



## UNIVERSITY POLICY

### HUMAN RESOURCES POLICIES

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**Number: 300**  
**Subject: Bloodborne Pathogen Policy**  
**Covered Individuals: UIU Employees and Students**  
**Covered Campus Locations: All Locations**  
**Effective Date: May 9, 2014**  
**Last Revision: January 30, 2017**

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#### PURPOSE

This policy is established to protect employees and students who are exposed to blood or other potentially infectious materials in the course of fulfilling their job duties or completing their educational opportunities at Upper Iowa University (UIU).

#### POLICY

**Scope:** UIU is committed to providing a safe and healthful environment for our employees and students. In pursuit of this goal, the UIU Exposure Control Plan (ECP) is provided to eliminate or minimize exposure to bloodborne pathogens or other potentially infectious materials in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." A copy of the ECP is located online at [www.uiu.edu](http://www.uiu.edu).

**Implementation:** Employees who may reasonably be expected to face exposure to blood or other potentially infectious material (OPIM) while performing assigned duties or students who may reasonably be expected to face exposure in the course of their education must participate in the Bloodborne Pathogens ECP. All employees who have been identified as having potential exposure to blood or OPIMs will receive initial and annual Bloodborne Pathogens Exposure Control Training. Initial training will be received within 10 working days of initial assignment. As part of the Bloodborne Pathogens ECP, employees will be educated on the ECP, Hepatitis B virus and Hepatitis B vaccination. Within 10 working days of initial assignment, employees will be offered the Hepatitis B vaccination, at no cost to the employee, and will complete the Hepatitis B Vaccination Consent or Decline form. Employees will also be required to follow safe work practice and proper waste disposal guidelines as outlined in the ECP.

All students who have been identified as having potential exposure to blood or OPIMs during the course of their education will receive initial and annual Bloodborne Pathogens Exposure Control Training. Prior to participating in courses with direct patient contact and occupational exposure,

students must provide documentation of the Hepatitis B vaccination to the department chair/program director. Training and proof of Hepatitis B vaccination must be completed prior to participating in courses which involve direct patient contact and occupational exposure. Student employees will also be required to follow safe work practice and proper waste disposal guidelines as outlined in the ECP.

Employees who are exposed to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost within 10 working days of initial assignment. Employees will not be offered the vaccine if the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons. Any employee who declines to receive the Hepatitis B vaccine must sign a Hepatitis B Vaccine Declination form located in Human Resources. For individuals who decline to receive the vaccination, but later decide to accept the vaccination and are still exposed to blood or other potentially infectious materials, UIU will provide the vaccine at no cost.

Employees and students who are exposed to blood or other potentially infectious materials are required to use personal protective equipment (PPE) in accordance with the ECP. PPE required by the ECP will be provided to employees. Students who have been determined to be exposed to bloodborne pathogens as a necessary part of their education may be required to obtain appropriate PPE at their own expense.

## **RULES, PROCEDURES, GUIDELINES, FORMS, AND OTHER RELATED RESOURCES**

Bloodborne Pathogen Exposure Control Program

## **CONTACTS**

Acting as the policy owner, the Office of Human Resources is responsible for answering questions regarding the application of this policy.

## **SANCTIONS**

N/A

## **HISTORY**

- April 21, 2014
  - Recommended for approval by University Policy Committee
- April 22, 2014
  - Approved by Executive Leadership Team (ELT) (now President's Council)
- May 9, 2014
  - Approved by Board of Trustees (BOT) (if required)
- January 30, 2017
  - Reviewed by University Policy Committee

## **EXPOSURE CONTROL PLAN**

### **POLICY**

Upper Iowa University is committed to providing a safe and healthful work environment for our faculty, staff, and students. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our university in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- \* Determination of employee exposure
- \* Implementation of various methods of exposure control:
  - Universal precautions
  - Engineering and work practice
  - Personal protective equipment
  - Housekeeping
- \* Hepatitis B vaccination
- \* Post-exposure evaluation and follow-up
- \* Communication of hazards to employees and training
- \* Recordkeeping
- \* Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

### **PROGRAM ADMINISTRATION**

- \* Facility Services and Human Resources are responsible for the implementation of the ECP. Human Resources will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- \* Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- \* Facility Services will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Facility Services will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- \* Human Resources will be responsible for ensuring that all medical actions

required are performed and that appropriate employee health and OSHA records are maintained.

