

UNIVERSITY OF ALASKA FAIRBANKS

[DEPARTMENT NAME HERE]

**BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**



Developed *[Date]*

UAF *[Department name here]*
Bloodborne Pathogen Exposure Control Plan

TABLE OF CONTENTS

- I. Formal Policy Statement
- II. Glossary
- III. Exposure Determination
- IV. Task Assessment
- V. Schedule and Method of Implementation
 - A. Methods of Compliance
 - 1. Engineering and work practice controls
 - 2. Personal protective equipment
 - 3. Housekeeping
 - 4. Spills
 - 5. Laundry
 - 6. Decontamination using antiseptics/disinfectants
 - 7. Biohazardous waste management
 - B. Hepatitis B vaccination, post-exposure evaluation and follow-up
 - 1. Hepatitis B vaccination
 - 2. Post-exposure evaluation and follow-up
 - C. Communication of hazards to employees
 - 1. Labels and signs
 - 2. Training
- VI. Appendices

I. FORMAL POLICY STATEMENT

The University of Alaska *[Department name here (Department abbreviation here)]* is committed to providing a safe learning environment and believes *[employee groups here; e.g., instructors, employees, teaching assistants]* have the right to know about health hazards associated with their work. So that all employees can make a knowledgeable decision about any personal risk of employment, this Bloodborne Pathogen Exposure Control Plan includes policies, procedures and responsibilities designed to develop awareness of potentially infectious materials in the *[type of work setting, e.g., clinic, laboratories, classrooms]*, and to train *[list employee groups here]* in appropriate, safe working conditions. This plan is reviewed and updated annually and is available for all employees within *[Department abbreviation or lab name here]*.

It is important that both employers and employees assume responsibility for safety. All employees will have access to pertinent safety information through their supervisory staff. *[provide additional information specific to your department or program here, including who employees are to contact when safety concerns arise.]*

A training program has been designed for the benefit and protection of all employees. Necessary information will be available to inform the employee how best to handle infectious materials and how to make use of the law.

[Lab name and/or Department name here, and College, Institute, or Administrative Services Unit]

[Title here]:
[Name here] _____

[Title here]:
[Name here] _____

[Title here]:
[Name here] _____

Effective Date _____

Reviewed/revised _____, _____, _____, _____

Note: ECP must be reviewed annually.

II. GLOSSARY *[NOTE: delete any that are not applicable to your program]*

For the purpose of this Exposure Control Plan, the following definitions shall apply:

Blood: human blood, human blood components and products made from human blood

Bloodborne pathogen: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HPV) and human immunodeficiency virus (HIV)

Contaminated laundry: *[specify work clothing that is applicable to your program, e.g. lab coats, uniforms, etc., as well as any other laundry items that you may have, such as sheets and towels]* that have been soiled with blood or other potentially infectious material

Contaminated sharps: any contaminated object that can penetrate skin including, but not limited to, needles, scalpels, broken glass, and *[specify other items unique to your program, if any, such as dental wires or broken capillary tubes]*

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or items to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal

Engineering controls: mechanisms that isolate or remove the bloodborne pathogen hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles).

EHSRM: Environmental Health, Safety, and Risk Management Department at UAF.

Exposure incident: occurs when there is a specific eye, mouth, other mucus membrane, non-intact skin, or other parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's *[or student's]* duties

Hand washing facilities: a facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines

HBV: Hepatitis B virus

HCV: Hepatitis C virus

HIV: Human Immunodeficiency Virus

[delete if not applicable] Instructor means an individual who is contracted by the University of Alaska Fairbanks (UAF), or Community and Technical College (CTC), as the Instructor of Record for a teaching lab associated with a lecture course offered by the **[department name here]**

[delete if not applicable] Laboratory: a workspace where hands-on experimentation and/or instruction occurs.

