

**UNIVERSITY OF WISCONSIN-LA CROSSE  
ENVIRONMENTAL HEALTH AND SAFETY STANDARD**

SUBJECT: BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

EFFECTIVE: January 2023

ORIGINAL: AUGUST 1993

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**References**

1. 29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard

**Scope**

This Bloodborne Pathogens Exposure Control Standard applies to all University of Wisconsin-La Crosse (UWL) employees whose position duties may reasonably be anticipated to result in occupational exposure to blood or other potentially infectious materials. (Other potentially infectious materials and other phrases and words are defined in the Key Definitions section.) Personnel affected by the Standard are identified in Section I on Exposure Determination. The purpose of the UWL plan is to provide information which will assist personnel in minimizing or eliminating their potential exposure to bloodborne pathogens. The secondary purpose is to comply with Occupational Safety and Health Administration (OSHA) regulations as enforced by the Wisconsin Department of Safety and Professional Services (DSPS).

## **Introduction**

Employees in certain occupations face an increased health risk as a result of potential exposure to blood and other infectious materials which may contain bloodborne pathogens. These health risks can be minimized by using a combination of universal precautions, engineering and work practice controls, personal protective equipment, housekeeping, training, vaccination, medical evaluation, and treatment following exposure incidents.

## **Costs**

All costs associated with program implementation will be funded by the UWL. As follows, expenses or charges at the UWL will be funded through centralized UWL funds or decentralized department funds.

### Centralized costs

1. Post-exposure and follow-up evaluations conducted by private or contract healthcare professional.
2. Regulated waste disposal.

### De-centralized costs

1. Personal protective equipment (PPE) and spill response kits.
2. Appropriately color-coded or labeled waste receptacles.
3. Any engineering controls necessary to implement the program.
4. Biohazard warning labels and signs.
5. Vaccinations

## **Implementation and Compliance Responsibilities**

All UWL employees with occupational exposure to bloodborne pathogens and their supervisors have responsibility for compliance and implementation of the UWL Bloodborne Pathogens Program. Responsibilities of identified organizations or personnel are as described below; refer to the written Program for a detailed description of responsibilities.

### **Executive Leadership:**

Responsible for UWL compliance and implementation of the Bloodborne Pathogen Exposure Control Standard.

### **Environmental Health and Safety:**

1. Administrate implementation of the Bloodborne Pathogens Program.
2. Conduct or arrange for training of personnel with occupational exposure.
3. Conduct unannounced periodic inspections to evaluate program compliance.
4. Coordinate biohazard waste disposal.
5. Assist supervisors and others with determining the correct type of PPE.
6. Annually review the written program and update as needed.
7. Investigate and recommend methods to correct events where PPE is not used because it would have prevented the delivery of health care or would have posed an increased risk to any individual.

**Human Resources Office shall:**

1. Complete Workers Compensation recordkeeping requirements and maintain employee medical records related to the Bloodborne Pathogens Program.
2. Maintain exposure determination records.

**Supervisors shall:**

1. Ensure that safe work practices, controls, and PPE are being correctly utilized.
2. Ensure availability of adequate PPE supplies.
3. Develop specific written guidelines, if not already provided in Section III (Engineering and Work Practice Controls), to address unique hazards associated with their laboratory procedures or equipment.
4. Familiarize their employees with the exposure response procedures further described in the appendices.
5. Arrange to conduct an exposure incident investigation, with the Environmental Health and Safety Office, to develop and recommend methods to prevent recurrence of similar incidents.
6. Work with their staff to coordinate scheduling of hepatitis B vaccinations, post-exposure evaluations, and follow-ups with private or contract healthcare professionals.
7. Work with Environmental Health and Safety to determine if their staff have occupational exposure.

**All Employees shall:**

1. Familiarize themselves with exposure response procedures further described in the appendices.
2. Immediately report an exposure incident to their supervisor.

**Employees with occupational exposure shall:**

1. Question their immediate supervisor regarding any point of the program they do not understand.
2. Use PPE as directed in training, written area procedures, or by their supervisor.
3. Use engineering and administrative controls to minimize or eliminate exposure.
4. Maintain facilities which use blood or other potentially infectious materials in a clean and sanitary condition.

**Custodial Staff shall:**

1. Collect and transport treated infectious wastes, except sharps, to the building dumpster.
2. Perform housekeeping responsibilities in common areas and support cleaning activities in other areas.

