Bloodborne Pathogen Procedures

I. Purpose

1.1 The purpose of this program is to establish an Exposure Control Plan for Bloodborne Pathogens and Other Potentially Infectious Materials in accordance with OSHA Title 29 CFR 1910.1030. These procedures apply to all occupational exposure to blood or other potentially infectious materials as defined by section III.

II. Authority

2.1 The Utah Code and the Utah Board of Higher Education delegates to the President of the University “the necessary and proper exercise of powers and authority not specifically denied to the institution” by the Utah Board of Higher Education or law “to assure the effective and efficient administration and operation of the institution” (Utah Code §53B-2-106).

III. Scope

3.1 This section applies to all occupational exposure to blood or other potentially infectious materials as defined by section III.

IV. Definitions

4.1 For purpose of this section, the following shall apply:

4.1.1 Blood: means human blood, human components, and products made from human blood.

4.1.2 Bloodborne Pathogens: means 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 (HBV) and human immunodeficiency virus (HIV).

4.1.3 Clinical Laboratory: means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

4.1.4 Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

4.1.5 Contaminated Laundry: means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
4.1.6 **Contaminated Sharps**: means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

4.1.7 **Decontamination**: means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item 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.

4.1.8 **Engineering Controls**: means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

4.1.9 **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.

4.1.10 **Handwashing Facilities**: means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

4.1.11 **Other Potentially Infectious Materials (OPIM)**: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids: Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

4.1.12 **Parenteral**: means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

4.1.13 **Personal Protective Equipment (PPE)**: is specialized clothing or equipment 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 to be personal protective equipment.

4.1.14 **Regulated waste**: means liquid or 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 wastes containing blood or other potentially infectious materials.

4.1.15 **Sharps:** with engineered sharps injury protections means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

4.1.16 **Source Individual:** means 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.

4.1.17 **Sterilize:** means the use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

4.1.18 **Standard Precautions:** is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

4.1.19 **Work Practice Controls:** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

V. **Exposure Control Plan**

5.1 **Exposure Determination**

5.1.1 Utah Tech University has several programs and job classification where occupational exposure for faculty, staff, and students is possible to include:

5.1.1.1 University college programs, athletics and services.

5.1.1.2 Any university job classification such as physician, surgeon, dentist, intern, X-ray or laboratory technician, pharmacist, nurse, nurse’s aide, psychiatrist or psychologist, dental hygienist or assistant, EMT, nutritionist, audiologist, speech pathologist, nurse practitioner, social worker, physical therapist, occupational
therapist, nurse midwife, physician's assistant, licensed practical nurse, and any other medical practitioner required to be licensed in the State of Utah, and any student engaged in providing services to members of the public in the course of an approved medical, nursing, or other professional health care clinical training program. Including clinical, laboratory, program and department support such as with in Facilities Management, Public Safety, Risk Management, Environmental Health and Safety.

5.1.2 Tasks where occupational exposure occurs include:

5.1.2.1 Handling human blood, components, or products.

5.1.2.2 Handling human-derived materials that may be contaminated with blood.

5.1.2.3 Handling unfixed human organs or tissues.

5.1.2.4 Culturing primary human cell or cultures known or not known to contain HIV, HBV, or HCV.

5.1.2.5 Culturing established human cell lines.

5.1.2.6 Handling OPIM (e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, unfixed human tissue or organs, animals and tissues of animals known to be infected with HIV, HBV, or HCV, and all other body fluids in situations where it is difficult or impossible to differentiate between body fluids).

5.1.2.7 Cleaning up spills of blood or body fluids from unknown sources. For some jobs and activities, which include but are not limited to custodians, athletic trainers, housing staff, etc., the most likely exposure to blood or OPIM will arise from cleaning spilled blood or body fluids. Clean up procedures specific to these activities are described in 5.2.4.

5.1.2.8 Bloodborne Pathogens Exposure

5.2 Methods of Compliance

5.2.1 General

5.2.1.1 Standard Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered
potentially infectious materials.

5.2.2 Engineering and Work Practice Controls

5.2.2.1 Engineering and work practice controls shall be used to isolate, minimize, remove or eliminate employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

5.2.2.2 Engineering controls shall be examined and maintained or replaced annually to ensure their effectiveness.

5.2.2.3 Utah Tech University shall provide handwashing facilities which are readily accessible to faculty, staff, and students.