Occupational exposure: reasonably anticipated skin, eye, mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties

Other Potentially Infectious Materials (OPIM) includes:

- 1) The following human body fluids: semen, vaginal secretion, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedure, any fluid that is visibly contaminated with blood, and all body fluids in situations where it is impossible to differentiate between body fluids;
- 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 3) HIV- containing cell or tissue, organ cultures, and HIV, HCV or HBV containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV, HCV or HBV

Parenteral: piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions

Personal protective equipment (PPE): specialized clothing worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered PPE

Regulated waste: includes liquid, 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 waste containing blood or other potentially infectious materials

Sharps container: any container that is puncture proof for the use in storage or transportation of sharp hazards (e.g., needles, glass blood draw tubes)

Source individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in

institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

[delete if not applicable] Teaching Assistant (TA): any graduate (or undergraduate) student who has agreed to teach a section of a teaching lab, under the direction of a Laboratory Instructor.

Universal Precautions: an approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HCV, 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 the recapping of needles by a two-handed technique)

III. EXPOSURE DETERMINATION

All positions within the **[insert Department or lab name here]** are assessed for occupational exposure to bloodborne pathogens. The following list identifies these job classifications and the exposure determination for the classification.

High Exposure	Intermediate Exposure	No exposure
[list employee types here]	[list employee types here]	[list employee types here]

IV. TASK ASSESSMENT

This section is a list of all tasks, procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed above. This exposure determination was made without regard to the use of PPE.

Tasks performed by employees with high exposure: *[list here]*:

Task	Required Personal Protective Equipment	Engineering Controls
<i>[list tasks here]</i>	<i>[list required PPE here, e.g., gloves, lab coat, goggles, etc.]</i>	<i>[describe engineering controls here, e.g., sharps container, safety needles, sealed bags, etc.]</i>

Tasks performed by employees with intermediate exposure:

Task	Required Personal Protective Equipment	Engineering Controls
<i>[list tasks here]</i>	<i>[list required PPE here, e.g., gloves, lab coat, goggles, etc.]</i>	<i>[describe engineering controls here, e.g., disinfectants used, etc.]</i>

V. SCHEDULE AND METHOD OF IMPLEMENTATION

A. METHODS OF COMPLIANCE

1. ENGINEERING AND WORK PRACTICE CONTROLS (STANDARD OPERATING PROCEDURES)

Universal precautions are observed by all employees to prevent contact with blood and other potentially infectious materials. All body fluids are considered potentially infectious.

Engineering controls are examined and maintained or replaced on a regular schedule by the *[list responsible person here]* with the assistance of EHSRM. *Biosafety cabinets are certified on an annual basis, and certification costs are the responsibility of the department or lab.*

Hand washing:

Employees wash their hands immediately (or as soon as possible) after removing gloves or other PPE and immediately after hand contact with blood or other potentially infectious material. *[Describe other situations where hands must be washed, e.g., before leaving laboratory, before going on meal breaks, etc., as they apply to your program]*. Facilities for hand washing are provided *[describe location]*. A separate wash facility is used for washing equipment or for waste disposal. Any skin that is exposed to blood or other OPIM is washed immediately following exposure.

Injections and finger sticks:

[delete if not applicable] When giving injections, safety needles are to be used. Use of unprotected needles and syringes must be justified in writing and open to OSHA compliance review. Used needles and other sharps may not be bent, broken, recapped, or re-sheathed. Used needles are not removed from disposable syringes. Needles and sharps are disposed of in impervious containers located near the point of use (see Section V. A. 4. of this document). If the needle must be recapped because a sharps disposal container is not readily available, recapping shall be accomplished using the one-handed technique.

[delete if not applicable] When using lancets for finger sticks, all instructions are to be followed and every reasonable safety protocol is to be observed. Each lancet will be used one time, on a single person, and disposed of in marked sharps/biohazard containers.

[delete if not applicable] Instructors/TAs will demonstrate protocols for students and direct students during laboratory exercises, but will not directly handle lancets, slides, capillary tubes, or gauze/bandages exposed to student's blood. Students will be given direction regarding all safety precautions necessary to avoid exposure to blood from another individual, and to avoid exposing other students or employees to their own blood.

[add additional exposure controls here, as applicable for your department or program]

Personal Protective Equipment (PPE):

All PPE is removed immediately prior to leaving work area. Gloves shall be disposed of in a biohazardous waste bag. If overtly contaminated, *[list type of work clothing or other laundry items, such as sheets, lab coats, uniforms here]* must be placed in the appropriately designated container for storage, decontamination, washing, and/or disposal (see Section V. A. 5., Laundry, below).

