



**THE UNIVERSITY OF SOUTHERN MAINE
BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM**

TABLE OF CONTENTS

Section	Title	Page
1.0	University of Southern Maine Approval	3
2.0	Purpose and Background	3
3.0	Responsibilities	4
4.0	Exposure Determination	5
5.0	Communication of Hazard to Employees	6
6.0	Exposure Control and Minimization	8
7.0	Hepatitis-B Vaccination	12
8.0	Exposure Incidents	14
9.0	Recordkeeping	16

Appendices

- A.** Definitions
- B.** Employee Consent Form (Hepatitis-B Vaccination)
- C.** Exposure Follow-up Forms
- D.** Department Exposure Control Program- example

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PROGRAM

1.0 University of Southern Maine Approval

The University of Southern Maine Bloodborne Pathogen Exposure Control Program (BBP/ECP) is designed to meet the regulatory requirements of the OSHA Bloodborne Pathogens Standard and applies to all University of Southern Maine (USM) employees who may encounter human blood or other potentially infectious materials (OPIM) (as defined by OSHA in the Bloodborne Pathogen Standard, 29 CFR 1910.1030) in the performance of their job duties.

The purpose of this program is to:

1. Summarize the responsibilities of University departments and personnel.
2. Identify employees with potential exposure to blood or OPIM.
3. Minimize or eliminate employee exposure to blood or OPIM
4. Provide a template for departmental exposure control plans.
5. Outline methods of compliance with the OSHA BBP Standard.

This program applies to all USM employees who may encounter blood or other potentially infectious materials during the performance of their job duties. Supervisory and administrative personnel responsible for potentially exposed employees must be familiar with this program and ensure that all requirements are met.

2.0 Purpose and Background

The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) is designed to protect workers from the hazards associated with bloodborne pathogens. Bloodborne Pathogens are defined by OSHA as pathogenic microorganisms present in human blood that can cause disease in humans. Examples of bloodborne pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). In addition to human blood, human blood components, and products made from human blood; other potentially infectious materials (OPIM) include:

1. Human body fluids- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Human tissues and organs- any unfixed tissue or organ (other than intact skin) from a human (living or dead).

3. HIV and HBV cultures- HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Responsibilities

1. **The University Environmental Health & Safety Office (UEH&S)** is responsible for the following:
 - a) Serves as administrative coordinator of the USM Bloodborne Pathogens Exposure Control Program.
 - b) Develops training materials and guidelines.
 - c) Provides training and assistance for departments, supervisors, and employees.
 - d) Coordinates investigations of exposure incidents.

2. **Human Resources (HR)** is responsible for the following:
 - a) Maintains employee medical records, vaccination records, and declination statements.
 - b) Administrates and coordinates medical appointments related to:
 - i. Hepatitis B vaccination.
 - ii. Post exposure evaluation and follow up care.
 - c) Notifies supervisors when employees are authorized to perform tasks with occupational exposure to human blood or OPIM. (Have signed declination or started vaccination series)

3. **Department Supervisors**(with employees having occupational exposure)are responsible for the following:
 - a) Develop, maintain, and implement Department Specific Exposure Control Plans.
 - b) Ensure employees receive training prior to engaging tasks with potential exposure.
 - c) Maintain copies of employee training records and training materials.
 - d) Coordinate with HR to arrange medical appointments for:
 - i. Hepatitis-B vaccination.
 - ii. Post exposure evaluation and follow up care.
 - e) Ensure exposed employees seek prompt first aid or medical attention for exposure incidents.
 - f) Report exposure incidents according to established USM procedure.

4. **Individual Employees** are covered under this program:
 - a) Comply with requirements of this program and their Department Specific Exposure Control Plan.
 - b) Seek prompt first aid or medical attention for exposure incidents.
 - c) Report exposure incidents to their supervisor.

3.0 Exposure Determination

USM has determined that occupational exposure to bloodborne pathogens exists for the general job classifications and duties listed below. This exposure determination has been made without regard to the use of personal protective equipment. Although useful in identifying groups of potentially exposed employees, this general determination does not replace a local exposure determination that supervisors are required to include in their Department Specific Exposure Control Plan.

1. **Job Classifications with Recognized Exposure** – Due to the diverse nature of the University environment, there are no job classifications in which all employees have recognized occupational exposure. USM identifies employees with occupational exposure based upon the tasks they are required to perform. Employees in the job classifications listed below are likely to perform tasks which could result in occupational exposure, however, any employee whose assigned job tasks may result in exposure are covered under this program.
 - a) Health care workers and health care faculty.
 - b) Biomedical laboratory workers.
 - c) Biomedical waste handlers.
 - d) Emergency responders and designated first aid providers.
 - e) Athletic trainers.
 - f) Law enforcement personnel.
 - g) Sporting event supervisors and coaches.
 - h) Housekeeping, custodial, and laundry service personnel.
 - i) Rubbish and recycling crews.
 - j) Plumbers.
2. Regardless of job classification, the tasks listed below have recognized occupational exposure. All employees performing these tasks are considered occupationally exposed:
 - a) Healthcare work involving patient care and contact.
 - b) Laboratory work with human blood or OPIM.
 - c) Handling laundry contaminated with human blood or OPIM.
 - d) Biohazard spill cleanup involving human blood or OPIM.
 - e) Biomedical waste collection/disposal from areas working with human blood or OPIM.
 - f) Any task which results in exposure to human blood or OPIM.

