

**University of Wisconsin Oshkosh  
EXPOSURE CONTROL PLAN  
(Bloodborne Pathogens Program)**

**I. PURPOSE**

The Exposure Control Plan (ECP) assists our university in implementing and ensuring compliance with the OSHA Bloodborne Pathogens Standard (CFR 1910.1030) in an effort to protect UW Oshkosh employees.

All employees affected by this standard have the right to review this plan at any time during their work shifts by contacting their supervisor or the EHS manager.

**II. APPLICATION**

This program is intended to safeguard workers from occupational exposure to blood and other potentially infectious materials (**OPIM**). 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. The program is directed toward preventing exposure to bloodborne pathogens, specifically the hepatitis B virus (**HBV**) and the human immunodeficiency virus (**HIV**). Bloodborne pathogens are pathogenic microorganisms that are present in human blood and other body fluids that can cause disease in human. Hepatitis C is another type of bloodborne pathogen (BBP).

**III. AUTHORITY AND REFERENCE**

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030.

Dept. of Safety and Professional Services (Chapter SPS 332)

Centers for Disease Control and Prevention

**IV. RESPONSIBILITY FOR COMPLIANCE**

1. The administration of this program will be the responsibility of the EHS manager in the Office of Compliance, Risk & Integrity. Administrative responsibilities include:
  - a) Identification of the employees to be included in the Exposure Control Plan.
  - b) Coordination and supervision of training to all employees that have potential for occupational exposure.
  - c) Ensure the Post-Exposure Evaluation and Follow-up Procedure (Appendix G) is completed after an exposure incident.
  - d) Coordination and supervision of required recordkeeping.
  - e) Periodic evaluation of the overall program.
  
2. Department Chairs/Managers/Supervisors of affected employees should:

- a. Ensure that proper personal protective equipment (PPE) is available, in good working condition, and used by employees.
  - b. Ensure that employees covered under the standard have completed the Bloodborne Pathogens training, and that the training is documented by the EHS manager.
  - c. Ensure that training is provided to new employees at the time of initial assignment to areas where exposures are present at the time of hire.
  - d. Ensure that all work practices and post-exposure practices outlined in this plan are adhered to.
3. Employees whose work may expose them to bloodborne pathogens should:
- a) Comply with the procedures and work practices laid out in the Exposure Control Plan and in department Standard Operating Procedures (SOP) in order to prevent occupational exposure to potentially infectious material.
  - b) Complete required annual training on the components contained in the UWO Exposure Control Plan.
  - c) Immediately report an exposure incident to your Department Chair/Manager/Supervisor.
4. The university Chemical Hygiene/Hazardous Materials Manager should:
- a) Manage the collection site according to regulatory requirements.
  - b) Schedule regulated waste disposal pick-ups from an approved vendor for regulated biohazardous waste.
  - c) Complete required environmental record keeping.

## V. PROGRAM ELEMENTS

### **DEFINITIONS**

**Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Decontamination** - 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.

**Hepatitis B** – Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids that result in liver inflammation. For some people, HBV infection becomes chronic, meaning that it lasts more than six months. Most people infected with Hep B as adults recover fully, even if their signs and symptoms are severe. Short term symptoms are fatigue, diarrhea, joint pain, and jaundice. Hepatitis B is a hearty virus and can survive in dried blood on a surface for up to seven days.

**Hepatitis C** – Hep C can also be acute or chronic; most people infected will develop the chronic infection. These people often exhibit no symptoms until liver problems have developed.

**Human Immunodeficiency Virus (HIV)** – This virus can cause AIDS (acquired immune deficiency syndrome), which weakens the immune system and makes it susceptible to diseases. Although treatments exist to provide comfort, there still is no cure for AIDS.

**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 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.

**Parenteral** - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Regulated Waste** – Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or OPIM.

