A. SCOPE AND APPLICATION

The Bloodborne Pathogens (BBP) Exposure Control Plan is established in accordance with 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens,” and describes the procedures to minimize occupational exposure to bloodborne pathogens at all University of Nevada, Las Vegas (UNLV) properties.

B. COMPLIANCE WITH PROGRAM

This procedure applies to all UNLV employees and designated volunteers who have a risk of exposure to blood or other potentially infectious material (OPIM) while completing duties and assignments.

C. DUTIES AND RESPONSIBILITIES

(1) Risk Management and Safety Department (RMS)

   a. Establish the BBP Exposure Control Plan for UNLV and conduct an annual review of the plan (to include new or revised employee positions with occupational exposure).

   b. Develop and offer training at no cost to those covered by this plan.

   c. Maintain training records, declination statements, sharps injury logs, and documentation resulting from occupational exposure incidents.

   d. File copies of the post exposure evaluation for the duration of an individual’s employment plus 30 years.

   e. Offer UNLV employees and designated volunteers involved in exposure incidents, an opportunity to receive post exposure evaluations, treatment, and follow-up care.
(2) Department Managers and Supervisors

a. Provide personal protective equipment at no cost to those covered by this plan.

b. Repair or replace personal protective equipment, as needed, to maintain effectiveness.

c. Ensure UNLV employees and designated volunteers, who have potential exposure to blood or OPIM, complete BBP Training before performing work having to do with exposure to blood or OPIM.

d. Provide appropriate engineering controls (such as sharps containers), when necessary.

e. Contact RMS to ensure the proper removal and disposal of biohazard waste.

f. Notify RMS of any changes in tasks or procedures that affect employee exposure.

g. Report exposure incidents to RMS.

h. Refer individuals involved in exposure incidents to RMS for information about post-exposure evaluation, treatment, and follow-up care.

i. Provide designated containers for the collection of contaminated PPE and handle as appropriate.

j. Develop and implement an appropriate schedule for the cleaning of all surfaces, bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials.

(3) Student Health Center (SHC) and School of Dental Medicine (SDM)

a. Provide a method for department employees and designated volunteers to submit recommendations for safer medical devices/procedures.

b. Evaluate recommendations submitted by department employees and designated volunteers.

c. Determine procedures and devices that are approved for use in their particular facility. Appendix D – “Annual Review Safer Medical Task/Procedure Device/Technology” may be used to document this review.
d. Order approved devices and instructs staff on their implementation and use.

(4) Student Health Center (SHC)
   a. Maintain an inventory of Hepatitis B vaccine.
   b. Provide Hepatitis B vaccinations to those who have completed training and have opted to receive the vaccination series.
   c. Provide documentation of Hepatitis B vaccine series completion to RMS.
   d. Maintain medical records for the duration of employment plus 30 years.

(5) UNLV Employees and Designated Volunteers
   a. Complete required training.
   b. Check personal protective equipment for proper condition prior to use.
   c. Wear all specified personal protective equipment properly for work being performed.
   d. Follow Universal Precautions and all safe work practices.
   e. Report all exposure incidents to your immediate supervisor at the time of occurrence.

D. EXPOSURE DETERMINATION

(1) The listing below shows job classifications in which all employees at UNLV may have an occupational exposure.

   a. Athletic Trainer
   b. Childcare Worker
   c. Custodial Worker/Housekeeping
   d. Dental Care Professional/Support
   e. Health Care Professional
   f. Lifeguard
   g. Plumber
   h. Police/Security Officer
(2) The listing below shows a list of departments at UNLV in which some employees may have an occupational exposure. A list of tasks can be found at Appendix A.

a. Campus Life Maintenance  
b. Facility Maintenance Services – Shadow Lane Campus  
c. Campus Recreational Services  
d. Kinesiology  
e. Landscape/Grounds  
f. Nursing Student  
g. Physical Therapy  
h. Risk Management and Safety  
i. Student Health Center  
j. Thomas & Mack Center/Sam Boyd Stadium  
k. Graduate Assistants/Laboratory Workers (with potential exposure)

