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<td>Includes Appendices</td>
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<tr>
<td>Effective: April 1, 2014</td>
<td>Maintained by: Risk Management</td>
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<tr>
<td>Reviewed: June 2019</td>
<td>Approved by: Chancellor</td>
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I. PURPOSE

The University of Wisconsin-River Falls (UW-River Falls) ensures that all employees with occupational exposures to human bloodborne pathogens and selected students with laboratory exposure to bloodborne pathogens are protected from contracting bloodborne disease through the implementation of this Exposure Control Plan. This plan follows the requirements established by the Wisconsin Department of Safety and Professional Services (SPS 332.50) as adopted from the rules issued by the U.S. Occupational Safety and Health Administration (OSHA) in December, 1991 (29 CFR 1910.1030).

Copies of the Bloodborne Pathogens Exposure Control Plan can be found on the Administrative Policy Directory webpage and in the Risk Management office. All Appendixes templates are located on the Administrative Policy Directory webpage for completion and submittal purposes.

A. Roles and Responsibilities

1. Supervisors
   - Shall identify persons in their work group who have occupational exposure to blood or other infectious materials and are included in this plan. Supervisors shall also provide necessary engineering controls and personal protective equipment (PPE) for employees.
   - Shall properly label containers and equipment that are contaminated.
   - Shall assist fill out documents pertaining to an exposure incident (Appendix A and Appendix B – Bloodborne Pathogens Incident Report).

2. Faculty
   - Shall assure students who have exposure to bloodborne pathogens in the course of laboratory classes or research are informed and trained according to this plan.
   - Shall assure students have access to necessary engineering controls and PPE.
   - Shall assure students are encouraged to participate in the same health surveillance services as staff including vaccinations and post exposure medical follow up.

3. Employees and Student Workers
   - Shall participate in the health surveillance program for bloodborne pathogens.
   - Shall successfully complete annual bloodborne pathogen training.
   - Shall follow safe work practices identified by their supervisor, including engineering controls and PPE use.
   - Shall notify their supervisor immediately, initiate first aid and the post-exposure incident procedures if they incur a bloodborne exposure.
• Shall ask their supervisor or Risk Management questions that pertain to safe work practices with blood or infectious materials.

4. Risk Management

• Shall arrange for annual bloodborne pathogen training.
• Shall arrange for proper handling and disposal of biohazardous waste.
• Shall update the bloodborne pathogen exposure control plan annually.

5. Human Resources

• Shall assist supervisor or person in charge in filling out Appendix B – Bloodborne Pathogens Incident Report if an exposure incident occurs.
• Shall complete Appendix C - Identification and Evaluation of Source Individual if an exposure incident occurs.
• Shall administer Appendix D – Source Individual’s Consent or Refusal for HIV, HBV and HCV Infectivity Testing if an exposure incident occurs.
• Shall record any bloodborne pathogen exposures on the OSHA 300 Log.
• Shall maintain all bloodborne pathogen exposure records.

II. EXPOSURE DETERMINATION

A. Job Classifications/Tasks and Procedures

UW-River Falls has identified the following job classifications as those in which employees could be exposed to bloodborne pathogens in the course of fulfilling their job requirements. The exposure determination has been made without regard to the use of personal protective equipment.
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<td>Campus Police</td>
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</table>
Biology/Chemistry/Earth and Plant Science Departments

• Faculty, Lab Managers, and Student Workers
  • Set-up, supervision, breakdown of laboratories where blood or other potentially infectious materials are used
  • Handling biological specimens
  • Research activities where blood or other potentially infectious materials are used.

Student Health Services

• Student Health Nurse
  • Nursing duties
  • Administering vaccinations
  • Care of injured person (minor first aid)
  • Emergency first aid/CPR
  • Care of ill person during pandemic responses

B. Bloodborne Pathogen Exposure Incident Determination Flowchart

Here is the Bloodborne Pathogen Exposure Incident Determination Flowchart to assist in determining whether an exposure incident has occurred.
Blood or bodily fluid visibly contaminated with blood (i.e., vomit, urine, etc).

Has it entered any of the following:
- Eye(s)
- Nose
- Mouth
- Laceration (i.e., cuts, gash, rip)
- Abrasion (i.e., scratch, scrape)
- Open Skin (i.e., acne, sore, blister)
- Piercing of skin barrier or mucus membranes (i.e. human bite with broken skin, needle stick)

No

Not considered an exposure incident. Supervisor to complete the Employer’s First Report of Injury or Disease form. No further action required.

Human Resources files Appendix E.

Yes

Employee, Supervisors, Human Resources, and Students must complete the steps outlined in Appendix A and Appendix B.

Exposed employee declines post-exposure medical evaluation. S/he needs to fill out Appendix E.

Human Resources files Appendix E.

Source individual is known - Human Resources administers Appendix C.

Human Resources has source individual fill out Appendix D (consent or refusal to blood tests).

Source individual refuses

Human Resources files Appendix D.

Source individual consents

Human Resources schedules blood tests with River Falls Medical Clinic.

If source individual is already known to be infected with HBV, HCV, HIV, then no blood tests are needed.

Results shared with exposed employee.

If the exposed person is a volunteer/good Samaritan/student (non-UWRF employee), inform them that the cost of any post-exposure medical evaluations are at their own expense.
III. METHOD OF COMPLIANCE

A. Universal Precautions

Universal Precautions is a system of infection control which assumes that all human blood and certain body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and other bloodborne pathogens. **All blood or other potentially contaminated body fluids and tissue shall be considered to be infectious.**

Although saliva has not been implicated in HBV and/or HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices will be available for use in areas in which the need for resuscitation is predictable.

B. Engineering and Work Practice Controls

1. Blood Spill Kit Locations

Blood Spill Kits (red 5-gallon pail with supplies) are available in a variety of locations throughout the campus.

