BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

UNIVERSITY OF WISCONSIN-EAU CLAIRE
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Revised: February 2021

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FOR THE UNIVERSITY OF WISCONSIN-EAU CLAIRE

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

I. PURPOSE

The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

1. A few general principles should be followed when working with bloodborne pathogens. These include:

    1.1. Minimize exposure to bloodborne pathogens

    1.2. Risk of exposure to bloodborne pathogens should never be underestimated

    1.3. Protect employees from the health hazards associated with bloodborne pathogens

    1.4. Provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens

    1.5. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 including exposure determination of employees and method of implementation to meet the requirements of the OSHA Standards.

II. SCOPE AND APPLICATION

This Exposure Control Plan (ECP) applies to all employees at risk of occupational exposure to bloodborne pathogens and/or Other Potential Infectious Materials (OPIMs).

1. Workers at risk are identified based on their Job Classifications or the Tasks and Procedures associated with the work they perform. Therefore, it is important to conduct an accurate Exposure Determination to identify all individuals covered by this plan.

III. RESPONSIBILITIES

A. Department of Risk Management & Safety (RMS)

This department is responsible for the development of the University of Wisconsin Eau Claire Bloodborne Pathogens Program and will:

1. Develop, implement, and evaluate the written University Bloodborne Pathogens Program
   1.1 Maintain and update the written Bloodborne Pathogens Program at least annually and whenever necessary to include new or modified tasks and procedures

2. Assist departments in the identification of employees/students that have potential exposure to bloodborne pathogens

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4. Oversee that all medical actions required are performed and that appropriate medical records are maintained

5. Develop and evaluate the Model Exposure Control Plan that provides tools (e.g., guidance, forms, and templates) for use by University personnel to effectively minimize potential occupational exposures to blood or OPIM

6. Promote practices, procedures, and methods that conform to the concept of universal precautions

7. Assist Principal Investigators (PIs)/supervisors in the selection of appropriate safety control requirements, which include laboratory practices, housekeeping methods, personal protective equipment, engineering controls supplies (i.e., sharp containers, etc.), labels, and red bags as required by the standard

   7.1 Assist in coordination of annual refresher training available to employees
   7.2 Arrange and coordinate the disposal of potential infectious waste on Campus

8. Provide direction for a confidential post-exposure medical evaluation and follow-up the Sharps Injury Annual review as appropriate

9. Provide consultation, workplace assessments, and other services as needed for University personnel

10. Coordinate the proper management and disposal of regulated waste; disposal bags and containers must be procured by each department

B. Department Heads or Directors

Departments whose employees may have occupational exposure to blood or OPIM are responsible for the overall implementation of the Bloodborne Program for their units.

1. Identify those employment positions within their areas that fit the definition of "occupational exposure" described in this Plan and specify those tasks or procedures in which occupational exposure is likely to occur in consultation with (RMS)

2. Provide department specific employee orientation and enforce procedures consistent with the University Bloodborne Pathogens Program

3. Ensure all (PIs), faculty, and staff are aware of and follow the requirements of the Exposure Control Plan (ECP) within their respective departments

4. Assist PIs, faculty, and staff with allocation of appropriate funding for administration of the Hepatitis B Vaccination Program

5. Ensure the most up to date (ECP) is readily available to all personnel in their work area

6. Maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard

7. Ensure the continuity of recordkeeping, primarily when supervisors leave or resigned

C. Principal Investigators or Supervisors

They are ultimately responsible for ensuring that the unit-specific Exposure Control Plan is completed, understood, and followed by the employees under their supervision. While the supervisors are responsible for implementing each of the elements described within the written ECP, it is permissible to delegate some tasks to other employees, provided documents are clear and roles are understood.

1. Identify all employees (including full, part-time, and temporary) with a reasonably anticipated exposure to blood or OPIM

2. Complete and implement the Unit specific Exposure Control Plan

3. Ensure that appropriate engineering controls are utilized and maintained

   3.1 Ensure that appropriate PPE is available and in good working condition for all employees who are at risk of exposure to Bloodborne Pathogens.

   3.2 Purchase, make available, and ensure the use of placards, signs, labels, and sharps and waste collection containers as specified in Section VII Labels and Symbols.

4. Ensure that employees, who initially decline the Hepatitis B Vaccine, sign the Hepatitis B Declination statement as provided on the Hepatitis B Vaccine Offer form.

5. Ensure employees participate in University Bloodborne Pathogens training, either online or classroom, initially and annually thereafter

6. Maintain the training records and Hepatitis B Vaccine forms, and other associated records as directed in this document

7. Conduct ongoing worksite evaluations and annual review of the ECP to ensure the written ECP is effectively implemented

D. University Police

In addition to routine services, security or life safety officers will:

1. Assist victim with transport arrangements to medical facility for the initial evaluation of the exposure incident if needed

2. Obtain and secure preliminary exposure incident information

3. Inform the Office of RMS of exposure incident as soon as feasible

4. Assist in contacting custodial services for a clean up

E. Student Health Services (SHS)

The SHS staff must be careful in handling regulated waste including contaminated sharps, laundry, used bandages and OPIMs.

1. Assist in identifying and documenting personnel with possible exposure to bloodborne pathogens and provide/report this information to the Office of RMS.

F. Facilities Custodial Services

Custodial Services is responsible for determining and implementing appropriate written schedules and methods for cleaning of the facility where there is the potential for exposure to bloodborne pathogens or OPIMs. **See Appendix L.**

1. For cleaning up minor spills in lavatories and laboratory areas and to sanitize all areas where a spill has occurred.

2. For large or complicated spills should be reported immediately to EHS Manager for appropriate cleanup and disposal.

G. Laboratory Personnel (Students)

1. Read, understand, and comply with the requirements of the BBP Exposure Control Plan

2. Complete the Bloodborne Pathogens safety training course initially upon hire as well as an annual refresher training

3. Use appropriate PPE and be aware of the proper use and limitations of PPE and follow established controls for the safe handling and disposal of sharps

4. Following an exposure incident, immediately wash the affected area and report the exposure incident to your supervisor. Proceed to Health Services for a confidential medical evaluation.

H. Employees

All employees performing work with occupational exposure to blood or other potentially infectious material must accept a responsibility for operating in a safe manner.

Employees also have a responsibility to inform their supervisors of working conditions, accidents, and work practices they believe hazardous to their health or the health of others.

1. Participating in both initial and annual Bloodborne Pathogens training

2. Completing the Hepatitis B Vaccine Offer form

3. When selecting to receive the vaccine, the employee is responsible for scheduling with the licensed physician or another licensed health care professional to receive the Vaccine. Employees are not responsible for the cost of the vaccine, in any manner.

IV. DEFINITIONS

The following are some common words and phrases that specifically apply to this Bloodborne Pathogens Program. The definition of these words and phrases are also included in paragraph 29 CFR 1910.1030(b) of 29 CFR.

Blood - human blood, human blood components, and products made from human blood.

Blood-borne Pathogens - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).

Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact. - with blood or OPIMs that may result from the performance of an employee's duties.

