

**UNIVERSITY SAFETY AND SECURITY COMMITTEE  
MINUTES  
December 5, 2013**

Members Present: Meredith Weiss, Lorraine Alexander, Kathy Bryant for Matt Brody, Mary Beth Koza, Robert Lowman, Jeff McCracken, Christopher Payne, Judy Faubert

Members Absent: David Kaufman, Bruce Runberg, Dr. Mitchell Picker, Jennifer Rees, Michael Rolleri, Beverly Errede

Guests: Dr. Mary Covington, Mary Crabtree, Deborah Howard

**1. Health Care Personnel and Students who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus**

Dr. Mary Covington presented the policy revisions for the University regarding this State requirement for self-reporting. One notable change is the “responsible person” for reporting is placed on the UEOHC Medical Director and Executive Director of Campus Health Services to the State versus the Deans of the School. Additional changes include the update of knowledge regarding HIV, HBV, and HCV; defining and reviewing exposure prone procedures; and for Students defining “essential functions” of the medical/dental program they have entered. The committee approved the policy revisions.

**2. Health Care Credential Personnel Flu Shots**

Mary Beth Koza reported that 88% of the credential personnel have received their flu shots.

**3. Laboratory Personnel Who Are Working with Neisseria Meningitides**

Deborah Howard presented this new policy and the need for immunizations of staff for special agents used in University research projects. The policy outlines the standard precautions that should be taken along with the vaccination protocol. The committee approved the policy.

**4. High Containment Research Communications Task Force**

Dr. Robert Lowman reported that a new task force has been established regarding university wide communication policy. The purpose of the task force is to define how and what will be communicated about high containment research conducted at the University. In particular, he stated that it is important to explain risk, precautions used, and the value of the research.

**5. Institutional Oversight of Life Sciences Dual Use Research of Concern**

Dr. Robert Lowman stated that the NIH has made a final rule in August 2013 regarding “Dual Research of Concern”. A University task force will be reviewing risk for manuscript publications and scientific freedom regarding research conducted on campus.

**6. Cobb Dorm Fire**

Mary Beth Koza reported on the recent Cobb Dorm Fire. Seventy-eight students were displaced and alternative housing was found. The cause of the fire is still under investigation. EHS has investigated all dorms to identify if “blown in insulation” was used and whether the attics have sprinklers systems installed.

**7. UNC General Administration Campus Security Initiative**

Jeff McCracken reported on security initiative in which three work groups were formed: Campus Public Safety, Security Reporting and Awareness, and Responding to Offense against a Person. Each work group reviewed policies/procedures, evaluation and reporting process, and needs of the campus. A final report is expected to be provided spring 2014 to the Board of Governors.

**8. US Meningitis outbreaks at other Campus**

Mary Beth Koza reported in light of outbreak at other campus in the US. Mary Beth will work with Dr. Covington to create a plan for a potential outbreak, response procedures, and draft communications templates.

There being no further business, the meeting was adjourned.



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The University of North Carolina at Chapel Hill  
Department of Environment, Health & Safety  
1120 Estes Drive Ext., CB# 1650  
Chapel Hill, North Carolina 27599-1650

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December 18, 2013

Chancellor Carol Folt  
The University of North Carolina at Chapel Hill  
103 South Building CB #9100  
Carolina Campus

Dear Chancellor Folt:

At its December 5, 2013, meeting, the University Safety and Security Committee (USSC) reviewed and approved the "Health Care Personnel Who Are Infected With Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus" Policy. A copy of which is attached for your use.

The purpose of this policy is to address the procedures required by the University and UNC Hospitals to reduce the risk for provider-to-patient transmission of Hepatitis B (HBV), Hepatitis C (HCV), and/or Human Immunodeficiency Virus (HIV) for health care personnel who provide direct patient care. This policy also reinforces the University and UNC Health Care requirements of strict adherence to Standard Precautions for all health care personnel in clinical care areas, as adherence to Standard Precautions is the most effective way to prevent disease transmission.

