Purpose
To minimize or eliminate exposure to communicable diseases by adoption of
universal precautions and implementation of the Utah Department of
Transportation (Department) Department-wide training. The Occupational Safety
and Health Administration (OSHA) in 29 CFR 1910.1030 requires the
Department to have in place an infection control plan for Blood Borne Pathogens.
This plan includes requirements for personal protective equipment, training, and
a procedure for reporting exposures. Any employee who by way of their
employment with the Department may be exposed to blood borne pathogens will
be covered by this plan.

Policy
First line care at an accident scene will consist of calling 911. Providing safe
minimum care until help arrives is on a Good Samaritan voluntary basis using
Body Substance Isolation (BSI) techniques for safety. All injured people and all
body substances must be treated as if known to be infectious. The Department
has adopted this Blood Borne Pathogens Policy as a means to educate its
workforce on the nature of preventable blood borne diseases. Background
information that may be used in training departmental responsibilities from Risk
Management through supervisor to employee is outlined here as well as post
incident medical intervention and record keeping.

Definitions

Biological Hazard – Biological hazard or biohazard is taken to mean any viable
infectious agent that presents a risk or a potential risk to the well being of
humans. Human body fluids are biological hazards and include: blood, blood
by-products such as breast milk, semen, vaginal secretions, body cavity fluids,
and saliva. The following are not considered biological hazards: feces, urine,
nasal secretions, sputum, sweat, tears, or vomit, unless they contain visible
blood. HIV is carried in the blood lipid (fat). HIV does not last long in air and is
dead when dry. Hepatitis-B virus is known to survive up to a week or longer
under ideal conditions. It is not known how long or under what conditions it can
persist in the environment. Saliva can transmit hepatitis-B virus but cannot
transmit HIV. Mucous membranes in the eyes, nose, and mouth are vulnerable
to infectious body fluids.

Blood Borne Pathogen – Pathogenic microorganisms that are present in human
blood can cause disease in humans. These pathogens include but are not
limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
**Blood Exposure** – All employees exposed to human blood and blood by-products must report to their doctor within one hour, immediate supervisor, and their Region, District Safety, or Risk Managers or Claims Specialist at the Department complex for information on post exposure procedures.

**Contaminated** – The presence or the reasonably anticipated presence of blood or other potentially infectious body fluids on an item or surface.

**Cuts** – An employee must report the of a needle stick, cut, chapped or abraded skin, or mucous membrane exposure to another person’s body fluids within one hour to their doctor and as soon as possible thereafter to their supervisor, and Region, District Safety, or Risk Managers or Claims Specialist for the Department complex for evaluation.

**Decontaminated** – The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens off 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. An antibacterial or antiviral solution for decontamination may be prepared from a 10 percent solution of sodium hypochlorite (bleach). A 10 percent solution is two cups of bleach to one gallon of water. Contaminated items must be soaked in an antibacterial or antiviral solution for a minimum of 10 minutes.

**Human Immunodeficiency Virus (HIV) Prophylaxis** – Currently no vaccinations are available for HIV exposure. A short-course regimen (3-6 months) of a combination of antiretroviral medications can be used to decrease the risk of infection after exposure to HIV.

**Hepatitis-B Virus (HBV) Vaccinations** – Routine HBV vaccination is not offered by the Department because no current job descriptions have a high risk of occupational exposures to blood or other potentially infectious materials. The Department recognizes an exposure incident may occur from aid to an accident victims or less likely, as an incidental result of highway trash pick up. HBV vaccination is not mandatory after an exposure incident but it is recommended. An affected Employee who chooses not to have the vaccination will have the opportunity to be vaccinated when they are ready. The Department will document the offer, acceptance or declination, and vaccination dates with the HBV Vaccinations form.

**Medical Wastes** – Extreme caution must be used whenever the following are present:

1. Waste debris left by an ambulance crew from an accident scene
2. Packaged “biological hazardous waste” discarded along the roadway
3. Used needles or other sharps such as razor blades, broken glass, or scalpels.

