University of Wisconsin – Superior
Bloodborne Pathogens

Exposure Control Plan

For Compliance with Wisconsin Administrative Code
SPS 332/29 CFR 1910.1030

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SECTION I  INTRODUCTION

The Wisconsin Department of Safety and Professional Services (DSPS) has adopted the Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) to provide for the protection of Wisconsin state employees and frequenters of public places from exposure to bloodborne pathogens.

This OSHA standard became effective for the private sector in March, 1992. After adoption by DSPS, this standard became effective for Wisconsin state employees and frequenters of public places on July 1, 1993.

The standard covers all employees who, under their normal occupational duties, may be reasonably anticipated to have contact with human blood or other potentially infectious materials. “Good Samaritan” acts such as assisting a co-worker with a nosebleed is not considered an occupational exposure.

A. REQUIREMENTS OF THE BLOODBORNE PATHOGENS STANDARD (SPS 332/29 CFR 1910.1030)

1. The Bloodborne Pathogens Standard requires the development of a written Exposure Control Plan and its implementation whenever the employer determines that any employee has an occupational exposure to blood or other potentially infectious materials. A copy of the Exposure Control Plan must be made available to all employees. The Plan must be reviewed and updated at least annually.

2. The Exposure Control Plan will include:
   a. Identification of job classifications and tasks where the exposure occurs
   b. An exposure determination of employees with occupational exposure to blood or other potentially infectious materials
   c. The implementation schedule and method of compliance for the following:
      • Universal precautions, engineering and workpractice controls
      • Personal protective equipment
      • Housekeeping procedures
      • HBV and HIV research laboratories and production facilities
      • Hepatitis B vaccination and post exposure follow-up
      • Information and employee training
      • Recordkeeping
   d. The procedures used for the evaluation of exposure incidents
B. PROGRAM ADMINISTRATION AND EXPOSURE CONTROL PLAN

1. The primary purpose of the UW-Superior Plan is to provide information which will assist personnel in minimizing or eliminating their potential exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other bloodborne pathogens.

2. The second purpose is to comply with Occupational Safety and Health Administration (OSHA) regulations as adopted by the Wisconsin Department of Safety and Professional Services (DSPS).

3. This Exposure Control Plan has been constructed to accommodate the variations that may occur between work areas on a campus such as UW-Superior. All work areas will have common elements that require employee protection and procedures. These common elements are described in detail in the body of the Plan.

4. Procedures relating only to a specific work area have been segregated from the basic text and will be found in the appendices of the Plan located in each specific work area and in the master Plan. The master Plan will be complete with all of the methods used by each department.

5. This Exposure Control Plan will be administered by a UW-S Exposure Control Officer, who has been appointed by the Chancellor to act as his or her representative and shall have full authority to enforce the provisions of this Plan.
   a. The UW Superior Environmental Health and Safety Director is the designated Exposure Control Officer.

6. The implementation phase of this Plan shall be administered by the Task Force and coordinated through the Personnel Office.

C. HBV AND HIV RESEARCH LABORATORIES - The University of Wisconsin-Superior does not have any research facilities which conduct research with HBV- or HIV-containing materials. Thus, this Exposure Control Plan does not need to comply with the requirements of the standard that pertains to such facilities.

D. POLICY REVIEW

1. These policies and procedures will be reviewed at least annually (Appendix E).

2. These policies and procedures will be updated whenever necessary to reflect new or revised employee positions with occupational exposure.

E. ACCESSIBILITY

1. A copy of this Exposure Control Plan and Bloodborne Pathogens Standard is available for the use and review by all employees in each department where occupational exposure is known or expected to occur. The most recent version of this Exposure Control Plan will be available online via the campus web site.
2. Departments or work areas of campus where occupational exposure is not anticipated will have access to the Exposure Control Plan via the campus EH & S website.

3. All employees or their representatives may review a copy of the Exposure Control Plan by contacting the Exposure Control Officer. Copies may be requested in writing through the supervisor or the Exposure Control Officer or downloaded from the web site.

4. The master Plan will be maintained by the Exposure Control Officer. Some appendices that relate only to the history and management of the Plan and not the operation of the Plan will be maintained only in the Master Copy of the Plan.

5. A copy of SPS 332 and the OSHA Bloodborne Pathogens standard are available in Appendix B of this Plan and via the campus EH & S web site.

F. IMPLEMENTATION SCHEDULE

1. This ruling, SPS 332.15/1910.1030 (see Appendix B), became effective for State of Wisconsin Employees as of July 1, 1993. Employers were expected to be in compliance with the provisions of this standard on November 1, 1993.

2. Employees will receive training prior to being assigned duties that would expose them to blood or other potentially infectious materials (OPIM). If training is not conducted on the day employment begins, the employee may conduct any assigned duty that does not expose him/her to blood or OPIM. The employee will be instructed to stop work and contact the supervisor if blood or other bodily fluids are encountered.

3. Employees classified as Levels 1 or 2A will be offered hepatitis B vaccination after the employee has completed the required training and within 10 working days of the initial assignment to the tasks that could result in exposure.

4. Employees classified as Level 2A Special will be offered hepatitis B vaccination immediately after providing first aid assistance that involved blood or other potentially infectious materials, even if an exposure incident did not occur. Annual training is required.

This UW-Superior Bloodborne Pathogens Exposure Control Plan and its appendices are effective immediately. All personnel shall fulfill their responsibilities as designated within this plan and appendices.

______________________________
Betty J. Youngblood                Date
Chancellor
UW-Superior

Introduction (Revised October 2014)
**SECTION II  DEFINITIONS**

**Blood** - human blood, human blood components and products made from human blood or its components

**Bloodborne Pathogens** - 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).

**Blood Titer** - a titer is a semi-quantitative (volume to volume) measurement. For the purpose of this policy, the term "blood titer" refers to the indirect measurement of blood levels of the Hepatitis B antibody through a measurement of the Hepatitis B surface antigen.

**Clinical Laboratory** - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material

**Contaminated** - the presence, or the reasonable anticipated presence, of blood or other potentially infectious materials on an item or surface

**Contaminated Laundry** - laundry which has been soiled with blood, other potentially infectious materials, or which may contain sharps

**Contaminated Sharps** - any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed dental wires

**Decontamination** - 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

**Department of Health and Human Services (DHHS)** - for the purpose of this policy, this term refers to the Wisconsin Department of Health and Human Services

**Wisconsin Department of Safety and Professional Services (DSPS)** - the Wisconsin agency that has adopted the OSHA Bloodborne Pathogens Standard for state agency workplaces

**Department of Natural Resources (DNR)** - the Wisconsin agency that administers and enforces the State's environmental protection and natural resource conservation statutes, regulations and programs. The DNR administers a statute and guidelines for infectious waste management which are referenced in this policy.

**Designated First Aid Provider** - for the purpose of this policy, these are individuals who are required to provide first aid in emergency situations as a condition of their employment. These individuals may perform this function as a primary duty (e.g. life guard), or as a duty incidental to other duties (e.g. day care providers, or resident assistants).

**Disinfectants** - must be registered with the EPA as being effective against the causative agent of tuberculosis and kill all recognized pathogenic microorganisms, but not necessarily all microbial life

**Disinfection** - a process which destroys all pathogenic microorganisms, but not necessarily all microorganisms. Some microorganisms are resilient to low level disinfectants.
**Engineering Controls** - controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the hazard of bloodborne pathogens from the workplace.