**Course Instructors, Coaches, etc. shall:**

1. Minimize or eliminate the use of human blood and other potentially infectious materials in all curricula.
2. Observe and familiarize their students, team members, and similar individuals with methods to prevent exposure to bloodborne pathogens.

**Key Definitions**

**Appropriately labeled or Color-coded** means the following: "Label" refers to the universal biohazard symbol, printed in fluorescent orange or orange-red color, with the word "Biohazard" printed in contrasting color. "Color-coded" refers to bags or containers that are red.

**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) and human immunodeficiency virus (HIV).

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

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

**Contaminated sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, 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, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results 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 air-drying machines.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless systems** means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**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.

**Other potentially infectious materials** means (1) 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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) 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.

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

**Personal protective equipment (PPE)** is specialized clothing or equipment worn 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.

**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.

**Sharps with engineered sharps injury protections** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic 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 certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work practice controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## **I. EXPOSURE DETERMINATION**

All UWL employees in the following job classifications have occupational exposure.

1. Student Health Center staff who provide direct patient care or laboratory services
2. University Police
3. Environmental Health and Safety
4. Electricians and safety back-ups for personnel that work on energized electrical systems
5. Custodial staff in campus buildings

Some UWL employees in the following job classifications could have occupational exposure. Specific exposure tasks are identified after the job classifications.

1. Coaches and Trainers from the Athletic Department who are required to provide first aid treatment and/or handling contaminated laundry.
2. Researchers, instructors, student employees or other personnel from any laboratory where human blood or other infectious materials are used or studied.
3. Persons in any job title who are engaged in drawing human blood or obtaining samples of other potentially infectious materials.

4. Any first-aid or cardio-pulmonary resuscitation (CPR) trained personnel who have been specifically authorized through a written job description to respond to emergencies that may involve blood or other potentially infectious materials.
5. All personnel involved in handling or transporting regulated infectious waste.
6. Laundry workers who handle contaminated laundry and any employee's who handle contaminated laundry.

Supervisors of personnel required to perform activities that could result in occupational exposure should work with Environmental Health and Safety to determine safety requirements for their staff.

Personnel that are included in this list are required to comply with all requirements of the Bloodborne Pathogen Exposure Control Standard.

Students, volunteers, and good Samaritans are not affected by this standard unless they receive monetary payment from UWL in one of the above listed job classifications or job class specific tasks. However, UWL will take action to minimize or eliminate exposure to all individuals to blood and other potentially infectious materials in courses and other campus sponsored activities.

## **II. UNIVERSAL PRECAUTIONS**

All UWL personnel with occupational exposure are to observe universal precautions.

Universal precautions apply to blood and other potentially infectious materials. Universal precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomitus, unless they contain visible blood. Under circumstances in which differentiation between body fluid types is difficult or impossible (such as certain emergency response situations), all body fluids should be considered potentially infectious.

## **III. ENGINEERING AND WORK PRACTICE CONTROLS**

The following engineering and work practice controls shall be observed and implemented by all UWL employees with occupational exposure:

1. Handwashing facilities shall be readily accessible. Where provision of such facilities is not feasible, antiseptic cleansers or towelettes shall be used, followed as soon as possible by handwashing.
2. All employees shall wash their hands immediately or as soon as feasible after removal of gloves or other PPE.
3. All employees are to wash their hands and any other skin with soap and water or to flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
4. Contaminated needles and sharps are not to be recapped or removed unless such action is required by a specific medical procedure. If recapping or needle removal is required, it must be done through the use of a mechanical device (e.g., a hemostat or needle holder) or by a one-handed technique.

5. Immediately or as soon as possible after use, contaminated disposable sharps and needles are to be placed in leak-proof, puncture resistant designated sharps containers that are appropriately labeled or color coded. Sharps containers must be conveniently located and accessible to the areas where sharps are being used.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
8. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. All containers shall be appropriately labeled or color-coded. If outside contamination of the primary container occurs, the primary container shall be placed within an appropriately labeled or color-coded second container which prevents leakage during handling, processing, storage, transport, or shipping.
9. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
10. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
11. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If it is not feasible to decontaminate the equipment, a readily observable biohazard label shall be attached to the equipment stating which portions remain contaminated.
12. Properly chosen, maintained and exhausted ventilation equipment shall be used during procedures which could cause aerosols of the infectious materials.
13. UWL personnel who organize blood drives should inform the organization conducting the blood drive of their need to comply with the OSHA Bloodborne Pathogen Standard as specified in reference 1. Additional requirements are as follows:
  - a) Rooms in which blood drives are conducted should have a tile floor or other impermeable flooring surface.
  - b) The room in which a blood drive is conducted should be cleaned by personnel from the organization conducting the blood drive.
  - c) The organization conducting the blood drive shall remove and properly dispose of all potentially infectious waste materials they have generated.
  - d) The organization conducting the blood drive shall follow reasonable engineering and work practice controls to limit the likelihood of exposure.

