

University of Portland



BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM



UNIVERSITY OF PORTLAND

AN OREGON EMPLOYER



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BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM

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University of Portland



BLOODBORNE PATHOGENS EXPOSURE CONTROL AND RESPONSE PROGRAM



1.0 BLOODBORNE PATHOGENS EXPOSURE CONTROL & RESPONSE PROGRAM

In accordance with the OSHA Bloodborne Pathogens Standard, section 29 CFR 1910.1030, University of Portland has developed and implemented the following exposure control and response plan. This plan was last updated in November 2025.

2.0 PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood and certain other body fluids
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

3.0 POSITION EXPOSURE DETERMINATION

University of Portland conducts exposure assessments to determine which, if any, employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination has been made without regard to the use of personal protective equipment [i.e. employees are considered to be exposed even if they wear personal protective equipment].

This exposure determination lists all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

At University of Portland, the following job classifications are in this category:

- Facilities Services employees
- Health and Counseling Center Employees
- Nursing Employees
- Athletics Employees
- Campus Safety Employees
- Environmental Health & Safety Officer
- Beauchamp Recreation and Wellness Center Student Employees
- Some STEM employees (Biology Lab Manager, Chemical Hygiene Officer, Engineering technicians)
- Residence Life employees (including Residence Assistants and Hall Directors)

University of Portland maintains a listing of job classifications in which employees may have occupational exposure. Not all of the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, or tasks or procedures that would cause these employees to have occupational exposure. However, these positions are listed in order to clearly understand which employees in these categories are considered to have occupational exposure.

The job classifications and associated tasks for these categories are as follows:

- *Campus Safety officer*
- *Custodial staff*
- *Academic Research faculty directly involved with potentially infectious material*
- *Athletics staff working in training rooms, laundry rooms, etc.*
- *Nursing staff working in simulation labs*
- *Environmental Health and Safety Officer directly involved with implementation of this plan and disposal of biohazardous waste*

4.0 IMPLEMENTATION SCHEDULE AND METHODOLOGY

This plan includes the following schedule and method of implementation for the various requirements of the bloodborne pathogen exposure control standards.

4.1 Compliance Methods

Universal precautions are observed at each University of Portland facility and all other locations where work is conducted in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials are considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where the possibility of occupational exposure still remains after implementation of these controls, personal protective equipment is mandated. At all facilities and in all departments the following engineering controls are utilized:

- At all times when soiled or infectious materials, equipment, or other materials of any kind are handled, and upon first-aid treatment of a bleeding cut, bandage and other treatment:
 - All persons are required to wear protective latex gloves.
 - Soiled materials, cleaning materials and materials used to absorb blood are disposed in the trash AFTER the materials are placed in a plastic bag by personnel protected with latex gloves.

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows at least once each business quarter by Environmental Health & Safety.

Hand washing facilities are made available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. [NOTE: When hand washing facilities are not feasible, either an antiseptic cleanser in conjunction with clean cloth paper towels or antiseptic towelettes are provided to employees. If these alternatives are used then the hands are to be washed with soap and running water as soon as possible.]



The University of Portland supervisor of the affected employee must ensure that after the removal of personal protective gloves the employee flushes with water and washes their hands and any other possible contaminated skin or mucous membrane areas immediately or as soon as feasible with soap and water.

4.2 Needles

In the event of employees using personal sharps for legitimate medical conditions (e.g. diabetes, anticoagulants) all contaminated sharps will be properly disposed into proper protective containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom. These protective containers will be provided to the respective employee, easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or are reasonably anticipated to be found. Sharps containers also will be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.



4.3 Containers for REUSABLE Sharps

Needles must be disposed of in labeled sharps containers. Sharps containers are available for pickup at Campus Safety for any University of Portland community member. Sharps containers are also available in all campus bathrooms. Employees who encounter improperly disposed needles should not touch the needles and instead immediately notify Campus Safety/Environmental Health and Safety of the locations of the needles. Campus Safety Officers and/or Environmental Health & Safety will dispose of incorrectly disposed needles in appropriate, labeled sharps containers.

