

**UNIVERSITY OF ALASKA FAIRBANKS
SAFETY SYSTEM POLICY AND PROCEDURE**

DOCUMENT NUMBER: 509
ISSUE DATE: SEPTEMBER 1996
SUBJECT: Bloodborne Pathogens Policy

BLOODBORNE PATHOGENS POLICY

PURPOSE: To reduce the risk of occupational exposure to Bloodborne pathogens, and/or other potentially infectious materials, in compliance with federal and state regulations.

OBJECTIVE: To provide a safe work environment to all employees in compliance with both state (Alaska's Bloodborne Pathogens Standard, Subchapter 17, of 8AAC61, dated July 2, 1992 and its appendices), and federal regulations.

SCOPE: All employees and students, who could, as a result of performing their job duties, come into contact to Bloodborne pathogens and/or other potentially infectious materials.

• **I. INTRODUCTION**

In 1991, the U.S. Occupational Safety and Health Administration (OSHA) proposed regulation to protect employees against health hazards from exposure to blood and body fluids. Two diseases were of primary concern: Acquired Immunodeficiency Syndrome (AIDS), caused by the HIV, and Hepatitis B. OSHA's Federal Bloodborne Pathogens Standards (BBPS) became effective March 6, 1992, with Alaska following in December 1992. The aim of this policy is to reduce the risk of occupational exposure to Bloodborne diseases.

II. DEFINITIONS

Bloodborne Pathogens: Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Other potentially infectious materials include the following human body fluids: semen, vaginal fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.

Occupational Exposure: Actual, or potential, parental, skin, eye, or mucous membrane contact with blood; or other potentially infectious materials that may result from the performance of an employee's duties.

Universal Blood and Body Fluid Precautions: An approach to infection control (according to the concept of universal precautions). All human blood and other body fluids are treated as if infectious, for HIV, and other Bloodborne pathogens. These body fluids include semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

III. RESPONSIBILITIES

Under the BBPS, UAF departments with a potential for occupational exposures, are required to develop a written exposure control plan designed to minimize or eliminate occupational exposure. This plan should contain the following:

- General management and responsibilities
- Exposure determination
- Methods of compliance
- Communication of hazards
- Post-exposure evaluation/vaccination program
- Annual training and review
- Recordkeeping
- Federal Register of OSHA, Bloodborne Pathogen statement

IV. PROCEDURES

A. Exposure Control Plan

UAF departments with potential for occupational exposure to BBP's are to identify, in writing, tasks and procedures, as well as, job classifications where such exposures may occur without regard to the use of personal protective clothing and equipment.

Departments must also set forth the schedule for implementing other provisions of this policy and specify the procedure for evaluating circumstances surrounding exposure incidents. The procedure must be accessible to employees and available for annual review. Updates are to be performed as necessary when departmental changes occur.

B. Methods of Compliance

UAF departments, to prevent and control exposure to blood or other potentially infectious materials, must observe several precautions and control strategies. Most importantly, universal precautions (treating ALL blood and body fluids as infectious) must be utilized to prevent contact with blood, or other potentially infectious materials. Other strategies include:

Engineering controls (i.e., puncture resistant disposal containers for contaminated sharp instruments, resuscitation bags, and ventilation devices.)

Work practice controls (i.e., hand washing, immediately after removing gloves; restricting eating and drinking; applying cosmetics or lip balm; handling contact lenses; prohibiting mouth pipeting; preventing the storage of food or drink in refrigerators, or other locations where blood, or other BBP's, are kept; decontaminating equipment, or labeling it as contaminated, before shipping to disposal facilities; no recapping, shearing, or breaking of contaminated needles).

Personal protective equipment designed to prevent blood, or other BBP's, from passing through worker's clothing, skin, or mucous membranes. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields, masks, and/or eye protection.

Housekeeping procedures to decrease the opportunity for exposure to blood and/or other BBP's. These include a schedule for cleaning and decontaminating all contaminated equipment, surfaces, and waste receptacles; handling and discarding broken glass, and contaminated sharps; regulated wastes; and handling and labeling contaminated laundry.

Strict labeling procedures are required in order that workers recognize contaminated, or potentially infectious material. The standard requires that fluorescent orange, or orange-red, warning labels be attached to containers of regulated waste; to refrigerators and freezers containing blood and other BBP's; and to other containers used to store, transport, or ship blood, or other BBP's. These labels are not required when red bags are used. Biohazardous waste, that has been decontaminated, must be re-labeled as decontaminated. Signs must be used to identify restricted areas, where the potential for occupational exposure exists.

