



**UNIVERSITY OF WISCONSIN-STEVENS POINT
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

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1.0 PURPOSE AND BACKGROUND

The University of Wisconsin-Stevens Point is committed to protecting its students, staff, and community from risks associated with exposure to bloodborne pathogens through implementation of this Exposure Control Plan that designed to eliminate or minimize employee exposure. This Plan is reviewed annually and follows the requirements established by the Department of Safety and Professional Services (SPS 332.50) as adopted from the rules issued by the U.S. Occupational Safety and Health Administration in December, 1991 (29 CFR 1910.1030). Definitions of terms and acronyms throughout this document are explained in Appendix F.

2.0 RESPONSIBILITIES

2.1 University Administration

The University of Wisconsin-Stevens Point administration shall:

1. Adopt the Exposure Control Plan for the University.
2. Know and understand all elements of the Exposure Control Plan.
3. Ensure financial and administrative support is available to implement the Exposure Control Plan.
4. Ensure the plan is readily available for all personnel.
5. Encourage and support supervisory staff efforts to implement the plan.

2.2 Environmental Health and Safety

The Environmental Health and Safety Officer shall:

1. Develop and initiate implementation of the campus bloodborne pathogen program.
2. Know and understand all elements of the Exposure Control Plan.
3. Advise personnel at all levels of responsibility on all aspects of the standard.
4. Investigate all accidents involving blood or other potentially infectious materials.
5. Maintain all records relating to accident investigations.
6. Provide assistance to departments in developing training programs.
7. Oversee the Exposure Control Plan and update the Plan at least annually and whenever necessary.
8. Act as liaison between the University and regulatory agencies concerning compliance with the Bloodborne Pathogens standard.
9. Conduct periodic inspections of departments to ensure compliance with the Exposure Control Plan.

2.3 Supervisory Staff

Supervisory staff shall:

1. Know and understand all aspects of the Exposure Control Plan.
2. Designate an individual, if not themselves, to coordinate the program for their staff.
3. Train or arrange for the training of staff.
4. Assure proper implementation of the Plan within their unit.

5. Ensure that a copy of the Exposure Control Plan is accessible to staff.
6. Provide necessary resources to staff to implement relevant aspects of the Plan. Where necessary resources are not available to the supervisor, it shall be the supervisor's responsibility to inform the appropriate administrator of the program need.

2.4 Faculty

Faculty shall:

1. Know and understand all aspects of the Exposure Control Plan.
2. Identify courses or majors in their respective programs that may be influenced by the bloodborne pathogens standard. Where such courses or majors are identified, faculty shall inform students of all relevant aspects of the standard and prepare them to safely perform their work at the University.

2.5 Employees

Employees shall know and understand all aspects of the Exposure Control Plan and report all injuries to their respective supervisor.

3.0 EXPOSURE DETERMINATION

Job responsibilities at the University should be reviewed for occupational exposure to blood and blood products by supervisors and department managers and campus administrative staff. Those classifications as an example determined to have occupational exposure are shown in Appendix A. The tasks responsible for exposure are also indicated.

Examples of some tasks which may involve exposure to blood or blood products include:

- a. Care of an injured person during a sport activity.
- b. Care of minor injuries that occur within the campus setting, i.e., bloody nose, scrape, minor cut.
- c. Care of students with medical needs typical in a student health care center.
- d. Cleaning and maintenance tasks associated with body fluid spills.
- e. Emergency first aid and/or CPR response.
- f. Police/security duties e.g., subduing a suspect, intervention in an altercation.
- g. Set-up, supervision, break-down of instructional and/or research laboratories where blood or OPIM (Other Potentially Infectious Materials) are used.
- h. Research activities where blood or OPIM are used.
- i. Supervision of clinical settings where blood or OPIM is present.

If a staff member feels they are likely to encounter occupational exposure but do not find their job classification on the list, they should contact their supervisor.

4.0 METHODS OF COMPLIANCE

4.1 Universal Precautions

Universal precautions shall be observed throughout all areas of UW-Stevens Point where reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material may result.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls shall be utilized where practical to eliminate or minimize exposure to employees on campus.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

4.2 Engineering Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls shall be examined at least weekly and shall be serviced as necessary for proper operation. Supervisory staff shall be responsible for inspections.