Improperly disposed needles or other sharps will not be bent, recapped, or moved except as noted below:

- Needles may be recapped only by using a mechanical device
- Needles may be moved only by using a mechanical device or tool (forceps, pliers, broom and dust pan)

4.4 Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.



Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

No eating or drinking is permitted in any in-house or work area at University of Portland in order that exposure to blood or infectious materials is minimized should a cut or abrasion occur.

4.5 Specimens

N/A. No collection or exposure to specimens or blood occurs anywhere at University of Portland.

4.6 Contaminated Equipment

University of Portland supervisors are responsible for ensuring that any equipment that has become contaminated with blood or other potentially infectious materials is disposed of or decontaminated prior to servicing or shipping. If decontamination of the equipment is not feasible the employee should notify Environmental Health and Safety who must determine how to properly dispose of the equipment.

No collection or exposures to specimens or blood samples occur at University of Portland, outside of the Health and Counseling Center. However, in the event that an item comes into contact with blood from a cut or residual cleaning materials, it will be washed or bagged and disposed of properly in a labeled plastic bag. In the event of medical emergencies all contaminated material will be disposed of as biohazard waste.



4.7 Personal Protective Equipment (PPE)

4.7.1 PPE Responsibilities:

Employee Responsibilities:

- Utilize personal protective equipment in occupational exposure settings
- Remove PPE garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible
- Replace all PPE garments that are torn, punctured, or have lost their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.



University Responsibilities:

- Clean, launder, or dispose of contaminated personal protective equipment at no cost to the employee
- Repair or replace all personal protective equipment to ensure its effectiveness at no cost to the employee

Supervisor Responsibilities:

Supervisors are responsible for ensuring that the following provisions are met:

- All personal protective equipment used is provided without cost to employees.
- Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used.

At University of Portland, rubber latex gloves or nitrile gloves and face masks are available at no charge at any time exposure to infectious materials is anticipated or upon request by an employee. If an employee has an allergy to nitrile or latex, please contact ehs@up.edu to discuss other glove options.

4.7.2 PPE Use

University of Portland supervisors must ensure that every employee uses appropriate PPE unless the supervisor shows that an employee temporarily and briefly refused to use PPE when under rare and extraordinary circumstances it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the employee or coworker. When the employee makes this judgment, the circumstances must be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

4.7.3 PPE Accessibility

University of Portland supervisors must ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site and is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

4.7.4 PPE Cleaning, Laundering and Disposal

All personal protective equipment used at University of Portland is disposable. In the event non-disposable PPE is used, such as laboratory coats, it is cleaned, laundered, and disposed of by University of Portland at no cost to the employees. All repairs and replacements are made at no cost to employees.

All garments that are penetrated by blood shall be removed immediately. All PPE is to be removed prior to leaving the work area. When PPE is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. If PPE is damaged is penetrated by blood and damaged it should be placed in a red bag and thrown away as biohazard in a biohazard bin.

4.7.5 Gloves

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. At University of Portland, vascular access procedures, such as insertion of a catheter into a blood vessel, are *not* performed.



Disposable gloves used at a facility are not washed or decontaminated for re-use and are replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Additional information about glove safety is available in the University of Portland Personal Protective Equipment safety training.

4.7.6 Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin length face shields, are provided and are required to be worn whenever splashes, splatters, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can reasonably be anticipated. Situations at the facility that would require such protection at University of Portland includes, but is not limited to, cleanup of a large amount of blood due to an emergency medical situation.

4.7.7 Additional Protection

Additional protective clothing [such as lab coats, gowns, aprons, clinic jackets, or similar outer garments] must be worn in instances when gross contamination can be anticipated. The following situations require that such protective clothing be utilized:

No gross contamination is anticipated anywhere at University of Portland. In the event this occurs consult with Environmental Health and Safety to ensure proper protocols are followed.

