



## **Recreation Services**

# **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 Recreation Service 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 Recreation Services 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 Recreation Services, the following job classifications (including trainees in designated classification) are designated "at risk":

<b><u>Job Classification</u></b>	<b><u>Tasks/Procedures</u></b>
Facility Manager	normal duties
Fitness Area Supervisor	normal duties
Water Fitness Instructor	normal duties
Lifeguard	normal duties
Intramural Supervisor	normal duties
Welcome Desk Supervisor	normal duties
Personal Trainer	normal duties

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

All employees will receive Bloodborne Pathogen Awareness training. Those identified as "at risk" will receive more extensive annual training, including approved actions to take when responding to a blood spill. This training will be coordinated by Recreation Services.

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.

Employees who come in contact with blood or PIM need to take a universal precaution approach. They need to adhere to infection control precautions to minimize their risk of an exposure incident.

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.

Handwashing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. At the University of Northern Iowa hand washing facilities are located:

Men's/Women's Restrooms	located in each university building
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Lifeguard Office

located in the WRC

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

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 XI – Post Exposure Evaluation and Follow-Up** should be followed.

## **V. Work Area Restrictions**

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

## **VI. Contaminated Equipment**

Tools/equipment (i.e. life jackets, rescue tubes, backboards, sports equipment) that have been exposed must also be considered potentially contaminated. Clean up procedures include wearing rubber gloves or a disposable alternative, spraying the tool/equipment with broad-spectrum disinfectant, wiping the tool/equipment with a disposable towel, disinfecting tool/equipment with broad band disinfectant, carefully removing gloves from hands, and washing hands and arms with soap and hot water immediately afterward. Each building is equipped with a "blood" kit containing disinfectant products. Disinfecting products are also accessed by contacting a Supervisor or Manager.

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 McKessem:

- Disposable gloves
- Face mask
- Safety glasses
- Red Biohazard Plastic bags

All contaminated PPE will be discarded into a red Biohazard Plastic bag included in the kit. All other garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. Garments must be contained in a Red Biohazard plastic bag. It is the responsibility of the employee to notify their immediate supervisor/manager if garments, including personal items, are to be disposed of.

**Laundry:** Any laundry containing PIM will be handled as little as possible and placed in a red biohazard bag. All employees who handle contaminated laundry will utilize ppe to prevent contact. Laundry will be given to Custodial and taken to SEC 128A.

## **VIII. Procedures for Major & Minor Incidents**

### **Life-Threatening Injury**

1. Check/Call: The employee who is first on the scene contacts the Facility Manager and Welcome Desk Supervisor via handheld radio or 911. The employee requests that a Facility Manager proceed to the scene while also requesting that the Welcome Desk Supervisor call 911 for an ambulance.

In the case of a cardiac emergency, the Welcome Desk Supervisor or Facility Manager is responsible for bringing the Automated External Defibrillator (AED) to the scene of the emergency. If an ambulance is called, the Facility Manager will direct a Welcome Desk Supervisor, patron or other RS employee to go to the appropriate door and wait for the ambulance.

2. Care: The Facility Manager will assist with the injury until the point at which a more qualified emergency care provider arrives on the scene.

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.

After the patron has been cared for, the Facility Manager or Welcome Desk Supervisor should call the "Professional On Call" and alert him/her to the incident.

1. Clean: If the injury requires the cleaning of bodily fluid, follow the clean-up procedures. Facility Managers and Lifeguards are the only RS employees **authorized** to clean up BBP. The Facility Manager may ask a Custodian to assist.
- ❖ Group Exercise Instructors, Intramural Officials, and Climbing Wall Supervisors are **NOT** trained to care for injured patrons or for the clean-up of bodily fluids.

### **Non-Life-Threatening Injury**

1. Check: The employee who arrives on the scene first will check the scene and contact the Facility Manager via handheld radio.
2. Care: The Facility Manager will assist with the injury until the point at which a more qualified emergency care provider arrives on the scene.

Assisting with an injury is defined as giving the injured patron gauze and band aids then helping to dress the wound. Facility Managers, Fitness Supervisors, Personal Trainers, Welcome Desk Supervisors, Intramural Supervisors, Lifeguards and Water Fitness Instructors are the only WRS student staff members authorized to provide first aid.

If another student staff member 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. Clean: If the injury requires the cleaning of bodily fluid, follow the clean-up procedures. Facility Managers and Lifeguards are the only RS employees **authorized** to clean up BBP. The Facility Manager may ask a Custodian to assist.

- ❖ Group Exercise Instructors, Intramural Officials, and Climbing Wall Supervisors are **NOT** trained to care for injured patrons or for the clean-up of bodily fluids.

