University of Bridgeport

Bloodborne Pathogens Exposure Control Plan

Revised May 2025

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SECTION 1. INTRODUCTION

1.1 Purpose

The University of Bridgeport (the "University") is committed to providing a safe and healthy environment for its employees. In accordance with Occupational Safety and Health Administration ("OSHA") Bloodborne Pathogens Standards, 29 CFR § 1910.1030, the University provides this Plan to minimize or eliminate workplace exposure to blood or other potentially infectious materials.

1.2 Scope

This Plan applies to faculty, staff, clinicians, and student employees who may reasonably anticipate exposure with blood or other potentially infectious materials (through eye, mouth, mucous membrane, non-intact skin, or parenteral contact) during the course of his/her employment duties at the University.

1.3 Policy Administration

The Plan shall be reviewed and updated annually by the University. Implementation and compliance shall be monitored and coordinated by the Director or his/her designee of each clinic, school, or department supervising the employees listed in Section 2.0.

1.4 Definitions

For the full set of definitions applicable to this Policy, please see Appendix A.

SECTION 2. EXPOSURE DETERMINATION

The following list summarizes all job classifications carrying risk of potential occupational exposure at the University:

2.1 Security

Position	Tasks/Procedures
Patrol Officer	Respond to all emergencies and medical calls on campus.
Access Control Officer	May have to respond to medical emergency in residence hall lobby or Health Sciences Center, but never leave the front desk area.
Supervisors	Trained first responders on campus.

2.2 Athletics

Position	Tasks/ Procedures
Athletic Trainers	Patient assessment and hands-on clinical care.

2.3 School of Nursing

Position	Tasks/Procedures
Faculty	Blood draw, needle insertion, direct patient contact.

2.4 School of Chiropractic

Position	Tasks/Procedures
Clinician (at Intro Clinic, out-patient clinic, and satellite off-campus locations)	Patient assessment and hands-on clinical care.

2.5 Physician Assistant Institute

Position	Tasks/Procedures
Program Director	Draw blood, needle insertion, IV placement, and direct patient contact.
Assistant Director of Clinical Education	Vaccination administration and direct patient contact.
Director of Academic Affairs	Draw blood, needle insertion, IV placement, and direct patient contact.
Medical Director	Draw blood, needle insertion, IV placement, and direct patient contact.
Research Director	Direct patient contact.
Clinical Director	Blood draw, needle insertion, IV placement, and direct patient contact.
Faculty	Blood draw, needle insertion, direct patient contact.

2.6 Student Health Services

Position	Tasks/Procedures
Clinical Staff	Blood draw, needle insertion, direct patient contact.

2.7 Medical Lab Science Program

Position	Tasks/Procedures
Program Director	Blood draw, needle insertion, specimen preparation and handling.
Faculty	Blood draw, needle insertion, specimen preparation and handling.

2.8 Fones School of Dental Hygiene

Position	Tasks/Procedures
Clinical Faculty	Clinical instruction, instrument processing and sterilization, clinic maintenance.
Clinical Administrative Staff	Clinical instruction, instrument processing and sterilization, clinic maintenance.

2.9 Anatomic Laboratory (Health Sciences)

Position	Tasks/ Procedures
Anatomy Instructor	Handling and dissecting embalmed cadavers. Working with sharps and monitoring students.

2.10 Acupuncture Institute

Position	Tasks/Procedures
Director	Needle insertion, direct patient contact, hands-on clinical care, clinical instruction, physical exams.
Clinical Supervisors	Needle insertion, direct patient contact, hands-on clinical care, clinical instruction, physical exams.
Faculty and Graduate Assistants	Needle insertion, direct patient contact, hands-on clinical care, clinical instruction, physical exams.

2.11 Biology

Position	Tasks/ Procedures
Laboratory Manager	Overseeing trainings, dissections, use of microbes, and sharps.
Laboratory Supervisor	Dissections, use of microbes, and sharps.
Faculty	Dissections, use of microbes, and sharps.
Undergraduate Teaching Assistants and Graduate Assistants	Dissections, use of microbes, and sharps.