4.8 Housekeeping

The University shall ensure that the employee's workplace is maintained in a clean and sanitary condition and shall implement an appropriate schedule for cleaning and decontamination based on the types of surfaces to be cleaned and the tasks or procedures performed in the area. Scheduled cleaning requirements shall be maintained by the Facilities Services Housekeeping supervisors, Athletic Training Room Lead Trainer, Intermural Recreation Services Director, Biology Lab Manager, Biology faculty, Nursing faculty, and Health and Counseling Center Staff for their respective areas.

Decontamination: All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The disinfectant used must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for the full contact time required.

Broken glassware should not be picked up directly with hands. For safe disposal sweep or brush broken glassware items into a dustpan. Only handle or pick up broken glassware using tongs or forceps.

4.9 Regulated Waste Disposal

4.9.1 Disposable Sharps

Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in dedicated sharps containers that are closeable, puncture-resistant, leak proof on sides and bottom, and marked with the appropriate biohazard level and appropriately color coded. These protective containers will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or are anticipated to be found. Sharps containers also will be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill. When moving sharps containers from the area of use the containers shall be closed immediately before removal and replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipment. Secondary containers, which are closable, constructed to prevent leakage, and appropriately labeled, shall be used if leakage is possible from the primary container.

Any employee or student at the University of Portland requiring a sharps container for safe means of disposal shall contact the Campus Safety Office to request a sharps container at no cost. Additionally, there is no cost for disposal of sharps containers through the Campus Safety/EHS office.

4.9.2 Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping. If new containers are purchased, containers for regulated waste should be approved of by the Environmental Health & Safety Officer. Containers of regulated waste must be labeled with appropriate identification and biohazard warnings before they are to be used. If a department or person requires biohazard bags, labels, and/or sharps containers they are available from the Campus Safety Department or EHS office.

Proper disposal of biohazardous waste shall be coordinated by the Environmental Health & Safety Officer through an outside vendor.

Biohazardous waste can never go in the regular trash. It must be processed as a separate waste stream. Email ehs@up.edu if you have questions about this waste stream.

4.10 Laundry Procedures

Occupational exposure to blood or gross contamination laundry may occur at University of Portland. Contaminated laundry should be handled as little as possible. Universal precautions should be taken when handling any contaminated clothing. All employees are required to wear protective latex gloves, and all potentially infectious materials are properly disposed.

Laundry managed by Athletics or Student Recreation facilities will be handled by the designated Equipment/Laundry manager. All contaminated athletic equipment or uniforms shall be completely laundered and decontaminated before being placed back into service. Fully saturated or contaminated laundry with blood will be placed in biohazard bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

4.11 Cleanup Responsibilities

- 4.11.1 Academic Buildings: For all University of Portland Academic and Administrative Buildings, biohazard cleanup responsibilities in common spaces (such as restrooms) are that of the Facilities Services Staff. Biohazard cleanup that is a result of laboratory classes or research, faculty or staff projects, or student clubs is the responsibility of the involved faculty, staff, or students. If an emergency occurs please contact Campus Safety and Environmental Health and Safety.
- 4.11.2 Campus Medical Emergencies: Campus Safety Officers are responsible for responding to medical emergency calls and will then handle the cleanup and disposal of biohazard waste as necessary, with assistance from Facilities Services custodial and EHS.
- 4.11.3 Residence Halls: For incidents involving biohazard spills in Residence Halls, Hall Staff will normally contain and cleanup small-scale biohazard waste incidents. Collected biohazard waste is to be disposed of through EHS and Campus Safety. In situations where a biohazard requires further cleanup, or is outside of the scope or ability of the Hall Staff, Residence Life shall then notify Facilities Services for additional assistance. For incidents that occur after hours, Residence Life will contact Campus Safety to contact the on call Facilities Services employee or the custodial team. In cases where Residence Life know the identity of who created the biohazard spill and the creator is not incapacitated, the creator is responsible for the cleanup of their biohazard. All appropriate means will be taken to clean up any such wastes. When the amount and/or location of a biohazardous waste requires more thorough cleaning, Facilities Services custodial team and EHS will determine a method of clean up which may include utilizing a third party vendor.
- 4.11.4 Athletics Facilities- During events with athletes in any sports complex or practice area where student athletics are involved, it is the responsibility of athletic trainers and/or coaching staff to ensure any biohazard waste is cleaned up accordingly. A disposal receptacle is located in the training room of the Chiles Center. Biohazard waste in athletic stadiums and facilities is the responsibility of Athletics/Events staff to cleanup.

