

Policy Name: Bloodborne Pathogen (Potentially Infectious Material) Program Manual		
Effective Date:	Revision Date: 11/1/2016	Department/Area/Division: AD-EHS
Department/ Area Policy #:	Departmental Contact:	

Purpose: The University of Alabama is committed to providing a safe and healthful working environment for its faculty, staff and students. In pursuit of this goal, the following Bloodborne Pathogen Policy is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

Policy Statement: The Bloodborne Pathogen Program Policy and the resulting Exposure Control Plan (ECP) was established in conjunction with an ad hoc bloodborne pathogens committee that formulated the guidelines for University employees and students who work with, or may be at risk, occupationally or academically for exposure, to bloodborne pathogens or other potentially infectious materials. The guidelines provided within the Bloodborne Pathogen Program and the ECP specify procedures to provide University employees and students with education and training about bloodborne pathogens and other potentially infectious materials, and also identify procedures and precautions that will reduce the likelihood of accidental exposure to these materials.

Policy: The ECP is a key document to assist The University of Alabama and various UA Departments or Administrative Units in implementing and ensuring compliance with the Bloodborne Pathogen standard, thereby protecting our employees and students. Implementation of standard elements included in the ECP is mandatory. Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP. Environmental Health and Safety (EHS) will oversee the implementation of this Bloodborne Pathogen Policy and the resulting ECP. EHS will maintain, review and update the overall policy whenever necessary to include new or modified tasks or procedures. Individual UA Departments and Administrative Units will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharp containers), labels, and red bags as required by the standard. The departments or administrative units will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The University Medical Center and/or the Student Health Center will be responsible for

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ensuring that all medical actions required by the standard are performed and that appropriate employee/student health and OSHA records are maintained. EHS will be responsible for training, documentation of training, and making the Bloodborne Pathogen Policy available to all employees. In the case that an individual department provides training to their employees or students regarding the Bloodborne Pathogen Program, Policy, departmental or administrative unit ECP or those required training elements outlined by the Bloodborne Pathogen Policy or standard, then the individual department must document the training and provide a copy of this training documentation to EHS as well.

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Definitions: For the purpose of this policy, the following definitions shall apply:

"Administrative Unit" means the units identified which are responsible for conducting annual risk appraisals and implementing the Bloodborne Pathogens Policy.

"Biological Cabinet" means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

- Class I: A ventilated cabinet for personnel protection with a non-recirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.
- Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.
- Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

"Blood" means human blood, human blood components, and products made from human blood.

"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), hepatitis C Virus (HCV) and human immunodeficiency virus (HIV).

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

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

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

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"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, scissors, broken glass, broken capillary tubes and exposed ends of dental wires.

"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.

"Engineering Controls" means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Engineered Sharps Injury Protection" means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms.
- A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

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

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

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

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"Needle" or "Needle Device" means a needle of any type, including, but not limited to, solid and hollow-bore needles.

"Needleless system" means a device that does not utilize needles for:

- The withdrawal of body fluids after initial venous or arterial access is established.
- The administration of medication or fluids.
- Any other procedure involving the potential for an exposure incident.

"NIOSH" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"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.

"One-Hand Technique" means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

"OPIM" means other potentially infectious materials.

"Other Potentially Infectious Materials" means:

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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- Any of the following, unless known to be free of bloodborne pathogens:
 - Cell, tissue, or organ cultures from humans or experimental animals.
 - Blood, organs, or other tissues from experimental animals.
 - Culture medium or other solutions.

"Parenteral contact" means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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"Personal Protective Equipment" is specialized clothing or equipment worn or used 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.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

"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.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

"Sharp" means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle sticks.

"Sharps Injury Log" means a written or electronic record, which is a record of each exposure incident involving a sharp.

"Sterilize" means the use of a physical or chemical procedures to destroy all microbial life including highly resistance bacterial endospores.

"Student Academic Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's participation in academic assignments.