E. METHODS OF COMPLIANCE

(1) Engineering Controls, Administrative Controls, and Personal Protective Equipment (PPE).

a. Engineering Controls are also used to eliminate or minimize exposure to blood and OPIM. Examples of this type of control are:

1. Tools for picking up contaminated sharps.
2. Containers to properly discard needles and contaminated sharps.
3. Hand washing facilities.
4. Facilities for the flushing of mucous membranes; eyes, face and body after any contact with blood or OPIM.

b. Administrative Controls shall be used to eliminate or minimize exposure to blood or OPIM. Examples of these controls include, but are not limited to:

1. Washing hands and exposed skin with soap and hot water as soon as possible after working in an area where there is blood or OPIM. Using antiseptic hand cleaners when soap and hot water are not available.
2. Storing personal items (food, drinks, etc.) in areas where blood and/or OPIM are not present.
3. Following procedures to minimize splashing, spraying, spattering and the generation of droplets.
4. Cleaning and sanitizing facilities, work surfaces and equipment as soon as possible after contamination and prior to reuse.

5. Identifying regulated waste, blood, and OPIM.

c. **Personal Protective Equipment**

   1. Suitable (PPE) shall be provided to protect against potential exposure.

   2. PPE shall be made of material that prevents blood and OPIM from passing through.

**F. TRAINING**

1. BBP Training will be provided to employees and designated volunteers:

   a. During working hours and at no cost.

   b. At the time of initial assignment for tasks where occupational exposure may take place and annually thereafter.

   c. When tasks or procedures are implemented that affect employee’s occupational exposure.

2. Training records will be retained three years from the date on which the training occurred.

**G. HEPATITIS B VACCINATION**

1. Information will be presented during Bloodborne Pathogens Training.

2. Hepatitis B vaccinations are available at no cost to UNLV employees and designated volunteers.

3. Those who do not desire Hepatitis B vaccinations, or have received them previously, will sign a Declination Statement (see Appendix B).

4. Those who desire to obtain Hepatitis B vaccinations should:

   a. Acquire a completed Inter-Departmental Requisition (IDR) from their department for each of the three shots required by the series.

   b. Deliver the IDR to the Student Health Center to begin/continue the series of vaccinations.
(5) UNLV employees and designated volunteers who initially decline a Hepatitis B vaccination retain the option of receiving the vaccination at a later date.

H. POST - EXPOSURE EVALUATION AND FOLLOW-UP

(1) UNLV employees and designated volunteers involved in exposure incidents will be offered post-exposure evaluations and follow-up treatment at no cost.

(2) Post-exposure evaluations and follow-up treatment can be obtained by:
   a. Visiting an approved worker compensation medical provider and filing a worker’s compensation claim.
   b. Receiving a physician’s progress report and date for follow-up treatment.
   c. Reporting to the medical care provider for follow-up treatment.

(3) Copies of evaluations may be provided to employees or designated volunteers at the time of each visit, but no later than 15 days from when they are conducted.

(4) UNLV employees and designated volunteers who refuse post-exposure evaluations and treatment must sign the “Refusal of Post-Exposure Evaluation” form (See appendix C).

I. COMMUNICATION OF HAZARDS TO EMPLOYEES

General exposure control plan information will be provided to employees and designated volunteers by RMS. Specific information about potential BBP hazards and methods of protection from these hazards will be provided by the respective departments/schools to which they are assigned.

J. RECORD KEEPING

The sharps injury log will contain required information and be maintained by RMS for five years following the incident.

