



UNIVERSITY *of* NEW HAMPSHIRE

Bloodborne Pathogen Exposure Control Plan

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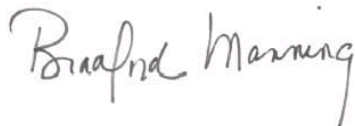
I. INTRODUCTION

The University of New Hampshire's Bloodborne Pathogen Exposure Control Plan (Exposure Control Plan) has been developed in response to both the Federal Occupational Safety & Health Administration's Bloodborne Pathogen Standard (codified under 29 CFR 1910.1030) and UNH's concerns for individual's safety. The Bloodborne Pathogen Standard requires that specific issues be addressed in the Exposure Control Plan to address safety concerns. These include:

- Methods of compliance (engineering controls, work practices, and personal protective equipment used to minimize exposures)
- Employee exposure situations
- Communication of hazards to individuals
- Procedures for hepatitis B vaccinations, post-exposure vaccinations and follow-ups
- Record keeping practices

The specific methods instituted to implement each of these sections of the Exposure Control Plan are described in the designated chapters of this document. The Exposure Control Plan will be reviewed and updated annually to reflect new or modified tasks or procedures, which affect potential occupational exposure situations.

The Office of Environmental Health and Safety (OEHS) will coordinate Train the Trainer seminars to educate key personnel in each department to carry forth the training process to individuals. A central training record will be kept in the OEHS to track training and refresher training for all faculty and staff. Training for students is the responsibility of the individual faculty.



Bradford Manning
Director of Environmental Health and Safety

II. LIST OF ACRONYMS AND DEFINITIONS

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

Collateral Duty Exposure: Exposure to blood/OPIM during first aid activities rendered by a employee whose primary job assignment is not the rendering of first aid or other medical assistance. Typically individuals with collateral duty exposure to blood/OPIM respond solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

CPR: Abbreviation for cardiopulmonary resuscitation. An emergency medical procedure for a victim of cardiac arrest or, in some circumstances, respiratory arrest.

Designated First Aider: An employee who is trained in first aid and identified by UNH as responsible for rendering medical assistance as part of his/her job duties. An employee who routinely provides first aid to fellow employees with the knowledge of the department or supervisor is also considered a designated first aider even if providing first aid is not officially in the employee's job description.

Employee: For purposes of this Program, "Employee" shall mean any individual who is an employment relationship with the University. Students will be deemed "employees" for purposes of this Program only to the extent that their exposure risk results from their performance of compensated activities and/or exposure occurs in the performance of such activities.

Exposure Incident: 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 or student's duties.

Occupational Exposure: 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.

OEHS: Abbreviation for the UNH Office of Environmental Health and Safety.

OHSC: Abbreviation for the Occupational Health and Safety Coordinator reporting to the Office of Environmental Health and Safety.

OPIM: Abbreviation for Other Potentially Infectious Material. OPIM includes 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. OPIM also means any unfixed tissue or organ (other than intact skin) from a human (living or dead); or 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.

PPE: Abbreviation for personal protective equipment.

Qualified Departmental Trainer: A member of a department outside OEHS who has been specifically identified by the department to deliver some or all safety and health training to affected staff and students. These individuals are typically required to attend a train-the-trainer session with OEHS on the safety topic of interest and utilize training materials either developed by, or reviewed and approved by, OEHS.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Student: For purposes of this Program, “Student” shall mean a registered UNH student only to the extent they are participating in academic programs or University-sponsored activities (e.g., athletics) that have been identified by OEHS as subject to exposure risk, and/or to the extent that their exposure occurs in the course of such participation.

UNH: Abbreviation for the University of New Hampshire.

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

III. PROGRAM OVERVIEW

The President of the University of New Hampshire (UNH) is the chief administrative officer for the campus and holds ultimate responsibility for implementation of UNH's Environmental Health and Safety policy at all facilities under campus control. OEHS is responsible for monitoring compliance with the Exposure Control Plan.

The Occupational Health & Safety Coordinator (OHSC) will work closely with campus administrators to develop any additional policies and practices needed to support the effective implementation of the Exposure Control Plan, as well as review, revise, or update the Exposure Control Plan as needed. In a coordinated effort with department Chairs and department Directors, hazards will be identified, individuals will be trained and vaccinated when needed, and records will be kept to qualify the individuals for periodic retraining.

Department Chairs and department Directors are responsible for exposure control in their areas and are responsible for ensuring that proper exposure control procedures are followed. Supervisors are responsible for providing information and training to all employees under their jurisdiction who have the potential for exposure to Bloodborne Pathogens.

Individuals have a responsibility for their own safety and shall comply with the procedures outlined in the Exposure Control Plan.

IV. RESPONSIBILITIES

OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY

- Designates the OHSC as the *Program Administrator* to oversee the campus Bloodborne Pathogens Exposure Control Plan.
- Assists Departments with hazard assessments to determine jobs or tasks where exposure to blood or OPIM is possible.
- Determines, in conjunction with the affected Department, applicable engineering controls, safe work practices, and PPE to prevent blood and/or OPIM exposure to campus community members.
- Creates opportunities for training by offering train-the-trainer services to large departments with blood/OPIM exposure, or provides training via on-line or classroom delivery as deemed necessary and appropriate for each affected Department.
- Coordinates the disposal of contaminated waste.
- Maintains centralized records of Bloodborne Pathogens training and Hepatitis B vaccination for all affected campus community members.
- Assists Departments with Bloodborne Pathogens and exposure control issues upon request.
- Periodically evaluates and updates this program document as needed.
- Assists departments in communicating the Exposure Control Plan to third-party vendors who perform tasks on campus that potentially implicate exposure control issues.

ALL AFFECTED DEPARTMENTS

- Provide, at no cost, all supplies, PPE and vaccinations that are necessary for compliance with this Exposure Control Plan.
- Coordinate annual training required by this Exposure Control Plan.
- Provide all affected staff with access to this Exposure Control Plan.
- Ensure that affected staff comply with the requirements of this Exposure Control Plan.
- Inform staff regarding specific work practices required in their specific Department.

EMPLOYEES

- Adhere to the requirements of this Exposure Control Plan.
- Attend annual bloodborne pathogens training as directed by your Department.
- Complete and submit the Hepatitis B vaccination form (regardless of whether you are accepting the vaccine), and any additional vaccination forms as may be requested by UNH.

- Report all suspected exposure incidents.

RESEARCH AND TEACHING DEPARTMENTS

- Clearly identify the use of blood, products made from human blood, plasma, products made from plasma, or OPIM when applying for a new protocol through the Institutional Biosafety Committee.

V. EXPOSURE DETERMINATION

UNH has conducted an exposure determination to identify which UNH employees, students and visitors may be more likely to risk exposure to bloodborne pathogens. This determination was made without regard to the use of PPE and regardless of the frequency of exposure. The following job classifications were determined to be at risk to incur occupational exposure to human blood or OPIM; students in the following academic programs or University-sponsored activities were determined to be at risk to incur non-occupational exposure to human blood or OPIM.

Note: Students may have risk of exposure to bloodborne pathogens or OPIM in the course of participating in their academic program or other University-sponsored activity. The student's department is not required to cover the cost for such students to have a hepatitis B vaccine. However, the department is encouraged to adopt a policy that compels affected students to obtain the vaccine privately and show evidence of this to the department prior to incurring the risk of exposure. See section VII for more information.