4.0 Communication of Hazard to Employees

USM is committed to protecting its employees from the hazards associated with bloodborne pathogens. Hazard communication is provided using training, departmental exposure control plans, and signs/labels.

1. **Bloodborne Pathogens Training** - Potentially exposed employees are required to participate in Bloodborne Pathogen Exposure Control training upon initial job assignment and at least annually thereafter. Training is also required when an existing job task is altered or when a new job task is introduced.

Initial training is conducted in a classroom setting where employees have the opportunity to ask questions and provide feedback on the content of this program. Initial training is followed by a review of the Department Specific Exposure Control Plan. All training must be documented and all attendees must sign or initial a training roster.

Annual refresher training will be conducted in a classroom until an online version is available on the UEH&S website.

BBP training includes at least the following elements:

- a) Identification of applicable regulations, OSHA 29 CFR 1910.1030.
- b) Review of USM BBP/ECP Program and applicable department Exposure Control Plans.
- c) Explanation of the epidemiology, modes of transmission, and symptoms of bloodborne diseases.
- d) Identification of tasks with potential exposure to bloodborne pathogens.
- e) Recognition of warning signs and labels.
- f) Description of Work Practice/Engineering Controls.
- g) Selection, use, and disposal of Personal Protective Equipment (PPE).
- h) Information regarding Hepatitis B vaccination.
- i) Procedures for exposure incidents, post exposure evaluation, and follow up procedures.

2. **Departmental Exposure Control Plans** - Departments are required to develop and maintain a Department Specific Exposure Control Plan (ECP) for any and all workers with exposure to blood or OPIM. Department ECPs are designed to eliminate or minimize occupational exposure while conducting departmental specific tasks. It should be accessible to employees. Department ECPs must contain at least the elements listed below.

- a) List of job tasks with occupational exposure.
- b) Description of work practice/engineering controls, and personal protective equipment (PPE). Potentially exposed employees must be consulted on the identification, evaluation, and selection of these controls.

Supervisors are required to conduct documented Department Specific ECP training for employees upon initial job assignment and at least annually thereafter. Training is also required when an existing job task is altered or when a new job task is introduced.

Department heads or supervisors are required to review and update ECPs at least annually and whenever necessary to reflect new or modified tasks and procedures. The annual review and update shall be completed by January 30th of each year. The USM EH&S office shall be notified of the annual review and advised of any changes. The review must include:

- a) Review/update of all required elements of the ECP.
- b) Consideration/implementations of new technologies to eliminate or reduce employee exposure, including safer medical devices.
- c) Input from potentially exposed employees.

3. The Biohazard label/sign (Figure A) is required on all containers that store, contain, or hold materials known or suspected to contain human blood or OPIM. Biohazard labels are required to be:

- a) Orange or red colored, with lettering and symbols in a contrasting color.
- b) Imprinted on or affixed to containers in a manner that prevents loss or unintentional removal.



Figure A

Biohazard labels are not required on the following:

- a) Red bags or red containers, when this procedure is outlined in the departmental ECP.
- b) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use.
- c) Individual containers that are placed in a labeled secondary container during storage, transport, shipment or disposal.
- d) Regulated waste that has been decontaminated.
- e) Specimen containers when universal precautions are used, specimens are readily identifiable, and specimens remain within the facility.

5.0 Exposure Control and Minimization

The following engineering and work practice controls are required in all University departments to eliminate or minimize employee exposure to blood or OPIM. These controls must be examined on a regular basis to ensure their effectiveness. Where potential occupational exposure remains after institution of these controls, personal protective equipment must also be used. Controls listed in this section represent the minimum regulatory requirements. Clarifications and details specific to local protocols and controls/procedures for specific work tasks are required to be listed in the Department Specific Exposure Control Plan.

1. **Universal Precautions** - Employees are required to use Universal Precautions. Universal precautions means:
 - a) All blood, blood products, and OPIM are treated as potentially infectious.
 - b) All body fluids that cannot be positively identified are considered potentially infectious.
 - c) Contact with blood and OPIM is avoided or minimized whenever possible.
 - d) Personal protective equipment is used whenever contact with blood or OPIM is anticipated.
2. **Personal Hygiene and Facilities** - Personal hygiene is critical to reducing the spread of pathogens; therefore, the following are prohibited in work areas and laboratories where blood or OPIM may be present:
 - a) Storage or consumption of food and drink items.
 - b) Storage or use of cosmetics, contact lenses, or medications.

