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2 **POLICY STATEMENT 71**
3 **MANAGEMENT OF HUMAN BODY FLUIDS/WASTE – BLOODBORNE PATHOGENS**
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6 **POLICY DIGEST**

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8 **Primary Monitoring Unit: Facility Services**
9 **Initially Issued: May 19, 2001**
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13 **I. PURPOSE**

14 To establish uniform procedures for the safe management of human body fluids and waste
15 (Bloodborne Pathogens).

16 **II. GENERAL POLICY**

17 Most recently available information on the spread of Acquired Immune Deficiency Syndrome
18 (AIDS) and other diseases spread by bloodborne pathogens, such as Hepatitis B projects a
19 continuing increase in the numbers of people infected with these diseases. Teaching and
20 research laboratories, and campus staff periodically handle, or are exposed to, various human
21 body fluids and contaminated waste materials. Procedures have been instituted for the
22 management of human body fluids and contaminated waste to prevent infection from
23 occupational exposure in students, faculty and staff. The procedures that follow are therefore
24 mandated for use by all University personnel and students in the handling of, and exposure to,
25 human body fluids and waste (Bloodborne Pathogens).

26 **High Risk Employee Groups**

27 The following groups of LSUE employees are considered High Risk and will be provided annual
28 refresher bloodborne pathogens training: Maintenance, Custodial, Grounds, Security, Coaching,
29 and Intramural Staffs along with First Aid Response Team members.

30 **III. OPERATING PROCEDURES**

31 Since the potential for infection from exposure to any human blood and body fluids cannot be
32 known, “blood and body fluid precautions” recommended by the Centers for Disease Control
33 (CDC) and the Occupational Safety and Health Administration (OSHA) shall be adhered to.
34 These “standard precautions”, also known as universal precautions, are guidelines for the
35 handling and processing of, and exposure to, all human blood and certain human body fluids *as*
36 *if they are known to be infectious for HIV, HBV, and other bloodborne pathogens.* These
37 guidelines apply to blood, tissues, all body fluids, secretions, and excretions (except sweat),
38 regardless of whether they contain visible blood.

39 All University personnel and students are required to follow the procedures listed in this policy.

- 40 A. All laboratory specimens of blood, human tissue, and body fluids are to be handled as if
41 infectious, utilizing minimum Biosafety Level 2 practices and/or procedures that comply
42 with standard precautions. These requirements, procedures and facility requirements
43 are described in detail in the CDC/NIH publication entitled *Biosafety in Microbiological*
44 *and Biomedical Laboratories*.
- 45 B. All personnel working with or exposed to human body fluids, including bagged
46 biohazardous material, shall wear latex or vinyl gloves.
- 47 C. All research and medical personnel working with human blood and body fluids shall wear
48 appropriate lab coats and other protective clothing/attire to protect against contact with
49 the body.
- 50 D. Facial barrier protection in the form of a plastic face shield or goggles should be worn if
51 there is an anticipated potential for splattering blood or body fluids.
- 52 E. To prevent needle stick injuries, needles shall not be recapped, purposely bent, cut,
53 broken, removed from entire disposable syringes and vacutainers with needles attached,
54 or otherwise manipulated by hand. A new sterile syringe and needle shall be used for
55 each human subject.
- 56 F. Body fluids and wastes, their containers, and materials in contact with body fluids
57 wastes, such as gloves, pipettes, collection tubes, swabs, etc., shall be placed in
58 biohazard bags and then either: (1) placed in plastic, sealable drums for pickup by an
59 authorized hazardous waste vendor, (2) autoclaved in an approved University autoclave
60 and disposed of as ordinary trash. Broken glassware that may be contaminated should
61 not be picked up directly with bare hands. It should be cleaned up using mechanical
62 means, and brush pan, tongs or forceps. Dispose of broken pieces in a specially
63 marked container as contaminated material.
- 64 G. Hands or other skin surfaces shall be washed thoroughly with soap and water as soon
65 as possible if potentially contaminated with blood or other body fluids.
- 66 H. Work areas for the handling of human body fluids and waste shall be cleaned frequently
67 with a solution of one part commercial liquid household bleach to ten parts water, or
68 other appropriate disinfectant specifically for HIV, Hepatitis B and other potentially
69 infectious diseases. Accidental spills shall be promptly cleaned in a like manner.
- 70 I. Access to laboratories and work areas involving human blood and body fluids shall be
71 limited or restricted. Such areas will be posted at the entrance with biohazard labels and
72 emergency contact information.
- 73 J. Employees and students shall receive appropriate training on the potential hazards
74 associated with the work involved, the necessary precautions to prevent exposure, and
75 the exposure evaluation procedures. Employees shall receive annual updates and
76 additional training as necessary for procedural or policy changes.
- 77 K. Standard Operating Procedures (SOP) must be written for all procedures performed by
78 personnel, including operation and maintenance of equipment, in the laboratory or work
79 area.