Please indicate your approval of this policy by signing this letter and returning it to me so that I may maintain appropriate records in compliance with State of North Carolina Workplace Safety Program requirements. Thank you for your assistance.

Happy Holidays,

Mary Beth Koza  
Director of Environment, Health & Safety

cc: Erin Schuettepelz  
Kevin Seitz  
Meredith Weiss

Approved:

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Carol Folt, Chancellor



### Responsible University Officers

Exec Director for Campus Health Services  
Director of Environment, Health & Safety

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Department of Environment, Health & Safety –UEOHC

## Health Care Personnel Who Are Infected With Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus

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### Policy Statement

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This policy addresses the procedures required by the University and UNC Hospitals to reduce the risk for provider-to-patient transmission of Hepatitis B (HBV), Hepatitis C (HCV), and/or Human Immunodeficiency Virus (HIV) for health care personnel who provide direct patient care. This policy also reinforces the University and UNC Health Care requirements of strict adherence to Standard Precautions for all health care personnel in clinical care areas, as adherence to Standard Precautions is the most effective way to prevent disease transmission.

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### Definitions

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Standard Precautions are the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These evidence-based practices are designed to both protect health care personnel and prevent the spread of infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure, 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

Category I Procedures are defined in the *Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students* as procedures known or likely to pose an increased risk of percutaneous injury to a health care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV). These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions).

Category II Procedures are defined in the *Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students* as all other invasive and noninvasive procedures not included in Category I Procedures because they pose low or no risk for percutaneous injury to a health care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include

- surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I Procedures;



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- the use of needles or other sharp devices when the health care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
- dental procedures other than major oral or maxillofacial surgery;
- insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
- endoscopic or bronchoscopic procedures;
- internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination); and
- procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

Enhanced Standard Precautions are any measures that are adopted in addition to the minimum infection control measures that form the basis for Standard Precautions. Examples include double gloving and scheduled re-gloving during surgical procedures.

Executive Director is the Executive Director for Campus Health Services.

Exposure-Prone Procedures are those procedures in which access for surgery is difficult or those in which sharps injuries are likely to occur, typically in very closed and unvisualized operating spaces in which glove and skin integrity of the operator might be compromised.

Health Care Personnel (HCP) are all paid and unpaid persons working in health care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

Hepatitis B (HBV) is a small, double-shelled virus in the family Hepadnaviridae. HBV infection is an established cause of acute and chronic hepatitis, cirrhosis, and hepatocellular carcinoma. Transmission of the virus in the health care setting occurs by parenteral or less commonly mucosal exposure to HIV contaminated body fluids (e.g., blood).



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Hepatitis C (HCV) is a member of the Flaviviridae family and causes both acute and chronic hepatitis. Transmission of the virus in the health care setting occurs by parenteral and rarely by mucosal exposure to HCV contaminated body fluids.

Human Immunodeficiency Virus (HIV) is a lentivirus that leads to acquired immunodeficiency syndrome. Transmission of the virus in the health care setting occurs by parenteral or much less commonly by mucosal exposure to HIV contaminated body fluids.

Medical Director is the Medical Director of the University's Employee Occupational Health Clinic and/or the Medical Director of the UNC Hospitals Occupational Health Services.

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### Audience

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Health Care Personnel who perform surgical, obstetrical, or dental procedures and/or assist in these procedures and who are currently or become aware that they are infected with HBV, HCV, and/or HIV are covered by this Policy.

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### Reason for Policy

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Recent recommendations from the Society of Healthcare Epidemiology (SHEA) and the Centers for Disease Control (CDC) that address the prevention of provider-to-patient transmission of bloodborne viruses reflect changes in the epidemiology of HBV, HCV, and HIV infections in the United States, advances in medical management of chronic viral infections, and more than two decades of investigations of suspected provider-to-patient infections. Updates include the following:

- 1) Due to numerous factors (including that the risk of provider-to-patient transmission of bloodborne viruses is extremely low), it is no longer recommended that HCP make routine mandatory disclosures of their disease status to patients.
- 2) Previous recommendations that an expert review panel be convened for all HCP with HBV, HCV, and/or HIV infection have been modified, and expert review panel oversight is now recommended only for individuals who perform Exposure-Prone Procedures.
- 3) For HCP with HBV, HCV, and/or HIV infection, safe clinical practice guidelines have been established and include both enhancements to Standard Precautions (i.e., routine double gloving) and establishment of



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acceptable levels of circulating viral burden needed to resume performing Exposure-Prone Procedures.