Campus Department	Occupations where ALL staff have Occupational Exposure Risk	Occupations where SOME staff have Occupational Exposure Risk	Specific tasks with Occupational Exposure Risk	Academic program or university-sponsored activity where students incur exposure risk
Academic Departments, including but not limited to: Chemical Engineering Psychology Biological Sciences Molecular, Cellular, & Biomedical Sciences Thompson School Occupational Therapy Nursing Kinesiology	Professor of Food Service Management* Professor* Professor Professor Professors of Athletic Training Option	Professor Research Assistant Research Associate Research Scientist Fellow	Use of blood, blood products, or OPIM in research or teaching Designated first aiders in Outdoor Experience option	Graduate Student in affected departments Undergraduate Student in affected departments Student of Food Service Management Nursing Student Occupational Therapy Student Kinesiology Student in Athletic Training Option
Athletics	Athletic Trainer Athletic Coach Athletic Equipment Team Manager/Assistant Strength and Conditioning Staff Athletic Grounds and Facilities	Event Staff Athletic Administrators		Student Athlete Student Event Staff Student Manager
Campus Recreation	Athletic Trainer Personal Trainer Lifeguard Recreational Athletics Coordinator			

Campus Department	Occupations where ALL staff have Occupational Exposure Risk	Occupations where SOME staff have Occupational Exposure Risk	Specific tasks with Occupational Exposure Risk	Academic program or university-sponsored activity where students incur exposure risk
Continued Campus Recreation	Recreational Facilities Supervisor Coordinator Of Weight Training			
Child Study and Development Center	Teacher			
Cooperative Extension	Camp Staff	Extension Educators, Specialists, and Field Staff	Staff providing First Aid – Occupation Exposure to emergency situations at workshops, site visits, etc.	
Dining Services	Conference Service Worker* Food preparation and serving staff* (and all related occupations)* Storekeeper* Dishwasher* Building Service Worker Utility Houseman			
Facility Operations, Housekeeping	Housekeeper Building Service Worker			
Facility Operations, Maintenance	Plumber	Maintenance Manager Operations Coordinator Pipefitter	Plumbing tasks	
Grounds and Events	Grounds worker			
Health Services	Medical Doctor Registered Nurse Nurse Practitioner Medical Laboratory Technician X-ray Technician			

Campus Department	Occupations where ALL staff have Occupational Exposure Risk	Occupations where SOME staff have Occupational Exposure Risk	Specific tasks with Occupational Exposure Risk	Academic program or university-sponsored activity where students incur exposure risk
Housing		Maintenance Service Worker	Plumbing tasks	
Memorial Union Building	All MUB Administrative Positions Student Building Manager			
New England Center	Room Attendant Building Service Worker Food Preparation and Serving Staff*			
Office of Environmental Health and Safety	Environmental Health and Safety Coordinator Environmental Health and Safety Specialist			
Small Projects Construction Team	Construction Worker*			
Transportation Garage	Automotive Mechanic*			
University Police Department	Police Lieutenant Police Sergeant Police Officer Police Detective Public Safety Officer Security Officer			

Other positions may be included in this program by request or further evaluation.

* Positions with one asterisk are considered to have occupational *Collateral Duty Exposure* risk to bloodborne pathogens or OPIM as defined in section II of this Exposure Control Plan. Individuals in positions with occupational Collateral Duty Exposure to bloodborne pathogens do not need to be offered a pre-exposure Hepatitis B vaccination provided that the affected strictly follows the procedures in Section IX of this document.

VI. METHODS OF COMPLIANCE WITH STANDARD SAFETY POLICY

This section describes the general precautions, engineering controls and PPE at UNH for employees who may come in contact with blood, blood products, or OPIM. This section also delineates specific safe work practices that shall be followed by every employee who may be exposed to bloodborne pathogens. It is UNH policy to use engineering controls and work practices whenever feasible to eliminate or minimize employee exposures to bloodborne pathogens. PPE shall be worn when the potential for occupational exposures still exists after engineering controls and proper work practices have been implemented.

A. ENGINEERING CONTROLS

Engineering controls are those devices that isolate or remove the bloodborne pathogen hazard from the work place. Each affected department shall maintain documentation of the engineering controls used in their respective workplaces to prevent bloodborne pathogen exposure. Engineering controls include (but are not limited to):

- Sharps with Engineered Sharps-Injury Protection (SESIP) devices such as self-retracting/self-blunting needles and lancets.
- Ventilation controls
- Use of plasticware over glassware when manipulating blood/OPIM samples
- Splash shields
- Resuscitation devices for performing CPR
- Use of proper sharps disposal containers

B. WORK PRACTICE CONTROLS

Work practices are defined as those procedures that have been developed by UNH to reduce or eliminate employee exposures to bloodborne pathogens during the execution of their work tasks. Regardless of occupation, UNH has adopted a set of work practices known as Universal Precautions for all occupations and tasks with occupational exposure to blood or OPIM. The principle of Universal Precautions is a conservative approach to preventing the transmission of bloodborne diseases. Simply stated, the concept behind Universal Precautions is that:

All human blood and body fluids are treated as if they are known to contain Hepatitis B Virus, Human Immunodeficiency Virus (HIV), or other bloodborne pathogens.

UNH employees shall use this approach whenever they handle blood, bodily fluids, or OPIM. Universal Precautions are not required when exposed to feces, nasal secretions, sputum, sweat, tears, urine, saliva, or vomitus unless they contain visible blood. By using Universal Precautions, employees will avoid all contact with potentially contaminated items by following standard safety precautions, using proper safety controls, and wearing the appropriate PPE.

Specific work practices that utilize the principles of Universal Precautions are detailed in the following sections. For additional information about Universal Precautions, please refer to [“Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers,”](#) MMWR - Vol. 38, No. S-6, Publication date: 06/23/1989. Critical universal precautions are detailed in the following sections:

(1) Actions Prohibited in Work Area

Eating, drinking, smoking, and applying cosmetics are forbidden in areas where there is a reasonable possibility of occupational exposure to potentially infectious materials. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on bench-tops where blood or OPIM are present. Mouth pipetting or suctioning of blood or OPIM is prohibited.

(2) Basic Hygiene

All procedures involving blood or OPIM shall be performed in such a manner to prevent or minimize splashing, spraying, spattering, and generation of droplets of these substances. Employees must wash their hands immediately after removal of gloves or other PPE (or as soon as feasible).

Upon accidental skin contamination, the area will be washed with copious amounts of soap and water for 15 minutes. If the eye or mucous membranes are accidentally contaminated, they shall be flushed with water for at least 15 minutes. All accidental exposures shall be immediately reported to the appropriate Supervisor or Manager.

(3) Hand-Washing Facilities

Hand-washing facilities must be made readily accessible to all employees with occupational exposure to blood or OPIM. Employees must wash their hands at these facilities every time they come in contact with blood or OPIM. Where the construction of hand-washing facilities is not feasible, UNH provides an antiseptic hand cleanser. Employees shall wash their hands with running water as soon as possible after using these antiseptic cleaners.

(4) Communication of Hazards (Labeling)

Communication of the hazards associated with blood or OPIM is extremely important. UNH provides such hazard information to employees using labels and signs.

The responsible Departments will affix warning labels to containers of regulated waste, refrigerators, and freezers containing blood or OPIM. Labels shall also be affixed to containers used to store, transport, or ship blood or OPIM. Labels shall include the universal biohazard symbol and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color. Labels are also required for equipment that has been contaminated with blood or OPIM .

Red bags or red containers may be substituted for labels. Individual containers placed in a labeled container during storage, transport, shipment, or disposal do not need to be individually labeled. Regulated waste that has been decontaminated (e.g., autoclaved) need not be labeled or color-coded.

(5) Contaminated Needles and Other Sharps Handling Procedures

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless it is through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is forbidden.

Handle contaminated broken glassware and other sharps with tongs, or a dustpan and broom. Most gloves available to staff and students are not protective against punctures or cuts.

Contaminated, reusable sharps will be placed in appropriate containers immediately after use. These containers shall be puncture-resistant, labeled (and/or color-coded), and leak-proof on all sides and bottom.

(6) Handling Specimens of Blood/OPIM in Clinical or Research Occupations

Specimens of blood or OPIM shall be placed in containers that prevent leakage during collection, handling, processing, storage, transport or shipping. Wherever feasible, the OEHS encourages the use of plasticware instead of glassware to avoid potential breakage and spills. These containers shall be closed prior to being stored, transported, or shipped. Containers for storage, transport or shipping will be labeled in accordance with the OSHA Standard. If outside contamination of the primary container occurs (or if specimens contained within the primary container could puncture that container), the primary container will be placed within a secondary container which prevents leakage during handling, processing, storage, transport, or shipping. The secondary container shall be puncture-resistant and labeled/color coded under the requirements of the OSHA Standard.

(7) Procedures for Contaminated Laundry and Bed Linens

Contaminated laundry may be generated during research involving blood or OPIM, emergency response activities, when handling bed linens, or dining linens. The identification of contaminated laundry or linens is based upon the visible presence of human blood or OPIM.

Contaminated laundry must be handled as little as possible with minimum agitation. Contaminated laundry must be containerized in the area of use in leak-proof bags or boxes, and labeled/color coded under the requirements of the OSHA Standard. This laundry may not be sorted or rinsed in the location where it was generated. Employees who have contact with contaminated laundry must wear gloves and other appropriate PPE, as deemed necessary for the safe handling of this laundry. Contaminated laundry may be washed at UNH laundry facilities using, at a minimum, the recommendations for laundering by the item's manufacturer. However, OEHS recommends laundering contaminated clothing and bed linens in hot water (160 F or greater) for a cycle lasting at least 25 minutes.