**Exposure Control Officer** - the individual appointed by the Chancellor to act as his/her representative in the coordination and administration of the Bloodborne Pathogens Program at UW Superior.

**Exposure Incident** - contact of blood or other potentially infectious materials with the eye(s), mouth or other mucous membrane, non-intact skin, or parenteral contact. (Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.)

**Good Samaritan** - a person who gratuitously gives help to someone in distress. The "good Samaritan act" does not apply to individuals who are responding within the scope of their employment. In most states, an individual who performs a "good Samaritan act" has some protection from civil liability.

**Handwashing Facilities** - an area that provides an adequate supply of running potable water, soap, single use towels or hot air drying machines for handwashing.

**Level 1 Employees** - job classifications in which all employees may be expected to incur occupational exposure to blood or other potentially infectious materials.

**Level 2A Employees** - job classification in which some employees in a certain work area may incur occupational exposure to blood or other potentially infectious materials.

**Level 2A (Special) Employees** - job classifications in which the employee has a potential occupational exposure to blood or other potentially infectious materials solely due to their position description containing a collateral duty of providing first aid assistance in emergencies.

**Level 2B Employees** - job classifications for employees in the same work areas as Level 2a who are not expected to incur occupational exposure to blood or other potentially infectious materials.

**Level 3 Employees** - job classifications in which exposure to blood or other potentially infectious materials does not occur as a condition of employment, except in an emergency and unplanned exposure incident.

**Licensed Healthcare Professional** - a person whose legally permitted scope of practice allows them to independently perform the activities required for Hepatitis B vaccination and post exposure evaluation and follow-up.

**HBV** - Hepatitis B Virus. Hepatitis B is an incurable but preventable disease that is transmitted through contact with infected blood. This disease is 100 times easier to catch than HIV. Some people may carry the virus in their blood but never develop symptoms of illness. Symptoms of Hepatitis B infection include fatigue, loss of appetite, jaundice, joint pain, lung and liver disease and can resemble the flu.

**HIV** - Human Immunodeficiency Virus. This virus attacks the body's immune system. The virus may live in the bloodstream or body tissues for years before developing into AIDS (Acquired Immune Deficiency Syndrome). HIV is spread through sexual contact and blood.
**Occupational Exposure** - 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.

**Occupational Safety and Health Administration (OSHA)** - the federal agency that enforces Title 29 of the Code of Federal Regulations, which includes the Bloodborne Pathogens Standard. OSHA's jurisdiction is in the private sector only. Their codes can only be enforced in Wisconsin state agency workplaces if they are adopted by DSPS. OSHA uses their CPL to set forth enforcement procedures and code interpretations for their inspectors. For the Bloodborne Pathogens Rule, DSPS intends to use the OSHA CPL as a guide to applying the rule in Wisconsin. Consequently, this policy draws from both the OSHA Bloodborne Pathogens Rule (29 CFR 1910.1030) and its associated CPL 02-02-069.

**Other Potentially Infectious Materials (OPIM)** - 1) the following human body fluids: semen, vaginal secretions, cerebrospinal 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), 3) HIV-containing cell or tissue cultures, organ cultures, culture medium or other solutions, and blood, organs or other tissues from experimental animals infected with HBV or HIV.

**Parenteral Contact** - piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** - 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.

**Production Facility** - a facility engaged in industrial-scale, large volume or high concentration production of HBV or HIV.

**Regulated Waste** - 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.

**Research Laboratories (HIV and HBV Research only)** - a laboratory producing or using research-laboratory scale amounts of HBV or HIV only. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Serologic Status** - for purpose of this policy, the term used to describe the results of blood testing to determine whether an individual has measurable levels of the Hepatitis B Virus or the Human Immunodeficiency Virus. A "positive" serologic status means the person has measurable blood levels of virus; a "negative" serologic status means the individual has not. A person who "seroconverts" changes from a negative to a positive status.
**Sharps and Contaminated Sharps** - a "sharp" is any object that can readily penetrate the skin, e.g. broken glass, needles, scalpels, broken capillary tubes and exposed ends of dental wires. A "contaminated sharp" is contaminated with blood or other potentially infectious materials.

**Source Individual** - 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.

**Sterilize** - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores

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

**Work Practice Controls** - 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)
SECTION III  SCOPE

A. DEFINITION OF EMPLOYEE FOR THE PURPOSE OF THIS PROGRAM - An employee is a person "who may be required or directed by any employer, in consideration of direct or indirect gain or profit, to engage in any employment, or to go, work or be at any time in any place of employment."\(^1\) According to DSPS, "direct or indirect gain or profit" means specifically monetary benefit. A student who gets an occasional meal, would not be considered an employee by DSPS. However, any student who receives any monetary payment from UW-Superior for work they engage in would be defined as an employee of the university.

1. Job classifications in which all employees may be expected to incur occupational exposure to blood or other potentially infectious materials are considered Level 1.

2. Job classifications in which some employees in a certain work area may incur occupational exposure to blood or other potentially infectious materials are considered Level 2A.

3. Job classifications for employees who may have an occupational exposure solely due to a collateral first aid responsibility as it is defined in their position description are considered a Level 2A (special).

4. Job classifications for employees in the same work area as Level 2A who are not expected to incur occupational exposure are considered Level 2B.

5. Job classifications in which exposure to blood or other potentially infectious materials does not occur as a condition of employment, except in an emergency or unplanned exposure incident, are considered Level 3.

B. DEFINITION OF OCCUPATIONAL EXPOSURE INCIDENT - 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 membrane or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.)

Employees who as a condition of employment have incurred an exposure incident should follow the procedures outlined in (Appendix D).

C. STUDENTS - Allowing students to engage in hazardous activities without informing them of the risk involved, training them properly, and ensuring the use of appropriate personal protective equipment, would open UW-Superior to liability under legal negligence theories.

1. Students who have a reasonably anticipated exposure to blood or other infectious materials through their involvement with campus-sponsored curricula, programs or activities will be informed of these potential hazards. This policy does not refer to the student acting as a "good samaritan". To the extent feasible, UW-Superior will take actions to reduce student exposure to bloodborne pathogens.

\(^1\)WI Stats 101.01 (2)(a)
2. Course instructors, coaches, and other campus employees who are involved with students who could have an exposure incident must take the following actions:
   a. Minimize the potential for exposure to human blood or bodily fluids by substituting safer materials, such as artificial blood, or permitting a student to ONLY test their own blood.
   b. Train students, to the level necessary, in the epidemiology and transmissivity of HBV and HIV, methods to reduce exposure, vaccination availability, post exposure follow-up, waste handling procedures and appropriate use of personal protective equipment. Special emphasis should be placed on financial issues related to exposure prevention. (See Section VII D).
   c. Present required information to the student in the first course session or meeting, and as necessary.
   d. Insure that students use personal protective equipment. All personal protective equipment (except eye protection) will be provided to the student by UW-Superior. The minimum level of personal protective equipment for students will be gloves and eye protection.
   e. Take action to eliminate or reduce the use/volume of human blood and other potentially infectious materials. Use less virulent organisms whenever possible.

3. Any student who has exposure to blood or other potentially infectious materials should be informed to follow the procedure described in Appendix D "Procedure for Non-Employee Students Following an Exposure Incident."

