 WAKE FOREST <small>UNIVERSITY</small>	BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN	SAFETY_010
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1. Purpose

This Bloodborne Pathogen Exposure Control Plan addresses the provisions of the Occupational Health and Safety Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens Standard.

This compliance program is designed to provide regulatory compliance and a means by which the University employees will be informed and trained about the health risks associated with potential exposures of Bloodborne Pathogens in the workplace and best protective practices.

2. Reference

OSHA 1910.1030

[WFU Biosafety Plan](#)

[WFU Biohazard Waste Management Plan](#)

3. Definitions

Bloodborne Pathogens - pathogenic microorganism 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 - 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- 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.

HBV - hepatitis B virus.

HIV - human immunodeficiency virus.

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, 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 - piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

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.

Sharps container - rigid puncture-resistant container which, when sealed, is leak resistant and cannot be reopened without great difficulty.

Universal Precautions - A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Work practice controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

4. Responsibilities

a. Environmental, Health and Safety (EHS)

Provide oversight to the University by establishing directives and guidelines as mandated by OSHA's Occupational Exposure to Bloodborne Pathogens Standard.

Maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and safe work practice controls.

Coordinate with University Departments to offer Hepatitis B vaccination to effected employees and maintain copy of these records.

Determine which employees are subject to the ECP based upon Space Hazard Assessments and information from Department Chairs.

Coordinate with University Departments on required training and documentation of training.

b. Human Resources

Point of contact for supervisor and employee to document notification of exposure.

Human Resources Worker Compensation Coordinator will coordinate efforts with the health care provider and employee to ensure that medical surveillance and treatment is being managed and that all employee health information remains confidential.

c. Effected Department Heads and Directors

Identify employees having potential for exposure during work duties. This may include: lab workers, health care providers, maintenance and custodial staff, and waste removal staff.

Coordinate with EHS on the development and implementation of Engineering and Safe Work Practice Controls for employees.

Provide and maintain adequate supplies of necessary personal protective equipment (PPE), labels, and disposal containers as required by the standard.

As applicable, conduct annual review of all sharps in their work area to assess current sharp usage and identify engineering controls that would lessen or eliminate the chance of accidental needle sticks.

Maintain clean and sanitary conditions for employees.

Ensure all employees with potential exposure are trained to this Exposure Control Plan.

Notify EHS of new employees requiring enrollment in the HBV Vaccination Program.

Cost of the Hepatitis B Vaccination Series for *temporary employees* will be the responsibility of employing department.

The following Departments are responsible for costs of their Employee HBV Series:

University Police	Student Health Services
Health and Exercise Science	Campus Recreation
Athletics	Graylyn
Real Estate Maintenance	Reynolda House

d. Employees

Those employees who are determined to have potential occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the direction and work practices outlined in this ECP.

Employees enrolled in the ECP are to be offered the Hepatitis B vaccination free of charge at the start of employment or at least prior to beginning work they may result in exposure. Employees should schedule initial vaccination with the EHS Department. Follow-up vaccination scheduling is the responsibility of the employee.

Employees of the following departments and positions may be enrolled in the ECP:

Facilities and Campus Services – <i>Maintenance and Utilities, Landscape Services, Custodial Services</i>	Athletics – <i>Maintenance and Turf, Sports Medicine, Equipment Services</i>	Graylyn Conference Center – <i>Maintenance and Landscape Services, Housekeeping</i>
President's House - <i>Maintenance and Landscape Services, Housekeeping</i>	Reynolda House - <i>Maintenance and Landscape Services</i>	Real Estate and University Corporate Center – <i>Maintenance</i>
University Police – <i>Police Officers, Security Officers</i>	Student Health – <i>Health Care Staff</i>	Academic Departments – <i>teaching and research staff working with human and / or primate blood, bodily fluids, and tissue</i>

e. Medical Caregiver

Within 15 days of the exposure, the treating physician(s) shall provide to the exposed employee and to Human Resources, a copy of the written opinion as stated by the treating physician.

The statement by the physician shall be limited to whether or not HBV is recommended for the exposed employee or whether or not records indicate the employee has already had the HBV vaccination series.