14. Departments or units should annually document their consideration and implementation of appropriate commercially available and effective safer medical devices, sharps with engineered sharps injury protections and needleless systems designed to eliminate or minimize occupational exposure. Affected departments and units shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation.

Since the above engineering and work practice controls do not account for every conceivable method to minimize exposures, some departments and units may need to develop specific written guidelines to address unique hazards associated with their laboratory procedures.

#### **IV. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

UWL will make PPE available, at no cost, to employees who have potential for occupational exposure to bloodborne pathogens.

In the context of exposure control, PPE refers to the following types of items:

1. fluid resistant gloves;
2. fluid resistant gown or apron;
3. face shield or mask;
4. eye protection;
5. items of clothing that cover other parts of the body (e.g. shoe covers, caps, full body suits, etc.); and
6. mouthpieces, resuscitation bags, pocket masks, and other ventilation devices.

**There is no substitute for good judgement in deciding which items of PPE to wear in particular settings. At a minimum, protective gloves should be worn in any situation where there is potential for exposure to bloodborne pathogens, including cleaning and removal of contaminated materials or laundry.**

Additional items of PPE should be added based upon good judgement and according to the type of job or task being performed. Personnel should utilize the PPE specified by their supervisor and as advised in bloodborne pathogens training.

All campus locations with personnel that have a chance of exposure to blood or other potentially infectious materials shall have a readily visible supply of gloves and other PPE available. Supervisors shall work with Environmental Health and Safety to conduct a hazard assessment to determine which items of PPE to wear in particular settings. Such locations shall also have emergency response kits readily available. All emergency response kits shall include:

1. fluid resistant gloves and gown or apron;
2. masks that cover the oral cavity and nose;
3. safety glasses with side shields; goggles or face shield; and
4. additional PPE and other supplies available for cleaning, decontamination and disposal of the potentially infectious materials.

Personnel who are required and properly trained to provide ventilatory assistance should have some type of ventilatory or CPR mask in their emergency response kits.



### **Disposal of PPE**

Most items of PPE, especially gloves, will be designed to be single use items and shall be discarded after use and before leaving the work area. Disposable clothing is recommended for all areas that have minimal use of clothing. Refer to the Contaminated Laundry section of this document for cleaning instructions for non-disposable clothing. If an item of PPE becomes excessively soiled during use, it shall be removed and disposed into a designated infectious waste container or laundry bag. The user shall then wash their hands prior to putting on clean equipment.

PPE that is not designed for disposal (e.g. goggles, safety glasses) should be disinfected in a freshly prepared 10% household bleach in water solution or other disinfectant approved for use on PPE. After disinfection the PPE must be rinsed and allowed to air dry prior to re-use. PPE should not be cleaned with alcohol, autoclaved, or exposed to other cleaning methods which may damage the equipment.

### **V. HOUSEKEEPING**

All facilities which use blood and other potentially infectious materials are to be maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

All personnel identified as having occupational exposure are responsible for housekeeping duties in their work area. Custodial Staff will perform housekeeping responsibilities in common areas and support cleaning activities in other areas.

An adequate supply of waste receptacles should be placed in each area where infectious waste is normally generated. When proper waste receptacles are not available in the area, as in the case of medical emergencies, the waste generator should contact Environmental Health and Safety to arrange pickup. The waste generator shall temporarily store the infectious waste in a secured location away from the general public.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated; after any spill of blood or other potentially infectious materials; and, at the end of the work shift if the surface may have become contaminated since the last cleaning. Appropriate disinfectant includes a freshly prepared 10% household bleach solution in water or other EPA registered disinfectants.

Cleaning of the Student Health Center shall be performed in accordance with the routine custodial cleaning schedule arranged by Student Health Center and UWL Custodial Services unit providing services in academic and administrative buildings.