Locations include:

- Agricultural Science – Room 119
- Ames Suites – Room 121 (Mop Room)
- Campus Lab Farm – Pavilion Custodial Closet
- Centennial Science Hall – Room 146A
- Central Heating Plant – Electrical Room
- Crabtree Hall – Room 35
- Davee Library – Room 197
- Emogene Nelson Building – Room 152
- Facilities Management – Grounds Shop Room 131
- Facilities Maintenance - Shop Area – Room 110 (AHU)
- Grimm Hall – Room 26
- Hathorn Hall – East - Room 326A
- Hathorn Hall – West - Room 60 (Basement)
- Kleinpell Fine Arts Building – On the dock in the cage
- Karges Physical Education Center – Room 39
- Karges Physical Education Center – Athletic Training Room - Room 22
- Knowles Center – Athletic Training Room - Room 146
- Mann Valley Farm – Dairy Learning Center Custodial Closet
- May Hall – Room 7
- McMillan Hall – Room 119
- North Hall – Room 9
- Parker Hall – Room 30
- Prucha Hall – Room 9
- Regional Development Institute – Room 131
- Rodli Commons – Room 112
• South Fork Suites – Room 205 Custodial Closet
• South Hall – Room 19
• Stratton Hall – Room 6
• University Center – Room 192
• Wyman Education Building – Room B21

In addition, each custodian has a small kit on their cart. There are also small kits in the following locations:

• Hagestad Student Center– Room 145
• Intramural Restrooms – Custodial Room
• Ramer Field – Room 9
• Agricultural Science Building - Rooms 420 and 421 (Laboratories)
• Police Vehicles

2. Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, and gum chewing are prohibited in areas where there is a reasonable risk of occupational exposure to bloodborne pathogens.

3. Hand Washing

The campus shall provide hand washing facilities which are readily accessible to employees. If hand washing facilities are not feasible, the campus will provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

Employees shall wash hands or any other skin surface with soap and running water, or flush mucous membranes with water for at least 20 seconds, immediately or as soon as feasible following contact with blood or OPIM.

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other PPE. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse disposable gloves.

4. Laboratory Work Practices

All potentially contaminated laboratory materials should be collected in biohazard containers.

All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/suctioning of blood or OPIM is prohibited.

C. Housekeeping and Waste Procedures

1. Cleaning and Disinfection
Blood spills on non-porous surfaces can be cleaned up by diluting the spill with a 10% bleach solution, (or the reconstituted disinfectant powder from the blood spill kits located in each janitor’s room), or with other EPA registered disinfectants, and then absorbing it with disposable toweling or absorbent pads.

a. Designated custodial personnel shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed.

A major blood or OPIM incident is one in which there will be biohazardous material for disposal.

b. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be disinfected with a 10% bleach solution (or the reconstituted disinfectant powder from the blood spill kits located in each janitor’s room) and then cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. All broken glass shall be containerized. The custodian shall be notified immediately or through verbal or written notification before scheduled cleaning. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

c. All bins, pails, cans, and similar receptacles intended for reuse which have reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis or as soon as feasible upon visible contamination.

d. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. On this campus, bags designated as biohazard (containing blood or OPIM contaminated materials) shall be either red in color or affixed with a biohazard label and shall be located in each area where generation of biohazardous material is possible. (See blood spill kit locations listed above in Section III B. 1).
For the purposes of this policy, biohazard waste, also known as regulated waste, will include liquid or semi-liquid blood or OPIM; items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or OPIM.

e. Equipment which may become contaminated with blood or OPIM is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, service or shipping. Equipment to consider: communication devices or equipment needing repair after an exposure incident.

2. Disposal

Licensed commercial infectious waste management contractors must be utilized if off-site disposal is needed. The Department of Natural Resources (DNR) infectious waste transportation regulations prohibit campus employees from transporting infectious wastes to area hospitals or other facilities for disposal. On this campus, non-sharps biohazardous waste will be collected and stored in the Hazardous Waste Storage building located behind the Maintenance and Central Stores Building. The Risk Management Officer will contact the state vendor to pick up biohazardous materials.

3. Contaminated Sharps and Sharps Containers

Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. On this campus the sharps containers shall be closeable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. If an incident occurs where there is contaminated material that is too large for sharps container, the supervisor shall be contacted immediately to obtain an appropriate biohazard container for this material.

a. On this campus, employees shall notify the Risk Management Officer when sharp containers become 3/4 full so that they can be disposed of properly.

b. Contaminated needles shall not be bent, recAPPED, removed, sheared or purposely broken.
4. Laboratories

Food and drink shall not be kept in the Biology Department or Animal and Food Science Department refrigerators, freezers, cabinets, or on shelves, counter-tops or bench tops where blood or other potentially infectious materials are present. These refrigerators must have biohazard stickers and “No Food/No Beverages” signs.

Specimens of blood or OPIM shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or be colored red.

5. Laundry Practices

Contaminated laundry is laundry which has been soiled with blood or OPIM or may contain sharps. Contaminated laundry shall be handled as little as possible. Do not shake any contaminated items or handle them in any way that may aerosolize infectious agents.

Contaminated laundry will be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. The contaminated laundry will then be placed and transported in bags or containers labeled as “Biohazard” or color-coded (red).

The University will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE. Employees shall avoid contact with one’s body and personal clothing with soiled items being handled.

Linens should be washed with detergent and hot water (at least 60 degrees C for 25 minutes) or if lower temperature cycles are used, with chemicals suitable for low temperature washing at proper use concentration.

Employees are forbidden to take contaminated protective equipment or garments home for cleaning and laundering.

6. Feminine Hygiene Products

OSHA does not include soiled sanitary napkins and other feminine hygiene products in the definition of regulated waste since they are designed to prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. Therefore, employees handling such wastes are not covered by the Bloodborne Pathogens Rule solely due to that duty. However, OSHA does expect that containers for soiled sanitary products be lined with a plastic or wax paper bag and that employees will be provided suitable gloves for removal of the bags from the waste container. (Based on OSHA bloodborne pathogen standards interpretation letters and bloodborne pathogens standard FAQs document last updated on November 11, 2011).

D. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is specialized clothing worn by an employee for protection against a hazard. General work clothes, not intended to function as protection against a hazard, are not considered to be PPE.
When there is a potential for occupational exposure, the employing department of the University will provide, at no cost to the employee, appropriate PPE such as gloves, masks, CPR masks, protective clothing such as laboratory coats/aprons and eye protection devices such as goggles and face shields. Employees must be trained to use the PPE properly. PPE must be checked prior to application in insure it is free of physical flaws that could compromise safety.

a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn or punctured or when the ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

c. The employing department will ensure the appropriate PPE, in the appropriate sizes, is readily accessible at the worksite. 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.

d. Gloves shall be worn for all procedures where a potential exists for exposure to blood or body fluids. The procedures will include, but not be limited to:

- Handling of contaminated trash
- Handling of soiled laundry/linens
- Cleaning blood or body fluid spills from hallways, offices, laboratories and classrooms
- Physical contact with other employees, students or visitors with lesions or weeping dermatitis
- Provision of 1st air or CPR
- Administering vaccines/shots

e. Masks are only needed when it is likely that nose and mouth will be splashed with moist body substances or when personnel are working directly in or around areas of large open wounds.

f. Eye shields, goggles, or face shields are only needed when there is a likelihood that the eyes may be splashed with body fluids.

g. Appropriate protective clothing shall be worn in occupational exposure situations. The types and characteristics shall depend upon the task, location, and degree of exposure anticipated.

h. The employing department shall clean, launder and dispose of PPE at no cost to the employee.

i. The employing department shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.
All PPE shall be removed prior to leaving the work area. When PPE/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Supervisors are responsible for ensuring that the employees use appropriate PPE. If an employee temporarily and briefly declines to use PPE because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, the campus shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.
### E. Safe Work Practices for Identified Specific Tasks

<table>
<thead>
<tr>
<th>Department</th>
<th>Task/Procedure</th>
<th>Safe Work Practice</th>
</tr>
</thead>
</table>
| Facilities/Maintenance - Custodians and Plumbers | • Cleanup of blood, broken glass, and other potentially infectious materials – **Hard Surfaces** | Use HEP-AID Blood Clean-up Kit to clean up spill (located either on custodial carts or additional ones located in the red 5 gallon red spill kit buckets). Refer to section III.B.1. for red spill kit bucket locations. To use spill kit:  
1. Put on protective equipment as necessary prior to clean up, including gown, goggles, and disposable gloves.  
2. Bring the red bucket clean-up equipment to spill area. Contents of the spill kit include a red plastic bag, ties, powdered disinfectant (add water per package directions), scooper and scraper, tongs/forceps, disposable gloves, paper towels, and absorbent.  
3. Instructions when using the kit include:
   A. Disinfect the spill by adding water to disinfectant powder per directions provided in the spill kit and pour on the spill.  
   B. Contain the spill by pouring absorbent material onto spill or absorbing liquid with paper towels.  
   C. Line the red bucket with red plastic bag. Pick up absorbed spill with scoop and scraper and place material into lined red bucket.  
4. If any sharp objects or broken glass is contaminated with blood, remove objects with tongs or forceps and place in a sharps container. NEVER remove sharps/broken glass by hand.  
5. Dispose scooper and scraper into red plastic bag.  
6. With additional paper toweling and disinfectant, further disinfect/clean area where spill was. Dispose of paper toweling into red bucket.  
7. Repeat process until all visual soilage has been removed. |
<table>
<thead>
<tr>
<th>• Cleanup of blood and other potentially infectious materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spill on Carpeting</td>
</tr>
</tbody>
</table>

- Isolate the area.
- Wear vinyl gloves and splash goggles when attempting to unclog a toilet or plumbing.

| • Cleaning a clogged toilet or plumbing |

8. Seal red bag with tie provided.
9. Remove red biohazard bag from red bucket and place bag in a secure janitorial closet.
10. Remove personal protective equipment and dispose in regular trash.
11. Wash hands thoroughly, for at least 30 seconds.
12. Call Risk Management at x3344 for pick up and disposal of red bag.
13. Re-supply red bucket kit with supplies and return red bucket kit to proper location.

- Wear gloves and other appropriate PPE.
- Soak the spill with enough disinfectant to cover the spot.
- Let dry at least 30 minutes up to overnight to ensure that the spot is disinfected.
- Blot up excess liquid with disposable towels or shampoo carpet (use standard cleaner for shampooing).
- Place contaminated towels in a red biohazard bag.
| Student Affairs - Residence Life (Custodians) | Cleanup of blood, broken glass, and other potentially infectious materials | Same as above for custodial cleanup safe work practices |
| Student Affairs - University Center (Custodians) | Cleanup of blood, broken glass, and other potentially infectious materials | Same as above for custodial cleanup safe work practices |
| Campus Recreation -  
  - Intramural Coordinators and Supervisors  
  - Kinni Outdoor Adventure Coordinator  
  - Recreation Manager | Care of injured person (minor first aid)  
  - Emergency first aid/CPR | Wear disposable protective vinyl gloves when administering first aid.  
  - Do not administer CPR without a shield with a one-way valve. |
| Sports Facilities -  
  - Complex Cleaning Staff (custodians)  
  - Hunt Arena Supervisors  
  - Knowles Center Supervisor | Cleanup of blood, broken glass, and other potentially infectious materials  
  - Care of injured person (minor first aid)  
  - Emergency first aid/CPR | Same as above for custodial cleanup safe work practices  
  - Wear disposable protective vinyl gloves when administering first aid.  
  - Do not administer CPR without a shield with a one-way valve. |
| Campus Police | Subduing suspect;  
  - Breaking up altercation;  
  - Emergency first aid/CPR;  
  - Care of ill person during pandemic responses  
  - Assisting emergency services personnel (e.g. ambulance) | Wear disposable protective vinyl gloves when administering first aid.  
  - Do not administer CPR without a shield with a one-way valve. |
| Athletics Department -  | • Trainers  | • Care of injured person (minor first aid)  | • Wear disposable protective vinyl gloves when administering first aid.  |
| -  | • Laundry Workers  | • Emergency first aid/CPR  | • Do not administer CPR without a shield with a one-way valve.  |
|  |  | • Laundering contaminated towels, clothing, and equipment.  | • Wear protective vinyl gloves when sorting laundry. Handle laundry as little as possible. If large amounts of blood (dripping) are found on an item or in a bag or tote of dirty laundry, stop sorting and contact a supervisor.  |
| Risk Management -  | • Risk Management Officer  | Handling and pick-up of biohazardous materials  | Wear disposable protective vinyl gloves when handling biohazardous materials.  |
|  |  |  |  |
| Biology/Chemistry/Earth and Plant Science Departments -  | • Faculty  | • Set-up, supervision, break-down of laboratories where blood or other potentially infectious materials are used.  | • Wear protective lab coat and disposable vinyl gloves.  |
|  | • Lab Manager  | • Handling biological specimens  | • Do not allow food in any area where blood or other potentially infectious materials are being used.  |
|  | • Student Workers  | • Research activities where blood or other potentially infectious materials are used.  | • Do not allow mouth pipetting of any material. Use a bulb or other device.  |
| Student Health Services Department  | • Nursing duties  |  | Wear disposable protective vinyl gloves when administering first aid, administering shots, and care of ill persons.  |
|  | • Administering vaccinations  |  | • Do not administer CPR without a shield with a one-way valve.  |
|  | • Care of injured person (minor first aid)  |  |  |
|  | • Emergency first aid/CPR  |  |  |
|  | • Care of ill person during pandemic responses  |  |  |

