Risk Management and Safety (RMS)
Bloodborne Pathogens Exposure Control Plan
April 5, 2012

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Risk Management & Safety
Date 5/15/12
A. SCOPE AND APPLICATION

The 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 student workers who have risk of exposure to blood or other potentially infectious material (OPIM) while completing their duties and assignments.

C. DEFINITIONS

(1) **Bloodborne Pathogens (BBP)** - Pathogenic microorganisms present in human blood that can cause disease in humans.

(2) **Exposure Incident** – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee or student worker’s duties.

(3) **Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee or student worker’s duties.

(4) **Other Potentially Infectious Materials (OPIM)** – Any body fluid, organ, tissue, or culture medium that has the potential to contain bloodborne pathogens.

(5) **Universal Precautions** - An approach to infection control whereby 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.

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

c. Maintain training records, declination statements (see Appendix B), sharps injury logs, and documentation resulting from occupational exposure incidents.

d. Offer employees and student workers who are involved in exposure incidents, an opportunity to receive post exposure evaluations, treatment, and follow-up care.

e. Provide guidance to UNLV staff responding to BBP incidents occurring on campus, when requested.

(2) Department Managers and Supervisors

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

b. Ensure that employees and student workers complete required training.

c. Provide appropriate engineering controls, when necessary.

d. Coordinate with RMS to ensure the proper removal and disposal of biohazard waste.

e. Report exposure incidents to RMS.

f. Refer individuals involved in exposure incidents to RMS for post-exposure evaluation, treatment, and follow-up care when appropriate.

(3) 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 or school program plus 30 years.

e. Solicit input from non-managerial employees with regard to the selection of effective engineering and work practice controls.

(4) School of Dental Medicine

a. Solicit input from non-managerial employees with regard to the selection of effective engineering and work practice controls.

(5) Employees and Student Workers

a. Complete required training.

b. Check personal protective equipment for proper condition prior to use.

c. Wear all personal protective equipment properly.

d. Follow Universal Precautions and all safe work practices.

e. 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 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
i. Research Investigator/Technician

(2) The listing below shows a list of departments at UNLV in which some employees may have an exposure. A list of tasks can be found at Appendix A.

a. Biology
b. Campus Life Maintenance and Facilities
c. Student Recreation and Wellness Services
d. Kinesiology
e. Landscape/Grounds
f. Nursing  
g. Outdoor Adventure  
h. Physical Therapy  
i. Psychology  
j. Student Wellness  

F. METHODS OF COMPLIANCE  

(1) Engineering and Work Practice Controls  

a. Engineering controls are used to minimize exposure to blood and OPIM. Examples of this type of control include, but are not limited to:  

1. Hand and eye washing facilities.  

2. Containers to properly discard needles and contaminated sharps.  

b. Work practice controls shall be used to further minimize exposure to blood or OPIM. Examples of work practice 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.  

2. Using antiseptic hand cleaners when soap and hot water are not available.  

3. Storing personal items (food, drinks, etc.) in areas where blood and/or OPIM are not present.  

4. Following procedures to minimize splashing, spraying, spattering and the generation of droplets.  

(2) Personal Protective Equipment  

a. Personal protective equipment (PPE) that is suitable for each employee shall be provided to protect against potential exposure.  

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

(3) Housekeeping  

a. Work areas shall be kept clean and in a sanitary condition.  

b. Facilities and equipment, including coverings, shall be cleaned and sanitized as soon as possible after contamination and prior to reuse.  

c. Contaminated sharp objects will not be picked up using your hands.
d. Universal Precautions shall be used during the handling of all soiled laundry.

(4) Housekeeping

a. Labels and Signs.
   i. Regulated waste, blood, and OPIM will be appropriately identified.

b. Training and Training Records.
   i. Bloodborne Pathogens training will be provided during working hours.
   ii. Training will be provided upon initial assignment and annually thereafter.
   iii. Training will also be provided whenever tasks or procedural changes occur that affect exposure to blood or OPIM.

G. HEPATITIS B VACCINATION

(1) Information will be presented during employee orientation.

(2) Hepatitis B vaccinations are available at no cost to employees.

(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.
   b. Deliver the IDR to the SHC to begin/continue the series of vaccinations.

(5) Employees who initially decline Hepatitis B vaccinations retain the option of receiving the vaccinations at a later date.

H. POST-EXPOSURE EVALUATION AND FOLLOW-UP

(1) Employees and student workers who are involved in exposure incidents will be offered post-exposure evaluations and follow-up treatment at no cost.

(2) Employees and student workers will receive the evaluating healthcare professional's post exposure evaluation within 15 days of the evaluation.
a. RMS will file copies of the evaluation received from health care professionals for the duration of an individual’s employment plus 30 years.

(3) Employees and student workers who refuse post exposure evaluation and treatment must sign the “Refusal of Post - Exposure Medical Evaluation” form (See appendix D).

I. SHARPS INJURY LOG

(1) The log will contain the required information and maintained by RMS for five years following the year that it was originated.

J. APPENDICES

(1) Appendix A – “Potential Exposure – Department”

(2) Appendix B – “Hepatitis B Declination Statement Form”

(3) Appendix C – “Refusal of Post-Exposure Medical Evaluation”
Appendix A  
Task and Procedures  
Potential Exposure - Departments

<table>
<thead>
<tr>
<th>Departments</th>
<th>Work Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology</td>
<td>Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies.</td>
</tr>
<tr>
<td>Campus Life Maintenance and Facilities</td>
<td>Provide cleanup of blood and OPIM in the Residence Halls, Student Union, and Student Recreational facilities released during injuries and illnesses by students, staff, and patrons of these facilities.</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>Kinesiology</td>
<td>Assist trainers who are carrying for athletes and also 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</td>
<td>Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies.</td>
</tr>
<tr>
<td>Outdoor Adventure</td>
<td>Provide first aid and treatment to those who are injured during outdoor activities.</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>Psychology</td>
<td>Obtain urine samples for analysis at both on/off campus locations.</td>
</tr>
<tr>
<td>Student Health Center</td>
<td>Assist students during check in/out, processing insurance, and providing referrals. Provide care to those that present emergencies, who require vaccinations, or who had major decompensation of their mental health status.</td>
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Appendix B

Hepatitis B Declination Statement Form

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 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 virus, I can receive the vaccination series at no charge to me.

________ I have completed the Hepatitis B vaccine on ______________________(date)

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

__________________________
Name (print)

__________________________
Signature

__________________________
Department

__________________________
UNLV Employee ID Number

__________________________
Date

Mail completed form to:
Risk Management and Safety
University of Nevada, Las Vegas
Mailstop 1042
4505 Maryland Parkway
Las Vegas, NV 89154-1042
Appendix C

Refusal of Post – Exposure Medical Evaluation

My employer has offered to provide post-exposure medical evaluation 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 this incident.

However, I, of my own free will and volition, have elected not to have a medical evaluation. If in the future I elect to receive the post-exposure evaluation and any follow-on treatment, these services will be provided to me at no cost. I will contact RMS to receive information about the medical facilities providing this service.

__________________________________
Name (print)

__________________________________
Signature

__________________________________
Department

__________________________________
UNLV Employee ID Number

__________________________________
Date

Mail completed form to:
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