



BEMIDJI STATE UNIVERSITY BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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Table of Contents

Purpose	4
Scope	4
Implementation	4
Definitions	5
Exposure Determination	7
Methods of Compliance	8
Universal Precautions	8
Engineering Controls	8
Work Practice Controls	9
<i>Hand Washing</i>	9
<i>Use of Needles and Sharps</i>	9
<i>Food, Drink, and Personal Care</i>	9
<i>Handling Human Blood and OPIM</i>	10
<i>Equipment Contamination</i>	10
Personal Protective Equipment	10
Housekeeping.....	12
<i>General</i>	12
<i>Equipment and Surfaces</i>	12
<i>Sharps Disposal</i>	12
Regulated Waste Management, Other Than Sharps	14
Laundry Procedures	14
Hepatitis B Vaccination	15
General	15
Hepatitis B Vaccination.....	15
Post-exposure evaluation and Follow-up	16
Information Provided to the Healthcare Professional.....	16
Healthcare Professional’s Written Opinion	17
Medical Recordkeeping	17
Communication Of Hazards To Employees	17
Labels and Signs	17
Training and Information	18
Record Keeping	20
Medical Records	20
Training Records	20
Access to Records	20
Transfer of Records	21

Compliance Dates.....	3
Program Review Statement	21
BEMIDJI STATE UNIVERSITY HEPATITIS B VACCINATION DECLINATION	22
BEMIDJI STATE UNIVERISTY NON-USE OF PERSONAL PROTECTive EQUIPMENT DOCUMENTATION FORM	23

**BEMIDJI STATE UNIVERSITY
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

The following Bloodborne Pathogen Program and Exposure Control Plan has been established for Bemidji State University (BSU). No part of this document may be reproduced in any form without the permission of BSU. Furthermore, the information and supporting materials in this program have been developed for the exclusive use of BSU and its employees. It may not be used for any other purpose without the permission of BSU.

PURPOSE

To comply with the Occupational Safety and Health Administration (OSHA) regulation, [29 CFR 1910.1030, Bloodborne Pathogens](#).

To ensure that employees of Bemidji State University are aware of the dangers associated with exposure to human blood and body fluids and are informed and trained on BSU's policies and procedures, set forth in this plan, for reducing or eliminating workplace exposure to them.

SCOPE

The provisions of this plan apply to all employees of Bemidji State University. Employees are required to comply with the provisions of this plan, as a condition of employment. Failure to comply will result in progressive disciplinary action up to including termination of employment.

IMPLEMENTATION

Implementation of this plan is the responsibility of all BSU administrators, deans, directors, managers, supervisors, and faculty and staff who supervise any regular or student employees who have the potential for work related exposure to bloodborne pathogens. Specific job classifications and tasks identified as presenting occupational exposure risks to BSU employees are listed in the [Exposure Determination](#) section of this plan.

Copies of this written program are readily available from BSU Environmental Health & Safety (EHS) and will be made available to each employee during initial training. It is also available for download from the BSU EHS web site and can be accessed by clicking on the following link: [BSU Exposure Control Plan](#). Employees' designated representatives and Minnesota OSHA representatives may contact EHS to receive a copy of Exposure Control Plan.

DEFINITIONS

The following definitions apply for the purposes of this plan:

- Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
- Blood means human blood, human blood components, and products made from human blood.
- Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
- Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
- HBV means hepatitis B virus.
- HCV means hepatitis C virus.
- HIV means human immunodeficiency virus.

- Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- Other Potentially Infectious Materials (OPIM) means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- Standard Precautions means methods that define all body fluids and substances as infectious. These methods incorporate not only the fluids and materials covered by the Bloodborne Pathogens Standard but expands coverage to include all body fluids and substances. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain blood; (3) nonintact skin; and (4) mucous membranes. See [Universal Precautions](#) for related information.
- Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. See [Standard Precautions](#) for related information.
- 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).