Contaminated laundry may also be sent to a professional laundry service. Where this is the case, the originating Department must inform the professional laundry service that items are contaminated with human blood or OPIM. The originating Department must provide the laundry in leak-proof bags or boxes labeled/color coded under the requirements of the OSHA Standard.

Contaminated laundry may never be taken home with a staff member, student, visitor, or guest for personal laundering.

(8) Cleaning and Decontamination Procedures for Laboratory and Medical Equipment

All equipment will be decontaminated after contact with blood or OPIM. Wherever feasible, use of heat for disinfection (e.g., laboratory autoclave) shall be the preferred method. Liquid chemical germicides raise safety concerns and should only be employed where necessary (e.g., heat-sensitive items). Departments are strongly encouraged consider disposable alternatives where heat treatment is not possible.

(9) Work Environment Cleaning and Disinfection

All work environments that may become contaminated with blood or OPIM, or where research and/or clinical tasks involving blood or OPIM have taken place, will be washed with disinfectant after completion of procedures or at the end of each work shift (whichever is soonest). Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and surfaces shall be replaced as soon as feasible when they become overly contaminated or at the end of a work shift. All bins, pails, cans, and similar receptacles intended for reuse, which may become contaminated with blood or OPIM, will be routinely inspected, cleaned, and decontaminated. These receptacles also shall be immediately decontaminated whenever they become visibly contaminated. All soiled surfaces should be cleaned prior to disinfection. EPA-approved disinfectants labeled for environmental surfaces should be used, and the manufacturer instructions for use always followed.

(10) Disposal of Contaminated Materials and Waste

Contaminated sharps and broken glass must be discarded immediately after use. Containers for waste sharps must be closable, puncture resistant, leak-proof on all sides and bottom, and labeled or color coded as described above. Sharps containers must also be easily accessible to personnel, maintained upright throughout use, and must be replaced routinely and whenever the container reaches 75% of its capacity. Contact OEHS to schedule removal of sharps containers.

Other contaminated materials (such as fabrics intended for disposal, paper towels, used disposable gloves) must be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled or color-coded as described above. Suitable containers include commercially available biohazard bags or lined biohazard waste boxes.

Individuals with oversight in research or teaching activities involving blood or OPIM should consult the UNH Laboratory Safety Manual for specific guidance on waste generated in laboratories.

When disposing of refrigerators, those that have been used to store blood or other biological materials must be properly disinfected prior to pick up and disposal. The following steps should be taken prior to refrigerator removal:

- Wearing gloves, wipe down the entire inside of the refrigerator with paper towels soaked in a *fresh* solution (mixed within the last 24 hours) containing one part household bleach (5.25%) to nine parts of water.
- Discard all contaminated material as biohazard waste.
- Remove gloves and wash your hands with soap and water.
- Remove the biohazard sticker(s) from the exterior of the refrigerator.

C. PERSONAL PROTECTIVE EQUIPMENT

UNH provides, at no cost to the employee, appropriate PPE for personnel who may be exposed to bloodborne pathogens. If blood or OPIM penetrate PPE these items shall be removed immediately (or as soon as feasible). All PPE will be removed prior to leaving the work area. Laundering, disposal, repair, and replacement of PPE will be done at no cost to the employee.

(1) Gloves

The routine use of gloves is one of the most basic safety procedures used to protect employees from the hazards associated with infectious agents. Departments shall provide gloves and employees shall wear gloves whenever there is an opportunity for hand contact with blood, blood products, mucous membranes, non-intact skin, OPIM or contaminated items and surfaces.

Disposable gloves (such as nitrile) shall be replaced immediately if they are torn, punctured, or their ability to function as a protective barrier is compromised in any way. Disposable gloves may not be washed or decontaminated for re-use. OEHS discourages the use of latex gloves. Latex may provoke an allergy-type reaction in sensitive individuals.

Utility gloves (gloves designed for multiple uses) may be decontaminated and re-used if the integrity of the glove is not compromised. To ensure this integrity, prior to use employees will inflate the glove, seal and roll the cuff, and then inspect for any air leaks. Utility gloves must be discarded if they show signs of cracking, peeling, tears, punctures, or exhibit any other signs of deterioration.

(2) Face Protection

Masks, in combination with eye protection devices (i.e., goggles, safety glasses with shields, face shields) shall be worn when splashes, spray, splatter, or droplets of blood or OPIM may be generated and contamination of the eyes, nose, or mouth can be reasonably anticipated. Employees with acne, dermatitis, or other ailments involving the facial region shall consider wearing face protection while conducting operations where potential exposure may occur.

(3) Resuscitation Masks

Personnel who perform CPR should have resuscitation masks on hand for use in an emergency. Most resuscitation masks are disposable and should be handled as contaminated waste following use. The resuscitation mask allows for effective CPR without mouth-to-mouth contact. Most

masks are also fitted with a one-way valve which prevents the flow of materials from victim to rescuer.

(4) Other Protective Apparel

Gowns, aprons, lab coats, or other similar outer garments may be necessary where there is a potential for splashing blood or OPIM to the body. Protective garments prevent skin exposure to splashes and protect clothing. Protective apparel will not be worn outside of designated work areas. Surgical caps, hoods, shoe covers, or boots shall be worn in instances where gross contamination can be reasonably anticipated (i.e. autopsies, surgeries, clean up of a significant release of potentially infectious materials). For routine work situations, close-toed shoes must be worn at all times. In a few limited cases, employees may require respiratory protection to protect against the inhalation of droplets. Use of respiratory protection for bloodborne pathogen exposure is not common for tasks conducted at UNH. Affected Departments shall consult the UNH Respiratory Protection Program manual and request a hazard assessment from the OEHS.

VII. OCCUPATION-SPECIFIC CONTROLS AND WORK PRACTICES

A. HEALTH SERVICES AND DEPARTMENT OF NURSING

WORK TASK	POTENTIAL EXPOSURE SITUATION
Handling patients	Contact with blood and OPIM.
Handling syringes, needles	Accidental self-inoculation, needle sticks.
Working with tools and equipment containing blood or OPIM	Cuts and pricks from equipment; contact with infectious materials from spills, splashes and routine equipment handling procedures.
Collecting specimens of blood or OPIM	Accidental self-injection, spillage of fluids, aerosol droplet contamination.
Preparing samples of blood or OPIM	Cutting finger on sharp edge of slide/cover-slip. Exposure from non-intact
Testing specimens of blood and OPIM	Accidental self-injection.
Administration of CPR	Contact with saliva, open wounds of the mouth, aerosol droplets.
Involvement in invasive procedures	Contact with large amount of blood/OPIM.
Assisting with births	Contact with blood, placental fluids, OPIM.

Safe Work Practices for Health Practitioners and Affiliated Medical Staff

- Wear appropriate gloves when handling sharps.
- Wear protective eyewear or face shields during any procedure that commonly results in the generation of droplets, splashing of blood, other bodily fluids, or bone chips.
- Wear gowns or aprons during procedures that are likely to result in the splashing of blood or other bodily fluids.
- Wear gloves during pelvic examinations.
- Wear appropriate gloves, surgical masks, face shields, and shoe covers (if necessary) when performing wound debridement, irrigation, incision, suturing, or drainage.
- Wear gloves and laboratory coats when cleaning and dressing wounds, removing foreign bodies, excising lesions, or performing phlebotomy operations. Gowns and shoe covers may be necessary in some instances.
- Wear gloves and laboratory coats when cleaning medical instruments. Face shields must be worn if splashing/splattering is anticipated.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- If a needle-stick or other instrument-related injury occurs, the needle or instrument involved in the incident must be removed from the sterile field.
- Clean/disinfect examination rooms twice daily. Clean/disinfect examination tables between patients. Clean/disinfect the reception area each day.

B. UNH POLICE DEPARTMENT

WORK TASK	POTENTIAL EXPOSURE SITUATION
Contact with drug paraphernalia	Accidental self-inoculation / needle sticks.
First aid on victims of accidents, violence or those experiencing medical emergencies	Contact with blood or OPIM.
Handling uncooperative individuals	Being bitten, contact with OPIM.
Contact with knives or other weapons	Cuts from potentially contaminated items.
Administration of CPR	Contact with saliva, open wounds of the mouth, aerosol droplets.
Processing the crime scene during investigations	Contact with blood or OPIM, potentially contaminated items or surfaces.