4. Students should be informed that professional health care may be available through Student Health and Counseling Service for potential exposure assessments or they may be referred to another health care provider. The student may held financially responsible for any and all medical services provided by health care professionals which they seek on their own accord or on the recommendation of the University. Based upon the potential costs associated with treatment, students are encouraged to have adequate medical insurance coverage.

5. When evaluating students who have had an exposure incident, the medical provider available through Student Health and Counseling Service should make appropriate recommendations based upon their professional judgment and guidelines established by the Centers for Disease Control for evaluation and post exposure follow-up.

6. Students who are not employees shall be prohibited from handling contaminated laundry and handling, treatment or sewering of infectious waste other than required to immediately containerize infectious waste generated by their laboratory or academic procedures.

D. OUTSIDE CONTRACTORS
   1. It is UW-Superior’s policy to have all independent contract service providers handle the compliance requirements for their employees.
   2. Purchasing shall ensure that compliance with the OSHA Bloodborne Pathogens Standard is included as a contract requirement whenever contract service or contract labor is procured.
   3. UW-Superior will work with contract employers to ensure compliance with the Standard.
4. UW-Superior will inform contract employees of requirements for work areas where exposure to blood or other potentially infectious materials may be anticipated.

E. FIRST AID PROVIDERS

1. Designated first aid providers must have this responsibility listed as one of their duties in their position description in order to be covered by this Plan. Individuals who do not have designated first aid responsibilities and provide first aid assistance are responding as "Good Samaritans", even if the University provided CPR or first aid training for the public good.

2. Many individuals will be classified as having **primary responsibilities** for first aid assistance in the event of an emergency as it is defined in their position description. Having primary responsibilities for rendering first aid assistance requires full participation in the Bloodborne Pathogens Program, including vaccination and training prior to the first exposure. Examples include Public Safety, Athletic Trainers and Lifeguards.

3. Employees classified as **Level 2A Special** have a position description that designates them as a first aid provider, but this designation is a collateral and not a primary function of their job. This places the employee in a low risk classification based on the probability of exposure to blood or other potentially infectious materials. Level 2A Special employees will be offered hepatitis B vaccination series within 24 hours following an exposure to blood or other potentially infectious materials, regardless of whether or not a defined exposure incident has occurred.
   - Employees designated as Level 2A Special must participate in annual training and meet all other requirements of the Plan.
   - The Level 2A Special employee must report immediately (before the end of the shift) after rendering assistance in a situation that involved blood or OPIM. This report must be made even if an exposure incident did not occur and regardless of whether or not the employee was using personal protective equipment. The employee must report the following information to his/her supervisor:
     a. Names of all first aid providers who rendered assistance
     b. The name of the injured individual
     c. Describe the first aid incident, including:
        o Time and Date
        o Was Blood or Other Potentially Infectious Materials Present
        o Did an exposure incident occur

4. If the unvaccinated employee provided assistance and did not receive an exposure incident, the hepatitis B vaccination series should offered within 24 hours after rendering assistance.

5. If the employee rendering assistance received an exposure incident, post exposure follow up procedures should commence immediately. Alert the health care provider as to the vaccination status of the individual.
F. GOOD SAMARITANS

1. Employees who respond to incidents involving blood or other potentially infectious materials (e.g. CPR or first aid), and who are not identified as having an anticipated occupational exposure (Level 2B and 3), are considered to be acting as "Good Samaritans".

2. Any "Good Samaritan" who has exposure to blood or other potentially infectious materials should be informed to follow the procedure described in Appendix D.

3. "Good Samaritans"' medical costs associated with post exposure evaluation and follow-up will not be covered by the Bloodborne Pathogens Program.

G. VOLUNTEERS

1. Personnel who volunteer their services to the university should not ordinarily be requested or allowed to conduct any work that could reasonably be anticipated to result in exposure to human blood or other infectious materials.

2. If it is reasonably anticipated that the volunteer may have a potential for an exposure incident, the organization requesting the volunteer should ensure that the individual receives proper training (Section VII E). Personal protective equipment should be provided and other necessary actions taken to minimize or eliminate an exposure incident.

3. The campus organization which accepts the volunteer assistance is responsible for compliance with this policy.

4. Volunteers' medical cost associated with post exposure evaluation and follow-up will not be covered by this written Bloodborne Pathogens Program.

5. Any volunteer who has exposure to blood or other potentially infectious materials should be informed to follow the procedure described in Appendix D, "Procedure for Good Samaritans and Volunteers Following an Exposure Incident."

H. COSTS

1. Centralized costs
   - Hepatitis B vaccination series and future booster vaccinations
   - Post exposure and follow-up evaluations conducted by private or contract health care professional
   - Regulated waste disposal
   - Training
   - Labor and supplies required for implementation

2. Decentralized costs
   - Personal protective equipment
   - Appropriately color-coded or labeled waste receptacles
   - Any engineering controls necessary to implement the program
   - Biohazard warning labels and signs
I. COMPLIANCE RESPONSIBILITIES

1. Chancellor
   - Responsible for the compliance with and implementation of the UW-Superior Bloodborne Pathogens Exposure Control Standard

2. Exposure Control Officer
   - Arrange for the training of personnel with occupational exposure
   - Coordinate training and engineering controls and work practices
   - Coordinate scheduling of employee Hepatitis B vaccinations, post exposure evaluations and follow-ups with private or contract health care professionals
   - Assist supervisors and others with determining the correct type of personal protective equipment
   - Investigate and recommend methods to correct events where personal protective equipment was not used correctly
   - Complete DSPS/OSHA recordkeeping requirements in coordination with Personnel
   - Coordinate biohazard waste disposal
   - Conduct unannounced periodic inspections to evaluate program compliance
   - Review the written program at least annually and update as needed

3. Personnel Office
   - Coordinate implementation of the Bloodborne Pathogens Program
   - Complete DSPS/OSHA recordkeeping requirements and maintain medical and training records

4. Student Health and Counseling Service
   - Coordinate vaccination availability for non-employee students requesting hepatitis B vaccination series.
   - UW Superior does not have a clinic on site where health care professionals administer vaccinations or medications via injection.

5. Purchasing
   - Ensure that compliance with the OSHA Bloodborne Pathogens Standard is included as a contract requirement whenever contract service or contract labor is procured

6. University stores
   - Will generate general inventory in coordination with the Exposure Control Officer
   - Will stock emergency response kits, fluid resistant gloves, eye protection, labels, and other supplies for cleaning, decontamination and disposal of potentially infectious materials.

7. Course instructors, athletic trainers, etc.
- Minimize or eliminate the use of human blood and other potentially infectious materials in all curricula
- Explain the requirements specified in the UW-Superior plan to their students, team members and similar individuals and ensure their enforcement
- Conduct Bloodborne Pathogen training in courses where exposure is possible
- Require the use of personal protective equipment as needed and ensure its use

8. Employees with anticipated occupational exposure
   - Question their immediate supervisor regarding any point of the program they should not understand
   - Use personal protective equipment as directed in training, written area procedures, and by their supervisor
   - Use engineering and administrative controls to minimize or eliminate exposure
   - Report exposure incidents promptly to their supervisor
   - Understand their classification as relevant to the Bloodborne Pathogen Standard and remain familiar with the post exposure procedure

9. Supervisors
   - Ensure that safe work practices, controls and personal protective equipment are being correctly utilized
   - Ensure availability of adequate personal protective equipment and supplies
   - Develop specific written guidelines, if not already provided in the chapter on engineering and work practice controls, and address unique hazards associated with their procedures or equipment
   - Ensure that assigned employees remain familiar with the post exposure procedure
   - In case of an exposure incident, contact the Exposure Control Officer or Public Safety to initiate the post exposure follow up procedures and incident review.
   - Arrange to conduct an exposure incident investigation, with the exposure control office, to develop and recommend methods to prevent recurrence of similar incidents

10. Public Safety
   - If the Exposure Control Officer is not available, assist employees with recordkeeping requirements necessary for an exposed employee in order to receive a timely post exposure evaluation
   - Assist with emergency response activities whenever necessary
SECTION IV METHODS OF EXPOSURE CONTROL AND COMPLIANCE SCHEDULE

A. UNIVERSAL PRECAUTIONS

1. Universal precautions entail that all human blood and certain human body fluids be treated as if known to be infectious for HBV, HIV and other bloodborne pathogens. Universal precautions will be practiced at all times in order to prevent contact with blood or other potentially infectious materials.

2. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

3. Whenever possible, procedures, processes and equipment shall be evaluated and modified to eliminate or reduce employee exposure to blood or other potentially infectious materials. Employees should make recommendations for modifications to their supervisor before implementing changes.

B. ENGINEERING AND WORK PRACTICE CONTROLS

1. Engineering controls require first the identification of a situation, then redesigning the task in order to control the hazard at its source, to prevent employee contact with the hazard. Engineering controls often include ventilation, mechanical devices, enclosures or barriers. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

2. Work practice controls require an evaluation of the specific actions of an employee or equipment. This is followed by establishing controls on the methods used to conduct a procedure. Examples of work practice controls are requiring the use of gloves or pipette bulbs.

3. Engineering and work practice controls will be implemented first and when feasible. While engineering controls are being implemented, work practice controls and personal protective equipment will be used to minimize exposure.

4. Work practice controls, engineering controls and personal protective equipment which are specific to a particular work area will be developed and enforced by the area supervisor.

C. ENGINEERING AND WORK PRACTICE PROCEDURES

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

   Guidelines established will be coordinated with the Exposure Control Officer.

2. Handwashing

   a. Gloves are not a substitute for handwashing. Employees will wash their hands following contact with blood or other potentially infectious materials and after glove removal.
b. After the removal of gloves and before leaving the work area, employees will wash their hands and other potentially contaminated skin areas immediately or as soon as possible with (preferably antimicrobial) soap and water.

c. Following an exposure to their skin or mucous membrane, employees will wash or flush the affected area with water as soon as possible.

d. Handwashing facilities must be readily accessible to employees where they may incur exposure to blood or other potentially infectious materials. Employees should not have to climb stairs or pass through hallways to reach handwashing facilities.

e. If handwashing facilities are not readily available in work areas where an occupational exposure can be anticipated, either an antiseptic cleanser in conjunction with clean cloth, paper towels or antiseptic towelettes will be provided. If these alternatives are used, the hands are to be washed with soap and running water as soon as possible.

f. Each department will provide alternatives to readily accessible handwashing facilities and will list location, tasks and responsibilities to ensure maintenance and accessibility of these alternatives.

3. Needles and sharps

a. Sharps containers shall be:
   - Puncture resistant, leak proof and autoclavable
   - Labeled with a biohazard label
   - Located in each restroom and locker room
   - Located in other work areas where sharps are used and close to the point of use
   - Checked by the custodial staff regularly to determine if a new container is required.
     When the sharps container is 3/4 full, the custodian will arrange for disposal and to receive a fresh container.

b. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared or purposely broken. The practice of recapping or removal of a contaminated needle is forbidden at this facility even if done by the use of a mechanical device or a one-handed technique.

c. Contaminated reusable sharps will be placed immediately or as soon as possible after use into appropriate sharps containers.

d. UW Superior does not have a clinic on site where health care professionals administer vaccinations or medications via injection.

4. Work area restrictions

Employees must abide by the following work area restrictions plus any specific work area restrictions detailed in their position description and/or supervisors written or oral directions.

a. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees will not eat, drink, smoke, apply cosmetics or handle contact lenses.
b. 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 or stored.

c. Mouth pipetting/suctioning of blood or other potentially infectious materials is forbidden. A mechanical device such as a pipette aid or bulb will be used instead.

d. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

e. Procedures that may generate aerosols, splashes, splatters or droplets of blood or other potentially infectious materials will be conducted within a laboratory hood or behind a physical barrier. The hood sash will be used as a barrier between the process and the worker.

f. All containers will be appropriately labeled and/or color coded.

g. Equipment and work surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials and at the end of the shift.

h. Employees shall know and understand the job classification (with respect to bloodborne pathogens) they are assigned and not attempt to conduct any procedures they have not been trained to handle.

i. All work areas are to be kept clean.

j. Employees will not pick up broken glass with their hands, even if wearing gloves. A brush and dust pan or forceps are to be used.

5. Blood drives - UW-Superior personnel who organize blood drives must inform the organization conducting the blood drive, in writing, of their necessity to comply with the Bloodborne Pathogens Standard. Additional requirements are:

a. The room in which a blood drive is conducted must have tile floor or other impermeable flooring surface.

b. The room must be cleaned by personnel from the organization conducting the blood drive.

c. The organization conducting the blood drive must remove and properly dispose of all potentially infectious waste materials they have generated.

d. The organization conducting the blood drive must follow reasonable engineering and work practice controls to limit the likelihood of exposure.

6. Specimens

a. Specimens of blood or other potentially infectious materials will be placed in a container which prevents breakage and leakage during the collection, handling, processing, storage and transport of the specimens.

b. If outside contamination of the primary container occurs, it will be placed within a secondary container which prevents leakage during the handling, processing, storage, transport or shipping of the specimen.
c. Recommended items for use include biohazard bags with ziplock or twist tie seals, leak-proof plastic boxes and portable coolers. All containers should be appropriately labeled and/or color coded.

Example: When transporting specimens from a field site to the laboratory, place the vials in a rack to prevent breakage. Place the rack inside a leak-proof container. This leak-proof container should then be packed into a small leak-proof cooler with a leak-proof lid.

7. Labels and signs
a. The supervisor shall ensure that biohazard labels will be affixed to containers of regulated waste, refrigerators, freezers and incubators containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials (Table 1).

b. The universal biohazard symbol will be used for all labels. It will be fluorescent orange or orange-red, with the word "BIOHAZARD" and the universal symbol for biohazard on the label (see image).

Table 1 Labeling Requirements

<table>
<thead>
<tr>
<th>Item Container</th>
<th>Biohazard Label</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated waste container (e.g. contaminated containers)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Reusable contaminated sharps container (e.g. surgical instruments soaking in a tray)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Refrigerator, freezer or incubator holding blood or other potentially infectious materials</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Container used for storage, transport or shipping of blood or OPIM</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Blood or blood products for clinical use</td>
<td>No labels required</td>
<td></td>
</tr>
<tr>
<td>Individual specimen container of blood or other potentially infectious materials remaining in facility</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Contaminated equipment needing service (e.g centrifuge, automatic pipetors)</td>
<td>X plus a label specifying where the contamination exists</td>
<td></td>
</tr>
<tr>
<td>Specimens and regulated waste shipped from the primary facility to another facility for service or disposal</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Contaminated laundry</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Contaminated laundry sent to another facility that does not use Universal Precautions</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

D. PERSONAL PROTECTIVE EQUIPMENT

1. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or mucous membrane under normal conditions of use and for the duration of time which the protective equipment will be used.

