Clean up should be done by non-student employees and trained personnel only

Cleaning Up BODY FLUIDS from Hard Surfaces

Exposure potential: vomit, urine, feces, saliva, and any other body fluid may contain blood or other potentially infectious material. Dried bodily fluids remain potentially infectious (hepatitis B) for up to 7 days. If dried bodily fluids could flake off during handling, the contaminated object must be disposed of as regulated waste. Personal Protective Equipment: gloves (mandatory), face shield (optional), shoe covers (optional), apron (optional), and face mask (optional).

1) Obtain Blood & Bodily Fluid Clean-up Kit from one of these locations: Custodial Closet EH&S Office, Campus Safety Patrol car, Service Building Custodial Storage room, Building Services Supervisor offices or Building Services Office in Heyns.
2) Prevent people from walking through the area.
3) Open up kit and cuff the Red Biohazard Bag (so that it stays open) placing it close to spill.
4) Put on Gloves and other protective equipment as needed.
5) Any item that comes in contact with BBP should be placed in a biohazard bag.
6) Sprinkle Absorbent Powder over the bodily fluid to form a solid/gel.
7) If the bodily fluid has dried water may be added to facilitate clean-up. Only urine or feces that contain visible blood need to be treated as a biohazard.
8) Use provided scraper to pick up the solid and dispose of in the biohazard bag.
9) Drop the scraper into the biohazard bag.
10) Use paper towel and disinfectant spray to clean up the remainder of visible bodily fluid. Place paper towels in bag.
11) Spray the entire area with disinfectant spray. Leave for the required amount of time (approximately 10 minutes).
12) Remove gloves and place them in the biohazard bag.
13) Use antiseptic wipes to clean hands and discard into the biohazard bag.
14) Unroll the top of the biohazard bag and secure the top.
15) Wash hands with warm water and soap for at least 30 seconds.
16) Call Campus Safety or take the biohazard bag to the Biology Department for disposal.
17) Please make sure you notify your Building Services Manager if you use your kit or need any pieces are missing. Check this weekly. You never know when you will need it.
Cleaning Up BODY FLUIDS from Carpet or Upholstery Surfaces

Exposure potential: vomit, urine, feces, saliva, and any other body fluid may contain blood or other potentially infectious material. Personal Protective Equipment: gloves (mandatory) face shield (optional), shoe covers (optional), apron (optional), and face mask (optional).

1) Prevent people from walking through the area
2) Obtain the following: Blood & Bodily Fluid Clean-up Kit, Carpet Extractor, Carpet Disinfectant, and water.
3) Open up kit and cuff the Red Biohazard Bag (so that it stays open) placing it close to spill.
4) Put on gloves and other protective equipment as needed.
5) Any item that comes in contact with BBP should be placed in a biohazard bag.
6) Sprinkle Absorbent Powder over any bodily fluid that has not absorbed to form a solid/gel.
7) Use provided scraper to pick up the solid and dispose of in the biohazard bag.
8) Drop the scraper in to the biohazard bag.
9) Flood the soiled area with water (you will be extracting this anyway).
10)Use the carpet extractor over the entire area.
11) Spray area with carpet disinfectant following manufacturer’s directions for amount and time of contact.
12)Use the carpet extractor over the entire area again.
13)Empty carpet extractor and disinfect it.
14)Remove gloves and place them in the biohazard bag.
15)Use antiseptic towelettes to clean hands and discard into the biohazard bag.
16) Unroll the top of the biohazard bag and secure the top.
17)Wash hands with warm water and soap for at least 30 seconds.
18)Call Campus Safety or take the biohazard bag to the Biology Department for disposal.

Cleaning Up DRIED BODY FLUIDS from Carpet or Upholstery Surfaces

Exposure potential: vomit, urine, feces, saliva, and any other body fluid may contain blood or other potentially infectious material. Dried bodily fluids remain potentially infectious (hepatitis B) for up to 7 days. If dried bodily fluids could flake off during handling, the contaminated object must be disposed of as regulated waste. Personal Protective Equipment: Gloves (mandatory) Face Shield (mandatory) Shoe Covers (optional) Apron (optional) Face Mask (optional).

1) Prevent people from walking through the area.
2) Obtain the following: Blood & Bodily Fluid Clean-up Kit, Carpet Extractor, Carpet Disinfectant, and water.
3) Open up kit and cuff the Red Biohazard Bag (so that it stays open) placing it close to spill.
4) Put on gloves and other protective equipment as needed.
5) Add plenty of water to the soiled area.
6) Use the carpet extractor over the entire area.
7) Spray area with carpet disinfectant following manufacturer’s directions for amount and time of contact.
8) Use the carpet extractor over the entire area again.
9) Empty carpet extractor and disinfect it.
10) Remove gloves and place them in the biohazard bag.
11) Use antiseptic towelettes to clean hands and discard into the biohazard bag.
12) Unroll the top of the biohazard bag and secure the top.
13) Wash hands with warm water and soap for at least 30 seconds.
14) Call Campus Safety or take the biohazard bag to the Biology Department for disposal.