All bins, pails, cans, and similar receptacles intended for re-use, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, shall be regularly inspected and decontaminated. Such receptacles shall be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware shall not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Contaminated broken glassware should be placed in a biohazard sharps container. Other broken glassware should be placed in a puncture resistant container.

Employees are not to reach by hand into containers where contaminated sharps have been placed.

## **VI. REGULATED WASTE**

All blood and other potentially infectious regulated waste materials are to be placed in closable, puncture resistant, leak-proof, appropriately labeled or color coded; and designed with an opening that will not allow easy access of any body part.

Soiled sanitary napkins and other feminine hygiene products do not have to be treated as a regulated waste. However, the containers for these products shall be lined with a plastic or wax paper bag and the personnel handling the bags should wear suitable gloves.

The Wisconsin Department of Natural Resources has established a Medical Waste Management regulation in Chapter NR 526 of the Wisconsin Administrative Code.

The regulation identifies the following categories of wastes as infectious waste.

- Contaminated sharps which are both infectious and may easily cause punctures or cuts in the skin, including but not limited to: hypodermic needles, syringes with needles attached, scalpel blades, lancets, broken glass vials, broken rigid plastic vials and laboratory slides.
- Unused or disinfected sharps which are being discarded, including hypodermic needles, scalpel blades, lancets and syringes with needles attached.
- Bulk blood and body fluids from humans.
- Human tissue.
- Microbiological laboratory waste.
- Tissue, bulk blood or body fluids from an animal which is carrying a zoonotic infectious agent.

Wastes presumed not to be infectious wastes include all of the following:

- Items soiled but not saturated with blood or body fluids from humans included in the definition of "bulk blood and body fluids".
- Items soiled with body fluids from humans not included in the definition of "bulk blood and body fluids".
- Intravenous tubing after needles have been detached.
- Tissue, blood, body fluids or cultures from an animal which is not known to be carrying or experimentally infected with a zoonotic infectious agent.
- Animal manure and bedding.
- Other solid wastes, including but not limited to containers, packages, waste glass, laboratory equipment and other materials which have had no contact with blood, body fluids, clinical cultures or infectious agents.
- Formerly infectious waste, after it has been treated.

To apply good waste management practices all personnel should:

- Place all non-infectious wastes in trash receptacles other than those designated for infectious wastes.
- Segregate sharps infectious wastes from other infectious wastes. Sharps infectious wastes shall be discarded in separate sharps containers.
- If possible, autoclave all non-sharps containing infectious wastes. Infectious wastes that have been autoclaved and do not contain sharps can be discarded with all other building trash after being placed in an opaque outer container, such as a black plastic bag.
- Sharps containers, whether or not autoclaved, shall be collected for disposal as infectious waste.
- Blood and body fluids can be discarded in a laboratory sink followed by copious amounts of rinse water.
- Do not discard radioactive, reactive, corrosive, ignitable, toxic or any hazardous wastes in infectious waste containers.
- Contact UWL Environmental Health and Safety to remove infectious waste.

## **VII. CONTAMINATED LAUNDRY**

Contaminated laundry includes any garments, whether the employer's or employee's, or other laundry soiled with visible blood or other potentially infectious materials.

Contaminated laundry is to be handled as little as possible and with a minimum of agitation. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in appropriately labeled or color-coded bags or containers.

All contaminated laundry must be delivered to a departments designated laundromat in leak-proof bags or containers that are appropriately labeled or color-coded.

## **VIII. HEPATITIS B VACCINATION**

UWL, at no cost to the employee, shall make available hepatitis B vaccination to all employees who have occupational exposure. Vaccinations will be coordinated by the employee and supervisor through a local healthcare provider. Hepatitis B vaccinations need to be performed by or under the supervision of a licensed physician or another licensed healthcare professional.

The employee shall be offered an opportunity to receive hepatitis B vaccination at the conclusion of the initial bloodborne pathogen exposure avoidance training session. The employee must initially accept or decline the opportunity to accept the vaccination.

If an employee initially declines hepatitis B vaccination but at a later date while still covered under this standard decides to accept the vaccination, UWL shall make the vaccination available at that time.

If subsequent recommendations from the U.S. Public Health Service or other health authority indicate that a "booster" dose of the vaccine is required, such dose will be offered by UWL, at no cost, to all employees who have occupational exposure.