All documentation is to be confidentially maintained in a secure filing system by both the treating physician(s) and Human Resources.

The medical caregiver shall indicate in writing that the exposed employee has been told of any medical conditions resulting from exposure to blood or other infectious materials which will require further evaluation or treatment. The statement will also indicate that the exposed employee has been informed, by the physician, of the results of the evaluation.

5. Bloodborne Pathogens

Bloodborne Pathogens are pathogenic microorganisms that are present in human blood & can cause disease in humans. Bloodborne pathogens can be transmitted through contact with infected human blood and other potentially infectious body fluids. These pathogens include, but are not limited to:

Human Immunodeficiency Virus (HIV): HIV weakens a person's immune system by destroying important cells that fight disease and infection. No effective cure exists for HIV, but with proper medical care, HIV can be controlled.

Hepatitis B Virus (HBV): Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected.

Hepatitis C Virus (HCV): Most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. There is no vaccine for Hepatitis C.

a. Modes of Transmission

The most common ways of BBP transmission are through:

Sexual contact	Sharing needles	From mother to baby prior to or at birth
Contact with broken skin or parenteral - rashes, cuts, punctures, abrasions, acne, sores	Contact with mucous membranes (splashes) - eyes, nose or mouth	

b. Other Potential Infectious Material (OPIM)

OPIM are other bodily fluids that may contain Bloodborne pathogens and include:

Semen and Vaginal secretions	Cerebrospinal fluid	Synovial fluid	Pleural fluid
Amniotic fluid	Saliva in dental procedures	Any other body fluid contaminated with blood.	

c. OPIM Transmission

Sources of OPIM transmission may include:

Any unfixed cells, tissue or organs (other than skin) from a human or primate
HIV or HBV containing culture medium or solutions
HIV-containing cell or tissue cultures, organ cultures
Blood, organs or other tissues from experimental animals infected with HIV or HBV

d. Sources Generally Not Considered Contaminated

Unless contaminated with blood, the following are not expected to be infectious:

Urine	Sweat	Feces	Sputum
Vomit	Tears	Nasal Secretions	

If visibly contaminated with blood, it will be necessary to practice Universal Precautions.

6. Procedures

a. Universal Precautions

Universal precautions are an approach to infection control in which all human blood & certain human body fluids are treated as if known to be potentially infectious for HIV, HBV, and other bloodborne pathogens.

Universal precautions will be observed by all University employees to prevent contact with blood and other potentially infectious materials. University employees should treat human blood, bodily fluids or tissue as potentially infectious, unless it has been tested and proven contagion-free.

Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infectious materials. In addition, under universal precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

Pregnant workers are not known to be at greater risk of contracting HIV infection than are workers who are not pregnant; however, if a worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

i. Engineering Controls

Engineering controls provide a physical barrier between the hazard and the individual. These include equipment and devices that are used to minimize or eliminate employee exposure to bloodborne pathogens such as:

Biosafety Cabinets	Sharps with safety devices
Hand washing facilities	Labeled leak proof biohazardous bags and containers

Biosafety Cabinets

The BSC is designed to protect both the worker and the material within the cabinet. They are the main means by which protection is offered lab personnel from potentially infectious microorganisms.

Hand Washing Facilities

Hand washing facilities are readily accessible to employees that are reasonably anticipated to contact blood or other potentially infectious materials during the performance of their duties. Employees are required to wash their hands with warm water and soap immediately after removal of gloves or other Personal Protective Equipment and immediately following contact with blood or other potentially infectious materials.

Sharps with Safety Devices

Safer sharps devices have engineering controls that are built into the product and prevent sharps injuries. Safer sharps devices come in various types-from devices that contain a protective shield over the needle to those that do not use a needle at all, and includes sharps containers.

All sharps use must be reviewed on an annual basis. During the annual review of devices, it is required to inquire about new or prospective, safer options.

Labeled leak proof biohazardous bags and sharps containers

Biohazardous waste will be stored for proper shipping and disposal must remain secure and only authorized employees may have access.

Biohazard Waste must be packaged in a red plastic Biohazard Bag in a rigid fiberboard box or drum in a manner that prevents leakage of the contents. Use only the red plastic Biohazard Bags and fiberboard boxes provided by waste vendor.