5.2.2.4 When hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

5.2.2.5 Faculty, Staff, and Students shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

5.2.2.6 Faculty, Staff, and Students shall wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

5.2.2.7 Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs 5.2.2.8 and 5.2.2.9 below. Shearing or breaking of needles is prohibited.

5.2.2.8 Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless Utah Tech University can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

5.2.2.9 Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. These containers shall be:

5.2.2.9.1 Puncture Resistant.

5.2.2.9.2 Labeled or color-coded in accordance with this standard.
5.2.2.9.3 Leakproof on the sides and bottom.

5.2.2.9.4 In accordance with the requirements set forth in paragraph 5.2.4.6 for reusable sharps.

5.2.2.10 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

5.2.2.11 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

5.2.2.12 All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5.2.2.13 Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

5.2.2.14 The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph 5.2.2.9 and closed prior to being stored, transported, or shipped. When a facility utilizes Standard Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph 5.2.2.9 is required when such specimens leave the facility.

5.2.2.15 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 is labeled or color-coded according to the requirements of this standard.

5.2.2.16 If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

5.2.2.17 Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of
such equipment or portions of such equipment is not feasible.

5.2.2.18 A readily observable label in accordance with paragraph 5.2.2.9 shall be attached to the equipment stating which portions remain contaminated.

5.2.2.19 The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

5.2.3 Personal Protective Equipment

5.2.3.1 Provision. When there is occupational exposure, the employer shall provide, the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

5.2.3.2 Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

5.2.3.3 Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to faculty, staff, and students. 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.

5.2.3.4 Cleaning, Laundering, and Disposal. The employer shall clean,
launder, and dispose of personal protective equipment required by paragraph 5.2 of this standard, at no cost to the employee.

5.2.3.5 Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, for the employee or student.

5.2.3.6 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

5.2.3.7 All personal protective equipment shall be removed prior to leaving the work area.

5.2.3.8 When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

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

5.2.3.10 Disposable (single) use gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

5.2.3.11 Masks, Eye Protection, and Face Shields. 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, spatter, or contamination can be reasonably anticipated.

5.2.3.12 Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

5.2.4 Work Practices –

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

5.2.4.2 All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

5.2.4.3 Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

5.2.4.4 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

5.2.4.5 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 a brush and dust pan, tongs, or forceps.

5.2.4.6 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.

5.2.5 Biological Spill Kits

5.2.5.1 Biological spill kits should be available wherever blood or OPIM are used or stored: The contents of the biological spill kits should include:

5.2.5.1.1 Bleach or other EPC-registered disinfectant. Non-diluted bleach should be replaced 6-months after purchase

5.2.5.1.2 Biohazard bag

5.2.5.1.3 Disposable lab coat

5.2.5.1.4 Disposable shoe covers

5.2.5.1.5 Hand sanitizing wipes
5.2.5.1.6 Nitrile gloves (4 pair/multiple sizes)
5.2.5.1.7 Mini brush and dustpan (or something to scoop spilled materials)
5.2.5.1.8 Paper towels or other absorbent material
5.2.5.1.9 Safety glasses or goggles
5.2.5.1.10 Face mask or shield (safety glasses or goggles must still be worn)
5.2.5.1.11 Tong or forceps to pick up broken glass
5.2.5.1.12 Spray bottle (to make fresh bleach solution)
5.2.5.1.13 Rigid, leak-proof container for sharps
5.2.5.1.14 “Biohazard Spill” and/or “Do Not Enter” sign

5.2.5.2 Spills

5.2.5.2.1 Spills of blood or OPIM must be cleaned up immediately by personnel trained in the hazards associated with bloodborne pathogens (and be familiar with this plan) using the following procedures:

5.2.5.2.1.1 Spill clean-up procedures should be posted in a location that is easily accessible prior to beginning work
5.2.5.2.1.2 Inform personnel in the area and evacuate: wait 30 minutes for aerosols to settle. Post signs prohibiting unauthorized entry
5.2.5.2.1.3 Wear proper PPE, including lab coat, two pairs of gloves, shoe covers, and eye protection: other specialized clothing, such as disposable Tyvek™ suits, sleeve covers, N95 respirators may be required depending on the nature of the work
5.2.5.2.1.4 If possible, isolate the spill and cover it with towels or absorbent pads
5.2.5.2.1.5 Pour freshly prepared 1:10 solution of Clorox bleach and water (1-part bleach to 9 parts water: approximately 0.5% sodium hypochlorite) or other EPA-registered disinfectant on the spill, working
inward toward the center of the spill and let it stand for 20 minutes. This allows the disinfectant time to kill the organisms present

