BLOODBORNE PATHOGENS PROGRAM

1.0 POLICY

The University will maintain an effective Bloodborne Pathogens Program in accordance with 29 CFR 1910.1030 (c) (iv) This program applies to employees if they unexpectedly come in contact with blood, body fluids, or any other potentially infectious material (OPIM) resulting from an accident or laboratory project.

2.0 PURPOSE

The primary objective of the Bloodborne Pathogens Program is to protect the health of employees by preventing or minimizing exposure to bloodborne pathogens.

3.0 RESPONSIBILITIES

3.1 University Safety Coordinators/Department Heads/Supervisors

3.1.1 Identify employees and work situations where there is potential exposure to blood or other potentially infectious materials.

3.1.2 Establish procedures for clean-up and disposal of blood and other potentially infectious materials considered a biohazardous waste. Procedures must comply with applicable federal, state and local regulations.

3.1.3 Establish procedures for reporting exposure incidents and providing post-exposure Hepatitis B vaccinations, HIV testing, evaluations and follow-up care.

3.1.4 Prepare and provide training materials and information to employees affected by this program.

3.1.5 Provide and maintain first aid kits and other required personal protective equipment in the workplace.
3.1.6 Ensure appropriate notification and documentation of vaccination, declination of vaccination, medical evaluation, follow-up care, employee test results and counseling.

3.1.7 Maintain employee medical records in Human Resources office as required.

3.1.8 Director of Environmental Health and Safety shall review the Program annually to ensure its effectiveness and appropriateness.

3.2 Staff

3.2.1 Assist the supervisor as needed to provide training materials and information to employees affect by this program.

3.2.2 Ensure that employees follow all procedures, report incidents and wear the appropriate personal protective equipment as required by this program.

3.2.3 Investigate and report first aid incidents and exposure incidents.

3.2.4 Follow up promptly with all employees and students who have had an exposure incident.

3.2.5 Notify the supervisor immediately of any exposure incident so that post-exposure care can be initiated.

3.3 Employee Responsibilities

3.3.1 Comply with all provisions of the Bloodborne Pathogen Program.

3.3.2 Participate in all required training to develop and understanding of their responsibilities under the Bloodborne Pathogens Program.

3.3.3 Wear appropriate person protective equipment as required.

3.3.4 Report all incidents to your supervisor where there has been a potential exposure to blood, body fluids, or other potentially infectious materials.
4.0 EXPOSURE CONTROL PLAN

The University has established the following Exposure Control Plan to minimize or eliminate occupational exposure to bloodborne pathogens. The Plan contains the following elements.

- An exposure determination containing a list of all job classifications or tasks and procedures in which occupational exposure is reasonable anticipated. The exposure determination is made without regard to the use of personal protective equipment.

- Methods of compliance pertaining to standard precautions, engineering and work practices, personal protective equipment, and housekeeping.

- Procedures to provide Hepatitis B vaccinations, HIV testing (where appropriate), and post-exposure medical evaluation of follow-up.

- Procedures to provide information and training to employees regarding hazards.

- Procedures to maintain records required as part of this program.

4.1 Exposure Determination

The University has reviewed its operations and made a determination that certain employees are expected to be exposed to blood or other potentially infectious materials. These employees include:

- Employees such as maintenance, laboratory staff and those who work with patients, in the course of normal duties may also have exposure.

4.2 Methods of Compliance

Designated first aid responders provide basic first aid and CPR in response to workplace incidents based on their level of training. In the course of providing this assistance, they may be exposed to blood or other potentially infectious materials such as saliva, mucous, vomit, or other bodily fluids which may be contaminated with blood. These employees are subject to the requirements of this program for training, personal protective equipment and other safety practices.
Laboratory employees may be inadvertently exposed to blood or other potentially contaminated materials by coming in contact with specimens, tissue samples and sharps. While these persons are not subject to all the training and personal protective requirements of this program, certain post-exposure reporting and medical evaluation and follow-up procedures must be followed for these employees as well as designated first responders.