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## **Compliance**

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### HBV and/or HIV-infected employees and students

All HCP in North Carolina who perform surgical, obstetrical, or dental procedures and/or assist in these procedures are required to notify the State Health Director in writing if they are or become infected with HIV or HBV in accordance with North Carolina law (10A NCAC 41A .0207 HIV and Hepatitis B Infected Health Care Workers).

This notification should be sent to:

Chief, Communicable Disease Control Branch  
1902 Mail Service Center  
Raleigh, NC 27699-1902

### HCV-infected employees and students

As of the effective date of this Policy, there is no requirement that HCP infected with HCV notify the State Health Director. HCP who are or become infected with HCV and who perform surgical, obstetrical, or dental procedures and/or assist in these procedures are required to notify the appropriate Medical Director (employees) or the Executive Director (students). The Medical Director or Executive Director will make the initial determination to restrict or modify the scope of the HCP's clinical practice using the same procedures as outlined for HBV and HIV.

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## **Roles and Responsibilities**

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The Medical Director is responsible for the administration of this Policy as it pertains to employees of the University. The Executive Director is responsible for the administration of this Policy as it pertains to University students. Final responsibility for compliance with this Policy, including the authorization of temporary or permanent work restrictions for faculty and/or staff, lies with the Dean of the appropriate professional school.

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## **Related Regulations, Statutes, and Related Policies**

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Society of Healthcare Epidemiology guidelines for management of health care workers



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who are infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. Infect Control Hosp Epidemiol 2010;31:3

10A North Carolina Administrative Code 41A.0207, HIV and Hepatitis B Infected Health Care Workers. Amended Eff. April 1, 2003 (10A NCAC 41A.0207)

North Carolina Medical Board Position Statement. HIV/HBV infected health care workers. Reviewed January 2011

Updated CDC recommendations for the management of hepatitis B virus-infected health-care providers and students. MMWR, Vol. 61, July 6, 2012

Justice Department settles with the University of Medicine and Dentistry of New Jersey over discrimination against people with Hepatitis B. Available at [http://www.ada.gov/umdnj\\_sa.htm](http://www.ada.gov/umdnj_sa.htm). Accessed May 5, 2013

Joint Agency Letter to Health-Related Schools Regarding Hepatitis B Discrimination. Available at <http://www.ada.gov/hepatitis-b-letter.htm>. Accessed June 18, 2013

Pearson ML., Bridges CB, Harper SA: Influenza vaccination of health-care personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report (MMWR) 2006; 55:1-16

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### **Contacts**

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## Document History

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- Effective Date:
  - Last Revised Date:
- 

## Procedures

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### I. University Employees

#### A. Report/Notification

1. Medical Director – All HCP in North Carolina who perform surgical, obstetrical, or dental procedures and/or assist in these procedures in a manner that may result in exposure of patients to their blood and who are or become diagnosed as infected with HBC, HCV and/or HIV are required to report their condition in writing to the Medical Director by the next business day.

2. State Health Director - All HCP in North Carolina who perform surgical, obstetrical, or dental procedures and/or assist in these procedures in a manner that may result in exposure of patients to their blood are required to notify the State Health Director in writing if they are currently infected or become aware that they are infected with HIV or HBV<sup>1</sup> in accordance with North Carolina law (10A NCAC 41A .0207).