**IV. MEDICAL SERVICES**

**A. Hepatitis B Vaccination**

Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids that result in liver inflammation. While the use of universal precautions helps in the protection from Hepatitis B, the Hepatitis B vaccine is an additional measure offered to all employees whose designated job assignment includes the rendering of first aid, emergency response, or have occupational exposure to blood or OPIM.

1. This campus shall make the Hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The information on the vaccine is located in Appendix G, and the vaccinations
are offered through Pierce County Public Health 715-273-6755 ext 6563. The vaccine shall be offered free of charge.

**NOTE:** Students, volunteers and "good samaritans" are not eligible for "free" vaccination and must arrange for payment through Pierce County Public Health or make alternate arrangements with other qualified health care providers.

2. This campus shall make the Hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.

- The Hepatitis B vaccination series will be performed under the supervision of a licensed physician by the nursing staff of Pierce County Public Health. All laboratory tests will be conducted by an accredited laboratory. The vaccine series will be offered at a reasonable time to all employees covered. The series of inoculations consists of an initial, 30 day from initial, and 6 months from initial vaccine.
- All employees offered the Hepatitis B vaccine will complete the Consent/Declination Form for Hepatitis B Vaccine ([Appendix F](#)) and Hepatitis B Immunization Record ([Appendix H](#)). The Hepatitis B vaccine is not mandatory.

3. The campus shall not make participation in a pre-employment screening program a prerequisite for receiving the Hepatitis B vaccine.

4. If an employee initially declines the Hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination, this campus shall make available the Hepatitis B vaccine at that time. If this occurs, the employee must complete a new Consent/Declination form ([Appendix F](#)).

5. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.

6. Records regarding HBV vaccinations or declinations are to be kept by Human Resources.

7. If an employee fails to develop blood titer after completion of one series of vaccinations, the series can be repeated. If after the second attempt, titer is not achieved, the employee is deemed to be a non-converter and further attempts are not required. The employee may still have immunity; however, their titer status should be discussed with attending medical professionals should an exposure occur.

**B. Exposure Incidents**

An exposure incident is defined as contact with blood or other potentially infectious materials (OPIM) on an employee's non-intact skin, eye, mouth, and other mucous membrane or by piercing the skin or mucous membrane through such events as needle sticks. “Non-intact” skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

1. **ALL** first aid incidents involving the presence of blood or OPIM shall be reported to the employee's supervisor immediately.
2. The campus Procedure for Bloodborne Pathogen Exposure - Post-Exposure Incident Instructions for Employees, Supervisors, Human Resources and Students (Appendix A) will be completed following an incident.

A First Report of Injury Form shall by the end of the work day on which the incident occurred. The form is available in the Human Resources office and on the UW-River Falls website. Go to “H” for Human Resources (HR) Staff and Faculty Resources, click on the Worker’s Compensation link, then click on the Employer’s First Report of Injury or Disease link. http://www.uwrf.edu/HumanResources/Wk-Compensation.cfm.

The form is used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or OPIM, an "exposure incident," as defined by the standard, occurred. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available if there has been an exposure incident as defined by the standard.

3. **Note:** Critical Timeframe for Hepatitis B Prophylaxis – The HBIG (Hepatitis B Immune Globulin) should be given as soon as possible after exposure, within the first 24 hours. Hepatitis B vaccine is given within seven days of exposure.

**V. POST EXPOSURE EVALUATION AND FOLLOW UP**

**A. Post-Exposure Medical Exam**

Following a report of an exposure incident, this campus shall make immediately available to the exposed employee a confidential medical examination and follow up, including the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

2. Test blood of source person and exposed individual.

   a. Identify the source individual (unless this campus can establish that identification is infeasible or prohibited by state or local law);

   b. The source individual's blood shall be tested as soon as feasible and after consent is obtained by Human Resources (Appendix D – Source Individuals’ Consent or Refusal for HIV, HBV, and HCV Infectivity Testing) in order to determine bloodborne pathogen infectivity. If consent is not obtained, the campus shall establish that legally required consent cannot be obtained. If the source individual cannot be identified, this must be documented.

   c. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained (Appendix D) and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
d. The exposed employee's blood shall be collected as soon as feasible and tested. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

**Note** - Critical Timeframe for Post-Exposure Prophylaxis (PEP) – HIV prophylactic drugs are most effective when administered within four (4) hours of exposure. It is very important to go to the clinic/hospital following an exposure.