EXPOSURE DETERMINATION

All BSU Employees in the following job classifications are considered [occupationally exposed](#):

- Assistant Athletic Trainer
- Assistant Director, Campus Recreation
- Assistant Director of Public Safety
- Associate Director, Campus Recreation
- Athletic Equipment Manager
- Athletic Trainer
- Campus Security Officer
- Director, Campus Recreation
- Director of Public Safety
- Director, Student Center for Health and Counseling
- General Maintenance Worker
- Licensed Practical Nurse
- Medical Technologists
- Nurse Practitioner
- Registered Nurse

Some, but not all, BSU employees with the following job classifications are considered occupationally exposed:

- Assistant Professor
- Associate Professor
- Instructor
- Professor
- Student Workers
- Graduate Assistants
- College Laboratory Services Specialist

Tasks or activities that would result in these employees being considered occupationally exposed are:

Assistant Professors, Associate Professors, College Laboratory Services Specialist, Graduate Assistants, Instructors, Professors when conducting research, performing laboratory experiments, performing first aid, working in healthcare clinical environments or any other assigned duties that require the handling of human blood or [other potentially infectious materials \(OPIM\)](#);

Student Workers performing any of the following tasks:

- Doing research or laboratory experiments that require the handling of human blood or [OPIM](#);
- Performing custodial tasks involving cleaning areas that are contaminated with human blood or OPIM or handling biohazardous waste containing human blood or OPIM;
- Providing first aid as part of an assigned duty;
- Performing laundering of blood contaminated uniforms and other laundry items;
- Performing any tasks involving potential exposure to human blood or OPIM;

METHODS OF COMPLIANCE

Bemidji State University employees must use the following procedures, practices, and equipment, or others that are equal or better, to reduce or eliminate occupational exposures to bloodborne pathogens:

[Universal Precautions](#)

[Housekeeping Procedures](#)

[Engineering Controls](#)

[Regulated Waste Management Procedures](#)

[Work Practice Controls](#)

[Laundry Procedures](#)

[Personal Protective Equipment](#)

UNIVERSAL PRECAUTIONS

[Universal precautions](#) will be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

ENGINEERING CONTROLS

- [Engineering controls](#) will be used, wherever possible, to eliminate or minimize employee exposure and will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- Two engineering controls are in use at Bemidji State University;
 - Sharps disposal containers and
 - Self-sheathing hypodermic syringes
- Sharps disposal containers must be used for all [contaminated sharps](#). The container must be:
 - Puncture resistant.
 - Labeled or color-coded as described in the [Communication of Hazards to Employees](#) section of this plan.
 - Leak-proof on the sides and bottom.
 - Totally enclosed so that employees cannot reach into the container.
- If bio-cabinets are used, the hood face velocity shall be maintained at the manufacturer recommended value. In absence of a manufacturer's recommendation, face velocities shall be maintained at a minimum of 75 CFM for Class I and IIA cabinets and 100 CFM for all other Class II cabinets. Face velocities shall be determined using an appropriate airflow measuring device, and shall be checked at least annually and after any maintenance or changes made to the hood. Records of hood checks shall be maintained for 3 years.

WORK PRACTICE CONTROLS

[Work practice controls](#) will be used to eliminate or minimize employee exposure to bloodborne pathogens. Employees are expected to use the techniques and procedures described in the following sections:

[Hand Washing](#)
[Use of Needles and Sharps](#)
[Food, Drink, and Personal Care](#)

[Handling Human Blood and OPIM](#)
[Equipment Contamination](#)

Hand Washing

Employees will be provided with hand washing facilities that are readily accessible, or if this is not feasible, Bemidji State University will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees must wash their hands with soap and running water as soon as feasible. Antiseptic towelettes are included in emergency personnel protection packs available from Central Stores through your supervisor.

Hand sanitizer dispensers are located in public areas throughout campus.

Use the following washing procedures after handling of or exposure to human blood or OPIM:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE;
- Wash hands and any other skin with soap and water; and
- Flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

Use of Needles and Sharps

- Contaminated needles and other contaminated sharps may not be bent, recapped or removed from the syringe. However, if there is no feasible alternative or such action is required by a specific medical procedure, recapping should be accomplished using a one handed technique or through the use of a forceps or other devices which eliminate direct hand contact and reduce the probability of a needle stick.
- Shearing or breaking of contaminated needles is prohibited.
- Contaminated reusable sharps must be placed immediately or as soon as possible after use, in appropriate containers meeting the same criteria as [sharps disposal containers](#), as described in the engineering controls description in this plan.

