ACKNOWLEDGEMENTS

This Bloodborne Pathogens exposure control plan was developed by the DePaul University Environmental Health and Safety (EHS) Office using best practice examples from the University of South Carolina’s and University of New Hampshire as well as Federal and State regulations and guidance documents.

The manual will be reviewed and revised yearly by, EHS Office.
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1.0 Introduction

This plan has been developed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (BBP), 29 CFR 1910.1030. The plan is applicable for all departments but each department must develop protocols that are specific to their work area for Appendices A. The Exposure Control Plan should be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks, and/or new or revised employee positions which affect occupational exposure.

2.0 Purpose

The purpose of this exposure control plan is to:

- Eliminate or minimize employee occupational exposure to blood and other potentially infectious materials.
- Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030

3.0 Exposure Determination

Personnel are placed in one of three categories regarding their potential occupational exposure, which is made without regard to the use of PPE.

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.

Although universal precautions can provide some protection from exposure to Hepatitis B (HBV), Hepatitis C (HCV), and AIDS (HIV) pre-exposure risks are defined based on the probability of exposure to potentially infectious materials. The exposure risks have been categorized into three job classifications:

3.1) Job Classification I at DPU- Exposures where employees may be routinely exposed to blood or other potentially infectious materials. The normal work routine involves procedures or job related tasks that have an inherent potential for risk. Example: Designated first aid providers who render assistance on a regular basis in the course of their work are included in this category.

<table>
<thead>
<tr>
<th>Job Classification I</th>
<th>Tasks/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic trainers</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
<tr>
<td>First Responders</td>
<td>Provide first aid, exposure to blood and body fluids</td>
</tr>
<tr>
<td>Infectious Waste Handlers</td>
<td>Handles and transports infectious waste</td>
</tr>
</tbody>
</table>
### Clinical Laboratory Personnel
- Works with sharps, exposure to blood and body fluids

### Custodial Staff in Clinical Setting
- Handles contaminated laundry, empties trash, cleans contaminated areas

### Nursing Staff in Clinical Setting
- Works with sharps, exposure to blood and body fluids

### Physicians in Clinical Setting
- Works with sharps, exposure to blood and body fluids

### Exercise physicist
- May work with sharps if drawing blood gases

### Forensic Anthropologist Assistant
- Exposure to sharps, blood, and body fluids; handling of deceased persons

### Lifeguard
- Provides first-aid and CPR

### Radiology staff in clinical setting
- Exposure to blood and body fluids: Non-invasive procedures performed.

### 3.2) Job Classification II at DPU - exposures where employees are not usually exposed to blood or other potentially infectious materials; but, they may be exposed under certain conditions.

The normal work routine does not involve procedures or job related tasks that have an inherent potential for risk. Example: Designated first aid provider whose primary job assignment is not rendering of first aid is included in this category.

<table>
<thead>
<tr>
<th><strong>Job Classification II</strong></th>
<th><strong>Tasks/Procedures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff of developmentally disabled</td>
<td>Working with clients may be combative, human bite exposure</td>
</tr>
<tr>
<td>International traveler</td>
<td>Travel may be required for work; Hepatitis B exposure</td>
</tr>
<tr>
<td>Laundry/Locker room personnel</td>
<td>Handle gym clothes, towels may be exposed to blood or body fluids.</td>
</tr>
<tr>
<td>Law Enforcement officers</td>
<td>May be designated to provide first aid as primary job assignment.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Have been trained, and may be designated to provide CPR and First Aid</td>
</tr>
<tr>
<td>Custodial Staff</td>
<td>May be designated to clean up blood and body fluids.</td>
</tr>
<tr>
<td>Researchers in laboratory setting</td>
<td>May be expose to blood or blood products, infectious waste, virus.</td>
</tr>
</tbody>
</table>
3.3) Job Classification III - exposures where employees should not ever be exposed to bloodborne pathogens or other potentially infectious materials.

* The Hepatitis B Vaccine will be offered to all employees in Category I.
* The vaccine will be offered to some employees in Category II.

4.0 Compliance Methods

4.1) Universal precautions will be observed at DePaul University in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

4.2) Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. (If hand washing facilities are not feasible, DPU will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic wipes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.)

4.3) 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.

4.3.1) Work practice controls

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages aren't to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

4.3.2) Engineering Controls

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific procedure. Such bending, recapping or needle removal must then be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Immediately after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded, and leak proof on the sides and bottom.
4.4) Implementation of safer medical devices
The Needle-stick Safety and Prevention Act, was signed into law on November 6, 2000, in response to the advances made in technological developments that increase employee protection.