5.2.5.2.1.6 Use mechanical means such as tongs or a scoop to pick up broken glassware or sharps, and dispose them in a sharp’s container. Sharps must never be handled with bare hands

5.2.5.2.1.7 Remove the towels and spray the area with disinfectant: allow to air dry. To remove disinfectant residue rinse with water or a mild soap solution

5.2.5.2.1.8 Clean non-disposable tools with an appropriate disinfectant.

5.2.5.2.1.9 Dispose of disposable waste products in the biohazard waste containers

5.2.5.2.1.10 Wash hands and wrists with soap and water. Inform colleagues that it is safe to enter the facility. Detailed Spill Clean Up Procedure Templates are listed in Appendix A. These should be adapted and posted in the laboratory.

5.2.6 Regulated Waste –

5.2.6.1 Contaminated Sharps Discarding and Containment.

5.2.6.2 Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

5.2.6.2.1 Closable

5.2.6.2.2 Puncture Resistant

5.2.6.2.3 Leakproof on sides and bottom

5.2.6.2.4 Labeled or color-coded in accordance with paragraph 5.2.2.9 of this standard.

5.2.6.3 During use, containers for contaminated sharps shall be:

5.2.6.3.1 Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

5.2.6.3.2 Maintained upright throughout use
5.2.6.3.3 Replaced routinely and not be allowed to overfill.

5.2.6.4 When moving containers of contaminated sharps from the area of use, the containers shall be:

5.2.6.4.1 Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

5.2.6.5 Placed in a secondary container if leakage is possible. The second container shall be:

5.2.6.5.1 Closeable

5.2.6.5.2 Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

5.2.6.5.3 Labeled or color-coded according to paragraph 5.2.2.9 of this standard.

5.2.6.6 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

5.2.7 Other Regulated Waste Containment –

5.2.7.1 Regulated waste shall be placed in containers which are:

5.2.7.1.1 Closable

5.2.7.1.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

5.2.7.1.3 Labeled or color-coded according to paragraph 5.2.2.9 of this standard.

5.2.7.1.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

5.2.7.2 If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

5.2.7.2.1 Closable.

5.2.7.2.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
5.2.7.2.3 Labeled or color-coded according to paragraph 5.2.2.9 of this standard.

5.2.7.2.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

5.2.7.3 Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

5.2.8 Laundry.

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

5.2.8.2 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.

5.2.8.3 Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph 4.2.9.1 of this standard. When a facility utilizes Standard Precautions 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 Standard Precautions.

5.2.8.4 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of 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.

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

5.2.8.6 When a facility ships contaminated laundry off-site to a second facility which does not utilize Standard Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph 4.2.9.1 of this standard.

5.2.9 Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
5.2.10 Communication of Hazards to Employees –

5.2.10.1 Labels and Signs –

5.2.10.1.1 Labels.

5.2.10.1.2 Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials except as provided in paragraph 5.2.10.1.6 and 5.2.10.1.7. Including applicable Global Harmonizing Standard (GHS) pictograms.

5.2.10.1.3 Labels required by this section shall include the following legend:

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

5.2.10.1.5 Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5.2.10.1.6 Red bags or red containers may be substituted for labels.

5.2.10.1.7 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.

5.2.10.1.8 Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

5.2.10.1.9 Regulated waste that has been decontaminated need not be labeled or color-coded.
VI. Bloodborne Pathogen Post-Exposure Procedure

6.1.1 Utah Tech University (UT) requires that the exposed faculty, staff, and student obtain a confidential medical evaluation within two (2) hours.

6.1.1.1 Exposures include:

6.1.1.1.1 Direct skin, eye or mucosal membrane exposure to blood or OPIM, such as tissue culture media or cells, bodily fluids from humans or infected animals.

6.1.1.1.2 Parenteral inoculation by a syringe needle or other contaminated sharp (needlestick),

6.1.1.1.3 Ingestion of liquid suspension of an infected material or by contaminated hand to mouth exposure, or

6.1.1.1.4 Inhalation of infectious aerosols.

In the event of an exposure, follow these steps immediately:

6.1.1.1.5 Remove exposed PPE taking care to avoid contact of unexposed areas to infectious agents on the PPE

6.1.1.1.6 Inform others in area about any biohazardous materials out of containment to prevent further exposure. If possible, contain with absorbent pads, decontaminate with bleach, and/or seal off the site, as described above. ALL exposed individuals must leave the area.

