



## **UNI Outdoor Adventures**

# **Bloodborne Pathogen Exposure Control Plan**

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## **I. Purpose**

The purpose of this policy is to eliminate or reduce the risk of exposure to potentially infectious material, establish compliance with the standard identified in OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030, and familiarize Outdoor Adventures employees with the procedures to follow, if an exposure occurs.

The Exposure Control Plan for Bloodborne Pathogens is a written document developed and implemented by the University of Northern Iowa's Outdoor Adventures to enhance the safety and health of employees in the workplace and establish compliance with the standards identified in the OSHA Bloodborne Pathogen standard, 29 CFR 1910.1030.

## **II. Definitions**

Bloodborne Pathogens- Pathogens 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).

Exposure- A specific eye, mouth, other mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials (PIM).

PIM (Potentially Infectious Materials)- These include blood, blood fluids, semen, vaginal secretions, pleural (fluid from membrane around the lungs), cerebrospinal (brain fluid), synovial (fluid from spinal cord), pericardial (fluid from the heart), amniotic fluids (fluid from the uterus), saliva in dental procedures, any other fluids visibly contaminated with blood, tissues and organs, HIV and HBV cultures, cells and tissues.

Non-Infectious Materials- These include nasal secretions, sputum, sweat, tears, urine, feces and vomitus, unless they contain visible blood.

Universal Precautions- A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

## **III. Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which

employees may be expected to incur such occupational exposure, regardless of frequency. For the sake of this program, these employees are designated "at risk".

In the Outdoor Adventures, the following job classifications (including trainees in designated classification) are designated "at risk":

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Trip Coordinator	normal duties
Faculty/Instructor	normal duties
Graduate Assistant	normal duties
Department Head	normal duties

#### **IV. Compliance Methods**

All employees will receive Bloodborne Pathogen training annually. This training will be coordinated by Outdoor Adventures.

Universal precautions will be observed at the University of Northern Iowa in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, PPE shall be utilized.

Soap and hand sanitizer are available to the employees who incur exposure to blood or other potentially infectious materials.

After removal of personal protective gloves, employees shall sanitize hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water or hand sanitizer.

If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible following contact. The employee's supervisor should be notified immediately. A determination needs to be made as to whether or not an exposure incident has occurred. If it is determined that an exposure incident has occurred, instructions listed under **Section IX – Post Exposure Evaluation and Follow-Up** should be followed.

## **V. Work Area Restrictions**

Food is not to be kept in the same section of the backpack that blood or other potentially infectious materials are present.

## **VI. Contaminated Equipment**

Tools/equipment (i.e. outdoor equipment, backpacks) that have been exposed must also be considered potentially contaminated. Clean up procedures include wearing nitrile gloves by wiping it with alcohol prep pads and boiling for sterilization, carefully removing gloves from hands, and washing hands with soap concentrate or hand sanitizer immediately afterward.

Any work areas that become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary.

## **VII. Personal Protective Equipment**

All personal protective equipment used to protect employees from potentially infectious materials will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

Protective clothing can be obtained from an online store online distributor:

- Disposable gloves
- Face Mask
- Red Biohazard Bag
- 1 Gallon Ziplock Bag

All contaminated PPE will be discarded into a red Biohazard Plastic bag that will be stored in a zip lock bag. All other garments, which are penetrated by blood, shall be dealt with as necessary.

## **VIII. Procedures for Any Incident**

1. Follow the patient assessment system as outlined in the Wilderness First Aid guidelines.

If another employee does provide first aid (even though it is not in their job description) and has an exposure to potentially infectious materials, he/she should immediately follow the Post Exposure Evaluation and Follow-Up.

3. If the injury requires the cleaning of bodily fluid, follow the clean-up procedures.

## **IX. Clean-Up**

- a. Clean-up will be done by an Authorized employee. When possible proceed as follows:
  1. Follow the leave no trace principles guidelines and put dirt overtop the blood.
  2. Washing hands with soap concentrate or hand sanitizer immediately afterward.

## **X. Hepatitis B Vaccine**

All employees who have been identified as being "at risk" will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. Employees who decide to take the Hepatitis B series of inoculations must complete the top portion of the Hepatitis B Immunization Form (Appendix A) Employees who decline the Hepatitis B vaccine must sign the bottom portion of the form.

Employees who initially decline the vaccine but who later wish to have it are still eligible to have the vaccine at no cost to them. Department managers/supervisors have the responsibility to assure that the vaccine is offered and Immunization Forms signed and kept until employee termination +30 years in a secured location.

- Any employee, who has an exposure to PIM, regardless of risk classification, will have the vaccine offered and receive appropriate follow up evaluations at no charge.

- The person administering the vaccine will be aware of the Bloodborne Disease Pathogen Standard. They will counsel the employee appropriately as to the risk/benefits of the vaccine.
- A record of the employee's decision and vaccine status will be kept in their personnel file. The employee must sign a declination form if they refuse the vaccine and know that they can receive the vaccine at any time in the future if they change their mind.

