



Bloodborne Pathogens Exposure Control Program

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Annual training to Up to 3 staff occurs in February during staff meeting. Utah State University Environmental Health and Safety division provides training, provides documentation of individuals who participated, and reviews this plan with Up to 3 Program Coordinator. EH&S can also provide training on new health risks (added MRSA and CMV recently).

Utah State University

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

for

Up to 3, Early Intervention
Center for Persons with Disabilities

(Campus Unit and/or work area)

September 11, 2001

(Date last reviewed and updated)

5/17/03

(Date last reviewed and updated)

9/20/2005

(Date last reviewed and updated)

/2006

(Date last reviewed and updated)

2007

(Date last reviewed and updated)

2008

(Date last reviewed and updated)

2009

(Date last reviewed and updated)

2010

(Date last reviewed and updated)

2/8/2011

(Date last reviewed and updated)

3/27/2012

(Date last reviewed and updated)

2/26/2013

(Date last reviewed and updated)

2/11/2014

(Date last reviewed and updated)

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(Date last reviewed and updated)

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(Date last reviewed and updated)

2/28/2017

(Date last reviewed and updated)

3/6/2018

(Date last reviewed and updated)

2/26/2019

(Date last reviewed and updated)

5/4/2021

(Date last reviewed and updated)

I. PURPOSE

This plan is designed to minimize employee exposure to bloodborne pathogens. All human blood and other potentially infectious materials are considered to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), and Hepatitis C Virus (HCV) and will be treated as if infectious, i.e. with universal precautions. Since animal blood is not readily distinguished from human blood by appearance, if there is any doubt as to the material's origin, the material should be treated as if infectious. This plan is also designed to meet requirements of the OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030.

II. SCOPE

The following job classifications are those where all employees have potential for contact with human body fluids during some activity in their job description and are covered by this plan. They are listed below.

<u>*Job Classification</u>	<u>*Task(s) with Exposure Potential</u>
Job Title: Early Intervention Specialists	
Job Title: Child care	Staff work with families and children who have developmental delays, diagnosed conditions or syndromes. Staff are in daily contact with the children. This contact includes procedures that require close contact with the children such as feeding instruction, massage and other interventions which require close physical contact with the children.
Job Title: Interpreters	

Copies of the plan for a given area must be accessible to employees. This plan must be reviewed and updated annually, with the review date and changes made recorded on the plan's title page. This specific plan will be located near child files and on the shared drive in the UP to 3 procedure handbook. A copy will also be given to Up to 3 staff.

Monthly reminders are sent to families with appointment calendar instructing them to cancel appointments if anyone in their home has been ill within 24-48 hours or if things in their home are not safe. They are also sent to new families with information about upcoming evaluation visits.

III. ACRONYMS AND DEFINITIONS

Blood - Human blood, including component and products.

EH&S - Utah State University Environmental Health & Safety Department

Exposure Incident - means a specific eye, mouth, non-intact skin, inoculation, or injection contact with blood or other potentially infectious materials that results from the performance of job duties.

Other Potentially Infectious Materials (OPIM) - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV and HBV viruses, and saliva.

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

Universal Precautions - refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV. It does not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomitus unless they contain visible blood.

IV. RESPONSIBILITIES

EH&S is responsible to provide oversight for the Bloodborne Pathogens program at the university, to provide initial and refresher training to employees, and to support each campus unit/department in setting up a specific written program that covers the group's employees.

Each department/campus unit is responsible to modify and implement this program by adding the specific information requested throughout this program. The department/campus unit is also responsible to ensure the program is maintained, that employees attend initial and refresher training, and that employees working with HIV or HBV, CMV, and MRSA receive additional training as required in section XI of this program.

Supervisors will ensure that the procedures of this plan are followed. This includes enforcing compliance with the plan, ensuring new employees are trained, and following procedures for incident exposures.

V. ENGINEERING AND WORK PRACTICE CONTROLS

Hand washing facilities will be readily accessible to employees. Employees will wash their hands immediately after removing gloves or other PPE.

Employees will wash their hands and any other skin with soap and water, and flush mucous membranes immediately following contact with blood or OPIM.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Employees must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

When differentiation between fluid types is difficult, all body substances will be treated as if contaminated with human blood and universal precautions will be followed.

When an emergency or injury happens to a child or family in the home while staff are there, staff let parents take care of it as they would if staff were not present and help as needed.

