SHARPS INJURY AND BLOODBORNE PATHOGEN EXPOSURE POLICY

Purpose
Faculty, staff, and students of the Massachusetts College of Pharmacy and Health Sciences shall utilize comprehensive and standardized procedures to guide in the prevention and handling of an injury and exposure to hazardous or infectious material.

Scope
This policy applies to all MCPHS employees and students.

Definitions

Sharps – Medical articles that may cause punctures or cuts (i.e., syringes, needles, scalpel blades, disposable razors, lancets). For the purpose of this policy, “sharps” primarily refers to used or unused needles and/or syringes and lancets.

Biohazard - Anything that is harmful or potentially harmful to man, other species or the environment.

Blood means human blood, human blood components, and products made from human blood.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated sharps mean the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a sharp item or surface.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of duties.

Prevention
Precautions shall be observed at all times when working with sharps, human blood, saliva, or other potentially infectious material. Standard precautions apply to blood, saliva, any other body fluid containing visible blood, and other potentially infectious material.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Standard precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, or vomitus unless they contain visible blood.

Other “potentially infectious materials” means the following human body fluids:

- semen
- vaginal secretions
- pericardial fluid
- cerebrospinal fluid
• synovial fluid
• pleural fluid
• peritoneal fluid
• amniotic fluid
• saliva in dental procedures
• any body fluid that is visibly contaminated with blood
• all body fluids in situations where it is difficult or impossible to differentiate between body fluids
• any unfixed tissue or organ (other than intact skin) from a human, living or dead, human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures
• hepatitis B virus (HBV)-containing culture medium or other solutions
• blood, organs, or other tissues from experimental animals infected with HIV, HBV, or other diseases infectious to humans

Students, Faculty and staff must wash their hands immediately after removal of gloves or other personal protective equipment, and following contact with blood or other potentially infectious materials.

Re-capping Needles
Contaminated needles or other contaminated sharps must not be recapped, sheared, bent, broken or re-sheathed by hand. In the FSDH Dental Hygiene clinic, needles may be recapped using the appropriate single-handed recapping container/device. Contaminated sharps must be placed in appropriate sharps, biohazard containers until properly reprocessed or disposed of by Clinic Manager. These containers shall be:
• puncture resistant,
• labeled or color-coded, and
• leak-proof on the sides and bottom.

Bio-hazardous Storage and Transport
Specimens of blood or other potentially infectious materials should be placed in a color-coded container, labeled “Biohazard Material”, which prevents leakage during collection, storage, transport, or shipping. A secondary container must be used if the primary container is contaminated, punctured or leaking. Bio-hazardous material must be disposed of only by authorized bio-hazardous waste removal companies. The MCPHS contracts with XXXX for all transport and removal of bio-hazardous waste. Only those staff who have undergone the OHSA required yearly safety and hazardous waste training may handle and transport bio-hazardous waste.

Equipment
Equipment which 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. 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.

Gloves
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, and punctured or when their ability to function as a barrier is compromised.
Dental Hygiene faculty, staff and students are required to wear protective gloves during all dental hygiene clinical and clean-up procedures as part of their Personal Protective Equipment (PPE) wear.

**Routine Housekeeping:**
For routine housekeeping or removal of soiling in the absence of visible blood contamination, after completion of procedures, work surfaces must be decontaminated with an appropriate disinfectant.

**Disinfection Following Contamination by Bloodborne Pathogen**
When surfaces are overtly contaminated by blood or another potentially infectious material, appropriate disinfectants/germicidals need to be used to disinfect surfaces. Only those containing tuberculocidal, bactericidal, virucidal, and fungicidal may be used to effectively kill HIV, HbV and other noted pathogens. Products such as 70 % isopropyl alcohol or CaviWipes (active ingredients disobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride, and isopropanol) are acceptable products. See product specifications regarding active ingredients and method of disinfection. Any EPA-registered hospital disinfectant is adequate.

**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. Building services should be contacted for assistance. Appropriate disinfectants/germicidals need to be tuberculocidal, bactericidal, virucidal, fungicidal and needs to effectively kill HIV, HbV. Products such as 70 % isopropyl alcohol or CaviWipes (active ingredients disobutylphenoxyethoxyethyl dimethyl benzyl ammonium chloride, and isopropanol) would be appropriate. Any EPA-registered hospital disinfectant is adequate.

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.

Broken glassware which 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. Building services should be contacted for assistance.