2.12 Biomedical Engineering

Position	Tasks/ Procedures
Laboratory Manager	Overseeing trainings, dissections, use of microbes, and sharps.
Laboratory Supervisor	Dissections, use of microbes, and sharps.
Faculty	Use of microbes and sharps.
Undergraduate Teaching Assistants and Graduate Assistants	Use of microbes and sharps.

2.13 Contractors, other than Security

Position	Tasks/ Procedures
Food Service	Exposure to and spread of bloodborne illness through food preparation
Facilities	Cleaning up of Blood and OPIM, exposure through use of sharp materials
Janitorial	Cleaning up of Blood and OPIM.

Section 3. METHODS OF COMPLIANCE

3.1 General Information

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

3.2 Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

3.2.1 *Hand Washing*

3.2.1.1 The University shall provide handwashing facilities which are readily accessible to employees.

3.2.1.2 When provision of handwashing facilities is not feasible, the University shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3.2.1.3 University employees should wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

3.2.1.4 The University shall ensure that employees wash hands and any other exposed skin with soap and water, or flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

3.2.2 *Contaminated Sharps*

3.2.2.1 Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in subsections (3.2.2.1.1) and (3.2.2.1.2) below. Shearing or breaking of contaminated needles is prohibited.

3.2.2.1.1 Contaminated needles and other contaminated sharps shall not be bent, recapped or removed

unless the University can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

3.2.2.1.2 Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed safety technique.

3.2.2.2 Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the University can demonstrate that decontamination of such equipment or portions of such equipment is not feasible. Shipping containers must be:

A. Puncture resistant;
B. Labeled or color-coded in accordance with this standard;
C. Leakproof on the sides and bottom; and
D. In accordance with the requirements set forth in section 3.4.1(E) for reusable sharps.

3.2.3 *Food and Drink Prohibited*

3.2.3.1 Eating, drinking, smoking, vaping, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

3.2.3.2 Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

3.2.4 *General Housekeeping as Engineering/Work Practice Control*

3.2.4.1 All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

3.2.4.2 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

3.2.4.3 Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

A. The container for storage, transport, or shipping shall be labeled or color-coded according to section 6.1.2 and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not

necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with section 6.1.2 is required when such specimens/containers leave the facility.

B. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

C. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture- resistant in addition to the above characteristics.

3.2.4.4 Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the University can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A. A readily observable label in accordance with section 6.1.8 shall be attached to the equipment stating which portions remain contaminated.

B. The Director, or his/her designee shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

3.3. Personal Protective Equipment

When there is the potential for occupational exposure, the University shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

3.3.1 Use. Employees should use appropriate personal protective equipment unless the University shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

3.3.2 Accessibility. The Director or his/her designee shall work with Human Resources to ensure that appropriate personal protective equipment in all appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

3.3.3 Cleaning, Laundering, and Disposal. The Director, or his/her designee shall arrange for the cleaning, laundering, and disposal of personal protective equipment required by section 3 of this standard, at no cost to the employee.

3.3.4 Repair and Replacement. The Director, or his/her designee shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

3.3.5 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

3.3.6 All personal protective equipment shall be removed prior to leaving the work area.

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

3.3.8 Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

A. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

B. Disposable (single use) gloves shall not be washed or

decontaminated for re- use.

C. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

3.3.9 Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

3.4. Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated

3.4.1 Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

3.4 Housekeeping

The University shall ensure that the worksite is maintained in a clean and sanitary condition. The Director, or his/her designee shall determine and implement an appropriate written schedule with facilities for the cleaning and/or method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

3.4.1 *Cleaning and Decontamination to Prevent Accidental Exposure*

All equipment and environmental and working surfaces, including student classroom/laboratory work areas, shall be cleaned and decontaminated after contact with blood or other potentially infectious materials, as follows:

A. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

B. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become

contaminated during the shift.

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

D. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

E. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

3.4.2 ***Regulated Waste***

The Director, or his/her designee shall arrange for the proper pick up of regulated waste through an authorized and contracted biological waste company. All regulated waste, including contaminated sharps, shall be handled and disposed of as follows:

3.4.2.1 Contaminated Sharps

Contaminated sharps shall be contained and discarded as follows:

A. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(1) Closable/Lockable;
(2) Puncture resistant;
(3) Leakproof on sides and bottom; and
(4) Labeled or color-coded in accordance with section 6.1.2 of this standard.