VI. PERSONAL PROTECTIVE EQUIPMENT (PPE)

When occupational exposure remains after instituting engineering controls, personal protective equipment (PPE) shall be utilized. In accordance with CFR 1910.133, an assessment of the PPE needed to safely do work involving blood or OPIM shall be done. The PPE shall be considered appropriate only if it does not permit blood or OPIM to reach employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used. The appropriate PPE shall be provided at no cost to the employee. The assessment shall include, at a minimum, PPE needed to cover the hands and face. When choosing gloves, latex or other surgical exam gloves are generally appropriate. If workers show allergic reactions to a glove type, hypo-allergenic gloves (such as nitrile) will be made available. PPE may extend to include items such as utility gloves, gowns, lab coats, face shields and masks, as well as other equipment. Employees are expected to:

- Use the designated PPE
 - Replace all PPE that becomes torn or punctured, or loses ability to function as a barrier
 - Remove all PPE before leaving the work area and put it in the designated area or container for storage, cleaning, decontamination, or disposal

Wear protective gloves if exposure to blood contaminated body substances is remotely probable. Gloves will be worn for transporting biohazard containers.

Anytime gloves are worn, remove the gloves prior to touching anything else and use an antiseptic cleaner until hands can be washed with soap and water. Utility gloves can be decontaminated with a freshly-made 1:10 household bleach to water solution. Gloves showing signs of peeling, cracking, tearing, or puncturing, will be discarded and replaced with appropriate gloves.

The PPE determined to be needed and appropriate for (put your department/campus unit here) includes the following: Protective gloves, hand washing with disinfectant and antibacterial solution, between each client, spraying toys with disinfectant/antibacterial between each child's use, or after use in each classroom session.

VII. CLEAN UP AND DECONTAMINATION

Hand washing - Hands and other skin surfaces should be washed as soon as possible if potentially contaminated. Always wash hands after removing gloves.

Cleaning Spills - Wearing gloves and other protective equipment as needed for splashing, promptly clean the spill. Absorb excess material with disposable towel then disinfect the area with a 10% household bleach and water solution. The bleach solution must be left in contact with the contaminated work surface, tools, or objects for at least 10 minutes before cleaning. Biohazard labeled bags should be available for the removal of contaminated material from the site. Other disinfectants and cleaning procedures to be followed by the department include:

VIII. MEDICAL

Hepatitis B vaccination

After initial training, Hepatitis B vaccine will be made available to all personnel who, during performance of job duties, have potential occupational exposure to blood and/or OPIM. It will be made available within 10 working days after initial assignment. Vaccination costs will be borne by the supervising department and confidentiality will be ensured. The USU Hepatitis B Vaccination informed Consent/Waiver form (Appendix B) must be filled out and signed by all employees described above. If the employee initially declines the vaccine, and later while still doing the same job decides to accept it, the supervising department will make the vaccine available at that time.

Post Exposure Evaluation

A bloodborne pathogen exposure incident consists of:

- 1) Contact via mucous membrane (i.e. eye, nose, or mouth) with blood or OPIM or non-intact skin that results from the performance of job duties, or
 - 2) Injection or inoculation with blood or OPIM resulting from the performance of job duties.
- Immediately following any exposure incident and after decontamination, a confidential medical evaluation and follow-up will be made available to the employee. The medical evaluation will be made by the Logan Regional Hospital Work Med Department during normal business hour or the Emergency Room during off hours. The incident should be reported to the supervisor immediately and a Worker Compensation Claim Form filled out. The top portion of a USU Bloodborne Pathogen Post Exposure Evaluation Form should be completed following the incident. A copy of this form should go with the employee to the hospital. The Supervisor will report the incident to EH&S as soon as possible. The supervisor should document circumstances of the exposure and measures to prevent recurrence. A copy of the Post Exposure Evaluation Form and Supervisor's report should be sent afterward to EH&S (UMC 8315). A telephone call should be made as soon as possible to the University of Utah Medical clinic at 801-585-2031. Report the situation, and ask for Doctor Kristen Ries, Dr. Henry Rosado, Dr. Larry Reimer, or a

physician that can assist you. If no one answers the phone, call 800-662-0052. If calling after hours call 801-581-2121 and ask for the bloodborne pathogen doctor on call.

