIDMORE COLLEGE

BIOHAZARDOUS WASTE TRAINING RECORD

Reference Strain	Reference Strain	Reference Strain	Reference Strain
(ATCC 10719)	<i>Staphylococcus aureus</i> , (ATCC 6538)	<i>Haemophilus influenzae</i> , (ATCC 10211)	<i>Salmonella choleraesuis</i> , (ATCC 3596)
(ATCC 23023)	<i>Pseudomonas aeruginosa</i> , (ATCC 27962) known as <i>Pseudomonas cepacia</i>	<i>Legionella pneumophila</i> , (ATCC 36100)	<i>Yersinia enterocolitica</i> , (ATCC 4804)
(ATCC 25922)	<i>Campylobacter fetus</i> , (ATCC 27374)	<i>Micrococcus luteus</i> , (ATCC 4698)	<i>Shigella sonnei</i> , (ATCC 25931)
(ATCC 19433)	<i>Streptococcus faecalis</i>	<i>Staphylococcus epidermidis</i> , (ATCC 12228)	<i>Enterobacteriaceae</i> spp. formerly known
(ATCC 11331)	<i>Pityrospora oviformis</i> , (ATCC 13313)	<i>Streptococcus mutans</i> , (ATCC 25176)	<i>Enterobacteriaceae</i> spp. formerly known
(ATCC 11568)	<i>Pseudomonas diminuta</i> , (ATCC 11568)	<i>Streptococcus pyogenes</i> , (ATCC 19615)	<i>Enterobacteriaceae</i> spp. formerly known
(ATCC 11369)	<i>Staphylococcus aureus</i> , (ATCC 11369)	<i>Staphylococcus aureus</i> , (ATCC 11369)	<i>Enterobacteriaceae</i> spp. formerly known
(ATCC 11369)	<i>Staphylococcus aureus</i> , (ATCC 11369)	<i>Staphylococcus aureus</i> , (ATCC 11369)	<i>Enterobacteriaceae</i> spp. formerly known

Antibiotic-Resistant Strains of Bacteria:

(Resistant to Ampicillin, Dihydrostreptomycin)	<i>Micrococcus sedentarius</i> , (ATCC 27573);	(Resistant to Erythromycin, Penicillin, Streptomycin, Tetracycline)	<i>Streptococcus pneumoniae</i> , (ATCC 49619)
(Resistant to Methicillin (MRSA), Gentamicin (GRSA))	<i>Staphylococcus aureus</i> , (CDC HIP 5836);	(Resistant to Penicillin (PRSP))	<i>Streptococcus pneumoniae</i> , (ATCC 49619)
(Resistant to Tetracycline, Miconazole, strept. (MSA))			

Viruses:

*Respiratory syncytial virus, (VR-26)	*Cytomegalovirus, (VR-538)	*Herpes simplex Type 2, (VR-734)
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Kills HIV-1 (AIDS virus) (HTLV-III_B) when used as directed on hard, non-porous inanimate surfaces with a 1 minute contact time.
 Kills Hepatitis B (HBV) virus when used as directed on hard, non-porous inanimate surfaces with a 5 minute contact time.

- *Pseudorabies, (VR-135)
- *Transmissible gastroenteritis virus (TGE), (U of Minn. Strain)
- *Avian Infectious bronchitis (IBV), (VR-22)
- *Avian Influenza, (VR-2072)
- *Canine distemper, (VR-128)
- *Feline Rhinotracheitis, (VR-636)
- *Infectious bovine rhinotracheitis, (VR-188)
- *New Castle disease, (VR-108)

Mold Inhibitory Activity - controls and prevents (inhibits) the growth of mold and mildew: *Aspergillus niger* (ATCC 6275) and the

EPA Reg. No. 70627-15

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I work in an area away from running water, how do I wash my hands if I have been exposed?

Alcohol hand sanitizers are portable and effective at killing germs on the skin surface. It might be a good idea to keep a first aid kit stocked with alcohol sanitizer and other first aid supplies in a

New York State Department of Environmental Conservation : Division of Solid & Hazardous Materials, Solid Waste Management Program, www.dec.state.ny.us/website/dshm/sldwaste/medwaste.htm

U.S. Department of Labor – Occupational Safety & Health Administration : Regulations (Standards – 29 CFR), Bloodborne Pathogens. – 1910.1030, www.osha.gov