- 4.11.5 Needs and Waste Disposal: If needles or other sharps are found contact the Campus Safety department. Sharps containers are supplied by Campus Safety. Contact Environmental Health and Safety for biohazard disposal.

4.12 Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

Hepatitis (HBV) is an inflammation of the liver that can lead to liver damage and/or death. Exposure to potentially fatal bloodborne illnesses such as Hepatitis B Virus is a workplace hazard from needlestick or exposure to dried blood. Hepatitis is much more transmissible than HIV, and according to the Centers for Disease Control and Prevention (CDC), 50 percent of people with HBV infection are unaware that they have the virus. The CDC states that HBV can survive outside the body and remain infectious for at least 7 days. Any blood spills (including dried blood, which can still be infectious) should be handled with PPE, and gloves should be always worn when cleaning any blood spills.

The Hepatitis B vaccine is available to all University of Portland employees at no cost. Employees interested in being vaccinated should contact Environmental Health & Safety. All employees undergoing Bloodborne Pathogen Exposure Control Training will be offered the Hepatitis B vaccine yearly, and must sign a Hepatitis B declination form if they do not wish to receive the vaccine.

4.13 Labels and Signs

University of Portland supervisors ensure that biohazard labels are affixed to containers of regulated waste or other potentially infectious materials. Labels with the universal biohazard symbol are used.

The label must be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. Regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

4.14 Information and Training

All University of Portland employees at risk of exposure to Bloodborne Pathogens must be trained annually in Bloodborne Pathogen Awareness and Exposure Control, as required by the Occupational Safety & Health Administration. All trainings can be scheduled through Environmental Health & Safety. Training is tailored to the education and language of the employee and is done during the normal work shift.



The training must cover the following:

- 1) A copy of the standard and an explanation of its contents
- 2) A discussion of the origin, development, and symptoms of bloodborne diseases
- 3) An explanation of the modes of transmission of bloodborne pathogens
- 4) An explanation of the University of Portland *Bloodborne Pathogen Exposure Control and Response Program*, and a method for obtaining a copy
- 5) How to recognize tasks that may involve exposure
- 6) An explanation of the use and limitations of methods used at University of Portland to reduce exposure, for example engineering controls, work practices and personal protective equipment [PPE]
- 7) Information on the types, use, location, removal, handling, decontamination, and disposal of PPE at University of Portland
- 8) An explanation of the basis of selection of PPE
- 9) An explanation of the procedures to follow if an exposure incident occurs, including the:
 - Response to an exposure incident

- Method of reporting the incident
- Medical follow-up
- What persons to contact
- Following up on the incident evaluation

10) An explanation of the signs, labels, and color-coding systems

The person conducting the training shall be knowledgeable in the subject matter. Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

4.15 Recordkeeping

4.15.1 Medical Records

The University of Portland Human Resources department is responsible for maintaining appropriate bloodborne pathogen related medical records of employee injuries. These records are kept in the separate medical information employee files.

4.15.2 Training Records

The University of Portland Environmental Health & Safety Officer is responsible for maintaining the following training records. Training records must be maintained for three years from the date of training. The following information is to be documented:

- a) The dates of the training sessions
- b) An outline describing the material presented.
- c) The names and qualifications of persons conducting the training.
- d) The names and job titles of all persons attending the training sessions.

4.15.3 Availability

Employee records shall be made available to the employee as required by section 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

4.15.4 Transfer of Records

If all properties are closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

4.16 Evaluation and Review

The University of Portland Environmental Health & Safety Officer is responsible for reviewing this program, and its effectiveness, and for updating this program as needed.