Other Potentially Infectious Material (OPIM) - Materials that can contain bloodborne pathogens. The following body fluids:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid, Pericardial fluid, Peritoneal fluid, and Amniotic fluid
- Saliva in dental procedures
- Anybody fluid visibly contaminated with blood
- All body fluids in situations where it is difficult to differentiate between body fluids

Parenteral - piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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

Research Laboratory - a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

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

V. EXPOSURE DETERMINATION

Exposure risk is determined by reviewing employee positions for reasonably anticipated risk of occupational exposure to human blood, body fluids, or other OPIMs as defined by the BBP Standard and OSHA interpretations as follows:

1. **Occupational Exposure Risk** is "reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and (OPIMs) that may result from the performance of an employee's duties".

2. **Other Potentially Infectious Materials (OPIMs)** are any unfixed tissue or organ (other than intact skin) from a human (living or dead). Including primary and established human cell lines and HIV-containing cell or tissue cultures, organ culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

This program applies to occupations on campus that have been identified as having a potential occupational exposure to BBP and OPIM. Occupations that could be at risk for bloodborne pathogens may include but is not limited to:

1. All employees in the job classifications listed in Appendix A may be expected to incur occupational exposure to blood or other potentially infectious material (OPIM).

2. Some employees in the job classifications listed in Appendix B may have occupational exposure to blood or OPIM.

VI. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A. COMPLIANCE METHODS

To protect employees against exposure to human bloodborne pathogenic diseases the following exposure control steps will be undertaken.

1. Universal Precautions will be observed to prevent contact with blood or OPIMs.

2. Engineering and work practice controls will be followed to prevent contact with potentially infectious materials.

3. Specimens and equipment will be handled under strict guidelines.

4. A hazard communication procedure will be followed to alert all employees to the possibility that pathogenic materials are present.

B. UNIVERSAL PRECAUTIONS

The practice of "Universal Precautions" is to treat all human blood, blood components, and body fluids as if they are known to be infectious with bloodborne pathogens. Universal precautions will be practiced preventing direct contact with blood cells or OPIMs.

1. OSHA and the EPA have variously defined the amount of blood required to constitute an infectious risk as "substantial," "dripping" and "15 milliliters," of blood (about the size of three teaspoons), must be present to be of sufficient dose to be infectious.
2. UW-Eau Claire requires that workers protect themselves from all potentially infective fluids, even of hardly visible quantity.

3. Universal precautions will be observed at UW-Eau Claire in order to prevent contact with blood or OPIMs. All blood or OPIMs will be considered infectious regardless of the perceived status of the source individual.

C. WORK PRACTICE CONTROLS

Work practice controls will be utilized to eliminate or minimize employee exposure to bloodborne pathogens or OPIM. Whenever possible, employees will be provided with easily accessible hand washing facilities. When this is not possible, employees will be provided with antiseptic hand cleanser in first aid kits for use until a sink with hot and cold running water, soap, and disposable towels is available.

1. **Work Area Restrictions**

   In work areas where there is a reasonable likelihood of exposure to blood or OPIMs employees are not to eat, drink, apply cosmetics, or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in the area.

   Mouth pipetting/suctioning of blood or OPIM is prohibited.

   All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

2. **Handwashing**

Hand hygiene facilities must be available. If a sink with warm running water is not immediately available, a 60-95% alcohol-based gel hand sanitizer should be used until the employee can wash hands in a sink. Work with blood or OPIM is not permitted at UWEC unless the work area is equipped with hand-washing facilities.

2.1 Supervisors shall ensure that after the removal of personal protective gloves, employees shall immediately wash hands and any other potentially contaminated skin area with soap and water.

2.2 Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

2.3 Emergency response kits in campus police squad cars will be equipped with sterilizing hand wipes to ensure ready access to hand-washing capability at remote locations.

2.4 Employees should immediately wash hands with soap and water upon glove removal and on completion of tasks involving contact with human blood, body fluids, or OPIM.

3. **Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken.

Disposable syringes, needles, scalpel blades, lancets, and other sharp items are to be placed in a puncture resistant container commercially designed for that purpose. All areas where such sharps are used will be equipped with suitable sharps containers.

Should a person be punctured with a device in the paragraph, immediately report the injury to the supervisor for logging the incident.

4. **Specimens**

Specimens of blood or OPIMs will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

4.1 The container will be labeled with a biohazard sticker.

4.2 All specimens will be handled in the context of universal precautions.

4.3 Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant.

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

5. **Contaminated Equipment**

   Supervisors are responsible for ensuring that equipment which has become contaminated with blood or OPIM is examined prior to servicing or shipping and is decontaminated, as necessary.

D. ENGINEERING CONTROLS

Whenever practical, engineering controls will be used to eliminate or minimize exposure to bloodborne pathogens or OPIMs. Engineering controls will be periodically reviewed by supervisors and staff to ensure their effectiveness.

All procedures involving human blood or OPIM shall be performed in such as manner to minimize splashing, spraying, spattering, and generation of droplets. Engineering controls serve to reduce worker exposure either by removing the hazard or by isolating the worker from exposure. Examples are:

1. Protective splash/splatter shields
2. Needles with safety features (e.g., self-sheathing needles, retractable needles)
3. Capture ventilation, air filters, and ventilated equipment
4. Biological safety cabinets and Sharp's disposal containers
5. Enclosures

E. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Supervisors shall ensure that (PPE) is not contaminated and is in good condition to protect employees from potential exposure, the following practices are utilized:

1. All (PPE) is inspected periodically by the department manager or supervisor and repaired or replaced as needed.

2. Reusable (PPE) is cleaned, laundered, and decontaminated as needed.

3. Single use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of through existing practices and procedures as outlined in the Hazardous Waste Management Policy. Employees must adhere to the following practices when using PPE:

   3.1 Any garments, including personal clothing, penetrated by blood or other infectious materials must be removed as soon as possible.

   3.2 All (PPE) must be removed prior to leaving the work area.

Volunteers approved to work and students in departments who work with blood or OPIMs will be provided at least the same level of (PPE) as outlined in the UWEC Bloodborne Pathogens Exposure Control Plan.

1. Students and volunteers may be required to purchase the equipment and will be advised of this requirement well in advance.

2. Students and volunteers will be provided training in the proper use of (PPE) in advance of its use.

F. PPE Selection

The selection of appropriate PPE is based on the degree of anticipated exposure. PPE is appropriate only if it does not permit blood or OPIMs to pass through or reach the employee's work clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions & duration of use. **See Appendix J. PPE Selection Guidance**.

G. PPE Use

Supervisors shall ensure that employees use appropriate (PPE).

1. An exemption from the use of (PPE) occurs in rare and extraordinary circumstances when it is the employee's professional judgment that in the given situation the use of (PPE) would prevent the proper delivery of health care or pose an increased hazard to the personal safety of the worker or co-worker.

2. When the employee makes this judgment, the circumstances will be investigated and documented in order to determine whether changes can be made to prevent such occurrences in the future.

H. PPE Cleaning, Laundering, and Disposal

1. Appropriate personal protective equipment, such as lab coats, will be cleaned, laundered, and disposed of by the University at no cost to the employees.

2. Any garment which is penetrated by blood shall be removed immediately or as soon as possible. All (PPE) will be removed prior to leaving the work area.