General hygiene and personal items:

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in *[describe areas where they are specifically prohibited, such as laboratory work areas]*. Food and drink are not permitted in *[describe areas where they are specifically prohibited, such as laboratory work areas]* and must not be stored in refrigerators, freezers, or cabinets in the *[describe area, or delete if not applicable]*.

Procedures:

All procedures involving blood or OPIM are performed in a manner that minimizes splashing, spraying, spattering and generating droplets of these substances (e.g., blood specimens are opened using a gauze square to minimize contamination of skin and clothing; *[describe other techniques used to prevent splashing or aerosol generation]*).

[delete if not applicable] Before centrifuging any specimens, the *[list employee here]* will ensure all containers are secured in the centrifuge, and the lid is firmly secured. *[delete the following statement if not applicable]*: Under no circumstances are students permitted to operate the centrifuge when blood samples are being centrifuged.

[describe additional procedures here, along with any exposure controls, here, as applicable for your department or program]

***[delete if not applicable]* Mechanical pipetting devices:**

Mechanical pipetting devices are used for all liquids and are tips are disposed of in a biohazard waste bag. Mouth pipetting/suctioning is prohibited.

***[delete section if not applicable]* Specimens and slides:**

All specimens *[describe sources; e.g., urine, blood, fecal]* are kept in a clean container with a secure lid, or disposed of in the appropriate disposal container. Containers are labeled with appropriate biohazard warnings (see Section V. C.).

[delete if not applicable] Unfixed or unstained slides are considered infectious and treated appropriately. They may be placed into liquid disinfectant (10% bleach or other approved disinfectant), allowed to soak for 30 minutes, rinsed with clean water, and discarded into the broken glass container in the lab. Alternatively, they may be discarded directly into a sharps container.

***[delete if not applicable]* Laboratory surfaces:**

Laboratory surfaces are made of impervious materials to facilitate disinfection.

Laboratory access:

Only authorized personnel are allowed in the *[describe access-controlled work spaces here]*. Casual visitors (e.g., family members, tour groups) are prohibited. *[If not prohibited, then include this statement: Non-laboratory personnel are closely supervised and appropriate protective measures (e.g., clothing) are used to ensure that they do not cause a hazard to themselves or others].*

[delete if not applicable] **Service and maintenance personnel:**

Service and maintenance personnel are not permitted to enter a biohazard area until the safety requirements for the specific circumstance are reviewed, the instrument to be serviced is decontaminated, and appropriate PPE is issued and worn. A readily observable label should be placed on the equipment to indicate which portions are contaminated. *[add additional exposure controls here, as applicable for your department or program]*

[delete if not applicable] **Miscellaneous:**

Tourniquets used for phlebotomy are disinfected daily and disposed of if grossly contaminated. Employees and students used gloves during procedures involving tourniquets.

Needle holders (e.g., vacutainer) for use with evacuated blood tubes are single use. They are disposed of in the sharps container.

[add additional exposure controls here, as applicable for your department or program]

2. PERSONAL PROTECTIVE EQUIPMENT

When there is a chance for occupational exposure employers must provide, at no cost to the employee, PPE such as gloves, laboratory coats, face shields, masks, and/or eye protection. The main purpose of the PPE is to keep blood and OPIM away from the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use. **All employees are required to use PPE as appropriate.**

PPE in different sizes is readily available to all employees. All PPE is assigned based on the task to be performed. All personnel are appropriately trained in the use, maintenance, and disposal of all PPE upon initial assignment, and annually thereafter.

Employees are required to wear disposable, single-use gloves when they have potential for direct skin contact with blood or OPIM, or when handling contaminated items or surfaces.

Gloves are removed inside out in an aseptic manner, and are replaced as soon as possible when visibly soiled, torn, and punctured, or any time their ability to function as a barrier is compromised. Hypoallergenic (nitrile) gloves are provided to employees who are allergic to the regularly provided gloves.

Masks and eye protection is worn to prevent splashes, sprays, spatter or droplets of blood or infectious material when there is a potential for eye, nose, or mouth contamination. Eye wear should be cleaned before using and whenever splashes or contamination are visible.

