



## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN February 2018**

### **A. SCOPE AND APPLICATION**

The Bloodborne Pathogens (BBP) Exposure Control Plan is established in accordance with 29 CFR 1910.1030, "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 occupational exposure to blood or other potentially infectious material while completing job duties and assignments.

### **C. DEFINITIONS**

- (1) **Occupational Exposure** – means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or potentially infectious materials that may result from the performance of an employee's duties.
- (2) **Other Potentially Infectious Material (OPIM)**
  - a. Bodily fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  - b. Unfixed tissue or organ (other than intact skin) from a human (living or dead).
  - c. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- (3) **Universal Precautions** – an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**D. 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. Collect and process for disposal, sharp containers and implements used in research labs.
  - c. Develop and offer training at no cost to those covered by this plan.
  - d. Maintain training records, hepatitis B series completion records, declination statements, sharps injury logs, and occupational exposure incident reports.
  - e. Offer UNLV employees and designated volunteers experiencing 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 specified for the job tasks being completed (in appropriate sizes and at no cost) to those covered by this plan and ensure it is being used when required.
  - b. Repair or replace personal protective equipment, as needed, to protect employees and designated volunteers from the hazards encountered.
  - c. Ensure UNLV employees and designated volunteers who have potential exposure to blood or OPIM complete BBP Training
  - d. Provide sharps containers that meet the requirements of OSHA standard 29 CFR 1910.1030 and ensure they are processed for disposal as required.
  - e. Provide engineering controls and maintain (or replace) engineering controls to ensure they work properly and are providing effective protection for those working in areas where they are located.
  - f. Place regulated waste in appropriate containers that are properly labeled and then process for shipment/pickup.
  - g. Notify RMS of any changes in job positions, tasks, or procedures that affect employee exposure.

- h. Report exposure incidents to RMS.
  - i. Refer individuals experiencing exposure incidents to RMS for information about post-exposure evaluations, treatments, and follow-up care.
  - j. Provide containers for the storage, washing, decontamination or disposal of contaminated PPE.
  - k. Establish and communicate procedures to identify and separate clean and sanitized re-usable items from those that are contaminated.
  - l. Develop and implement a schedule for the cleaning and decontamination of all surfaces, bins, pails, cans, and similar receptacles. Clean and decontaminate the following items:
    - i. Those intended for reuse which have a reasonable likelihood of becoming contaminated with blood or OPIM.
    - ii. Those that have visible signs of contamination on them.
    - iii. Prior to servicing or shipping (unless demonstrated that decontamination is not feasible).
- (3) Student Health Center (SHC), School of Dental Medicine (SDM) and School of Medicine (SOM) – Safer Medical Devices
- a. Provide a method for department employees (including non-managerial employees) and designated volunteers to submit recommendations for safer medical devices/procedures and evaluate recommendations.
  - b. Determine procedures and devices that are approved for use in their particular facility. Appendix A – “Annual Review Safer Medical Task/Procedure Device/Technology” should be used to document this review.
  - c. Order approved devices and instruct staff on their implementation and use.
- (4) Student Health Center (SHC) – Medical Services
- 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.

- (5) UNLV Employees and Designated Volunteers
  - a. Complete required training.
  - b. Eat, drink, smoke, apply lip balm/cosmetics and handle contacts in areas where there is not a reasonable likelihood of occupational exposure.
  - c. Store personal consumable items (food and drinks) in areas where they will not be contaminated with blood or OPIM.
  - d. Inspect all PPE prior to use and bring defective PPE to supervisor for repair or replacement.
  - e. Wear all specified personal protective equipment properly for work being performed.
  - f. Follow Universal Precautions and all safe work practices.
  - g. Remove PPE prior to leaving the work area and place in appropriate container for storage, washing, decontamination or disposal.
  - h. Wash hands immediately (or as soon as feasible) after the removal of gloves or other personal protective equipment, or contact with blood or OPIM.
 

Note: Centers for Disease Control and Prevention (CDC) guidelines for washing hands and using hand sanitizers are provided at: [www.cdc.gov/handwashing/when-how-handwashing.html](http://www.cdc.gov/handwashing/when-how-handwashing.html).
  - i. Report all exposure incidents to your immediate supervisor at the time of occurrence.