3. When (PPE) is removed, it shall be placed in an appropriately designated container for storage, washing, decontamination or disposal.

I. Types of PPE

1. Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIMs, non-intact skin, and mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

1.1 Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as possible if they are torn, punctured, or when their ability to function as a barrier is compromise.

1.2 Disposable gloves shall not be washed or decontaminated for re-use.

1.3 Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

1.4 If possible, fit gloves so they cover the cuff of your clothing to reduce the area of skin exposure. Examine gloves for physical defects. Discard disposable gloves after each use; they are not to be washed or decontaminated for reuse.

1.5 Utility gloves will be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised. NOTE: Where blood or OPIMs may be mixed with hazardous chemicals, chemical PPE should also be worn.

2. Eye and Face Protection

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, should be worn whenever splashes, spray, splatter, or droplets of blood or OPIMs may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

3. Protective Body Clothing

Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

3.1 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as possible.

3.2 Surgical caps or hoods and/or shoe covers, or boots shall be worn in instances when gross contamination can reasonably be anticipated.

J. HOUSEKEEPING

All areas of the facility where the potential for BBP or other potentially infectious material exposure, certain employees are trained and equipped to clean up bloodborne pathogen release. **See Appendix L. BBP Clean Up Standard Operating Procedures**

1. General Procedures

1.1 Tubes, vials, or other biological specimen containers cannot be placed in wastebaskets customarily emptied by janitorial personnel. These materials must be placed into biohazard bags to be autoclaved before being discarded or placed into marked biohazard boxes for disposal.

1.2 Decontamination of body fluid spills and grossly contaminated surfaces shall occur as soon as possible using the following procedures:

a. Notify individuals in the immediate work area prior to beginning the decontamination procedures. If an individual is injured, call Security.

b. Put on gloves and any other necessary PPE.

c. Contain the spill by covering with paper towels or other absorbent material.

d. Saturate the contaminated area and equipment with a 1:10 dilution of household bleach (10% bleach solution) or EPA registered disinfectant and immediately wipe the area to remove the blood or OPIMs. Area cleaning & decontamination schedules are in **Appendix C.**

e. If using a disinfectant other than bleach, refer to manufacturer instructions to determine the proper amount of time required to achieve disinfection.

f. If broken glass or other sharp material is present, it must never be picked up by hand. Use the Biohazard spill cleanup kits and follow the enclosed directions.

g. Discard the contaminated materials in an appropriate medical waste container (point of use box) depending on the nature of the biohazardous material.

h. Remove gloves and other PPE, then wash hands properly.

1.3 All contaminated equipment and work surfaces will be decontaminated immediately or as soon as feasible with an appropriate disinfectant after completion of procedures and at the end of the work shift if the surface may have become contaminated since the last cleaning.

1.4 Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced when they become contaminated.

1.5 All bins, pails, cans, and similar receptacles intended for reuse will be decontaminated immediately if they are contaminated with blood or other potentially infectious materials.

1.6 Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

1.7 Equipment will be decontaminated when employees have completed use of the equipment or if it is used throughout the semester, decontamination must be completed at the end of the semester.

1.8 All working surfaces should be disinfected after contact with blood, blood products or OPIM. The work surfaces should be disinfected using a fresh 1:10 dilution of household bleach (10% bleach solution) or an EPA registered disinfectant immediately following a spill, as well as the end of any laboratory session. All working surfaces will be cleaned and decontaminated according to specific protocols after contact with blood or OPIMs. (**See Appendix D**).

1.9 Contaminated work surfaces shall be decontaminated with an appropriate disinfectant (i.e., O-Syl) after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated, or after any spill of blood or OPIM, and at the end of the day if the surface may have become contaminated since the last cleaning.

K. BLOOD OR OPIM SPILLS IN GENERAL AREAS

Blood or OPIMs spills in academic, administrative, or other general area of the UWEC campus will be cleaned up and disinfected according to standard operating procedures (SOP's) described in **Appendix D**. Follow these steps to respond to a blood or OPIMs spills:

1. Put on gloves, lab coat, and other necessary PPE.

2. Remove contaminated broken glass in spilled material with tongs or a broom and dustpan and discard it in a sharp disposal container.

3. Apply a solution of freshly made household bleach (1:10 bleach/water solution) or other approved chemical disinfectant to the affected area for an appropriate contact time.

   3.1 Contact time is the amount of time the product must be in contact with a material to achieve decontamination.

   3.2 Ten minutes is the minimum contact time for bleach. Check labels for other products.

4. Absorb the spill completely by using enough absorbent materials to prevent dripping. Material that is not saturated or dripping may be disposed of in the regular trash.

5. Re-apply disinfectant to decontaminate the surface, again allowing adequate contact time.

6. Decontaminate cleaning equipment and re-usable PPE and discard disposable PPE appropriately.

7. After removing gloves, thoroughly was hands with soap and water.

Note: See this video: Cleaning Up a Spill (Bloodborne Pathogens)

L. REGULATED WASTE DISPOSAL

1. **Sharps Disposal Procedures**

   1.1 Broken glassware, which may be contaminated, must never be picked up by hand. The glassware should be swept up using the dustpan sets available in the nursing skills and science laboratories.

      a. Gloves should be worn while cleaning broken glassware.

      b. Contaminated glassware should be disposed into a closable, puncture resistant, leak-proof, and labeled biohazard sharps container.

   1.2 Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the container where these sharps have been placed.

   1.3 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

1.4 Contaminated sharps must be disposed of immediately following use. They should be put into closable, puncture resistant, leak-proof, and labeled biohazard sharps container. These containers should be replaced once they are 2/3 full.

1.5 Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded with the standard biohazard warning.

1.6 During use, containers for contaminated sharps shall be easily accessible and located as close as possible to the immediate area where sharps are used.
   a. The containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill.

1.7 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

1.8 The container shall be placed in a secondary container if leakage of the primary container is possible.
   a. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping.
   b. The second container shall be labeled, and color coded with the standard biohazard warning to identify its contents.

1.9 The biohazard sharps containers used for needles and/or blood vials will be scheduled pickups and/or when biohazard containers are 2/3 full, the Laboratory Manager should be notified to schedule a pickup.

2. **Other Regulated Waste**

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled, or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. The procedure for handling other regulated other regulated waste is as follows:

2.1 Other regulated waste shall be placed in containers that are constructed to contain all contents and prevent leakage of fluids during handling, storage, transporting or shipping.

2.2 The waste must be labeled, color coded with the standard bio-hazard warning, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. **See Appendix D for explanation.**

NOTE: Disposal of all regulated waste shall be in accordance with applicable state, and local regulations. UWEC currently uses Veolia Environmental Services. The waste is properly treated and disposed of in an approved manner. Laboratories with autoclaves may sterilize regulated waste by thorough autoclaving.

M. HEPATITIS B VACCINE

1. **HBV Vaccination General Information**

University of Wisconsin Eau Claire will make the hepatitis B vaccination series available to all faculty and staff who are determined to have potential occupational exposure to blood or (OPIMs), at no cost to the employee.