B. During use, containers for contaminated sharps shall be:

(1) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
(2) Maintained upright throughout use; and
(3) Replaced routinely and not be allowed to overfill.

C. When moving containers of contaminated sharps from the area of use, the containers shall be:

(1) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
(2) Placed in a secondary container if leakage is possible. The

second container shall be:
(a) Closable;
(b) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
(c) Labeled or color-coded according to section 6.1.2 of this standard.

D. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

3.4.2.2 Other Regulated Waste Containment

Regulated waste, as defined in **Appendix A**, shall be disposed of as follows:

A. Regulated waste shall be placed in containers which are:
(1) Closable;
(2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(3) Labeled or color-coded in accordance with section 6.1.2 this standard; and
(4) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

B. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
(1) Closable;
(2) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
(3) Labeled or color-coded in accordance with section 6.1.2 of this standard; and
(4) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

C. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

3.4.3 *Laundry*

A. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

1. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with section 6.1.2 of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it

permits all employees to recognize the containers as requiring compliance with Universal Precautions.

3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

B. Employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

C. When the University ships contaminated laundry off-site to a second facility, the University department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with section 6.1.2

SECTION 4: HIV and HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

There are currently no HIV or HBV research laboratories or production facilities at the University.

SECTION 5: HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP

5.1 General Information

5.1.1 The University shall make available the Hepatitis B vaccine and vaccination series to all employees who have risk of occupational exposure; also post-exposure evaluation and follow-up to all employees who have had an exposure incident.

5.1.2 The University shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

A. Made available at no cost to the employee.

B. Made available to the employee at a reasonable time and place.

C. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

D. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this.

5.1.3 The University shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

5.2 Hepatitis B Vaccination

5.2.1 Hepatitis B vaccination shall be made available after the employee has received the training required in section 6.2.6.1 and within 10 working days of initial assignment to all employees who have potential for occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The Director, or his/her designee of employees needing Hepatitis B vaccine should make arrangements with Student Health Services.

5.2.2 The University shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

5.2.3 If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the University shall make available Hepatitis B vaccination at that time.

5.2.4 The University shall assure that employees who decline to accept Hepatitis B vaccination offered by the University sign the statement in **Appendix B.**

5.2.5 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 in accordance with 29 CFR 1910.1030(f)(1)(ii).

5.3 Post-exposure Evaluation and Follow-Up

Following a report of an exposure incident, the employee's supervisor or his/her designee shall complete an Incident Report as soon as possible (a copy of the Incident Report is provided in **Appendix C**). The University shall make immediately available to the exposed employee a confidential medical evaluation and follow-up.[1] This follow-up should be conducted at St. Vincent's Medical Center or the closest medical facility. On the day of the exposure or the next regular working day, affected employee should follow up with Human Resources for a first Report of Injury and Employee Incident Report, including but not limited to the following elements:

5.3.1 Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred

5.3.2 Identification and documentation of the source individual (unless the University can establish that identification is infeasible or prohibited by state or local law), including:

A. Upon consent, the source individual will be referred out for blood testing to the treating facility identified in Section 5.3. If consent is not obtained, the University shall establish that legally required consent cannot be obtained. A Source Patient Consent or Declination Statement (required for every employee exposure incident involving a patient) is attached hereto as **Appendix E.**

B. When the source individual is already known to be infected with HBV or HIV, a notation that this status was communicated to the treating facility.

(The treating facility is responsible for providing the exposed employee with the testing results of the source individual's blood and informing the exposed employee of the applicable laws and regulations concerning disclosure, consistent with 29 C.F.R. § 1910.1030(f)(3)(ii)(C)).

5.3.3 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

5.3.4 Counseling; and

5.3.5 Evaluation of reported illnesses.

5.4 Information Provided to the Healthcare Professional

[1] If the employee refuses medical evaluation and follow-up, a Declination of Post-Exposure Medical Evaluation following Bloodborne Pathogen Exposure (a copy of which is attached hereto as **Appendix D**) shall be completed.

5.4.1 The University shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

5.4.2 The treating facility, as identified in Section 5.3, is responsible for collecting information and compiling a professional written opinion in accordance with CFR § 1910.1030(f)(5) and CFR § 1910.1030(f)(4)(ii).