Contaminated needles and other contaminated sharps are not to be recapped or removed. Immediately after use, contaminated sharps shall be placed in a sharps container. Sharps containers must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found and replaced routinely. Sharps containers must not be overfilled.

ii. Work Practice Controls

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

In laboratories or health care facilities, all procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generations of droplets of these substances.

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

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. The container for storage, transporting, or shipping shall be labeled or appropriately color-coded and closed prior to being stored, transported or shipped.

iii. Personal Protective Equipment

Disposable, single use gloves must be worn when it can be anticipated that the employee may have hand contact with blood other potentially infectious materials and when handling or touching contaminated items or surfaces.

Appropriate protective clothing such as, but not limited to, splash protective gowns, coveralls, aprons, lab coats, clinic jackets, or similar outer garments shall be worn during occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps, hoods, and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.

Face masks, in combination with eye protection devices, such as goggles or full face shields with must be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated where eyes, nose, or mouth contamination can be anticipated.

All PPE must be considered and managed as one-time use with regards to working with infectious materials or body fluid clean-up. After the task is complete, the PPE must be discarded in the appropriate container for biohazardous waste collection and disposal.

iv. Administrative Controls

Signs and Labels

All areas where blood or other potential infectious materials exist for research or health care must be identified by signs, labeling or the University Space Hazard Sign on the outside door of the area.

The outer surface of Biohazard Waste collection boxes must be labeled with the Biohazard symbol, the words "*INFECTIOUS WASTE*" or "*MEDICAL WASTE*", and the name, address and phone number of the generator, transporter, storage facility and treatment facility.

Sharps containers must be labeled with the biohazard symbol and the words "*SHARPS*" and "*BIOHAZARD*."

Departmental Housekeeping

All equipment is to be decontaminated with an appropriate disinfectant after completion of procedures, and immediately when surfaces are contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings, e.g., plastic wrap, aluminum foil, or imperviously-backed absorbent paper, used to cover equipment and surfaces will be removed and replaced as soon as they become contaminated or at the end of the work shift.

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 will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately.

Broken glassware which may be contaminated shall not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanic means such as a brush and dust pant, tongs, or forceps and placed in a sharps container.

7. Sharps

Sharps should only be used when alternative engineering methods are not feasible. Great care should be used when employing sharps to minimize the chance of accidental skin puncture.

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate Sharps containers.

Sharps must be disposed in a container that is rigid, leak-proof when in an upright position and puncture resistant. The container must be labeled with the biohazard symbol and the words "Sharps" and "Biohazard."

Sharps containers must be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found and replaced routinely. Sharps containers must not be overfilled.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling and placed in a secondary container if leakage is possible.

a. Sharps Injury Log

Percutaneous injuries from contaminated sharps are recorded in a [Sharps Injury Log](#). The following information is to be included for each incident:

- 1) Date of the injury,
- 2) Type and brand of the device involved (syringe, suture needle),
- 3) Department or work area where the incident occurred,
- 4) Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation.

8. Exposure or Potential Exposure

An employee who has been exposed to bodily fluid will immediately remove contaminated clothing and wash the exposed area with antiseptic or soap and warm water. See Quick Chart in Appendix A. Employees should also check their hands for breaks in the skin whereby the contaminated fluid could have entered their body.

If an employee is exposed, or is unsure if exposure has occurred to any type of body fluid other than their own, they should immediately advise their supervisor and Human Resources. Human Resources will work in conjunction with the health care provider and Worker's Compensation to ensure proper care is provided to the employee. Evaluation of reported illness will always come strictly from the treating physician directly to the infected employee. Counseling will be provided by whatever means the treating physician recommends and as directed by Human Resources' Workers' Compensation Coordinator.

All exposures or potential exposures are kept confidential and documentation is maintained only in Human Resources and by the treating physician(s). At no time, once a true exposure has been determined, will anyone other than the treating physician, the infected employee(s) and the Workers' Compensation Coordinator be made aware of medical information associated with the infected employee.