6.1.1.1.7 Immediately wash affected areas with soap and water, or if exposure to eyes or mucous membranes occurred, immediately flush affected area with water for 10-15 minutes

6.1.1.1.8 For serious/life threatening exposures or chemical burns, call 911.

6.1.1.1.9 After washing, notify a supervisor, faculty, or staff member and inform the Office of Fire & Life Safety if they are immediately available. If not, seek medical attention first and then file an Incident/Injury/Hazards Report notifying of the exposure.

6.1.1.1.10 Call 911 immediately if the injury is life-threatening.

Employees go immediately to the IHC WorkMed Monday – Friday 8:00 to 5:00 located at 385 North 3050 East in St George, Utah. If injured outside operating hours for IHC
WorkMed, between hours of 8:00 a.m. and 8:00 p.m. go to River Road InstaCare, 577 River Road in St George, Utah.

6.1.1.11 Call 911 immediately if the injury is life-threatening. Between the hours of 8:00 a.m. and 8:00 p.m., students can go to River Road InstaCare, 577 River Road in St George, Utah.

6.1.2 Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up

6.1.2.1 The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

6.1.2.1.1 Made available at no cost to the employee

6.1.2.1.2 Made available to the employee at a reasonable time and place

6.1.2.1.3 Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional

6.1.2.1.4 Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by section VI in this standard.

6.1.2.1.5 The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

6.1.2.2 Hepatitis B Vaccination.

6.1.2.2.1 Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph IV of this standard and 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.

6.1.2.2.2 The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
6.1.2.2.3 If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

6.1.2.2.4 The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in the appendix.

6.1.2.2.5 If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section VI of this standard.

6.1.2.2.6 Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements.

6.1.2.2.6.1 Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred

6.1.2.2.6.2 Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law

6.1.2.2.6.3 The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that 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.

6.1.2.2.6.4 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.

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

6.1.2.2.6.6 Collection and testing of blood for HBV and HIV serological status

6.1.2.2.6.7 The exposed employee’s blood shall be collected as soon as feasible and tested after consent is obtained.

6.1.2.2.6.8 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.

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

6.1.2.2.6.10 Counseling (Booth Wellness Center)

6.1.2.2.6.11 Evaluation of reported illnesses

6.1.2.2.7 Information Provided to the Healthcare Professional

6.1.2.2.7.1 The employer shall ensure that the healthcare professional responsible for the employee’s Hepatitis B vaccination is provided a copy of this regulation

6.1.2.2.7.2 The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

6.1.2.2.7.2.1 A copy of this regulation

6.1.2.2.7.2.2 description of the exposed employee’s duties as they relate to the exposure incident

6.1.2.2.7.2.3 Documentation of the route(s) of exposure and circumstances under which exposure occurred

6.1.2.2.7.2.4 Results of the source individual’s blood
testing, if available

6.1.2.2.7.2.5 All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer’s responsibility to maintain.

6.1.2.2.8 Healthcare Profession’s Written Opinion. The employer 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.

6.1.2.2.8.1 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.

6.1.2.2.8.2 The healthcare professional’s written opinion for post-exposure evaluation and follow-up shall be limited to the following information

6.1.2.2.8.2.1 That the employee has been informed of the results of the evaluation

6.1.2.2.8.2.2 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.

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

6.2 Exposures at Off-Campus Healthcare Facilities

6.2.1 Follow the Injury Instructions for Individuals who are not employees of the off-campus healthcare facility.

6.2.2 Inform the University supervisor or clinical instructor of exposure. It is the responsibility of the instructor or supervisor to ensure the following steps are followed.

6.2.3 Cleanse the needlestick/blood/body fluid exposure area thoroughly with soap and water. Follow facility policy for eye irrigation.

6.2.4 Inform your UT supervisor or clinical instructor of exposure. It is the responsibility of the instructor or supervisor to ensure the following steps
are followed.

6.2.5 Complete the UT Occupational Exposure Incident form. If the exposure happens Monday through Friday, 9 AM to 5 PM, take the form and present to Intermountain WorkMed, 385 North 3050 East, St. George, 84790 for an evaluation and possible treatment. If the exposure happens at other times, take the form and present to St. George Regional Medical Center Emergency Room for an evaluation and possible treatment.