2. Personal protective equipment will be:
• Provided without cost to employees
• Cleaned, laundered and disposed of at the employer's expense
• Chosen based on the anticipated exposure to blood or other potentially infectious materials
• Available through university stores or state contract purchasing
• Repaired and replaced by the employer at no cost to the employee
• Removed by the employee prior to leaving the work area

3. Each work area will provide and maintain appropriate personal protective equipment for the tasks to be conducted. The equipment should be selected in concurrence with the campus Exposure Control Officer.

4. The personal protective equipment required for each task in each work area is detailed in the department work procedures.

5. A designated area will be established in each work area in which to deposit garments or personal protective equipment before the employee leaves the work area. This designated area shall be separate from the area in which street clothes are stored.

6. UW-Superior contracts with a local professional laundry service to launder protective clothing as required. Employees are not allowed to launder their own contaminated clothing or to take them home for laundering/disposal.

7. Gloves
   a. Gloves and protective eyewear are a first line of defense against exposure to blood or other potentially infectious materials. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials.
   b. Some glove materials can cause uncomfortable skin reactions. If this occurs, contact your supervisor for recommendations on an alternate glove material. It is vitally important that all skin irritations be protected against infectious materials.
   c. Most impervious glove materials (such as rubber, butyl, PVC, nitrile or latex) will provide suitable protection against blood and other potentially infectious materials. However, if protection is required for a chemical in addition to the infectious material, please consult the manufacturer's glove compatibility charts for each glove and chemical.
   d. Gloves are required for the following tasks:
      ▪ Performing any vascular access procedure (i.e. phlebotomy)
      ▪ Touching contaminated items or surfaces
      ▪ Laboratory manipulations
      ▪ Cleaning of spills or contaminated surfaces
   e. Guidelines for the use of disposable gloves
      ▪ Disposable gloves are suitable only for light duty work where fine manual dexterity is required
      ▪ Do not wash or decontaminate disposable gloves for re-use
Replace gloves when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Remove the gloves so they roll inside out (contaminated side is turned inside), leaving a clean surface that may be handled with the unprotected hand.

Lightly contaminated disposable gloves may be disposed of in a trash container lined with a plastic bag.

Deposit heavily (saturated) contaminated gloves in the designated biohazard container for autoclaving and disposal.

Always wash your hands after removing gloves.

f. Guidelines for the use of utility gloves

- Utility gloves should be used for cleaning procedures, scrubbing and repeated use.
- Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.
- Inspect the gloves each time they are used. Discard the gloves if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
- Remove gloves carefully to avoid exposure.
- Deposit gloves in a disinfectant solution following use. After the recommended contact time for the disinfectant, they can be washed, rinsed, dried and stored for re-use.
- Always wash your hands after removing gloves.

8. Eye and face protection

a. At a minimum, anyone working in an area where blood or other potentially infectious materials are anticipated to be present should wear safety glasses with side shields. Chemical splash type goggles, even when worn over glasses, will provide better protection.

b. Masks, face shields, or surgical masks will be worn in combination with safety glasses (with side shields) or chemical splash goggles whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Combination disposable surgical masks with visors are acceptable.

9. Protective Clothing

a. Additional protective clothing should be worn as the conditions warrant their use. Additional protective clothing includes lab coats, gowns, aprons, clinic jackets, surgical caps or hoods, shoe covers, boots or similar outer garments and should be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials can reasonably be anticipated.

b. When a garment is penetrated by blood or other potentially infectious materials, the contaminated clothing must be removed immediately or as soon as possible.
E. HOUSEKEEPING

1. Decontamination

   a. There is a distinct difference between disinfection and sterilization, although these terms are frequently interchanged. Sterilization is a process which kills all forms of microbial life. Disinfection is a process which destroys all pathogenic microorganisms, but not necessarily all microorganisms. For the purpose of the Bloodborne Pathogens Standard, it is necessary only to use a high level of disinfection for the decontamination, as long as the process will kill the organism that causes tuberculosis.

   b. Disposable materials such as plastic-faced adsorbent paper may be used to prevent contamination of work surfaces. Lightly contaminated (spotted) paper can be deposited into a lined trash container for disposal. Heavily contaminated paper will be autoclaved prior to disposal.

   c. The following guidelines will be used for all decontamination procedures:

      1) Universal precautions will be used for all decontamination procedures.

      2) Employees will wear appropriate personal protective equipment during all decontamination procedures.

      3) Decontamination will be conducted upon completion of procedures, immediately after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

      4) Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to place their hand into the storage containers.

      5) Broken glass and other sharp items are handled with mechanical devices and never with the gloved or ungloved hand. Mechanical devices include brush and dust pan, tongs, forceps or mechanical grabbers. The devices are to be decontaminated after use.

      6) All bins, pails, cans and similar receptacles will be inspected and decontaminated after each use or at the end of the work shift by the trained employee using a recognized disinfectant.

      7) Equipment and work surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

2. Disinfection and sterilization methods

   a. Disinfectants that are used for decontamination must be registered with the EPA as being effective against the causative agent of tuberculosis. The following methods may be used:

      1) Sterilization - kills all forms of microbial life
Recommended for liquids (blood, other potentially infectious materials), trash (i.e. saturated gloves, spill absorbent, disposable items), full sharps containers, laundry, glass or metal equipment that can tolerate heat

a. Autoclave (moist heat, container must be open):
   
   Laundry 250°F for 30 minutes  
   Trash 250°F for 1 hour  
   Liquids 250°F for 1 hour per gallon of liquid

b. Dry Heat:  
   171°C for 1 hour  
   160°C for 2 hours  
   121°C for 16 hours

2) Disinfection - kills all recognized pathogenic microorganisms, but not necessarily all microbial life

Recommended for work surfaces, reusable sharps, bins, containers, spill sites and laundry

a. Moist Heat (pasteurization) can be used to disinfect samples:
   
   100°C for 15 minutes  
   75°C for 30 minutes

b. Contaminated Laundry may be washed and/or dried at temperatures at or above 160°F for 25 minutes or washed with a chemical disinfectant according to the manufacturers recommendations. A 1:100 dilution of liquid chlorine bleach is suitable.

c. Liquids such as the following can be used to disinfect surfaces, spills, specimens if they are compatible with the process and other cleaning substances in use:

   - Preferred: Specifically formulated commercial cleaning products that are labeled as “tuberculocidal”. Read the label for required contact time.
   - 1:10 dilution of chlorine bleach, prepare fresh as needed. Contact time: 10 minutes – do not use or store with general purpose cleaning chemicals on campus. They typically contain quaternary ammonium compounds that react adversely with chlorine bleach!
   - Ethanol or isopropanol 70-85%. Contact time: 10 minutes. Caution- keep away from flame or sources of ignition.
   - Phenolic compounds 1-5% (Lysol spray). Contact time: 10 minutes or per manufacturer’s directions

3. Small Spills Clean-up

   a. A small spill is defined as a spill that is manageable by absorbing the materials onto a couple of paper towels without saturating the toweling. (i.e. the volume of blood that would result from a normal nose bleed or shaving cut.)

   b. Only employees designated as level 1 or 2A should attempt spill control. Gloves are required, safety glasses or chemical splash goggles are recommended.
c. Remove any broken glass or sharps using a tongs or cardboard and place into a sharps container.

d. Absorb all traces of the organic matter onto the paper towels or similar paper product. Dried material may first need to be wetted.

e. Saturate the contaminated area with a disinfectant product that is tuberculocidal. Follow the manufacturer's directions for contact time.

f. All contaminated materials may be deposited into a lined trash container.