Once reported to Department Supervision and Human Resources the EHS Department will be contacted to begin an investigation to determine if the source of the infected fluid can be

identified. If the source is a person, and the individual is available and willing to disclose and cooperate with medical evaluations, Human Resources will coordinate the medical evaluation with health care provider.

9. Spill Response, Decontamination and Cleanup

a. Laboratory Spill Response

In the event of a spill, unplanned release, or potential release of blood, body fluid or biohazard waste, University Police shall be contacted immediately, 24 hours a day, at extension 5911. The dispatcher on duty will contact the Environmental, Health and Safety Department by phone, and Environmental, Health and Safety shall take the necessary actions to mitigate or remediate the situation. EHS provides general spill procedure guidelines for biological spills below. In addition, the Chemical Hygiene Plan provides procedures for handling minor and non-minor spills. Contact EHS for spills involving a combination of biohazardous materials and hazardous chemicals. The area should be cordoned off and signage posted. If a spill poses imminent danger to health and safety and cannot be isolated or contained, evacuate the area and contact University Police by dialing 5911 and provide the following information:

<i>Name and telephone number of the caller.</i>
<i>Location of the emergency (building name, room number, and building specific address, if known).</i>
<i>Nature of the emergency (e.g., agent or material involved, fire, injuries).</i>
<i>Special considerations (e.g., inhalation hazards present, potential for explosion, people trapped in rooms or buildings, number of people injured and type of injuries, electrical hazards, property damage, and access routes to the emergency).</i>

Detailed information for biohazard clean up in a laboratory is also available in the [WFU Biosafety Plan](#).

b. Non-Laboratory Spill Response

Facilities and Campus Service (F&CS) staff will, at times, be required to clean up spills and unplanned releases of potentially biohazardous material. This would include, but is not limited to, blood, urine and feces. These incidents generally occur within residence halls, after normal business hours. The size of bodily fluid at the scene would determine whether the F&CS staff would be involved or if an outside contractor is required. Any spill covering more than a 4' x 4' area will be cleaned by an outside contractor. If there is a spill, unplanned release, or potential release of biohazardous material to the environment that does not fall under routine clean up, or is too large a release to be cleaned with standard decontamination procedures (below), University Police shall be contacted immediately, 24 hours a day, at extension 5911. The dispatcher on duty will contact the Environmental, Health and Safety Department, and EHS shall take the necessary actions to mitigate or remediate the situation.

c. Student Health Spill Response

Student Health Services staff will be required to clean up spills of blood and bodily fluids affecting areas less than 4'x4'. During operating hours when full staff is available, Student Health staff will follow the procedure for Standard Decontamination under Section 9.d.

At times when staff is limited, Student Health staff should call Customer Service at x4255 to report the spill and to request clean-up by F&CS staff. The spill area should be cordoned off to prevent spreading of the spill until F&CS staff have arrived.

If a spill is greater than 4'x4', the area will be cleaned by an outside contractor. Cordon off the area to prevent spread of the spill and call F&CS Customer Service at x4255 and the EHS Department at x3427. Describe the situation and request a contractor be called to clean the spill.

d. Standard Decontamination and Clean-up Procedure

- 1) Use provided biohazard spill clean-up kit only.
- 2) Put on gloves, goggles, mask, and Tyvek or coveralls with booties to protect skin and clothing while cleaning spills.
- 3) Use absorbent provided in spill kit and place on top of spill. Allow to soak for recommended period of time (usually 5-10 minutes).
- 4) Use disposable scoop, pan and brush to collect residues and place in properly labeled container for disposal.
- 5) Use Quaternary ammonium cleaner or 10% bleach solution to decontaminate the area and to clean any reusable equipment. Place decontamination residue / towels in container with spill clean-up residue.
- 6) After clean-up, remove PPE (gloves last), and place in container with clean-up residue. Seal container and place in Biohazard Waste collection box for disposal.
- 7) Wash hands with warm water and soap.