6.2.6 Do not delay seeking evaluation and treatment if required forms are not available.

6.2.7 Intermountain WorkMed or Emergency Room personnel will advise the employee or student as to recommendations for treatment utilizing guidelines such as those included in this packet. WorkMed or Emergency Room personnel will:

6.2.7.1 Determine if exposure is considered a potential exposure to blood borne pathogens.

6.2.7.2 Provide assistance and recommendations for evaluating the exposure source patient. Follow facility policy for discussing exposure and requesting consent from source patient. If the exposure source patient consents, blood testing will be done for HIV antibody, Hepatitis B surface antigen, and/or Hepatitis C antibody.

6.2.7.3 Assess exposed faculty, staff, or student.

6.2.7.4 Obtain lab test results for exposed faculty, staff, or student.

6.2.7.5 Counsel exposed faculty, staff, or student.

6.3 The faculty, staff, or student should provide copies of the UT Occupational Exposure Incident Form to their supervisor or clinical instructor who will notify the Dean of about the exposure incident. One copy of the Exposure Incident Form will be sent to UT Human Resources Office & Risk Management. One copy will be kept in the faculty, staff, or student file.

VII. Record Keeping

7.1 Medical Records

7.1.1 The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
7.1.2 This record shall include the name of the faculty, staff, or student.

7.1.3 A copy of the faculty, staff, or student’s hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the faculty, staff, or student’s ability to receive vaccination as required by paragraph 5.1.2

7.1.4 A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph V of this standard.

7.1.5 The employer’s copy of the healthcare professional’s written opinion as required by paragraph (f)(5)

7.1.6 A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D)

7.1.7 Confidentiality. The employer shall ensure that employee medical records required by paragraph 6.1 of this standard.

7.1.7.1 Kept confidential

7.1.7.2 Not disclosed or reported without the faculty, staff, or student’s express written consent to any persona within or outside the university except as required by this section or as may be required by law.

7.1.8 The employer shall maintain the records required by paragraph (h) for at least the duration of the employment plus 30 years in accordance with 29 CFR 1910.1020.

7.2 Training & Records

7.2.1 Initial and regular training needs to cover all elements of the standard and plan. Including, but not limited to; information on BBP & OPIM diseases, methods used to control exposures, hepatitis B vaccine, medical evaluation and post-exposure follow-up produces.

7.2.2 Training records shall include the following information

7.2.2.1 The dates of the training sessions

7.2.2.2 The contents or a summary of the training sessions

7.2.2.3 The names and qualifications of persons conducting the training

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

7.2.3 Availability

7.2.3.1 The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Administrative Assistant and the program Director for examination and copying.

7.2.3.2 Employee training records required by this paragraph shall be provided upon request for examination and copying to the subject employee representatives, to the program Director, and to the Administrative Assistant.

7.2.3.3 Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director to the Assistant Secretary in accordance with 29 CFR 1910.1020.

7.2.3.4 Transfer of Records. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h)

7.3 Sharps Log

7.3.1 The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharp’s injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured faculty, staff, or student. The sharps injury log shall contain, at a minimum:

7.3.1.1 The type and brand of device involved in the incident

7.3.1.2 The department or work area where the exposure incident occurred

7.3.1.3 An explanation of how the incident occurred.

7.3.2 The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR part 1904.

7.3.3 The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.
APPENDICES
Name: __________________________ Department/Program: __________________________
Address: ______________________________________________________________
City: _____________________________ State: ____________ Zip: ______________
Telephone #: ______________________ Banner ID# __________________________
I am a: UT Employee _________ UT Student _________
Date and time of injury: __________________________________________________
Basic description of job duties or activity at time of injury:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Location of incident: (be specific)
______________________________________________________________________
______________________________________________________________________
Type of protective equipment used at time of injury: ____________________________
_____________________________________________________________________
Check which of the following applies:
_____ I have never received the hepatitis vaccination.
_____ I have completed the 3-dose hepatitis B series. Year: _________
_____ I have a hepatitis B positive antibody (HBsAb) titer from lab work completed within the last two years.
_____ I have not had my antibody titer checked since completing the hepatitis B series.
_____ I am currently in the process of completing the hepatitis B series and have had One dose _____ Two doses _____
_____ I have only had part of the hepatitis B series and it was greater than one year ago.

