

OFFICE OF THE CHANCELLOR
LOUISIANA STATE UNIVERSITY

PS 260
Page 1 of 5
Revision: 2
Effective: November 1, 2016

SUBJECT: BLOOD BORNE PATHOGEN / FIRST AID POLICY

PURPOSE: The purpose of this program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials and to establish the appropriate response to a situation on campus requiring the administration of first aid for all employees, students, and visitors of Louisiana State University at Alexandria.

BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

All bodily fluids will be considered infectious regardless of the perceived status of the source individual. Procedures for providing first aid and decontaminating/sanitizing contaminated areas will duplicate those developed and used by the health industry. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, clean up procedures and medical protocol involving post exposure evaluation.

Examples of Blood Borne Diseases:

HIV: Human Immunodeficiency Virus causes AIDS
Hepatitis B and C
Syphilis
Malaria

Preventive Measures – Universal Precautions

Use universal precautions at all times: TREAT ALL BLOOD AND BODY FLUIDS AS THEY ARE POTENTIALLY INFECTIOUS.

1. Gloves shall be worn when contact with bodily fluids can reasonably be expected.
2. Gloves should be changed after each occurrence.
3. Hand washing with soap and water is mandatory after each occurrence.
4. Hand cleaner and antiseptic towlettes may also be used.
5. Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present.

6. Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible.
7. Contaminated sharp objects must not be bent, broken, or recapped by hand and disposed of properly.
8. All contaminated sharps must be disposed of in a rigid, leak proof, puncture resistant container. The sharps container must be located as close as practical to the use area and identified as biohazardous.

Decontamination Procedures

1. Call a professional for proper decontamination and disposal.
2. "Spill Kits" are maintained at each building and either require employees to follow the manufacturer's instructions that are provided with the kits or train employees on their use and disposal.

The following are the general guidelines for decontamination:

- . After an accident, the contaminated area must be cleaned with the proper recommended decontamination solution
- . Cleaning equipment must be properly decontaminated
- . Wear required PPE
- . Restrict access to the area
- . Use disposable supplies whenever possible and dispose of properly

Disposal: Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations.

All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

Post-exposure Procedures

- . Wash hands with antibacterial soap after contact
- . Flush eyes and face with fresh water for several minutes after contact
- . Immediately notify supervisor, who will contact the University Police and the Campus Safety Officer.
- . Employee may be sent for a confidential medical evaluation depending on the material to which the employee was exposed.
- . Medical treatment may include documentation, collection and testing of blood, post-exposure prophylaxis, counseling, and further testing and evaluation if necessary.
- . CDC guidelines will be followed for post-exposure to HIV and Hepatitis B&C.

Other Exposure Hazards

- . Cleaning surfaces contaminated with blood, vomit, feces
- . ALWAYS wear gloves and protective apron or clothing
- . Be alert for sharp objects, broken glassware, used syringes in trash
- . Do not pick up broken glass – use brush or broom & dustpan
- . Dispose of glass, sharp objects safely
- . Laundry – bloody or contaminated linens or sharp objects

TRAINING: The training schedule shall be contingent upon the level of exposure to BBP:

High Risk: Police officers, custodial worker and plumbers.

Workers with high risk of occupational exposure shall receive training within three months of being hired and at least once per year afterwards. The training must be given during working hours and at no cost to the employee and training records shall be maintained for five years.

Low Risk: All other employees shall be designated as Low Risk.

All employees shall participate in a training program within 12 months of employment. If there are no BBP events, the training shall be required every five years thereafter. If an agency's unit experiences a BBP event, the employees of that unit shall be required to retrain within the following 60 days. Low risk employees will be trained online.

Work Practice Controls

When there is a potential for occupational exposure, the department shall provide and ensure use, at no cost to the employee, appropriate Personal Protective Equipment (PPE).

Each employee in the high risk category shall have immediate access to an unexpired, complete spill kit. Supervisors are responsible for maintaining the kits in accordance with departmental procedures. Warning labels must be affixed to containers of regulated waste, or any that contain potentially infectious material.

Hand Hygiene Rules

- . Wash hands & remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics
- . Keep hands away from eyes, nose, mouth while cleaning
- . Frequent hand washing is best defense against spreading infection

Summary

- . Protect yourself on and off the job; know the facts
- . Practice good personal hygiene
- . Follow work rules, use gloves and protective clothing
- . Wash your hands often, after work or exposure
- *Keep areas clean – report problems immediately to supervisors

FIRST AID POLICY

Emergency is defined as an unexpected, serious occurrence resulting in injury or illness, requiring immediate attention. To care for such emergencies, an Emergency Response Team, chaired by a designated "Emergency Response Person In-Charge," is appointed by the Chancellor. This Response Team includes individuals from the faculty, administration and staff. Each member is certified as Heartsaver AED/Healthcare Provider through the American Heart Association. They will be appointed to rotating terms to assure that there are experienced people on the team at all times. This list is updated every year and sent out through campus mail to each employee.

The following general procedures should be followed:

1. For any medical emergency on campus, **911** should be called. The **911** operator will contact Campus Police at that time. All LSUA campus police officers are certified in the Heartsaver/AED class by the American Heart Association. The "Emergency Response Person In-Charge," or in his/her absence a member of the Emergency Response Team, should be called to the scene after the **911** call is placed.
2. AEDs are housed throughout campus and in each University Police vehicle that responds to the emergency. AEDs are monitored monthly and if there are any problems found, they should be immediately reported to the Campus Safety Officer.
3. A room available for medical emergencies is located in F. Hugh Coughlin Hall (Nursing Education Building). Access to this room is controlled by any member of the Emergency Response Team. There is a locked cabinet that contains a maintained first-aid kit. The first aid supply kit shall be maintained and inventoried periodically. Expiration dates on kit contents must be checked as well.
4. Following any emergency, a report should be immediately submitted to the campus safety officer, who will then be responsible for contacting family members, and completing the report for filing and future reference.
5. All employees shall report any injury to the appropriate personnel (immediate supervisor, safety officer, etc.) as soon as possible, at least before the end of the shift. The Safety Director will be called to evaluate and treat the injury and the employee will be returned to work. If further medical evaluation or treatment is needed, the employee will be transported to a local medical facility. The immediate supervisor shall be required to complete the first section of an Accident/Incident Report (DA2000) and the last section will be completed by the Campus Safety Officer after investigation. Human Resources is notified of the situation at this time and will receive the completed DA2000 to be filed with ORM. The employee will provide the agency with the treating physician's diagnosis and the length of time he or she is expected to be unable to work.

6. In the event of an injury to a student or visitor, the same procedures should be followed and a DA 3000 will be completed by the Campus Safety Officer.
7. Any medical emergencies occurring at any site away from our main campus are to call 911 first. The Campus Safety Officer should then be notified as soon as time permits.

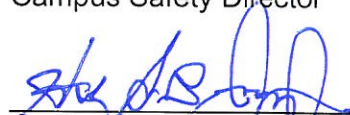
AUTHORIZED:



Chad Gauthier
Campus Safety Director

11/7/2016
Date

APPROVED:



Dr. Haywood Joiner
Interim LSUA Chancellor

11/7/2016
Date