# Summary of Changes

**Date:** 8/1/2022

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Added “Summary of Changes” page</td>
</tr>
<tr>
<td>D (1) g</td>
<td>Added to make available, a listing of companies that provide cleanup</td>
</tr>
<tr>
<td>D (2) m</td>
<td>Added criteria when cleaning and decontamination may be necessary</td>
</tr>
<tr>
<td>D (2) l</td>
<td>Added departments are responsible for the cleanup of OPIM from vehicles, carts, or equipment they own or use</td>
</tr>
<tr>
<td>E (2)</td>
<td>Added “potential” before occupational exposure</td>
</tr>
<tr>
<td>E (2) n</td>
<td>Added Student Building Manager</td>
</tr>
<tr>
<td>J (3)</td>
<td>Added how to access the link to view the Exposure Control Plan</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Added “and sharps” to Landscape &amp; Grounds potential exposure</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Rephrased Risk Management &amp; Safety potential exposure to BBP</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Added Student Building Manager work tasks</td>
</tr>
<tr>
<td>Throughout</td>
<td>Minor word and punctuation changes to aid understanding</td>
</tr>
<tr>
<td>3</td>
<td>Removed Safety Medical Devices in header number 3</td>
</tr>
<tr>
<td>3(b)</td>
<td>Added medical form can now be obtained from RMS website</td>
</tr>
<tr>
<td>3(a)</td>
<td>Added internal procedure on BBP program</td>
</tr>
<tr>
<td>D (1)</td>
<td>Added Student Maintenance Technology</td>
</tr>
<tr>
<td>D (2)</td>
<td>Added and/or positions at UNLV</td>
</tr>
<tr>
<td>D (2) n</td>
<td>Added night shift employees</td>
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**Date:** 11/27/2023

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
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<tbody>
<tr>
<td>D (2) k</td>
<td>Removed “Student Health Center/Faculty and Staff Treatment (FAST) Center”</td>
</tr>
<tr>
<td>E (k)</td>
<td>Removed “Student Health Center/Faculty and Staff Treatment (FAST) Center”</td>
</tr>
<tr>
<td>D (1) l</td>
<td>Added “Maintenance Repair Specialists/Maintenance Repair Workers</td>
</tr>
<tr>
<td>D (2) C</td>
<td>Added “Facilities Maintenance Department”</td>
</tr>
</tbody>
</table>
A. SCOPE AND APPLICATION

The Bloodborne Pathogens (BBP) Exposure Control Plan is established in accordance with 29 CFR 1910.1030, “Bloodborne Pathogens,” and describes the procedures to minimize occupational exposure to bloodborne pathogens at all University of Nevada, Las Vegas (UNLV) properties.

B. COMPLIANCE WITH PROGRAM

This procedure applies to UNLV employees and designated volunteers who have a risk of occupational exposure to blood or other potentially infectious material while completing job duties and assignments.

C. DUTIES AND RESPONSIBILITIES

(1) Contractors

a. Establish a Bloodborne Pathogens Exposure Control Plan for their employees.

b. Take safety measures to prevent and/or significantly mitigate exposure potential to Hepatitis B and OPIM (Other Potentially Infectious Materials)

c. Have medical procedures in place for employees who need medical attention while performing job duties at UNLV.

(2) Risk Management and Safety Department (RMS)

a. Establish the BBP Exposure Control Plan for UNLV.

b. Conduct an annual review of the plan.

c. Collect and process for disposal, sharp containers and implements used in research labs.

d. Develop and offer training at no cost to those covered by this plan.

e. Maintain training records, sharps injury logs, and occupational exposure incident reports.

f. Offer UNLV employees and designated volunteers experiencing exposure incidents, an opportunity to receive post exposure evaluations, treatment, and follow-up care.
g. Identify and make available, a listing of vendors that offer services in the cleanup and removal of OPIM.

h. Provide procedures on the cleanup and removal of OPIM if done with in-house resources. (Appendix B).