Any employee who declines to receive the hepatitis B vaccination for any reason shall sign the appropriate statement of declination that appears in the appendices and is titled: *Information/Authorization Form for Hepatitis B Immunization*.

## **IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Post-exposure evaluations and follow-ups will be coordinated by the employee, supervisor and Worker's Compensation Coordinator within the UWL Human Resources Office. All medical evaluations and procedures, need to be performed by or under the supervision of a licensed physician or another licensed healthcare professional.

Any employee with occupational exposure who has an exposure incident shall follow the procedures outlined in the appendix titled: *Procedures for Employees and Supervisors Following an Exposure Incident*.

Following a report of an exposure incident UWL shall, in coordination with a qualified healthcare provider, immediately make available to the exposed employee a confidential medical evaluation and follow-up.

## **X. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

The healthcare professional evaluating an employee after an exposure incident will be provided information to aid in providing healthcare services to the exposed employee.

## **XI. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

If not already received by an exposed employee, within 15 days of completion of an evaluation, UWL Workers Compensation Office will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion containing the following information.

1. In the case of evaluation of hepatitis B vaccination requirements, a statement regarding the need for vaccination and whether the employee has received such vaccination.
2. In the case of post-exposure evaluation and follow-up, a statement limited to the following information:
  - a) that the employee has been informed of the results of the evaluation;
  - b) that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment;
  - c) all other findings or diagnoses shall remain confidential and shall not be included in the written report.

## **XII. RECORDKEEPING**

As part of the Workers Compensation process, UWL's Human Resources Office shall maintain or retain access (via UW System Workers Compensation) to injury and illness reports, and confidential medical records. Such record will include the following:

1. name and employee identification number or social security number of the employee;
2. a copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations;
3. a copy of results of examinations, medical testing, and follow-up procedures relating to post-exposure evaluation and follow-up; and
4. the employer's copy of the healthcare professional's written opinion.

Training records described below shall include the following information:

1. the dates of the training sessions;
2. the names of all persons attending the training sessions; and
4. the names and qualifications of persons conducting the training.

Training records shall be maintained for at least three years from the date of training. A copy of all department provided training should be provided to Environmental Health and Safety.

### **XIII. COMMUNICATION OF HAZARDS TO EMPLOYEES**

#### **Training**

UWL shall ensure that all employees with occupational exposure participate in a training program while in work status. Training shall be provided before the time of initial assignment to tasks where occupational exposure may take place and annually thereafter.

If there are modifications of tasks or procedures, or institution of new tasks or procedures that affect the employee's occupational exposure, UWL shall provide additional training that addresses these newly created exposures.

The training program shall contain the following elements:

1. how to access 29 CFR 1910.1030 and an explanation of its contents;
2. a general explanation of the epidemiology and symptoms of bloodborne diseases;
3. an explanation of the modes of transmission of bloodborne pathogens;
4. an explanation of UWL's exposure control program and how to obtain a copy of the program;
5. an explanation of how to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
7. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. an explanation of the basis for selection of personnel protective equipment;
9. information on hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

11. 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;
12. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. an explanation of any signs, labels or color coding utilized; and
14. an opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program.

### **Labels and signs**

Biohazard warning labels shall be affixed to containers of regulated waste, refrigerators, freezers and contaminated equipment containing blood or other potentially infectious materials, contaminated laundry; and other containers used to store, transport or ship blood or other potentially infectious materials. Red bags or red containers may be substituted for labels.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

## **XIV. CONTRACT LABOR**

All contract service providers are responsible for assuring OSHA compliance for their employees. UWL will collaborate with contract service providers to assure a safe and healthful environment.

## **APPROVAL**

This written Bloodborne Pathogens Exposure Control Program and its Appendices are effective immediately. All personnel shall fulfill their responsibilities as designated within the written program and appendices.

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Robert J. Hetzel  
Vice Chancellor, Administration and Finance  
University of Wisconsin-La Crosse

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Date

## APPENDICES

Appendix A Information/Authorization for Hepatitis B Vaccination

Appendix B Procedures for Employees and Supervisors Following an Exposure Incident

## APPENDIX A

### Information/Authorization for Hepatitis B Vaccination

The University of Wisconsin - La Crosse is offering individuals with occupational exposure to blood or other potentially infectious materials a series of three injections for immunization to Hepatitis B. The entire series requires a minimum of six months. The second and third injections are given one month and six months following the first.