The following procedures and work practices shall be used to control contact with blood or other potentially infectious materials and in response to an exposure incident when one occurs.

4.2.1 Universal Precautions

Universal precautions shall be used to prevent unprotected contact with blood or other potentially infectious materials. Since there is no readily available means to identify infectious blood or bodily fluids in an emergency, all will be treated as infectious as a universal precaution.

4.2.2 Personal Protective Equipment

All employees shall take appropriate protective measures including use of personal protective equipment prior to providing first aid or handling potentially infectious materials. The supervisor and staff at each facility shall maintain personal protective equipment in first aid kits or other designated plant areas and make sure that all items are properly discarded and replaced, or cleaned after use. Personal protective equipment available at each facility includes:

a. Gloves – Disposable vinyl or latex gloves shall be worn whenever there is potential for the hands to come into contact with blood or other potentially infectious materials. This includes treating an injured employee, cleaning potentially contaminated surfaces or handling containerized biohazard waste. Gloves should be replaced whenever they are visibly torn, punctured or they fail to function as an effective barrier. Place discarded gloves in the appropriate waste container for disposal.

b. Protective Gowns – Disposable gowns shall be worn when there is potential for exposed skin to come into contact with blood or other potentially infectious materials. Gowns are typically worn when cleaning up blood or other potentially infectious materials after an accident. Gowns should be replaced whenever they are visibly torn or they fail to function as an effective barrier.
Place discarded gowns in the appropriate waste container for laundering by an appropriate commercial laundry service.

If blood or other potentially infectious materials penetrate personal garments, remove them immediately or as soon as feasible. Garments will be disposed of with other contaminated items or placed in a labeled red plastic bag for laundering by an appropriate commercial laundry service.

c. Masks, Face Shields and Eye Protection – Masks, face shields or goggles shall be worn when there is contact or inhalation potential with splashes, splatters, or sneezes of blood or other potentially infectious materials. Protective items should be replaced whenever they fail to function as an effective barrier. Place disposable items in the appropriate waste container for disposal. Reusable items such as goggles should be decontaminated after each use.

d. CPR Equipment – Mouthpieces and similar equipment should be used when providing mouth-to-mouth resuscitation as a barrier to saliva. Place disposable mouthpieces in a red biohazard waste bag after use.

4.2.3 Hand and Body Washing

Wash hands and other skin surfaces immediately or as soon as feasible with soap and water if potentially contaminated with blood or other potentially infectious materials. Remove contaminated gloves and clothing before washing. Restroom facilities are readily available at all facilities for this purpose.

4.2.4 Housekeeping

All exposed equipment and work surfaces should be cleaned up immediately or when feasible after providing assistance to an injured person if blood or other potentially infectious materials have been spilled. Since clean-up of blood or other potentially infectious materials poses a hazard, first aid responders will be responsible for supervising this activity. Maintenance and custodial employees should not touch contaminated items unless they are properly bagged and labeled as a biohazard. Clean up of contaminated areas should take place using the following steps to prevent an unprotected exposure.
a. Don the appropriate PPE. Gloves should be worn at a minimum. Other items such as a gown, goggles or face shield will be worn as needed depending on the location and extent of the spill.

b. Spray the equipment and work surfaces with an appropriate disinfectant or a 10% solution of household bleach. Allow solution to sit for ten minutes then wipe up with a paper towel.

c. Place all discarded materials in a red biohazard plastic bag and secure with a tie or tape. Place the bag in a container marked for biohazards.

d. Do not pick up broken glassware or other sharps that may be contaminated with the hands. Use a brush and dust pan, tongs, or forceps. Contaminated sharps will be placed in a labeled plastic container that can be sealed which is then placed in a red plastic bag to prevent cutting or tearing of the bag.

e. Remove all PPE and discard in the biohazard container unless reusable. All reusable PPE such as goggles should be decontaminated immediately. Wash hands, arms and any other body part that might have been contaminated with soap and water.