**A. Exposure Determination** - Exposure is determined without regard for the use of personal protective equipment (PPE). Individual departments are responsible for keeping an accurate inventory of job classifications and tasks in which employees may have exposure to blood or other potentially infectious material that has not been identified in this procedure. The jobs listed below have been determined to fit the classification definition for occupational exposure at our university.

1. Job classifications in which employees have occupational exposure regardless of frequency (Category 1):

All medical doctors, nurses, physician assistants, medical lab technicians, police officers, security officers, athletic trainers, lifeguards, designated first aid providers, Head Start teachers, assistants, bus drivers and childcare workers. Also included are researchers, instructors and student employees who work in laboratories or clinics where human blood and OPIM are used, regardless of frequency.

At UWO, this list also includes physiology lab asst., lab technician IV, Kolf sports center and Student Rec & Wellness Center equipment specialists.

2. Job classifications in which some employees MAY have occupational exposure (Category 2):

All custodial staff, laundry workers, groundskeepers, environmental health staff, plumbers, athletic coaches, counselors, and continuing education instructors, or any job in which First Aid administering is part of their duties.

At UWO, this list also includes professors of theater and dance.

3. Employee positions in which occupational exposure may occur (Category 3):

Auto mechanics, communications and information technology workers, crafts workers (except plumbers), food service workers, maintenance personnel, power plant operators and any classification which does not fit Category 1 or 2.

4. Part-time, temporary, contract, and student employees are also covered by the standard. Volunteers are not covered, as they are never expected to administer First Aid (unless they do so as a "Good Samaritan").

## **B. Universal Precautions**

Universal precautions procedures assume that *all* human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. Universal precautions shall be observed throughout all areas of UWO 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.

## **C. Engineering and Work Practice Controls**

Engineering and work practice controls shall be used to prevent or minimize employee exposure to blood and OPIM. 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 with soap and water after personal protective equipment is removed, or after any contact with blood or related products. If blood contacts mucous membranes, they should be flushed with water.

Sharps disposal containers, reusable sharps containers, and self-sheathing needles shall be used when appropriate. Sharps collection containers shall be rigid, leak-proof material and shall be puncture resistant. They should be maintained to ensure they cannot be overfilled. Contaminated sharps shall not be bent or recapped.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate areas where sharps are used or can be reasonably anticipated to be found. 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.

## **D. Personal Protective Equipment**

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall be used. Forms of personal protective equipment that may be used are gloves, CPR masks, protective laboratory coats/aprons, and eye protection devices such as goggles and face shields. PPE is considered effective when it does not permit blood or OPIM to pass through or reach the employees' clothes, skin, eyes, mouth, or other mucous membranes.

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.

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 suction).

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.

### **E. 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.

The worksite shall be maintained in a clean and sanitary condition. Written schedules for cleaning and methods of decontamination based upon location within the facility and type of surface to be cleaned, type of soil present, and tasks or procedures being performed in that area will be implemented.

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.

### **F. Sharps**

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.

Contaminated needles must not be bent, recapped or removed unless it can be demonstrated that no other alternative is feasible. 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 "BIOHAZARD" or color-coded, 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 "BIOHAZARD" or color-coded.

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 "BIOHAZARD" 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.

### **G. Containers**

Reusable contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. These containers shall be puncture resistant, labeled or color-coded in accordance with Section M.1 of this Plan, and leak proof on the sides and bottom.

Reusable sharps that are contaminated with blood or OPIM 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.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose any employee to risk of percutaneous injury. Custodians check the sharps containers in public restrooms on campus. If an insert in a container is full, they report the need to their supervisor. The supervisor completes a *Material Pickup Request* found on the OCRI website so the full insert is removed and disposed of according to regulations. A new insert is put into the container.

Contaminated waste other than sharps shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, and labeled or color-coded according to Section M.1.

If outside contamination of the waste container occurs, it shall be placed in a second container which meets the same requirements as the first, as far as construction, features, and labelling.

### **H. 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.

A readily observable label in accordance with Section M.1 of this Plan shall be attached to the equipment stating which portions remain contaminated.