Safe Work Practices For Employees Of Public Safety

- Cover all open wounds with bandages prior to reporting for duty.
- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while conducting operations. Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Wash hands and other skin surfaces immediately with antiseptic cleanser if contaminated with blood or OPIM. Waterless, antiseptic hand cleaner must be available to staff in a first aid kit for use until the employee can get to hand washing area.
- Wash hands immediately after the gloves are removed. Flush mucous membranes with water immediately or as soon as possible after an exposure.
- Immediately, or as soon as is feasible, remove uniforms or clothing which become contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- Take precautions to prevent injuries caused by needles, syringes, and other sharp objects. Pay special attention to hands whenever handling needles, syringes, and other sharp objects.
- The Department will provide mouthpieces, resuscitation bags, or other ventilation devices to officers who may reasonably be expected to perform CPR. Mouth to mouth resuscitation (without a protective CPR device) may only be performed as a "last resort" in the management of a non-breathing patient. Wherever protection is not used the employee will fill out an injury report and follow the post-exposure procedures detailed in Section IX of this Exposure Control Plan.
- Disinfect areas and equipment that become contaminated with blood or other bodily fluids immediately with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.
- Whenever handling uncooperative individuals, attempt to keep the individual's back to you, minimizing the opportunity to be bitten. Make every effort to obtain additional assistance whenever handling an uncooperative individual.
- Transport prisoners with visible body fluids on their person in separate vehicles from other arrestees and maintained in separate holding areas.

- Conduct strip/body cavity searches in accordance with Department policy. During this type of search, wear protective (e.g., nitrile) gloves. Wash hands as soon as possible after this contact.
- Remove from service any police equipment that is contaminated and properly decontaminate prior to reuse, servicing, or shipping (e.g., weapon, uniform).
- If it is not possible to clean a piece of equipment before shipping to another facility, or the item is of evidentiary value, information regarding the contamination must be communicated to the receiving Department or Agency. Evidence containers should be labeled in accordance with Section VI(B)(4) above.

C. FACILITY OPERATIONS (MAINTENANCE) AND HOUSING MAINTENANCE

The following work tasks may be conducted by employees who perform plumbing tasks.

WORK TASK	POTENTIAL EXPOSURE SITUATION
Repairing sanitary fixtures and sewer lines.	Contact with blood or OPIM. Contact with sharps found in drains or sanitary fixtures.

Safe Work Practices for Plumbers

- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while conducting operations.
- Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Wash hands and other skin surfaces immediately and thoroughly with water and soap or antiseptic cleaner if contaminated with blood or other bodily fluids.
- Wash hands immediately after gloves are removed.
- Immediately clean areas and equipment that become contaminated with blood or other bodily fluids with a *fresh* (mixed within 24 hours) bleach solution of one part household bleach to nine parts of water.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- Flush piping with excess water (hot water, if available) prior to maintenance of drain piping if possible.
- If drain traps must be removed, disassemble carefully and inspect contents for human blood or OPIM and sharps.
- Immediately place any sharp objects (needles, razors, broken glass) into sharps containers, and non-sharp objects (bandages) into biohazard disposal bags.
- Handle contaminated material, especially sharps, with tongs.

Special notations for plumbers: Most of the body fluids directed into the sanitary system are not regulated under the OSHA Bloodborne Pathogens Standard. However, because several diseases are associated with exposure to sewage, certain employees who are involved in drain plumbing activities must be provided equipment to prevent contact with this type of material. Employees who clear sanitary drain blockages with plungers are not considered occupationally-exposed to human blood or OPIM unless visible blood or other regulated body fluid is present in the work area. Appropriate PPE (gloves, eye protection, boots, etc.) shall be available to any worker clearing a blockage in sanitary drain systems.

D. GROUNDS AND EVENTS WORKERS

WORK TASK	POTENTIAL EXPOSURE SITUATION
Picking up contaminated sharps from University grounds.	Accidental self-inoculation / needle sticks. Contact with blood or OPIM, potentially contaminated items or surfaces.
Clean up of blood/OPIM spills on University grounds.	Contact with blood or OPIM, potentially contaminated items or surfaces.
Removal of trash from exterior barrels	Accidental self-inoculation / needle sticks.

Safe Work Practices for Grounds Workers

- Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Wash hands and other skin surfaces immediately and thoroughly with water and soap or antiseptic cleaner if contaminated with blood or other bodily fluids.
- Wash hands immediately after gloves are removed.
- Immediately clean areas and equipment that become contaminated with blood or other bodily fluids with a *fresh* (mixed within 24 hours) bleach solution of one part household bleach to nine parts of water.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids during groundskeeping activities. Keep contaminated clothing separate from other clothing until properly laundered.
- Immediately place any sharp objects (needles, razors, broken glass) into sharps containers, and non-sharp objects (bandages) into biohazard disposal bags.
- Handle contaminated material, especially sharps, with tongs.
- Handle trash bags as if they contain contaminated sharps. Avoid holding trash bags close to the body or compressing trash bags with hands or other parts of the body.

**E. FACILITY OPERATIONS (HOUSEKEEPING), NEW ENGLAND CENTER
HOUSEKEEPERS AND DINING SERVICES HOUSEKEEPING STAFF**

The following descriptions are geared toward general duties associated with housekeeping services. Associated job titles include Building Service Worker, Housekeeper, and Room Attendant.

WORK TASK	POTENTIAL EXPOSURE SITUATION
Cleaning sinks, toilets, bathroom fixtures	Contact with blood and OPIM.
Clean up of vomit or other OPIM	Contact with OPIM.
Removal of waste	Handling disposed syringe needles and contaminated sharps.
General site clean-up	Contact with disposed personal items and OPIM.

Safe Work Practices for Housekeepers

- Wear gloves whenever touching blood, bodily fluids, or mucous membranes while conducting operations.
- Wear gloves when handling items or surfaces obviously contaminated with blood or bodily fluids.
- Immediately and thoroughly wash hands and other skin surfaces with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
- Immediately wash hands after gloves are removed.
- Wear gloves and eye protection whenever cleaning toilets, sinks or other facilities.
- Take precautions to prevent injuries caused by needles, syringes and other sharp objects.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids during housekeeping activities. Keep contaminated clothing separate from other clothing until properly laundered.
- Immediately clean areas and equipment that become contaminated with blood or other bodily fluids with the housekeeping disinfectant.
- Contaminated linens may be disposed as biohazardous waste or placed in biohazard disposal bags for laundering by trained workers. See Section VI(B)(7), Contaminated Laundry Procedures, for further detail on handling contaminated laundry.
- Maintain a plastic liner bag in all feminine hygiene product receptacles.
- Remove waste from feminine hygiene receptacles using gloves. Remove the liner from the receptacle and discard. Feminine hygiene receptacles should be cleaned after each waste removal using an approved disinfectant.
- Handle trash bags as if they contain contaminated sharps. Avoid holding trash bags close to the body or compressing trash bags with hands or other parts of the body.
- Handle broken glass, sharps, and razors with tongs. These items are not considered contaminated unless there is visible blood or OPIM.

F. ATHLETICS, CAMPUS RECREATION, AND KINESIOLOGY ATHLETIC TRAINING OPTION

The following descriptions are geared toward the general duties associated with athletic/personal trainers, and recreational activity attendants (including lifeguards).

WORK TASK	POTENTIAL EXPOSURE SITUATION
Handling syringes, needles, other sharps	Accidental self-inoculation, needle sticks.
Wound care	Contact with blood, OPIM, non-intact skin.
Cleaning and maintaining contaminated exercise equipment	Contact with blood or OPIM.
First aid on accident victims or those experiencing medical difficulties	Contact with blood or OPIM.
Performing CPR or rescue breathing	Contact with saliva, open mouth sores, OPIM.