Departments shall provide hand washing facilities that are readily accessible to employees receiving occupational exposure. Where this is not feasible, antiseptic hand cleanser and paper towel or antiseptic towelettes shall be provided. If the latter method is used, hands should be washed with soap and running water as soon as feasible.

Hands shall also be immediately washed after personal protective equipment is removed, or after any contact with blood or related products. If blood contacts mucous membranes, they should be rinsed with water. Soap and running water should be used for other washing.

Sharps disposal containers, reusable sharps containers, and self-sheathing needles shall be used when appropriate. Sharps collection containers shall be rigid, leak-proof material, labeled or color-coded, and shall be puncture resistant.

Supervisors or their designee, in those areas utilizing engineering controls, shall conduct weekly examinations of the containers or other engineering controls to ensure their effectiveness.

4.3 Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall be used and provided at no cost to the employee. Forms of personal protective equipment that may be used are gloves, masks, CPR masks, protective clothing such as laboratory coats/aprons and eye protection devices such as goggles and face shields. Appropriate PPE in the appropriate sizes shall be readily accessible at the worksite or issued to employees. PPE shall be repaired or replaced to maintain its effectiveness at no cost to the employee.

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the

DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated (i.e. custodian cleaning a clogged toilet, nurses performing suctioning).

Garments shall be removed immediately or as soon as possible if it is penetrated by blood or other potentially infectious materials.

All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Appropriate protective clothing shall be worn in occupational exposure situations. The types and characteristics shall depend upon the task, location, and degree of exposure anticipated. For more details, see [1910.1030\(d\)\(3\)](#) Personal Protective Equipment section of OSHA 29 CFR 1910.1030 standard.

4.4 Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, personnel are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

Mouth pipetting/suctioning of blood or OPIM is prohibited.

All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

4.5 Sharps and Containers

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that no other alternative is feasible or that such action is required by a specific medical procedure. If necessary, recapping or needle removal must be accomplished through a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is strictly prohibited.

Contaminated reusable sharps shall be placed immediately, or as soon as possible after use, in appropriate containers until properly reprocessed. These containers must be puncture resistant, labeled biohazardous, or color-coded in accordance with Section 6.1 of this Plan, leak proof on the sides and bottom, and shall not be stored or processed in a manner that requires employees to reach by hand into the container where the sharps have been placed.

Disposable contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on the sides and bottom, and labeled biohazardous or color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate areas where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, replaced routinely, and not be allowed to be overfilled. When moving containers of contaminated sharps from the area of use, the container must be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If leakage is possible, a secondary container must be used. The second container must be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and be labeled biohazardous or color-coded. Reusable containers shall not be opened, emptied or cleaned manually, or in any other manner that would expose employees to the risk of percutaneous (introduced through the skin, as by rubbing, injection, etc.) injury.

4.6 Contaminated Materials

Equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping. And a readily observable label in accordance with Section 6.1 of this Plan shall be attached to the equipment stating which portions remain contaminated.

4.7 Waste Disposal

Potentially Infectious Material (PIM) can be disposed of in one of several manners. Rendering the material non-infectious by such means as autoclaving allows it to be considered a non-regulated waste. Totally destroying the material through incineration requires that each department collect the PIM in appropriate containers, store the material, and contract with an outside agency to pick up the material for incineration in an EPA approved incinerator.

Departments shall utilize the following storage requirements for regulated waste prior to treatment or transport off-site:

- a. Regulated waste must be placed in containers that are closable and constructed to contain all contents and prevent leakage of fluids during handling, storage or shipping. The containers must be labeled with a biohazard warning or red color-coded.
- b. Regulated waste must be collected or secured at the end of each day by the generators of the waste. If there is sufficient waste in the container at the end of the day, the container should be closed to prevent spillage or protrusion and removed to the storage area. If the storage container is to be left in the use area, it must be secured so no other personnel can get into the material or any of the infectious material can contaminate any other material.
- c. If outside contamination of the regulated waste container occurs, the primary container shall be placed within a second container which is closable, labeled with a biohazard warning and prevents leakage during handling, processing, storage, transport, or shipping.
- d. Waste must be stored in a manner and location that provides protection from water, rain, and wind and maintained in a non-putrescent state, using refrigeration when necessary.
- e. Outdoor storage areas must be locked to prevent unauthorized access.
- f. Access to on-site storage areas must be limited to authorized employees.

