Cedarville University Athletic Training Program
Health and Safety Policy

Safeguards are taken for the health and safety of patients, students, and faculty/staff. These are:

1. Each athletic training student is required to have received a Hepatitis B Vaccine or signed a wavier prior to entry into the program.
2. Modalities are checked and serviced periodically for potential problems.
3. No student is allowed to use a modality without specific instructions from a clinical instructor and the student having shown competence with the modality.
4. Students are required to be Standard First Aid & CPR/AED certified before admission into the program and must gain re-certification each year or when deemed by Amercian Red Cross or American Heart Association.
5. OSHA guidelines are followed very closely. All students stating they have read the guidelines and universal precautions and understand and will adhere to them must sign a consent form. Also, a training session on the OSHA guidelines and universal precautions is required each year of all athletic training students.
6. The local health department is retained to dispose of medical waste and sharp objects.
7. Appropriate emergency procedures are discussed and demonstrated with each new athletic training student.
8. Each athletic training student must take part in a yearly in-service on the appropriate techniques of emergency procedures.
9. All emergency and potentially important phone numbers are posted at specific locations should an emergency situation arise.

Bloodborne Pathogens Exposure Control Plan

In accordance with the Occupational Safety Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed:

1. Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is 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 affects all full-time athletic trainers on staff, and athletic training students at Cedarville University working directly with University athletes or athletes participating on the University campus as part of a program sponsored by or hosted by Cedarville University.

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

A. Athletic Training Staff members will be expected to provide emergency treatment for life-threatening emergencies, including administering mouth-to-mouth resuscitation and controlling bleeding occurring due to participation in athletics. Also, the staff member may be involved in assisting team physicians with suturing, draining blisters, applying band-aids, or shaving calluses.
B. Athletic training students will often be required to perform the same tasks when the situation requires.

2. Implementation Schedule and Methodology

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Compliance Methods

Universal Precautions will be observed at this facility in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used **(refer to the Policies & Procedures Manual: All staff, and athletic training students will use personal protective equipment in dealing with any potentially infectious material)**. At this facility, sharps containers, waste disposable bags, and clearly marked biohazardous waste containers will be used as engineering controls.

The above controls will be examined and maintained on a regular basis, with attention given to the contents of the engineering controls to insure removal once the containers reach 1/2 to 3/4 of capacity. The effectiveness of the controls shall be reviewed on a semiannual basis by an individual appointed by the Head Athletic Trainer.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, there is one hand-washing facility located in the athletic training room, in each athletic locker room, and in each of the public restrooms. There are no available facilities at game/practice sites. As an alternative, a 10% bleach and water

solution and isopropyl alcohol are stored in each athletic trainer's kit on the site. If this alternate method is used, the hands are to be washed with soap and running water as soon as feasible following any exposure.

After proper removal and disposal of personal protective gloves or other personal protective equipment, employees shall wash their hands and any other potential contaminated skin area immediately or soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriated or as soon as feasible following contact.

B. Needles

Contaminated needles and other contaminated sharps objects will not be bent, recapped, removed, sheared, or purposely broken. Following usage needles or other contaminated sharps objects will be disposed of in a clearly marked biohazardous, sharps container. OSHA allows for one exception to the rule governing the disposal of needles, if the procedure requires that the contaminated needles be recapped or removed and no alternative is feasible, and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed technique. At this facility recapping or removal is only permitted while assisting one of the team physicians in a procedure necessitating this act.

C. Containers for Reusable Sharps

Contaminated sharps that are not reusable are to be placed immediately, or as soon as possible after use, into appropriated sharps containers. At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. The sharps container is located in the cabinet above the first aid area of the main athletic training island. An individual appointed by the Head Athletic Trainer has the responsibility for disposal of the sharps container when it becomes ¾ full. The container need only be checked as necessitated by its use.

D. 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 to be kept or placed on treatment tables, taping stations, or countertops when blood or other potentially infectious materials are likely to be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

E. Specimens

Specimens of blood or other potentially infectious materials, such as urine, will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standards. It should be noted that this standard provides for an exemption for specimens from the labeling/color-coding requirements of the standard, provided the facility uses Universal Precautions in the handling of all specimens and the containers are recognizable as container specimens. This exemption applies only while the specimens remain in the facility.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, and/or shipping of the specimen.

F. Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined before servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

G. Personal Protective Equipment

All personal protective equipment used at the facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass though or reach employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. The protective equipment necessary for the athletic training room primarily consists of latex gloves. These gloves will be stored on the main athletic training facility, and in all athletic training kits used by the staff, and students, and in all individual fanny packs. These gloves will be available at all times and at no cost to the staff or students.

There is also other protective equipment made available to everyone at no cost to the staff, and students. They are listed below.

Personal Protective Equipment

- One-way Pocket Masks
- Protective eyewear
- Examination Gloves
- Face Shield

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer at no cost to employees will make all repairs and replacements.
All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed before leaving the work area.
Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used for the following procedures:

- Applying bandages
- Applying wound closures
- Draining blisters
- Shaving calluses
- Cleaning open wounds
- Handling urine specimens
- Cleaning evaluation tables
- Cleaning spills of potentially infected materials
- Evaluating oral/dental injuries or conditions
- Applying direct pressure to open wounds
- Handling/changing wound dressing

Disposable gloves used at the facility are not to be washed or decontaminated for reuse. They are to be replaced as soon as practical when they become contaminated or as soon as feasible when or 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 will be 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.