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"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

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

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

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Exposure Control Plan:

Step 1: Identifying Employees and Students at Risk

Annually areas determined by EHS to have employees or students who are likely at risk for occupational or student exposure to bloodborne pathogens, target areas, shall conduct a risk appraisal survey. This survey is conducted in a method developed and outlined by EHS. Periodically non-target areas will be provided information by EHS to help identify or determine persons at risk. Upon request an EHS staff member will meet with the individuals charged with completing the surveys to provide guidance and assistance. The completed surveys will be returned to EHS for review.

Risk Appraisal Survey

The purpose of the risk appraisal survey is to identify job classifications and courses in which employees or students within an administrative unit or department are at risk for occupational or academic exposure to bloodborne pathogens or other potentially infectious materials (OPIM). This exposure determination shall be made without regard to the use of personal protective equipment (PPE).

Job classifications within an administrative unit in which **all** employees will have reasonably anticipated exposure to blood or OPIM must be listed along with their department or location. Additionally, a list of job classifications and work activities within the administrative unit in which **some** of the employees will have reasonably anticipated exposure to blood and OPIM must also be provided. This information should include job title, department or location and also the task or activity in which the individual may come in contact with the blood or OPIM. Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. For specific information on how the ECP and standard will be met for these employees contact EHS at 205-348-5905.

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In the case of students at risk for academic exposure there is additional information that must be obtained such as the name of the course and the number or unique identifier of the course, along with a description of the university sponsored activity in which academic exposure might occur. Also the individual responsible for the course or activity must be provided along with procedures in which students are at risk for exposure.

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Sample-Job Classifications with Occupational Exposure

The following is a sample list of job classifications at The University of Alabama in which the specified employees have occupational exposure:

<i>Job Title</i>	<i>Department/Location</i>
Custodians	Custodial Services/Campus Buildings
Police Officer	UAPD/UA Campus and Buildings
Emergency Medical Technicians	Emergency Medical Services/Campus Buildings
Nurse Manager	Brewer Porch Children's Center/Brewer Porch
LPN RN Nurse Practitioner	University Medical Center/University Medical Student Health Center/Student Health Capstone Village/Capstone Village

Sample-Job Classifications in which Some Employees have Occupational Exposure

The following is a sample list of job classifications in which some employees at The University of Alabama have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which exposure may occur for these individuals:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
Parking Deck Maintenance Tech	Parking Services/Decks	Cleaning of Parking Deck
Driver	Transit/Bus	Cleaning of Transit Bus
Environmental Safety Coordinator I	Environmental Health & Safety/UA Buildings	Building Emergency Response
Environmental Services Tech Sr.	Environmental Health & Safety/UA Buildings	Building Emergency Response

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Sample-Students and Others at Risk for Academic Exposure

The following is a sample listing of courses or university sponsored activities in which academic exposure might occur to blood or OPIM. Included is a list of the name, number, and responsible UA member for the course or activity along with the procedures placing student at risk.

<i>Name and Course No. or Description of University Sponsored Activity in which Academic Exposure Might Occur</i>	<i>Individual Responsible for Course or Activity</i>	<i>Procedures Placing Student at Risk</i>
NUR XXX-XXX	JOHN DOE	Providing influenza vaccinations to others at influenza clinic

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Step 2: **Developing a Specific Exposure Control Plan**

Written exposure control plans shall be developed by each Department or Administrative Unit in which there are employees or students at risk for occupational or academic exposure. The plan should be individualized for each Administrative Unit or Department. This Bloodborne Pathogen Policy, and the included exposure control plan, serves as the overall policy and exposure control plan for The University of Alabama, however the exposure control plan must be individualized for each department or administrative unit covered under the policy.

An exposure control plan must outline the risk appraisal process (otherwise recognized as employee exposure determination), methods of implementation and control, methods of Hepatitis B vaccination, post-exposure evaluation and follow-up, administration of post-exposure evaluation and follow-up, procedures for evaluating the circumstances surrounding an exposure incident, communication of hazards and training, recordkeeping, and the Hepatitis B vaccine declination process.