Laboratory coats or aprons are worn only in work areas and are not to be worn on rest breaks, meal breaks, *[delete if not applicable]* or in any public areas.

Soiled laboratory coats, aprons, or uniforms *[delete any that do not apply, and add others as necessary]* are removed immediately prior to leaving the work area and placed into bins or bags for transport to the laundry facility. *[list non-disposable PPE clothing here]* provided by *[department or lab name here]* are repaired or replaced as needed by the employer at no cost to the employee.

3. HOUSEKEEPING

[Department or lab name here], in cooperation with UAF Housekeeping, determines and implements a written schedule for cleaning and decontaminating labs and instruction areas.

All equipment and work surfaces are decontaminated with an approved disinfectant. Approved disinfectants are listed in Section V.A.6. Decontamination is performed:

[describe when this is supposed to occur]

[Describe general cleaning of floors in work areas—who is responsible and the frequency with which it occurs; describe where employees can find written procedures for decontamination procedures]

[delete if not applicable] Protective coverings (absorbent paper, etc.) are removed and replaced if contaminated by the *[list responsible party if it is someone specific, such as a Instructor/TA or Safety Technician]*.

[delete if not applicable] Equipment is checked and wiped with approved disinfectant (see Section V.A.6) daily by *[list employees here]*. Before servicing or shipping, equipment is decontaminated as necessary according to manufacturer's instructions by *[list employees here]*.

[delete if not applicable] All bins, pails, cans and similar receptacles intended for reuse that have the potential for becoming contaminated with blood or OPIM are inspected and decontaminated immediately (or as soon as possible). These receptacles are checked *[daily, weekly, monthly...]* and disinfected *[daily, weekly, monthly...]* by *[list responsible personnel here]*.

4. SPILLS

Spills are cleaned up by the *[list responsible person(s) here]* as follows:

Procedure:

[NOTE: if applicable, include evacuation requirement if aerosols are generated during spill, such as a dropped flask or a broken centrifuge tube]

1. Continue to wear PPE, or don PPE if not already wearing it. Spill cleanup requires using PPE.
 - a. PPE includes: lab coat, gloves, safety glasses or goggles *[list other items if required]*.
2. Carefully place a paper towel over the spill.
3. Saturate the spill site with bleach/water solution (1:10) or other approved disinfectant (see section V.A.6).
4. Let the solution set for 20 minutes (or the manufacturer's recommended contact time). Ensure that the spill remains wetted with the bleach or disinfectant for the entire length of time (this decontaminates the spilled material).
5. Wipe with disposable towels. Place all items in a plastic bag. NOTE: the material is no longer biohazardous once it has been treated with disinfectant.
6. Spray the floor or surface where the spill occurred with disinfectant or bleach/water solution and let sit for 10 minutes (this decontaminates the floor or surface).

7. Wipe with disposable towels. Place all contaminated items in the same plastic bag as the initial clean up materials and seal. Bag may be disposed of with the regular trash.
8. Broken glass that is not picked up directly with hands. Use a brush and dustpan, or tongs to handle broken glass.

5. LAUNDRY

The [list responsible person here] will wear protective gloves and other appropriate PPE for occupational exposure during handling or sorting of soiled or contaminated [describe anticipated laundry items].

[describe anticipated laundry items] are placed into a bin or bag for collection by the [list responsible person here]. It is handled as little as possible with a minimum of agitation.

Overtly contaminated [describe anticipated laundry items] are placed in a 5 gallon bucket and 10% bleach is added to the bucket to completely saturate and cover the lab coat(s). The bucket is covered and allowed to stand for 20 minutes prior to transportation to the [list department here] laundry facility, where they are immediately laundered. [Note: this procedure may be rewritten to describe what happens in your facility.]

To launder contaminated [describe anticipated laundry items]:

1. Carefully drain any bleach solution from buckets (if there are any) into the washing machine.
2. Add soap and begin filling the washing machine with water.
3. As it is filling, carefully add the [describe anticipated laundry items] (beginning with any that have been bleached prior to laundering and then adding others).