**E. 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/Support
  - 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 summary of tasks they perform can be found at Appendix B.
- a. Student Affairs Maintenance
  - b. Campus Recreational Services
  - c. Facility Maintenance Services – Shadow Lane Campus
  - d. Kinesiology
  - e. Landscape/Grounds
  - f. Medical and Nursing Student
  - g. Physical Therapy
  - h. Risk Management and Safety
  - i. Student Health Center and Faculty and Staff Treatment (FAST) Center
  - j. Thomas & Mack Center/Sam Boyd Stadium
  - k. Graduate Assistants/Laboratory Workers (with potential exposure)
  - l. Lynn Bennett Early Childhood Education Center Staff Member
  - m. Student Union

**F. METHODS OF COMPLIANCE**

- (1) Engineering Controls, Work Practice Controls, and Personal Protective Equipment (PPE).
- a. Engineering Controls
    - 1. Tools for picking up contaminated sharps and broken glassware.
    - 2. Containers to properly discard needles and contaminated sharps.
    - 3. Facilities for hand washing and the flushing of mucous membranes; eyes, face and body after any contact with blood or OPIM.
  - b. Work Practice Controls
    - 1. Use of Universal Precautions whenever handling blood or OPIM.
    - 2. Proper handling and disposal of sharps and sharps containers.
    - 3. 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.
    - 4. Using antiseptic hand cleaners when soap and hot water are not available.
    - 5. Implement and follow procedures to minimize splashing, spraying, spattering and generation of droplets.

6. Cleaning and sanitizing facilities, work surfaces and equipment as soon as possible after contamination and prior to reuse.

c. Personal Protective Equipment

1. Suitable (PPE) to protect against potential exposure and changed out when defective.
2. Made of material that prevents blood and OPIM from passing through.

**G. 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 jobs where occupational exposure may take place and annually thereafter.
  - c. When modification of tasks or procedures, or the implementation of new procedures affect employee’s occupational exposure.
- (2) Training for HIV/HBV research staff will be provided by the department wherein the research is conducted and cover the requirements specified in 29 CFR 1910.1030.
- (3) Training records will be maintained for three years from the date on which the training occurred.

**H. HEPATITIS B VACCINATION**

- (1) Information on obtaining Hepatitis B vaccinations at UNLV will be presented during Bloodborne Pathogens Training.
- (2) Hepatitis B vaccinations are available at no cost to UNLV employees and designated volunteers after completing required training and within 10 days of being assigned work with a potential for occupational exposure.
- (3) To obtain Hepatitis B vaccinations:
  - a. Acquire a completed “Student Wellness, UNLV Authorization for OSHA Vaccines” (see Appendix C) from their department.
  - b. Deliver the “Student Wellness, UNLV Authorization for OSHA Vaccines” to the Student Health Center to arrange for department payment of the vaccine and receive the first vaccination in the series.

- c. At the designated interval, return to the Student Health Center to receive the second and third vaccinations of the series.
- (4) To decline Hepatitis B vaccinations, employees should:
  - a. Sign a Declination Statement (see Appendix D).
  - b. Reasons for declining include:
    - i. Employee has received the Hepatitis B series previously.
    - ii. Antibody testing indicates that the employee is immune.
    - iii. Vaccine is contraindicated for medical reasons.
    - iv. Employee preference.
- (5) UNLV employees and designated volunteers, who initially decline Hepatitis B vaccinations, retain the option of receiving the vaccination at a later date by following steps listed in H (3) above.

**I. POST – EXPOSURE EVALUATION AND FOLLOW-UP**

- (1) UNLV employees and designated volunteers experiencing exposure incidents will be offered post-exposure evaluations and follow-up treatment at designated facilities 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 during their initial visit.
  - b. Receiving a physician’s progress report and scheduling appointments for follow-up treatment.
  - c. Reporting to the medical care provider for the follow-up treatment.
- (3) Copies of evaluations may be given to employees and designated volunteers at the time of each visit, but must be provided no later than 15 days from when they are conducted.
- (4) UNLV employees and designated volunteers who refuse post exposure evaluations and treatment should sign the “Refusal of Post - Exposure Evaluation” form (See appendix E).

**J. COMMUNICATION OF HAZARDS TO EMPLOYEES**

- (1) Exposure control plan information will be provided to employees and designated volunteers by RMS.
- (2) Specific information about potential BBP hazards and protection from these hazards will be provided by the respective departments/schools to which they are assigned.
- (3) The Exposure Control Plan is available for review by clicking the “Occupational” tab on the RMS website.

**K. RECORD KEEPING**

- (1) The sharps injury log will contain required information and will be maintained by RMS for five years following the incident.
- (2) All other records that pertain to vaccinations, potential exposures and medical determinations/treatment will be kept for the duration of employment plus 30 years.

