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Decontamination - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens where they are no longer capable of transmitting infectious particles.

Engineering Controls - controls that isolate or remove the hazards from the workplace and may include puncture-resistant sharps containers, splashguards, mechanical pipetting, and self-sheathing needles.

Exposure Incident - - a specific unprotected eye, mouth, other mucous membrane, nonintact

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Sharps with the engineered sharps injury protection and needleless systems

Appropriate pipetting devices which minimize potential exposure to the mouth, face and hands

Tongs, tweezers, and other tools

8. Administrative Controls

Administrative controls are safe work practices and procedures designed to reduce the risks associated with moving equipment. Examples of administrative controls include the following:

Train employees on equipment use and hazards prior to work with the potential for infectious materials exposure.

Ensure routine inspections of PPE prior to use.

9. Procedures

Exposure Determination

All job classifications and locations UAA employs that may be expected be exposed to blood or other potentially infectious materials, based on the nature of the job or area equipment and activities, regardless of frequency, will be identified and evaluated. Jobs that are at risk will be classified into two categories defined below. This list will be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment.

Category I: A list of job classifications in which personnel are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I (see Appendix A)

Category II: A list of job classifications in which personnel may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II (see Appendix B)

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

The area supervisor

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Required Administrative Controls

Hands shall be washed thoroughly with soap and water as soon as possible after contact with body fluids or other potentially infectious materials, including immediately after removing protective gloves or other personal protective equipment. When hand washing facilities are not possible for instances where there has been occupational exposure, hands may be decontaminated with a hand cleanser or towelette but shall be washed with soap and running water as soon as feasible.

Contaminated needles and other sharps shall not be sheared, bent, broken, recapped, or re-sheathed by hand.

Eating, drinking, smoking, and applying cosmetics, hand lotion or lip balm, or handling contact lenses are prohibited in areas where blood and OPIMs are handled or stored.

Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are handled or stored. If food products are required
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All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and 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 shall be placed in a container which prevents leakage during collection, handling, processing, stor8(c)4 prevents leakage during ti

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prevent blood or other potentially infectious materials to pass through or reach the conditions.

Required personal protective equipment will be provided to the employees in appropriate sizes and shall be readily accessible to personnel at no cost.

Disposable gloves shall not be washed or decontaminated for re-use and shall be replaced, at no cost to personnel, as soon as practical when they become contaminated, torn, punctured, or no longer protect the employee.

Surgical facemasks in combination with eye protection, such as goggles, glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated.

When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal

Dirty or used PPE should not be worn into areas that are designed as clean

PPE utilized for blood or OPIMs includes, but is not limited, to ~~latex~~, nitrile or neoprene gloves, goggles, face shields, aprons, lab coats, Tyvek suits or equivalent, and CPR masks.

House Keeping Practices

Work areas shall be maintained in a clean and sanitary condition. An appropriate cleaning schedule shall be determined for rooms or surfaces where blood or OPIM may be present. Schedules shall be as frequent as necessary depending on the area, type of surface to be cleaned, and tasks or procedures being performed in an area.

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Broken glassware, which may be contaminated, shall not be picked up directly with the hands. Mechanical means, such as brush and dustpan, tongs, or forceps shall be used.

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Personnel refusing the HBV vaccination shall sign the Hepatitis B Vaccine Declination (Complete form Appendix D). This document shall be retained in personnel medical files

with OSHA standard 29 CFR 1910.1020.

Personnel who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.

If the person is not able to finish the series of shots, or the vaccine is not available to complete the series as scheduled, the person should be referred to the PLHCP or vaccine manufacturer for an alternative schedule.

Supervisors of new personnel who are candidates for the vaccination shall contact EHS/RM upon hiring to initiate the vaccination and training process and obtain, complete and submit the necessary forms.

Post Exposure Follow-Up

All exposure incidents are to be reported, investigated, and documented.

All personnel who incur an exposure incident shall be offered confidential, post exposure medical evaluation and follow-up, including at least the following elements:

Documentation of the route of exposure and the circumstances under which the exposure incident occurred, including any precautions taken or personal protective equipment utilized during the exposure incident.

Identification and documentation of the source individual. The blood of the source individual shall be tested as soon as feasible after consent is obtained to determine HBV and HIV infectivity at no cost to the person;

The PLHCP shall ensure results of testing of the source individual be made available to the exposed person. The exposed person shall be informed about the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;

The exposed personnel shall be offered the option of having his or her blood collected for testing the person's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the person to decide if the blood should be tested for HIV serological status. However, if the person decides prior to that time that testing shall not be conducted, then the blood sample can be discarded;

The exposed person shall be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service;

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Retraining will be provided when the following occur:

Change in workplace operations or equipment

A near loss or exposure incident occurs involving blood or ~~OIPMOPIM~~

12. Program Evaluation

The BBP Program shall be evaluated on an annual basis utilizing the protocols set forth by EHS/RM.

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