5.0 MRSA REPORTING AND PREVENTION

Staphylococcus aureus, often referred to as “staph”, is a common type of bacteria that can live harmlessly on the skin or in the nose of 25 to 35 percent of healthy people (this is often referred to as being “colonized” with the germ). Occasionally, staph can cause an infection. Staph bacteria are one of the most common causes of skin infection in the United States, but most of these infections are minor, such as pimples or boils. Most of these infections can be treated without antibiotics, however, some staph infections can cause serious infections, such pneumonia, bloodstream, bone, and joint infections, and surgical wound infections. In the past, most serious staph bacterial infections were treated with a certain type of antibiotic related to penicillin. In recent years, treatment of these infections has become more difficult because staph bacteria have become resistant to various antibiotics. This resistant bacteria is called methicillin-resistant staphylococcus aureus (MRSA). According to the Centers for Disease Control (CDC) 1% of the population is colonized with MRSA. MRSA is one type of skin infection among several that are of concern in competitive sports

5.1 MRSA Infections

In the community, most MRSA infections are skin infections that may appear as pimples or boils, which often are red, swollen, painful, or have pus or other drainage. These skin infections commonly occur at sites of visible skin trauma, such as cuts and abrasions, and areas of the body covered by hair (e.g., back of neck, groin, buttock, armpit, beard area of men). Almost all MRSA skin infections can be effectively treated by drainage of pus with or without antibiotics. Serious infections, such as pneumonia, bloodstream infections, or bone infections, are very rare in healthy people who get MRSA skin infections.

5.2 How MRSA is spread

MRSA is usually transmitted by direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's infection (e.g., towels, used bandages). Certain settings have factors that make it easier for MRSA to be transmitted. These factors, referred to as the 5 C's, are as follows:

- Crowding, frequent skin-to-skin
- Contact
- Compromised skin (i.e., cuts or abrasions)
- Contaminated items and surfaces
- Cleanliness (lack of)

5.3 Prevention of MRSA Infection

- Practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand sanitizer and showering immediately after participating in exercise)
- Taking a shower with hot water and wash with soap (liquid antibacterial soap, not bar soap) following all activities (e.g. strength & conditioning sessions, practices, and competitions).
- Covering skin trauma such as abrasions or cuts with a clean dry bandage until healed;
- Avoiding sharing personal items (e.g., towels, razors) that come into contact with your bare skin

- Using a barrier (e.g., clothing or a towel) between your skin and shared equipment such as weight-training benches;
- Maintaining a clean environment by establishing cleaning procedures for frequently touched surfaces and surfaces that come into direct contact with people's skin.
- Avoid whirlpools, hydrotherapy pools, cold tubs, swimming pools, and other common tubs or saunas if you have an open wound;
- Do not ignore skin infections, pimples, pustules, abscesses, etc. Report these to an Athletic Training staff member, Team Physician, or Health and Counseling Center staff.

5.3 Reporting Potential MRSA Infections

Students are encouraged to notify the University Health and Counseling Center or Athletic Trainer as soon as possible if they suspect to have a skin infection or abscess. Even if the student has been treated elsewhere, they are asked to report it. Health and Counseling Center and Athletic Training staff will assess the wound and review infection control strategies. If the abscess skin infection is of concern, the Health Center or Athletic Trainer will initiate the reporting procedure and will address protective measures for the student, their roommates, teammates, residence and campus community.

The reporting entity will do an initial investigation by having the student complete an informational questionnaire designed to identify potential areas of campus that may have contact with the student's infected area and could pose a hazard to the broader campus community (Appendix VI). The initial reporting entity will notify the Environmental Health and Safety Officer of available lab testing and questionnaire results. EH&S will assess questionnaire report and identify strategies for coordinating cleaning operations within campus buildings with appropriate departments. EH&S will contact the Physical Plant Director and Assistant Director to develop a cleaning strategy for the location(s) noted by the student.

To protect privacy of the student(s), only cleaning locations will be discussed with the Physical Plant. EH&S will maintain questionnaire reports of all incidents for a minimum of 7 years.