(3) Department Managers and Supervisors

a. Provide personal protective equipment specified for the job tasks being completed (in appropriate numbers and sizes at no cost) to those covered by this plan and ensure it is being used when required.

b. Repair or replace personal protective equipment, as needed, to protect employees and designated volunteers from the hazards encountered.

c. Ensure UNLV employees and designated volunteers who have potential exposure to blood or OPIM complete BBP Training.

d. Provide sharps containers that meet the requirements of OSHA standard 29 CFR 1910.1030 and ensure they are processed for disposal as required.

e. Maintain engineering controls to ensure they work properly and are providing effective protection for those working in areas where they are used.

f. Place regulated waste in properly labeled and appropriate containers that are then processed for shipment/pickup.

g. Report exposure incidents to RMS.

h. Refer individuals experiencing exposure incidents to RMS to receive information about post-exposure evaluations, treatments, and follow-up care.

i. Offer Hepatitis B vaccinations to employees whom may be subject to occupational exposure from bloodborne pathogens.

j. Maintain Hepatitis B series completion records and declination statements.

k. Provide containers for the storage, washing, decontamination or disposal of contaminated PPE.

l. Establish and communicate procedures to identify and separate clean and sanitized re-usable items from those that are contaminated.

m. Provide for the cleanup and decontamination of vehicles, carts or equipment that is own or used by the department.

Operational Procedures
n. Implement cleaning and decontamination practices when the following has occurred:

i. After completion of procedures.

ii. As soon as possible when surfaces are overly contaminated.

iii. Any spill of blood or potential infectious material.

iv. At end of work shift, if contaminated since the last cleaning.

o. Clean and decontaminate surfaces, bins, pails, cans, and similar receptacles to include those:

i. Intended for reuse, which have a reasonable likelihood of becoming contaminated with blood or OPIM.

ii. That have visible signs of contamination on them.

iii. Being serviced or shipped unless demonstrated that decontamination is not feasible.

(4) Student Health Center (SHC), School of Dental Medicine (SDM) and School of Medicine (SOM)

a. Provide a method and point of contact for department employees (including non-managerial employees) and designated volunteers to submit recommendations for safer medical devices/procedures and evaluate recommendations.

b. Determine new procedures and devices that are approved for use in their facility.

c. Order approved devices and instruct staff on their implementation and proper use.

(5) Student Health Center (SHC) – Medical Services

a. Maintain an inventory of Hepatitis B vaccine.

b. Provide Hepatitis B vaccinations to those who have completed training and have opted to receive the vaccination series.

c. Provide documentation of Hepatitis B vaccine series for the employees who are vaccinated to their managing department.

(6) UNLV Employees and Designated Volunteers
a. Complete required training.

b. Eat, drink, smoke, apply lip balm/cosmetics and handle contacts in areas where there is not a reasonable likelihood of occupational exposure.

c. Store personal consumable items (food and drinks) in areas where they will not be contaminated with blood or OPIM.

d. Inspect all PPE prior to use and bring defective PPE to supervisor for repair or replacement.

e. Wear all specified PPE properly.

f. Follow Universal Precautions and all other safe work practices.

g. Remove PPE prior to leaving the work area and place in appropriate container for storage, washing, decontamination or disposal.

h. Wash hands immediately (or as soon as feasibly possible) after the removal of gloves or other personal protective equipment, in contact with blood or OPIM.

   NOTE: Centers for Disease Control and Prevention (CDC) guidelines for washing hands and using hand sanitizers.

i. Report all exposure incidents to your immediate supervisor at the time of occurrence.

D. EXPOSURE DETERMINATION

(1) The listing below shows job classifications in which all employees at UNLV may have an occupational exposure.

   a. Athletic Trainer
   b. Childcare Worker
   c. Custodial Worker/Housekeeping
   d. Dental Care Professional/Support
   e. Health Care Professional/Support
   f. Lifeguard
   g. Plumber
   h. Police/Security Officer
   i. Maintenance Repair Specialist/Maintenance Repair Workers

(2) The listing below shows a list of departments and/or positions at UNLV in which some employees may have a potential occupational exposure. A summary of tasks they perform can be found in Section E.
a. Campus Recreational Services
b. Dental, Medical & Nursing Staff/Student
c. Facilities Maintenance Department – Maryland Campus
d. Facility Maintenance Services – Shadow Lane Campus
e. Graduate Assistants Laboratory Workers
f. Kinesiology
g. Landscape/Grounds
h. LBC Early Childhood Education Center
i. Night Shift (Maintenance)
j. Physical Therapy
k. Risk Management and Safety
l. Student Maintenance Technology
m. Student Building Manager
n. Student Union
o. Thomas & Mack (TMC)

E. POTENTIAL EXPOSURE – DEPARTMENTS

a. Campus Recreational Services - Provide cleanup of blood and OPIM on recreational equipment and facilities released during injuries and illnesses by employees, designated volunteers, and patrons of the facility.