NOTE: OSHA Interpretation to Administer HBV Letter

1.1 Department Heads must ensure that covered new employees electing to receive a Hepatitis B vaccination Series following initial bloodborne pathogens training, are scheduled to begin the series within 10 working days of initial assignment to all employees whose job classifications are listed in Appendix A unless:

a. The employee has previously received the complete HBV vaccination series,

b. Antibody testing has revealed that the employee is immune, or

c. The vaccine is contraindicated for medical reasons.

d. Medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form

1.2 This will also include any routine booster dose(s) that may be recommended by the U.S. Public Health Service at a future date.

a. Provide according to the recommendations of the U.S. Public Health Service current at the time of vaccination

1.3 Vaccinations shall be given by a licensed physician or another licensed health care professional, at a reasonable time and place.

1.4 The immediate supervisor is responsible to ensure that covered employees working for them are aware of the vaccination series and have the opportunity to receive vaccinations. Prior to receiving Hepatitis B vaccination, the employee must sign the Hepatitis B Vaccination Documentation Form (Appendix E).

1.5 All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal (Appendix F).

1.6 If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available at no cost to the employee.

2. **Costs for Hepatitis B Vaccine**

2.1 Costs for vaccinating employees and students with the Hepatitis B Vaccine are the responsibility of the individual department(s).

2.2 The “department” is considered the department where the potential for the student or employee to have exposure to bloodborne pathogens through blood and OPIM.

N. POST EXPOSURE EVALUATION AND FOLLOW-UP

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported promptly to his/her immediate supervisor. The supervisor should submit the **BBP Post Exposure Incident Report Form** to the Office of Risk Management & Safety as soon as possible after the incident. **See Appendix I**.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route of exposure and the circumstances under which the exposure incident occurred.

2. Identification and documentation of the source individual, unless it can be established that identification is impossible or prohibited by state or local law.

3. The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectious status.

4. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

5. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV or HIV serological status will comply with the following:

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. The employee will be offered the option of having their blood collected and stored for later testing of the employees 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.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up. All post exposure follow-ups will be performed by the employee's personal physician, or the UWEC designated physician at the expense of the University.

Following an exposure incident, complete the following steps as on **Appendix K. Exposure Response Poster**. This poster should be printed and posted in work area for quick reference.

O. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

The immediate department responsible to ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

1. A copy of 29 CFR 1910.1030 and a written description of the exposed employee's duties as they relate to the exposure incident

2. Written documentation of the route of exposure and circumstances under which exposure occurred

3. Results of the source individual's blood testing, if available; and

4. All medical records relevant to the appropriate treatment of the employee including vaccination status.

P. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The immediate department shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

1. A statement that the employee has been informed of the results of the evaluation; and

2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

3. All other findings or diagnosis not related to the exposure incident shall remain confidential and shall not be included in the written report.

VII. LABELS AND SIGNS

Potential presence of a biohazardous agent, including bloodborne pathogens, is generally communicated to employees via standard signage, placards, or labels. One exception is contaminated waste, which is sometimes placed in red bags without biohazard labels.

The biohazard symbol is shown below. It is generally colored orange or red, but is sometimes shown in black on an orange or red background:

The same symbol is also used on individual labels that are affixed to certain storage locations and vessels. With respect to the standard, warning labels are required on the following items:

1. Refrigerators and freezers used to store blood or OPIM.

2. Containers used to store or transport blood or OPIM.

3. Waste collection containers, unless a red bag is used, or the waste has been treated to render it non-infectious. Regulated waste that has been decontaminated must have verification on the container that it was decontaminated (e.g., indicator tape or another approved indicator).

   Note: if using indicators tape, select a lead-free variety.

4. Sharps containers if the sharps may be contaminated with blood or OPIM.

5. Equipment contaminated with blood or OPIM.

6. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements. Individual containers placed in labeled containers are exempt.

VIII. INFORMATION AND TRAINING

The Risk Management & Safety shall provide training at the time of initial assignment to tasks where occupational exposure may occur, and refresher training within twelve months of the previous training.

1. All employees with reasonably anticipated exposure to bloodborne pathogens shall receive annual training regarding the prevention and control of bloodborne pathogens.

2. New employees with reasonably anticipated exposure to bloodborne pathogen or OPIM shall receive training upon assignment.

3. Additional training shall be provided to employees as their job duties change. This is the responsibility of the employees' direct supervisor.

Initial and annual training for BBP takes place in an online training format recorded within the UWEC Canvas. The training program covers, at a minimum, the following elements:

1. An explanation of activities and tasks that may involve exposure to blood and OPIMs.

2. What appropriate engineering controls, work practices, and personal protective equipment (PPE) will prevent or reduce exposure. The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures.

3. An explanation of signs, labels, hazards, and color-coding systems.

4. An explanation of the UWEC BBP Exposure Control Plan, a method for obtaining a copy, and the use and limitations of methods to reduce exposure, for example, work practices and personal protective equipment (PPE).

5. Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.

6. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge (**Appendix H**).

7. Information on the appropriate actions and personnel to contact in an emergency involving blood or other potentially infectious materials.

8. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

9. Information on the evaluation and follow-up required after an employee exposure incident.

NOTE: Supervisors are responsible for ensuring employees are initially trained prior to work assignment and that employees take annual refresher training.

IX. RECORDKEEPING

A. MEDICAL RECORDS

The record will meet all requirements of the OSHA "Access to employee exposure and medical records" Standard 29 CFR 1910.1030. These records shall be kept confidential and for the duration of employment plus 30 years. Medical records shall include:

1. The name and social security number of the employee.

2. The copy of the employee's HBV vaccination status, including the dates of vaccination.

3. A copy of all results of examinations, medical testing, and follow-up procedures.

4. The employer's copy of the health care professional's written opinion.

5. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

B. TRAINING RECORDS

Training records will be maintained in the Office of Risk Management & Safety for three years from the date of training. The following information will be documented:

1. The dates of the training sessions
2. An outline describing the material presented
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

The University provides training for all employees with possible occupational exposure. A training program will also be provided for all new employees prior to/or at the time of initial assignment to tasks that may involve occupational exposure. Additional training will be provided as changes occur that will affect an employee's occupational exposure status, as well as annual training. All training will be provided by Risk Management & Safety.

X. EVALUATION AND REVIEW

Risk Management and Safety is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

XI. STUDENTS - VOLUNTEERS - GOOD SAMARITAN

A. STUDENTS

Students are, strictly speaking, not covered by the Bloodborne Pathogens Rule except for the general sections of Department of Commerce code pertaining to maintaining a "Safe Place" for scholarly work and study.

The mission of the UWEC to provide students with adequate training so they may pursue their studies and eventually their careers safely and knowledgeably.

The University has identified curricula involving possible exposure of students to blood or OPIMs (Nursing and Biochemistry). The use of blood must be evaluated in light of its risk to students and the fulfillment of each department's academic mission.

B. VOLUNTEERS AND GOOD SAMARITANS

Volunteers are used at UWEC to further University programs. However, in rare circumstances where a volunteer may possess special skills or knowledge and where it would be impossible to utilize this expertise without the risk of exposure to blood or OPIMs, exceptions may be permitted. In these situations, the use of blood must be evaluated in light of its risk to the volunteer and the academic mission requiring the volunteer's expertise.