Food, Drink, and Personal Care

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink may not be kept in refrigerators, freezers, and cabinets or on shelves, countertops or bench tops containing blood or other potentially infectious materials.

Handling Human Blood and OPIM

- All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
- The container for storage, transport, or shipping must be labeled or color-coded as described in the [Communication of Hazards to Employees](#) section of this plan.
- If outside contamination of the primary container occurs, the primary container must be placed within a second container that prevents leakage and is properly labeled.
- If the specimen could puncture the primary container, the primary container must be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.
- Specimens of blood or other potentially infectious waste materials such as, but not limited to, saturated bandages, gauze, and compresses will be placed into red infectious waste bags.

Equipment Contamination

Equipment that may become contaminated with blood or OPIM must be examined and decontaminated prior to servicing or shipping. If decontamination is not feasible:

- A readily observable label, as described in the [Communication of Hazards to Employees](#) section of this plan, must be attached to the equipment and state which portions remain contaminated; and
- Supervisors must provide this information to all affected employees, the servicing representative, and shipping personnel, so that appropriate precautions can be taken.

PERSONAL PROTECTIVE EQUIPMENT

[Personal protective equipment \(PPE\)](#) must be used if engineering controls and work practice controls do not eliminate the risk of occupational exposure.

- Bemidji State University will provide appropriate PPE, at no cost to its employees.
- Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment will be used.

- PPE can include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Contact your supervisor or use your department's established procedures to obtain PPE.
- Bemidji State University will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Special equipment (e.g., hypoallergenic gloves, prescription glasses) will be readily accessible to those employees who cannot use the equipment normally provided. Contact your supervisor in these cases.
- Employees must use appropriate personal protective equipment unless it can be shown that the employee temporarily and briefly declined to use PPE, because it was the employee's professional judgment that, in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-workers. Declination to use PPE for these reasons should occur only under rare and extraordinary circumstances. If an employee makes this judgment, the circumstances will be investigated by the immediate supervisor and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- Bemidji State University will clean, launder, and/or dispose of required personal protective equipment at no cost to the employee.
- Bemidji State University will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- All personal protective equipment must be removed prior to leaving the work area and be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. If a garment is penetrated by blood or OPIM, the garment must be removed immediately or as soon as feasible and will be laundered or disposed of at the expense of BSU.
- Gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin when handling or touching contaminated items or surfaces.
 - Cover all cuts, wounds, and abrasions prior to putting on the gloves.
 - Disposable (single use) gloves, such as surgical or examination gloves, must be replaced as soon as practical when contaminated or, as soon as feasible, if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - Disposable (single use) gloves will not be washed or decontaminated for re-use.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields must be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

- Appropriate protective clothing such as, but not limited to gowns, aprons, lab coats, clinic jackets, or similar outer garments must be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- Head covers or Hoods and/or Shoe Covers must be worn when gross contamination can be reasonably anticipated.

HOUSEKEEPING

General

- Supervisors must ensure that the worksite is maintained in a clean and sanitary condition.
- Supervisors must develop and implement a written schedule for work area cleaning and decontamination that is appropriate for the location within the facility, type of surface to be cleansed, type of soil present, and tasks or procedures being performed in the area.

Equipment and Surfaces

- All equipment and environmental and working surfaces will be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- Protective coverings such as plastic wrap, aluminum foil, or imperiously backed absorbent paper used to cover equipment and environmental surfaces must be removed and replaced as soon as feasible, when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- All bins, pails, cans, and similar receptacles intended for reuse, that have a reasonable likelihood for becoming contaminated with blood or OPIM must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Broken glassware must not be picked up directly with the hands. A mechanical means, such as a brush and dustpan, tongs, forceps or similar method must be used.
- Reusable sharps that are contaminated with blood or OPIM must not be stored or processed in a manner that requires employees to reach by hand into the storage containers.

Sharps Disposal

- Sharps containers are available from the Student Center for Health Counseling for use by students who must regularly inject medications. The containers and sharps may be returned to the Student Center for Health Counseling for disposal.
- All disposable sharps must be discarded immediately or as soon as feasible in sharps disposal containers that meet the following criteria:
 - Puncture resistant.