80 L. This policy will be made part of all laboratory manuals where human body fluids or waste
81 products are handled.

82 **IV. PERSONAL PROTECTIVE EQUIPMENT**

83 Bodily Fluid Clean-Up Kits (Personal protective gear) will be included in each First Aid
84 Responder Bag. They will also be in each custodial closet within each building on campus. The
85 Safety Coordinator is responsible for the maintenance and replacement of these kits as they are
86 used. The kits will contain:

87 A. *Disposable Gloves*-which should be worn where it is reasonable anticipated that
88 employees will have hand contact with blood, other potentially infectious materials, non-
89 intact skin, mucous membranes and when handling or touching contaminated items or
90 surfaces.

91 B. *Disposable Goggles, Face Mask, Apron and Shoe Covers* - To be worn whenever
92 splashes, sprays, splatters, or droplets of blood or other potentially infectious material
93 may be generated and eye, nose or mouth contamination can be reasonably anticipated.

94 C. *Clean-up Absorbent Pack* – Sprinkle over the spill to solidify the blood and bodily fluids
95 to assist in safer handling.

96 D. *Scoop and Scraper* – Used to pick up the solidified blood and bodily fluids.

97 E. *Chlorine Concentrate* - Used to clean contaminated surfaces. Follow instructions in the
98 kits. (If necessary, substitute with a 10/1-bleach solution)

99 F. *Suitable Towelettes* – Use the towelette to clean your hands.

100 G. *Biohazard Labeled Red Plastic Bags* – All contaminated materials used in the treatment
101 of injuries and the disinfecting and cleaning of the area are to be kept in a separate
102 biohazard marked, self-closing container with a biohazard marked plastic bay liner.
103 These contaminated plastic bags will be sealed and handled only by trained personnel
104 with latex rubber gloves and will be disposed of as required by law. The bags will be
105 secured with no tears or leakage. Leaking and/or torn bags will be put into another
106 intact plastic bag with biohazard markings.

107 H. Only High Risk Employees who are properly trained are allowed to perform clean up
108 procedures using the apparatuses in the Bodily Fluid Clean-Up Kits.

109 **V. PROCEDURE TO FOLLOW IF EXPOSED**

110 A. Wash the exposed area with soap and water as soon as possible. Dry area with a clean
111 paper towel and discard. Flush eyes and exposed mucous membranes with large
112 amounts of clean water. Do not use caustic agents, such as bleach.

113 B. Report the incident to your supervisor or any available person who can give you
114 immediate assistance at contacting one of the First Aid Response Team Members.
115 The supervisor or department head of the given employee that has been exposed is
116 ultimately responsible for ensuring that the Director of Physical Plant/Safety Coordinator
117 and the Human Resource Officer are notified of the incident ASAP.

- 118 C. The Human Resource Officer will file an “Incident/Accident Investigation Form” and
119 notify a local physician and/or the local hospital that an employee is being sent for
120 predetermined evaluation of the exposure. An exposed employee may seek the
121 services of his/her own physician.
- 122 D. No one should touch or attempt to clean up any type of human body fluids, blood,
123 secretions, excretions (except sweat) etc., regardless of whether they contain visible
124 blood, unless they are properly trained and utilize the proper personal protective
125 equipment.
- 126 E. Upon notification of a given incident, trained staff in the Physical Plant Department will
127 clean and properly dispose associated waste, when evidence of bloodborne pathogens
128 have contaminated bathrooms, work areas such as laboratories, offices or any other
129 general areas on campus.

130 VI. MEDICAL PROVISIONS

131 At the annual Bloodborne refresher training meeting, all High Risk Employees will be offered
132 the Hepatitis B Vaccination at no cost to the employee. The employee may decline and sign a
133 statement of refusal (see attached). If any employee initially declines the Hepatitis B
134 Vaccination, but at a later date decides to accept the vaccine, the vaccination shall then be
135 made available at no cost to the employee.

136 VII. TRAINING

137 All LSU Eunice employees will participate in a general overall Bloodborne Pathogens training.
138 All High Risk Employees will undergo special and more in-depth annual training provided by the
139 Safety Coordinator. The Safety Coordinator will schedule appropriate sessions with the
140 guidelines of this policy.

141 VIII. RESPONSIBILITY

142 LSU Eunice supports and stresses the importance of the following guidelines of the Bloodborne
143 Pathogens Program.

144 Safety Coordinator

- 145 A. To oversee the program and audit it annually.
- 146 B. Report, investigate, and document all known exposure incidents.
- 147 C. Request the purchase of Bodily Fluid Clean-Up Kits and maintain replacements.
- 148 D. Ensures that the training for all employees is provided at the time of initial employment
149 (through the Human Resource Office). All LSU Eunice employees must be trained at
150 least once during the course of their employment.

151 High Risk Employees

- 152 A. Will use universal precautions in the treatment of all victims and while cleaning up spills
153 of any kind.

154 B. Will follow the guidelines of this instruction.

155 C. Will attend all training sessions.

156 **IX. QUESTIONS**

157 Questions should be directed to the LSU Eunice Safety Coordinator.

EMPLOYEES'S REFUSAL TO TAKE HEPATITIS B VACCINATION

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 this vaccine, and understand that 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.

Signature Witness

Employee's Social Security No. Date