### **I. Regulated Waste Disposal**

The handling, storage, treatment, and disposal of all regulated waste shall be conducted in accordance with applicable federal, state, and local regulations. Proper handling of regulated waste is essential to prevent unnecessary exposure to blood and OPIM. Regulated waste includes wastes in which blood or OPIM could be released from pouring, dripping, squeezing, or flaking.

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 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 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.
- b. 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.
- c. Outdoor storage areas must be locked to prevent unauthorized access.
- d. Access to on-site storage areas must be limited to authorized employees.
- e. 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.
- f. When a task (blood spills, nose bleeds, major lacerations or wounds, etc.) causes an employee's clothing to become contaminated and/or saturated, it is to be removed as soon as possible and new clothing should be donned. Skin must be washed with soap and water before clean clothing is put on. Contaminated clothing shall be handled as contaminated laundry as described below.

## **J. Laundry**

Contaminated laundry is that which has been soiled with blood or OPIM or may contain sharps. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal protective equipment.

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 "BIOHAZARD" or color-coded (red).

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.

## **K. Housekeeping**

Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition. Regular audits of worksites should be conducted.

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.

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 dust pan, 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 OPIM should not be stored or processed in a manner that requires employees to have to reach by hand into the containers where the sharps have been placed.

## **L. MEDICAL SERVICES**

### **1. Hepatitis B Vaccination**

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 may experience occupational exposure as indicated in Section V.A. and Appendix D. The cost of the vaccination is the responsibility of the employee's department. Vaccination shall be offered to the employee within 10 working days of their initial assignment. Vaccinations shall be arranged with the Student Health Center located in the Radford building. Vaccinations shall be scheduled by their supervisor.

Prior to receiving the vaccination, an employee must first complete the training outlined in section M.2. This training will be provided by the EHS Specialist or the department supervisor.

For those desiring the Hepatitis B vaccine, an Employee Immunization Record (shown in Appendix H) will be maintained by the employee. When the final immunization has been received, the original immunization record must be sent to the Human Resources office for inclusion in the employee's medical personnel file.

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. The Declination forms should be sent to the Human Resources office for inclusion in the employee's medical personnel file.

Vaccines will not be provided to employees who are no longer employed by the University. If the series is not completed at the time the employee leaves employment, the reason for not completing the series and the employee's signature must be written on the Immunization Record. The record shall be sent to the Human Resources office for inclusion in the employee's medical personnel file.

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 employees, and at the cost of the employees' department.

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 the Student Health Center staff under the supervision of an Advanced Practice nurse practitioner. 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. The EHS office shall give the provider a copy of the bloodborne pathogens standard as required by law.

## **2. Post Exposure Incident Procedures and Follow-up**

In the event of an exposure incident, the exposed individual shall follow the following procedures as soon as possible. An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's job.

1. Clean the wound thoroughly with soap and water.
2. If a mucous membrane (eyes, nose or mouth) was exposed, irrigate the affected area immediately with water or a saline solution for 10-15 minutes.
3. Report the incident to the supervisor or person in charge. If a supervisor is not available, the contact University Police. The Employee's Work Injury & Illness Report found in the General Forms section of the UWO Office of Compliance, Risk, and Integrity website under Workers' Comp should be completed by the exposed employee. This should include information about the route(s) of exposure and the circumstances under which the exposure occurred. It should include the name of the source individual, if known.
4. A copy of this report should be taken to an offsite occupational health care professional; the original should be sent to the the Risk & Safety department.  
\*\*If the exposed employee refuses a post-exposure medical evaluation by an occupational health care professional (HCP), the Refusal of Post-Exposure Medical Evaluation Form must be completed (Appendix J).
5. The supervisor will complete the Supervisor's report, also found in the Workers' Compensation section of the Office of Compliance, Risk & Integrity website. This should be electronically submitted to the [workerscomp@uwosh.edu](mailto:workerscomp@uwosh.edu) email.
6. The EHS manager should be notified as soon as possible after the exposure incident. The EHS manager will ensure that the occupational HCP receives the following documents: A copy of the OSHA Bloodborne Pathogens standard, if requested; the exposed employee's medical records relevant to treatment, including vaccination status (this information is available in the Human Resources office); job description of the exposed employee; results of the source individual's blood tests, if available.

