Exposure

<u>Introduction</u>

The University of South Florida (US)Fhas o omy pemy enytye Tc0(ty)60(3y)6(3y)60()-s xvp r0 Td e

- x Maintains BBP related records for staff including job-specific training records.
- x Ensures that affected staff operate in a way that reduces or eliminates the potential for exposure to BBPOPIM.
- x Utilizes applicable <u>injury/illness reporting procedures</u> for any staff with suspected exposure to BBP/OPIMhotifies AmeriSys at 1800-455-2079, and ensures the individual is sent for immediate evaluation by a healthcare professional.

C. Employee

- x Complies with all aspects of the USECP and departmental operating procedures.
- x Completes training as required initially at time of hire and annually thereafter.
- x Uses appropriate personal protective equipment (PPE)and applicable engineering controls/work practices as required for applicable job tasks.
- x Receives recommended vaccination at the expense of the department formally refuses to receive vaccination via signed declination form
- x Reports all exposures and hazards to supervisor or appropriate departmental representative immediately for follow-up, medical assessment and medical care.
- x Operates in a way that reduces or eliminates the potential for exposure to BBPOPIM.
- D. Workers CompensationManaged Care ContractorAmeriSys)
 - x Directs exposed employees to an appropriate medical care facility for post exposure evaluation and/or treatment.
 - x Provides medical treatment to faculty, staff and official volunteers at no cost to the individual.

Exposure Determination

- A. Occupational exposure is determined by reviewing staff positions for reasonably anticipated risk of occupational exposure to human bloodbody fluids, or other potentially infectious materials (OPIMs) via theskin, eye, mucous membrane, non intact skin, or parenteral contact during the performance of a staffnember's duties.
- B. This exposure risk determination will be conducted by the direct supervisor departmental designee or healthcare provider
 - x Each assessment should be made without regard to the use of personal protective equipment.
 - x Exposure determinations are to be made at the time a position is created **and each time there is a change in work duties**, which may result in a change in occupational exposure risk.
- C. All staff will be assessed using the following criteria to determine occupational exposure risk:

- x Direct patient care activities likely to result in direct or indirect exposure to a patient's blood or body fluids.
- x Processing or hadling human blood, body fluids, tissues or organs.
- x Processing or handling of equipment, materials or waste that may have been contaminated with human blood, body fluids or other potentially infectious material (OPIM) as defined above.
- x Administration of first aid included in one's job duties and responsibilities
- x Processing or handling primary or established human cell lines.
- x Handling animals infected with human bloodbornepathogens such as HIV, HBV, or HCV.
- D. Examples of staff identified as having potential for occupational exposure to BBP and OPIM include, but are not limited to the following:
 - x Physician
 - x Nurse
 - x Medical Technician
 - x Athletic Trainer
 - x Law Enforcement Officer
 - x Custodial Worker
 - x Animal Care Technician
 - x Academic Research Staff

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. Departments

- x Appropriate gloves must be worn when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touchingontaminated items or surfaces. Gloves must be placed if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- x Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasiblehiety are torn, punctured, or when their ability to function as a barrier is compromised.
- x Disposable (single use) gloves shall not be washed or decontaminated foruse.
- x Utility gloves may be decontaminated for reuse if the integrity is not compromised. Utility gloves must be discarded if they show signs of cracking, peeling, tearing, puncture, or deterioration.
- x Appropriate face and eye protection must be worn when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- x Any garment contaminated by blood or OPIMmust be removed immediately, or as soon as possible, in such a way as to avoid contact with the outer surface.

Universal Precautions

All staff will use Universal Precautions during any task wherethere is potential for contact with blood or OPIM. All blood and OPIM will be treated assectious.

Personal Protective Equipment (PPE)

Provision. Departments/ Units shall provide appropriate personal protective equipment to employees who have a reasonably anticipated risk of occupational exposure to human blood or OPIM. Appropriate PPE includesbut is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or ther ventilation devices. PPEwill be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach an employee'swork clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time thathe protective equipment will be used.

Use. Supervisors shall ensure that employeesuse appropriate PPEunless the employee temporarily and briefly declines to use personal protective equipment under rare and extraordinary circumstances, whenin 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 psed an increased hazard to the safety of the worker or worker. When an employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future

Accessibility. Departments/Units shall ensure that appropriate PPEin the appropriate sizes, is readily accessible at the worksite or is issued to employed ypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal. Departments/Units shall clean, launder, and or dispose of PPEat no cost to the employee.

Repair and Replacement. Departments/Units shall repair or replace PPEas needed to maintain its effectiveness, at no cost to the employeelf a garment is contaminated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

All PPEshall be removed prior to leaving the work area.

When PPEis removed, it shall be placed in an appropriately designated area or container for storage, washing, decentamination or disposal.

Gloves. Gloves shall be worn when it can be reasonably anticipated that employeesay have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminæd items or surfaces. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when

- x Engineering controls in use at the time
- x Work practices followed
- x Description of the device being used (including type and brand)
- x Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- x Location of the incident
- x Procedure or task being performed when the incident occurred
- x Staff training

Employee Training

All employees who have occupational exposure to bloodborne pathogens or OPIM will receive initial and annual training. Training will be completed within 10 days of assignment and before commencement of dutiesThe training program will be provided by EH&S and will cover, at a minimum, the following elements:

- x An explanation of the USF ECP and how to obtain a copy
- x An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, incluid what constitutes an exposure incident
- x An explanation of the use and limitations of engineering controls, work practices, and PPE
- x An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- x An explanation of the basis for PPE selection
- x Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- x Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- x An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical followup that will be made available
- x Information on the post-exposure evaluation and followup that the employer is required to provide for the staff following an exposure incident
- x An explanation of the signs and labels and/or color coding required and used at this facility
- x An opportunity for interactive questions and answers with the person conducting the training session

In addition to the training described above, Departmentsnust provide covered employees with training on job-specific procedures and methods to reduce exposure to BBP and OPIM.

Recordkeeping

Records must be kept for all employee training sessions.

Records must also kept of all employeexposures to infectious or potentially infectious materials while on the job.

Training Records

Training records shall include:

- x Name of training attendee
- x Training date(s)
- x Title, contents or a summary of the training sessions
- x Name of person conducting the training

Records of Bloodborne Pathogetraining provided by EH&S will be maintained in EH&S. Departmental training records must be maintained with departmental records. Records for all training will be kept for 3 years from the date of training.

Bloodborne Pathogenor departmental training records must be provided to the employee or the employee's authorized representative, upon written request. Departmental training records must be made available to regulatory agencies or EH&S, upon request.

Medical Records

Records of immunization or personnel exposures will be maintained in the Division of Human Resources for the duration of employment plus 30 years.

These records must be provided to the employee or the employee's authorized representative upon written request. Ourt orders are required for all other access.

<u>APPENDIX</u> A

Declination Form: Hepatitis-B Vaccine

Name of Employee:_			

I voluntarily decline the Hepatiti® vaccine at this time. I understand that I may decide to receive the immunization series or booster(s) at any time during my employment with USF. If I decide to receive the immunization series while at USF, I will fyothy direct supervisor.

USF Employees who decline the Hepatitis B Vaccine must read and acknowledge understanding of the following statement by signing and dating this document as indicated below.

"I understand that due to my occupational or educational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection.