

Procedures for Working with Human Blood or Other Potentially Infectious Material

1. Departments with employees who have occupational exposure to blood or other potentially infectious material must develop an Exposure Control Plan in compliance with the OSHA Bloodborne Pathogen Standard. Contact EHS for assistance with compliance.
2. Universal precautions shall be observed at all times. Universal precautions apply to blood, any other body fluid containing visible blood, and other potentially infectious material.
 - a. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
 - b. Universal precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, or vomitus unless they contain visible blood.
 - c. Other potentially infectious materials means the following human body fluids:
 - (1) semen,
 - (2) vaginal secretions,
 - (3) pericardial fluid,
 - (4) cerebrospinal fluid,
 - (5) synovial fluid,
 - (6) pleural fluid,
 - (7) peritoneal fluid,
 - (8) amniotic fluid,
 - (9) saliva in dental procedures,
 - (10) any body fluid that is visibly contaminated with blood,
 - (11) all body fluids in situations where it is difficult or impossible to differentiate between body fluids,
 - (12) any unfixed tissue or organ (other than intact skin) from a human, living or dead,
 - (13) human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV or hepatitis B virus (HBV)-containing culture medium or other solutions, and
 - (14) blood, organs, or other tissues from experimental animals infected with HIV, HBV, or other diseases infectious to humans.

3. Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment, and following contact with blood or other potentially infectious materials.
4. Contaminated needles or other contaminated sharps must not be recapped, sheared, bent, broken or re-sheathed by hand. Contaminated sharps must be placed in appropriate containers until properly reprocessed or disposed. These containers shall be:
 - a. puncture resistant,
 - b. labeled or color-coded, and
 - c. leak-proof on the sides and bottom.
5. Specimens of blood or other potentially infectious materials should be placed in a labeled or color-coded container that prevents leakage during collection, storage, transport, or shipping. A secondary container must be used if the primary container is contaminated, punctured or leaking.
6. Equipment that has been in contact with blood or other potentially infected material must be examined and decontaminated by laboratory personnel as necessary prior to servicing or shipping.
7. If the equipment cannot be completely decontaminated, a readily observable label must be attached to the contaminated equipment and all parties who will be in contact with the equipment should be notified.
8. Gloves must be worn when there is potential for contact with blood, or other potentially infectious materials. Disposable (single use) gloves such as surgical or examination gloves must be replaced as soon as possible when visibly soiled, torn, punctured or when their ability to function as a barrier is compromised.
9. Additional appropriate protective clothing should be selected and worn based upon the task and degree of exposure anticipated.
 - a. Gowns, laboratory coats, aprons or similar clothing should be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.
 - b. Fluid-resistant clothing should be worn if there is a potential for splashing or spraying of blood or other potentially infectious materials.
 - c. Surgical caps or hoods should be worn if there is a potential for splashing or spraying of blood or other potentially infectious materials.
 - d. Fluid-proof shoe covers should be worn if there is a potential for shoes to become contaminated and/or soaked with blood or other potentially infectious materials.

10. Work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures; when surfaces are overtly contaminated; immediately after the spill of blood or other potentially infectious materials; and at the end of the work shift.
 - a. Appropriate germicides include:
 - (1) EPA-registered "hospital disinfectant" chemical germicides that have a label claim for tuberculocidal activity, and
 - (2) commercially available hard-surface germicides or solutions containing at least 500 parts per million free available chlorine (a 1:100 dilution of common household bleach - approximately $\frac{1}{4}$ cup of bleach per gallon of tap water).
 - b. For routine housekeeping or removal of soiling in the **absence** of visible blood contamination, EPA-registered "hospital disinfectants" (**no** label claim for tuberculocidal activity required) can be used.
 - c. Environmental surfaces such as floors, woodwork, or countertops which have become soiled, should be cleaned and disinfected using any cleaner or disinfectant agent that is intended for environmental use.
11. All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials should be inspected, cleaned, and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon as possible upon visible contamination.
12. Broken glassware that may be contaminated must not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, a vacuum cleaner, tongs, cotton swabs or forceps.