Recommended supplies for the Biohazard Spill Kit are located in Appendix B.

e. Residence Hall Spill Greater than 4'x4'

The protocol below has been put in place if a bodily fluid spill exceeds the 4'x 4' area within a Residence Hall at the University:

- 1) The Resident Adviser (RA) calls the University Operations Center and University Police. The RA must remain at the scene until custodial staff arrive,
- 2) The University Operations Center dispatches custodial staff,
- 3) The University Operations Center must call the Department of Environmental, Health and Safety (EHS) about the spill,
- 4) Upon arrival, the custodial staff must call the University Operations Center and remain until an EHS representative arrives,

- 5) The EHS representative will evaluate the spill and contact the professional vendor and remain at the scene,
- 6) However, if University Police (UP) determines that it is a crime scene, UP will contact University Operations Center to stop the protocol in steps 1 to 5. Once the crime scene can be released, UP would contact FC&S and EHS to contact the professional vendor.

10. Collection, Storage and Disposal of Contaminated Items / Biohazardous Waste

Laboratories will generally have distinct collection areas for biohazardous waste. Contact your department or the EHS office if you are unsure of the location.

Biohazardous waste collected outside laboratories should be brought to Student Health for proper storage and disposal.

Refer to the [Wake Forest University Biohazard Waste Management Plan](#) for specific information on collection, storage and disposal of any contaminated items.

11. Hepatitis B Vaccination Program

Hepatitis B Vaccination (HBV) will be offered to employees with a potential for exposure within ten days of their initial employment or prior to beginning work that may result in a potential exposure.

If an employee initially declines the HBV series and later requests to accept the offer, arrangements and payment for the HBV series will be provided at no cost to the employee.

Departments are responsible for the cost of the HBV for their temporary employees. Athletics is responsible for the cost of the HBV for their employees.

Employees who decline to take the HBV series must sign the declination portion of the HBV sign-up sheet and submit to the EHS Office.

All records will be maintained for the duration of employment plus thirty years as dictated by OSHA Standard 1910.20.

[HBV Vaccination Consent Forms](#) are maintained in the EHS Office.

12. Medical Records

Exposure records are maintained by WFU Human Resources. All workers compensation records are maintained by Human Resources.

13. Training

All employees who have the potential for occupational exposure to Bloodborne Pathogens receive initial and annual training. Training records are maintained in EHS and /or within individual departments.

Training includes:

Epidemiology and transmission of Bloodborne Pathogen diseases,
Universal Procedures,