Step 3: **Methods of Implementation and Control**

Employees and students covered by the Bloodborne Pathogens Standard should receive an explanation of the policy and the ECP for their individual department or administrative unit during their initial training as a new employee or student in a department or administrative unit covered under the bloodborne pathogen policy. This department or administrative unit ECP will also be reviewed in their annual refresher training. All employees or students can review this plan at any time by contacting EHS at 205-348-5905 or by reviewing the EHS website at www.ehs.ua.edu. Upon request, supervisors shall immediately provide an employee or a student a copy of the ECP for their review.

EHS is responsible for reviewing and updating the Bloodborne Pathogen Policy annually or more frequently if necessary to reflect any new or modified tasks or procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Any departmental or administrative unit's ECP

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must be submitted to EHS at completion and at least annually for review. The supervisor in each administrative unit or department must also review the ECP annually as the supervisor has responsibility for implementing this policy. The review of the departmental or administrative unit's ECP will occur at the time the risk appraisal survey is administered to determine the need for revision to reflect occupational or academic exposure to new job positions, classifications or activities. All ECPs shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational or academic exposure, to reflect progress or changes in the implementation or use of the needleless systems and sharps with engineered sharps injury protection, to include new or revised positions with occupational or academic exposure, to include new or revised employee positions with responsibilities within the ECP, to review and evaluate the exposure incidents which occurred since the previous update, and to review and respond to information indicating the ECP is deficient in any area.

The following methods of compliance must be incorporated in the ECP, including departmental or administrative unit's ECPs where students or employees are at risk for academic or occupational exposure to bloodborne pathogens.

Universal Precautions

All employees will utilize universal precautions.

Engineering Controls and Work Practices

Engineering controls and work practice controls shall be used whenever possible to eliminate or minimize exposure. They shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The University identifies the need for changes in engineering controls and work practices through employee/student interviews and annual reviews. New procedures and products are reviewed as literature is received by EHS from suppliers or as requested by employees, students, departments or administrative units. Both front-line workers and management officials are involved in the review process as EHS oversees possible engineering control changes and work

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practice control changes to meet the requirements outlined in the bloodborne pathogen standard.

- Handwashing facilities shall be readily accessible to all employees and students. Employees and students shall wash their hands immediately after removal of gloves or other PPE using an appropriate disinfectant soap.
- Administrative units or departments shall ensure that employees/students wash immediately following contact of body areas with blood or OPIM, using an appropriate disinfectant soap.
- If conditions are such that handwashing facilities are not available, antiseptic hand cleaners or hand sanitizers are to be used. Because this is an interim measure, employees/students are to wash hands at the first available opportunity.
- Contaminated needles and sharps shall not be bent, recapped, broken or removed.
- If recapping or removal is required by a specific medical procedure, documentation of this necessity must be maintained in the departmental or administrative unit's ECP and forwarded to EHS for review. Recapping or removal must be with the use of a mechanical device or a one-handed technique.
- Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The sharp containers shall be:
 - Puncture resistant
 - Labeled or color coded as described in this policy
 - Leak proof on the sides and bottom
 - Constructed in such a manner so it is not necessary for a person to reach into the container to retrieve sharps.
 - Inspected and maintained or replaced immediately to prevent overfilling as those utilizing the containers note the fullness of the container.