- g. Waste must be stored in a manner that affords protection from animals and does not provide a breeding place or a food source for insects and rodents. If PIM is to be rendered non-infectious by means of autoclaving the following should be adhered to:
 - a. All autoclaving of PIM must be documented. This documentation should include the date, the person conducting the autoclaving, the material autoclaved, and the verification that the material was rendered non-infectious.
 - b. Verification that the autoclave reached the right temperature and pressure for the proper amount of time is required. One way to do so is the use of a spore test. A spore test should be done once a week; all other times a heat/pressure tape should be placed on the bags.
 - c. All autoclaves that will be used for this type of work should also be inspected periodically by a certified inspector. These inspections are to ensure that the autoclaves can operate as they were designed.

4.8 Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. The contaminated laundry will then be placed and transported in bags or containers labeled as biohazardous or color-coded (red).

When universal precautions are utilized in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Supervisors shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

If the facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled biohazardous or color-coded (red).

4.9 Housekeeping

Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition. Also, supervisors shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. A 10% solution of household bleach shall suffice for most applications (1 part bleach to 9 parts water). Other disinfectants are commercially available. Since most disinfectants are irritating, care should be taken to wear gloves as well as eye protection if splashing is possible.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment surfaces, shall be removed or replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated

during the shift.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as brush and dustpan, tongs, pieces of fiberboard or forceps.

All bins, pails, cans, and similar receptacles shall be inspected on a weekly basis by first line supervisors (or their designee) and decontaminated if necessary.

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

5.0 MEDICAL SERVICES

5.1 Hepatitis B Vaccination

Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids that result in liver inflammation. While the use of universal precautions helps in the protection from Hepatitis B, the Hepatitis B vaccine is an additional protective measure offered to all employees who receive occupational exposure as indicated in Appendix A. Those employees will fill out the Hepatitis B Consent/Declination Statement Form in Appendix B. The cost of the vaccination is the responsibility of the employee's department. Vaccinations shall be arranged with the Portage County Health and Human Services – Division of Public Health (PCHHS-DPH) walk-in immunization clinic that is located at 817 Whiting Avenue, Stevens Point. See Appendix C for procedure. Contact EHS for arrangements for campus locations outside of Stevens Point.

Prior to receiving the vaccination, an employee must first complete the training outlined in section 6.2. Hepatitis B vaccination shall be made available within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

For those desiring the Hepatitis B vaccine, an Employee Immunization Record (shown in Appendix C) will be maintained by the employee who shall forward a copy to the Environmental Health and Safety Office after each shot is completed.

If an employee declines the vaccination, the employee shall so indicate on the declination form shown in Appendix B. If the employee later decides to accept the vaccination, it shall be offered at no cost to the employee.

Vaccines will not be provided to employees that are no longer employed by the University. Employees may choose not to complete the series of 3 inoculations. If an employee leaves the University's employment, they will not receive initial or subsequent inoculations. If the series is not completed, the reason and the employee's signature must be written on the Immunization Record.

If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the booster dose(s) will be made available, free of charge to the employee.

The University may, at its discretion, conduct a prescreening program (to determine HBV titer) although participation in this program is not a prerequisite for receiving the Hepatitis B vaccination. The titer test may be advised for staff over 50 years of age. As people age, their ability to develop antibodies may diminish somewhat. While not required, the titer test may offer some assurance that the

vaccination served its purpose.

The vaccine shall be provided by, or under the supervision of, a physician. The provider of the vaccine shall assure that necessary preparations are in place in the event of an adverse reaction to the vaccination. The provider shall also give the employee an orientation concerning the safety and efficacy of the vaccine. EHS shall give the provider a copy of the bloodborne pathogens standard as required by law.

5.2 Post Exposure Evaluation and Follow-up

In the event of an exposure incident, the exposed individual shall immediately contact Protective Services at extension x3456 to report the incident. The dispatcher shall attempt to contact EHS or the Worker's Compensation Coordinator in Risk Management and will inform the exposed person if staff of either department will respond. The EHS Officer shall make a determination if medical attention may be necessary and, if so, shall advise the exposed individual to immediately see a physician.