Hand washing is also critical to reducing the spread of pathogens, therefore:

- a) Employees are required to wash their hands with soap and running water immediately after contact with blood or OPIM and/or after removing protective gloves.
- b) Hand washing facilities must be accessible to employees.
- c) If hand washing facilities are not accessible, antiseptic hand cleaner and/or towelettes may be used as a temporary measure until hand washing facilities become available.

3. **Housekeeping** - Work areas and laboratories must be maintained in a clean and sanitary condition. Departments are required to implement appropriate written schedules for cleaning and decontamination of equipment and work surfaces/areas. Additionally, the following general housekeeping practices are required:
- Minimize splashing, spraying, spattering, and generation of droplets of blood/OPIM.
 - Keep work areas free from unnecessary items and free from contamination.
 - Regularly replace protective coverings on equipment and working surfaces.
 - Dispose or decontaminate items as soon as feasible.
 - Decontaminate equipment prior to storage, service, or shipping. When user decontamination of equipment is not feasible, equipment must be labeled with the Biohazard symbol and statement identifying the nature and extent of contamination.
 - Mouth pipetting/suctioning is prohibited.
4. **Containers** - Departments are required to provide appropriate containers for the storage, transportation, or shipping of items known or suspected to contain blood or OPIM. Containers must be:
- Designed to prevent leakage.
 - Puncture resistant when used to contain sharps.
 - Labeled and closed prior to being stored, transported, or shipped.
 - Regularly inspected for and cleansed of external contamination.
 - Placed in a labeled secondary container if external contamination exists.
5. **Sharps and Safer Medical Devices** - The term Sharps generally refers to needles, razor blades, scalpels, and other instruments used in clinical or laboratory procedures, but may also refer to broken glassware or any item capable of puncturing the skin. To improve safety and reduce the incidence of sharps related injuries, the following procedures are required when working with sharps.

Use of Sharps - Single-use disposable sharps and safer medical devices must be handled in a manner which reduces the possibility of a sharps injury. The following requirements apply when working with single-use sharps:

- Dispose of sharps in an appropriate sharps container immediately after use.
- Do not shear, bent, break, or alter sharps prior to disposal; do not recap needles.
- Use tools or other mechanical means when picking up exposed sharps.

Reusable sharps should be avoided and substituted with single-use sharps whenever feasible. If their use cannot be avoided, contaminated reusable sharps must be placed in appropriate and designated sharps containers until properly decontaminated and ready for reuse. Additional guidelines for the safe use and decontamination of reusable sharps must be included in the departmental ECP.

Sharps Containers - In areas where sharps are used, sharps containers are required to be easily accessible and located as close as feasible to the immediate area of use. Employees must not open, reach into, or tamper with sharps containers. Sharps containers must be:

- Puncture and spill resistant.
- Properly labeled.
- Maintained in an upright position.
- Closed prior to handling, storage, transport, or shipping.
- Disposed of when 2/3 full or when indicated by the manufacturer.

f) Designed in a manner which does not require employees to reach into the container.

Safer Medical Devices - In clinical or laboratory settings, Safer medical devices are required to be substituted for traditional sharps whenever feasible. Safer medical devices include needleless systems, shielded needle devices, sharps with engineered sharps injury protections (SESIP), and plastic or break-resistant glassware, vials, and capillary tubes. Supervisors must ensure that employees are consulted in the use of safer medical devices.

6. **Personal Protective Equipment (PPE)** - Departments are required to provide employees with PPE appropriate for their designated job tasks and ensure that employees use PPE as directed by this program and the Department Specific Exposure Control Plan. PPE includes, but is not limited to gloves, gowns, laboratory coats, face shields/masks, eye protection, and resuscitation/ventilation devices such as mouthpieces, resuscitation bags, or pocket masks. PPE is considered appropriate when it is:

- a) Designed to prevent blood or OPIM from contacting the skin, eyes, mouth, mucous membranes, and normal clothing or undergarments for the duration of time it is used.
- b) Issued to or readily accessible to employees.
- c) Available in the appropriate sizes and hypoallergenic.
- d) Inspected prior to use; not used if damaged or contaminated.

University of Southern Maine expects PPE to be used where exposure to blood and OPIM may occur. In the rare and extraordinary circumstances that an employee uses professional judgment not to use PPE, where it would have prevented the delivery of health care or public safety services or posed increase hazard to the safety of a worker or coworker, the supervisor and UEH&S will conduct a follow up investigation to determine methods of preventing such occurrences.

Protective Gloves - Protective gloves include both single use disposable gloves and utility gloves. Disposable nitrile, vinyl, surgical, or examination gloves are required to be used when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM. Disposable gloves must be discarded immediately after use and when contaminated, damaged, or otherwise compromised. Disposable gloves may not be washed or decontaminated for re-use. Note: If exposed to chemicals in addition to blood and OPIM, ensure that the gloves chosen are specifically resistant to the chemicals being used.

Utility gloves should be used when performing tasks that could easily compromise the integrity of disposable gloves. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised.