b. Dental, Medical & Nursing Staff/Student - Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies. Provide dental and medical services to faculty, staff, designated volunteers, and customers receiving these services.

c. Facility Maintenance Services: Maryland Campus, Shadow Lane Campus - Provide cleanup of blood and OPIM while performing maintenance and servicing on building systems. Provide backup support to custodial staff when cleanup is needed.

d. Graduate Assistants Laboratory Workers - Research work with potentially infectious organisms or cultures while using documented procedures.

e. Kinesiology - Assist athletic trainers who are carrying for athletes and athletic trainers who experience injuries. Handle blood and OPIM in classroom settings and laboratories during instructional activities, research experiments and studies.

f. Landscape/Grounds - Removal of trash and sharps from containers outside of buildings and response to BBP incidents to perform cleanup operations.

g. LBC Early Childhood Education Center - Cleanup of minor incidences involving blood or OPIM during child involved activities at the center.

h. Night Shift - Provide cleanup of blood and OPIM while performing maintenance and servicing on building systems.
i. Physical Therapy - Oversee students who practice rehabilitation techniques. Respond to student injuries or illnesses. Clean equipment or other surfaces that may be contaminated with blood or OPIM.

j. Risk Management and Safety - Contact with blood or OPIM during accident investigations or when requested to assist with cleanup when other qualified staff are not available.

k. Student Maintenance Technology - Provide cleanup of blood and OPIM in residence halls, student union, and student recreational facilities while performing maintenance and servicing on building systems.

l. Student Building Manager - Respond to emergencies in buildings and assist those who have been injured.

m. Student Union - Provide cleanup of blood or OPIM while performing maintenance and/or servicing of building systems. Provide backup support to maintenance staff when cleanup is needed.

n. Thomas & Mack - Provide cleanup for events and removal of items containing blood or OPIM by event service workers and maintenance staff.

F. POST – EXPOSURE EVALUATION AND FOLLOW-UP

(1) UNLV employees and designated volunteers experiencing occupational exposure incidents will be offered post-exposure evaluations and follow-up treatment at designated facilities at no cost.

(2) Post-exposure evaluations and follow-up treatment can be obtained by:

a. Visiting an approved worker compensation medical provider and filing a worker’s compensation claim during their initial visit.

b. Receiving a physician’s progress report and scheduling appointments for follow-up treatment.

c. Reporting to the medical care provider for the follow-up treatment.
(3) Copies of evaluations may be given to employees and designated volunteers at the end of each visit.

(4) The Health Care Professional’s Written Opinion of the completed evaluation must be provided no later than 15 days from when the evaluation was conducted.

(5) UNLV employees and designated volunteers who refuse post exposure evaluations and treatment should sign the “Refusal of Post - Exposure Evaluation” form (See Appendix C).

G. METHODS OF COMPLIANCE

a. Engineering Controls
   1. Tools for picking up contaminated sharps and broken glassware.
   2. Containers to properly discard needles and contaminated sharps.
   3. Facilities for hand washing and flushing of mucous membranes; eyes, face, and body after any contact with blood or OPIM.

b. Work Practice Controls
   1. Use of Universal Precautions whenever handling blood or OPIM.
   2. Proper handling and disposal of sharps and sharps containers.
   3. Washing exposed skin with soap and hot water as soon as possible after working in an area where there is blood or OPIM.
   4. Using antiseptic hand cleaners when soap and hot water are not available.
   5. Implementing and following procedures to minimize splashing, spraying, spattering and generation of droplets.
   6. Cleaning and sanitizing facilities, work surfaces and equipment as soon as possible after contamination and prior to reuse.

c. Personal Protective Equipment
   1. Suitable (PPE) to protect against potential exposure that is changed out when defective.
2. Made of material that prevents blood and OPIM from passing through.

H. TRAINING

(1) BBP Training will be provided to employees and designated volunteers:
   a. During working hours and at no cost.
   b. At the time of initial job assignment where occupational exposure may take place and **annually** thereafter.
   c. When tasks or procedures are modified, or the implementation of new procedures, which affect employees' occupational exposure.

(2) Specific training for HIV/HBV research staff will be provided by the department wherein the research is conducted and cover the requirements specified in 29 CFR 1910.1030.

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

I. HEPATITIS B VACCINATION

(1) Information on Hepatitis B vaccinations at UNLV will be provided during Bloodborne Pathogens Training.