K. APPENDICES

(1) Appendix A – “Potential Exposure – Departments”
(2) Appendix B – “Hepatitis B Declination Statement”
(3) Appendix C – “Refusal of Post-Exposure Evaluation”
(4) Appendix D – “Annual Review Safer Medical Task/Procedure Device/Technology”
## Appendix A

### Task and Procedures

#### Potential Exposure - Departments

<table>
<thead>
<tr>
<th>Departments</th>
<th>Work Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Life Maintenance</td>
<td>Provide cleanup of blood and OPIM in the residence halls, student union, and student recreational facilities while performing maintenance and servicing on building systems.</td>
</tr>
<tr>
<td>Campus Recreational Services</td>
<td>Provide cleanup of blood and OPIM on recreational equipment and facilities released during injuries and illnesses by employees and patrons of the facility.</td>
</tr>
<tr>
<td>Facility Maintenance Services – Shadow Lane Campus</td>
<td>Provide cleanup of blood and OPIM while performing maintenance and servicing on building systems. Provide backup support to custodial staff when cleanup is needed.</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>Assist athletic trainers who are carrying for athletes and also athletic trainers who experience injuries. Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies.</td>
</tr>
<tr>
<td>Landscape/Grounds</td>
<td>Removal of trash from containers outside of buildings and response to BBP incidents to perform cleanup operations.</td>
</tr>
<tr>
<td>Nursing Student</td>
<td>Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies.</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Oversee students who practice rehabilitation techniques. Respond to student injuries or illnesses. Clean equipment or other surfaces that may be contaminated with blood or OPIM.</td>
</tr>
<tr>
<td>Risk Management and Safety</td>
<td>Assist with the cleanup of blood or OPIM when requested through on-call notifications and when other qualified UNLV personnel are not available.</td>
</tr>
<tr>
<td>Student Health Center Faculty and Staff Treatment Center</td>
<td>Provide medical care to students, faculty, staff, and dependents during routine office visits and emergencies (medical and mental health). Perform and assist with minor surgical procedures, vaccinations and other injections, treatments including IV therapy, and laboratory testing. Assist students during check in/out, processing insurance, and providing referrals. Clean equipment or other surfaces that may be contaminated with blood or OPIM.</td>
</tr>
<tr>
<td>Thomas &amp; Mack and Sam Boyd Stadium</td>
<td>Provide cleanup for events and removal of items containing blood or OPIM by event service workers and maintenance staff.</td>
</tr>
<tr>
<td>Graduate Assistants Laboratory Workers</td>
<td>Research work with potentially infectious organisms or cultures during their documented procedures.</td>
</tr>
</tbody>
</table>
Appendix B

Hepatitis B Declination Statement

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the 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 the hepatitis B vaccination at this time. I understand that by declining this vaccination, 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have completed the hepatitis B vaccine on (date): ____________________

__________________________
Initials

I have not completed the Hepatitis B vaccine and decline at this time.

__________________________
Initials

Name (print)

__________________________
Signature

__________________________
Department

__________________________
UNLV Employee/Volunteer ID Number

__________________________
Date

Mail completed form to:

University of Nevada, Las Vegas
Risk Management and Safety
4505 S. Maryland Parkway
Mail Stop 1042
Las Vegas, Nevada 89154-1042
Appendix C

Refusal of Post – Exposure Evaluation

However, I, of my own free will and volition, have elected not to have an exposure evaluation.

________________________________________
Name (print)

________________________________________
Signature

________________________________________
Department

________________________________________
UNLV Employee/Volunteer ID Number

________________________________________
Date

Mail completed form to:

University of Nevada, Las Vegas
Risk Management and Safety
4505 S. Maryland Parkway
Mail Stop 1042
Las Vegas, Nevada 89154-1042
Appendix D

Annual Review
Safer Medical Task/Procedure
Device/Technology

This form may be used to document annual reviews of safer tasks, procedures, medical devices and changes in technology and identify those individuals who are involved in the recommendation and review process. Records of review should be kept on file at the organization or department where the reviews are accomplished.

Tasks, Procedures, Devices and Changes in Technology Recommended for Review:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Recommended by (Name/Job Title/Date):

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________
Appendix D - (continued)

Review Team Members (Name/Job Title): Date of Review: ________________

1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________
5. ___________________________________________________________________

Review Criteria/Determination for Acceptance/Rejection:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Assigned to Implement Accepted Tasks, Procedures, Devices and Changes in Technology:

_________________________   ______________
Name/Job Title              Date

_________________________   ______________
Name/Job Title              Date

_________________________   ______________
Name/Job Title              Date