5.5 Medical recordkeeping

Medical records required by this standard shall be maintained in accordance with section 7.1 of this section.

SECTION 6: COMMUNICATION TO EMPLOYEES

6.1 Labels

6.1.1 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 other potentially infectious materials, except as provided below in Sections 6.1.5 – 6.1.7.

6.1.2 Labels required by this section shall include the following legend:

6.1.3 These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

6.1.4 Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

6.1.5 Red bags or red containers may be substituted for labels.

6.1.6 Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of section (7).

6.1.7 Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

6.1.8 Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated.

6.1.9 Regulated waste that has been decontaminated need not be labeled or color-coded.

6.2 Training

6.2.1 The Director or his/her designee shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The Director, or his/her designee shall institute a training program and ensure employee participation in the program.

6.2.2 Training shall be provided as follows:

A. At the time of initial assignment to tasks where occupational exposure may take place

B. At least annually thereafter.

6.2.3 Annual training for all employees shall be provided within one year of their previous training.

6.2.4 The Director or his/her designee shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

6.2.5 Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

6.2.6 The training program shall contain at a minimum the following elements:

6.2.6.1 An accessible copy of the regulatory text of this standard and an explanation of its contents

6.2.6.2 A general explanation of the epidemiology and symptoms of bloodborne diseases

6.2.6.3 An explanation of the modes of transmission of bloodborne pathogens.

6.2.6.4 An explanation of the University's exposure control plan and the means by which the employee can obtain a copy of the written plan

6.2.6.5 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

6.2.6.6 An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

6.2.6.7 Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

6.2.6.8 An explanation of the basis for selection of personal protective equipment;

6.2.6.9 Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

6.2.6.10 Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

6.2.6.11 An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

6.2.6.12 Information on the post-exposure evaluation and follow-up that the University is required to provide for the employee following an exposure incident;

6.2.6.13 An explanation of the signs and labels and/or color coding required by section 6.1; and

6.2.6.14 An opportunity for interactive questions and answers with the person conducting the training session.

6.2.7 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 that the training will address.

SECTION 7: RECORDKEEPING

7.1 Medical Records

7.1.1 Human Resources, or designee shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020. This record shall include:

7.1.1.1 The name and UB ID# of the employee.

7.1.1.2 A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by section 5.2.

7.1.1.3 The treating facility, as identified in Section 5.3, shall maintain a copy of all information, results, and opinions required by 29 C.F.R. § 1910.1030(h)((ii)(C) - 29 C.F.R. § 1910.1030(h)((ii)€.

7.1.2 **Confidentiality**. The University shall ensure that employee medical records required by Section 7.1 are:

7.1.2.1 Kept confidential; and

7.1.2.2 Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

7.1.2.3 The University shall maintain the records required by section 7.0 for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

7.2 Training Records

7.2.1 Training records shall include the following information:

7.2.1.1 The dates of the training sessions;

7.2.1.2 The contents or a summary of the training sessions;

7.2.1.3 The names and qualifications of persons conducting the training; and

7.2.1.4 The names and job titles of all persons attending the training sessions.

7.2.2 Training records shall be maintained for 3 years from the date on which the training occurred.

7.3 Availability

7.3.1 Employee training records required by this section shall be provided upon request for examination and copying to employees, to employee representatives, to the Director of the National Institute for OSHA (the "Director"), and to the Assistant Secretary of Labor for OSHA (the "Assistant Secretary") in accordance with 29 CFR 1910.1020.

7.3.2 Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director and Assistant Secretary in accordance with 29 CFR 1910.1020.

7.4 Transfer of Records

The University shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

7.5 Sharps Injury Log

7.5.1 Human Resources, or designee shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps for employees. Student Health Services, or designee shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps for students. The Clinical Services and Operations Administrator, or his/her designee shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps for clinical patients. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

7.5.1.1 The type and brand of device involved in the incident,
7.5.1.2 The department or work area where the exposure incident occurred, and
7.5.1.3 An explanation of how the incident occurred.

7.5.2 The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.

APPENDIX A

Definitions

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

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

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls: controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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.

Handwashing facilities: a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

HBV: Hepatitis B virus.

HIV: human immunodeficiency virus.