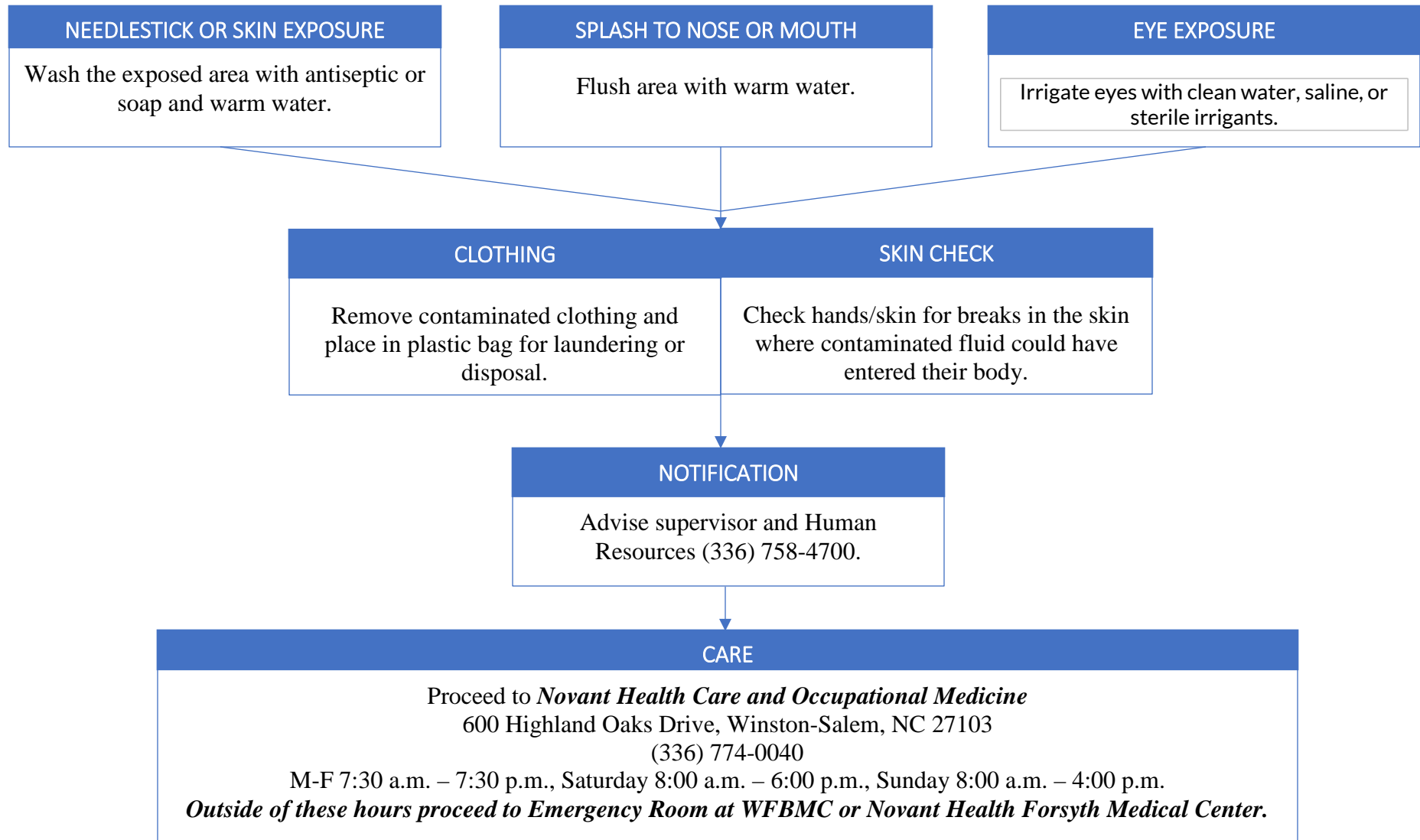
Sharps Review,
 Needle Stick Injuries,
 Spill Control, Decontamination and Cleanup Procedures,
 Waste Collection and Disposal,
 Hepatitis B Vaccination Program,
 Reporting and Medical Treatment of Exposures.

14. Revisions

REVISION	REVISION DATE
Added Bloodborne Pathogen section. Expanded Procedures. Update Exposure. Updated and expanded Spill and Decontamination Sections. Updated links.	04/16/2018
Revised with updated links to information on the EHS website.	11/28/2016
Annual Review and Revisions are: New Signing Authority – Associate Vice President Strategy and Operations, Formatting Issues, Table within Department Responsibilities which defines the Costs of the Hep B Vaccination Series, and Table identifying what departments and positions are enrolled in the ECP within Responsibilities of Employees.	1/22/2015
Review and revision to add Human Resources to Medical Records, update web link, include electronic as means of data storage.	10/02/2013

APPENDIX A – Quick Guide to Exposure Involving Blood and Bodily Fluids

Quick Guide - Exposure Involving Blood / Bodily Fluid and Needlesticks



Human Resources will work in conjunction with the health care provider and Worker's Compensation to ensure proper care is provided to the employee. Evaluation of reported illness will always come strictly from the treating physician directly to the infected employee. Counseling will be provided by whatever means the treating physician recommends and as directed by Human Resources' Workers' Compensation Coordinator. All exposures or potential exposures are kept confidential and documentation is maintained only in Human Resources and by the treating physician(s).

APPENDIX B - Recommended Supplies for Biohaz Clean-up Kit

It is recommended supplies be stored in the 5-gallon pail until needed, at which time the entire kit may be brought to location of spill and removed from pail for clean-up.

Clean Up

TB Quat Disinfectant Ready-to-Use Cleaner, 1 Quart
Fluid Control Solidifier, 5000 mL, 0.312 lb., Bottle
Small Dust Pan Set

PPE

Cleanroom Shoe Covers, Slip Resistant
Gown or Tyvek coveralls
Scratch-Resistant Safety Glasses, Clear Lens Color
Surgical Mask, Universal
9-1/2" Powder Free Unlined Nitrile Disposable Gloves

Disposal

5-gallon HDPE Round Pail, White
5-gallon Red Biohazard Bags, Super Heavy Strength Rating