The exposed employee shall fill out Worker's Comp forms,

- Employer's First Report of Injury or Disease
- Injury and Illness Report
- Supervisor's Accident Analysis and Prevention Report
- WKC-8165 "Determination of Exposure to Blood/Bodily Fluids"

WKC-8165 "Determination of Exposure to Blood/Bodily Fluids" form is only available in Risk Management office. Other forms can be also reached at Risk Management website under Worker's Compensation – Injury Reporting page, by clicking "Employee Injury Reporting Forms and Instructions" link.

If either EHS or Risk Management staff are unavailable, the exposed individual should use personal judgement as to whether immediate medical follow-up is necessary. Always seek immediate treatment if any potential exposure has occurred. One may go directly to the emergency room or one's choice of provider. In either respect, EHS shall be notified as soon as possible. The exposed person shall present the form WKC-8165 to the attending physician. Copy 2 of the form shall be forwarded to EHS following physician certification. NOTE – If medical provider has their own form that may be used instead of the WKC-8165.

The exposed person shall advise EHS of who the attending physician is. EHS shall then provide the following information to the physician as requested as soon as practical.

1. A copy of Final Rule Occupational Exposure to Bloodborne Pathogens 29 CFR part 1910.1030.
2. A description of the exposed employee's duties as they relate to the exposure incident.
3. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
4. Results of the source individual's blood testing, if available.
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

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

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to

whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to include only that the employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

5.2.1 Source Individual Testing

If the attending physician determines that source testing is warranted, the physician shall initiate contact with the source individual. After consent is obtained, the source individual's blood will be tested as soon as feasible in order to determine HBV and HIV infectivity. If consent is not obtained, the University shall establish that the legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

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

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

5.2.2 Exposed Person Testing and Medical Follow-up

The exposed person's blood should be collected and tested as soon as possible. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure prophylaxis, when medically indicated, shall be provided by the physician as recommended by the U.S. Public Health Service including counseling and the evaluation of reported illnesses. Typical post exposure follow-up is indicated on the form WKC-8165.

5.2.3 Responsibility for Medical Follow-up Costs for Employees

All costs relating to medical services associated with the exposure incident shall be processed as Worker's Compensation claims. Any services that are not covered by Worker's Compensation but are required by the standard shall be the responsibility of the employee's department.

5.2.4 Incident Investigation

The Environmental Health and Safety Officer, in conjunction with Risk Management and the respective department supervisor, shall review all sharps injury incidents and resulting response procedures. Methods of preventing future incidents shall be searched for as shall methods of improving incident response. The Sharps Injury Log, as required by 1910.1030(h)(5)(i) will be maintained in the EHS Office. This is confidential information and must be kept for five years.

6.0 HAZARD COMMUNICATION

6.1 Signs and Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers

containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or OPIM. Exception: Red bags or red containers may be substituted for labels.

Labels required by this section shall include the following:



These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

Supervisors are responsible for ensuring that containers and equipment are properly labeled.

Regulated waste that has been decontaminated does not need to be labeled or color-coded.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

6.2 Information and Training

All employees needing this training shall participate in a training program at no cost to employees and during working hours. Supervisors are responsible for training employees, making arrangements for the training, and ensuring that employees participate in the training. EHS shall provide "train-the-trainer" sessions for supervisors or their designees who will be responsible for administering this program to employees. Online BBP training is also available on online safety training program and all employees has an access of it.

Training shall be provided at the time of initial assignment and at least annually thereafter. Copies of training documentation shall be forwarded to EHS when completed. Documentation shall include a brief description of training content and a list of attending employees. Supervisor shall incorporate some measure of assuring training effectiveness into the training such as the administration of an exam or a performance review. The training material shall be appropriate in content and vocabulary to educational level, literacy, and language of employees to be trained.

The training program shall contain;

- An accessible copy of BBP Exposure Control Plan as well as OSHA 29 CFR 1910.1030 standard and an explanation of their contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- 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,

Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training. New employees must be trained before being assigned any work involving exposure to bloodborne pathogens.

Supervisors shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposure created.

The person conducting the training shall have successfully completed a "train-the-trainer" course and be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.