"Good Samaritans" are not included in the bloodborne pathogens Plan and are not considered eligible for post exposure follow up or HBV vaccination. If these individuals are exposed to blood or OPIMs in the course of rendering first aid or performing CPR, they should seek follow-up medical attention from a qualified health care provider.

C. PROCEDURES: Students - Volunteers - Samaritans

When possible, alternatives to the use of blood and OPIMs must be adopted. Alternatives include the use of non-infectious animal blood, synthetic blood, or computer simulations. (Note: "Screened Blood" from a blood bank is not 100% safe, must be handled using Universal Precautions, and requires the same training, precautions and protective equipment unscreened blood).

Students: For curricula where alternatives are not feasible, the procedures of this section (see below) must be followed.

Volunteers/Good Samaritans: For projects where alternatives are not feasible, approval must be obtained from the Director of RMS, and the policies of this section must be followed.

1. Exposure Control Plan

Volunteers approved to work and students in departments who work with blood or other potentially infectious materials must follow the UWEC Bloodborne Pathogens exposure control plan.

2. Training

Volunteers approved to work and students in departments who work with blood or other potentially infections materials will be provided at least the same level of training as outlined in the UWEC Bloodborne Pathogens Exposure Control Plan.

3.1 *Students:* For students in laboratory and clinical settings (on campus or off) advanced training must be provided by qualified professors and/or instructors.

3.2 *Volunteers/Good Samaritans*: Advanced training must be provided by qualified professors or instructors for volunteers in laboratory and clinical settings (on campus or off).

3. Personal Protective Equipment

Volunteers approved to work and students in departments who work with blood or other potentially infectious materials will be provided at least the same level of PPE as outlined in the UWEC Bloodborne Pathogens Exposure Control Plan.

Students and volunteers may be required to purchase the equipment and will be advised of this requirement well in advance. Moreover, students and volunteers will be provided training in the proper use of personal protective equipment in advance of its use.

4. Hepatitis B Vaccination

Volunteers approved to work and students in departments who work with blood or OPIMs will be provided with information about Hepatitis B vaccination as outlined in the UWEC BBP Exposure Control Plan. Students and volunteers may be required to pay for the vaccination and will be advised of this requirement well in advance.

4.1 *Students:* Students considering careers in medical technology or nursing are strongly urged to obtain Hepatitis B vaccinations early in their academic experience.

4.2 *Volunteers/Good Samaritans*: Volunteers must consult with their personal physician and health insurance carrier as to where they may obtain the vaccination and what it will cost. Proof of vaccination or refusal of vaccination must be on file with the Department of Risk Management and Safety.

5. Post Exposure Follow Up

Volunteers approved to work and students in departments who work with blood or other potentially infectious material **must be advised that they should notify their health insurance carriers of their academic activities involving Bloodborne pathogenic materials. Neither UWEC departments nor the Student Health Service can assure students that they will fund post-exposure follow up procedures should the student become exposed to Bloodborne pathogens.**

6. Management of Infectious Wastes and Contaminated Laundry

Volunteers and students who are not employees of UWEC must not handle, treat or sewer dispose of infectious wastes, other than to immediately containerize infectious waste generated by their laboratory procedures. Students & volunteers who are not employees are also prohibited from handling contaminated laundry for University-related purposes. Strict regulations govern the handling, treatment, and disposal of infectious wastes; therefore, these activities are restricted to designated employees of the University.

XII. DISTRIBUTION OF THE BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

A copy of the Bloodborne Pathogens Exposure Control Plan is distributed to the following:

- Provost & Vice Chancellor of Academic Affairs
- Special Assistant to Vice Chancellor for Equity, Diversity, and Inclusion
- Vice Chancellor for Dean of Students/Student Affairs
- Dean of the College of Arts and Sciences
- Dean of the College of Nursing & Health Sciences
- Dean of the College of Education and Human Services
- Director of Risk Management & Safety
- Director of the Student Health Service
- Director of Housing and Residence Life
- Director of Human Resources
- Director of Facilities
- University Police
- Children's Nature Academy
- Athletics Department

XIII. ANNUAL REVIEW

The University's Bloodborne Pathogens Exposure Control Plan will be reviewed annually with updates and revisions, as necessary. The revised plan will be distributed to the affected Department Heads/Directors and other applicable departments as indicated by the Annual Review signature page of this document. The annual review of this plan was acknowledged by:

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

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Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Department Name: _____ Date: _____

Print Name: _____ Signature: _____

Director of Risk Management and Safety

Printed Name: Brian K. Drollinger Approve Date: 05/28/2021

Signature: Brian K. Drollinger

Note: The Bloodborne Pathogens Exposure Control Plan is updated by RMS staff from time to time as appropriate. The plan will be reviewed annually or in the event of substantial modifications are necessary.

APPENDIX A

EMPLOYEES WITH "REASONABLY ANTICIPATED EXPOSURE" AND POTENTIAL TASKS/PROCEDURES

DEPARTMENT	EMPLOYEES	TASKS/PROCEDURES
Kinesiology	Lifeguards (6) Athletic Trainers (4) Athletic Training Students* (24)	Possible first responder exposure
Launderer	Launderer Student Launderer	Possible exposure to contaminated laundry
Children's Nature Academy	Faculty Academic Staff Classified Staff	Possible first responder exposure
Facilities Management	Custodial Supervisors	Possible clean-up
Health Services	Clinical Nurse Specialist (3) Custodian Medical Technician Medical Assistant (2) Medical Technologist -Objective Level Medical Transcriptionist Medical Transcriptionist - LTE Nurse - LTE Physician (4) Program Assistant I Program Assistant II Program Assistant - LTE Senior Student Health Registered Nurse (3) Student Assistant	Transportation of body fluid specimens to lab AND possible health care exposure
University Police	Staff (15)	Possible first responder exposure
College of Nursing	Professor Assistant Professor Associate Professor Adjunct Professor Clinical Interns Clinical Lab Coordinator	Possible clinical exposure
University Recreation	Lifeguards (15) Staff Student Employees	Possible first responder exposure
University Centers	Student Building Managers	Possible first responder exposure

* Students in training, not employees.

APPENDIX B

EMPLOYEES WHO MAY INCUR OCCUPATIONAL EXPOSURE TO BLOOD OR OPIM

Level 2 Job Classifications: Incidental Exposure

Faculty	– Athletic Department
Academic Staff	– Children's Center
Clerical Staff	– Children's Center
Volunteers	– Children's Center
Student Workers	– Children's Center
Residence Hall Assistants	– Residence Halls
Housekeeping Custodians	– Residence Halls
Recreation Staff	– Recreation Office

NOTE: THERE ARE OTHER POSITIONS THAT MAY COME IN CONTACT WITH BLOOD, ETC., HOWEVER THIS IS A COLLATERAL EMPLOYEE DUTY.

APPENDIX C

AREA CLEANING AND DECONTAMINATION SCHEDULE

1. Student Health Services

Work Surfaces	–	Daily cleaning and disinfection
Floor	–	Weekly cleaning and disinfection

2. Biochemistry

Work Surfaces	–	Daily cleaning and disinfection following work with blood or OPIM.
Floor	–	Weekly cleaning and disinfection

3. Athletic Training Room

Work Surfaces	–	Daily cleaning and disinfection
Floor	–	Weekly cleaning and disinfection

4. Chemical Stockroom

As soon as practical following possible surface contamination.