3. A Hepatitis B vaccine will be offered if prior vaccine had not previously been obtained.

4. Counseling will be conducted at the clinic during the exam on the implications of testing and post-exposure prophylaxis (post-exposure prophylaxis will follow the recommendations established by the U.S. Health Service). Both the source person and exposed individual will be counseled as to the results of blood tests, risk status, confidentiality laws, and need for further action. The exposed individual will receive post-exposure blood tests at CDC recommended intervals, if needed.

The campus shall ensure that all medical evaluations and procedures including prophylaxis are made available at no cost and at a reasonable time and place to the employee. When employees report to the River Falls Medical Clinic or hospital, they should indicate to the admitting staff that the event was work-related and that billing should be directed to UW Workers Compensation.

5. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

   a. This employee has been informed of the results of the evaluation; and

   b. The medical contactor will inform the Human Resources Department that the exposed person has received post-exposure follow up as required, that they have been informed of the results of the evaluation, and that they have been told of any medical conditions resulting from exposure which will require further evaluation or treatment.

6. If the exposed employee refuses a post-exposure medical evaluation, they need to fill out Appendix E – Refusal of Post-Exposure Medical Evaluation For Bloodborne Pathogen Exposure.

**VI. COMMUNICATION ABOUT HAZARDS**

**A. Warning Labels**

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or OPIM.

**Exception**: Red bags or red containers may be substituted for labels.

1. Labels required by this section shall have the international biohazard symbol on the label.
These labels shall be fluorescent orange or orange-red, with lettering or symbols in a contrasting color.

2. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

3. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

4. Supervisors are responsible for ensuring that containers and equipment are properly labeled.

B. Information and Training

1. This campus shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees. Supervisors will identify employees who are covered by this standard, make arrangement for the training, and ensure that employees participate in the training. Documentation of training will be provided to supervisors when employee training is completed. Training information will be maintained in employee’s personnel file in their department office. Risk Management will maintain campus-wide training records.

2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter. The campus shall provide additional training when changes such as modifications of tasks or procedures affect the employee's potential for occupational exposure. The additional training may be limited to addressing the new exposure created.

3. Person to person or online training will be utilized. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the workplace. The Risk Management Officer currently has responsibility for providing training.

4. Training topics will include:

   - How to obtain a copy of the standard and the UW-River Falls policy.
   - General explanation of the standard and the UW-River Falls policy.
   - General explanation of the epidemiology and symptoms of blood borne diseases.
   - Explanation of modes of transmission.
   - Explanation of the appropriate methods for recognizing tasks or activities that may involve exposure.
   - Explanation of the use and limitations of methods that will prevent or reduce exposure.
   - Information types, use, location, removal handling, and decontamination.
   - Explanation of the basis for selection of PPE and how to dispose appropriately.
   - Information on Hepatitis B vaccine.
• Information on appropriate actions to take and persons to contact in an emergency involving blood.
• Explanation of procedure to follow if an incident occurs and how to report the incident.
• Information on post exposure evaluation and follow up.
• Explanation of signs, labels and color coding.
• Opportunity for questions and answers.

5. Training records shall include:

   a. The date of the training session.

   b. The contents or a summary of the training session.

   c. The names and qualifications of person(s) conducting the training.

   d. The name and job titles of all persons attending the training session.

Training records shall be maintained for three (3) years from the date the training occurred.

VII. RECORDKEEPING

A. Exposure Documentation

1. The River Falls Medical Clinic (or other treating clinic) shall maintain all medical records for each employee with occupational exposure. UW-River Falls Human Resources shall maintain supporting documents for each employee with occupational exposure. The records shall include:

   • Employer’s First Report of Injury or Disease Form (a Human Resource document)
   • Bloodborne Pathogens Incident Report (Appendix B)
   • Identification and Evaluation of Source Individual (Appendix C)
   • Source Individual’s Consent or Refusal for HIV, HBV, and HCV Infectivity Testing (Appendix D)
   • Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogen Exposure (Appendix E)
   • Consent/Declination Form for Hepatitis B Vaccine (Appendix F)
   • Hepatitis B Immunization Record (Appendix H).

2. This campus shall ensure that the employee’s medical records are kept confidential and are NOT disclosed or reported without the employee’s written consent to any person within or outside the campus except as required by law. These medical records shall be kept separate from other personnel records and will be maintained by Human Resources.

3. The campus will maintain the records for employees with occupational exposure, including, but not limited to, the Employer’s First Report of Injury or Disease Form and injury reports, for at least the duration of employment PLUS an additional 30 years.
4. The campus designated licensed health care provider for post-exposure follow-up (River Falls Medical Clinic) shall maintain all other medical records.

**B. Availability of Records**

1. All records to be maintained by this standard through Human Resources shall be made available upon request to the Department of Safety and Professional Services (DSPS) for examination and copying.

2. Employee exposure documents required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to the DSPS. Human Resources maintains these records.

3. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the DSPS. Risk Management maintains these records.

**VIII. STUDENTS**

Students who are not employees are not covered by the Bloodborne Pathogens Rule except for the DSPS code pertaining to maintaining a “Safe Place” for scholarly work and study.

However, it is the mission of the university to provide students with adequate training so they may pursue their studies and eventually their careers safely and knowledgably. UW-River Falls will not allow a student to engage in a hazardous activity without risk communication, proper training or ensuring the use of appropriate PPE. Therefore, any UW-River Falls student who is enrolled in a class that involves reasonably anticipated exposure of the student to blood or OPIM will be covered by the following policy. Department administrators must identify those courses that involve any reasonably anticipated exposure of students to blood or OPIM.

- **Exposure Control Plan:** Departments which require students to work with blood or other potentially infectious materials in their academic coursework must follow the UW-River Falls Bloodborne Pathogens Exposure Control Plan.

- **Training:** Departments must provide at least the same level of training as outlined in the UW-River Falls Bloodborne Pathogens Exposure Control Plan. This training must take place prior to any procedures where blood or OPIM is used. Faculty/staff supervising these laboratories are responsible for the training.