7.0 RECORD KEEPING

7.1 Medical

All medical records relevant to this program shall be kept in the employees permanent personnel file for a period of not less than 30 years. This includes the name and social security number of the employee, the vaccination consent, immunization records (the dates of all the hepatitis B vaccinations), any medical records relative to the employee's ability to receive vaccination, copy of all results of examinations, medical testing, and follow-up procedures incident reports, and copy of the healthcare professional's written opinion and information provided to the healthcare professional. It is the supervisor's responsibility to assure these reports are completed and forwarded to appropriate campus personnel.

Employee medical records shall be kept confidential; and not disclosed or reported without the employee's written consent to any person within or outside the workplace except required by law.

7.2 Training

Copies of training documentation shall be forwarded to the Environmental Health and Safety Office. EHS shall evaluate the frequency and completeness of training and will notify trainers and employees when training is to be repeated. Supervisors are responsible for maintaining training records for their employees. Training records shall 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; and

the names and job titles of all persons attending the training sessions. Training records shall be maintained for 3 years from the date on which the training occurred.

7.3 Sharps Injury Log

A sharps injury log shall be established and maintained for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum; the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred.

8.0 STUDENT POLICY

Students who are not employees are not covered by the Bloodborne Pathogens Rule. However, faculty shall not allow a student to engage in a hazardous activity without first communicating the pertinent aspects of this standard or other relevant standards. Faculty should document such communication and forward a copy to EHS.

Department administrators must identify those courses that involve any reasonably anticipated exposure of students to blood or OPIM.

Students who will be using blood or OPIM in their academic coursework must be informed of the epidemiology and transmissivity of HIV and HBV, and trained in the safe work practices, including use of PPE, that will reduce their likelihood of becoming exposed. This training must take place prior to any procedures where blood or OPIM is used. Faculty/staff supervising these laboratories are responsible for the training.

Students must be trained and required to use appropriate PPE for any course activity involving blood or OPIM. Faculty/staff supervising students must ensure that safe work practices are followed.

Students who have reasonably anticipated exposure to blood or OPIM must be provided with information about the Hepatitis B vaccination before they are permitted to participate in courses where exposure may occur. The campus will not cover the cost of student immunization. Students in programs where occupational exposure to blood is likely should obtain the Hepatitis B vaccination series as a condition for enrolling in the program.

Students must be made aware of post-exposure follow up procedure as part of their training on bloodborne pathogens. Post-exposure follow up should be initiated by the faculty/staff supervisor and can be provided by the Student Health Service. Costs for post-exposure follow up are the responsibility of the student but should usually be covered under student health insurance. For curricula that involve an off-site internship or clinical experience with an affiliate health care institution, the procedure and responsibility for post-exposure follow up should be clearly described in the affiliation agreement.

9.0 VOLUNTEER POLICY

Volunteers are not covered by the BBP Rule. It is campus policy that volunteers will not be asked to perform first aid duties as part of their volunteer activity. Volunteers and bystanders who provide first aid or CPR do so as "Good Samaritans." The campus does not cover the cost of exposure follow up for Good Samaritans. It is recommended that volunteers consider their options for exposure follow up before considering administering first aid/CPR. Department supervisors are responsible for informing volunteers in their area of this campus policy at the time they are recruited.

