I. PURPOSE
The purpose of this program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to the employees of Louisiana State University in Shreveport. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, cleanup procedures and medical protocol involving post exposure evaluation.

All bodily fluids will be considered infectious regardless of the perceived status of the source individual. Procedures for providing first aid and decontaminating/sanitizing contaminated areas will duplicate those developed and used by the health industry. Blood-Borne diseases include: HIV (Human Immunodeficiency Virus that causes AIDS), Hepatitis B and C, Syphilis and Malaria.

II. EXPOSURE DETERMINATION
Employees of the following departments at LSUS are most likely to have an occupational exposure to bodily fluids and shall be considered High Risk.

- Intercollegiate Athletics: Trainers
- Facility Services: Custodial Staff
- All Other Custodial Workers (i.e., University Center, HPE Building)
- Anyone designated a first responder

All other employees shall be designated as Low Risk.

III. HEPATITIS VACCINES
Employees in the High Risk group will be offered a vaccine for Hepatitis B. If the employee declines the vaccine, they must sign a declination statement, but may decide to receive the vaccine at a later date. The declination statement can be found in Appendix A of this policy.
IV. UNIVERSAL PRECAUTIONS
The following universal precautions should be followed when in contact with bodily fluids:

- Gloves shall be worn when contact with bodily fluids can reasonably be expected.
- Gloves should be changed after each occurrence.
- Hand washing with soap and water is mandatory after each occurrence.
- Hand cleaner and antiseptic towelettes may also be used.
- Eye shields, goggles, or face shields should be used when there is likelihood that the face or eyes may be splashed with bodily fluids.
- Contaminated sharp objects must not be bent, broken, or recapped by hand.
  All contaminated sharps must be disposed of in a rigid, leak proof, puncture resistant container. The sharps container must be located as close as practical to the use area and identified as biohazardous.

V. POST EXPOSURE PROCEDURES
Medical treatment shall be provided for any LSUS employee who has been exposed to blood-borne pathogens through any bodily fluid in the same manner as a work related injury. If an employee is exposed to bodily fluids, the following immediate actions should be taken:

1. Wash hands thoroughly with soap and water
2. Flush eyes and face for several minutes with fresh water
3. Notify supervisor who will contact the University Police and notify the Loss Prevention Coordinator.

VI. WORK PRACTICE CONTROLS
When there is a potential for occupational exposure, the department shall provide and ensure use, at no cost to the employee, appropriate Personal Protective Equipment (PPE). Each employee in the high risk category shall have immediate access to an unexpired, complete spill kit. Supervisors are responsible for maintaining the kits in accordance with departmental procedures. Warning labels must be affixed to containers of regulated waste, or any that contain potentially infectious material.

VII. TRAINING
Training shall be contingent upon the level of exposure to Blood-Borne Pathogens. Training shall be conducted during work hours and at no cost to the employee by the Loss Prevention Coordinator. Training records shall be maintained for five (5) years plus the current working year by the Loss Prevention Coordinator.

High Risk categories of employees, as defined above shall receive training within three (3) months of hire and once per year thereafter. LSUS Loss prevention coordinator will conduct and document the training.
Employees designated as low risk shall receive training within 12 months of hire and every 5 years after that. If a department experiences a BBP exposure event, the employees of that department shall be retrained within 60 days by the Loss Prevention Coordinator.

APPROVED

Michael T. Ferrell ___________________ April 3, 2009
Michael T. Ferrell, Vice Chancellor
Business Affairs

Vincent J. Marsala ___________________ April 3, 2009
Vincent J. Marsala, Chancellor
Date
APPENDIX A
Hepatitis B Vaccine Declination Statement

I understand that due to my occupational exposure to bodily fluids, I may be at risk of acquiring Hepatitis B infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me.

However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of Hepatitis B, a serious disease. If I should later decide that I want to receive the Hepatitis B vaccine, I can receive at no charge to me.

________________________________________  ______________________________________
Employee Name                          Employee PID

________________________________________  ______________________________________
Employee Signature                      Date

________________________________________  ______________________________________
Supervisor Signature                    Date