(2) Hepatitis B vaccinations are available at no cost to UNLV employees and designated volunteers. It should be offered after employees complete the required training and within 10 working days of being assigned work that has a potential for occupational exposure.

(3) To obtain Hepatitis B vaccinations:
   a. Acquire a completed “Student Wellness, UNLV Authorization for OSHA Vaccines” from their department.
   b. Deliver the form to the Student Health Center to arrange for department payment of the vaccine. Receive the vaccine doses at specified intervals.
   c. [Contact RMS staff to obtain a copy of form]

(4) To decline Hepatitis B vaccinations, employees should sign a Declination Statement (see Appendix D)
(5) Reasons for declining include:
   a. Employee has received the Hepatitis B series previously.
   b. Antibody testing indicates that the employee is immune.
   c. Vaccine in contraindicated for medical reasons.
   d. Employee preference.

(6) UNLV employees and designated volunteers with occupational exposure to bloodborne pathogens, who initially decline Hepatitis B vaccinations, retain the option of receiving the vaccination later by following steps listed in I (3).

J. COMMUNICATION OF HAZARDS TO EMPLOYEES

   (1) RMS will provide general exposure control plan information to employees and designated volunteers.

   (2) Supervisors of employees with occupational exposure will provide specific information about potential BBP hazards within their job duties and protection from these hazards.

   (3) The Exposure Control Plan is available for review by clicking here

K. RECORD KEEPING

   The sharps injury log will contain required information and will be maintained by RMS. All other records that pertain to vaccinations, potential exposures and medical determinations/treatment will be kept for the duration of employment plus 30 years.

L. HIV/HBV RESEARCH LABORATORIES

   (1) Proposed research involving HIV and HBV are spelled out in laboratory procedures that are submitted by the professor overseeing this research to the Institutional Bio-Safety Committee for review and approval.
(2) Once all safety requirements have been met and approval has been granted, researchers and all others who enter these areas will abide by all safety criteria that have been established.

(3) Variances to these procedures should be presented to the Institutional Bio-Safety Committee.

(4) Those overseeing labs used for this type of research will post biohazard signage at the entrance to work areas to warn others of the potential hazards contained within the lab.

(5) RMS will inspect laboratories and are available to advise on routine laboratory procedures.

M. DEFINITIONS

(1) **Occupational Exposure** – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or potentially infectious materials that may result from the performance of an employee’s duties.

(2) **Other Potentially Infectious Material (OPIM)**
   a. Bodily fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
   b. Unfixed tissue or organ (other than intact skin) from a human (living or dead).
   c. 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.

(3) **Universal Precautions** – All human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

N. APPENDICES

(1) Appendix A – “Annual Review Safer Medical Task/Procedure, Device, Technology”

(2) Appendix B – “Cleanup Procedures-Other Potentially Infectious Materials (OPIM)”

(3) Appendix C - “Refusal of Post – Exposure Medical Evaluation”

(4) Appendix D - “Hepatitis B Vaccine Declination Statement”
This form should be used to document annual reviews of safer tasks, procedures, medical devices and changes in technology. It also identifies those individuals who are involved in the recommendation and review process. Records of review should be kept on file at the organization or department where the reviews are accomplished.

Tasks, Procedures, Devices and Changes in Technology Recommended for Review:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________

Recommended by (Name/Job Title/Date):

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
Review Team Members (Name/Job Title): Date of Review: ______________

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

Review Criteria/Determination for Acceptance/Rejection:

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Assigned to Implement Accepted Tasks, Procedures, Devices and Changes in Technology:

_________________________  ______________________
Name/Job Title                                      Date

_________________________  ______________________
Name/Job Title                                      Date

_________________________  ______________________
Name/Job Title                                      Date
# Cleanup Procedures