Safe Work Practices for Athletic/Personal Trainers and Recreational Activity Attendants

- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while conducting operations.
- Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Immediately and thoroughly wash hands and other skin surfaces with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
- Immediately wash hands after gloves are removed.
- Immediately clean areas and equipment, which become contaminated with blood or other bodily fluids with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- All staff responsible for wound care must be provided the appropriate PPE and disposal bags/boxes. Place disposable gloves into a biohazard disposal bag immediately after use. Reusable contaminated PPE must be placed into an appropriately labeled, leak-proof container until decontaminated.
- Use extreme care when handling sharp objects such as needles, razors, and scissors. Needles should not be recapped, bent, broken, or otherwise manipulated by hand. Disposable sharps must be immediately placed into a puncture-proof sharps container after use. Sharps containers must be puncture-resistant, labeled or color coded, and leakproof on the sides and bottom.
- Athletes may not compete or participate in any training or practice if wounds have not been treated and covered.
- Athletic and recreational personnel with open wounds or sores should avoid all situations where they may come into contact with potentially infectious materials.

- Prior to any intercollegiate athletic competition, a designated representative of Athletics should ensure that the visiting team has biohazard disposal bags and sharps containers for disposal of human blood or OPIM. Following completion of the event, Athletics will coordinate disposal of any bags and containers that were used in accordance with University procedures.
- Employees who provide first aid will use resuscitation masks which permit administration of CPR without direct mouth-to-mouth contact.
- Place washable materials (jerseys, towels, splints, etc.) that have become contaminated with human blood or OPIM in appropriately-labeled, leak-proof plastic bags. These materials shall be handled and laundered according to the procedures outlined in Section VI(B)(7), Contaminated Laundry Procedures.
- Disinfect contaminated surfaces, instruments and equipment according to the procedures outlined in Section VI(B)(8) and (9) above.

G. ACADEMIC COLLEGES AND DIVISIONS PERFORMING LABORATORY WORK OR TEACHING WITH BLOOD OR OPIM

The following descriptions are geared toward the general duties associated with work in educational and research settings. Faculty and staff members wishing to use blood or OPIM in research or teaching must apply for permission through the Institutional Biosafety Committee (IBC). Faculty, staff, and students working with blood, blood products, or OPIM are identified from IBC protocols for inclusion in the Bloodborne Pathogens Exposure Control Plan.

WORK TASK	POTENTIAL EXPOSURE SITUATION
Handling syringes	Accidental self-inoculation, recapping and bending needles after use.
Handling vials, containers of blood, or OPIM	Breakage of containers may lead to contact with blood and OPIM.
Using blenders and sonicators	Generation of OPIM droplets.
Centrifugation	Splashing blood by opening centrifuge lid before rotor has sopped spinning; unbalanced centrifuge that results in breakage of test tubes, producing aerosol
Collecting and testing specimens of blood and OPIM	Accidental self-infection via spillage of fluids. Aerosol droplet contamination.
Preparing samples of blood or OPIM for microscopic examination	Cutting finger on sharp edges of slide or cover slip.
Working at laboratory benches and other areas where potential infectious material are handled	Contact with blood, OPIM at sites that may or may not be contaminated.
Working with specialized glassware and other apparatus during experiments	Breakage of glassware, leakage from lines can lead to contact with OPIM

Safe Work Practices for Educational and Research Labs

- Follow Universal Precautions at all times.
- Wear protective eyewear in laboratories at all times when working with blood or OPIM.
- Wear face shields during procedures that commonly result in the generation of droplets, splashing of blood or other bodily fluids.
- Wear laboratory coats when conducting laboratory procedures. Additional protection, such as gowns, shoe covers or aprons, may be required during procedures in which the splashing of blood or other bodily fluids can be reasonably anticipated.
- Wear gloves during all procedures that involve the handling of items containing or contaminated with blood or OPIM, or in areas where there may be locations (such as benches) which could be contaminated with potentially infectious materials.
- If a glove is torn, remove and replace immediately.
- Change gloves and wash hands after completion of specimen processing.

- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- Contain all specimens of blood and bodily fluids or OPIM in a rigid, leak-proof container with a secure lid to prevent leaking during transport.
- Avoid contaminating the outside of specimen collection containers.
- Use biological safety cabinets or hoods whenever procedures are conducted that have a potential for generating droplets (blenders and centrifuges).
- Use mechanical pipetting devices for manipulating all liquids in the laboratory. Mouth pipetting or suctioning is forbidden.
- Decontaminate laboratory work surfaces with an appropriate disinfectant after a spill of blood or OPIM and when work activities are completed.
- Immediately after completion of laboratory procedures clean all equipment with a disinfectant.
- Clean and decontaminate scientific equipment that has been contaminated with blood or OPIM before being repaired in the laboratory or transported to a repair facility.
- Wash hands after completing laboratory activities and remove protective clothing before leaving the laboratory.

H. CHILD STUDY AND DEVELOPMENT CENTER, COOPERATIVE EXTENSION (DESIGNATED FIRST AID PROVIDERS ONLY), AND KINESIOLOGY OUTDOOR EXPERIENCE OPTION (DESIGNATED FIRST AID PROVIDERS ONLY)

WORK TASK	POTENTIAL EXPOSURE SITUATION
First aid on victims of accidents or violence	Contact with blood or OPIM.
Performing CPR	Contact with saliva, open mouth sores, OPIM
Clean-up of equipment and small blood/OPIM spills after child or worker injury	Contact with blood or OPIM.
Handling uncooperative children	Being bitten, contact with OPIM.
Handling contaminated clothing, or linen	Contact with blood or OPIM.

Safe Work Practices for Teachers and First Aid Providers

- Wear gloves whenever they anticipate touching blood, bodily fluids, mucous membranes, or non-intact skin while conducting operations.
- Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Wash hands and other skin surfaces immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
- Wash hands immediately after gloves are removed.
- Employees who provide first aid will use resuscitation masks which permit administration of CPR without direct mouth-to-mouth contact.
- Place washable materials (clothing, fabrics, etc.) that have become contaminated with human blood or OPIM in appropriately labeled, leak-proof plastic bags. These materials shall be handled and laundered according to the procedures outlined in Section VI(B)(7), Contaminated Laundry Procedures.
- Immediately clean areas and equipment which become contaminated with blood or other bodily fluids with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.

I. DINING SERVICES, NEW ENGLAND CENTER RESTAURANT, AND THOMPSON SCHOOL FOOD PREPARATION STAFF/STUDENTS

The following descriptions are geared toward general duties associated with food preparation, food serving, and hospitality management. Associated job titles include, but are not limited to, Storekeeper, Food Service Associate, Food Service Shift Supervisor, Conference Service Worker, Cook, Baker Waitstaff, Chef, and Busser.

WORK TASK	POTENTIAL EXPOSURE SITUATION
CPR/First Aid	Contact with saliva, open mouth sores, OPIM
Handling contaminated linens	Contact with blood or OPIM
Clean-up of equipment and small blood spills after minor customer or worker injury	Contact with blood or OPIM

Safe Work Practices for Food Service Staff:

- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while assisting an individual.
- Wear gloves when handling items or surfaces obviously contaminated with blood or OPIM.
- Immediately and thoroughly wash hands and other skin surfaces with water and antiseptic cleanser if contaminated with blood or OPIM.
- Immediately wash hands after gloves are removed.
- Place contaminated laundry and linens (tablecloths, napkins, worker uniforms) that have become contaminated with human blood or OPIM in appropriately labeled, leak-proof plastic bags. These materials shall be handled and laundered according to the procedures outlined in Section VI(B)(7), Contaminated Laundry Procedures.
- Immediately clean areas and equipment that become contaminated with blood or OPIM with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.

Special notation for food service: Food service staff who are NOT designated first aiders are considered to have collateral duty exposure to bloodborne pathogens. As such, these employees do not need to be offered a pre-exposure Hepatitis B vaccine provided that their Department strictly adheres to the procedures detailed in Section X of this document.

J. SMALL PROJECTS CONSTRUCTION TEAM AND TRANSPORTATION GARAGE

Although the Small Projects Construction Team and the Transportation Garage perform very different work, the potential occupational exposures are similar, therefore they are presented together.

WORK TASK	POTENTIAL EXPOSURE SITUATION
Clean-up of equipment and small blood spills after minor worker injury	Contact with blood or OPIM
(Garage only) Clean-up of vehicle interiors after vehicular accident	Contact with blood or OPIM

Safe Work Practices for Construction and Automotive Repair

- Departments must provide all protective gear and bags/boxes necessary for occasional blood or OPIM spill cleanup. Where necessary, Departments will provide PPE and equipment in kits that can be transported to remote locations or kept in transportation vehicles.
- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while assisting an individual.
- Wear gloves when handling items or surfaces obviously contaminated with blood or OPIM.
- Immediately and thoroughly wash hands and other skin surfaces with water and antiseptic cleanser if contaminated with blood or OPIM.
- Immediately, or as soon as is feasible, remove clothing which becomes contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- Immediately wash hands after gloves are removed.
- Immediately clean areas and equipment that become contaminated with blood or OPIM with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.