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- Specimens of blood or potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, or transport.
- Any specimen containers leaving the facility must be labeled or color-coded in accordance with the communication of hazards section of the Medical Waste Management Plan prior to being stored or transported.
- If the primary container begins leaking or if outside contamination of the primary container is likely, then a secondary leak proof container which meets all of the construction and labeling requirements shall be placed over the first and closed to prevent leakage during handling, storage or transport. If puncture of the primary container is likely, it shall be placed within a leak proof, puncture-resistant secondary container.
- Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping, and decontaminated as necessary.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a possibility of occupational or academic exposure.
- Food and drink shall not be consumed or stored in areas where blood or OPIM are present.
- All procedures involving blood or OPIM shall be performed in a manner that minimizes splashing, spraying, or generation of droplets.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.
- Needleless systems shall be used for withdrawal of body fluids after initial venous or arterial access is established, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

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- If needleless systems are not used, needles with engineered sharps injury protection shall be used for withdrawal of body fluids, accessing a vein or artery, administration of medications or fluids, and any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.
- Non-needle sharps shall include engineered sharps injury protection when sharps other than needle devices are used.

The only exceptions applying to the engineering controls above being required relate to the use of needleless systems or needle devices with engineered sharps injury protection and this exception is based upon market availability (the engineering control is not required if it is not available in the marketplace), patient safety (the engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of the medical, dental or nursing procedure involving the patient and this determination shall be documented), and the lack of availability of safety performance information (regarding the engineering control planned for the procedures and in that case the supervisor of the unit or department is actively determining by means of objective product evaluation criteria whether the use of the engineering control will reduce the risk of exposure) regarding the engineering control.

Personal Protective Equipment (PPE)

Where occupational and academic exposure remains after the institution of engineering and work practice controls, PPE is provided to employees and students at no cost to them. Departments and administrative units shall provide appropriate PPE in appropriate sizes. The appropriately sized PPE shall be readily accessible at the worksite or shall be issued to employees. The PPE will be adequate only if it does not permit blood or OPIM to reach the employee's or student's work clothes, skin, eyes, mouth or other mucous

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membranes. Appropriate PPE may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves or liners normally provided.

The administrative unit or department shall ensure that the employee or student uses PPE whenever appropriate. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the supervisor of the department or administrative unit at the time of initial job training. Additionally EHS offers PPE training to UA employees and students for specific tasks and procedures. PPE is located throughout individual departments and administrative units. Employees and students are to discuss PPE locations, availability and requests with their supervisors.

Gloves shall be worn when the employee/student may have hand contact with blood, OPIM, or contaminated items or surfaces. Masks, eye protection and/or face shields shall be worn whenever splashes, sprays, spatters, or droplets of blood or OPIM may be generated. Gowns, aprons and other protective body clothing shall be worn in exposure situations. Surgical caps or hoods and boots or shoe covers shall be worn when gross contamination is anticipated.

All PPE must be removed immediately upon leaving the work area, or as soon as possible. If overtly contaminated, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. Never wash for re-use disposable items such as disposable gloves. Disposable gloves shall not be re-used. Gloves must also be discarded, and replaced, as soon as their ability to function as a barrier is compromised (example, torn, punctured, or contaminated). Any garment contaminated by blood or OPIM shall be removed immediately or as soon as feasible in such a way as to avoid

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contact with the outer surface. Disposal of contaminated PPE will be provided at no cost to employees or students. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Housekeeping

Each worksite shall be maintained in a clean and sanitary condition. Each administrative unit or department shall develop a written schedule for cleaning and methods of decontamination based upon the type of surface and the procedures being performed, location within the facility and the type of soil or contamination present. All equipment and surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or OPIM no later than at the end of the shift. Protective covering shall be removed and replaced as soon as possible after decontamination. Receptacles with a possibility of contamination shall be inspected and decontaminated on a regularly scheduled basis and decontaminated as soon as possible upon visible contamination. Broken glassware shall be cleaned up using a mechanical means such as a dustpan and brush. Bins and pails (e.g., wash or emesis basis) are cleaned and decontaminated as soon as feasible after visible contamination. Reusable items contaminated with blood or OPIM shall be decontaminated prior to washing and/or reprocessing.

