Bloodborne Pathogens Policy

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Policy Type:	University
Responsible Executive:	VP for Business Affairs
Responsible Office:	Facilities & EHS
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I. Policy Statement

The University of Louisiana at Monroe's Bloodborne Pathogens Policy (BBP) defines the requirements and procedures related to handling bodily fluids with potentially infectious diseases set forth by the Occupational Safety and Health Administration and the Louisiana Office of Risk Management.

II. Purpose of Policy

The purposes of this policy include: elimination or minimization of employee occupational exposure to blood or other body fluids, compliance with the OSHA Bloodborne Pathogens Standard, and the protection of the students, faculty, staff, and visitors of The University of Louisiana at Monroe (ULM).

III. Applicability

This Policy applies to all faculty, administrators, staff, students, individuals affiliated with the University by contract (including non-employees, such as vendors and independent contractors), and visitors.

IV. Definitions

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).

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

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.

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.

HIV: means human immunodeficiency virus.

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.

Personal Protective Equipment: 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.

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.

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

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

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. Policy Procedure

Employee Exposure Determination

OSHA requires employers to examine employee exposure to blood or other potentially infectious material (OPIM). The exposure determination is made without considering the use of personal protective equipment (PPE).

Several positions at ULM may potentially expose employees to bloodborne pathogens. These positions are classified as having a high risk for potential bloodborne pathogen exposure. The following areas at ULM have been determined to be at a high risk for exposure to bloodborne pathogens:

1. Athletic Trainers
2. Custodial Services
3. Dental Hygiene Faculty
4. Police Department
5. Plumbers
6. Speech Language Pathology
7. Nursing Faculty
8. Radiologic Technology Faculty
9. Medical Laboratory Science Faculty
10. Occupational Therapy Faculty

All employees may be potentially exposed to bloodborne pathogens at some point during their employment at ULM; however, the positions listed above are more likely to be exposed to bloodborne pathogens on a regular basis due to the nature of their jobs.

The following procedures involve a potential risk of exposure to bloodborne pathogens:

1. Patient examinations
2. Burn treatment and dressing
3. Wound treatment and dressing
4. Cerumen removal
5. Foreign body removal
6. I & D abscess
7. Laceration repair
8. Venipuncture
9. Injections and Immunizations
10. Cleanup of blood or other potentially infectious materials (OPIM)
11. Responding to a crime scene involving blood or OPIM
12. Administering CPR or first aid.

Exposure Control Plan

Part of the OSHA Bloodborne Pathogens Standard requires that this plan include a schedule and methods of implementation for the various requirements of the standard. Employees in the positions affected by the bloodborne pathogens standard receive an explanation of this Exposure Control Plan (ECP) during their initial training session. All affected employees also receive this information in required annual refresher training. All employees have an opportunity to review this plan at any time during their scheduled work hours by contacting their department safety coordinator or by contacting the Environmental Health & Safety Officer. If requested, the Environmental Health & Safety Department will provide an employee with a copy of this plan free of charge within fifteen days of the request.

Compliance Strategies

1. Universal Precautions

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

2. Engineering and Work Practice Controls

Engineering and Work Practice Controls will be used to eliminate or minimize bloodborne pathogen exposure to employees. Additionally, personal protective equipment will be used to further minimize exposure. The following engineering and work practice controls will be utilized.

a. Hand Washing Facilities

1) These facilities must be located so that they are available to employees who are exposed to bloodborne pathogens or other potentially infectious materials.

2) All employees are required to wash their hands with soap and water as soon as feasible after any exposure or after PPE (i.e. gloves) is removed when working with bloodborne pathogens or other potentially infectious material.