## **XI. Post-Exposure Evaluation and Follow-up**

When an employee(s) incurs an exposure incident, it must be reported immediately to the employee's Faculty, Instructor or Department Head. Environmental Health and Safety (EHS) must then be contacted. If the employee consents, UNI will arrange for that employee to get medical treatment as soon as possible.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The POST EXPOSURE INCIDENT CONFIDENTIAL RECORD form (Appendix B) will be used to document post exposure activities.

The follow-up can include the following:

- a. Documentation of the route of exposure and the circumstances related to the incident
- b. If possible, the identification of the potential source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- c. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- d. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- e. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Services.

- f. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- g. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: UNI Environmental Health and Safety and Faculty, Instructor or Department Head.

## **XII. Interaction with Healthcare Professionals**

A written recommendation shall be obtained from the health care professional that evaluates employees of the University of Northern Iowa. Written recommendations will be obtained in the following instances:

- a. When the employee is sent to obtain the Hepatitis B vaccine.
- b. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions.

- a. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident
- b. That the employee has been informed of the results of the evaluation,
- c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information)

## **XIII. Incident Reporting**

All incident reports, involving a major spill of bodily fluids, will be maintained with EHS. The record will include the time, date, place of the incident, and the name of the employee(s) who participated in the emergency. It will also include a description of the clean-up efforts and confirmation of the disposal of the infected waste.

## **XIV. Training**

Training for all employees will be conducted on initial assignment to tasks, assignment to new tasks, or when new tasks have been introduced where occupational exposure may occur and annually thereafter.



Training for employees will include the following:

- a. The OSHA Bloodborne Pathogen Standard.
- b. The epidemiology of Bloodborne diseases.
- c. Modes of transmission of bloodborne pathogens
- d. Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc)
- e. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
- f. Control methods that will be used at the University of Northern Iowa to control exposure to blood or other potentially infectious materials.
- g. Actions to take in case of emergencies involving Bloodborne Pathogens
- h. Personal protective equipment available and who should be contacted concerning replacement
- i. Procedures for Post Exposure Evaluation and follow-up
- j. Signs and labels used at the University of Northern Iowa
- k. Hepatitis B vaccine program at the University of Northern Iowa

## **XV. Recordkeeping**

The University of Northern Iowa will maintain all records required by the OSHA standard.

Records will be maintained by the department regarding employees who have been offered the inoculation program as to whether they elected to take the series of shots and when they were administered or, that the employee was offered the shots and refused.

- **Training records:**

Training records will be kept for three years from the date of training. The records will indicate the date, content, and names of employee attendance.

- **Medical Records:**

Records for all 'at risk' employees will be maintained as part of their credentials file. They will contain information on initial training at the time of employment, all exposures and the Hepatitis B vaccination status. They will be maintained in a confidential manner and not released without the employee's written consent.

***The Exposure Control Program for Bloodborne Pathogens is designed to comply with local, state, and federal regulations applicable to the University of Northern Iowa, Cedar Falls, Iowa. Annual review of the program shall be completed with the assistance and cooperation of all affected personnel and departments.***

Last Revised October 19, 2023

## Appendix A

### HEPATITIS B IMMUNIZATION FORM

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Employee or Student Name (please print)      Social Security Number      Department

### CONSENT TO HEPATITIS B VACCINE

I consent to take the Hepatitis B vaccinations. I have read the information about Hepatitis B and the Hepatitis B vaccine, which was given to me. I have had an opportunity to ask questions and I understand the benefits and risks of the Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I also understand that the vaccine will be administered at no cost to me. If you have received the Hepatitis B Vaccine series in the past please sign the Consent and provide a Certificate of Immunization for your department file (see Note below).

**Upon completion of the series, I will provide a copy of the Certificate of Immunization (see note); of the series to be filed in my employee file in accordance with OSHA 1910.1030(f)(2).**

\_\_\_\_\_  
Signature of person receiving vaccine

\_\_\_\_\_  
Date Signed

Name of Clinic where vaccines will occur: \_\_\_\_\_

**Note: If you have received your Hepatitis B Immunization series sign above, you can access this information 3 ways to obtain a Certificate of Immunization: you can go online to [iris.iowa.gov](http://iris.iowa.gov) and access the Public Immunization Record Access; or contact the Student Health Clinic to receive a Certificate of Immunization from IRIS; or contact the clinic which you received the series to gain a copy.**

### REFUSAL OF HEPATITIS B VACCINATION

“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.” (OSHA 29 CFR 1910.1030 App A.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee or Student Signature

Office Use ONLY: Date Certificate of Immunization Received and Filed: \_\_\_\_\_ By: \_\_\_\_\_

## Appendix B

### University of Northern Iowa POST EXPOSURE INCIDENT CONFIDENTIAL RECORD

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Employee Name (last, first, middle)

Job Title: \_\_\_\_\_

	Hepatitis B Vaccination Date	Lot Number	Site	Administered by
1.				
2.				
3.				

Additional Hepatitis B status information:

Post-exposure incident: (Date, time, circumstances, route under which exposure occurred)

Identification and documentation of source individual:

Source blood-testing consent:

Description of employees duties as relate to exposure incident:

Copy of information provided to healthcare professional evaluating an employee after exposure incident:

Training Record: (date, time, instructor, location of training summary)

Attach a copy of all results of examinations, medical testing, follow-up procedures, and healthcare professional's written opinion.