4. Sizable Spills clean-up

a. A sizable spill is one in which the volume of blood or OPIM would saturate a several paper towels or other small absorbent product. (i.e. the amount of blood that would result from a serious injury)

b. Secure the area of the spill to prevent traffic through or past the spill site.

c. Employees must put on utility gloves, eye protection, a gown and shoe covers (if necessary) before beginning the clean-up.

d. First surround the spill and then cover the spill area with absorbent material to minimize spread of the infectious material.

e. If broken glass is present, use a broom and dust pan to pick up material. **Do not use gloved hands!** Place broken glass into a puncture resistant sharps container.

f. Pick up absorbent materials and discard into a fresh trash bag. Minimize contact with the absorbent, even with gloved hands. Use mechanical devices such as tongs, dustpans or shovels whenever possible

g. Cover contaminated area with an appropriate disinfectant. Follow the manufacturer's instructions for the recommended length of time the disinfectant should be in contact with contaminated surfaces.

h. After the disinfectant has had sufficient contact time, mop area to remove the disinfectant, rinse mop and decontaminated area with clean water. Decontaminate all equipment used for clean-up.

5. Contaminated equipment

a. Equipment which has become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and be decontaminated as necessary.

b. Equipment will be decontaminated by an employee who is trained in the recognition of bloodborne pathogens and has a thorough understanding of the equipment.

c. Broken or damaged equipment that cannot be decontaminated will be packaged to minimize exposure and labeled to warn individuals of potential hazards.
F. REGULATED WASTE DISPOSAL

1. Wastes that have been sterilized or properly decontaminated and are to be disposed of via the common trash must have all labels indicating "INFECTIOUS" defaced, and the bag/container should be clearly labeled as "AUTOCLAVED" or "NON-INFECTIOUS." Placing a "red" bag inside of another opaque bag is suitable, providing it has been autoclaved, and has been marked as autoclaved, sterilized or decontaminated, as appropriate.

2. Blood or blood products should not be disposed of via sewer without first autoclaving (sterilizing) the liquid.

3. Disposable sharps (See Appendix C)
   a. Contaminated sharps will be discarded immediately into labeled sharps containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.
   b. Sharps containers will be maintained upright throughout use, replaced routinely and not be allowed to overfill.
   c. When moving containers of contaminated sharps from the area of use, the sharps containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
   d. The container will be placed in a secondary container if leakage of the primary container is possible. The second container will be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. It will be labeled or color coded to identify its contents.
   e. Reusable containers will not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

4. Other regulated waste (See Appendix C)
   a. Other regulated wastes include:
      ▪ Liquids or semi-liquid blood or OPIM (i.e. ‘pourable’)
      ▪ Items that are saturated with blood or OPIM that would release these materials if compressed (i.e. ‘squeezable’).
      ▪ Items that are so saturated that blood or OPIM would drip from it if suspended or handled. (i.e. ‘drippable’).
      ▪ Items that are caked with dried blood or OPIM that would release these materials during handling
      ▪ Microbiological wastes containing blood or OPIM
      ▪ Urine, feces, sputum or vomit that is visibly contaminated with blood or OPIM
   b. Other regulated waste will be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
c. The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
d. Contact the Exposure Control Officer to arrange for ultimate disposal.

5. Non-regulated waste materials
   a. The following items do not meet the definition of a regulated waste:
      - Soiled bandages, cotton balls, paper towels or tissues that are not saturated with blood or OPIM
      - Disposable gloves that are slightly contaminated with blood or OPIM (note: gloves should be inside out as a result of the removal process)
      - Soiled feminine napkins
      - Soiled diapers
      - Urine, feces, vomit, sweat, sputum, breast milk, nasal secretions, nails or skin that is not visibly contaminated with blood or OPIM
   b. While these non-regulated materials do not pose the high level of hazard associated with bloodborne pathogens, this does not imply that there are no hazards associated with contact of the above materials. These non-regulated materials may present a lesser hazard by transmitting diseases that are readily treatable and curable using current medical practices.
      - OSHA has determined that soiled sanitary napkins and other feminine hygiene products do not meet the definition of a regulated waste because they are designed to prevent the release of liquid or semi-liquid blood or the flaking off of dried blood.
      - Employees will use "Universal Precautions" to protect themselves against exposure to the non-regulated waste materials to reduce the opportunities for infections.
      - Items that are non-regulated waste may be deposited into a lined trash receptacle for disposal via the normal trash.
      - Containers for soiled sanitary napkins are to be lined with a plastic or wax paper bag, and that employees will be provided with suitable gloves for removal of the bags from the waste container.

G. LAUNDRY PROCEDURES
1. Employees are considered to have a level 2A occupational exposure if their job description requires handling of contaminated laundry. Handling clean or non-contaminated laundry does not constitute an occupational exposure under this plan.
2. Student employees, except those specifically designated and trained as level 2A, and volunteers are not permitted to handle contaminated laundry.
3. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.
4. Contaminated laundry must be deposited into a leak-proof, closeable bag that is either red in color and or is labeled as "Biohazard" and with the biohazard symbol.

5. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled or color coded red bag) bags at the location where it was used and processed to a laundry facility.

6. Contaminated laundry will not be sorted or rinsed with uncontaminated laundry.

7. UW-Superior is contracted with a local laundry service for departments that do not have laundry facilities. If contaminated laundry is sent off-site, it must be placed in bags or containers which are labeled or color-coded per the laundry service instructions.

8. No contaminated laundry shall be taken home for laundering.
SECTION V  HEPATITIS B VACCINATION

A. LEVEL 1 AND 2A EMPLOYEES

1. The University of Wisconsin-Superior will make the Hepatitis B vaccination series available to all Level 1 and 2A employees at no cost, after training and at a reasonable time and place.

2. Information on Hepatitis B vaccine administration, benefits and risks will be provided at the training session for Level 1 and 2A employees.

3. The vaccination will be performed under the supervision of a licensed physician or another licensed health care professional.

4. The vaccination will be provided according to the recommendations of the U.S. Public Health Service.

5. All laboratory tests that may be recommended by a physician will be conducted by an accredited laboratory at no cost to the employee.

6. Participation in a pre-screening program will not be a prerequisite for receiving Hepatitis B vaccination.

7. If the employee initially declines, but at a later date and while still covered under the standard decides to accept the Hepatitis B vaccination, it will be made available at no cost to the employee.

8. All employees who after training choose to decline the Hepatitis B vaccination will sign the OSHA required declination indicating their refusal.

9. If and when recommended by the Public Health Agencies, booster shots for hepatitis B will be made available to Level 1 and Level 2A employees.

B. LEVEL 2AS EMPLOYEES

1. Job descriptions for Level 2AS employees include a collateral first aid function that is not a normal expectation of the job, but may be necessary during emergency situations. Employees with collateral first aid functions are encouraged to administer first aid only when it is absolutely necessary.

2. Employees with a Level 2AS bloodborne pathogens level will be offered the hepatitis b vaccination series only after the employee has provided on-the-job first aid assistance involving the presence of blood or other potentially infectious materials.