3) Any other body part that is contaminated should be washed with soap and water immediately or as soon as feasible.

b. Sharps, Contaminated Needles, & Glassware
   1) Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. An exception to this rule is allowed if the procedure used requires that the contaminated needle be recapped or removed, and no alternative is feasible, and the action is required by the medical procedure. Under these circumstances only, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
   2) Disposal of Sharps, Contaminated Needles, & Glassware
   a. Disposal of contaminated sharps shall be in appropriate containers that meet the following requirements: puncture resistant, closable, leak proof on sides and bottom, appropriately labeled, color coded (red), and are designed to keep employees from reaching into them.
   b. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g. exam rooms, laboratories, training rooms, etc.)
   c. Employees are to use unwinders to separate needles from syringes and vacutainers and are to be trained regarding proper removal of needles.
   d. The containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. They should be checked every time there is a scheduled pickup of biohazardous waste and changed when they are nearly full.

c. Personal Protective Equipment (PPE)
   1) Gloves – gloves shall be worn any time when there is a possibility that employees could have hand contact with blood or other potentially infectious materials. Gloves shall also be worn when dealing with non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Additionally, gloves will be worn whenever handling potentially infectious biomedical waste. Gloves used for this purpose should be disposable gloves designed to provide protection against bloodborne pathogens. These gloves are typically made of latex. The disposable gloves should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Hypoallergenic gloves or other types of alternatives should be made available to all employees who are allergic to latex gloves.
   2) Masks and Eye Protection – masks and eye protection will be worn during any situation when splashes, sprays, splatters, or droplets of blood or other potentially infectious material may be generated and contamination to the eyes, nose, or mouth is possible. Masks should be approved for protection against bloodborne pathogens. Eye protection should be goggles that are leak proof or other eye protection approved for protection against bloodborne pathogens.
   3) Protective Clothing - Protective clothing is required if the possibility of splashes, sprays, splatters, etc. of blood or other potentially infectious material is expected. Full length lab coats or disposable gowns with long sleeves which are approved for protection against bloodborne pathogens should be worn in these cases.
   4) Other Personal Protective Equipment - in several cases further personal protective equipment may be necessary. Some examples of additional PPE include: head covers, smocks, foot coverings, aprons, etc. The need for additional personal protective equipment will be determined by the department heads of the affected departments.

d. Housekeeping
   1) Waste – all regulated medical waste is to be placed in appropriate containers, which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.
   2) Work Surfaces – work surfaces are to be decontaminated with an approved disinfectant for bloodborne pathogens or with a 10% bleach solution. The decontamination of work surfaces should occur at the beginning and end of each work shift, immediately upon contamination of the area, and also after completion of each procedure.
   3) Reusable Receptacles – reusable receptacles such as garbage cans, pails, etc. will be decontaminated weekly in areas where contamination with bloodborne pathogens is possible.
   4) Broken Glassware – broken glassware that is possibly contaminated by bloodborne pathogens must not be directly picked up with the hands. Tools used in the cleanup of broken glass are to be decontaminated and broken glass disposed of in an appropriate sharps container. Do not use vacuum cleaners for the cleanup of contaminated glass.
   5) Laundry – laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. This laundry will be placed in appropriately marked, color coded, red bags at the location where it was used.

e. Labels
   Labels are to be used to make employees and other persons who come into contact with containers aware of the containers content and hazards. Labels should be attached to all containers of biohazard waste, to refrigerators containing blood or other potentially infectious materials, and to any other containers used to store, transport, or ship blood or other potentially infectious material. The label must be fluorescent orange or orange red, containing the biohazard symbol and the word “biohazard” in a contrasting color and be attached to prevent loss or unintentional removal of the label.

f. Pipettes
   Oral pipetting will not be allowed under any circumstances.

g. Prohibited Activities
   1) Eating and Drinking – food and drinks are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present. No eating or drinking is allowed in these areas.
   2) Applying Cosmetics – application of cosmetics will not be allowed in areas where blood or other potentially infectious materials are present.
   3) Applying or Removing Contact Lenses – this activity is also prohibited in areas where blood or other potentially infectious materials are present.

h. General Procedures - All procedures involving blood or other potentially infectious material will be performed in such a manner to minimize splashing, spraying, splattering, and generation of droplets of these substances.

3. Hepatitis B Vaccine

Human Resources will be responsible for hepatitis B vaccinations. The vaccination is available at no cost to affected employees identified in the exposure determination section of this policy.