- \* Human Resources will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## **EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Maintenance	Facilities
Coaches and Trainers	Athletics

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
Custodians Waste	Facilities	Handling Regulated
Resident Assistants Emergencies	Student Life	Assisting with

*Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.*

## **METHODS OF IMPLEMENTATION AND CONTROL**

### Universal Precautions

All employees will utilize universal precautions.

### Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan

at any time during their work shifts by contacting their supervisor or human resources. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Human Resources is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

### Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- \* Immediate clean up
- \* Wearing PPE when working with potential exposure. Sharps disposal containers are inspected and maintained or replaced by Facilities whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through the review of OSHA records, employee interviews, committee activities, etc.

We evaluate new procedures or new products regularly by supplier information and information provided by OSHA. Both front line workers and management officials are involved in this process.

Human Resources will ensure effective implementation of these recommendations.

### Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the supervisor in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

*Gloves, masks, face shields, eye protection, gowns.*

PPE is located in appropriate offices and may be obtained through supervisor or facilities

All employees using PPE must observe the following precautions:

- \* Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

- \* Remove PPE after it becomes contaminated, and before leaving the work area.
- \* Used PPE may be disposed of in biohazard containers.
- \* Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- \* Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- \* Never wash or decontaminate disposable gloves for reuse.
- \* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- \* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

### Housekeeping

**Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is to securely close the container and dispose of at appropriate disposal sites such as the hospital.

The procedure for handling **other regulated waste** is:

1. Apply any necessary medical PPE, including nitrile gloves and/or face mask.
2. Place the biohazard waste in a designated biohazard container. In most cases, you'll use a thick plastic biohazard bag, colored red or yellow, with the biohazard symbol markings.
3. Apply any required labels, such as a U.N. Hazard Class 6 label, to the biohazard waste container. Other required labels may include contact information for the waste's facility of origin.
4. Place the packaged waste at dedicated waste accumulation sites where you can deposit packaged biohazard waste. This site should be secure and have regularly scheduled pickups from a licensed biohazard disposal company.

**Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately.

**Bins and pails** (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

**Broken glassware** which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

### Laundry

The following contaminated articles will be laundered:

Non-disposable PPE in good condition

The following laundering requirements must be met:

- \* handle contaminated laundry as little as possible, with minimal agitation
- \* place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose.
- \* wear the following PPE when handling and/or sorting contaminated laundry: gloves and eye protection

### Labels

The following labeling method(s) is used:

Facilities will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify facilities if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

## **HEPATITIS B VACCINATION**

Human Resources will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the human resources office.

Vaccination will be provided by Gunderson Public Health.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact Human Resources.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed healthcare physician. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- \* Document the routes of exposure and how the exposure occurred.
- \* Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- \* Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- \* If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
  - \* Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- \* After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- \* If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Human Resources ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Human Resources ensures that the health care professional evaluating an employee after an exposure incident receives the following:



- \* a description of the employee's job duties relevant to the exposure incident
- \* route(s) of exposure
- \* circumstances of exposure
- \* if possible, results of the source individual's blood test
- \* relevant employee medical records, including vaccination status

The health care professional provides the employee with a copy of the written opinion within 15 days after completion of the evaluation.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

Human Resources and Facilities will review the circumstances of all exposure incidents to determine:

- \* engineering controls in use at the time
- \* work practices followed
- \* a description of the device being used (including type and brand)
- \* protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- \* location of the incident
- \* procedure being performed when the incident occurred
- \* employee's training

Human Resources will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, Human Resources and Facilities will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by Human Resources/SafeColleges and their supervisor.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- \* a copy and explanation of the standard
- \* an explanation of our ECP and how to obtain a copy
- \* an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- \* an explanation of the use and limitations of engineering controls, work practices, and PPE

- \* an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- \* an explanation of the basis for PPE selection
- \* information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- \* information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- \* an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- \* information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- \* an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- \* an opportunity for interactive questions and answers with the person conducting the training session.

## **RECORDKEEPING**

### Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the Human Resources Department.

The training records include:

- \* the dates of the training sessions
- \* the contents or a summary of the training sessions
- \* the names and qualifications of persons conducting the training
- \* the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to human resources.

### Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Human Resources is responsible for maintenance of the required medical records. These **confidential** records are kept at the Human Resources office for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to human resources.

### OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the human resources department.

### Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Establishment/Facility Name: \_\_\_\_\_

## Sample Sharps Injury Log

Year 20\_\_

Date	Case/ Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area where injury occurred [e.g., Geriatrics, Lab]	Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]

29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