This notification should be sent to the State Health Director using the following address:

Chief, Communicable Disease Control Branch  
1902 Mail Service Center  
Raleigh, NC 27699-1902

The State Health Director will investigate the practice of any infected HCP and the risk for transmission to patients and provide notification of the results of the investigation to the HCP.

#### B. Duties Following Report/Notification

In addition to providing any required written notification to the Medical Director and to the State Health Director, infected employees who provide direct patient care

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<sup>1</sup> As of the effective date of this Policy, there is no requirement that HCP infected with HCV report their clinical status to the State Health Director.



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(regardless of the type of patient care activities) are required to:

- As soon as reasonably possible and without negatively affecting patient care, stop ALL Category I Procedures, and
- Provide the Medical Director with a copy of any written notification the employee sent to the State Health Director.

#### C. Initial Evaluation

When an employee notifies the Medical Director of his or her clinical status AND the Medical Director is able to verify that the employee's clinical practice is limited by scope of practice (including on-call responsibilities) to only Category II Procedures, then the employee can continue his or her current clinical duties while awaiting the results of any investigation by the State Health Director.

If the Medical Director determines that the employee's clinical practice includes Category I Procedures, then immediate practice modifications/restrictions are required. The Medical Director will notify the appropriate individuals to establish any temporary work restrictions and/or work modifications pending the results of any investigation by the State Health Director.

Once an employee receives formal notification of the results of the State Health Director's investigation, the employee must provide a copy of the notification to the Medical Director.

#### D. Subsequent evaluation

1. Employees who do not require restrictions/modifications to their clinical practice AND who do not require ongoing review of their clinical condition or clinical practice (as determined by the State Health Director).

Upon receipt from an employee of a copy of the State Health Director's notification, the Medical Director will confirm that the employee does not require any work restrictions, work modifications, or medical monitoring. The Medical Director will then notify the employee that he or she has met the requirements set forth in this Policy and that no further action or notification will be required. The employee will be allowed to return to clinical practice without restrictions/modifications and without need for ongoing review of his or her clinical condition.<sup>2</sup>

<sup>2</sup> In accordance with North Carolina law, any HCP who has been evaluated by the State Health Director is required to notify the State Health Director prior to a change in practice involving surgical or obstetrical procedures or dental procedures. Employees are required to provide the Medical Director with a copy of any subsequent



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## 2. Employees who require modifications/restrictions to their current practice and/or who require periodic review of their clinical condition and practice (as determined by the State Health Director).

Such employees are likely to be:

- Initially restricted in their clinical practice; and/or
- Allowed to continue in clinical practice after additional training and/or safeguards (e.g., Enhanced Standard Precautions); and/or
- Restricted in their clinical practice unless low levels of viral burden are documented and maintained.

Upon receipt from the employee of a copy of the State Health Director's notification, the Medical Director will notify the appropriate individuals as outlined in Appendix A and, with additional input from the University's Equal Opportunity/ADA Office and the Office of University Counsel, will notify the appropriate Dean to ensure that the modifications/restrictions can be successfully implemented. If an employee is required to have periodic review of his or her clinical condition, a monitoring plan will be established with the Medical Director and the employee's personal physician according to current CDC/SHEA guidelines. If an employee is unable to achieve the viral burden levels required to practice without restrictions, the Medical Director will notify the employee's clinical chair and/or supervisor, and temporary restrictions will be imposed until the employee's viral burden has reached appropriate levels.<sup>3</sup>

## II. University Students

### A. Notification

1. Executive Director – All student HCP in North Carolina who perform surgical, obstetrical, or dental procedures and/or assist in these procedures in a manner that may result in exposure of patients to their blood and/or assist in these procedures and who are or become diagnosed as infected with HBV, HCV, and/or HIV are required to report their condition in writing to the Executive Director by the next business day.
2. State Health Director – Student HCPs who perform surgical,

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determinations from the State Health Department. Additionally, employees are required to notify the Medical Director of any change in their disease status.

<sup>3</sup> See footnote 2.