5.5 Cleaning of potential MRSA contamination

- Cleaning will start at the time of the culturing of the abscess, due to the potential 48-72 hour turnaround time on cultured results.
- Physical Plant will conduct additional cleaning of the targeted public areas prior to receiving notification of cultured results, and again within 48-72 hours of the initial cleaning.
- Notification to Recreation Services or Athletics will only occur if their services or areas are affected.
- Cleaning of the student residence is the shared responsibility in which the University provides oversight and direction. The University shall supply the necessary cleaning supplies, directions, and under special circumstances, assistance in cleaning student rooms.
- Necessary cleaning supplies may be available in each residence hall for student usage, including directions for cleaning, and Material Safety Data Sheets for all cleaning chemicals.
- Cleaning Kits shall be supplied and stocked by Physical Plant and distributed to Residence Life.
- Residence Life staff have the responsibility to request additional cleaning supplies.
- Student confidentiality shall be adhered to at all times. Students with an infection are encouraged to communicate the necessary cleaning regiment to roommate(s) to prevent the spread of the communicable disease.
- The University Health and Counseling Center has MSRA Infection-Control kits available for use.

5.6 Athletic Facilities Cleaning Responsibility

In order to maintain proper sanitary conditions within the University of Portland athletic facilities and to prevent the outbreak of Methicillin-resistant Staphylococcus aureus (MRSA) and other harmful infections, the following procedures will be in place. *The individual(s) responsible for cleaning and disinfecting the area will adhere to Universal Precautions at all times.*

- Treatment/taping Tables, weight room, rehabilitation equipment, countertops, stools, etc.:
 - Treatment tables, taping tables, weight room / rehabilitation equipment, countertops, stools, etc. must be cleaned everyday and/or following a possible contamination using Mueller Whizzer Cleaner Disinfectant Deodorizer Virucide, Fungicide, Mildestat Deodorizer, or other appropriate cleaner (1:10 diluted bleach solution can be used to clean *hard surfaces* only).
 - Clean / Disinfect tables, equipment, countertops, stools, etc. in the following manner:
 - Spray the Mueller Whizzer cleaner on the surface to be cleaned;
 - Wipe down the surface with a towel
- Towels:
 - Cloth towels should only be used on a single patient and should be laundered following every use.
 - Disposable towels should be used whenever feasible on the field/court and should be disposed of after a single use.
- Hydrocollator Packs/Covers:
 - Clothing or a cloth or disposable towel should be placed between the patient and the hydrocollator pack/cover if an open wound exists
 - Hydrocollator covers should be laundered every week and/or following a possible contamination.
- Soft Goods: Soft goods (e.g. neoprene braces / sleeves, knee / elbow / forearm / shin pads, splints, lace-up ankle braces, shoulder harnesses, walking boot liners, cast shoes, back braces, etc.) should be laundered upon return to the athletic training facility BEFORE being returned to inventory and/or administered to another student-athlete.
- Whirlpools:
 - Whirlpools shall be cleaned on a regular, or as needed following every possible contamination;
 - Student Athletes must shower before entering whirlpools

5.7 Athletic Department Notification Responsibilities

Refer all suspected Staph/MRSA infections to the UP Health and Counseling Center for evaluation and culture. If the Health and Counseling Center is unavailable, Team Physician, Urgent Care Centers, and Local Hospitals can be utilized. The UP Health and Counseling Center needs to be notified regardless if they were involved in the diagnosis or not.

The following individuals or departments need to be notified when a suspected Staph infection has occurred: Athletic Director, Head Athletic Trainer, Environmental Health & Safety, Campus Safety, Health and Counseling Center, Laundry/equipment manager, Sport Administrator, Individual team Sport Coach, Strength and Conditioning Staff.

An Anti-biotic of physician's choice will be prescribed until the results of the culture are known. Once the results of the culture are returned, the appropriate anti-biotic will be prescribed.

5.8 Treatment and Monitoring of a MRSA Infection

- Cover the wound. Keep wounds that are draining or have pus covered with clean, dry bandages until healed. Follow recommended healthcare provider's instructions on proper care of the wound. Fluid from infected wounds can contain staph, including MRSA. Keeping the infection covered will help prevent the spread to others.
- The Health and Counseling Center can provide necessary Skin Infection Control Kits, including cleansers, dressing materials, etc. to the student with self-care and infection-control instructions.
- Disposal of bandages and tape can be discarded with the regular trash if they are first double-bagged in plastic.
- Clean hands frequently. You, your roommates, teammates, and others in close contact should wash their hands frequently with soap and water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- Do not share personal items. Avoid sharing personal items, such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Use a dryer to dry clothes completely.
- Daily showers with Hibiclens can reduce the chance of transmission to others.
- Clean all potentially contaminated surfaces with an approved cleanser. Surfaces can include shower stalls, toilet seats, and counter tops.