Sharps must not be sheared, bent, broken, recapped, resheathed, or handled in any way by Department personnel or volunteers in our “Adopt a Highway” program. Contact your local county health department who in turn will contract a licensed medical waste hauler to handle and pick-up for disposal any biological or medical wastes found on Department right-of-ways.

**Occupational Exposure** – Blood or body fluid (as listed above in Biological Hazards) contact through an injury by a blood or listed body fluid-contaminated sharp object or an injured or ill Employee to the affected Employee. HIV does not transmit through saliva. Post exposure follow-up is mandatory and will be made available to the employee who has had an occupational exposure incident. Proper notification must be made to the exposed employee’s immediate supervisor and safety or risk manager to facilitate post-exposure evaluation.

**Universal Precautions** – These are work practices that help prevent contact with blood and certain other body fluids. They are the best protection against AIDS and hepatitis-B and some other infectious diseases. Universal precautions are a system of infectious disease controls that assumes every direct contact with body fluids is infectious and requires every employee exposed be protected as though such body fluids were infected with bloodborne pathogens. All infectious or medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A). Universal Precautions help prevent infection through the use of protective barriers such as gloves, masks, goggles, and disposable overalls.
Responsibility: Risk Management – Region, District Safety, and Risk Managers

Actions

1. Provide annual training to all employees who by way of their employment may be exposed to blood borne pathogens. Personnel trained in First Aid will be offered this annual training as well. The content of the training program will include the following:
   a. Department policy
   b. Types and transmission of bloodborne pathogens
   c. Universal precautions
   d. General safety rules
   e. Procurement, use, and storage of personal protective equipment
   f. Post exposure treatment and procedures

2. Keep records of training for 30 years. Any reports required by OSHA will be maintained by the Region, District Safety, or Risk Managers or Claims Specialist for the Department complex. All Training Certificates and exposure reports will be maintained for 30 years.

3. Department Risk Management will ensure the program is being followed through periodic audits.

Responsibility: Supervisor

4. Ensure staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, necessity of immediate reporting requirements of any listed body fluid contact between two or more persons, and proper cleanup and disposal techniques of contaminated articles.

5. Regularly emphasize universal precautions in tool box safety meetings to ensure employees understand and comply. Keep attendance sheets as documentation.
Responsibility: Employee

6. Wear protective clothing in an environment where infectious disease agents may exist. Roadside trash collection presents the greatest risk to Department employees. Discarded needles have been found among roadside trash articles and may be infectious. **Do not handle the refuse** found on roadside trash or at a recent vehicle accident scene. Heavy duty leather gloves and footwear should be worn during roadside trash pick up activities.

7. Contact the local county health department for removal and disposal if blood-stained debris is found in roadside debris.

8. Put on disposable gloves made of appropriate material such as intact latex or vinyl if administering Good Samaritan first aid. Put on several layers if in doubt about the integrity of the gloves. Use caution if employee has a latex allergy.

9. Avoid exposure from body fluids deriving from the biological hazards cited above. Needle punctures from roadside trash, open wounds, saliva, even occasions where splashes or aerosols of matter are likely to occur can create an exposure. Each exposure situation must be evaluated by a practicing healthcare provider.

10. All personnel actions must take into account the potential risk of exposure to blood borne pathogens on the rare occasion when an employee is injured on the job and is being removed from an accident scene or is involved in clean up at an accident scene.

11. Perform duties in a manner that will minimize splashing, spraying, and aerosolization. Personal protective equipment must be put on to protect each employee from exposure to body fluids at the accident scene.
Exposure Incident  
UDOT 06E-04.2

Responsibility: Risk Management

**Actions**

1. Occupationally contracted HBV or HIV will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses as an illness. Exposures to bloodborne pathogens from blood to blood contact will be recorded on the OSHA 200 Log of Occupational Injuries and Illnesses if treatment such as a short course (3-6 months) in anti-retroviral medications for HIV, or hepatitis-B immune globulin, or hepatitis-B vaccine is prescribed by a Physician.