Upon being employed in one of the identified positions, the vaccine will be offered within 10 days of initial assignment. Prior to administering the vaccine, affected employees will be provided training on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

Vaccination is encouraged for these positions, unless:

a. Documentation is given showing that the employee has already received the vaccine series.
b. Antibody testing reveals that the employee is immune.
c. Medical evaluation shows that the vaccine is contraindicated.

Although the vaccine is encouraged, employees have the right to decline the vaccination series. If an employee chooses to decline vaccination, the employee must sign a declination form. The declination form will be kept in the employee's medical file in Human Resources. Employees who decline the vaccine may request and obtain the vaccination at a later date at no cost.

If, in the future, the U.S. Public Health Service recommends a routine booster dose of the Hepatitis B vaccine, it will be provided free of charge to affected employees.

4. Spill and Decontamination Procedure

Spills within laboratories or medical areas shall be decontaminated by the proper administrative authority or designee. For all other spills contact Custodial Services. Use disposable supplies whenever possible.

General Guidelines for Decontamination:

- Wear the appropriate PPE.
- Restrict access to the area.
- Do an initial wipe up of the area. An absorbent material can be used to solidify large quantities. The absorbent material can be obtained by contacting Custodial Services.
- Clean the area with an EPA registered disinfectant or 10% bleach solution.
- Spray the area and allow it to sit for 10 minutes or following the manufacturer's recommendations for use of the disinfectant.
- Decontaminate all cleaning equipment.
- Dispose of all cleaning material in proper biohazard waste containers.
- PPE shall be removed and disposed of in the proper biohazardous waste containers.

5. Disposal

Disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations. All waste with the possibility of contamination of bloodborne pathogens shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping. Biohazard cardboard boxes, red totes, and red bag liners are available by contacting the Environmental Health & Safety Office.

6. Information and Training

All employees who have occupational exposure to bloodborne pathogens must receive training on the epidemiology, symptoms, protection from, and transmission of bloodborne pathogens diseases.

Each affected department and the Environmental Health & Safety Office will provide this training. The training will be at no cost to the employee and the employee will attend during working hours.

This training will cover but is not limited to the following topics:

- A copy of the OSHA Bloodborne Pathogens standard and explanation of its contents.
- A discussion of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the University of Louisiana at Monroe (ULM) bloodborne pathogens policy and exposure control plan. Training will include plan locations and provide a method for employees to obtain a copy of the plan.
- The recognition of tasks that may involve exposure.
- An explanation of the use and limitations of methods to reduce exposure; for example, engineering controls, work practices, and personal protective equipment.
- Information on the types, selection, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that there will be no charge for the vaccine.
- 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 procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.
- Information on the evaluation and follow up required after an employee exposure incident.
- An explanation of the signs, labels, and color-coding systems.

Due to the occupational exposure posed to all employees, all employees in a high-risk occupation listed above must be trained within 90 days of hire and annually thereafter by direct contact with a qualified instructor. For the purposes of this policy, all other employees are considered low-risk and will be trained upon hire and every 5 years thereafter.

7. Recordkeeping

a. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." Human Resources and/or each employee's respective department is responsible for the maintenance of the required medical records. These confidential records will be kept on file during the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. These medical records include:

- Name and Social Security Number of the employee
- Employee Hepatitis B vaccination status including dates of vaccination, records relating the employee's ability to receive the vaccine, or the signed declination form if applicable.
- A copy of all the results of examinations, medical testing, and follow up procedures.

b. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in each respective department and in the Environmental Health and Safety Office.

The training records include: dates, content of training, names and qualification of those conducting the training, and the names, signatures, and job titles of all persons attending the training.

8. Post – Exposure Evaluation and Follow-up

If an exposure incident occurs the following steps should be followed:

a. Clean the area exposed thoroughly (clean wound, flush eyes, flush mucous membranes, etc.).
b. Contact your supervisor and EHS at 318-342-5177 and report the incident. Your program director or other designee will make arrangements for a confidential medical evaluation and follow-up. They will also administer first aid and will also clean the area affected thoroughly. If the incident occurs after hours, notify University Police of the incident and seek medical evaluation.
c. Be sure to document the routes of exposure and how the exposure occurred.
d. Identify and document the source individual, if known, unless it can be established that identification is not feasible or is prohibited by state or local laws.
e. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Document that the source individual's test results were conveyed to the employee's health care provider.
f. If the source individual is already known to be HIV, HCV, and / or HBV positive, then no further testing is required.
g. Ensure that the exposed employee is provided with the source individual's test results and with information about applicable regulations and laws concerning the disclosure of the identity and infectious status of the source individual.
h. After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
i. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as possible.