**Disposing of Contaminated Sharps**
Exposure potential: contaminated sharps may contain blood or other body fluids. Personal Protective Equipment: gloves (mandatory).
1) Bring a Sharps Container to the contaminated sharp object.
2) If the object is too large to fit in a Sharps Container, find a covered plastic bucket that is puncture resistant and leak proof.
3) Put on gloves.
4) Use a dustpan and broom or cardboard pieces to pick up the sharp object.
5) Drop the contaminated sharp into the sharps container.
6) Remove gloves and dispose.
7) Wash hands with warm water and soap.
8) If a bucket was used, label container with Biohazard Label and bring to Biology Prep Room, SB215, or have Campus Safety pick it up.
9) If the sharp is a needle, do not recap the needle prior to disposal unless it has self-sheathed.

**Cleaning Up Broken Glass**
Exposure potential: broken glass that is not properly disposed of puts employee at a risk of getting cut, thereby providing an exposure potential for others. Personal Protective Equipment: gloves (mandatory).
1) Put on gloves.
2) Sweep the broken glass into a dust pan.
3) Dispose of the broken glass in the containers that are marked for broken glass only. They are located in each building.
4) Remove gloves and dispose.
5) Wash hands with warm water and soap.
6) If broken glass was on a carpeted area, vacuum the area well.
Calvin College
Report of Exposure to Blood or Other Potentially Infectious Material
COMPLETED BY EXPOSED INDIVIDUAL
Name __________________________ SSN ____________ Position__________
Department _______________ Date of incident ___________ Time of incident __________
Location of incident (building, room) __________________________________________
What body fluid were you exposed to? __________________________________________
Explain what parts of your body became exposed, how long were you exposed, and if an object penetrated your body? __________________________________________
Describe what task(s) you were performing and what specific equipment (include the product number) when the exposure occurred__________________________________________
Explain what caused the exposure (accident, equipment malfunction, etc.) ______________
List any Personal Protective Equipment that you were wearing __________________________
Did the Personal Protective Equipment fail? Yes ___ No ___ If yes, explain how ______________
Explain any reasons for not wearing PPE as required by the college’s exposure control plan ______________
What actions were taken after your exposure (decontamination, first aid received, reporting, etc.) ______________
Have you had the Hepatitis B vaccination? Yes ___ No ___ If yes, when and where? ______________
How many doses did you receive? __________ When was your last tetanus shot? ______________
Can the source individual be identified? Yes ___ No ___ Source’s name ______________________
Signature __________________________________ Date _______________________________

Original to Environmental Health & Safety @ Calvin College

This form can be accessed under the EHS section of the Calvin Website
Calvin College
Post Exposure Evaluation and Follow-up Report
COMPLETED BY: Calvin Supervisor for Staff Exposures
COMPLETED BY: Calvin Faculty for Student Exposures
Exposed individual’s name: ________________________________
SSN (last 4 digits)_______________________________
Position: _________________________________
Date of exposure incident: __________________________
Description of the individual’s duties as they relate to the exposure incident: _____________
Description of exposure incident (include routes of exposure, any personal protective equipment used or to be used, procedures being performed, devices in use, and the circumstances under which the exposure occurred):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List the specific brand name and product number of any engineering controls involved in this incident (safety syringes, sharps containers, etc.) _________________________________
Name of the source individual: _________________________
Position: _________________________________
If identifying the source individual is not possible explain why:
________________________________________________________________________
Describe any related training that the exposed individual received and the date of that training:
________________________________________________________________________
________________________________________________________________________
This individual has been given the opportunity to have a confidential medical evaluation and follow-up.
[ ] yes [ ] no
Calvin supervisor or faculty signature: ________________________________
Date: _________________________
COMPLETED BY: Evaluating Health Care Professional
(The purpose of this evaluation is to insure that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation or treatment. The written opinion obtained by the employer shall not reveal specific findings of diagnoses that are unrelated to the employee’s ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.)

Date of initial evaluation: _________________

Are there any limitations upon the individual’s use of personal protective equipment? [ ] yes [ ] no
If yes, list limitations: ____________________________________________

__________________________________________________________________

Is the Hepatitis B vaccination indicated for this individual? [ ] yes [ ] no If not, why?

__________________________________________________________________

Did this individual receive Hepatitis B vaccine? [ ] yes [ ] no [ ] already received

Did this individual receive a Tetanus shot? [ ] yes [ ] no [ ] already received

Is there further evaluation and treatment required? [ ] yes [ ] no If yes, describe:

__________________________________________________________________

This individual has been informed of the results of the medical evaluation and has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation and treatment:
[ ] yes [ ] no

Health Care Professional’s signature: ________________________________
Date: _______________________

COMPLETED BY: Exposed Individual

I have been informed of the results of the medical evaluation and have been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material and which require further evaluation and treatment:
[ ] yes [ ] no

Exposed individual’s signature: ________________________________
Date: _______________________

Copies:
Original to Environmental Health & Safety @ Calvin

One copy of this report must be given to the exposed individual within 15 days of the evaluation.

This form can be accessed under the EHS section of the Calvin Website