5.9 Education

Signage shall be placed in conspicuous locations in bathrooms and washrooms to educate the campus constituents about the dangers of MRSA and means of prevention.

- Athletic Trainers shall educate all student athletes on the importance of reporting and the process to which they shall report any suspect abscess.
- Recreational Services shall ensure signage is in place and disinfectant spray is available to all visitors to their facilities and events. Recreational Services staff shall routinely clean equipment and require participants to clean equipment before and after use.
- Residence Life staff will direct students with any concerns about an abscess or skin infection to the University Health and Counseling Center. Signage shall be placed in bathrooms of all residence halls noting basic hygiene safety and reporting functions.
- Health and Counseling Center shall educate Peer Health Educators in the residence halls and assist in educational awareness of proper hygiene and arising medical concerns
- The University may conduct public health alerts in the event there is a communicable disease outbreak.

APPENDIX A

Bloodborne Pathogens Safety Training Info Sheet

Bloodborne Pathogen safety was primarily aimed at workers in hospitals, funeral homes, nursing homes, clinics, law enforcement agencies, emergency response organizations, and HIV/HBV research laboratories. However, all employees who could "reasonably anticipate" to face contact with blood and other potentially infectious materials while performing their job duties should be thoroughly trained in bloodborne pathogen safety.

Other potentially infectious materials (OPIM) that can carry bloodborne pathogens include sexual secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV).

OSHA has not attempted to list all occupations where exposures can occur, but examples include:

- ✓ First aid team members
- ✓ Nurses and doctors
- ✓ Employees who work with glass, sheet metal and any type of sharp-edged products

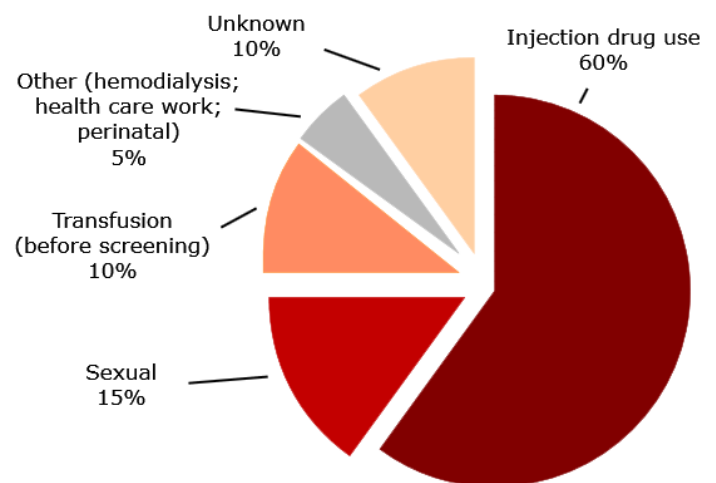
Maintenance personnel and custodial workers employed in non-health care facilities are not generally considered to have occupational exposure. However, University of Portland is responsible for determining which job classifications or specific tasks and procedures involve occupational exposure. [NOTE: "Good Samaritan" acts such as helping someone with a nosebleed are not classified as occupational exposures.]

WHAT ARE BLOODBORNE PATHOGENS?

Bloodborne pathogens are microorganisms ("germs") that are present in human blood and can infect and cause disease in people who are exposed to blood containing the pathogen. These microorganisms can be transmitted through contact with contaminated blood and body fluids. They can be disabling or even cause death.

Treatment is often difficult let alone achieving a cure.