3. After a Level 2AS employee provides first aid assistance that involves the presence of blood or other potentially infectious materials, he or she should inform the Exposure Control Officer before the end of the shift so the hepatitis b vaccination series can be offered to the employee.

4. Employees must attend annual Bloodborne Pathogens training for as long as they are employed in a position that carries a Level 1, 2A or 2AS exposure classification.
SECTION VI  EXPOSURE DETERMINATION

A. DEFINITION OF EXPOSURE FOR THE PURPOSE OF THIS PROGRAM -  A reasonably anticipated contact of blood or other potentially infectious materials with the eye(s), mouth or other mucous membrane, non-intact skin, or parenteral contact. (Parenteral contact means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.)

B. IDENTIFICATION REQUIREMENTS

1. The University of Wisconsin-Superior will identify all employees who 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 will list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

2. The UW-System job classification for exposure potential will be utilized at UW-Superior.

C. LEVEL 1 CLASSIFICATIONS

1. Job classifications in which some UW-Superior employees may be expected to incur frequent occupational exposure to blood or other potentially infectious materials. The common classifications and associated tasks for the Level 1 category for individual work areas, by department, are described in Appendix A.

   Criteria: UW-Superior employees in a job classification that have occupational exposure, i.e. reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM). This contact may result from the performance of an employee's duties, regardless of frequency, and regardless of the use of personal protective equipment.

2. The following job classifications have been identified as Level 1:
   - Athletic Trainers
   - Life Guards
   - Public Safety Officers
   - Instructors, Researchers, and Student Employees in laboratories where human blood or other potentially infectious materials are routinely used (e.g. laboratories such as biology, pre-medicine or physiology)
   - Designated First Aid Providers

D. LEVEL 2A and 2AS CLASSIFICATIONS

1. Job classifications in which some UW-Superior employees in a certain work area may encounter occasional occupational exposure. Examples of classifications and associated tasks for the Level 2A category for individual work areas, by department, are described in Appendix A.

   Criteria: The anticipated exposure potential is usually secondary to the primary tasks in the position description, such as routine cleaning, but with the expectation that occasional blood
spills or vomit can be anticipated. Job duties and degree of risk may vary between work locations, so not all within the same job classification would have occupational exposure, and the tasks or procedures that would cause occupational exposure are listed.

2. The following job classifications have been identified as Level 2A:
   - Custodial and Housekeeping Staff
   - Launderers
   - Recreation Department Student Supervisors
   - Instructors, Researchers, and Student Employees in selected laboratories where human blood and OPIM may be used occasionally (e.g. in biology, microbiology, physiology, biochemistry)

3. Level 2AS (Special) This is a special classification for employees who have an occupational exposure solely due to a collateral function as a first aid provider, as it is defined in their position description. No other route of exposure is anticipated and the employee is not expected to conduct clean up procedures. Employees must take part in annual training, but will only be offered hepatitis B vaccination series following an exposure to blood or other bodily fluids. Employees who assist in first aid incidents without being designated as first aid providers in their position description are responding as "good samaritans".

E. LEVEL 2B CLASSIFICATIONS

1. Job classifications in which some employees in the same work areas as Level 2A are not expected to incur occupational exposure. Examples of classifications and associated tasks for the Level 2B category for individual work areas, by department, are described in Appendix A.

   Criteria: Same as Level 3 with the exception that other employees in the same work area may incur occupational exposure.

F. LEVEL 3 CLASSIFICATIONS

1. Job classifications of UW-Superior employees in which exposure to blood or other potentially infectious material is not expected to occur as a condition of employment, except in an emergency or unplanned exposure. Examples of job classifications and associated tasks for the Level 3 category in individual work areas, and by department, are described in Appendix A.

   - Criteria: No exposure expected in job-related duties.

G. IDENTIFICATION PROCEDURE

1. Classified Staff
   a. At the time the "Request for Authorization to Hire" is generated, a description of the assigned tasks that relate to potential exposure to bloodborne pathogens will be included in the position description.

   b. Upon hire of a new employee, the supervisor will contact the Exposure Control Officer with a copy of the position description and arrange for new employee’s training for any 1, 2A or 2AS level exposure risk.
2. LTE
   a. At the time the "Request for Authorization to Hire LTE" is generated, an annotation relative to the exposure level and assigned tasks will be included in the job description. When possible, the job description will be modified to eliminate potential exposure to bloodborne pathogens such as cleanup or response actions.

   b. If job modifications cannot be made to eliminate potential exposure to blood or OPIM, the supervisor will schedule training with the Exposure Control Officer for any LTE with a 1, 2A or 2AS level exposure risk.

3. Faculty/Academic Staff
   a. At the time the "Request for Authorization to Hire" is generated, a statement relating to exposure level and the task assigned will be included in the position summary.

   b. Upon appointment of the new employee, the Department Head or Chair will contact the Exposure Control Officer and arrange for training of any level 1, 2A or 2AS employees.

4. Student Employees
   a. The work study or student assistance contract will identify the exposure level at the time of hire based on descriptions found in the Student Employee Supervisor’s Manual.

   b. Upon hire, the Supervisor will contact the Exposure Control Officer to arrange for training of student workers assigned a level 1, 2A or 2AS bloodborne pathogens classification.

5. Upon notification by the supervisor the Exposure Control Officer will initiate the following:
   a. Level 1 and 2A
      ▪ Verify exposure level through a discussion with the Supervisor and/or review of the job description. Coordinate training for the employee
      ▪ Offer hepatitis b vaccination series after completion of the training
      ▪ Forward copies of the hepatitis b vaccination series offer, declination statements and/or vaccination status records to the personnel office

   b. Level 2AS
      ▪ Verify exposure level through a discussion with the Supervisor and/or review of the job description.
      ▪ Coordinate training for the employee
      ▪ Offer hepatitis B vaccination series immediately after being notified that the employee had conducted a first aid response.
SECTION VII TRAINING

A. POLICY

1. All UW-Superior employees covered by the Exposure Control Plan with a level 1, 2A or 2AS exposure risk will be provided training on universal precautions, the use of personal protective equipment, the benefits of vaccination for hepatitis b, and specific work practices that greatly reduce the potential of a significant exposure.

2. Training will be provided prior to the time of initial assignment to tasks where occupational exposure may take place. If training cannot be completed at time of hire, the employee’s job description will be modified to eliminate potential exposures until the time that training can be completed.

B. TRAINING FOR LEVEL 1, 2A AND 2AS EMPLOYEES

1. UW-Superior employees will be provided with training prior to the time of initial assignment to tasks where occupational exposure may take place. The training may include but not be limited to lecture, video, or online learning activities.

2. Training will cover the epidemiology and transmissivity of HBV, HBC and HIV in some detail. It will include background information on the HBV vaccination to aid employees in deciding whether to accept or to decline it.

3. The campus post exposure follow-up procedure will be clearly explained.

4. Annual retraining will be required.

5. A dated training outline and material will be maintained on file for each training session.

C. TRAINING FOR LEVEL 2B AND 3 EMPLOYEES

1. Training for Level 2B and 3 employees is offered upon request of supervisors for their employees. The training will provide a basic training to obtain an understanding of the subject of bloodborne diseases and how they are transmitted.