Volunteer Blood Donation Centers:—Although, the OSHA Bloodborne Pathogens Standard [29 CFR 1030] allows for employers to waive the mandatory use of gloves for vascular access/phlebotomy procedures in volunteer blood donation centers, the University of Southern Maine does not waive this mandatory use of gloves policy and requires that gloves be worn for all vascular access/phlebotomy procedures.

Other PPE - Goggles or glasses with solid side shields and masks or face shields must be worn when performing tasks that may generate splashes, spray, spatter, or droplets of blood or OPIM.

Gowns, aprons, lab coats, clinic jackets, surgical caps/hoods, shoe covers or similar outer garments are required when contamination of personal clothing can be anticipated. The specific type and

characteristics will depend upon the task and degree of exposure anticipated. Additional requirements and guidelines for PPE must be included in the Department Exposure Control Plan.

Cleaning, Laundering, Repair, and Replacement of PPE - Whenever possible, PPE should be chosen and designed for single use, however, some PPE may be reused. Procedures for cleaning, laundering, repair, and replacement of PPE must be included in the Department Specific ECP. Departments must follow all manufacturer recommendations regarding PPE. General requirements for handling PPE in these situations include:

- a) Remove PPE when damaged or contaminated and prior to leaving the work area; do not remove PPE from the workplace.
- b) Place damaged or contaminated PPE in a designated area or labeled container for cleaning, laundering, repair or disposal.
- c) Departments must clean, launder, repair, or replace PPE at no cost to the employee.

7. **Regulated Waste** –USM personnel handle and dispose of regulated waste in accordance with all applicable local, state, and federal regulations. Regulated waste is defined as:

- a) Liquid or semi-liquid blood or OPIM.
- b) Items capable of releasing blood or OPIM in a liquid or semi-liquid state if compressed.
- c) Items capable of releasing caked or dried blood or OPIM during handling.
- d) Laboratory, pathological, and microbiological wastes containing blood or OPIM.
- e) Sharps contaminated with blood or OPIM (for the purposes of disposal, shielded needle and SESIP devices are considered sharps).

Regulated waste, including sharps, must be discarded as soon as feasible and collected in appropriate containers near the work area. Regulated waste containers must be:

- a) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- b) Labeled.
- c) Closed when full and prior to removal.

Regulated wastes must be handled by employees with USM Bloodborne Pathogens training.

Regulated waste must be stored in a designated area until disposal. Disposal of regulated waste is coordinated through the University Environmental Health & Safety Office.

6.0 Hepatitis-B Vaccination

USM is committed to protecting its employees from Hepatitis B virus (HBV).

Hepatitis B (HBV) is a contagious liver disease that results from infection with the Hepatitis B virus. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected.

Hepatitis B can be either acute or chronic. Acute Hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can but does not always lead to chronic infection. Chronic Hepatitis B virus infection is a

long-term illness that occurs when the Hepatitis B virus remains in a person's body. Chronic Hepatitis B is a serious disease that can result in long-term health problems, and even death.

The best way to prevent Hepatitis B is by getting vaccinated.

In accordance with OSHA regulation and USM policy, all employees with occupational exposure to blood or OPIM are offered the opportunity to receive medical consultation and HBV vaccination.

The University Environmental Health and Safety office will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability during the initial BBP/ECP training. (See Appendix B - Consent/Declination Form)

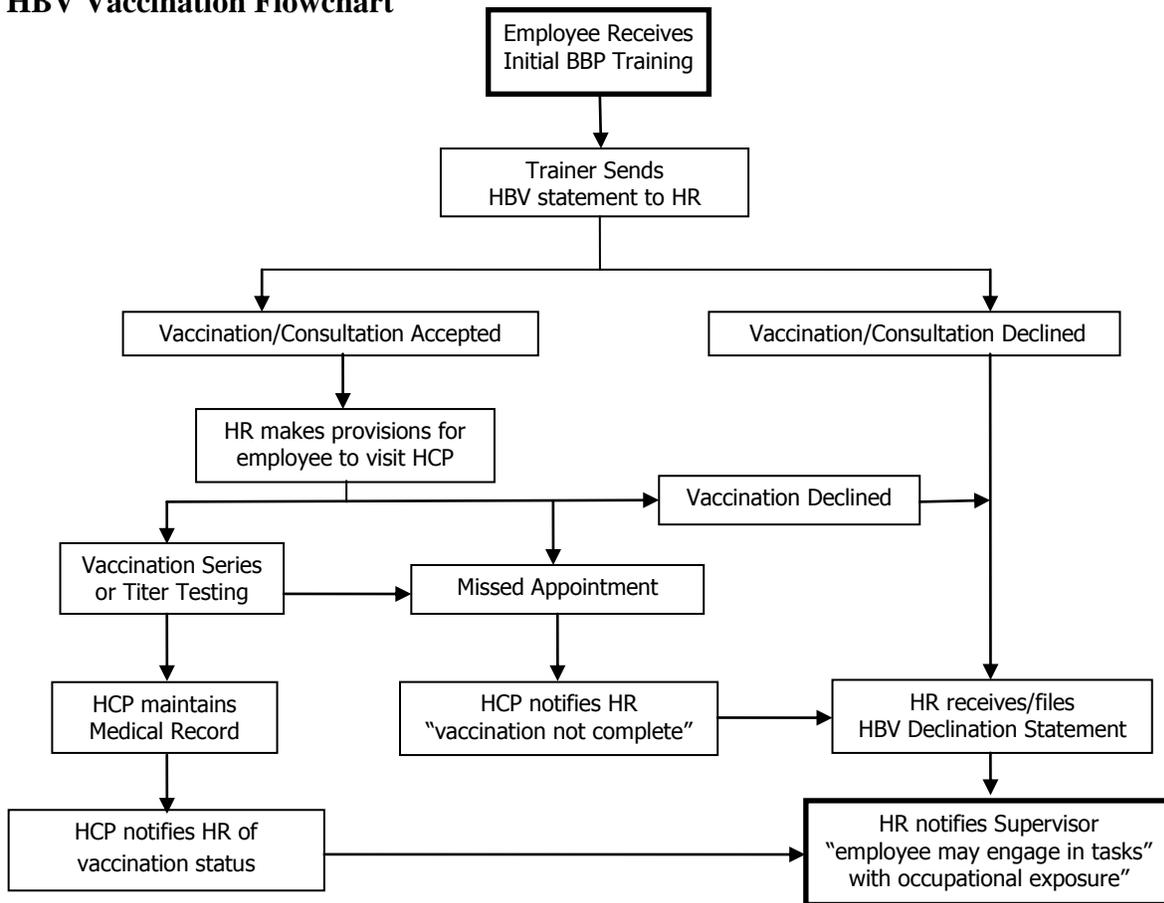
The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment, for all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal (declining) of the vaccination is kept in the employees medical records in the Human Resources office.(See Appendix B - Consent/Declination Form)