Waste Disposal

All infectious waste destined for disposal shall be placed in closable, leak proof containers or bags that are color-coded or labeled as described in The University of Alabama Medical Waste Management Plan with biohazard labels. Employees/students are to notify EHS if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

If outside contamination of any infectious waste container or bag is likely to occur, then a second leak proof container or bag which is closable and labeled

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with the biohazard label or color-coded (as per the Medical Waste Management Plan) will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport. Immediately after use, sharps shall be disposed of in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Each department or administrative unit is responsible for maintaining and making sharp containers accessible to all personnel. Sharps containers are to be located as close as is feasible to the immediate area where sharps are used so that sharps are easily discarded. Sharps containers are to be maintained upright throughout use and replaced routinely as to not allow overfilling. Employees/students must not have to insert hands into the container in order to dispose of a sharp. When moving containers of sharps from the area of use they must be closed for removal or transport. Containers may not be opened, emptied, or cleaned manually or in any other manner which would pose the risk of percutaneous injury. Once the sharps container is filled, it is closed and sealed to prevent the container from being reopened without great difficulty.

Additionally disposal of contaminated PPE will be provided at no cost to employees or students.

Laundry

Handle all contaminated laundry as little as possible, with minimal agitation. Contaminated laundry shall be bagged at the area of use and not sorted or rinsed. Wet contaminated laundry shall be placed in leak-proof, labeled or color-coded containers before transport. Red bags or bags marked with the biohazard system shall be used for transporting contaminated laundry. The administrative unit or department is responsible for providing red bags or affixing warning biohazard labels as required of regulated waste or contaminated equipment. Each administrative unit or department shall ensure that employees or students who come in contact with contaminated laundry wear appropriate gloves and other appropriate PPE. Laundering of PPE is to be provided by the administrative unit at no cost to employees or students.

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For more information regarding the laundering of contaminated laundry contact first the administrative unit or department responsible for oversight of the laundering or EHS.

Step 4: **Hepatitis B Vaccination**

EHS will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan as employees who are at risk for occupational exposure.

Vaccination is encouraged unless one of the following exists:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

If an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the personnel or student file at the administrative unit or department.

Vaccinations will be provided to subject employees by University Medical Center, and any students listed under an ECP can receive the hepatitis B vaccination at the Student Health Center, both of which are located on campus. Employees or students determined to be subject to the hepatitis B vaccination shall be evaluated by a health care professional prior to initial vaccination to determine if contradictions exist. If contradictions are apparent the employee or student shall be immediately informed.

Step 5: **Post-Exposure Evaluation and Follow-Up**

Immediately following an incident where there may be occupational or academic exposure to bloodborne pathogens, the individual involved should immediately clean the wound or flush eyes or other mucous membranes.

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Following the incident, employees should immediately contact their direct supervisor, while students must contact the university representative responsible for the course or sponsored activity. Employees must complete an On-the-Job Injury or Accident Form, while students must complete the Student Injury (Non-Employee) Incident Form. These forms are used to document any possible exposures or incidents on campus and are also collected at University Medical Center or Student Health Center where the medical evaluation and follow-up is conducted.

A confidential medical evaluation and follow-up will be immediately conducted at University Medical Center or Student Health Center. If the possible exposure occurs outside of the normal operating hours for University Medical Center or Student Health Center then the individual involved should seek medical evaluation at DCH Emergency Room at 809 University Blvd. East, Tuscaloosa, AL 35401. Following this medical evaluation at DCH Emergency Room, the employee or student must also follow-up with the University Medical Center or Student Health Center on the next available date of operation at the University Medical Center or Student Health Center respectively. This allows a timeline for follow-up to be determined by the attending health care professionals at University Medical Center or Student Health Center.

As stated previously, a confidential medical evaluation and follow-up will be conducted by the health care professional reviewing the patient who received possible occupational or academic exposure to bloodborne pathogens. Following initial first aid required (clean the wound, flush eyes or mucous membrane, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that

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the source individual's test results were conveyed to the employee's health care provider.