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obstetrical, or dental procedures and/or assist in these procedures in a manner that may result in exposure of patients to their blood are required to notify the State Health Director in writing if they are currently infected or become aware that they are infected with HIV or HBV in accordance with North Carolina law (10A NCAC 41A .0207). Students should use the address listed in Section I for any required notification to the State Health Director.

### **B. Duties Following Notification**

In addition to providing any required written notification to the Executive Director and to the State Health Director, student-HCPs who provide direct patient care (regardless of the type of patient care activities) are required to:

- As soon as reasonably possible and without negatively affecting patient care, stop participating in ALL Category I Procedures,<sup>4</sup> and
- Provide a copy to the Executive Director of any written notification the student HCP provided to the State Health Director.

In accordance with current published guidelines, the Executive Director will decide if immediate practice modifications/restrictions are necessary pending a determination by the State Health Director.

### **C. Additional Information**

University students who are or become infected with HBV, HCV, and/or HIV and who are actively seeking careers in health care and/or are enrolled in a health care training program are encouraged to contact Campus Health Services to set up an appointment with a designated health care provider.

### **III. Non-Discrimination**

No University employee, student, or accepted applicant who has HIV, HBV or HCV may, by reason of such disability, be excluded from participation in or be denied the benefits of the University's services, programs, or activities, except as provided in this Policy.

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### **Other Related Documents**

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<sup>4</sup> The CDC has concluded that Category I Procedures (especially for HBV transmission) are "not ordinarily performed by students fulfilling the essential functions of a medical or dental school education."



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## Appendix A

### Notification List for HIV/HBV/HCV positive employees who require work restrictions/modifications.

#### UNC School of Medicine faculty and staff

- 1) The health care provider's clinical department chair
- 2) The Vice Dean of Finance and Administrative
- 3) The Executive Associate Dean for Clinical Affairs and Chief Medical Officer
- 4) The Medical Director of UNC Hospitals Occupational Health

#### UNC School of Dentistry faculty and staff

- 1) The health care provider's clinical department chair
- 2) The Associate Dean for Clinical Affairs
- 3) For UNC School of Dentistry faculty and staff who work in UNC Hospitals, the Medical Director of UNC Hospitals Occupational Health and the Chief Medical Officer

#### UNC School of Nursing faculty and staff

- 1) The health care provider's Division Chair
- 2) The Associate Dean for Academic Affairs
- 3) The Associate Dean of Administrative Services

#### UNC Hospitals

Please refer to the UNC Hospitals policy.

## Appendix B

### Notification List for HIV/HBV/HCV positive Health Science students who require work restrictions/modifications

#### UNC School of Medicine Students

- 1) Associate Dean for Student Affairs
- 2) Vice Dean for Education
- 3) Executive Associate Dean for Clinical Affairs and Chief Medical Officer
- 4) Executive Director, Campus Health Services



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### UNC School of Dentistry Students

- 1) Associate Dean for Academic Affairs
- 2) Associate Dean for Clinical Affairs
- 3) For UNC School of Dentistry students who work in UNC Hospital Settings, the Chief Medical Officer and Medical Director of UNC Hospitals Occupational Health
- 4) Executive Director, Campus Health Services

### UNC School of Nursing Students

- 1) The Nursing Student's Program Director
- 2) Associate Dean for Academic Affairs
- 3) Associate Dean of Administrative Services
- 4) Assistant Dean, Office of Student Affairs
- 5) Executive Director, Campus Health Services



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Department of Environment, Health & Safety  
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Chapel Hill, North Carolina 27599-1650

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December 18, 2013

Chancellor Carol Folt  
The University of North Carolina at Chapel Hill  
103 South Building CB #9100  
Carolina Campus

Dear Chancellor Folt:

At its December 5, 2013, meeting, the University Safety and Security Committee (USSC) reviewed and approved the "Laboratory Personnel Who Are Working with *Neisseria Meningitidis*" Policy. A copy of which is attached for your use.