6. DECONTAMINATION USING ANTISEPTICS/DISINFECTANTS

Antiseptics are chemical germicides formulated for use on skin or tissue. Disinfectants are agents that inactivate viruses, bacteria and fungi on surfaces. Use according to manufacturer's instructions. The following disinfectants and antiseptics are used in the [Lab name here]:

Antiseptic	Lab/Facility Use
e.g., 70% ethanol e.g., Antibacterial soap	e.g., Cleaner for sensitive equipment Hand washing
Disinfectant	Lab/Facility Use

e.g., Bleach 1:10 solution (1 part bleach to 10 parts water)	e.g., Floors, countertops, spills, lab instruments, contaminated laundry
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Procedure(s) for decontaminating non-disposable equipment:

- a. Example: For cleaning non-disposable equipment such as centrifuges:
 - i. Wash or wipe daily with a 1:10 bleach/water solution or other approved disinfectant. Bleach solutions must be made fresh and disposed of daily (they may be dumped down the drain after use or at the end of the day).
 - ii. Ensure that items remain wet with bleach or disinfectant for a minimum of 10 minutes (contact time).
 - iii. Rinse with clean water and dry.

7. BIOHAZARDOUS WASTE MANAGEMENT

Lab waste is segregated at the point of use into categories that include but are not limited to:

- A. Infectious/biohazard waste
- B. Needles/sharps
- C. Regular trash

All infectious waste is placed in the leak proof biohazard container marked with a large biohazard label which is stored in each [describe locations here]. The waste is collected by EHSRM and transported to the BiRD building where it is properly stored until it can be incinerated.

Biohazard sharps containers are kept upright throughout use and are checked weekly by [list responsible person here]. Sharps containers are disposed of when they are $\frac{3}{4}$ full. Contact EHSRM for disposal.

All sharps and glassware are disposed of immediately (or as soon as possible) in containers that are closable, puncture-resistant, leak-proof on the sides and bottom, and labeled with a biohazard label. Sharps containers should be placed as close as possible to the point of use. When containers are moved from the area of use, the containers are closed and placed in a secondary container if leakage is anticipated.

Reusable containers are not opened, emptied, or cleaned manually or in any manner that would expose employees to the risk of contamination or injury.

Regulated waste is placed in containers that are closable and constructed to contain all contents and to prevent fluids from leaking during handling, storage, or transport. The containers are labeled, closed, and locked before removal to prevent the contents from spilling or protruding during handling, storage, or transport. If outside contamination of the regulated trash occurs, it is placed in a second container that has the same qualities of the first and is handled in the same manner.

Regular trash includes the remainder of waste generated in the lab that poses no health or environmental risk. It also includes items that have been decontaminated, such as paper towels used for disinfecting surfaces or cleaning up spills. This is disposed through routine facility waste removal procedures.

B. HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP

1. Hepatitis B vaccination

UAF, through EHSRM, makes Hepatitis B (HBV) vaccinations available to all employees who have potential occupational exposure to HBV and provides post-exposure care to all employees with an occupational exposure incident.

All medical evaluations and procedures are performed by or under the supervision of a licensed health care professional, and are performed at no cost to the employee.

All evaluations, procedures, vaccinations and post-exposure management are provided to the employee at a reasonable time and place, and according to standard recommendations for medical practice.

HBV vaccination is offered within 10 working days of initial assignment to all employees who have occupational exposure to blood or other potentially infectious materials, unless the employee has a previous HBV vaccination or testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving HBV vaccination. If the employee initially declines HBV vaccination, but at a later time, while still covered under the standard, decides to accept the vaccine, the vaccine is provided at that time. Should a booster dose(s) be recommended at a future date, such booster dose(s) will be provided according to standard recommendations for medical practice at no cost

to the employee. An employee who declines HBV vaccination must sign a statement of informed refusal (available from EHSRM at the time of training).

HBV antibody testing is made available to an employee who desires such testing before deciding whether to receive the HBV vaccination. If the employee is found to be immune to HBV by virtue of adequate antibody titer, then HBV vaccine need not be offered to that employee.

2. Post-exposure evaluation and follow-up

High-risk exposures occur when another person's blood or body fluids contact intact, broken, or abraded skin of an employee, or are splashed onto the mucous membranes of an employee.