## **IX. Clean-Up (refer to Appendix C for more instructions)**

A Custodian or Facility Manager will be notified and will respond immediately to the scene. They will implement the universal precautions in the following manner:

- a. if an injury has occurred they will assist other personnel in securing the area until emergency aid has been rendered.
- b. clean-up will be done by Lifeguards and/or Facility Managers. If necessary a custodian will be contacted to assist with clean up. When possible proceed as follows:
  1. disposable gloves will be worn at all times and will be considered as hazardous material and disposed of accordingly
  2. if additional protective clothing is worn, it will be considered as hazardous material and disposed of accordingly
  3. apply the absorbing compound from the clean-up kit to the exposure area to soak up excess fluids. When the compound has absorbed the fluids, use the dustpan and scraper to collect. Dispose of contents in a red hazardous waste bag.
  4. the entire area will be treated with the broad-spectrum disinfectant from the clean-up kit
  5. absorbent disposable towels will be used to soak up excess fluids then disposed of as hazardous materials
  6. the entire area will be disinfected the broad-spectrum disinfectant from the clean-up kit
  7. the entire area will be washed and mopped with a general detergent
  8. all hazardous material will be placed a Red Biohazard bag; the bag will be sealed then placed in another similarly marked bag for transport
  9. double-bagged contents will be disposed of in the approved manner and then collected to be stored in SEC 128A
  10. hands and arms will be washed immediately afterward with hot soapy water for 2 minutes

## **X. Hepatitis B Vaccine**

All employees who have been identified as being "at risk" to blood or other potentially infectious materials 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 locked location.

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

When an employee(s) incurs an exposure incident, it must be reported immediately to the employee's immediate supervisor. The supervisor/manager must then contact Environmental Health and Safety (EHS). EHS will help coordinate with Occupational Health (319-575-5600) immediately and will discuss the necessity of a post exposure evaluation. During evening or weekend hours MercyOne Cedar Falls emergency room can be called at 319-268-3000.

EHS will assure the required information is filled out and a copy of the Bloodborne Pathogen standard be given to the employee(s) prior to sending the employee to Occupational Health Clinic. The POST EXPOSURE INCIDENT CONFIDENTIAL RECORD form (Appendix B) will be used to document post exposure activities.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

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 Directors/Assistant Directors.

## **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 recommendation 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 recommendation 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. Transmission of Bloodborne diseases.
- d. The Recreation Services Exposure Control Plan.
- e. An explanation of how to recognize tasks that may involve exposure.
- f. A review of methods that will prevent or reduce exposure (such as engineering controls, work practices, personal protection equipment, etc.).
- g. How to select and use personal protection equipment.
- h. The use of biohazard labels, signs and container "color coding."
- i. Information on the Hepatitis B vaccine, including efficacy, safety and benefits. Also, information on the University's free vaccination program.
- j. Actions to take in case of emergencies involving Bloodborne pathogens.
- k. An explanation of the procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- l. Information on the post-exposure evaluation and follow-up that is provided to employees in case of an exposure incident.

## **XV. Recordkeeping**

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

Records will be maintained by the department in the same location 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.

***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 Jan 5, 2024

**Appendix A**

**HEPATITIS B IMMUNIZATION FORM**

<b>Employee or Student Name (please print)</b>	<b>Social Security Number</b>	<b>Department</b>

**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.

## Appendix C

# Bodily Fluids Clean-Up Procedures – Handout

Encountering a spill of bodily fluids.

1. See Procedures for Major or Minor Incident Section (Section

Once emergency aid is complete, clean-up will proceed as follows:

1. An emergency clean-up kit will be brought to the scene from the custodial closet or their designated location.
2. Disposable gloves will be put on by all employees participating in the clean-up and will be worn throughout; gloves will then be considered infectious and disposed of accordingly after clean up is completed.
3. Additional personal protective equipment (safety glasses, face mask and eye shield, foot coverings, and impervious gown) are not generally required, but if used must be treated as infectious material and disposed of in a red biohazard waste bag.
4. Apply the liquid absorbing compound, from the clean-up kit to the exposure area to soak up excess fluids; when the compound has absorbed the fluids, use the dustpan and scraper to collect; then dispose of the contents in a red biohazard waste bag.
5. If exposure is small enough to clean up with disposable towels, spray the fluid with broad-spectrum disinfectant. Allow spray to set for 10 minutes for germ killing time. Then wipe up the area with a disposable towel and dispose of it in a red biohazard waste bag. Disinfect surface area again by applying broad-spectrum disinfectant again per manufacturer's specifications, then let affected area air dry.
6. If exposure is large enough to require a mop and bucket, use broad-spectrum disinfectant per manufacturers specifications. Then mop the affected area leaving it damp to air dry.
7. If personal protective devices are used, dispose of face mask and eye shield, foot coverings, and impervious gown in red biohazard waste bag.
8. The mop and bucket contain disinfectant; rinse mop in hot water, wring out thoroughly, spray with broad-spectrum disinfectant and place in normal dirty

laundry; empty bucket and rinse both bucket and wringer with hot water and spray broad-spectrum disinfectant.

9. Carefully remove gloves and dispose of them in a red biohazard waste bag. The double-bagged contents will be disposed of by the Facility Manager in the approved manner and then collected by a Custodial to be stored in SEC 128A.
10. Immediately wash hands and arms for 2 minutes with soap and hot water.
11. The Facility Manager will replace used items in the emergency clean up kit.
12. The Facility Manager will make a report of the incident. The report should include date, time, location, names of employees participating in cleanup, names of victims if appropriate and available. A copy of the report will be sent to EHS.