Indicate the date of your last tetanus booster or TDaP: ________________
(If longer than 10 years since the last tetanus booster, one may be needed within 72 hours)

Please Initial and Date if and when the following is completed:
_____ I notified my UT supervisor or clinical instructor of my exposure. Date: _______
_____ I filled out UT Worker’s Compensation paperwork. Date: _____________
https://humanresources.dixie.edu/forms/workers-compensation-claim-form/
_____ I sought evaluation and treatment according to the UT Date: _____________
Bloodborne Pathogen Exposure Procedure for Employee or Student.
_____ I provided a copy of this form to my UT supervisor/instructor. Date: _______

Signature: ____________________________________ Date: ___________________
Bloodborne Pathogen Exposure Report

Name: _______________________________ Banner ID#: ______________________

Job Category:
- o Student  o Faculty  o Staff

Where did injury occur?
- o Campus Clinic  o Mobile Clinic
- o Off Campus Where? __________________________

Was source patient identified?
- o Yes    o No

Was the injured person the original user of the sharp item?
- o Yes    o No

The sharp item was:
- o Contaminated (known exposure to patient or contaminated equipment)
- o Uncontaminated (no known exposure to patient or contaminated equipment)
- o Unknown

For what purpose was the sharp item originally used?
_______________________________________________

What device or item caused the injury?
_______________________________________________

When did the injury occur?
  Date: _____________________
  Time: _____________________

How did the injury occur? (Describe the circumstances leading to this injury)
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

If the item that caused the injury was a needle, was it used with a shield or safety device?
- o Yes    o No    o N/A (the item was not a needle)
Mark the location of the injury:

Student Signature

Clinic Coordinator or Faculty Signature

Date

Date
Consent or Refusal for HIV and Hepatitis Infectivity Testing
(By Student or UT Employee)

I understand that I have been exposed to a patient’s blood or body fluid. I also understand I am not required to give my consent, but if I do my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when HIV antibodies are not present and a follow up test may be required.

I understand that the results of these tests will be kept confidential. Positive test results will also be reported to my health care provider and the Department of Health and will become part of my medical record.

I hereby consent to:

- HIV testing ______
- HBV testing ______
- HCV testing ______

I hereby refuse to consent to:

- HIV testing ______
- HBV testing ______
- HCV testing ______

Student Signature: ___________________________ Date: ____________

Student Representative if Student Unable to Sign: ___________________________ Date: ____________

Witness to Signature for Verbal/Telephone Consent: ___________________________ Date: ____________

*Copies of this completed form must be sent to HR Coordinator-Benefits.*
UTAH TECH UNIVERSITY
Consent or Refusal for HIV and Hepatitis Infectivity Testing
(By Source Individual)

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source Name:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

I understand that the employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee/student is exposed to blood or bodily fluids of any individual. I understand that a UT employee or student has been accidentally exposed to my blood or bodily fluids and the testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when HIV antibodies are not present and a follow up test may be required.

I understand that the results of these test will be kept confidential and will not be released to medical personnel directly responsible for my care and treatment or the health care worker or his/her medical benefit company, only as required by the law.

I hereby consent to:  
HIV testing ______
HBV testing ______
HCV testing ______

I hereby refuse to consent to:
HIV testing ______
HBV testing ______
HCV testing ______

<table>
<thead>
<tr>
<th>Source Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source Representative if Source Unable to Sign:</td>
<td>Date:</td>
</tr>
<tr>
<td>Witness to Signature for Verbal/Telephone Consent:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Source individual could not be identified _______

Signature of Department Chair and/or Program Director /Supervisor

   (This is to verify that source patient could not be identified)

*Copies of this completed form must be sent to the HR Coordinator – Benefits.*
Blood/Body Fluid Exposure Risk Assessment

HIV RISK ASSESSMENT
☐ Yes ☐ No  1. Is the source patient HIV positive?

☐ Yes ☐ No  2. Does the source patient have high-risk behaviors for HIV?
   ☐ Yes ☐ No   • History of multiple sexual partners/ same sex partners
   ☐ Yes ☐ No   • Current or past IV drug abuse
   ☐ Yes ☐ No   • Multiple transfusions prior to 1985

☐ Yes ☐ No  3. If you sustained a needlestick, was the needle previously in the source
   patient’s vein/artery?

☐ Yes ☐ No  4. If you sustained a needlestick, was the needle a large, hollow-bored
   needle? (20 gauge or less)

☐ Yes ☐ No  5. Was there significant blood-to-blood exposure? (open wound to open
   wound)

6. What type of body fluid were you exposed to? _______________________________

If you answered YES to questions #1 or #2 AND answered YES to one or more of
the questions #3-5, please contact Employee Health or the nursing supervisor
immediately. It may be prudent to start you on HIV post-exposure prophylaxis
medication

Patient Name:
DOB:
MR#:

IHCPOD870 / 05-2010