



Summary of Changes

Date: 8/1/2022

<u>Section</u>	Change
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- 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.

- 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



- 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 6 (e)-2 (setogd6 (e)-3 io-4 (6lo)8 (o)-3

b.ices.

b.



- 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.

- (3) Copies of evaluations may be given to employees and designated volunteers at the end of each visit.
- (4) The Health Care 3 U R I H V V W R t e n D O i f i o n 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 H Y D O X D W L R Q V D Q G W U H D W P H Q W V E X P O S U R E V L J Q W K H (Y D O X D W L R Q A p p e n d i x C) . 6 H H

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.









**Annual Review
Safer Medical Task/Procedure
Device or Technology**

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. _____

**Cleanup Procedures
Other Potentially Infectious Material (OPIM)**

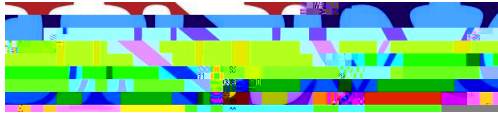
Step	Category	Procedure
1	Gather Equipment	Disposal gloves essential for cleanup process.
		Gloves industrial grade & suitable for blood cleanup.

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)



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