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- 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 feasible.

Step 6: **Administration of Post-Exposure Evaluation and Follow-Up**

EHS ensures that the health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are provided access to the University of Alabama Bloodborne Pathogen Policy.

EHS and/or Risk Management ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

University Medical Center or Student Health Center will provide employees or students with a copy of the evaluating health care professional's written opinion

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within 15 days after completion of the evaluation regarding the possible occupational or academic exposure to bloodborne pathogens.

Step 7: **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

EHS will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (E.R., patient room, etc.)
- Procedure being performed when the incident occurred.
- Employee's training

EHS will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to the ECP are necessary EHS will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

Step 8: **Communication of Hazards and Employee Training**

All employees/students who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by EHS, the department responsible for oversight and implementation of the Bloodborne Pathogen Policy and the resulting ECP. Additional training specific to the worksite is provided by the supervisor responsible for the department or administrative unit. All training is provided at no cost to the employee/student and is completed during normal working hours.

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All employees/students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition the training program covers, at a minimum, the following elements:

- An explanation of the Bloodborne Pathogen Policy and where it is available
- An explanation of the ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information of the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility. For example:
 - Signs shall be posted at the entrance to any work areas in HIV or HBV research laboratories or production facilities, bearing the International Biohazard symbol in a fluorescent orange-red color.

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- The required labels shall be the International Biohazard Symbol (IBS) including, “BIOHAZARD,” written under the symbol.
- Labels shall be affixed, in a way as to prevent loss or removal, to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or OPIM with the following exceptions:
 - Red bags or containers may be substituted for labels.
 - Containers of blood, blood products or components released for transfusion or other clinical use.
 - Individual containers of blood or OPIM that are in a labeled container during storage, transport, shipment, or disposal.
- Any items removed from UA facilities must remain labeled and comply with The University of Alabama Medical Waste Management Plan.
- Regulated waste that has been decontaminated need not be labeled or color-coded.
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials regarding the Bloodborne Pathogen Policy and resulting ECP are available from EHS (410 Campus Drive East, Tuscaloosa, AL 35487) and from the EHS website at www.ehs.ua.edu.

Step 9: **Recordkeeping**

Both training records and medical records must be maintained for each student or employee considered part of the Bloodborne Pathogen Program and provided to the employee or student upon request. Any exposure incident is also evaluated to determine if the case meets any additional recordkeeping requirements. This determination and the recording activities are completed by EHS. In addition to the 1904 Recordkeeping requirements, all percutaneous injuries from contaminated sharps are also recorded into a Sharps Injury Log.

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Training Records

Training records are completed for each employee/student upon completion of training. These documents will be kept for at least three years at EHS.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative, as is permitted or required by law, within 15 days. Such request should be addressed to EHS at 410 Campus Drive East, Tuscaloosa, AL 35487.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The University Medical Center is responsible for maintenance of the required medical records of employees. The medical record shall include:

- Name and social security number
- Hepatitis B vaccination status
- Copy of all results of exams, medical testing and follow up
- The healthcare professional's written opinion
- A copy of all information provided to the healthcare professional

These confidential records are kept on file for at least the duration of employment plus 30 years. The medical records of students, also confidential

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and comparable to that of employees, will be maintained by Student Health Center and shall be maintained for the duration of enrollment plus thirty years.

Employee/student medical records are provided upon request of the employee/student otherwise these records are not disclosed or reported without the employee's or student's written consent to any person within or outside the workplace except as may be permitted or required by law. Such requests should be made to the University Medical Center or the Student Health Center respectively based upon which facility provided vaccinations, medical treatment, counseling and/or follow-up.

Sharps Injury Log

Entry into the sharps injury log is required of all percutaneous injuries from contaminated sharps. All entries of incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report as permitted or required by law. Any requests of the Sharps Injury Log must be made to EHS.

Step 10: Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I

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understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) _____ Date: _____