The follow-up will be paid for by workers compensation, or if not covered by workers compensation, the supervising department and includes the following:

- 1) Completely filling out the USU Bloodborne Pathogen Post Exposure Evaluation Form
- 2) Request testing of the source individual's blood for HBV and HIV infectivity. The consent must be in writing. If consent is not given, attempt to have the source individual confirm the refusal in writing. If it is already known that the source individual is infected with HIV or HBV, it is not necessary to test the source individual.
- 3) Assure that once consent is given, that the source individual's blood is tested as soon as is feasible.
- 4) Ensure the source individual's testing results are made available to the exposed employee. Ensure the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 5) Once the exposed employee consents, ensure a sample of their blood is collected.
- 6) Once the exposed employee consents, ensure their blood is tested for HBV and HIV serological status. If the employee does not consent at that time to have the blood tested, the sample must be preserved for at least 90 days. If the employee consents to testing during that time, the testing will be done as soon as feasible. If, after 90 days, the employee has not consented, the samples shall be disposed of as biological waste.
- 7) Ensure post-exposure prophylaxis is provided when medically indicated
- 8) Provide counseling to the exposed individual.
- 9) Provide an evaluation of the reported illnesses, if any.

For Employees, a Workers Compensation claim must be filed with USU Personnel Services for the exposure incident. For students and visitors, medical exam costs must be borne by the supervising department.

IX. TRAINING

Training will be accomplished prior to beginning duties and repeated at least annually. It will be offered to the employee during working hours and at no cost to the employee. It will consist of:

- 1) Access to a copy of the OSHA Bloodborne Pathogen Standard and an explanation of its contents
- 2) A general explanation of epidemiology, symptoms, and mode of transportation of bloodborne diseases
- 3) An explanation of the modes of transmission of bloodborne pathogens
- 4) An explanation of the boilerplate, the need to make it department-specific and how they can get a copy of it.
- 5) Ways to recognize tasks and activities that may involve potential exposure to blood and OPIM

- 6) An explanation of engineering controls, work practices, and PPE that may reduce or prevent exposure, along with their limitations
- 7) Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE
- 8) An explanation of how to select PPE
- 9) Information on the HBV vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccination is offered free of charge
- 10) Information on appropriate action to take and persons to contact in an emergency involving blood or OPIM
- 11) An explanation of the procedure to follow if an exposure incident occurs, including how to report the incident and the medical follow-up that will be made available
- 12) Information on the post-exposure evaluation and follow-up that will be provided
- 13) An explanation of the signs, labels, and color-coding that is being used
- 14) An explanation of the Exposure Control Plan as well as an opportunity for interactive questions and answers with the person conducting the training

The training will be provided by EH&S. Training dates and times will be available on the EH&S website (www.ehs.usu.edu). Campus units and departments are responsible for scheduling initial and refresher training for all their employees.

X. RECORDKEEPING

Training records will be maintained by EH&S for at least 3 years. The training record will include:

- 1) The date(s) of the training session
- 2) The contents or a summary of the training session
- 3) The names and qualifications of the person(s) doing the training
- 4) The names and job titles of all persons attending the training session

The Principal Investigator or supervisor shall maintain records of additional training for all employees who work with HIV or HBV. The Principal Investigator or supervisor shall also maintain the HBV Informed Consent/Waiver form and any records relating to exposure incidents. Medical Records will be maintained for the duration of employment plus 30 years.

Diagnostic Laboratory at 797-1895).

Body Fluids

Body fluids are to be in appropriate individual containers and placed within an "Autoclavable Biohazard" bag. The bag is to be sealed with heat/steam penetration indicator tape and autoclaved at 250⁰F, at 20 psi for at least 30 minutes. Following sterilization the liquid may be disposed of in the regular trash.

Non-Sharp Laboratory Trash

Employee? _____
Spouse? _____

Signature of Responsible Person

Appendix B

INFORMED CONSENT/WAIVER Hepatitis B Vaccination

Reference: OSHA Bloodborne Pathogens Standard, Code of Federal Regulations (CFR), 29 CFR 1910.1030

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. My response to this offer is:

(EMPLOYEE: Read over the two possible responses below and strike out the item that does not apply. Place your initials and the date after the item you select, then date, sign, and print your full name at the bottom of the page. You must select one of these responses.)

_____ I accept the offer. I will make myself available to receive a series of three (3) inoculations, to be administered as soon as practicable, and at one (1) and six (6) months after the initial dose. I understand that I will be paid at the regular rate for my time when I receive the inoculations.

_____ I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposures to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Signed): _____ Date: _____

(Print name): _____

Social Security Number: _____