

# **Exposure**

## **Introduction**

The University of South Florida (USF) has a long history of providing quality education and research. It is a leading institution in the state, offering a wide range of programs and services to its students and faculty.



- 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 BBP/OPIIM.
- x Utilizes applicable [injury/illness reporting procedures](#) for any staff with suspected exposure to BBP/OPIIM, notifies AmeriSys at 1-800-455-2079, and ensures the individual is sent for immediate evaluation by a healthcare professional.

#### C. Employee

- x Complies with all aspects of the USFECF 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 or 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 BBP/OPIIM.

#### D. Workers Compensation Managed Care Contractor (AmeriSys)

- 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 blood/body fluids, or other potentially infectious materials (OPIMs) via the skin, eye, mucous membrane, non intact skin, or parenteral contact during the performance of a staff member's duties.
- B. This exposure risk determination will be conducted by the direct supervisor or 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 handling 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 bloodborne pathogens 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 touching contaminated items or surfaces. Gloves must be replaced 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 feasible if they 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 for reuse.
- 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 OPIM must 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 where there is potential for contact with blood or OPIM. All blood and OPIM will be treated as infectious.

## **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 includes but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

**Use.** Supervisors shall ensure that employees use appropriate PPE unless the employee temporarily and briefly declines to use personal protective equipment under rare and extraordinary circumstances, when in the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker. 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 PPE in the appropriate sizes, is readily accessible at the worksite or is issued to employees. Hypoallergenic 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 PPE at no cost to the employee.

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

All PPE shall be removed prior to leaving the work area.

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

**Gloves.** Gloves shall be worn when it can be reasonably anticipated that employees may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated 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 duties. The 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, including 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 procedures 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, Departments must 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 be kept of all employee exposures 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 Pathogen training 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 Pathogen or 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. Court orders are required for all other access.

## APPENDIX A

## Declination Form: Hepatitis-B Vaccine

Name of Employee: \_\_\_\_\_

I voluntarily decline the Hepatitis B 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 notify my 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.