C. Hepatitis B Vaccination

Through the UAF EHS&RM department, and a medical contractor, the Hepatitis B vaccine will be provided at no cost to the employee. This vaccination is available to all employees identified with the potential for occupational exposure to BBP's, within ten working days of their assignment. Subsequent doses are to be administered according to current CDC recommendations.

UAF employees, who refuse the vaccination, must sign a declination form. They may, however, opt at a later date to receive the vaccination. Booster doses will be made available through this plan if warranted.

Other employees who are not routinely exposed to BBP's, such as custodians and non-emergency first aid responders, will be provided with medical evaluations and treatment, if warranted, after investigation, and within ten days of a BBP exposure incident

D. Post Exposure Evaluation and Follow-up (Appendix A)

In the event of a BBP exposure, the employee must notify his/her supervisor and complete the appropriate report form designated by their department. EHS&RM will arrange for medical evaluation and treatment, as needed, through a medical contractor. The evaluation includes: confidential medical evaluation documenting the circumstances of exposure; identifying and testing the source individual, if feasible (at department expense); testing the exposed employee's blood, if he/she consents; post exposure prophylaxis; or counseling and evaluation of reported illnesses.

The medical contractor must be provided information, by the department, to facilitate the evaluation. This information will consist of:

- A copy of the OSHA Bloodborne pathogen regulation;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- Vaccination status and/or any other medical records relevant to appropriate treatment.

After medical evaluation of the incident and possible treatment, the medical contractor will then provide a written opinion to the employee within 15 days of the completion of the evaluation. This shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. The written opinion for post-exposure evaluation and follow-up shall be limited to informing the employee of the results of the evaluation and any further treatment or evaluation that is recommended. All diagnosis will remain confidential unless a Workers' Compensation claim is being filed by the employee.

The cost associated with the employee exposure will be paid by University of Alaska. Costs associated with student exposures, who are not employees, will be paid by the affected department, or the student's health insurance.

E. Biohazard Waste Management

UAF departments must use universal precautions (treating all body fluids/materials as if infectious), which emphasizes engineering and work practice controls. These precautions should stress hand washing and ensure that employees use provided facilities to do so after exposure to BBP's. Procedures should be developed to:

- Minimize needle sticks.
- Minimize splashing and spraying of blood.
- Ensure appropriate packaging of specimens and biohazardous wastes.
- Decontaminate equipment, or label it as contaminated, before shipping to disposal facilities.

UAF departments must provide, and require use of, personal protective equipment, at no

cost to the employee; such as gloves, gowns, masks, mouthpieces, and resuscitation bags; and must clean, repair, and replace these when necessary.

Affected UAF departments must develop a written procedure to include:

Equipment cleaning schedules.

Methods of decontamination to be used following contact with BBP's.

Methods for disposing of contaminated sharps.

Standards for containers, and labels; for contaminated items and other wastes.

Provisions for handling contaminated laundry; to minimize exposures.

V. INFORMATION AND TRAINING

The EHS&RM department will provide training for all employees with potential exposure to Bloodborne pathogens and/or other infectious materials.

UAF EHS&RM, or individual departments, must provide the appropriate refresher training and information to employees annually thereafter. In addition, employees must be retrained if conditions change. Information and training must include:

An explanation of, and accessibility to, the regulations.

A general discussion on Bloodborne diseases and their transmission.

An explanation of the department's written exposure control plan.

Provisions that have been made for engineering and work practice controls.

Use of personal protective equipment, and personal hygiene practices.

Availability of Hepatitis B vaccination, post exposure , and follow- up programs.

Methods to respond to BBP emergencies and incidents.

During training, there must be opportunities for questions and answers and the trainer must be knowledgeable in the subject matter. Laboratory workers who routinely work with BBP's must receive additional specialized training. The UAF EHS&RM Department maintains training video packages to assist departments with their training needs.

VI. RECORDKEEPING

The EHS&RM department will maintain the employee's confidential medical records for the duration of their employment plus thirty years. Departments are responsible for notifying EHS&RM department when an employee is terminated. These medical records will be made available to the employee, and the Alaska Department of Labor upon 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.

Departments will maintain training records for at least three years. The training records will contain:

Dates of training
Contents of training program
Trainer's name and qualifications
Names and job titles of attendees

VI. NON-UNIVERSITY EMPLOYEES

Non-university employees include visitors, contractors, and vendors. These individuals, at the very least, must be given basic hazard awareness training; and, in some cases, must be provided with direct supervision by a trained university employee. Departments are not responsible for providing extensive training, or other provisions of this policy, to non-university employees.