**L. HIV/HBV RESEARCH LABORATORIES**

- (1) Proposed research involving HIV and HVB are spelled out in laboratory procedures that are submitted by the professor overseeing this research to the Institutional Bio-Safety Committee for review and approval.
- (2) Once all safety requirements have been met and approval has been granted, researchers and all others who enter these areas will abide by all safety criteria that have been established.
- (3) Variances to these procedures should be presented to the Institutional Bio-Safety Committee.
- (4) Post biohazard signage at the entrance to work areas to warn others of the potential hazards contained within the lab.
- (5) RMS will inspect laboratories and are also available to advise concerning routine laboratory procedures.

**M. APPENDICES**

- (1) Appendix A – “Annual Review Safer Medical Task/Procedure/Device Technology”
- (2) Appendix B – “Task and Procedures Potential Exposure – Departments”
- (3) Appendix C – “Student Wellness, UNLV Authorization for OSHA Vaccines”



- (4) Appendix D – “Hepatitis B Declination Statement”
- (5) Appendix E – “Refusal of Post - Exposure Evaluation”

## Appendix A



### Annual Review Safer Medical Task/Procedure Device/Technology

This form should 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 A - (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

## Appendix B Potential Exposure - Departments

Departments	Work Tasks
Student Affairs Maintenance	Provide cleanup of blood and OPIM in the residence halls, student union, and student recreational facilities while performing maintenance and servicing on building systems.
Campus Recreational Services	Provide cleanup of blood and OPIM on recreational equipment and facilities released during injuries and illnesses by employees, designated volunteers and patrons of the facility.
Facility Maintenance Services – Shadow Lane Campus	Provide cleanup of blood and OPIM while performing maintenance and servicing on building systems. Provide backup support to custodial staff when cleanup is needed.
Kinesiology	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.
Landscape/ Grounds	Removal of trash from containers outside of buildings and response to BBP incidents to perform cleanup operations.
Dental, Medical & Nursing Staff/Student	Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies. Provide dental and medical services to faculty, staff and designated volunteers.
Physical Therapy	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.
Risk Management and Safety	Assist with the cleanup of blood or OPIM when requested through on-call notifications and when other qualified UNLV personnel are not available.
Student Health Center Faculty and Staff Treatment Center	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.
Thomas & Mack and Sam Boyd Stadium	Provide cleanup for events and removal of items containing blood or OPIM by event service workers and maintenance staff.
Graduate Assistants Laboratory Workers	Research work with potentially infectious organisms or cultures while using documented procedures.
LBC Early Childhood Education Center	Cleanup of minor incidences involving blood or OPIM during child involved activities at the center.
Student Union	Provide cleanup of blood or OPIM while performing maintenance and/or servicing building systems. Provide backup support to maintenance staff when cleanup is needed.

### Appendix C

**STUDENT WELLNESS , UNLV  
AUTHORIZATION FOR OSHA VACCINES**

\_\_\_\_\_ Date \_\_\_\_\_  
*(Department requesting service)*

Account Charged PROGRAM: \_\_\_\_\_ SPEND CATEGORY: \_\_\_\_\_ CC: \_\_\_\_\_  
 Account Credited PROGRAM: PG04594 SPEND CATEGORY: SC0386 CC: 2053  
 Deliver To Ellen Bolt \_\_\_\_\_ 2005 \_\_\_\_\_ SRWC 1519 \_\_\_\_\_ 5-0542  
*Person Mail Route Code Building and Room Phone*

Quantity	Unit	Stock No.	Item	Amount
			Hepatitis B Vaccine, OSHA given to an employee at the	
			Student Health Center.	
			<b>3 SHOT SERIES AT \$50.00 PER SHOT</b>	
3	ea		Hep B OSHA Vaccines given to employee:	\$150.00
			List Name and NSHE number of employee(s):	
			<b>TOTAL</b>	<b>\$150.00</b>

Signed \_\_\_\_\_ Approved \_\_\_\_\_  
*Head of Department Dean or Administrative Officer*

**INSTRUCTIONS** - THIS FORM IS TO BE USED FOR AUTHORIZATION BY DEPARTMENTS REQUESTING EMPLOYEES TO RECEIVE THE 3 SHOT SERIES OF HEPATITIS B VACCINE, OSHA REQUIREMENT.

## Appendix D



### 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 E



### Refusal of Post – Exposure Evaluation

My employer has offered to provide post-exposure evaluations and follow-up care for me in order to assure that I have full knowledge of whether I have been exposed to, or contracted an infectious disease from an incident occurring at any UNLV facility or event.

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

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Name (print)

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Signature

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Department

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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