5. Children's Nature Academy

As soon as practical following possible surface contamination.

6. School of Nursing, Clinical Areas

As soon as practical following possible surface contamination.

APPENDIX D

STANDARD OPERATING PROCEDURE (SOP)
for
BLOOD & OPIM SPILL CLEAN-UP AND DECONTAMINATION

1. Secure area. The Campus Police will be called if necessary. If the spill situation appears a bigger problem than available equipment supplies, or training can handle, have Campus Police secure the area and notify Office of Risk Management and Safety.

2. Put on gloves. Chemical safety goggles should be worn when wet mop clean up is active.

3. Disinfect spill; use quaternary ammonium disinfectant, 1:10 bleach: water, freshly prepared, for small spills. Use disinfecting absorbent beads, such as "Vital 1" for large spills.

4. Areas with floor drains may be mopped and rinsed to sewer. Areas without floor drains may be wet mopped with detergent/water followed by wet mop rinsed with disinfectant water. Carpeted areas may be wet vacuumed with detergent/water followed by disinfectant/water rinse.

5. If disinfecting absorbent beads are used, the solidified waste will be placed in a "red bag" marked with the standard biohazard symbol.

6. Any regulated medical waste associated with the spill--such as a blood-soaked towel--will be placed in a "red bag" marked with the standard biohazard symbol.

7. After clean-up, all surfaces will be treated with disinfectant such as 1:10 bleach: water, freshly prepared, or quaternary ammonium, and the area allowed to air dry.

8. If gloves worn during the cleanup are contaminated so as to become regulated waste, they will be placed in a "red bag" marked with the standard biohazard symbol.

9. Immediately after completing cleanup, disinfection, and glove removal, the worker will thoroughly wash hands and any exposed skin surfaces. A disinfectant soap will be used.

10. Campus Police officers will be notified to remove any "red bag" waste generated by the spill.

11. The area will not be left unattended until cleaned-up, disinfected, and cleared of any "red bag" waste.

APPENDIX E

HEPATITIS B VACCINATION DOCUMENTATION FORM

I have read or have had explained to me the information on this form about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

Employee's Name: _____
Last Name **First Name** **M.I.**

Address: _____

_____
City **State** **Zip**

Social Security #: _____-_____-_____ **University Phone**: _____

Position: _____

_____
Signature of person to receive vaccine. **Date**

****

HBV VACCINATION

Series	Date	Received By	Administered By	Lot Number
Inoculation 1				
Inoculation 2				
Inoculation 3				

NOTE: Maintain this record for duration of employment plus 30 years.

APPENDIX F

Confidential

Informed Refusal for Hepatitis B Vaccination

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have potential occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____
Signature

_____

Witness: _____

_____
Name: _____

_____
Address: _____

_____
City: _____ State: _____ Zip: _____

_____
Work Unit: _____

_____
Date: _____

Note: Maintain this record for duration of employment plus 30 years.

APPENDIX G

UNIVERSITY OF WISCONSIN SYSTEM POLICY AND RECOMMENDATIONS FOR BLOODBORNE PATHOGENS

EXECUTIVE SUMMARY

BACKGROUND

In December 1991, the Occupational Safety and Health Administration (OSHA) promulgated its Bloodborne Pathogens Rule (29 CFR 1910.1030) to protect employees from contracting Bloodborne disease through occupational exposures to blood and other infectious body fluids (defined in the rule as "Other Potentially Infectious Materials"). The major impetus for the rule was the prevalence of the HBV and HIV viruses in the U.S. population, but the rule is oriented toward all Bloodborne disease, not just AIDS and Hepatitis. The State of Wisconsin has adopted an administrative code, Comm 32.50, incorporating the OSHA rule that applies to State employers, including the UW system.

Due to the technical and administrative complexity of this rule, the UW system convened a System-wide committee with a range of expertise to formulate guidance for all UW System institutions on the topic of Bloodborne pathogens. The committee representation included several affected areas: medical technology and biology faculty, assistant chancellors, athletics, health services, risk management, physical plant, worker's compensation and environmental health and safety staff. The committee also included a representative from one of our affiliate institutions (Marshfield Clinic) who provided medical expertise.

The policy document as well as a summary paper of the document created by the committee, titled **UW System Policy and Recommendations for Bloodborne Pathogens**, are available upon request. The paper provides medical background on how Bloodborne pathogens are transmitted, discusses the difference between Hepatitis B and A, and describes the basic premise of Universal Precautions. The paper also identities the diverse populations that are affected on campuses including: health services, campus police, some laboratory staff (clinical, biomedical, biological), lifeguards, athletic trainers, and all designated first aid providers.

DISCUSSION

The topic of Bloodborne pathogens has considerable emotional content. There continues to be a high level of fear and misunderstanding about Hepatitis B viruses and AIDS. To deal with these issues in part, and address liability concerns, a policy document was developed in response to requests from the campuses for uniform guidance. The document provides an effective basis for dealing with inquiries from all parts of the campus community.

DISCUSSION (continued)

The policy document indicates that the federal law and state administrative rule place significant responsibilities on the campuses. These responsibilities include the following:

- identification of employees who have Occupational Exposure and the development of a written Exposure Control Plan to guide their program
- offering the Hepatitis B vaccination to employees with Occupational Exposure
- providing an interactive training program for these employees
- establishing rigorous requirements for providing immediate medical follow-up should an employee be exposed to blood or other potentially infectious body fluids.

The policy document also indicates that there are Worker's Compensation implications from the Bloodborne pathogens law and rule. The Worker's Compensation elements identified include:

- a requirement that exposure incident reporting be linked with the "First Report of Injury" procedure in the Worker's Compensation process:
- the fact that medical follow-up for exposures may be compensable if the employee was exposed while on the job.

The primary goal of the OSHA Rule and the UW System policy is to greatly minimize the potential for any employee to contract a Bloodborne disease while carrying out job duties. Another important benefit of the program is that the training, the offer of the Hepatitis B vaccination, and the opportunity to discuss concerns greatly increases the comfort level of our employees whose duties involve occupational exposure.

APPENDIX H

IMPORTANT INFORMATION ABOUT HEPATITIS B AND HEPATITIS B VACCINE

PLEASE READ THIS CAREFULLY

WHAT IS HEPATITIS B?
Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). The term "viral hepatitis" is often used for and may include hepatitis B and other similar diseases that affect the liver but are caused by different viruses.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur.

In the United States about 300,000 persons, mostly young adults, catch hepatitis B each year. About one-quarter will develop jaundice, and more than 10,000 will need to be hospitalized. About 350-400 people die each year from severe acute hepatitis B. Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. Infants who catch hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "chronic active hepatitis." Chronic active hepatitis often caused cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from hepatitis B-related cirrhosis each year in the United States and more than 1,000 die from hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, vaccination to help prevent infections is recommended for these groups.

