Federal and Pennsylvania regulations on bloodborne pathogens describe certain requirements to control the exposure to bloodborne pathogens.

The policy of Temple University for control of hazardous materials, including bloodborne pathogens, relies upon the following principles:

- The concept of keeping exposure to hazardous materials as low as reasonably achievable (ALARA) must be applied to the design and performance of all activities.
- Laboratory principal investigators or supervisors must assure that all activities in their respective areas are conducted safely (Policy No. 1.4).
- The severity of response to a problem will be consistent with its potential impact.
- Each individual is fundamentally responsible for his/her actions.
- Employees must be provided with the appropriate personal protective equipment and training.
- Engineering controls must be in place.

Consistent with these principles, the Temple University Exposure Control Plan consists of the following policies:

**Exposure Determination**

Policy No. 6.8 provides criteria for exposure determination. Each administrative unit (department, division, etc.) is responsible for identifying those employees that have an exposure potential to bloodborne pathogens.

**Annual Review**

The Exposure Control Plan will be reviewed and updated annually to reflect changes in technology that eliminates or reduces exposure to bloodborne pathogens.

Temple University Health System: Consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure is the responsibility of the Temple University Health System Sharp Object Prevention Task Force Committee (TUHS SOIP TFC). A copy of the minutes from these meetings will be forwarded to EHS by the Infection Control Department of Temple University Hospital on a quarterly basis and attached to the Exposure Control Plan as evidence of compliance with the Bloodborne Pathogens Standard, effective April 18, 2001.
Evaluation and Selection of Effective Engineering and Work Practice Controls

Temple University Health System: The Administration of all Temple University Health System entities will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls. The documentation of this solicitation and feedback will be a part of the minutes of the TUHS SOIP TFC and forwarded to EHS for attachment to the Exposure Control Plan as referenced above. A copy of the evaluation tool completed when evaluating new safety devices will be maintained by the Infection Control Department of each TUHS institution and are available for inspection at any time upon request.

Training

All employees with exposure potential to bloodborne pathogens will receive an initial training and an annual retraining. The core of Temple University training is the initial training provided for Level III employees (Policy No. 3.2). However, members of the faculty and those with previous training may receive an abbreviated training.

Universal/Standard Precautions

The Temple University Laboratory BioSafety Guide contains essential elements of universal/standard precautions, engineering controls, and personnel protective equipment. Policy No. 6.4 incorporates relevant sections of that guide by reference.

HBV Vaccination

It is the Temple University policy to offer Hepatitis B virus (HBV) vaccination to all that potentially are exposed to bloodborne pathogens. Policy No. 6.7 describes the details of the Temple University approach.

HIV Research Laboratories

Certain laboratories engaged in research in HIV must undertake additional actions beyond those required for other facilities. Policy No. 6.10 describes these requirements.

Sharps Injury Log

A sharps injury log will be maintained by Occupational/Employee Health for recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured healthcare worker. The sharps injury log shall contain, at a minimum, the following:
1. The type and brand of the devices involved in the incident
2. The department or work area where the exposure incident occurred
3. Explanation of how the incident occurred.
This sharps injury log will be maintained for 5 years after the date of the incident.

**Post-Exposure Follow-up**

Despite best efforts to avoid exposure to bloodborne pathogens, provisions must be made to treat those who may have been exposed to these pathogens. See Temple University Hospital (TUH) policy 950.130, 950.130 (A) and 950.130 (B) or department specific policy on Post Exposure follow-up.

**Recordkeeping**

Temple University adheres to all regulations published in OSHA’s Recordkeeping Rule (29 CFR 1904). All sharps injuries involving contaminated objects are reported on the OSHA 300 Log of Work-Related Injuries and Illnesses and the OSHA 301 Injury and Illness Incident Report by the Temple University Worker’s Compensation manager or his designee. This new rule will become effective January 1, 2002. Until then, a sharps injury log must be maintained at all times as set forth by the new Bloodborne Pathogens Standard.

**Infectious or Biological Waste**

Temple University’s management of infectious or biological waste is described in Policy Nos. 2.3, 2.4, 2.5 and 2.6.

All policies in the Environmental Health and Radiation Safety Handbook, including those related to biosafety, are periodically reviewed and revised, if necessary.