- **Personal Protective Equipment (PPE):** Departments must provide at least the same level of PPE as outlined in the UW-River Falls Bloodborne Pathogens Exposure Control Plan. Students may be required to purchase the equipment and should be advised of this requirement well in advance. Moreover, students must be provided training in the proper use of PPE in advance of its use.

- **Hepatitis B Vaccination:** Departments must make available information about the Hepatitis B vaccination before they are permitted to participate in courses where exposure may occur. Students may be required to pay for the vaccination and should be advised of this requirement well in advance, as well as where they may obtain the vaccination (Pierce County Public Health) and what it will cost.

- **Post Exposure Follow Up:** Departments must advise students that they should notify their health insurance carriers of their academic activities involving bloodborne pathogenic
materials. UW-River Falls cannot assure students that they will fund post-exposure follow up procedures should the student become exposed to bloodborne pathogens.

IX. VOLUNTEERS

Volunteers are not covered by the bloodborne pathogens rule. It is campus policy that volunteers will not be asked to perform first aid duties as part of their volunteer activity. Volunteers and bystanders who opt to provide first aid or CPR chose to do so on their own and act as "Good Samaritans." The campus does not cover the cost of exposure follow-up for volunteers acting as Good Samaritans. It is recommended that volunteers consider their options for exposure follow-up before considering administering first aid/CPR as a Good Samaritan. Department supervisors are responsible for informing volunteers in their area of this campus policy at the time volunteers are recruited.

X. GOOD SAMARITAN ACTS BY EMPLOYEES

Campus employees not covered by this policy who are exposed to bloodborne pathogens while providing assistance, voluntarily performed, to an injured co-worker or the general public should follow the campus Procedures for Bloodborne Pathogen Exposure - Post-Exposure Incident Instructions for Employees, Supervisors, Human Resources and Students located in Appendix A.

XI. ANNUAL UPDATE

The Risk Management Officer will conduct an annual evaluation and review of the effectiveness of this exposure control plan and will coordinate corrective action and update the plan as needed.
TERMS AND DEFINITIONS

Biohazard Label:
A label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood:
Human blood, human blood components and products made from human blood.

Bloodborne Pathogen:
A bloodborne pathogen is a pathogenic microorganism present in human blood that can cause disease in humans. Also see Other Potentially Infectious Materials (OPIM) below. These pathogens include but no are not limited to Hepatitis B (HBV) and human immunodeficiency virus (HIV). These pathogens have been detected in blood, blood components, urine, saliva, and cerebrospinal fluid. Of these materials, human blood presents the greatest potential for transmitting infections.

Blood Titer:
A titer is a semi-quantitative (volume to volume) measurement. For the purpose of this policy, the term "blood titer" refers to the indirect measurement of blood levels of the Hepatitis B antibody through a measurement of the Hepatitis B surface antigen.

Contaminated:
The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry:
This means laundry which has been soiled with blood or other potentially infectious materials, or may contain sharps.

Contaminated Sharps:
Any contaminated objects that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, and broken capillary tubes.

Department of Natural Resources (DNR):
The Wisconsin agency that administers and enforces the State's environmental protection and natural resource conservation statutes, regulations and programs. DNR administers a statute and guidelines for infectious waste management which are referenced in this policy.

Department of Safety and Professional Services (DSPS):
The Wisconsin agency that will enforce the Bloodborne Pathogens Rule for State agency workplaces (formerly known as the Department of Commerce and Department of Industry, Labor and Human Relations, or DILHR).

Engineering Controls:
Controls that isolate or remove the bloodborne pathogen hazards from the workplace (e.g. sharps disposal containers).

**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's duties.

**Gloves:**
The most widely used form of personal protective equipment. They act as a primary barrier between hands and bloodborne pathogens. Latex or vinyl gloves are used for medical, or laboratory procedures. Heavy duty utility gloves may be used for housekeeping duties.

**Hand washing Facilities:**
A facility providing an adequate supply of running potable water, soap, single use towels, or hot air drying machines.

**HBV:**
Hepatitis B virus.

**HCV:**
Hepatitis C virus.

**HIV:**
Human immunodeficiency virus.

**Licensed Health Care Provider:**
A person who’s legally permitted scope and practice allows him or her to independently perform the Hepatitis B vaccination, post exposure evaluation, and follow-up evaluation. Only a licensed physician meets this definition.

**Occupational Exposure:**
Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other potentially infectious material that may result from the performance of an employee's duties.

**Occupational Safety and Health Administration (OSHA):**
The federal agency that enforces Title 29 of the Code of Federal Regulations, which includes the Bloodborne Pathogens Standard. OSHA's jurisdiction is in the private sector only. However, for the Bloodborne Pathogens Rule, the Department of Safety and Professional Services (DSPS) intends to use the OSHA compliance plan as a guide for applying the rule to public employees in Wisconsin. DIHLR adopted the OSHA standard, August, 1995.

**Other Potentially Infectious Materials (OPIM):**
This means certain human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and 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. It also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead) and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:**
Piercing of mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE):**
Specialized clothing or equipment worn by an employee for protection against a hazard. It includes: gloves, gowns, face shields, masks, protective eyewear, mouthpieces and resuscitation bag or other ventilation devices. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

**Regulated Waste:**
Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials, also called Biohazardous Waste.

**Routes of Exposure:**
Include the inadvertent introduction of blood or infectious materials by parenteral or percutaneous inoculation, direct contact with skin broken by cuts, scratches, abrasions, or dermatitis, and exposure of mucous membranes to droplets.

**Sharps:**
An item that is designed to cut or puncture skin. Sharps include unused, disinfected or contaminated: needles, syringes with needles, scalpels, lancets, and razor blades, broken vials and laboratory slides contaminated with infectious agents or human blood.

**Universal Precautions:**
An approach to infection control. According to the concept of Universal Precautions, all human blood and certain other human body fluids are treated as if known to be infected with HIV, HBV, or other bloodborne pathogens.