- Human Immunodeficiency Virus (HIV)
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Non-A, Non-B Hepatitis
- Syphilis
- Malaria
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob disease
- Human T-lymph trophic Virus Type 1
- Viral hemorrhagic fever



Hepatitis C infection by source (CDC)

TRANSMISSION OF BLOODBORNE PATHOGENS

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. In the workplace setting, transmission is most likely to occur through:

- An accidental puncture by a sharp object, such as a needle, broken glass, or other "sharps" contaminated with a pathogen.
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids.



Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood or body fluids can enter your system percutaneously through:

- Open sores, cuts, abrasions.
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters



Bloodborne pathogens can also be transmitted through the mucous membranes of the eyes, nose, or mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission. There are also ways that bloodborne pathogens are not transmitted including:

- Touching an infected person; coughing or sneezing
- Using the same equipment, materials, toilets, water fountains or showers as an infected person.
- Mosquitos and other biting insects.

It is important that you know which ways viable means of transmission for the bloodborne pathogens in your workplace are, and which are not.

METHODS OF COMPLIANCE

Different methods are used to minimize the transmission of bloodborne pathogens in the work place.

- Universal Precautions: **all** blood and potentially infectious materials must be treated as if they are known to contain HIV, HBV, or other bloodborne pathogens.
- Engineering and Work Practice Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace and that reduce the chances of exposure by altering how a task is performed.
- Personal Protective Equipment (PPE)
 - Gloves and Eye Protection
 - Masks and Face Shields
- Housekeeping Measures: keeping the worksite clean and sanitary is a necessary part of controlling exposure to bloodborne pathogens. For example: cleaning schedules and decontamination methods.



SIGNS

Signs and labels in the workplace communicate bloodborne pathogen hazards to employees.



RESPONSE TO EMERGENCIES INVOLVING BLOOD OR BODY FLUIDS

- Wear appropriate Personal Protective Equipment (PPE).
- Carefully cover the spill with an absorbent material, such as paper towels, to prevent splashing.
- Decontaminate the area of the spill using an appropriate disinfectant such as a solution of one-part bleach to ten parts water. Work from the edge of the spill towards the center to prevent the spill from spreading out.
- Wait 10 minutes to ensure adequate decontamination and then carefully wipe up the spilled material. Be very alert for broken glass or sharp objects in or around the spill.
- Disinfect all mops and cleaning tools after the job is done. Dispose of all contaminated materials properly.
- Wash your hands thoroughly with soap and water immediately after the cleanup is complete

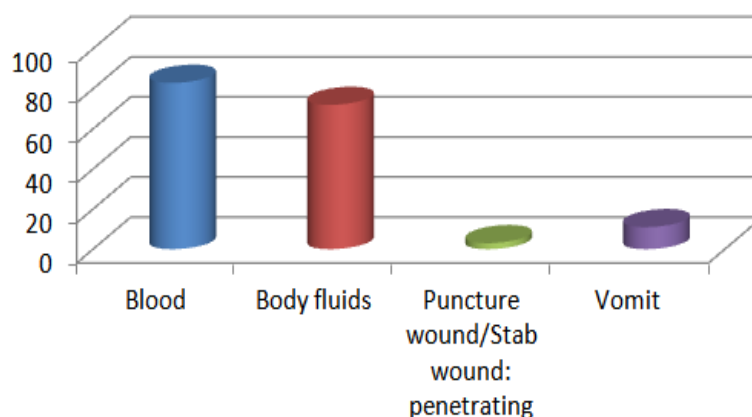
EXPOSURE INCIDENTS

There is never a guarantee that accidental exposures to bloodborne pathogens will not occur. Simple errors or unexpected circumstances can result in exposure! Exposures include:

- ✓ A percutaneous injury with a potentially contaminated needle or sharp.
- ✓ A splash of blood or other potentially infectious materials to the eyes, mouth, or mucous membranes.
- ✓ Blood or other potentially infectious materials contacting broken skin.

Every exposure should always be considered an urgent medical concern to ensure timely post-exposure treatment. If you are exposed, tell your supervisor immediately!

BBP Exposure
by Type of Exposure



APPENDIX B

Definitions

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 Laundry means laundry, which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the blood borne pathogens hazard from the workplace.

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

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person who's legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work-clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).