**SHARPS INJURY AND POST EXPOSURE FOLLOW-UP PROCEDURES**

**Procedure**
In the event of a sharps injury or an exposure to infectious or hazardous material the following procedure shall be followed:

- Immediately notify the Clinic Bay Instructor, Clinic Supervisor and Clinic Dentist.

- Clinic Dentist will determine the type of exposure or injury
  
  **Note:** The exposure determination is made without regard to the use of personal protective equipment.
  
  (i.e. individuals are considered to be exposed even if they wear personal protective equipment)
• If an injury is sustained via non-contaminated vehicles and is not serious in nature, areas shall be given first aid attention.

• If individuals incur exposure through the skin or to mucous membranes, those areas shall be washed or flushed with water immediately following contact. All garments which are penetrated by blood shall be removed immediately or as soon as feasible; and must be removed prior to leaving the work area.

• For serious wounds and all types of exposure to contaminated or infectious materials, the affected individual shall be given temporary first aid and directed immediately to the nearest medical facility for proper medical attention.

Referral for Follow-up to Exposure Incidents

Immediate follow-up to all exposure incidents will take place by medical personnel at the New England Baptist Occupational Medicine Department. Those injured will be directed there for immediate post-exposure evaluation. All persons (including those not covered by the Bloodborne Pathogen act) who incur an injury/exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

Consultation with a physician will be encouraged. Medical Care and follow-up will include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed person’s blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. All diagnoses will remain confidential. Medical care cost including laboratory, counseling, and prophylaxis medication will be provided at no cost to the student or employee.

The follow-up procedure will include the following:

• Documentation of the route of injury/exposure and the circumstances related to the incident.
• If necessary and if possible, the identification of the source individual and the health status of the source individual. The blood of the source individual will be tested (by consent) for HIV/ HBV infectivity.
• Results of testing of the source individual will be made available to the exposed employees in addition to the information about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
• The individual will be offered the option of having their blood collected for testing of their HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the affected individual time to decide if the blood should be tested for HIV serological status. However, if the individual decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
• The individual will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
• The individual will be given appropriate counseling concerning precautions to take during the period after the exposure incident. Further, the individual will also be given information on what potential illnesses to be alert for and to report any related experiences.
**Reporting**

Incidents must be reported by the FSDH BAY INSTRUCTOR within 24 hours after the incident to the appropriate MCPHS authorities including but not limited to the following in this order:

- Clinic Supervisor (Course Director)
- FSDH Dean
- Director of Environmental Health and Safety
- Dean of Students (If student injury)

Attending Clinical Faculty member shall complete an incident report immediately following the care of the individual and submit it to the Clinic Supervisor. Details of injury, care given and medical care required shall be documented in the report. The Clinic Supervisor shall submit copies of the report to the Dean of the FSDH, the Director of Environmental Health and Safety, and the Dean of Students, if a student was injured.
Exposure Incident or Required Medical Treatment Documentation
Massachusetts College of Pharmacy & Health Sciences
Forsyth School of Dental Hygiene
Esther M. Wilkins Dental Hygiene Clinic

Name: _________________________________ Date: ______________________________
Address: ________________________________________________________________
Telephone: ___________________________ Date of Birth: _________________________
Patient: _______________ Student: ____________ Faculty: _______________
Location of incident: _________________________________________________________
Massachusetts College of Pharmacy & Health Sciences
Forsyth School of Dental Hygiene, Esther M. Wilkins Dental Hygiene Clinic,
179 Longwood Avenue
Boston, MA 02115
Clinic: 617-278-2700 fax: 617-732-2912

Description of incident: ______________________________________________________

__________________________________________________________

Those seeking medical care for post-exposure management will be taken by taxi to the
New England Baptist Hospital Occupational Health Department, 70 Parker Hill Avenue, Boston, MA 02120
Hours of Operation: Occupational Medical Center 617-754-5620 6th floor – 8:00am-4:00pm
Ambulatory Care Department 617-754-5248 (ask for Carol) – 3rd floor - 4:30pm -7:00pm
After 7:00 pm go to the nearest emergency room and call the Occupational Medical Center
the next day for follow-up care.

All other conditions requiring medical care will be taken to the Brigham & Women’s Hospital Emergency
Room, 75 Francis Street, Boston, MA 02115.

For Patients/Faculty/Staff - Please submit bills for services received to:
Massachusetts College of Pharmacy & Health Sciences
179 Longwood Avenue
Boston, MA 02115-5896
Attn: Peg Eaton-Crawford Office of Finance and Administration

For Students- Please submit bills for services received to the student’s insurance carrier.