D. TRAINING FOR NON-EMPLOYEE STUDENTS IN ACADEMIC PROGRAMS

1. Students participating in academic classes, internships or practicums where there is a potential exposure to blood or other potentially infectious materials must receive the following information and training prior to any procedures where blood or other potentially infectious material may be used:
   - The transmission and risks of infection by a bloodborne pathogen, such as HIV or HBV, as a result of exposure to blood and other potentially infectious materials.
   - The use of universal precautions to reduce or prevent exposure
   - The methods and work practices that should be used to prevent exposure
   - The personal protective equipment that is required and training in it's use
The benefits of hepatitis B vaccination and the availability of the vaccination, at the student’s expense.

The Exposure Incident Reporting Procedures and Post Exposure Follow Up procedures that will be recommended by the University if an exposure incident occurs. The student should be cautioned that he/she is financially responsible for the expenses related to post exposure followup, even if the follow up is recommended by the University.

ALL Training must be documented.

2. Students participating in a practicum or internship in certain academic programs where there may be a reasonably anticipated potential for exposure to human blood or other potentially infectious materials must be informed of the following:

- Inform students about the University and host agreement details that protect the student while taking part in the off-site training, such as coverage for workers compensation, insurance, and medical costs if an exposure or injury occurs.
- The host agency should inform the student of the details of potential exposures to bloodborne pathogens and actions that should be taken to prevent exposure.
- Procedures to ensure that students receive prompt Post-exposure Evaluation and Followup should an exposure incident occur in the host’s setting.

E. TRAINING REQUIREMENTS FOR VOLUNTEERS

1. Individuals who volunteer their services should not ordinarily be requested or allowed to conduct any work that could reasonably be anticipated to result in exposure to human blood or other potentially infectious materials. The following activities are prohibited for volunteers:
   - Handling contaminated laundry
   - Clean up of blood-contaminated surfaces or equipment
   - Handling, treatment or sewer infectious wastes

2. The campus organization or department which accepts the volunteer's assistance is responsible for compliance with the policy identified in the Scope.

3. Any volunteer who has a potential exposure to blood or other potentially infectious materials must receive the following information and training:
   - The risks of infection by a bloodborne pathogen, such as HIV or HBV, as a result of exposure to blood and other potentially infectious materials.
   - The use of universal precautions to reduce or prevent exposure
   - The methods and work practices that should be used to prevent exposure
   - The personal protective equipment that is required and it's availability
   - The benefits of hepatitis B vaccination and the availability of the vaccination, at the volunteer's expense.
• The Post Exposure Follow Up procedures that will be recommended by the University if an exposure incident occurs. The volunteer should be cautioned that he/she may be financially responsible for the expenses related to post exposure followup, even if the follow up is recommended by the University.

• ALL Training must be documented.

F. UW-SUPERIOR DESIGNATED TRAINERS

1. The UW Superior Exposure Control Officer is the primary designated trainer at UW Superior. Additional designated trainers include the instructional staff of the athletic training program.

2. Additional individuals who wish to be designated as a trainer must:
   b. Have all training materials to be used reviewed and approved by the Exposure Control Officer.
   c. Complete the appropriate training documentation and hepatitis B vaccination series offers after completion of the employee training.

G. DOCUMENTATION

1. Level 1 and 2A and 2AS employees
   a. Employees will sign a training record attendance form.
   b. Level 1 and 2A employees will receive a letter following training requesting the employee to either accept or decline the hepatitis B vaccination series. Instructions will be provided on how to receive the vaccination series if they decide to accept the offer.
   c. Level 2AS employees are provided a document during training that describes the procedure to receive the hepatitis b vaccination series after they have participated in a first aid response.
   d. The health care professional administering the hepatitis B vaccination series will provide a vaccination record to the employee and maintain confidential records.
   e. The Exposure Control Officer will log the training record and initiate the coordination of vaccination series.
   f. The Declination will be and forwarded to the Personnel Office for inclusion in the employee's medical file.
   g. Employees who have ceased their employement with UW Superior or are no longer at risk for exposure to bloodborne pathogens are not eligible to continue the hepatitis b vaccination series at the employer’s expense. The supervisor will notify the Exposure Control officer when the employee eligibility ceases.

2. Level 2b and 3 employees
a. It is desirable to have employees complete an attendance record, but it is not required under all circumstances.

3. Training records will be maintained for at least three years from the date on which the training occurs.
SECTION VIII

MEDICAL RECORDKEEPING

A. MEDICAL RECORDS

1. The UW-Superior Personnel Office will maintain the standard employee medical records and accounts of any occupational exposure. Such records may include the following:
   a. Name, social security number, and employee number of the employee
   b. If provided by the health care professional or employee, a copy of the employee's Hepatitis B vaccination status including the dates of the Hepatitis B vaccinations.
   c. A copy of the employee’s declination form, if applicable.
   d. A copy of all results of examinations, medical testing and follow-up procedures relating to post exposure evaluation and follow-up, or a notation indicating where these records are on file if the records are maintained by the health care provider.
   e. The employer's copy of the health care professionals written opinion
   f. A copy of the information provided to the health care professional as described above

2. All employee medical records are confidential and not to be disclosed or reported to any person within or outside UW-Superior without the express written consent of the employee except as may be required by law. These records are to be retained by UW-Superior for at least the duration of employment plus 30 years in accordance with SPS 332.305/29 CFR 1904.
SECTION IX  EXPOSURE INCIDENTS AND POST EXPOSURE FOLLOW UP

A. EXPOSURE INCIDENTS

1. An Exposure Incident is 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.

2. All exposure incidents must be reported promptly, regardless of how minor they seem at the time. Reporting exposure incidents is not discretionary!

3. Individuals who may have experienced an exposure incident should immediately stop work and follow the procedures outlined in:
   a. Level 1, 2A, 2A (Special), 2B and 3 Employees should follow the procedure in Appendix D Section A
   b. Non-employee students should follow the procedure in Appendix D Section B
   c. Good Samaritans and Volunteers should follow the procedure in Appendix D Section C.

4. Post exposure follow up procedures should commence within 24 hours following an exposure incident.

B. POST EXPOSURE FOLLOW UP GUIDELINES

1. An individual who experiences a possible exposure incident will be referred to a medical facility for a confidential medical evaluation and follow-up.
   a. UW-Superior has arrangements with several health care providers in the Duluth-Superior area for Post-Exposure Follow-up. A current list of the recommended providers is included in the Reporting packet.
   b. The exposed individual may choose to see his/her personal physician.

2. The employer will provide to the health care provider a copy of Bloodborne Pathogens Standard, a description of the employee's duties relating to the exposure, and documentation of the exposure incident.

3. If requested by the health care professional, Public Safety will attempt to contact the source individual regarding testing for his/her current HIV and HBV status.

4. The health care provider will evaluate the exposure to determine if a significant exposure has occurred. If an exposure is confirmed, the health care provider will provide counseling regarding the risk of disease, and, with consent, conduct baseline determinations of HIV and HBV status and other medically necessary procedures.

5. The health care provider will inform the exposed individual of the results of the medical evaluation as it relates to the exposure incident, the follow up procedures to be conducted, if any, and any medical conditions that may result from the exposure.
6. If a significant exposure has occurred, the health care provider may inform the exposed individual of the source individuals HBV and HIV status and inform the exposed individual of the applicable laws protecting the source's confidentiality.

7. The employer will receive a written opinion from the provider that is limited to a statement that the exposed employee has been informed of the medical evaluation results and any medical conditions resulting from the exposure incident that may require further treatment.

8. All other findings will remain confidential. Written consent is necessary for releasing any information from an individual's medical records.