**Work Practice Controls:**
Techniques that reduce the likelihood of exposure by altering the manner in which a task is performed.
APPENDIX A

PROCEDURE FOR BLOODBORNE PATHOGEN EXPOSURE - POST-EXPOSURE INCIDENT INSTRUCTIONS FOR EMPLOYEES, SUPERVISORS, HUMAN RESOURCES AND STUDENTS
APPENDIX A

Procedure for Bloodborne Pathogen Exposure - Post-Exposure Incident Instructions
For Employees, Supervisors, Human Resources and Students

EMPLOYEES

Any employee who believes they have been exposed to bloodborne pathogens while on the job should follow the procedures:

1. Cleanse the wound thoroughly with soap and water.
2. If a mucous membrane (eyes, nose or mouth) or eye exposure occurs: Irrigate the affected area immediately with copious amounts of water or normal saline for at least 15 minutes. Note that this will seem like a very long time and you should be encouraged to do so even though it may not seem comfortable.
3. Report incident to supervisor or person in charge.
4. Immediately seek medical treatment (do not delay more than 2 hours). Call the River Falls Medical Clinic 715-425-6701 for an appointment or go to the emergency room 715-307-6000. Identify yourself as an UW-River Falls employee requiring a bloodborne pathogen exposure follow up.
5. Proceed either to the River Falls Medical Clinic at 1687 E. Division Street or to the River Falls Area Hospital ER at 1629 E. Division Street.
6. You should inform the admittance staff that the charges are to be filed under State of Wisconsin Workers' Compensation.
7. If you refuse a post-exposure medical evaluation by a health care professional, please fill out the Refusal of Post-Exposure Medical Evaluation Form located in Appendix E.

You must bring the following information/documents with you to the clinic/hospital and give them to the treating physician:

1. A description of the your (exposed employee's) duties as they relate to the exposure incident;
2. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
3. Results of the source individual’s blood testing, if available; and
4. All relevant medical records including vaccination status (If you do not have this information, go to Human Resources, North Hall Room 218 to request your Hepatitis B vaccine record).

SUPERVISOR'S OR PERSON IN CHARGE

1. The supervisor or person in charge shall release the employee from their duties immediately to seek post-exposure care.
2. The supervisor or person in charge must fill out the Employer's First Report of Injury of Disease form (go to “H” for Human Resources (HR) Staff and Faculty Resources, click on the Worker’s Compensation link, then click on the Employer’s First Report of Injury or Disease link. http://www.uwrf.edu/HumanResources/Wk-Compensation.cfm) and fill out the Bloodborne Pathogen Incident Report located in Appendix B as soon as possible after the exposure incident.
3. The supervisor or person in charge will inform Human Resources of the source individual if known. The supervisor or person in charge shall fill out the Bloodborne Pathogen Incident Report located in Appendix B.
**HUMAN RESOURCES**

1. Human Resources will contact the source individual (fill out Appendix C) and inform the source individual of the incident.
2. Human Resources will get consent (or refusal) from the source individual to conduct communicable disease screening (fill out form in Appendix D) and schedule them with the clinic to be tested for evidence of bloodborne virus infection.

**STUDENTS**

UW-River Falls students (who are not UWRF student employees) who believe they have been exposed to bloodborne pathogens should consult with UW-River Falls Student Health Services or their health care provider for exposure follow up.
APPENDIX B

BLOODBORNE PATHOGENS INCIDENT REPORT
APPENDIX B

Bloodborne Pathogens Incident Report
(To be completed by supervisor or person in charge and Human Resources)

EXPOSURE INCIDENT INFORMATION

Person completing form and title __________________________________________________________
Signature  ___________________________________________________________________________
Date/Time  ___________________________________________________________________________
Name  ________________________________________________________________________________
Department  __________________________________________________________________________
Home # ________________________ Work # ________________________
Exposed Employee or Student  __________________________________________________________________________
Home # ________________________ Work # ________________________
Date of Exposure _____/_____/______  Time ______ am _____ pm _____
Location where exposure occurred (Building, Floor, Rm) __________________________________________
Did this exposure occur during the normal work activities? ______ Yes ______ No
Describe how exposure occurred (tasks/job being performed) ________________________________
_____________________________________________________________________________________
Date of exposed employee’s last Bloodborne Pathogen Training _____/_____/______

PERSONAL PROTECTIVE EQUIPMENT

Was PPE being worn? ______ Yes ______ No
Personal Protective Equipment Used: _____ Gloves _____ Goggles/Mask/Faceshield _____ Lab Coat
______ Other (please describe)  _______________________________________________________________________
Body part exposed (circle one) hand, eye, mouth, other (please identify) _________________________
Did PPE fail? _____ Yes _____ No If yes, explain__________________________________________

**INCIDENT EXPOSURE**

Type of body fluid exposed to: _____blood _____body fluid contaminated by blood _____semen
_____other (please describe) _______________________________________________________________

Type of exposure (check all that apply): _____needle stick….Depth of injury____________________
_____cut……Depth of injury ______________________

Fluid injected _____Yes _____No Estimated volume: _________________________________

_____Mucous membrane

_____Non-intact skin (e.g., chapped, abraded, or otherwise non-intact)

**IDENTIFICATION OF SOURCE INDIVIDUAL(S) – TO BE FILLED OUT BY SUPERVISOR AND HUMAN RESOURCES**

Is source individual(s) known? _____ Yes _____ No

Source name(s) ________________________________________________________________

Source phone number __________________________________________________________

Was source individual consent obtained for lab testing (form in Appendix D)? _____ Yes _____ No

Did exposed employee go clinic for an evaluation? _____ Yes _____ No

If yes, Name of Clinic/Hospital _____________________________Date of Exam ______________

Was exposed employee lab testing done (to be completed after exam)? _____ Yes _____ No