- Labeled or color-coded as described in the [Communication of Hazards to Employees section](#) of this plan.
- Leak-proof on the sides and bottom.
- During use sharps containers must be:
 - Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
 - Maintained upright throughout use.
 - Replaced routinely and not allowed to overfill.
- When moving containers for sharps from the area of use, the containers must be:
 - Closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - Placed in a secondary container if spillage is possible. The second container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
 - Labeled as described in the [Communication of Hazards to Employees](#) section of this plan.
- Reusable containers must not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- Contact Environmental Health & Safety for pick-up and disposal of full sharps disposal containers.



SHARPS DISPOSAL CONTAINER

REGULATED WASTE MANAGEMENT, OTHER THAN SHARPS

- [Regulated waste](#) must be placed in containers that are:
 - Closable;
 - Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - Labeled or color-coded as described in the [Communication of Hazards to Employees](#) section of this plan; and
 - Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport shipping.
- If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container must meet all the requirements listed above.
- Disposal of all regulated waste must be in accordance with applicable regulations of the United States, Minnesota, and political sub-divisions of Minnesota.
- Contact Environmental Health & Safety for pick-up and disposal of regulated wastes.

More detailed information on Biohazardous waste management at BSU can be found on the BSU Environmental Health & Safety web site at:

http://www.bemidjistate.edu/offices/environmental_health_safety/environment/hazardous_waste/biohazardous/

LAUNDRY PROCEDURES

- Contaminated laundry must be handled as little as possible and with a minimum of agitation.
- Contaminated laundry must be bagged or containerized at the location where it was used and may not be sorted or rinsed in the location of use.
- Contaminated laundry will be placed and transported in bags or containers labeled as described in the [Communication of Hazards to Employees section](#) of this plan.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak-through and or leakage of fluids to the exterior.
- Supervisors must ensure that employees who have contact with contaminated laundry have available and wear protective gloves and other appropriate personal protective equipment.
- Laundry workers must have personal protection equipment available at the worksite at all times. If contaminated laundry is shipped off-site to a second facility that does not utilize universal precautions in the handling of all laundry, the laundry must be placed in bags or containers that are labeled as described in the [Communication of Hazards to Employees section of this plan](#).

HEPATITIS B VACCINATION

GENERAL

Bemidji State University will make the Hepatitis B vaccine and vaccination series available to all employees who have [occupational exposure](#), and post-exposure evaluation and follow-up to all employees who have had an [exposure incident](#).

All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophylaxis will be provided by:

- The Student Center for Health Counseling, for student employees, during their regular business hours; and
- Sanford-Bemidji Hospital Emergency Department for all other employees and for student employees when the Student Center for Health Counseling is closed.

These services are provided at no cost to the employee.

If you experience an exposure incident, as soon as possible after the incident occurs, you must take the following steps:

- Cleanse the contaminated area;
- Attempt to identify the source individual;
- Notify your supervisor;
- Complete the form in the Exposure Incident Packet, which you can get from your supervisor or the Human Resources office in D350. Place the completed form back in the packet and take it with you to the health care facility; and
- Present the Incident Exposure Packet with the completed Exposure Incident Report form, to the health care provider

HEPATITIS B VACCINATION

- The Hepatitis B vaccination will be made available to occupationally exposed employees after they have received the training described in the [Communication of Hazards to Employees](#) section of this plan and within 10 working days of initial assignment, unless the employee has previously received the complete Hepatitis B vaccination series or antibody testing has revealed that the employee is immune or the vaccine is contraindicated for medical reasons.
- If an employee initially declines the Hepatitis B vaccination but at a later date, if still occupationally exposed, decides to accept the vaccination, Bemidji State University will make the Hepatitis B vaccination available to them.
- Employees who decline to accept an offer of Hepatitis B vaccination must sign a [statement of declination](#).
- If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, it will be made available to employees who are still occupationally exposed.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following a report of an exposure incident, Bemidji State University will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) or exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless identification is infeasible or prohibited by state or local law;
- Testing of the source individual's blood as soon as feasible and after consent is obtained, in order to determine HBV and HIV status.
 - If consent is not obtained, Bemidji State University will establish that legally required consent cannot be obtained.
 - When law does not require the source individual's consent, 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 will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
- Collection and testing of blood for HBV and HIV serological status;
 - The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
 - If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
- Counseling; and
- Evaluation of reported illnesses

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

Bemidji State University will ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of OSHA Standard 1910.1030;
- A description of the exposed employee's duties as they related to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available; and

- All medical records relevant to the appropriate treatment of the employee that are the employer's responsibility to maintain, including vaccination status.

HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

- Bemidji State University will 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 Hepatitis B vaccination will be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received the vaccination.
- The healthcare professional's written opinion for post exposure evaluation and follow-up will be limited to the following information:
 - That the employee has been informed of the results of the evaluation;
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation of treatment; and
- All other findings or diagnoses will remain confidential and will not be included in the written report.

MEDICAL RECORDKEEPING

- Medical records required by this standard will be maintained in accordance with the Recordkeeping Section of this plan.

COMMUNICATION OF HAZARDS TO EMPLOYEES

LABELS AND SIGNS

Warning labels will be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM.

- Labels required by this section will include a [BIOHAZARD legend](#).
- These labels will be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- Labels will be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
- Infectious waste bags and containers will be marked with either a three inch or larger "biohazard symbol" or letters one inch or larger as "INFECTIOUS WASTE."
- Containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Red bags or containers may be substituted for labels.

- Labels required for contaminated equipment will be in accordance with this section and will also state which portions of the equipment remain contaminated.
- 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 are exempted for the labeling requirements of this paragraph.
- Regulated waste that has been decontaminated need not be labeled.
- Signs will be posted at the entrance to work areas and laboratories used for HIV and HBV research and will include:
 - The BIOHAZARD legend;
 - Name of infectious agent;
 - Special requirements for entering the area; and
 - Name, telephone number of the laboratory director, or other responsible person.



BIOHAZARD LEGEND

TRAINING AND INFORMATION

Bemidji State University's policy is to assure, as much as possible, that its employees have a safe and healthy work environment and are aware of the hazards associated with their work and have the knowledge to recognize and protect themselves from those hazards. In keeping with that policy and to comply with associated regulations, BSU provides all employees with training and information related to exposure to bloodborne pathogens.

- The training and information is provided:
 - Upon initial assignment to tasks where occupational exposure may take place;
 - At least annually thereafter;
 - Annual training will be provided within one year of their previous training.
 - When changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

- At no cost to the employees and is considered an assigned duty.
- The training includes as a minimum:
 - A copy of the Bloodborne Pathogen Standard, 29 CFR 1910.1030 and an explanation of its contents;
 - A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - An explanation of the modes of transmission of bloodborne pathogens;
 - An explanation of the written exposure control plan and how to obtain a copy;
 - An explanation of how to recognize tasks or situations that have the potential for exposure to blood or other potentially infectious materials;
 - An explanation of the basis for selecting personal protective equipment including information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - An explanation of the use and limitations of safe work practices, engineering controls, and personal protective equipment;
 - Information on Hepatitis B vaccination, including its, safety benefits, effectiveness, how it is administered, and availability at no cost to employees;
 - An explanation of the procedure to follow if an exposure occurs, including methods of reporting and the medical follow up that will be made available;
 - Information on the post-exposure evaluation and follow up required in the event of an exposure incident and information on emergencies that relate to blood and OPIM, follow up procedures, and medical counseling;
 - An explanation of information on warning signs, labels, and color coding; and
 - Access to a knowledgeable individual that can answer questions about the training topics.
- Additional training is required for employees engaged in HIV and/or HBV laboratory research. Contact Bemidji State University EHS for more information about these requirements.
- Records of training will be maintained as described in the following section on Recordkeeping.

RECORD KEEPING

MEDICAL RECORDS

- Bemidji State University will establish and will maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20. This record will include:
 - The name and social security number or other unique identifier of the employee;
 - A copy of the employee's Hepatitis B vaccination status as described in this plan's sub-section, [Hepatitis B Vaccination](#);
 - A copy of all results of examinations, medical testing, and follow-up procedures as described in this plan's sub-section, [Post-Exposure Evaluation and Follow-Up](#);
 - The employer's copy of the healthcare professional's written opinion as described in this plan's sub-section [Health Care Professional's Written Opinion](#); and
 - A copy of the information provided to the healthcare professional as described in this plan's sub-section, [Information Provided to the Health Care Professional](#).
- Employee medical records must be kept confidential and will not be disclosed or reported, without the employee's written consent, to any person within or outside the work place except as required by this section or as may be required by law.
- Employee medical records will be maintained by the Human Resources Department.
- Bemidji State University will maintain the records required by this standard for at least the duration of employment plus 30years, in accordance with 20 CFR 1910.20.

TRAINING RECORDS

- Training records will include the following information:
 - The dates of the training sessions;
 - The contents or a summary of the training sessions;
 - The names and qualifications of persons conducting the training;
 - The names and job titles of all persons attending the training sessions; and
- Training records must be maintained for three years from the date on which the training occurred.
- Employees' training records will be maintained by the Human Resources Department. Supervisors are responsible for providing training records for their employees to the Human Resources Office.

ACCESS TO RECORDS

- Bemidji State University will ensure that all required records are made available upon request of OSHA for examination and copying.
- Employees' training records will be provided, upon request, for examination and copying to employees, to employees' representatives, or to OSHA in accordance with 29 CFR 1910.20.
- Employees' medical records will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, or to OSHA, in accordance with 29 CFR 1910.20.

TRANSFER OF RECORDS

- Bemidji State University will comply with the requirements involving transfer of records set forth in [29 CFR 1910.1020 \(h\)](#).
- In the event that Bemidji State University ceases to exist and there is no successor employer to receive and retain the records for the prescribed period, Bemidji State University will notify OSHA at least three months prior to their disposal and transmit them to state archives or to OSHA, if required by OSHA to do so, within that three month period.

COMPLIANCE DATES

<u>Provisions</u>	<u>MN Compliance Date</u>
Effective Date of the Standard	June 6, 1992
Exposure Control Plan	August 5, 1992
Information and Training	September 4, 1992
Recordkeeping	September 4, 1992
Engineering/Work Practice Controls	October 4, 1992
Personal Protective Equipment	October 4, 1992
Hepatitis B Vaccination and Post-Exposure Follow-up	October 4, 1992
Labels and Signs	October 4, 1992
Housekeeping	October 4, 1992
Other Provisions	October 4, 1992

PROGRAM REVIEW STATEMENT

I have reviewed this document and find it to be a current and accurate reflection of Bemidji State University's policies and procedures pertaining to its Bloodborne Pathogen Exposure Control program.

Name: Signed original on file in EHS Office, Bangsberg 111 Date: 6/12/2015

Richard B. Marsolek
Bemidji State University
Environmental Health and Safety Coordinator

BEMIDJI STATE UNIVERSITY HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood other potentially infectious materials I may be at risk to 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.

Signature

Printed Name

Job Classification

Date

BEMIDJI STATE UNIVERISTY NON-USE OF PERSONAL PROTECTIVE EQUIPMENT DOCUMENTATION FORM

Supervisors will ensure that the employee uses appropriate personal protective equipment. Supervisors will document non-use of such equipment, i.e. including protective clothing.

Documentation must verify that the employee temporarily and briefly declined to use personnel protective equipment under extraordinary circumstances. Also, that in the specific instance it was in the employee's professional judgment that the use of personal protective equipment:

- Would have prevented the delivery of job performance services, or
- Would have posed an increased hazard to the safety of the worker or coworker.

DOCUMENTATION:

1. Identify Personal Protection Equipment (PPE) not in use: _____

2. Employee's Name

3. Employee's reason for declining use of PPE identified in #1 above:

4. Does this qualify under "a" or "b" above? ___ Yes ___ No

5. If answer to #4 is yes, what changes can be instituted to prevent such occurrences in the future?

6. If answer to #4 is no, has corrective action been taken to ensure compliance with OSHA Regulations in the future? ___ Yes ___ No

Supervisor Signature

Date