Medical consultation and subsequent HBV vaccination must be administered during the employee's work shift and at a nearby health care facility designated by Human Resources. Vaccinations will be provided by Healthcare Provider:*Concentra Medical Centers, 1600 Congress Street, Portland, ME 04102 (774-7751 or fax 828-1768)*. Records of vaccination must be kept by the Healthcare Provider and Human Resources.

1. **Booster Doses and Immunity Titers** - If booster doses or immunity titers for HBV vaccination are recommended by *Concentra Medical Centers* or Human Resources, such services must be made available to affected employees.

2. HBV Vaccination Flowchart



7.0 Exposure Incidents

USM is committed to preventing employee exposure to blood or OPIM, however, when and if exposures occur, USM responds accordingly.

1. **Exposed Employee** - Following any occupational exposure, or suspected exposure, the exposed employee is required to seek prompt first aid and/or medical attention and immediately report the exposure incident to their immediate supervisor. If the supervisor is not immediately available, the employee should seek appropriate care and report the exposure as soon as practicable.
 - a. If you experienced a needle stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps:
 - i. Wash needle sticks and cuts with soap and water
 - ii. Flush splashes to the nose, mouth, or skin with water
 - iii. Irrigate eyes with clean water, saline, or sterile irrigants
 - iv. Report the incident to your supervisor
 - v. Immediately seek medical treatment
2. **Department Supervisors** - Supervisors are required to direct exposed employees to obtain the necessary first aid and/or medical treatment. Following immediate care, supervisors must notify the University and document the incident as directed by established University procedure. The supervisor should be prepared to provide detailed information regarding the incident, including but not limited to, the route(s) of exposure and the circumstances under which the exposure incident occurred. Supervisors should also fill out a First Report of Injury as required by the university's workers compensation insurance program.

3. **University Environmental Health & Safety-** Following notification of an exposure incident, UEH&S will coordinate an investigation of the exposure incident to determine recommendations for preventing future occurrences. Information gained during the investigation will be shared with Human Resources as applicable.
4. **Human Resources -** Following notification of an exposure incident, Human Resources is required to provide employees with the opportunity to receive a confidential medical surveillance/evaluation. Medical evaluations must include the elements listed below. Coordination and subsequent documentation of medical surveillance is the responsibility of the Department of Human Resources.
5. **Medical Surveillance: Exposed Employee -** The exposed employee must be offered the opportunity to have their blood collected and tested for the presence of bloodborne pathogens. Collection of blood must occur as soon as feasible following the exposure incident and only if the employee consents to the procedure. The employee may choose to provide consent for baseline blood collection, but not for subsequent testing. If this occurs, the blood sample must be preserved by the Healthcare Provider conducting the test for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, testing must be done as soon as feasible.

Source Individual - The University of Southern Maine is required to attempt to identify the source individual. If the source individual can be identified, they must be contacted as soon as feasible following the exposure incident. If consent is obtained the source individual will be referred to a health care provider to have their blood collected and tested for the presence of bloodborne pathogens.