Was prophylaxis initiated? _____ Yes _____ No Date/Time of 1st dose _____/_____/

**FOLLOW UP**

Comments/Recommendations/Corrective Action ________________________________

__________________________________________________________

*Please send this form to UW River Falls Human Resources, 218 North Hall within 48 hours of the exposure incident. The information in this report will be recorded and maintained in such a manner as to protect the confidentiality of the employee. The information in this report shall be obtained through interviews and incident report reviews. This form shall be kept on file for the length of employment plus 30 years.*
APPENDIX C

IDENTIFICATION AND EVALUATION OF SOURCE INDIVIDUAL
# APPENDIX C

**Identification and Evaluation of Source Individual**

*(To be completed by Human Resources if source individual is employee)*

<table>
<thead>
<tr>
<th>Name of Source Individual (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Job Title</td>
</tr>
</tbody>
</table>

**Name of Person Completing this Report:**

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Department/Job Title</td>
</tr>
</tbody>
</table>

*Human Resources, 218 North Hall, will maintain this form and keep it on file for the length of the exposed employee’s employment plus 30 years.*
APPENDIX D

SOURCE INDIVIDUAL'S CONSENT OR REFUSAL FOR HIV, HBV, AND HCV INFECTIVITY TESTING
APPENDIX D

Source Individual's Consent or Refusal
For HIV, HBV, and HCV Infectivity Testing
(To be administered by Human Resources; completed by source individual)

SOURCE INDIVIDUAL'S STATEMENT OF UNDERSTANDING

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

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a UWRF employee has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

CONSENT OR REFUSAL & SIGNATURE

I hereby consent to:

HIV Testing _____
HBV Testing _____
HCV Testing _____

OR

I hereby refuse consent to:

HIV Testing _____
HBV Testing _____
HCV Testing _____

SOURCE INDIVIDUAL IDENTIFICATION

Source individual's printed name: ________________________________________

Source individual's signature: ____________________________________________

Date signed: __________________________
Relationship (if signed by other than the source individual):_____________________

_Human Resources, 218 North Hall, will maintain this form and keep it on file for the length of the exposed employee’s employment plus 30 years. The source employee shall also keep a copy._
APPENDIX E

REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION FOR BLOODBORNE PATHOGEN EXPOSURE
APPENDIX E

Refusal of Post-Exposure Medical Evaluation For Bloodborne Pathogen Exposure

(To be completed by exposed employee if he/she refuses post-exposure medical evaluation by a health care professional)

EXPOSED INDIVIDUAL INFORMATION

Name: 

Department: 

Exposure Date: 

Social Security: 

Telephone Number: 

STATEMENT OF UNDERSTANDING

I have been fully trained in UWRF’s Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature: 

Date: 

Witness Name: 

Date: 

Signature: 

Please keep a copy of this form for your records. Send a copy of this form to UW River Falls Human Resources, 218 North Hall. This form shall be kept on file for the length of employment plus 30 years.
APPENDIX F

CONSENT/DECLINATION FORM FOR
HEPATITIS B VACCINE
APPENDIX F

Consent/Declination Form for Hepatitis B Vaccine
(To be completed by Employee)

Despite the use of universal precautions, I understand that my normal work may bring me in contact with Hepatitis B through blood, tissue and/or body fluid exposure. As further protection from the Hepatitis B virus, the University of Wisconsin-River Falls has offered me the Hepatitis B vaccination series free of charge.

I have read the Hepatitis Vaccine Information Statement (Appendix G) information provided by UW-River Falls about hepatitis B and the hepatitis B vaccine. I have had the opportunity to ask questions about the vaccine. I understand the following: 1) benefits and risks of hepatitis B immunization; 2) a minimum of three doses of hepatitis B vaccine are recommended for the vaccine to be fully effective; 3) there is no guarantee that a person immunized will become immune; and 4) side effects may be experienced from the vaccine. I understand that it is my responsibility to schedule an appointment to receive the inoculations.

CHECK ONE

__________ I have previously completed the Hepatitis B series of vaccinations. Human Resources has a copy of my immunization record.

OR

__________ Yes, I do wish to receive the Hepatitis B vaccine and will make an appointment at Pierce County Public Health 715-273-6755 ext. 6563.

OR

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

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
Name (Please Print)

Employee Signature ____________________________________________________________________ Date __________

Department/Job Title ____________________________________________________________________ Phone Number __________

This completed form is legal documentation regarding a bloodborne pathogen workers consent/declination of this vaccine series.

*Please keep a copy of this form for your records. Send a copy of this form to UW River Falls Human Resources, 218 North Hall.*
Appendix G

Hepatitis B Vaccine Information Statement
**Vaccine Information Statement**

**Hepatitis B Vaccine**

**What You Need to Know**

1. **What is hepatitis B?**

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

**Acute (short-term) illness.** This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

**Chronic (long-term) infection.** Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth.
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2. **Hepatitis B vaccine: Why get vaccinated?**

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95% — and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3. **Who should get hepatitis B vaccine and when?**

**Children and Adolescents**

- Babies normally get 3 doses of hepatitis B vaccine:
  - 1st Dose: Birth
  - 2nd Dose: 1-2 months of age
  - 3rd Dose: 6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn’t get the vaccine when they were younger should also be vaccinated.

**Adults**

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,
- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

• Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.

• Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4 Who should not get hepatitis B vaccine?

• Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.

• Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.

• Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

• Soreness where the shot was given (up to about 1 person in 4).
• Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a moderate or severe reaction?

What should I look for?

• Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

• Call a doctor, or get the person to a doctor right away.
• Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
• Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

• Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
• Call your local or state health department.
• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26
APPENDIX H

HEPATITIS B IMMUNIZATION RECORD
APPENDIX H

(To be completed by Employee)

Hepatitis B Immunization Record
for

______________________________________
Employee Name

______________________________________
SSN

______________________________________
Job Title

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Initial Dose of: __________________________
Given: __________________________
By: __________________________

Second Dose of: __________________________
Date Given: __________________________
(30 days after initial)
By: __________________________

Third Dose of: __________________________
Date Given: __________________________
By: __________________________
(6 months after initial)

Once you have completed all three doses, keep a copy of this form for your records and send a copy of this form to UW River Falls Human Resources, 218 North Hall.