The vaccine will be provided at no expense to the employee and during the individuals assigned work hours. In cases where the vaccine cannot be provided during normally assigned work hours, overtime can be pre-approved by the supervisor.

There may be different formulations of Hepatitis B vaccines available in the United States. Individuals receiving the vaccine should discuss, with their healthcare provider, the type of vaccine to be administered. The healthcare provider should also be asked any questions related to health concerns or any other concerns related to the vaccine. Examples of common concerns are:

- pregnancy;
- currently breast feeding an infant;
- having or showing the symptoms of a fever or current active infection; and
- immunodeficiency status or currently receiving immunosuppressive drugs, such as corticosteroids.

As with any vaccine, local redness and pain at the injection site may occur. Low-grade fever may occur. These signs and symptoms are usually mild in nature, and usually subside within two days. You should discuss side-effects of vaccine administration with your healthcare provider and receive input on seeking additional care if there are symptoms necessitating a medical evaluation.

Hepatitis B immunization offers increased protection only against Hepatitis B. It does not offer protection against other types of hepatitis, types A, C, D, and E. The entire series of three injections is necessary in order to attain the best immune response. Among healthy adults receiving the vaccine, at least 90 percent develop protective antibodies. The duration of the protective effect is not known at this time.

Your healthcare provider should be able to provide printed literature about the vaccine and other information to address questions. If you desire additional information contact your supervisor or the UWL Environmental Health and Safety Office.



APPENDIX A  
Information/Authorization Form for Hepatitis B Immunization  
(continued)

This form is required to fulfill the requirements of 29 CFR 19190.1030. Personally identifiable information will not be used for secondary purposes. **Note: Return this completed document to your supervisor. Your Supervisor should provide the document to UWL Human Resources to keep in you personnel file.**

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**ACCEPT**

I have read information on this form, exercised my opportunity to contact my healthcare provider to address health related questions that could not be answered by UWL, and have had an opportunity to ask questions. All questions I asked were answered to my satisfaction. I understand the benefits and risks of Hepatitis B immunization and request that the vaccine be given to me. To the best of my knowledge, there is no reason that I should not receive the vaccine.

I understand that if I have additional medical questions or concerns I may consult my healthcare provider or other personally vetted and reliable resources prior to making a decision about receiving the vaccine. You may request a copy of this document for your records.

Name: \_\_\_\_\_ (please print) Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

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**DECLINE**

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 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. You may request a copy of this document for your records.

Name: \_\_\_\_\_ (please print) Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**DECLINE - ALREADY VACCINATED**

I have read information on this form, exercised my opportunity to contact my healthcare provider to address health related questions that could not be answered by UWL, and have had an opportunity to ask questions. All questions I asked were answered to my satisfaction. I have previously received the hepatitis B vaccination series. I completed the series of three shots on or about the following date: \_\_\_\_\_. Therefore, I do not require vaccination at this time. However, I wish to be offered a booster shot if recommended in the future. You may request a copy of this document for your records.

Name: \_\_\_\_\_ (please print) Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX B

### Procedures for Employees and Supervisors Following an Exposure Incident

**Note:** An exposure incident is defined as contact of blood or other potentially infectious materials with the eye(s), mouth, other mucous membrane, non-intact skin, or parenteral contact that results from the performance of an employee's duties. Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

If you are identified as an employee with occupational exposure, and you have or think that you might have had an exposure incident to blood or other potentially infectious materials, immediately do the following:

1. If handwashing facilities are available, clean any wound or exposed skin by washing with soap and water and rinsing very thoroughly with water.
2. If you have exposure to mucous membranes (eyes, inside of mouth, etc.) flush the exposed area with copious amounts of water or normal saline for 15 minutes.
3. Get the name of the person who is the source of the blood or other potentially infectious material.
4. Notify your supervisor. If you cannot do so personally, ask someone to notify your supervisor.
5. Supervisor should file a workers compensation report with the UWL Human Resources Office. Supervisor should work with the Workers Compensation Coordinator to initiate post exposure evaluation requirements.
6. Supervisor should report this exposure to the Environmental Health and Safety Office as soon as practically possible. Supervisor will be requested to collaborate with Environmental Health and Safety to determine actions that can be taken to prevent re-occurrence of similar incidents.