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*Purpose*

University of Alaska Anchorage departments will develop plans and procedures to limit occupational exposure to blood and other potentially infectious materials (PIM) in compliance with federal and state regulations. Employees in certain job classifications have a risk of occupational exposure to blood and other potentially infectious materials



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are considered the most important and effective. Examples of engineering controls include:

- Hoods
  - Biological safety cabinets
  - Puncture-resistant, leak-proof containers for sharp objects (sharps) such as needles and scalpel blades
  - Needle sheathing devices
  - Permanent guards and shields
  - Specially marked containers or bags for contaminated materials
- Work practice controls must be established and enforced. They are second in importance in OSHA's hierarchy of control measures. Effective work practice controls include procedures to:
    - Prohibit the consumption or storage of food in work areas
    - Minimize the splashing and spraying of blood
    - Require the use of personal protective equipment whenever splashes, spray, splatter, or droplets of blood or other PIM are likely to occur
    - Clean, launder, or dispose of personal protective equipment (Contaminated personal protective equipment must be discarded as regulated medical waste)
    - Ensure that employees remove all personal protective clothing and equipment before leaving the work area
    - Make sure that employees wash their hands thoroughly and immediately after contact with blood or other body fluids, and after gloves are removed
    - Ensure employees take precautions to avoid injuries when using, cleaning, handling, or disposing of hypodermic needles, scalpel blades, and other sharps
    - Make sure employees never shear, recap, bend, or break needles, or remove them from disposable syringes
    - Ensure that employees use puncture-resistant, leak-proof containers that are labeled for disposal of disposable syringes and other sharps

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- Decontaminate equipment or label it as contaminated before shipping to servicing facilities
  - Establish schedules and methods of cleaning equipment, work surfaces and receptacles
  - Deal with the disposal of contaminated waste
- Employees must be provided with specialized clothing and equipment, called personal protective equipment (PPE). Personal protective equipment acts as a barrier between the employee and the source of bloodborne pathogens. Such equipment is considered appropriate only if it does not permit blood or other PIM to pass through or reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and only if it continues to be effective for the entire length of time it is in use. The PPE must be cleaned, repaired, and replaced when necessary.

Appropriate personal protective equipment may include, but is not necessarily limited to, such items as:

- Face shields with one-way valves, and resuscitation bags or other ventilation devices
- Fluid-resistant laboratory coats
- Gloves
- Head coverings or masks
- Fluid-resistant aprons
- Eye protection

*HBV  
Vaccination*

The HBV vaccination must be made available for all employees who have or may have occupational exposure to, HBV. SWORM funds the hepatitis B vaccinations through licensed health care professionals at no charge to departments or employees. If an employee falls under the occupational exposure guidelines, the [OSHA REQUIRED MEDICAL EXAMINATIONS/PROCEDURES, EHS/RMS Appendix 17](#) should be completed and sent to EHS/RMS for authorization. Consult with EHS/RMS prior to submitting the form (<http://www.uaa.alaska.edu/EHSRMS/ehspersonnel.cfm>). The

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vaccination will be provided free of charge and within ten working days of a job assignment.

Employees may decline to accept the HBV vaccination. An employee who refuses to take the vaccination must sign a [statement \(EHS Appendix 12\)](#) indicating that he or she has been given the opportunity to receive the vaccination but has declined to do so. The refusal to accept a vaccination will not prevent the employee from obtaining a vaccination or prophylactic treatment at a later date. Booster doses will be made available through this plan if warranted.

*Titers*

Two months after the completion of the immunization procedure, antigen (anti-HBs or hepatitis surface antigen) titers will be determined. Employees who do not respond to the primary vaccination should receive a second series of inoculations and then be retested for titers two months later unless medical opinions differ. Employees who still fail to respond should receive medical counseling concerning the results and ramifications. Titers should be confirmed periodically (suggested every five years) for employees operating under the Bloodborne Pathogen Policy. Employees falling below acceptable levels must be offered re-immunization or boosters and be provided with appropriate medical counseling. Employees declining these offers must do so in writing.

*Post Exposure Follow-up*

The university provides a free medical examination (see [OSHA REQUIRED MEDICAL EXAMINATIONS/PROCEDURES, Appendix 17](#)) and follow-up exam to any employee exposed to HBV or other bloodborne pathogens. A licensed health care professional will perform a confidential evaluation by:

- Identifying the route of exposure and how the exposure occurred.
- Finding out, by reasonable attempt, whether or not the source individual is infected with HBV, HIV, or any other bloodborne disease (department expense).
- Finding out whether the exposed employee has been infected by HBV, HIV, or any other bloodborne infection.

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If the source individual refuses to be tested, tests positive, or already knows that he or she has the HBV virus, the university will take these steps:

- Make sure the employee is evaluated both clinically and by HIV antibody testing as soon as possible.
- Advise the employee to get medical attention if he or she experiences any flu-like symptoms or other illness within 12 weeks following the exposure. Offer repeat HIV testing to exposed employees at 6 weeks, 12 weeks, and 6 months after the exposure.

If the patient has been exposed or potentially exposed to HBV, follow-up procedures will depend on whether or not the worker has received the HBV vaccination, and the HBV status of the source patient.

The department must provide the health professional with the following information to facilitate the evaluation:

- The employee's name and social security number
- The supervisor's name, title, and phone number
- A description of the employee's job duties as they relate to the exposure incident
- A description of how the exposure occurred
- A description of the route of exposure
- A record of whether or not the employee has been vaccinated for HBV
- All other medical records on the employee that could relate to the exposure incident.

After the evaluation of the incident and examination of the employee, the health care professional will provide an opinion on the need and the employee's ability to receive an HBV vaccination or other treatment. The opinion must be provided to the employee within 15 days of the evaluation. All diagnoses must remain confidential unless a Workers' Compensation claim is being filed by the employee.

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given basic hazard awareness information or training, and in some cases must be provided with direct supervision by a trained university employee. Departments are not responsible for providing extensive employee type training or other provisions of this policy to these individuals.

*Needlestick Procedure*

Employers must consider the use of safer needle devices when they conduct their annual review of their exposure control plan. Safer sharps are considered appropriate engineering controls, the best strategy for worker protection; below are other requirements/strategies:

1. Involving frontline employees in selecting safer devices will help insure that workers who are using the equipment have the opportunity for input into purchasing decisions.
2. Detailed logs of all needlesticks must be maintained to assist with tracking and identifying problem areas or operations.
3. The privacy of employees who have experienced needlesticks must be maintained.

*Sample Plans*

A Bloodborne Pathogens Exposure [sample plan](#) is available and proper use of this [OSHA publication](#) will help to eliminate technical citations and fines if used properly. A Hazard Communication Plan ([sample](#)) will be required along with the Bloodborne Pathogen Exposure Plan if hazardous chemicals are being used (disinfectants, sterilizers, etc.)