The purpose of this policy is to address the procedures required by the University to reduce the risk of exposure to *Neisseria Meningitidis* for laboratory personnel working with this infectious agent. This policy also reinforces the University requirements of strict adherence to Standard Precautions for all personnel in laboratories, since adherence to Standard Precautions is the most effective way to prevent exposure and transmission.

Please indicate your approval of this policy by signing this letter and returning it to me so that I may maintain appropriate records in compliance with State of North Carolina Workplace Safety Program requirements. Thank you for your assistance.

Happy Holidays,

Mary Beth Koza  
Director of Environment, Health & Safety

cc: Erin Schuettpelz  
Kevin Seitz  
Meredith Weiss

Approved:

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Carol Folt, Chancellor



## Laboratory Personnel Who Are Working With *Neisseria Meningitidis*

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### Policy Statement

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This policy addresses the procedures required by the University to reduce the risk of exposure to *Neisseria Meningitidis* for laboratory personnel who work with this infectious agent. This policy also reinforces the University requirements of strict adherence to Standard Precautions for all personnel in laboratories, as adherence to Standard Precautions is the most effective way to prevent exposure and transmission.

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### Definitions

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Standard Precautions are the minimum prevention measures that apply to all laboratory work. These evidence-based practices are designed to protect laboratory personnel from exposure to infectious agents. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, eye protection), depending on the anticipated exposure, 3) safe sharps procedures, and 4) safe handling of potentially contaminated equipment or surfaces in the laboratory environment.

*Neisseria meningitidis* is a bacterium that causes meningococcal disease. About 10% of people have this type of bacteria in the back of their nose and throat with no signs or symptoms of disease. However, sometimes the bacteria can invade the body causing certain illnesses, known as meningococcal disease. *N. meningitidis* is the major cause of infectious morbidity and mortality globally, and is responsible for epidemics in Africa and in Asia. In the United States, 1000 to 2600 cases of *N. meningitidis* infection occur annually; most cases are sporadic.

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### Audience

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Laboratory personnel who manipulate *N. meningitidis* or work in labs that manipulate *N. meningitidis* are covered by this Policy.

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### Reason for Policy

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Recent laboratory-acquired infections as reported by the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA)



## UNC-CH Biological Safety Manual



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reflect the need for the University to address the potential risks associated in working with *N. meningitidis* and preventative measures used to mitigate those risks.

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### Roles and Responsibilities

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UNC's Environmental, Health, and Safety's Biological Safety section and the University Employee Occupational Health Clinic are responsible for the administration of this Policy as it pertains to employees of the University. Final responsibility for compliance with this Policy, including the authorization of temporary or permanent work restrictions for faculty and/or staff, lies with the Dean of the appropriate professional school.

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### Contacts

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### Document History

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- Effective Date:
- Last Revised Date:

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### Prevention

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**Vaccine** – Three meningococcal vaccines are licensed in the United States, one polysaccharide vaccine (MPSV4) and two conjugate vaccines. One of the conjugate vaccines uses diphtheria toxoid as the protein carrier (MCV4-

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DT) and the other uses CRM<sub>197</sub> (MCV4-CRM) as the protein carrier. All three vaccines cover meningococcal serogroup A, C, W-135, and Y strains but not serogroup B strains, which are a common cause of meningococcal disease in the United States. In general, conjugate vaccines are preferred over polysaccharide vaccine. However, MCV4-DT is licensed only for persons 2 through 55 years old and MCV4-CRM for persons 11-55 years old. Vaccine effectiveness for the included serogroups is generally considered to be about 75%-90%. For adults, a single dose of vaccine is required with a second dose 5 years later among persons who remain at high risk. For information on the most commonly reported adverse events for MCV4-DT, MCV4-CRM, and MPSV4 and the medical contraindications, which include, depending on the vaccine, and allergic reaction to previous vaccine administration or vaccine components, see the Vaccine Information Sheet (<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf> .)

Vaccination will not be offered to those individuals over the age of 55. However post-exposure prophylaxis will be offered to anyone potentially exposed to *N. meningitidis* with consent.