The occupational HCP's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the employee, if the employee had not previously received such vaccination. If the occupational HCP administers a Hepatitis B vaccination, this should be noted in the report. The occupational HCP'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 OPIM which require further evaluation or treatment. All findings not related to the exposure incident shall remain confidential and shall not be included in the written report.

The EHS manager shall provide the employee with a copy of the evaluating HCP's written opinion within 15 days of the completion of the evaluation.

### **3. Exposed Person Testing and Medical Follow-up**

The exposed person's blood should be collected as soon as possible; within 72 hours post-exposure is a recommended time frame. If the employee consents to baseline blood collection but does not give consent at that time for HBV & 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.

All costs relating to medical services associated with the exposure incident are processed as Workers' Compensation claims.

### **4. Source Individual Testing**

If the occupational HCP determines that source testing is warranted, the HCP shall initiate contact with the source individual. After consent is obtained, the source individual's blood will be tested as soon as feasible to determine HBV and HIV serologic status. If the source will not consent to testing, the University shall record the denial of consent in writing (email correspondence is acceptable). \*Wisconsin is a voluntary state for source individuals to get tested. 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 the source's consent, shall be made available to the exposed employee by the HCP. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

### **5. Incident Investigation**

The EHS manager and the respective department supervisor shall review all exposure incidents and resulting response procedures. Methods of preventing future incidents shall be searched for as shall methods of improving incident response. Much of this information will be recorded on The Safety Manager's Review form by the EHS manager and saved with the employee's work comp information in the secure electronic folder.

If the exposure was a result of handling a contaminated sharp, the incident will be reported and recorded either in the Student Health Center or with the EHS manager. This confidential log will be maintained in the EHS office for no less than five years.

## **M. HAZARD COMMUNICATION**

### **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 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.

## **N. RECORD KEEPING**

### **1. Medical**

All medical records relevant to this program shall be kept in the employees permanent medical personnel file, in the HR office, for a period of not less than 30 years. This includes the vaccination consent, immunization records, incident reports, and medical opinions. It is the supervisor's responsibility to assure these reports are completed and forwarded to appropriate campus personnel.

### **2. Training**

Annual training on this standard and campus procedures is coordinated by the EHS manager in the Office of Compliance, Risk & Integrity. This training is conducted in a classroom setting or online. The EHS manager maintains these training records.

## **O. STUDENT POLICY**

Students who are not employees are not covered by the Bloodborne Pathogens Rule. However, faculty shall not allow students 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 keep it in the students' records.

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

Students who will be using blood or OPIM in their academic coursework must be informed of the epidemiology and transmission of HIV and HBV, and trained in 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. 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. The campus will not cover the cost of student immunization.

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 are likely 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.

## **P. VOLUNTEER POLICY**

Volunteers are not covered under the OSHA Bloodborne Pathogens Regulation. 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.

## **ADDITIONAL REFERENCES**

- [APPENDIX A -- Job Classifications with occupational exposure to blood or OPIM](#)
- [APPENDIX B -- Hepatitis B Declination Form](#)
- [APPENDIX C -- Antibody Testing Declination Form](#)
- [APPENDIX D -- Hepatitis B Vaccination Record](#)
- [APPENDIX E -- Education and Training Agenda](#)
- [APPENDIX F – Training Record Document](#)
- [APPENDIX G – HCP Post Exposure Exam Rept.](#)
- [APPENDIX H – Employee Hep B Immunization Record](#)
- [APPENDIX J -- Post-Exposure Testing Refusal Form](#)
- [APPENDIX K – Managing Medical Sharps Disposal Containers in Public Restrooms](#)

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