If consent is not obtained, it must be documented that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing must be made available to the exposed employee within five (5) days of receiving the source individual's results. The employee also must be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Information provided to the Healthcare Professional - The University of Southern Maine is required to provide the following information to the healthcare provider evaluating an employee after an exposure incident:

- a) A copy of the Bloodborne Pathogen Standard
- b) A description of the exposed employee's duties as they relate to the exposure incident.
- c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d) Results of the source individual's blood testing, if available.
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status.

USM is required to obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up must be limited to the following information:

- a) Confirmation that the employee has been informed of the results of the evaluation
- b) Confirmation that the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- c) If Hepatitis-B vaccination is indicated, and if the employee has received such vaccination.
- d) Any/ all findings or diagnoses shall remain confidential and shall not be included in the written report.

6. **Post-Exposure Prophylaxis and Counseling** - Exposed employees must be provided with appropriate post-exposure prophylaxis as indicated by the Healthcare Provider (*Concentra Medical Centers*). Post-exposure counseling will be made available through the University Employee Assistance Program.

8.0 Recordkeeping

1. **Medical Records** - Medical records are required to be kept for each employee with occupational exposure. Medical records are the responsibility of Human Resources and any applicable healthcare providers and must include:
 - a) The name and social security number of the employee;
 - b) A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - c) A copy of all results of examinations, medical testing, and follow-up procedures.
 - d) The employer's copy of the healthcare professional's written opinion.
 - e) A copy of the information provided to the healthcare professional.

Employee medical records must be kept confidential and not disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by this section or by applicable law. Medical records must be maintained for at least the duration of employment plus 30 years.

2. **Training Records** - Bloodborne Pathogen Exposure Control Program training records are the responsibility of the University Environmental Health and Safety office. Training records must include the following information and shall be maintained for 3 years from the date on which the training occurred:
 - a) The dates of the training sessions
 - b) Names of persons conducting training
 - c) The names and job titles of all persons attending the training sessions

Departments are required to maintain a copy of employee training records and ensure refresher training is provided annually. Departments are also required to maintain copies or a summary of the departmental (ECP) training materials. Copies of all training records need to be submitted to the University Environmental Health and Safety office.

3. **Sharps Injury Log** - The University Environmental Health & Safety Office maintains a comprehensive Sharps Injury Log using data from workplace injury reports. Departments are required to maintain a local sharps injury log for the recording of percutaneous injuries from contaminated sharps. The sharps injury log must be in addition to any other reporting required by this program. The information in the sharps injury log must be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log must contain, at a minimum, the information listed below.
 - a) The type and brand of device involved in the incident,
 - b) The department or work area where the exposure incident occurred, and
 - c) An explanation of how the incident occurred.

Appendix A

Definitions

Blood -- human blood, human blood components, and products made from human blood.

Bloodborne Pathogens (BBP) - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated- the presence or the reasonably anticipated presence of blood or OPIM on an item or surface.

Contaminated Laundry- laundry which has been soiled with human blood or OPIM, or which may contain sharps.

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.

Engineering Controls - means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needle less systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident- a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from performing assigned job duties.

Hand washing facilities - a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HBV- Hepatitis B virus

HIV- Human Immunodeficiency virus.

Laundry - clothing, bedding, or similar items to be washed, laundered, or otherwise cleaned.

Needleless systems - a device that does not use needles for the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is established; the administration of medication or fluids; any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

Other Potentially Infectious Material (OPIM) – The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Tissues can be considered OPIM also. Any unfixed tissue or organ (other than intact skin) from a human (living or dead) is considered OPIM; and HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral-- piercing mucous membranes or the skin barrier through such events as needle sticks, 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.

Regulated Waste- liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Sharps - Needles, scalpels, broken glassware, or other sharp object that can penetrate the skin.

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

Source Individual - any individual, living or dead, whose blood or OPIM 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. According to the concept of Universal Precautions, all human blood and other potentially infectious materials are treated as if known to be infectious for HIV, HBV, HCV, and/or other bloodborne pathogens.

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

Appendix B

EMPLOYEE CONSENT FORM

I, _____ (*Please Print*), having received the literature and training regarding bloodborne pathogens and the Hepatitis B vaccine, agree to receive the Hepatitis B vaccine. I have been informed the vaccine will be administered in a series of three doses: The initial one; the second, one month later; and the third, six months after the first one. I understand I must complete the three shot series for full immunization.

Employee Signature _____ Date _____
Witness _____

EMPLOYEE DECLINATION FORM

I, _____ (*Please Print*), 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.