Any employee sustaining a high-risk exposure shall notify the *[list responsible person here, usually a supervisor or BBP manager]* immediately. The *[list responsible person here, usually a supervisor or BBP manager]* shall immediately notify EHSRM so that post-exposure testing and prophylaxis can be arranged as follows. A checklist is included in Appendix A.

1. EHSRM will complete an authorization form for the employee to go to the UAF occupational health provider (information needed: employee name, UA ID number, date of birth, and a good contact phone number).
 - a. Note: If emergency care is required or if the office of EHSRM is closed, the employee should proceed directly to the emergency room at Fairbanks Memorial Hospital. The employee should notify EHSRM as soon as possible on the next business day so that EHSRM staff can contact FMH regarding payment of emergency room charges (note, these are not handled as Workers Comp cases at UAF, unlike at other companies).
 - i. High-risk exposures from sources known to be HIV-positive or sources at high-risk of being HIV-positive are handled as emergencies.
2. EHSRM will fax the authorization form to the provider and fax or email it to the employee.
3. EHSRM will contact the provider and arrange a post exposure exam.
4. The employee must take with them their authorization form and photo ID.
5. Follow-up of exposed employee, including antibody or antigen testing, counseling, illness reporting, and effective post-exposure prophylaxis, will be conducted by the provider according to the

- standard recommendations for medical practice, and at no cost to the employee.
6. Complete UAF Accident/Incident Report online through the Origami program.
 - a. NOTE: It is not necessary to complete Worker's Compensation paperwork, as all post-exposure follow-up is handled through UAF's occupational health provider at no cost to the employee.
 7. Fill out Exposure Incident Investigation Form (Appendix C).

The insert Department or lab name here shall provide the following information to the evaluating physician:

1. A description of the affected employee's duties as they relate to the employee's occupational exposure.
2. Documentation of the routes of exposure and circumstances under which exposure occurred.
3. Results of the source individual's blood testing, if available.
4. All medical records relevant to appropriate treatment to the employee, including vaccination status which is the employer's responsibility to maintain (contact EHSRM for this information (474-6771)).

For each evaluation under this section, the employee will receive a copy of the evaluating physician's written opinion via mail within 15 working days after the evaluation is completed.

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:

- a) a statement that the employee has been informed of the results of the evaluation; and
- b) a statement the employee has been told about any medical condition resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and not be included in the written report. All confidential material shall be maintained by UAF's occupational health provider.

C. COMMUNICATION OF HAZARDS TO EMPLOYEES

1. SIGNS AND LABELS

Signs that bear the following legend are posted at the entrance to work areas. Labels required by this section must include the following legend.

BIOHAZARD



Warning labels are affixed to:

- Containers of regulated waste
- Refrigerators and freezers containing blood and other infectious materials.
- Other containers used to store or transport blood or other potentially infectious materials.

These labels are color-coded fluorescent orange or orange- red or predominantly so, in a contrasting color (see picture, above).

Labels are either an integral part of the container or affixed as close as feasible to the container by string, wire, adhesive or other methods that prevent them from being lost or unintentionally removed.

Labels are required for contaminated equipment state which portions of the equipment remain contaminated.

Regulated waste that has been decontaminated is not labeled or color-coded.

2. TRAINING

EHSRM or other appropriate and knowledgeable resource will provide safety training to all at risk employees. This training will be provided prior to an employee working in an environment that could possibly expose them to BBPs, and then annually thereafter. Employees must also be re-trained if conditions change or new procedures are developed. This training must include, but is not limited to:

- a. An explanation of, and accessibility to the appropriate regulations
- b. A general discussion on Bloodborne diseases and their transmission
- c. An explanation of the Department's written exposure control plan
- d. Recognizing tasks and other activities that may involve BBP exposure
- e. Provisions that have been made for engineering and work practice controls
- f. Types, proper use, location, removal, handling, decontamination and disposal of PPE
- g. Basis for selection of PPE mandated for use
- h. Personal hygiene practices
- i. Availability of Hepatitis B vaccination, post-exposure treatment, and follow-up programs
- j. Methods to respond to BBP emergencies and incidents
- k. Familiarization with proper handling and reporting of BBP exposure incidents
- l. Question and answer session