APPENDIX A
Employee Exposure Determination

DEPARTMENT	CLASS	TASK
Facilities (CWES, Treehaven, NADF)	Custodian	Cleaning of restrooms, locker rooms, labs, residence halls, etc.
	Maintenance	Maintenance of restrooms, locker rooms, labs, residence halls etc.
	Student Help	Assist with facilities functions as instructed
Biology	Physiology Lab Assistant	Set up, clean up, tear down of blood & urine labs
	Lab Tech IV	Sterilization of biohazards
		Supervision of blood lab setup
	Lecturer-Physiology	Teach blood and urine lab
	Professor of Biology	Blood lab
	Teaching Assistants	Blood lab
	Student Help	Sterilization of biohazards
Residence Halls	Custodian	Cleaning of restrooms, locker rooms, labs, residence halls, etc.
	Maintenance	Maintenance of restrooms, locker rooms, labs, residence halls etc.
	Residence Life Assoc Director	First Aid, cleanup of incidents in residence halls
	Residence Life Coordinator II	First Aid, cleanup of incidents in residence halls
	Residence Life Director	First Aid, cleanup of incidents in residence halls
Child Care	Child Care Director	Childcare
	Child Care Teachers	Childcare
Environmental Health & Safety	Officer and Specialist	Investigates BBP incidents
Fine Arts	Professor	Theater & Dance - performer injuries
Health Services	Physician	Patient Care
	Nurse Practitioner	Patient Care
	Physician Asst.	Patient Care
	LPN	Patient care
	Lab Manager	Patient Care
	Medical Technologist	Patient care
Health, Phys Ed, Rec, Athletics) (HPERA)	Athletic Trainer/Student employee	Emergency first aid
	Equipment specialist	Equipment handling and laundry
	Exercise Physiologist	Classroom lab
	Faculty	Human dissection
	Student Help	Equipment handling and laundry
	Lifeguard	First aid
Medical Technology	Faculty/Academic Staff	Clinical laboratory
	Student Help	
Protective Services	Security Officer	Medical escorts, incident response, first aid
	Responders	

APPENDIX B
Hepatitis B Consent/Declination Statement Form

The following statement of declination of Hepatitis B vaccination must be signed by any employee who chooses not to accept the vaccine. The statement can only be signed by the employee who has received information regarding HBV, the Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that **the vaccine and vaccination are provided free of charge to the employee**. The statement is not a waiver; employees can request and receive the Hepatitis B vaccination later if they remain occupationally at risk for HBV.

Hepatitis B is a serious liver infection caused by HBV. For some people, HBV infection becomes chronic, meaning it lasts more than six months. Most people infected with Hepatitis B as adults recover fully, even if their signs and symptoms are severe. Infants and children are more likely to develop a chronic HBV infection. A vaccine can prevent hepatitis B, but there is no cure if you have it. HBV is a very hardy virus and can survive in dried blood on a surface for up to seven days.

Hepatitis B can spread from mother to child at birth or soon after, through sexual contact, contaminated blood transfusions, needles, or exposure to HBV containing infectious materials through an open sore. Having a chronic HBV infection can lead to serious complications, such as:

- **Scarring of the liver (cirrhosis).** The inflammation associated with a HBV infection can lead to extensive liver scarring (cirrhosis), which may impair the liver's ability to function.
- **Liver cancer.** People with chronic HBV infection have an increased risk of liver cancer.
- **Liver failure.** Acute liver failure is a condition in which the vital functions of the liver shut down. When that occurs, a liver transplant is necessary to sustain life.
- **Other conditions.** People with chronic Hepatitis B may have kidney disease, inflammation of blood vessels or anemia.

Hepatitis B vaccine is an injectable vaccine that prevents HBV. In healthy people routine immunization results in more than 95% of people being protected. The Hepatitis B vaccine is a three-four shot series over a six-month period. The vaccine is given by injection into a muscle.

Additional doses may be needed in people with poor immune function but are not necessary for most people. In those who have been exposed to HBV but not immunized, HBV immune globulin should be given in addition to the vaccine. Serious side effects from the Hepatitis B vaccine are very uncommon. Pain may occur at the site of injection. It is safe for use during pregnancy or while breastfeeding.

PLEASE CHECK ONE:

_____ I have previously completed the Hepatitis B Series of vaccinations.

_____ I wish to receive the Hepatitis B vaccine.

_____ I decline to receive the Hepatitis B vaccine. Please read, sign and date the declination statement page in addition to this Hepatitis B Consent/Declination Statement.

Employee Name: _____

Employee Signature: _____ Date: _____

***Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Employee Signature: _____ Date: _____

*Taken from: Bloodborne Pathogens and Acute Care Facilities. OSHA Publication 3128.

APPENDIX C
Employee Immunization Record Form



Important Information and Instruction for
Obtaining the Hepatitis B Vaccination Series

The Hepatitis B vaccine series is typically 3 shots given over a 6-month period.

NOTICE: If you are unsure if you have been vaccinated against Hepatitis B, please call the Portage County Health and Human Services-Department of Public Health(PCHHS-DPH) at 715-345-5350 to obtain a copy of your record.

STEP 1: Prior to going to the walk-in clinic, please call 715-345-5350 and ask the publichealth nurse if there is adult Hepatitis B vaccine on hand.