Employee Signature _____ Date _____
Witness _____

Appendix C

Bloodborne Pathogen Exposure Follow-up Form

Exposed Employee Information

Report Date: _____ Job Title: _____

Employee Name: _____

Date of Birth: _____ Last First Middle Initial Telephone: _____

Address: _____ Street City State Zip Code

Number of Hepatitis B vaccinations previously received: ___ None ___ 1 ___ 2 ___ 3 ___ Unknown

Previously Anti-HBs positive: ___ Yes ___ No ___ Unknown

If Yes: result \geq 10 mIU/mL _____ Yes ___ No ___ Unknown

Exposure Information

Exposure Date: _____ Exposure Time: _____ AM / PM

Facility and specific location where incident occurred (room, etc.): _____

Type and model of device involved in the incident (needle, lancet, etc.): _____

Route and circumstances of exposure (stick, splash, etc.): _____

Provide detail of the exposure (including the type and amount of fluid or material and the severity of exposure):

Source Person Information

Source Person Known: ___ Yes (If yes, complete remainder of form) ___ No (Skip this section)

Source Person Name: _____

Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female

Address: _____ Street City State Zip Code

Phone Numbers: Home: _____ Work: _____ Cell: _____

Indicate if source person has any known history of bloodborne pathogens or risks for bloodborne pathogens:

Employee Signature: _____

Date: _____

BLOODBORNE PATHOGEN EXPOSURE MEDICAL FOLLOW-UP SHEET

Source Person Blood Testing

Name or ID: _____

HIV Status

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, dated drawn
If "Not Done", specify why:

Hepatitis B Surface Ag

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, dated drawn
If "Not Done", specify why:

Hepatitis C

___ Positive ___ Negative ___ Not Done ___ Refused ___/___/___ If done, dated drawn
If "Not Done", specify why:

Employee Testing

Name or ID: _____

Hepatitis B Quantitative Anti-Hep B surface Antibody (for vaccinated employees only)

If done, dated drawn: ___/___/___

Results: ___ ≥ 10 mIU/mL ___ less than 10 mIU/mL ___ Not Done ___ Refused

HIV Employee Testing

Baseline

Date Drawn: ___/___/___

___ Positive ___ Negative ___ Indeterminate ___ Not Done ___ Refused

BloodborneExposureMedicalFollow-upSheet(Continued)

TypeScreeningTestDone: _____
TypeConfirmationTestDone: _____

6Weeks

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

TypeScreeningTestDone: _____
TypeConfirmationTestDone: _____

12Weeks

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

TypeScreeningTestDone: _____
TypeConfirmationTestDone: _____

6Months

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

TypeScreeningTestDone: _____
TypeConfirmationTestDone: _____

1Year

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

TypeScreeningTestDone: _____
TypeConfirmationTestDone: _____

HepatitisCEmployeeTesting

Baseline

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

6Month

DateDrawn:_____/_____/_____
 ___Positive ___Negative ___Indeterminate ___NotDone ___Refused

EmployeeTreatment

HepatitisBImmunoglobulin(HBIG):

___Yes ___No ___Refused IfYes,DateGiven:_____/_____/_____

HepatitisBVaccine

Dose1:___Yes ___No ___Refused IfYes,DateGiven:_____/_____/_____

BloodborneExposureMedicalFollow-upSheet(Continued)

Dose2: ___Yes ___No ___Refused IfYes,DateGiven: ___/___/___
Dose3: ___Yes ___No ___Refused IfYes,DateGiven: ___/___/___

HIVPEP(PostExposureProphylaxis)

MedsStarted: ___Yes ___No ___Refused IfYes,DateGiven: ___/___/___

Completed4weeks? ___Yes ___No IfYes,DateGiven: ___/___/___

MedicationTaken: _____

Specifyanyothermedicaltreatmentforthisexposure: _____

**Blood Borne Pathogen SOURCE PERSON CONSENT
FORM AND RELEASE OF INFORMATION**

I understand that it has been determined by a physician or physician's designee that a University employee has had a significant exposure to my blood or body fluids. The nature of my blood or body fluid exposure to the University employee has been explained to my satisfaction.

I understand that in order to make appropriate medical decisions for the University employee exposed to my blood or body fluids, the University is requesting that I voluntarily submit a blood specimen for bloodborne pathogens, Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) testing. The testing will be free of charge to me and all test results will be provided to:

(a) My physician, or physician's designee,

(b) University physician or physician's designee,

I acknowledge that I was given an opportunity to ask questions about the exposure, how my blood specimen is to be provided, what tests will be performed, who is to receive copies of my test results, and any other questions I had. I understood all of the answers to my questions before making my decision below.

_____ I consent to the University for taking a blood specimen from me,
(Initial) testing it and releasing those test results as indicated above.

OR

_____ I refuse to allow the University to take a blood sample from me.
(Initial)

Name of Source Person: _____
(Please Print)

Source Person Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

Appendix D

Department Exposure Control Program

This supplement to the University of Southern Maine Bloodborne Pathogen Exposure Control Program (BBP/ECP) is designed to assist University Departments and Department Supervisors in developing their own Department Specific Exposure Control Plan (ECP) for employees under their supervision. This document designed to be modified to reflect specific work environments but is not intended to replace the University of Southern Maine Bloodborne Pathogen Exposure Control Program (BBP/ECP) or formal (BBP/ECP) training. Supervisors are required to review the completed ECP with affected employees annually or whenever new job tasks are added. Department ECPs must contain at least the elements listed below.