The facility will be cleaned and decontaminated daily when the training facility is used by athletes. Decontamination will also take place after any blood or other potentially infectious material has been exposed in the athletic training facility. Decontamination will be accomplished by using a 10% bleach and water solution available in the cabinet under each sink counter and in all athletic trainers' kits.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Cardboard sheets should be used to corner and lift any broken pieces. All broken glass or material should be placed in a sharps container for disposal.

H. Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers located in the facility. Sharps containers are located in the areas listed above.

Regulated waste other than sharps shall be placed in appropriate containers with color-coded waste bags. Such containers are located in the athletic training facility

These containers are supervised by the designated person(s), and are disposed of by the CU UMS Department

I. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags where it is used. This laundry will not be sorted or rinsed in the area of use. It will then be removed by the individual responsible for laundry using personal protective equipment, and washed separately in bleach.

All employees who handle contaminated laundry will use personal protective equipment to prevent contact with blood or other potentially infectious materials.

J. HIV/HBV Exposure

Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported to the Head or Assistant Athletic Trainer. All employees who incur an exposure will be offered post" exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

1. Written documentation of the route of exposure and the circumstances related to the incident as soon as feasible following the exposure. This is to be returned to the Head or Assistant Athletic Trainer
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested after consent is obtained for HIV/HBV infection.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infection of the source individual.
4. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides before that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be referred to appropriate counseling centers concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
7. The Head Athletic Trainer will be designated to assure that the policy outlined above is effectively carried out as well as to maintain records related to this policy.

K. Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional that evaluates employees of this facility. Written opinions will be obtained in the following instances:

When the employee is sent to obtain the Hepatitis B vaccine.

Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note: The written opinion to the employer is not to reference any personal medical information).

L. Training

Training for all employees will be conducted before initial assignment to tasks where occupational exposure may occur. Training for employees will include an explanation of the following:

1. The OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne disease
3. Modes of transmission of bloodborne pathogens
4. The exposure plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
5. Procedures that might cause exposure to blood or other potentially infectious material at this facility.
6. Control methods to be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility
8. Who should be contacted concerning exposure to blood or other potentially infectious materials.
9. Post-exposure evaluation and follow-up.
10. Signs and labels used at the faculty.
11. Hepatitis B vaccine program at the facility.

M. Record Keeping

All records required by the OSHA standard will be maintained by an employee appointed by the Head Athletic Trainer. All provisions required by the standard will be implemented by August 1, 2008. The athletic training staff will be responsible for conducting the training to the graduate assistants and athletic training students during preseason orientation. All employees will receive annual refresher training within one year of the employee's previous training.

The OSHA Standard for Bloodborne Pathogens and the outline for the training material will be kept in the office of the Head Athletic Trainer and in the policies manual at the Athletic Training Facility Desk by the main entrance.

N. Athletics Health Care Responsibilities

The following information was taken from the 2008-2009 NCAA Sports Medicine Handbook, Nineteenth edition, July 2008, page 62-67.

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The bloodborne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

Hepatitis B Virus (HBV)

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults.

Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer.

Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure. The incidence of HBV in student athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS Virus)

The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14 percent of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is increased by having unprotected sexual intercourse, as well as the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts5,6. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

Comparison of HBV/HIV

Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern

for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

Testing of Student-Athletes

Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials.

Student-athletes who engage in high-risk behavior are encouraged to seek counseling and testing. Knowledge of one's HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

Participation by the Student-Athlete with Hepatitis B (HBV) Infection

Individual's Health—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description.

The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are e-antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

Individual's Health—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual's health status. If the student-athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play.

The team physician must be knowledgeable in the issues surrounding the management of HIV infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition.

The decision to advise continued athletics competition should involve the student-athlete, the student-athlete's personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete's current state of health and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status.

There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student-athlete.

Disease Transmission—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting3,13 Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.19

Administrative Issues

The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athletes medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

Athletics Health-Care Responsibilities

The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers.

In the past, these guidelines were referred to as "Universal (blood and body fluid) Precautions." Over time, the recognition of "Body Substance Isolation," or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as "Standard Precautions." Standard precautions, applies to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections; the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

Care of the Athlete:

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid, and standard precautions.
2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves; goggles, mask, fluid resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled "sharps" container for disposal of needles, syringes, scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions, or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.
4. The necessary equipment and/or supplies important for compliance with universal precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.
6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student-athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for universal precaution. Gloves and other PPE if necessary should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobials wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student athletes.
9. Any needles, syringes, or scalpels should be carefully disposed of in an appropriately labeled "sharps" container. Medical equipment, bandages, dressings, and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot-water at temperatures of 71°C (160°F) for 25 minutes cycles may be used.

Care of Environmental Surfaces:

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Disposable gloves (PPE) [goggles, mask, fluid resistant gown if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol, properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:10 bleach/water ratio).
3. Put on disposable gloves.
4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer's label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:10, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol.

Final Notes:

10. All personnel responsible for caring for bleeding individuals should be encouraged to obtain a Hepatitis B (HBV) vaccination.
11. Latex allergies should be considered. Non-latex gloves may be used for treating student-athletes and the cleaning and disinfection of environmental surfaces.
12. Occupational Safety and Health Administration (OSHA) standards for Bloodborne Pathogens (Standard #29 CFR 1910.1030) and Hazard Communication (Standard #29 CFR 1910.1200) should be reviewed for further information. Member institutions should ensure that policies exist for orientation and education of all health-care workers on the prevention and transmission of blood-borne pathogens. Additionally, in 1992, the Occupational Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to blood-borne pathogens. Many of the recommendations included in this guideline are part of the standard. Each member institution should determine the applicability of the OSHA standard to its personnel and facilities.