**Chemoprophylaxis** –Antibiotic chemoprophylaxis with rifampin, ciprofloxacin, or ceftriaxone is available for the prevention of meningococcal disease following known high-risk exposures. Laboratory personnel with high-risk exposure, regardless of immunization status, should contact University Employee Occupational Health Clinic (UEOHC) at 919-966-9119 immediately for evaluation for the need for chemoprophylaxis.

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### Laboratory Hazards and Communicability

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Use of *N. meningitidis* is restricted to Biosafety Level 2 or Animal Biosafety Level 2 (BSL-2/ABSL-2) facilities with strict adherence to BSL-2/ABSL-2 engineering practices and personal protective equipment. All work with live *N. meningitidis* organisms must be done in a biosafety cabinet.

*N. meningitidis* can be transmitted in a laboratory setting through needlesticks, droplet exposure to the mucous membranes and poor adherence to biosafety precautions. Many of the cases of laboratory transmission have occurred while working with live *N. meningitidis* on an open bench. Use of a certified biological safety cabinet is required for manipulation of *N. meningitidis*.

**Employees at Risk-** Handling of the *N. meningitidis* agent and/or research



animals experimentally infected with *N. meningitidis* creates the highest risk of exposure and potential infection. Due to the presence of engineering controls, personal protective equipment and work practices, employees entering areas where *N. meningitidis* is utilized are at less risk of infection.

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## Guidelines

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### Principal Investigators (PIs)

#### A. Registration/Notification

1. All Principal Investigators (PI's) using *N. meningitidis* must register the agent in the Schedule F section of their laboratory safety plan (<https://itsapps.unc.edu/LabSafetyPlan/>).
2. Biosafety Level 2 practices, containment equipment and EHS-approved BSL2/ABSL2 facilities are required for all activities involving the use or manipulation of *N. meningitidis* and infected animals. **Handling of *N. meningitidis* must be conducted in a biosafety cabinet.**
3. Laboratories shall be inspected by EHS at least annually to verify appropriate BSL-2 containment and practices.
4. All individuals who directly handle a) cultures or b) animals contaminated or infected with non-attenuated *N. meningitidis* strains that infect humans must be medically screened by UEOHC for contraindications to *N. meningitidis* exposure and/or *N. meningitidis* vaccine. Vaccination is offered to individuals seeking to handle *N. meningitidis* or infected animals at the University of North Carolina. Proof of vaccination or written declination is required prior to working with *N. meningitidis*. Vaccination is provided at no cost to the employee.
5. Visitors are not permitted to handle *N. meningitidis* or infected animals at the University of North Carolina unless they have demonstrated proficiency at BSL-2 practices and have documented evidence of vaccination, as verified by the PI and EHS. .
6. It shall be the responsibility of the Principal Investigator and/or

## UNC-CH Biological Safety Manual



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Director of Environment, Health & Safety

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individuals responsible for control of access to a *N. meningitidis* facility to assure that individuals with potential *N. meningitidis* exposure are enrolled in the occupational health requirements of this SOP, and are vaccinated before initial handling of *N. meningitidis*.

7. Laboratory personnel must wear personal protective equipment (lab coat, gloves, eye protection, and N95) when handling *N. meningitidis* and all manipulations of *N. meningitidis* must be performed in a biosafety cabinet. Personnel entering BSL2 containment facilities must abide by the PPE requirements for the specific facility as established by EHS. Refer to the University of North Carolina Biosafety Manual Chapter 4, Section 1 for more details on Biosafety level 2 requirements.

8. Anyone experiencing signs or symptoms of *N. meningitidis* (severe headache, stiff neck, fever) should contact University Employee Occupational Health Clinic (M-F 8:30am-4:30pm, 919.966.9119). The PI must notify EHS. Notification should be made to the local health department within 24 hours of positive test results.



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## Contact for Questions Regarding Policy

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Contact	Telephone	Email
Department of Environment, Health & Safety – Deborah Howard	919-962-5722	dmhoward@ehs.unc.edu

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## Document History

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