4.2.5 Disposal of Regulated Waste

The Director of Environmental Health and Safety manages the university waste disposal program. University requirements for disposing of waste include:

a. Biohazard waste containers must be closable, constructed to contain all contents and prevent leakage of fluids, labeled, color-coded, and closed before removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. In most cases, red plastic bags labeled with the biohazard waste emblem will be sufficient.

b. Double bag biohazard waste if the exterior of the first bag becomes contaminated.

c. If a biohazard container has been designated at a facility, line it with a red plastic bag to prevent the container from being contaminated. Employees should check the container for contamination after removing the bag for disposal. Decontaminate the container quarterly or immediately upon
observing visible contamination on the container. Use appropriate PPE when cleaning a biohazard container.

d. Follow instructions provided by the Director of Environmental Health and Safety.

4.2.6 Labeling

a. Place warning labels on containers of regulated waste. Labels will be orange, orange-red, or red in color with lettering and symbols in a contrasting color. Labels must be either an integral part of the container or affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents the loss or unintentional removal. It is not necessary to label regulated decontaminated waste.

b. Regulated waste will be labeled with the following symbol:

4.2.7 Potential Exposure Incident Reporting

The following procedures are established to ensure that all potential bloodborne pathogens exposure incidents are promptly reported and investigated.

a. Designated first aid responders and other employees will be trained on reporting procedures in response to first aid incident where blood or other potentially infectious material is present. Other staff will also be trained to understand their responsibilities for reporting and investigating incidents.

b. All first aid incidents involving the presence of blood or other infectious materials will be reported to the supervisor immediately during which the incident occurred. The supervisor is responsible for recording the incident on the first aid log maintained. In addition to the first aid log, the supervisor will further investigate and document the incident using the Bloodborne Pathogens Exposure Incident Report form available in Appendix C of this document. Upon completion, this form will be provided to the Director of Environmental Health and Safety.

c. Occupational Exposure

The form must include the following information:
(1) Names of all first aid responders and other employees who rendered assistance regardless of whether personal protective equipment was used.

(2) A description of the first aid incident including the time and date of occurrence.

(3) A determination of whether or not an exposure incident occurred due to the presence of blood or other potentially infectious material. An exposure incident is defined as a specific eye, mouth or other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

c. Regardless of whether an exposure incident occurred, all unvaccinated employees who rendered assistance will be offered a Hepatitis B Virus (HBV) vaccination. The supervisor will follow the procedures in the section entitled “HBV vaccination” (Section 4.3).

d. If it is determined that an exposure incident has occurred to a designated first aid responder or other employee, the supervisor will notify and consult with the Director of Environmental Health and Safety and ensure that the procedures in the section entitled “Post-Exposure Evaluation and Follow-Up” will be followed.

4.3 HBV Vaccination

Designated first aid responders and other employees who are unvaccinated will be offered a HBV vaccination on a post-exposure basis. The vaccination offered will take place whenever they have had a confirmed exposure. The HBV series will be made available as soon as possible, but in no event later than 24 hours after the incident is reported to the shift supervisor. The local medical facility will be contacted to provide this service. The vaccination series, and any subsequent recommended boosters, will be offered at no charge to the employee.

If the employee declines the vaccination, the employee must acknowledge this in writing. A form is available in Appendix D of this document. The employee will be given the vaccination at a later date upon their request.
4.4 Post-Exposure Medical Evaluation and Follow-Up

Following confirmation that an exposure incident has occurred, the HBV vaccinations series, confidential medical evaluation and follow-up care must be made available to any exposed employee. The supervisor and Human Resources representative will contact the local medical facility or other healthcare professional to provide the described services. Services will be provided as follows:

- At no cost to the employee,
- At a reasonable place and time,
- By or under the direction of a licensed physician or healthcare professional,
- According to recommendations of the U.S. Public Health Service current at the time services are provided, and
- An accredited laboratory must perform laboratory test.