## Other Potentially Infectious Material (OPIM)

<table>
<thead>
<tr>
<th>Step</th>
<th>Category</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gather Equipment</td>
<td><strong>Disposal gloves</strong> – essential for cleanup process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Gloves</strong> – industrial grade &amp; suitable for blood cleanup.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Protective gown or suit</strong> – splashing of BBP.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Eyewear</strong> – splashing of BBP, should fit snugly, no holes or otherwise compromised.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Sharps Bag/Container</strong> – placement of all cleanup material.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Cleanup Kit and/or Chemicals</strong> – registered disinfectant should have a broad spectrum kill. *</td>
</tr>
<tr>
<td>2</td>
<td>Remove Objects</td>
<td>Use brush pan and dustpan or tongs/forceps to remove glass, pointed shards and other objects.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note</strong>: Should not be picked up by hand.</td>
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<tr>
<td></td>
<td></td>
<td>Place into a leak proof sharps container</td>
</tr>
<tr>
<td>3</td>
<td>Soak Up OPIM Spill</td>
<td>Cover the spill in durable paper or cloth towels.</td>
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<tr>
<td></td>
<td></td>
<td>Soak up as much OPIM as possible.</td>
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<tr>
<td></td>
<td></td>
<td>Discard the used towels into a clearly marked biohazard bag.</td>
</tr>
<tr>
<td>4</td>
<td>Apply Disinfectant</td>
<td>Ensure area is well ventilated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow directions on registered disinfectant product.</td>
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<tr>
<td></td>
<td></td>
<td>Apply disinfectant generously onto the area of the spill.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Let disinfectant soak for specified cure time (see product directions)</td>
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<tr>
<td></td>
<td></td>
<td>Work from the outside of the cleanup area towards the center.</td>
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<tr>
<td></td>
<td></td>
<td>Scrub the area with durable cloth towels.</td>
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<td></td>
<td></td>
<td>Place all towels in the biohazard bag.</td>
</tr>
<tr>
<td>5</td>
<td>Soak OPIM Area Again</td>
<td>Dampen additional clean cloth towels with disinfectant.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wipe down the area of the OPIM once more.</td>
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<tr>
<td></td>
<td></td>
<td>Discard towels in a bio-hazard bag.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allow area to dry.</td>
</tr>
<tr>
<td>6</td>
<td>Decontaminate</td>
<td>Use disinfectant to soak OPIM from reusable equipment.</td>
</tr>
<tr>
<td>Step</td>
<td>Activity</td>
<td></td>
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<td>------</td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Follow directions and leave disinfectant on for required time.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Wash and dry tools to clean off disinfectant.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Dispose of PPE</td>
<td>Clean and disinfect PPE that will be reused.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remove and carefully place disposable PPE into a bio-hazard bag.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note</strong>: Use care not to contaminate other surfaces.</td>
</tr>
<tr>
<td>8</td>
<td>Wash Hands and Arms</td>
<td>Thoroughly wash hands and arms with warm water and disinfectant soap.</td>
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<tr>
<td></td>
<td></td>
<td>Complete for 20 seconds with a vigorous washing.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Note</strong>: Disinfectant wipes can be used as a secondary measure to ensure all contamination has been removed.</td>
</tr>
<tr>
<td>9</td>
<td>Check Yourself</td>
<td>Do final check of your clothing and body for contamination.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask someone to assist to ensure all contamination has been removed and you are cleaned and disinfected.</td>
</tr>
<tr>
<td>10</td>
<td>Report</td>
<td>Report any occupational exposure to your supervisor and Risk Management, Claims Administration Coordinator.</td>
</tr>
<tr>
<td>11</td>
<td>Waste Pickup</td>
<td>Contact RMS by clicking here to request waste disposal pickup.</td>
</tr>
</tbody>
</table>

*Disinfectant = registered disinfectant product with a broad spectrum kill claim. Recommended products can be found on the [EPA website by clicking here](https://www.epa.gov).* 

Source for procedural steps: Aftermath Specialists - Trauma Cleaning and Biohazard Removal
Refusal of Post – Exposure Evaluation

My employer has offered to provide post-exposure evaluations and follow-up care to me in order to assure that I have full knowledge of whether I have been exposed to or contracted, an infectious disease from an incident occurring at a UNLV facility or event.

However, I, of my own free will and volition, have elected not to have an exposure evaluation. Please fill out the following information below:

_____________________________________
Name (print)

_____________________________________
Signature

_____________________________________
Department

_____________________________________
UNLV Employee/Volunteer ID Number

_____________________________________
Date
Hepatitis B Vaccination Declination Statement

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

However, I currently decline the hepatitis B vaccination. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease.

In the future if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have completed the hepatitis B vaccine on (date): ______________________

[Initials]

I have not completed the Hepatitis B vaccine and decline at this time.

[Initials]

Name (print)

______________________________

Signature

______________________________

Department

______________________________

UNLV Employee/Volunteer ID Number

______________________________

Date