Special notation for construction and automotive workers: Staff who are NOT designated first-aiders in the Small Projects Construction Team and the Transportation Garage are considered to have collateral duty exposure to bloodborne pathogens. As such, these employees do not need to be offered the pre-exposure Hepatitis B vaccine provided that their Department strictly adheres to the procedures detailed in Section X of this document.

K. MEMORIAL UNION BUILDING, BUILDING MANAGERS AND ADMINISTRATIVE STAFF

Building managers and administrative staff in the Memorial Union Building are designated First Aiders.

WORK TASK	POTENTIAL EXPOSURE SITUATION
First aid on victims of accidents, violence or those experiencing medical emergencies	Contact with blood or OPIM.
Perform CPR or rescue breathing	Contact with saliva, open wounds of the mouth, aerosol droplets.
Clean up of blood, vomit, or other bodily fluid spills in the Memorial Union Building.	Contact with blood or OPIM, potentially contaminated items or surfaces.

Safe Work Practices for MUB Building Managers and Administrative Staff

- Wear gloves whenever touching blood, bodily fluids, mucous membranes, or non-intact skin while conducting operations. Wear gloves when handling items or surfaces obviously contaminated with blood or other bodily fluids.
- Wash hands and other skin surfaces immediately with antiseptic cleanser if contaminated with blood or OPIM. Waterless, antiseptic hand cleaner must be available to staff in a first aid kit for use until the employee can get to hand washing area.
- Wash hands immediately after the gloves are removed. Flush mucous membranes with water immediately or as soon as possible after an exposure.
- Immediately, or as soon as is feasible, remove clothing which become contaminated with blood or other bodily fluids. Keep contaminated clothing separate from other clothing until properly laundered.
- The MUB will provide mouthpieces, resuscitation bags, or other ventilation devices to staff who may reasonably be expected to perform CPR. Mouth to mouth resuscitation (without a protective CPR device) may only be performed as a "last resort" in the management of a non-breathing patient. Wherever protection is not used the employee will fill out an injury report and follow the post-exposure procedures detailed in Section IX of this Exposure Control Plan.
- Disinfect areas and equipment that become contaminated with blood or other bodily fluids immediately with a *fresh* (mixed within 24 hours) bleach solution containing one part household bleach to nine parts of water.
- Immediately place any sharp objects (needles, razors, broken glass) into sharps containers, and non-sharp objects (bandages) into biohazard disposal bags.
- Handle contaminated material, especially sharps, with tongs.

VIII. HEPATITIS B VACCINATION PROGRAM

Hepatitis B vaccinations (HBV) are an important part of the UNH Exposure Control Plan. The Hepatitis B vaccine and vaccination series are available to employees conducting tasks with occupational exposure risks from the outset of their employment (including Designated First Aiders). These vaccinations are provided at no cost and are provided by or under the supervision of a licensed physician (or another licensed health care professional). Employees with “collateral duty” exposure to bloodborne pathogens do not need to be offered the pre-exposure Hepatitis B vaccine provided their respective Department strictly adheres to the procedures outlined in Section X of this Exposure Control Plan. Occupations with collateral duty exposure are identified in Section V of this Exposure Control Plan. Collateral duty exposure to blood/OPIM is defined in Section II of this Exposure Control Plan. The Hepatitis B vaccine and vaccination series may be provided at no cost to employees with collateral duty exposure in accordance with Section X of this Exposure Control Plan.

If routine booster doses of HBV are recommended by the US Public Health Service, the booster shots will be made available to affected UNH faculty and staff. These vaccinations are provided at no cost to the employee.

All staff, except those identified in this Exposure Control Plan as having collateral duty exposure, must sign a statement indicating either previous vaccination, acceptance, or declination of the HBV. Staff must sign the HBV acceptance/declination form located in Appendix C of this Exposure Control Plan.

Departments are not required to pay for pre-exposure vaccinations for students with exposure to blood or OPIM if the students are not paid employees of the University. However, Departments can, and are encouraged to, adopt a policy mandating students to show proof of vaccination, antibody testing showing immunity, or medical contraindication before allowing unpaid students to work with blood or OPIM. OEHS strongly recommends that affected Departments maintain written documentation relative to student vaccinations.

Exemptions to the Hepatitis B Vaccination Program

Employees who have already completed the HBV series are exempt from UNH vaccination requirements. Employees for whom antibody testing has revealed immunity to the Hepatitis B virus or whom vaccination is contra-indicated for medical reasons are also exempt from the vaccination requirements.

*Employees with “collateral duty” exposure to bloodborne pathogens do not need to be offered the pre-exposure Hepatitis B vaccine provided their respective Department strictly adheres to the procedures outlined in Section X of this Exposure Control Plan. Occupations with collateral duty exposure are identified in Section V of this Exposure Control Plan. Collateral duty exposure to blood/OPIM is defined in Section II of this Exposure Control Plan.

Obtaining Hepatitis Vaccinations

In accordance with the requirements of the bloodborne pathogen standard, the HBV will be provided to employees after the appropriate information on the Hepatitis B virus is reviewed during training programs.

Vaccinations are provided within ten (10) working days of initial assignment to all employees who have occupational exposures. Most departments arrange for staff vaccinations through UNH Health Services. Departments may choose to utilize an alternate qualified provider.

Employees Who Decline the HBV Series

Employees may decline the HBV. Employees who decline the HBV may choose to receive the series at a later date.

IX. EXPOSURE INCIDENT AND EMERGENCY PROCEDURES

An *exposure incident* is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of a staff member or student's duties. If a staff member or student is exposed to blood or OPIM the staff member or student must have an immediate confidential medical evaluation by one of the providers indicated below.

If an individual has an exposure incident, immediately conduct first aid (clean the wound with soap and water, flush eyes or other mucous membrane with water for 15 minutes). The Department manager or supervisor is responsible for ensuring the individual is provided with immediate medical evaluation and follow-up.

The individual and his/her supervisor must gather, document, and provide to the medical professional key information about the exposure incident in order to facilitate appropriate medical follow-up. Wherever possible, the exposed employee's supervisor shall identify the source individual (the individual, living or dead, whose blood or OPIM is or could be a source of occupational exposure to the employee) and obtain consent to test that person's blood or OPIM. Departments and individuals can utilize the documentation form in Appendix A to record information that will be provided to the medical professional.

If the exposure incident occurs during normal business hours, the staff member or student should report to one of two urgent care clinics under contract with UNH for occupational health services:

- Seacoast Redicare (396 High Street, Somersworth, 692-6066); or
- Portsmouth Regional Hospital Emergency Room (333 Borthwick Avenue, Portsmouth, 436-5110)¹.

If the exposure incident occurs after hours or away from the Durham area, the staff member or student should report to the nearest emergency room. When a source individual has been identified and given consent for blood or OPIM testing, the source individual should accompany the exposed employee to the urgent care facility. If the source individual cannot go to urgent services at that time, the source individual will be contacted for follow-up testing by the urgent care facility using the contact information provided by the Supervisor. The information gathered on the form in Appendix A must be sent to the health care facility along with the exposed individual.

The individual will be offered post-exposure blood testing, prophylaxis, and counseling by the medical provider in accordance with the current recommendations of the US Public Health Service. These recommendations are currently outlined in the Center for Disease Control supplement: [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis](#), MMWR June 29, 2005 / 54(RR09);1-17.

¹ The Portsmouth Regional Hospital emergency room will conduct initial evaluation and post-exposure prophylaxis with all follow-up appointments coordinated through Portsmouth Occupational Health (Pease Tradeport, 26 Manchester Square, Newington, 430-9675)

All post exposure evaluations will be provided at no cost to the exposed individual or source individual. The medical expenses incurred during post-exposure evaluation of employees will be submitted to the UNH worker's compensation insurance carrier.

Health Care Professionals Written Opinion

The health care professional shall submit to UNH a written opinion after performing post-exposure evaluation. A minimum of three copies of the written opinion will be sent to the University; one to be directed to OEHS, one copy to the UNH Worker's Compensation Coordinator, and one copy to the Department Manager.

The written opinion will contain only the following information:

- Whether the Hepatitis B vaccine is indicated; if the employee has received the vaccine; and/or evaluation following an exposure incident.
- That the employee has been informed of the results of the evaluation, and
- That the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report submitted to UNH.