Records of training will be retained by EHSRM and in the employee's file. Records of exposure incidents will be retained by EHSRM and the employee's medical file. These training records will contain:

- a. Dates of initial and refresher training
- b. Contents of the training program(s)
- c. Trainer's name and qualifications
- d. Names and job titles of training attendees

EHSRM will maintain training records for at least three years on all current and past employees. These training records will contain:

- a. Dates of initial and refresher training
- b. Contents of the training program(s)
- c. Trainer's name and qualifications

Vaccination records will be retained in the employee's medical record at the physician's office. Medical records must be retained for employees for the duration of their employment plus an additional 30 years. These records will be made available to the employee and the Alaska Department of Labor upon written request. Written, and signed, employee releases, or court orders, are required for all other access. These records will include information as prescribed under federal and state laws, as appropriate.

Appendix A

UAF *[insert Department, facility, or lab name here]*

POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

In the event of an employee's exposure to Bloodborne Pathogens, the following steps must be taken:

1. Report exposure to *[list responsible person here, usually a supervisor or BBP manager]* _____Date/Initial
2. Report exposure to EHSRM so they can arrange medical care
_____Date/Initial
3. Fill out UAF Accident/Incident Report and submit to EHSRM (use online Origami program) _____Date/Initial
4. Fill out Exposure Incident Investigation Form (Appendix C) _____Date/Initial
5. Source individual written consent obtained (Appendix B) _____Date/Initial
6. Source individual's blood tested for HIV, HCV, & HBV or arrangements made for where this could be done. (Only upon written consent of source individual)
_____Date/Initial
7. Appointment arranged for employee with a health care professional.
_____Date/Initial

8. Send employee to health care professional with a packet which includes the following Information:
 - a. Exposure Incident Report/Investigation Form. _____Date/Initial
 - b. Results of the source individual's blood testing (if available)
_____Date/Initial
 - c. Employee's medical records relevant to employee vaccination status and emergency treatment. _____Date/Initial
9. Health care professional's written opinion obtained and provided to employee and to EHSRM. _____Date/Initial

Appendix B

UAF *[insert Department, facility, or lab name here]*

SOURCE INDIVIDUAL CONSENT FORM

Source Individual:

Name: _____ Chart # _____

Date of Birth: _____

I understand that my blood is being drawn for the purpose of determining my HIV, HBV, and HCV (Hepatitis B, C) status following an exposure incident to the University employee listed below.

Employee:

Name _____

Date of Exposure: _____

Source Individual's Signature

Date

Appendix C

EXPOSURE INCIDENT INVESTIGATION FORM

Employee Name _____

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

Employee's Immunization Status: HBV: # of Doses _____ Post Vaccine Titer _____

Employee's Duties and Circumstances as related to exposure incident (work being preformed, etc).

Route of Exposure:

☐ Accidental needle stick.

☐ Mucous membrane exposure (i.e. splash to eye, mouth to mouth resuscitation)

☐ Open skin lesion contact with potentially infectious material.

How incident was caused (accident, equipment malfunction, etc.):

Source Individual written consent obtained? _____

Personal Protective Equipment Being Used:

Actions taken (decontamination, clean-up, reporting, etc.)

Recommendations for avoiding future occurrences:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

UAF Biosafety Officer Signature _____ Date _____

Appendix D

Hepatitis B Vaccine Current Vaccine Information Statement (PDF available from the
U.S. Centers for Disease Control:
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>)

UAF *[insert Department, facility, or lab name here]*
Annual Training Roster

**BLOODBORNE PATHOGENS &
PERSONAL PROTECTIVE EQUIPMENT**

The following employees have completed training on Bloodborne Pathogens, the *[insert Department, facility, or lab name here]* BBP Exposure Control Plan, and Personal Protective Equipment.

Trainer: _____ Title: _____

Employee Name (please print clearly)	Initials	Date	Position/ Title

Please provide a copy of this training roster to the UAF Biosafety Officer at tamartinson@alaska.edu for documentation in the EHSRM training database.

Date _____

Instructor_____