HEPATITIS B VACCINE:
Hepatitis B vaccine is made two ways. Plasma-derived vaccine is made from portions of HBV particles that have been purified from the blood of carriers. The method used to prepare the plasma-derived hepatitis vaccine kills all types of viruses found in human blood, including the virus that causes Acquired Immunodeficiency Syndrome (AIDS). The recombinant vaccine is made from common baker's yeast cells through genetic engineering. The yeast-derived vaccine does not contain human blood products. The vaccine is given by injection on three separate dates. The first two doses should be given 1 month apart, and the third dose, 5 months after the second. After three doses, the hepatitis B vaccine is 85% - 95% effective in preventing hepatitis B infection in those who received the vaccine. The protection for normal adults and children given vaccine properly lasts at least 5 years. Booster doses of vaccine are not routinely recommended at this time.

WHO SHOULD GET HEPATITIS B VACCINE?
The vaccine is recommended for persons at high risk of catching HBV infection who are or may be unprotected. These groups include:

1. **Health care workers.** Health care workers who are exposed to blood or blood products or who may get accidental needle-sticks should be vaccinated.
2. **Clients and staff of institutions for the mentally retarded**. The special behavioral and medical problems of the retarded make this a high-risk setting. The risk in these institutions is related to contact with blood and with skin lesions and other body fluids that contain HBV. Clients and staff of group or foster homes where a carrier is known to be present should also be vaccinated.
3. **Other contacts of HBV carriers**. Vaccine use should be considered in classroom and other day settings where de-institutionalized mentally retarded HBV carriers behave aggressively or have special medical

problems that may expose contacts to their blood or body secretions. Teachers and aides have been shown to be at significant risk in these settings. Other persons who have casual contact with carriers at schools and offices are at little risk of catching HBV infection and vaccine is not recommended for them.

4. **Hemodialysis patients**. Although the hepatitis B vaccine is less effective in these patients, it should still be offered to all hemodialysis patients.
5. **Homosexually active men.**
6. **Users of unlawful injectable drugs.** Sharing needles is an extremely high-risk activity for transmitting hepatitis B.
7. **Recipients of certain blood products**. Persons such as hemophiliacs who receive special products to help their blood clot are at high risk of infection.
8. **Household and sexual contacts of HBV carriers**. When HBV carriers are identified, household and sexual contacts should be offered vaccine.
9. **Special populations from areas with high rates of hepatitis B.** These groups include Alaskan natives, native Pacific islanders, and immigrants and refugees from eastern Asia and sub-Saharan Africa.

VACCINE ALSO SHOULD BE CONSIDERED FOR:

1. Long-term inmates of prisons. The risk of prisoners catching HBV infection may be due to the use of unlawful injectable drugs.
2. Heterosexuals who come in for treatment of sexually transmitted diseases and who have histories of sexual activity with multiple sexual partners.
3. Persons who plan to travel to areas outside the United States that have high rates of hepatitis B infection, stay in these areas for more than 6 months, and have close contact with the local populations; and persons traveling for shorter durations who may have sexual contact with local persons in areas where HBV infection is common. Persons traveling abroad who will perform medical procedures in areas where HBV infection is common are at very high risk.

ADDITIONAL VACCINEES:

Hepatitis B vaccine is also recommended as part of the therapy used to prevent hepatitis B infection *after* exposure to HBV. Post exposure use of hepatitis B vaccine is recommended for the following persons: (1) infants born to mothers who have a positive blood test for hepatitis B surface antigen (HBsAg); and (2) persons having accidents involving HBsAg-positive blood, where there is entry through the skin or a mucous membrane. In addition, vaccination may be recommended for persons having sexual contact with someone who has a positive blood test for HBsAg. The hepatitis B vaccine series should be started at the same time as other therapy, primarily, treatment with hepatitis B immune globulin (HBIG).

POSSIBLE SIDE EFFECTS FROM THE VACCINE: The most common side effect is soreness at the site of injection. Other illnesses, such as neurologic reactions, have been reported after vaccine is given but hepatitis B vaccine is not believed to be the cause of these illnesses. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

PREGNANCY:

No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infection, there should be no risk. In contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby. Therefore, pregnant women who are otherwise eligible can be given hepatitis B vaccine.

QUESTIONS:
If you have any questions about hepatitis B or hepatitis B vaccine, please ask us now or call your doctor or health department before you sign the attached form.

REACTIONS:
If the person who received the vaccine gets sick and visits a doctor, hospital, or clinic during the 4 weeks after receiving the vaccine, please report it to the Office of Loss Prevention and Safety.

* Note: Some individuals may be sensitive to latex or be at risk of developing latex allergies. Therefore, gloves constructed of nitrile are preferable to latex.

[1] For clean-up of large spills, safety glasses and a facemask should be worn together.
[2] A face shield can be worn in place of safety glasses and a facemask.

APPENDIX I

BLOODBORNE PATHOGENS POST EXPOSURE INCIDENT REPORT FORM

This form must be completed by the exposed employee and their supervisor and returned to the Office of Risk Management & Safety (safety@uwec.edu) within 24 hours from the time of occupational exposure.

Instructions: Fill out this form for any occupational exposure to blood, body fluids, or high titers of cell associated or free virus via:

1. Percutaneous exposure, i.e., needle stick or another sharp device
2. Permucosal exposure, i.e., splash in the eye or mouth
3. Cutaneous exposure, i.e., non-intact skin, or involving large amounts of blood or prolonged contact with blood, especially when exposed skin is chapped, abraded, or afflicted with dermatitis.

Employee Name: _____ Employee I.D. #: _____

Job Title: _____ Department: _____

Date of Incident: _____ Time of Incident: _____ Location: _____

Detailed Description, including the potentially infectious material (blood, body fluid, etc.), route of exposure (#1 – 3 listed above), circumstances surrounding the exposure, the sharps device & brand (if applicable), and personal protective equipment being used.

_____

_____

_____

_____

_____

_____

_____

_____

Supervisor Name: _____ Email: _____

Supervisor Statement: Include a description of the employee's duties as they relate to the exposure and any additional information about the exposure incident.

_____

_____

_____

_____

_____

_____

APPENDIX J

PPE SELECTION GUIDANCE

Personal Protective Equipment (X = required)								
Task/Hazard	Disposable Gloves*	Safety Glasses	Gown/Lab Coat	Face Mask	Face Shield	Impervious Coveralls	Shoe Covers	Resuscitation Device
Handling/manipulating closed containers of OPIM	X	X						
Handling/manipulating small, open containers of OPIM	X	X	X					
Handling/manipulating large, open containers of OPIM	X	X[1]	X	X[1]	X[2]	X	X	
Administering CPR	X	X						X
Administering first aid for a small cut or bleeding wound	X	X						
Administering first aid for a heavily-bleeding wound	X	X		X		X	X	
Cleaning up a spill of OPIM	X	X	X	X		As needed	As needed	

* Note: Some individuals may be sensitive to latex or be at risk of developing latex allergies. Therefore, gloves constructed of nitrile are preferable to latex.

[1] For clean-up of large spills, safety glasses and a facemask should be worn together.
[2] A face shield can be worn in place of safety glasses and a facemask.

