

Q. Who should participate in the program?

A. Any Penn State employee who, in the course of doing their job, can reasonably anticipate contact with human blood or other potentially infectious materials (OPIM). This generally includes police officers who provide first aid, nurses and other health care providers, athletic trainers, and some laboratory personnel. It also includes custodial personnel who are designated to clean up blood spills as part of their job responsibilities. It does not include wastewater treatment plant employees, since the pathogens, if they are present at all, are extremely dilute in sewage and normal treatment procedures will kill them.

Q. What is considered OPIM?

A. Other Potentially Infectious Materials (OPIM) includes many internal body fluids (i.e., fluid around the brain, fluid around the heart and lungs, fluid in the joints, fluid around a fetus in a pregnant woman), saliva (although the risk of infection from saliva is extremely small), fluid associated with reproductive organs (semen and vaginal fluids), and other body fluids contaminated with blood. It does not include vomit, urine, feces, sweat, and tears.

Q. How do I receive training on Bloodborne Pathogens?

A. At all Penn State locations, supervisors with employees in at-risk positions should contact Environmental Health and Safety (EHS) within 10 days of hiring a new employee and request information on initial bloodborne pathogen training. This training will be completed using a web-based training program. Annual refresher training will be done in much the same way. Custodial personnel should receive a modified training program (referred to as "awareness training"), which places more emphasis on exposure control methods, post-exposure procedures, and spill clean up information. This awareness training is done on an as-needed basis.

Q. Must I be vaccinated against Hepatitis B?

A. No. If the University determines that you are an "at-risk" employee, you will be offered the opportunity to be immunized against Hepatitis B at no expense to you. You may choose to accept or decline. If you decline, you will be asked to sign a declination form stating that you understand the risks but choose not to be vaccinated. If you change your mind anytime in the future, the University is still obligated to provide the immunization. Some reasons why a person may decline vaccination include pregnancy, reduced immune system function, or other medical or religious reasons. Declination forms are available from EHS and must be returned to Occupational Medicine when completed.

Q. Does the University immunize everyone against Hepatitis B?

A. Again, no. We offer immunization to those employees who we are fairly sure will come into contact with blood or OPIM as part of their job. If other employees come into contact with blood, it is extremely important that they seek a medical evaluation from a physician, emergency room, or other health care provider as soon as possible. If an unvaccinated person is exposed to

bloodborne pathogens and seeks medical attention within 48 hours (24 is better), the Hepatitis B vaccine is only a few percent less effective than if it was given before the exposure (95% versus 97% for pre-exposure).

Q. What is considered an exposure?

- A. Any needlestick or sharp instrument injury where an object contaminated with someone else's blood breaks your skin; a splash of blood to your eyes, nose or mouth, or a splash of blood onto broken skin. It is best to let a physician decide if an exposure is significant or not; to do otherwise is a potentially life-threatening action.

Q. Where do I get Hepatitis B vaccination?

- A. At the University Park campus, Hepatitis B immunization is conducted by the Occupational Medicine Department, 310 Centre Medical Sciences Building, Suite 310. They can be reached at 814-863-8492. At non-University Park locations, at-risk employees may contact a local hospital or clinic, your primary care physician, or ask the campus nurse or your supervisor for advice. The cost is the responsibility of the employee's work unit.

Q. What if I cannot remember if I have been vaccinated or not?

- A. Contact your family physician or primary care physician and ask them to search your medical records. If no record can be found, it is assumed that you were not previously vaccinated and proceed as above.

Q. What is the best way to clean up a blood spill?

- A. Carefully! Any sized spill of blood can be safely cleaned up by any person as long as they follow the proper procedures and protective measures. Start by keeping other people from walking through the area. Put on gloves to protect your hands. Make up fresh disinfectant (see next Q). Cover the spill with paper towels; spray them with disinfectant until they are sopping wet. Allow to sit 5-10 minutes. Wipe up the area, starting from the outside working in, and repeat if necessary. Collect the paper towels in a trash bag. Do not handle pieces of broken glass or other sharp objects with your bare hands; use a small broom and dustpan, tweezers, or another device. After removing gloves, thoroughly wash your hands with soap and water. For small blood spills, the material may be discarded in the regular trash. For items dripping with blood, give them to the nurse or lab technician to be disposed of as regulated medical waste. University Police and/or EHS are often involved in investigations related to spills, explosions, and/or traumatic injuries (including homicides and suicides).

Q. What are the best disinfectants against bloodborne pathogens?

- A. Household bleach, diluted 1 to 10 with water is still one of the best, most effective disinfectants available. Dilute bleach kills bloodborne pathogens in 1-2 minutes. But it has several drawbacks: bleach reacts very badly with other commonly used cleaners; it stains colored fabrics and other surfaces; and most importantly, once it is diluted, bleach loses its disinfectant properties in about 7 days. That is why when you use bleach, it is important to make it up fresh each time. There are alternatives available: Virex 64, made by SC Johnson, is just as effective as bleach without all of the drawbacks. Betco QuatStat is also effective. Lysol is also effective but needs 10-15 minutes of contact time to kill bloodborne pathogens. Always follow label instructions when choosing an

alternative disinfectant to bleach.

Q. What is considered regulated medical waste?

A. A full definition of Regulated Medical Waste (RMW) can be found in [Safety Policy SY29](#), but generally RMW is any material contaminated with blood or disease-causing organisms. All sharps (hypodermic needles, scalpel or razor blades, Pasteur pipettes, blood tubes, and contaminated broken glass) potentially contaminated with blood or OPIM are considered RMW. The Pennsylvania definition also includes materials used in laboratories to grow certain microorganisms and to manipulate recombinant nucleic acids. By and large, most laboratory-generated waste from microbiological laboratories is collected and disposed of as RMW.

Q. What about sanitary napkins?

A. Sanitary napkins are not considered RMW. Care should be taken in emptying collection containers (i.e., wear gloves), but they are disposed of in the regular trash.

Q. Who pays for RMW disposal?

A. EHS pays for the disposal of all RMW.