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

Other Potentially Infectious Materials:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) 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 means: piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are 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 in a liquid or semi-liquid state 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.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Universal Precautions: Universal precautions were introduced by the Centers for Disease Control (CDC) in 1985, mostly in response to the human immunodeficiency virus (HIV) epidemic.[1][2][3] Universal precautions are a standard set of guidelines to prevent the transmission of bloodborne pathogens from exposure to blood and other potentially infectious materials (OPIM). OPIM is defined by the Occupational Safety and Health Administration (OSHA) as:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- 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; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Universal precautions do not apply to sputum, feces, sweat, vomit, tears, urine, or nasal secretions unless they are visibly contaminated with blood because their transmission of Hepatitis B or HIV is extremely low or nonexistent.
[https://www.ncbi.nlm.nih.gov/books/NBK470223/]

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

APPENDIX B

Declination of Hepatitis B Vaccination Statement

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 Hepatitis B vaccine, at no charge to myself. However, I decline 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.

_____ _____

Employee Name (printed) Employee Signature

_____

Date

APPENDIX C

Incident Information Form for Bloodborne Pathogens Exposure

University of Bridgeport

Note to Supervisor: *Print this form, and ensure a completed copy is delivered to the Office of Human Resources within 24 hours.*

Exposed Individual's Information

Employee ID#_____Report Date: _____
Name:_____
Address:_____ Telephone:_____
Date of Birth:_____
Preferred Language: _____

Exposure Information

Exposure Date:_____ Exposure Time: _____

Facility and specific location within it where incident occurred (room, etc.):

_____

Type and model of device involved in the incident (needle, lancet, etc.):

_____

Type of protection equipment used (gloves, goggles, etc.):

_____

Route of exposure (stick, splash, etc.) and circumstances under which exposure occurred:
[ ] Left [ ] Right [ ] Bilateral (use separate page is necessary)

_____
_____
_____

Program / Department Information

Department or program in which you are enrolled or employed:_____

Basic job description/duties: _____

Supervisor's Name:_____

Supervisor's Telephone:_____

APPENDIX D

Declination of Post-Exposure Medical Evaluation following Bloodborne Pathogen Exposure

Note to Human Resources: Complete this form only if exposed employee refuses post-exposure medical evaluation by a health care professional.

Exposed Individual's Information

Name and Employee ID# (Please Print): _____

Department or Program: _____

Exposure Date:_____

Exposure Information

Facility & Department where the incident occurred: _____

Type of protection equipment used (gloves, eye protection, etc.):

_____

Describe how you were exposed:

_____

_____

Statement of Understanding

I understand that due to academic, clinical, or occupational exposure to blood or other potentially infectious materials, I may have or may be at risk of contracting an infectious disease such at HIV, HCV, or Hepatitis B (HBV). I have been trained in how to handle this type of exposure and understand the implications of contracting these infectious diseases. I have been offered the opportunity for medical testing, at no charge to myself. I have also been offered follow-up medical care.

Exposed Individual's Signature:_____

Signature Date:_____

Witness Name (Please Print): _____

Witness Signature:_____ Witness Date:_____

APPENDIX E

Source Individual's Consent or Declination Statement
for HIV, HBV and HCV Infectivity Testing
University of Bridgeport

* A source individual is the individual whose blood or body fluids is the source of exposure.

NOTE: Print this form and distribute copies of this form to: □ Health Care Professional

Exposed Individual's Information

Name (Please Print): _____

Department or Program: _____

Telephone Number:_____Exposure Date: _____

Source Individual's Statement of Understanding

I understand that a University of Bridgeport employee has been exposed to my blood or bodily fluids and that testing is requested for infectious diseases, including without limitation, HIV, HBV, and HCV. I further understand that I am not required to give my consent, but if that I do, my blood will be tested for these infectious diseases at no expense to me. This testing will be done at the medical facility to which the affected employee reports.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. I understand that 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 healthcare worker for his or her medical benefit, and to others only as required by law.

Consent or Refusal & Signature

I hereby *consent to referral for*: □HIV Testing □HBV Testing □HCV Testing
I hereby *refuse* consent to referral for: □HIV Testing □HBV Testing □HCV Testing

Source Individual Identification

Source individual's printed name and signature: _____

Date Signed: _____

Relationship (If signed by someone other than the source individua