Exposure Incident Investigation

UNH has the responsibility to investigate all incidents resulting in possible exposure to blood or OPIM. Individuals having an exposure incident shall report the incident to a supervisor immediately. A Report of Incident must be completed and submitted to the UNH Worker's Compensation Coordinator as soon as is feasible but no greater than two (2) days post exposure. The Report of Incident form can be found on the UNH Human Resources website, www.unh.edu/hr. Instructions for filling out and submitting the form are included.

Exposure incidents are typically investigated by the Department manager and OEHS. If warranted, additional affected parties may participate in the investigation (including but not limited to the UNH Worker's Compensation Coordinator, University Police, or USNH General Counsel). The investigation will review circumstances leading to exposure, including, but not limited to:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (where applicable)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (laboratory, clinic, etc.)
- Procedure being performed when the incident occurred
- The affected employee's record of training

If, upon incident investigation, faulty procedures or improper controls are determined causative, the UNH Bloodborne Pathogens Exposure Control Plan will be updated at that time.

X. SPECIAL PROCEDURES FOR DEPARTMENTS WITH COLLATERAL DUTY EXPOSURE

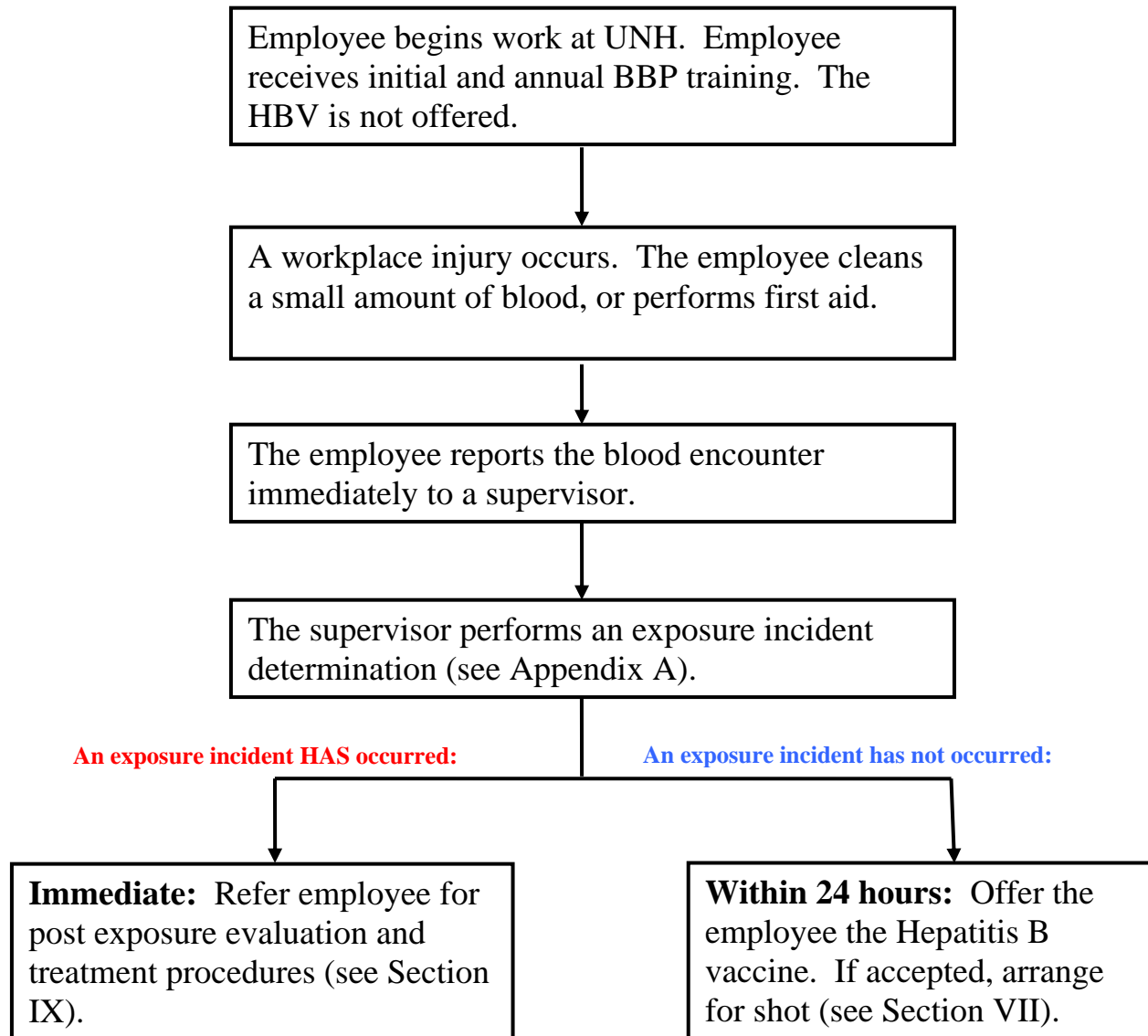
Persons with collateral duty exposure to bloodborne pathogens may occasionally be called upon to clean up a minor blood spill or clean a tool after a workplace injury. These individuals are not designated first-aiders. Departments with employees or students having collateral duty exposure to bloodborne pathogens are not required to provide such persons with pre-exposure Hepatitis B vaccinations provided that the Departments strictly adhere to the requirements of this section. These employees are still subject to all other requirements of this Exposure Control Plan, including safe work procedures and training requirements.

Specific procedures apply whenever individuals with collateral duty exposure encounter blood. Responsibility for implementing the following procedures lies primarily with the immediate supervisor and the individual.

Procedures:

- Any employee with collateral duty exposure who encounters blood or bodily fluids must report the encounter to his/her supervisor immediately but no later than the end of the work shift, even if s/he does not feel that an Exposure Incident has occurred.
- The supervisor must make a determination as to whether or not an Exposure Incident has occurred. The questionnaire in Appendix B is available to document that the shift supervisor has fulfilled this obligation.
- **If an Exposure Incident has occurred** the supervisor shall direct the employee for emergency care as outlined in Section IX above.
- **If an Exposure Incident has not occurred** the supervisor or department coordinator IS REQUIRED to arrange for the individual to have a Hepatitis B vaccine within 24 hours of the incident. Refer to Section VIII above for instructions on arranging for Hepatitis B vaccines.

Figure 1: Collateral Duty Blood Encounter Evaluation Procedures



XI. TRAINING

UNH provides all potentially exposed employees with appropriate training to be conducted prior to initial assignment to tasks where an occupational exposure may occur. Training for employees will be provided at no cost to the employee and will include explanations of:

- The OSHA Standard for Bloodborne Pathogens.
- Epidemiology of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- The UNH Exposure Control Plan.
- Procedures which might cause exposure to bloodborne pathogens.
- Control methods that will be used to control exposure to bloodborne pathogens.
- PPE available and who shall be contacted concerning availability.
- Procedures for individuals with collateral duty exposure (where applicable).
- Post-exposure evaluation and follow-up.
- Biohazard signs and labels used.
- Hepatitis B vaccination program.
- Emergency procedures.

All affected employees will receive annual refresher training. Departments are strongly encouraged to arrange for training and refresher training for all students who incur risk of exposure because of their participation in their academic program or other University-sponsored activity.

Training may be provided by qualified departmental trainers in affected Departments, or by OEHS. OEHS offers training online via Blackboard, UNH's learning management system. Several versions of Bloodborne Pathogens training are available custom tailored to specific Departments and Organizations. OEHS will also provide classroom training to smaller departments upon request. OEHS offers train-the-trainer services, including provision of presentation materials, to Departments coordinating their own training. Qualified departmental trainers should attend a Train-the-trainer session with OEHS prior to delivering bloodborne pathogens training for the first time. This training should be repeated whenever there is a change in regulation or whenever Departments are notified by OEHS of major revisions to the UNH Exposure Control Plan.

OEHS maintains a centralized record of Bloodborne Pathogens training for the entire campus. Departments who perform their own training are responsible for providing records of staff training to OEHS in a timely fashion.