4.4.1 The following information and services will be provided to the exposed employee as part of confidential medical evaluation and follow-up services:

a. A copy of the Bloodborne Pathogens Exposure Incident Report form. This form documents the route(s) of exposure and circumstances of the exposure incident.

b. The identification and documentation of the source individual unless the employer can establish that identification is infeasible or prohibited by law. The source individual’s results from HBV and HIV serological testing should be provided to the exposed employee if allowed by consent of the source individual or by law. The exposed employee must be advised of the applicable laws and regulations concerning disclosure of the source individual’s identify and infectious status when the results are provided.

c. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

d. Counseling
e. Evaluation of reported illnesses.

4.4.2 As part of this process, testing of the source individual’s blood and the exposed employee should take place unless prohibited by lack of consent or law. The following procedures should be followed.

a. The source individual’s blood should be collected and tested as soon as feasible to determine HBV and HIV infectivity. When the source individual is known to be infected with HBV or HIV, testing is not necessary. The source individual should consent in writing to this testing. If consent to perform testing is not obtained and is legally required, this should be documented. If consent is not legally required and a blood sample is available, proceed with the testing and document results.

b. The exposed employee’s blood should be collected and tested as soon as feasible after consent is obtained. If consent to collect blood and perform testing is not obtained and is legally required, this should be documented. If the exposed employee consents to baseline blood election, but does not consent to HIV serological testing, the sample will be preserved for at least 90 days. If the exposed employee later consents, testing should be performed. Any other testing should be performed as recommended by the U. S. Public Health Service.

4.4.3 The following information will be provided to the designated medical facility or other healthcare professional to facilitate the medical evaluation and follow-up services.

a. A copy of Bloodborne Pathogens Regulations (Appendix F).

b. A description of the exposed employee’s duties as they relate to the exposure incident.

c. A copy of the Bloodborne Pathogen Exposure Incident Report form. This form documents the route(s) of exposure and circumstances of the exposure incident.

d. Results of the source individual’s blood tests, if available.

e. All medical records relevant to the appropriate treatment of the exposed employee including vaccination status.
4.4.4 The designated medical facility or other healthcare professional who is providing services is required to provide a written opinion within 15 days after completing the evaluation. A copy of the opinion will be provided to the employee as soon as received. The written opinion will be limited to the following:

1. Whether the HBV vaccination is needed and whether the exposed employee has received the vaccination.

2. The employee has been informed of the results of the evaluation.

3. The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and must not be included in the written report.

4.5 Training

All designated first aid responders and other identified employees must receive initial and annual training. Additional training will be provided whenever there is a change in the tasks or procedures that produce new or different exposures for the designated first responders. Appendix E contains a training program outline and other training resource information.

Staff and professors should complete initial training to become familiar with their program responsibilities. These responsibilities include:

4.5.1 Reporting and investigating incidents where blood or other potentially infectious materials are present to determine whether an exposure incident has occurred.

4.5.2 Maintaining records and providing information, vaccinations, medical evaluations, and medical follow-up services as part of this program.

Staff and professors should be apprised of any changes that impact their program responsibilities.

A knowledgeable person will provide Bloodborne pathogens training. Professionally prepared handout materials and videotapes will be obtained from vendors and who will provide most of the required training information. Specific
procedures and information must supplement commercially prepared training aids.

4.6 **Recordkeeping OAR 333.012.0310**

4.6.1 **Training Records**

Training records will be maintained for a minimum of three (3) years from the date the training occurred. The training records will include the following:

a. The date of the sessions;

b. The contents or a summary of the training;

c. The names and qualifications of the instructor; and

d. The names and job titles of the persons in attendance at all training sessions.

4.6.2 **Medical Records**

An accurate record will be maintained for each employee with an occupational exposure to bloodborne pathogens. This means that records will be maintained for all designated first aid responders. Records for each employee will include the following.

a. Employee’s name and social security number;

b. The employee’s HPV vaccination status including dates of vaccinations and the employee’s ability to receive a vaccination;

c. A copy of all results from examinations, medical testing and follow-up procedures required by this regulation; and

d. The employer’s copy of the healthcare professional’s written opinion required as a result of an exposure incident.

All medical records will remain confidential and will not be disclosed or reported to any person within or outside the workplace without the expressed written consent of the employee except as required by law. Records will be maintained for the duration of employment plus 30 years.