STEP 2: Make sure that the front desk at the PCHHS-DPH knows to send the invoice to...

The University of Wisconsin-Stevens Point
Payment Services
2100 Main Street, Room 041
Stevens Point, WI 54481-3897

STEP 3: The PCHHS-DPH walk-in immunization clinic is located at...

817 Whiting Ave, Stevens Point
Hours of Operation: Call to confirm hours of operation

STEP 4: Be sure to use the UWSP form provided on the next page to record your doses. Give this form to your supervisor after each dose so that they can forward the record to the Human Resources Department - EHS Office.



University of Wisconsin-Stevens Point
Hepatitis B Immunization Record For:

Employee: _____

Department: _____ Job Title: _____

INITIAL DOSE of _____

Date: _____ Vaccinator: _____

Healthcare Provider: _____

(30 days after initial)

SECOND DOSE of _____

Date: _____ Vaccinator: _____

Healthcare Provider: _____

(6 months after initial)

SECOND DOSE of _____

Date: _____ Vaccinator: _____

Healthcare Provider: _____

TITER RESULTS:

(Date Drawn) : (Administered by) (Provider) : (Result)

(Date Drawn) : (Administered by) (Provider) : (Result)

APPENDIX D
Procedures for Bloodborne Pathogen Exposure

**Post-Exposure Incident Instructions for Employees, Supervisors,
and Human Resources**

EMPLOYEES

Any employee who believes they have been exposed to bloodborne pathogens while on the job should follow the procedures:

1. Clean the wound thoroughly with soap and water.
2. If a mucous membrane (eyes, nose or mouth): irrigate the affected area immediately with copious amounts of water or normal saline.
3. Report the incident to the supervisor or person in charge.
4. Immediately seek medical treatment.
5. Complete the **Employees Work Injury or Disease Form**.
6. If the employee refuses a post-exposure medical evaluation by a health care professional, please complete the Refusal of Post-Exposure Medical Evaluation Form.

Please bring the following information/documents with you to the clinic/hospital and give them to the treating health care professional:

1. A description of the employee's duties as they relate to the exposure incident;
2. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
3. Results of the source individual's blood testing, if available, and
4. All relevant medical records including vaccination status.

SUPERVISORS

1. The supervisor or person in charge will release the employee from their duties immediately to seek post-exposure care.
2. The supervisor or person in charge will fill out the **Employer's First Report of Injury or Disease Form** and notify human resources within 24 hours.
3. The supervisor or person in charge will inform Human Resources of the source individual if known.

HUMAN RESOURCES

1. Human Resources will contact the source individual and inform the source individual of the incident.
2. Human Resources will get consent (or refusal) from the source individual to conduct communicable disease screening and advise them to be tested for evidence of bloodborne virus infection.

APPENDIX E

Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogen Exposure Form

**(To be completed by the exposed employee if he/she
refuses post-exposure medical evaluation by a health care professional)**

Exposed Individual Information

Name: _____

Department: _____

Exposure Date: _____

Telephone Number: _____

Statement of Understanding

I have been fully trained in UW- Stevens Point's Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature: _____

Date: _____

Please keep a copy of this form for your records. Send a copy of this form to UW-Stevens Point Human Resources. This form shall be kept on file for the length of your employment plus 30 years.

APPENDIX F

Occupational Exposure to Blood or Blood Products Definition

A note about what constitutes occupational exposure:

OSHA defines exposure to bloodborne pathogens as contact with the eyes, mucous membrane or through the skin with blood or other infectious materials. It does not refer to frequent cuts or abrasions as a result of your work. Exposure in these work areas would not take place unless the objects which cause the cuts were previously contaminated or perhaps through the administration of first aid. Where cuts and scrapes occur frequently, staff must be trained on how to properly decontaminate the surfaces or objects that caused the cuts to eliminate the potential for future exposure (this would not apply to disposable items). Often, wiping down the surface with a 10% bleach solution will suffice. Therefore, staff who work in occupations in which cuts are frequent would not be offered the HBV vaccination due to "occupational exposure". However, if exposure did occur through contact with a contaminated object or other means on the job, appropriate medical follow-up will be provided as indicated in this policy.

From: [1910.1030\(b\)](#)

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

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