XII. RECORDKEEPING

Bloodborne Pathogens training records are maintained for a minimum of three years. Training records include the following items:

- Dates of the training session
- Name and department of the trainer
- Name and department of attendees
- Contents or summary of the training materials

Exposure Incident Medical Records are maintained for every employee who has experienced an exposure incident. This record is maintained confidentially in the UNH Human Resources Department for the duration of the employee's employment plus thirty (30) years. This record includes:

- A copy of the First Report of Injury
- The name and social security number of the employee
- 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
- A copy of the documentation of the exposure incident as contained in Appendix A
- A copy of all results of examinations, medical testing, and follow-up procedures as available by law;
- UNH's copy of the healthcare professional's written opinion

Hepatitis B Vaccination forms are maintained for every employee with occupational exposure to bloodborne pathogens, except those employees with collateral duty exposure. These forms are maintained in OEHS for the duration of the employee's employment plus thirty (30) years.

APPENDIX A:

**SUPPLEMENTAL FORMS
FOR EXPOSURE INCIDENTS**

**SUPERVISOR'S CHECKLIST FOR ACTION
in the event of an exposure incident:**

Employee Name: _____ **Date:** _____

Job title: _____ **Department:** _____

ACTION	RESPONSIBLE PARTY	TIME & INITIAL
Wash affected site thoroughly with warm, soapy water. If in eyes, flush with water.	Employee	
Notify supervisor.	Employee	
Document the exposure incident on the following page for file and provide to urgent care facility.	Supervisor & Employee	
Identify source patient to supervisor	Employee	
<p>Go immediately to urgent care Business Hours:</p> <ul style="list-style-type: none"> • Seacoast Redicare (396 High Street, Somersworth, 692-6066); or • Portsmouth Regional Hospital Emergency Room (333 Borthwick Avenue, Portsmouth, 436-5110) <p>Off hours:</p> <ul style="list-style-type: none"> • Nearest emergency room 	Employee – confirmed by supervisor	
Have source patient sign consent form for testing & get contact information (Appendix A, page 3)	Supervisor	
If source patient is able, have them accompany employee to same urgent care facility for testing. If unable to go, give the treating facility the employee's name so they can be contacted and testing arranged.	Supervisor	
Complete a first report of injury/illness (required within 2 days of occurrence) and submit to Human Resources.	Supervisor & employee	
Employee will be given instructions for follow-up appointments, if needed.	Employee	

DOCUMENTATION of an Exposure Incident:

Employee Name: _____ **Date:** _____

Job title: _____ **Department:** _____

The information on this form must be collected by the exposed individual and his/her supervisor and MUST be provided to the treating medical facility.

<p>Describe the employee's job duties relevant to this exposure incident:</p>	
<p>What was(were) the route(s) of exposure? (e.g., puncture, splash to mucous membrane, etc.)</p>	
<p>What was the employee doing when s/he was exposed to blood or OPIM?</p>	

Supervisor Contact: _____

Telephone #: _____

Workers Compensation Insurance: _____

Source Individual Written Consent Form

This form must be completed and submitted to the urgent care facility with the exposed individual.

The source individual is the person whose blood or body fluids provided the source of this exposure.

Source Individual Consent

I understand that the University of New Hampshire is required by law to attempt to obtain consent for testing an individual's blood for specific infectious diseases each time an employee or student is exposed to blood or bodily fluids of another individual. I understand that a UNH employee or student has been accidentally exposed to my blood or bodily fluids and that testing for certain infectious diseases (in accordance with the most recent State of New Hampshire and federal Centers for Disease Control and Prevention (CDC) guidelines) is requested. I am not required to give my consent, but if I do, my blood will be tested at no expense to me.

I understand that the results of these tests will be kept confidential in accordance with the federal HIPAA privacy rule. Medical information relative to this exposure event will only be released to myself, medical personnel directly responsible for my care and treatment, to the exposed UNH employee or student for his/her medical benefit only, and to others only as required or permitted by law.

I hereby consent to:

Human Immunodeficiency Virus (HIV) Testing	_____
Hepatitis B Virus (HBV) Testing	_____
Hepatitis C Virus (HCV) Testing	_____
Other testing, if indicated by the treating facility	_____
None of the above	_____

Source Individual Information

Printed Name: _____

Signature: _____

Date: _____

Contact telephone: _____

APPENDIX B:

**SUPPLEMENTAL FORMS FOR BLOOD
ENCOUNTERS IN OCCUPATIONS WITH
COLLATERAL DUTY BLOOD/OPIM EXPOSURE**

COLLATERAL DUTY SUPERVISOR EVALUATION FORM

This questionnaire is for managers and supervisors to use in the Departments of Dining Services, Conferences and Catering, Automotive Garage, Small Projects Construction Team, and any other area where employees have been identified as having collateral duty exposure to blood or OPIM. Answer the following questions **whenever an employee encounters human blood or OPIM, regardless of whether the employee has had an exposure incident** as defined in Section II of the UNH Exposure Control Manual.

This questionnaire must be completed as soon as possible after an employee encounters blood or OPIM but **no later than the end of the work shift** during which the employee had the encounter.

Employee Name: _____ **Date:** _____

Job title: _____ **Department:** _____

Provide an overall description of the blood/OPIM encounter. Include the location of blood/OPIM, the activities that took place, and PPE the individual was wearing:

	Yes (✓)	No(✓)*
Did the individual have any cuts, abrasions, acne, or otherwise have compromised skin that may have come in contact with blood/OPIM during this encounter? <i>If yes, immediately implement the Exposure Incident and Emergency Procedures in section VIII of the Exposure Control Plan.</i>		
Is it possible that blood/OPIM was sprayed into the air where the individual could have breathed in droplets or had mucous membrane contact during the encounter? <i>If yes, immediately implement the Exposure Incident and Emergency Procedures in section VIII of the Exposure Control Plan.</i>		
During the cleanup activity, did the individual sustain any cuts or puncture wounds from items contaminated with blood or OPIM? <i>If yes, immediately implement the emergency procedures in section VIII of the Exposure Control Plan.</i>		
Did any other activities take place during the activity described above that could have resulted in an Exposure Incident to the individual? <i>If yes, immediately implement the emergency procedures in section VIII of the Exposure Control Plan.</i>		

**If the answer to all of the above is NO, the Department MUST still arrange for a Hepatitis B Vaccine for this individual within 24 hours of the blood/OPIM encounter. See section VII of this Exposure Control plan for detailed instructions.*

APPENDIX C:

**HEPATITIS B VACCINE
ACCEPTANCE/DECLINATION FORM**

University of New Hampshire

Bloodborne Pathogen Exposure Control Plan Training and Vaccination Form

Please complete sections 1 & 2 below

1. I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the University of New Hampshire's Bloodborne Pathogen Exposure Control Plan.

HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION STATEMENT

2. In full recognition of the above (check **one** of the following):

I have already received the HBV vaccination series on: _____.
Date/Year

I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccination, 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 wish to be offered the Hepatitis B vaccine, I can be vaccinated at that time at no charge to me.

I accept participation in the hepatitis B program and wish to receive the vaccination series.

Print Name

Signature

Social Security Number (last 4 digits)

Department

Supervisor

Date

University of New Hampshire

Plan de Control de Exposición de Patógeno de Bloodborne Forma de instrucción y Vacunación

1. He recibido la instrucción en los riesgos de trabajar con sangre humana u otras materias potencialmente contagiosas tal como se plantearon en el University of New Hampshire's Plan de Control de Exposición de Patógeno de Bloodborne.

VACUNACION de HEPATITIS B DECLARACION de ACEPTACION/DECLINACION

2. En el reconocimiento repleto del arriba:

- Yo ya he recibido la serie de vacunación de HBV en: _____.
Fecha/año

- Disminuyo la participación en la serie de vacunación.

Entiendo que debido a mi exposición profesional a la sangre u otras materias potencialmente contagiosas Puedo estar en el riesgo de adquirir la infección de Virus de Hepatitis B. He sido dado la oportunidad de ser vacunada con vacuna de Hepatitis B, en ninguna carga a yo mismo. Sin embargo, yo disminuyo la vacunación de la Hepatitis B en este momento.

Entiendo que disminuyendo esta vacunación, yo continúo estar en el riesgo de adquirir la Hepatitis B, una enfermedad grave.

Si, en el futuro, yo continúo tener la exposición profesional a la sangre u otras materias potencialmente contagiosas y deseo ser ofrecido la vacuna de la Hepatitis B, puedo ser vacunado en aquel momento en ninguna carga a mí.

- Acepto la participación en el programa de la hepatitis B y el deseo para recibir la serie de vacunación.

Imprima el Nombre

Firma

Número del seguro social

Departamento

Supervisor

Fecha