9. Administration of Post – Exposure Evaluation and Follow-up

The healthcare professional evaluating an employee after an exposure incident will be provided the following information:

a. A copy of OSHA's bloodborne pathogens standard
b. A description of the employee's job duties relevant to the exposure incident.
c. Route(s) of exposure.
d. Circumstances of the exposure incident.
e. If possible, results from the source individual's blood test.
f. Relevant employee medical records, including vaccination status.

The healthcare professional will provide the University a written opinion within 15 days of the initial evaluation. A copy of this report will be given to the affected employee. The healthcare professional's written opinion for post-exposure follow up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.

- A statement 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 diagnosis shall remain confidential and shall not be included in the written report.

10. Procedures for Investigating an Exposure Incident

The Environmental Health and Safety Office will review the circumstances of all exposure incidents to determine:

a. Engineering Controls in use at the time of the incident.
b. Work practices followed.
c. A description of any device(s) being used.
d. Protective equipment or clothing that was used at the time of the incident.
e. Location of the incident.
f. Procedure(s) being performed when the incident occurred.
g. Employee's training (have they attended, when they attended, etc.)

The investigation will seek to determine if the incident was preventable and what measures can be taken to prevent recurrence of similar incidents. The Environmental Health and Safety Office will make recommendations for any changes to policies, procedures, etc. that may reduce the risk of similar incidents. Based on these recommendations, this exposure control plan may be amended in the future to promote a safer working environment.

One of the main methods of protection from bloodborne pathogens offered through the University's program are Hepatitis B vaccinations for employees who regularly encounter bloodborne pathogens in their course of work. These jobs are further defined in the policy above. The vaccination is not mandatory, however, if you choose to decline the vaccine you must fill out the employee declination form below.

VI. Enforcement

The Vice President for Business Affairs is the responsible executive and the responsible officer for this policy. The Environmental Health & Safety Department is the responsible office which implements and administers the policy.

VII. Policy Management

The Environmental Health & Safety (EHS) Department is responsible for the implementation of the University's bloodborne pathogens policy. They will review and update the policy annually to include new or modified tasks and procedures.

Departments that have exposure to bloodborne pathogens are responsible for supplying personal protective equipment (PPE), engineering controls (i.e. sharps containers), labels, biohazard bags, etc. as required by the standard. The Environmental Health & Safety Department will assist in providing the necessary materials that the departments need.

The Environmental Health & Safety Department will be responsible for training, documentation of training, and making the written bloodborne pathogens policy available to employees. Additionally, the EHS department will be responsible for coordinating the disposal of all biohazardous waste.

VIII. Exclusions

None.

IX. Effective Date

This policy is effective on May 21, 2020.

X. Adoption

This policy is hereby adopted on this 21st day of May 2020.

Recommended for Approval by:

Dr. Bill Graves, VP for Business Affairs

Approved by:

Dr. Nick J. Bruno, President

XI. Appendices, References and Related Materials

This policy aligns with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030.
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS

This policy is in addition to the requirements set forth by the Louisiana Office of Risk Management in the General Safety Program of the Loss Prevention Manual.

https://www.doa.la.gov/Pages/orm/lpmanual_update07116.aspx

XII. Revision History

Original Adoption date: June 26, 2003
Revised January 17, 2013: Policy revision relevant to ORM audit recommendation.
Revised January 28, 2014: Policy revision relevant to ORM audit recommendation.
Revised October 14, 2019: Policy was placed in policy template and new format.
Revised May 21, 2020: Policy was placed in updated policy template and changed from an interim policy to a regular university policy by going through the formal approval process.