2. Following the report of exposure, UDOT Risk Management will, if possible, contact the exposure source and request that person be tested for HIV/HBV. This testing will be done at Worker’s Compensation Fund of Utah’s expense. Complying with the request is not mandatory. If the exposure source is an employee who refuses the test, refusal will not affect that Employee’s future employment.

3. During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a “need to know basis”. UDOT Risk Management will use the *Post-Exposure Evaluation and Follow-up for Human Immunodeficiency Virus and Hepatitis-B Virus* form to document the exposure and offer of medical assistance to the affected Employee. The *Exposure Report to Employee* form will only be used where a UDOT employee is an exposure source. The results of any HIV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

Responsibility: Supervisor

4. Ensure all exposure incidents are reported, investigated, and documented within the critical time frame of 1 hour.

5. When an exposure incident occurs, the immediate Supervisor takes the initial report and sees to it the Region/District Safety/Risk Manager is notified and accident investigation occurs.
Responsibility: Employee

6. Should an employee become exposed to blood or blood products as listed above, the affected Employee must report the incident within 1 hour of exposure and seek professional medical attention through UDOT’s insurance policy with Worker’s Compensation Fund of Utah.

7. The employee may be recommended for prompt post exposure prophylaxis or vaccination by the examining health care professional. Blood test results will take 3-14 days. Post exposure prophylaxis or vaccination may be recommended by the examining health care professional and prior to the return of blood test results (which can take between 3-14 days). Post exposure prophylaxis can be terminated any time during the treatment if the exposure source (source of contaminated blood) is found to be free of infection.

8. Following the initial blood test at time of exposure, seronegative Employees (those who did not show infection) will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. UDOT supports recommendations made by the examining healthcare practitioner or the U. S. Public Health Service be followed by the exposed Employee.
Bloodborne Pathogen Control
Universal Precautions and General Safety Rules

For Posting

The following Universal Precautions and General Safety Rules have been established to prevent the spread of viral and bacterial organisms (namely HIV/HBV). In all cases the Universal Precautions and General Safety Rules should be followed.

1. **Wear latex or vinyl gloves prior to giving first aid.** Wear heavy gloves and heavy boots for litter pick-up, as outlined in the Personal Protective Equipment for Worker Protection Poster.

2. **Treat all human body fluids and items soiled with human body fluids as if contaminated** (blood, blood by-products, semen, vaginal secretions, saliva, and any possible blood-containing body fluids) with HIV/HBV. Protect yourself by covering any broken skin with a bandage or dressing before going on duty. *(Note: Feces, urine, nasal secretions, sputum, sweat, tears, or vomitus need not be treated as contaminated unless they contain visible blood).* Human body fluids do break down in time with exposure to air.

3. **Wash exposed body areas (hands, arms, face, eyes, etc.) with antibacterial soap thoroughly.** Any parts of the body that have contacted blood or any other potentially infectious body fluids must be thoroughly washed with warm water and soap for a minimum of 15 seconds each. This is mandatory before eating, drinking, and/or smoking anything. Immediately after providing first aid care, wash thoroughly.

4. **Contact your Region/District Safety/Risk Manager or Claims Specialist for the UDOT complex for instructions on special handling of all clothing contaminated with human body fluids.** A presoak (sprayed on the affected areas) with antibacterial/antiviral solution (two cups of household bleach to one gallon of water) for a minimum of ten minutes is required before being sent to the laundry. *(Note: Gloves and eye protection should be worn when handling contaminated clothing until the contaminated items are presoaked in bleach solution for 10 minutes).*

5. **Report any suspected exposure to HIV/HBV by human body fluid contact (via broken, chapped, or abraded skin; deep punctures and human bites; needle sticks; etc.) immediately.** You should report within one hour of exposure to your doctor, and as soon as possible thereafter to your immediate supervisor and Region/District Safety/Risk Managers or Claims Specialist for the UDOT complex to begin post-exposure evaluation and follow-up.

6. **Please contact the local county health department when possible infectious wastes are found** abandoned along roadways. A licensed medical waste handler must be contacted to remove medical wastes from UDOT right-of-ways.

Please Post