University of Wisconsin Eau Claire

APPENDIX K

EXPOSURE RESPONSE POSTER

RISK MANAGEMENT & SAFETY

EXPOSURE RESPONSE

For biological, chemical, or radiological exposures

CALL 911 FOR ANY LIFE-THREATENING EMERGENCY

1. PERFORM FIRST AID	
Needlestick, puncture or sharps injury, or animal bite/scratch	Wash thoroughly for 15 minutes with warm water and sudsing soap.
Eye exposure	Use emergency station to flush eyes for 15 minutes while holding eyes open.
Skin exposure	Use emergency station to flush eyes for 15 minutes while holding eyes open.
Skin exposure	• **Radioactive:** Survey skin and wash until the count rate cannot be reduced further. Stop if skin becomes irritated. • **Chemical:** Wash with tepid water for 15 minutes. • **Hydrofluoric acid:** Wash for 5 minutes, then apply calcium gluconate gel to skin. • **Biological:** Wash with sudsing soap and water for 15 minutes.
Inhalation or ingestion	• Move out of the contaminated area and seek fresh air. • Do not induce vomiting unless instructed to do so. • **Radioactive**: Blow nose into clean tissue and survey for contamination.
2. GET MEDICAL HELP	
For radiological exposure or emergency:	• Call University Police at 715-836-2222. • If closed, call **911** and follow the instructions given. • Call EHS Manager at 715-836-3999 • Provide the radionuclide, estimated amount and time since exposure.
For chemical exposure or emergency:	• Call **911** and follow the instructions given. • Call EHS Manager at 715-836-3999. • Provide the chemical name, time since exposure, and (SDS).
For biological and all other exposures:	• Call University Police at 715-836-2222 • If closed, call **911** and follow the instructions given. • Call Student Health Services at 715-836-4311.
3. REPORT THE INCIDENT	
For hospitalization, fatality, or recombinant nuclei acid exposure:	Notify RMS immediately after performing first aid and getting medical help: • Call the Risk Management & Safety Director at 715-836-4414. • If closed, send email to: safety@uwec.edu
All incidents and near misses:	Submit a report of the Accident Report within 24 hours to: safety@uwec.edu
Revision: February 2021	https://www.uwec.edu/risk-management-safety/

APPENDIX L

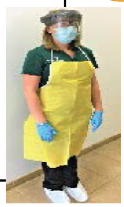
HOUSEKEEPING BLOODBORNE PATHOGENS CLEAN UP PROCEDURE

The Clean-Up Procedures below are to be used on Solid Surfaces only. If blood or OPIM are found on carpet or fabric, please consult EHS Manager, **36-3999**, for proper instructions.

STEP 1

Assume the blood and OPIM is "Contaminated" and put on the appropriate personal protective equipment (PPE):

- Disposable Gloves
- Safety Glasses
- Coveralls/Apron
- Disposable Shoe Covers
- Face Shield (as needed)



STEP 2

Open absorbent material pack and sprinkle content over the bodily fluid material. After 1-2 minutes, use scrapers/scoopers to clean up material. Put material in a red bag/or biohazard-labeled bag.

Contaminated broken glassware is cleaned up by mechanical means (e.g., tongs, forceps, and pieces of cardboard).

STEP 3

Deposit all clean up materials into a red bag with the biohazard symbol.

Contaminated broken glassware must be place in a sharps container.

STEP 4

The area should then be decontaminated by spraying lightly with and EPA-approved disinfectant and waiting for the time specified by the manufacturer

(Check label to verify wait time and EPA-approval)

STEP 5

Wipe up material with disposable paper towel and discard in a red bag with the biohazard symbol.

STEP 6

To minimize contamination to your face, remove PPE in the following order:

1. Disposable shoe covers.
2. Disposable apron/or coveralls.
3. Safety glasses.
4. The face masks.

Discard the disposables into the biohazard bag.

STEP 7

Disinfect the reusable PPE, equipment, or tools that have been contaminated in the clean-up process. After you disinfect the reusable PPE, equipment, or tools, discard disposable gloves into the bio-hazard bag.

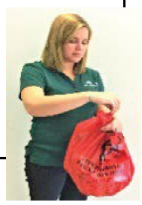
STEP 8

Hands should be immediately washed following Clean-up procedures.

STEP 9

Contact EHS Manager to find out where the biohazard waste locations are. For example, two of the locations are:

- School of Nursing
- Student Health Services



APPENDIX M

OSHA FACT Sheet

What are bloodborne pathogens?

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. Workers exposed to these pathogens risk serious illness or death.

What protections does OSHA's Bloodborne Pathogen standard provide?

The full text of OSHA's Bloodborne Pathogens standard, published in Title 29 of the Code of Federal Regulations 1910.1030, details what employers must do to protect workers whose jobs put them at a reasonable risk of coming into contact with blood and other potentially infectious materials. The standard requires employers to do the following:

- **Establish an exposure control plan**. This is a written plan to eliminate or minimize employee exposures. Employers must update the plan annually to reflect technological changes that will help eliminate or reduce exposure to bloodborne pathogens. In the plan, employers must document annually that they have considered and implemented safer medical devices, if feasible, and that they have solicited input from frontline workers in identifying, evaluating, and selecting engineering controls.

- **Use engineering controls**. These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needleless systems.

- **Enforce work practice controls**. These are practices that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposing, lab specimen packaging, laundry handling, and contaminated material cleaning.

- **Provide personal protective equipment** such as gloves, gowns, and masks. Employers must clean, repair, and replace this equipment as needed.

- **Make available Hepatitis B vaccinations** to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment.

- **Provide post-exposure follow-up** to any worker who experiences an exposure incident, at no cost to the worker. This includes conducting laboratory tests; providing confidential medical evaluation, identifying, and testing the source individual, if feasible; testing the exposed employee's blood, if the worker consents; performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. All diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers used to store or transplant blood or other potentially infectious materials. Facilities may use red bags or containers instead of labels. Employers also must post signs to identify restricted areas.

■ **Provide information and training** to employees. Employers must ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Employers must offer this training on initial assignment, then at least annually. In addition, laboratory and production facility workers must receive specialized initial training.

■ **Maintain employee medical and training records.** The employer also must maintain a Sharps Injury Log unless classified as an exempt industry under OSHA's standard on Recording and Reporting Occupational Injuries and Illnesses.

How can I get more information?

OSHA's website provides more in depth information about bloodborne pathogens on the Bloodborne Pathogens webpage at: www.osha.gov/SLTC/bloodbornepathogens and on the Needlesticks webpages at www.osha.gov/needlesticks and www.osha.gov/SLTC/needlestick .

In addition, OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through its many safety and health programs: workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. Documents such as OSHA's Safety and Health Management Guidelines provide information about elements that are critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

■ For one free copy of OSHA publications, send a self-addressed mailing label to this address: OSHA Publications Office, PO Box 37535, Washington, DC 20013-7535; or send a request to our fax at (202) 693-2498, or call (202) 693-1888.

■ Order OSHA publications online at www.osha.gov. Go to **Publications** and follow the instructions for ordering.

■ To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742**). The teletypewriter (TTY) number is (877) 889-5627.

■ To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

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Occupational Safety and Health Administration
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