- A. Description/ List of job tasks with occupational exposure.
- B. Description of Work Practice Controls, Engineering Controls, and Personal Protective Equipment (PPE) required for specific tasks.
- C. Input from potentially exposed employees shall be considered in the identification, evaluation, and selection of these controls.
- D. Sharps Injury Log and documentation of consideration/implementation of safer medical devices (where appropriate).

1. Departmental Information

- a. Department/ Work Location: _____
- b. Address: _____
- c. Department Supervisor Name: _____
- d. Title: _____
- e. Phone: _____
- f. Fax: _____
- g. Email: _____
- h. Description/ List of Tasks with Occupational Exposure to BBP: _____

- i. ECP Review Date(s): _____

2. Controls for all Tasks

The University of Southern Maine Bloodborne Pathogens Exposure Control Program outlines the general requirements for exposure control and minimization. Departmental specific procedures or details regarding these controls should be listed here:

General Controls	Department Details
Universal Precautions	
Personal Hygiene & Facilities	
Housekeeping	
Containers	
Sharps/Safe Medical Devices	
Personal Protective Equipment	
Regulated Waste	

3. Controls for Specific Tasks

The job tasks listed below have been determined to have occupational exposure to blood or other potentially infectious materials. Specific job tasks performed by employees but not listed here should be added under Dept. Specific Tasks. These general guidelines are designed to be a summary of necessary precautions; Dept. Specific Requirements should be listed when applicable.

Job Task	Engineering and Work Practice Controls	Personal Protective Equipment
Patient Care Providing First Aid	Universal Precautions Dept. Specific Requirements	Disposable gloves. Goggles, masks, eye protection, or face shields if potential for splattering. Gowns and other coverings as appropriate. Dept. Specific Requirements
Laboratory Work with Blood/ OIPM	Universal Precautions Dept. Specific Requirements	Disposable gloves. Goggles, masks, eye protection, or face shields if potential for splattering. Gowns and other coverings as appropriate. Dept. Specific Requirements.
Contaminated Laundry Handling -Presence of blood or OIPM. -Presence of Sharps. -Knowledge of or suspected contamination.	Minimize handling. Remove sharps with tongs or other tools; dispose in sharps container. Do not sort or rinse on site. Place laundry into designated and labeled or red-colored container immediately. Wash/Disinfect according to dept.	Disposable gloves. Goggles, masks, eye protection, or face shields if a potential for splattering. Gowns and other coverings as appropriate. Dept. Specific Requirements.

	procedure. Dept. Specific Requirements	
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JobTask	Engineeringand Work PracticeControls	PersonalProtective Equipment
Biohazard Spill Cleanup (Blood/OPIM)	<p>Barricade the area; Keep people away. Place contaminated broken glass or other "sharps" into a leak proof and puncture-resistant sharps container. Pick up large pieces of glass with tongs. Scoop up smaller pieces with a scoop or paddles. Seal the sharps container; place it into a red biohazard bag for disposal. Apply absorbent material to the spill. Place contaminated absorbent materials into a biohazard labeled bag using a scoop. Disinfect contaminated surfaces and equipment.</p> <p>Small spills: Thoroughly moisten a cleaning cloth with disinfectant cleaner which has been mixed according to directions; scrub the soiled area; discard the cloth into a biohazard labeled bag.</p> <p>Large Spills: Use a mop and bucket for cleaning. Fill the bucket with warm water and add the disinfectant cleaner according to the directions on the package (or use 10% bleach). Scrub the area thoroughly with the mop. Wring out the mop thoroughly. Empty the bucket into the sewer system. Disinfect the bucket, wringer, mop, mop handle and utility sink by wetting with fresh disinfectant.</p> <p>If using utility gloves, wash them carefully with disinfectant prior to removal. Dry them and leave them on. Remove protective eyewear, disinfect them, and place them in a clean area. Remove all other disposable protective equipment (leaving gloves until last) and discard them into a biohazard labeled bag. Seal the bag and discard. Wash hands immediately with warm soapy water. If that's not possible, use an antiseptic wipe and wash hands as soon as possible afterward.</p>	<p>Small Spills: Disposable nitrile gloves. Splash proof safety goggles.</p> <p>Additional PPE for Large Spills: Mask or face shields if potential for splattering. Disposable gown, lab coat, coveralls and shoe covers. Dept. Specific requirements.</p>
Biomedical Waste Handling/Disposal see also University of Southern Maine Biomedical Waste Policy	<p>Collect biomedical waste in red, biohazard labeled bags. Place sharps into a puncture resistant container before placing in the bag. When full, seal the bag and autoclave if possible. If biomedical waste bags are stored in receptacles, receptacles must be labeled so that they will not be inadvertently removed as ordinary trash. Package biomedical waste bags in a double lined</p>	

	biomedical waste container. When full, wrap and tie liners to provide a leak resistant seal. Seal boxes by taping along all six seams and label as follows: NAME - University of Southern Maine ADDRESS - Dept. Name & 4-digit number If your department does not have regular biomedical waste pickups call USM EH&S to arrange for disposal.	
JobTask	EngineeringandWork PracticeControls	PersonalProtective Equipment
Dept. Specific Tasks		