Safer medical devices replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury.

Safer medical devices that are appropriate, commercially available, and effective must be implemented. An effective safer medical device is one that, based on reasonable judgment, will decrease the risk of an exposure incident involving a contaminated sharp.

Since employees are required to utilize the devices, they shall have input in the identification, selection, and evaluation of effective work practice and engineering controls. After initial use of the devices by employees, there needs to be a continued and documented evaluation of the devices. It may be necessary to replace the device originally selected with a more suitable device. An effective safer device may not be available in the marketplace for every situation.

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

5.0 Safety Procedures

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

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded.

Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

6.0 Personal Protective Equipment

Each department is responsible for ensuring that the following provisions are met. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees clothing, skin,
eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment will be used.

6.1) PPE Use
Each department shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in this specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

6.2) PPE Accessibility
Each department shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the worksite and is issued without cost 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.

6.3) PPE Cleaning, Laundering and Disposal
All personal protective equipment will be cleaned, laundered, repaired, replaced, or disposed of by the employer at no cost to the employee.
All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

6.4) Gloves
Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, no intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.
Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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.

6.5) Eye and Face Protection
Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter,
or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

6.6) 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.

7.0 Housekeeping Procedures
Each department shall ensure the worksite is maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and method of decontamination is based upon the location within the facility, type or surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Any broken contaminated glassware will not be picked up directly with the hands. Dustpans and hand brooms or forceps/tongs are available for use.

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.

8.0 Regulated Waste Disposal
Disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations, and follow the DPU Waste Disposal Guide.

9.0 Disposable Sharps
Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are capable of being sealed, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be 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).
The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

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, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be capable of being sealed, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.

10.0 Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: Closable; Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

11.0 Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and will not be sorted or rinsed in the area of use. Such laundry will be placed in appropriately marked (biohazard labeled, or color-coded red bag) bags at the location where it was used. Clothes that need to be laundered will be sent offsite to a facility that deals with infectious waste.

12.0 Labels and Signs

Each department shall ensure biohazard labels are affixed to containers of regulated wastes, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood, or other potentially infectious materials.

The universal biohazard symbol shall be fluorescent orange or orange-red. 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. (Appendix E)

Red bags or containers may substitute for labels.
13.0 Hepatitis B Vaccination and Testing of Immune Status

DePaul University will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure.

DePaul University shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed under the supervision of a licensed physician or under the supervision of another licensed healthcare professional; and
- Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests (titers) shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination shall be made available after the employee has received the bloodborne pathogens training and within 10 working days of initial assignment to all employees who have 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.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination. 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 vaccination shall then be made available. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. (Appendix D)

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

13.1) Post Vaccination Testing of Immune Status

Testing for immunity is advised only for persons whose subsequent clinical management depends on knowledge of their immune status. Post vaccination testing is considered for persons at high levels of occupational risk.

DePaul University will offer post vaccination testing free of charge to those employees at high risk for contracting bloodborne disease. The anti-HBS laboratory test will be performed two to three months after completion of the Hepatitis B vaccination series to some individuals in the job classifications listed below:

- Health care workers who work in a clinical setting
• Researchers in a laboratory setting who routinely work with human blood or blood components

14.0 Post Exposure Evaluation and Follow-up

All employees who incur an exposure incident will be offered confidential post-exposure evaluation and follow-up in accordance with the OSHA standard. Illinois Masonic Medical Center (emergency room) will perform all post exposure evaluations and follow-up, which will include at least, the following elements:

• Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;

• Identification and documentation of the source individual, unless it can be established that identification is not feasible or prohibited by state or local law;

• The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employee's direct supervisor shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;

• When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated;

• Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

• The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

• The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to provide time for the employee to decide if the blood should be tested for HIV serological status.

14.1) Information Provided to the Health Care Professional

The employee's direct supervisor shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

• A copy of 29 CFR1920.1030 which outlines the confidentiality requirements of the health professional;
14. A written description of the exposed employee's duties as they relate to the exposure incident;
14. Written documentation of the route of exposure and circumstances under which exposure occurred;
14. Results of the source individuals blood testing, if available; and,
14. All medical records relevant to the appropriate treatment of the employee including vaccination status, if known.

14.2) Healthcare Professional's Written Opinion
The immediate supervisor shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether the HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

14.3) Confidentiality
All other findings or diagnosis shall remain confidential and shall not be included in the written report. Confidentiality should be practiced throughout the process regarding the incident and the employee(s) involved by the supervisor and all individuals involved.

15.0 Bloodborne Pathogens Training

Each department should notify Environmental Health & Safety (EHS) of all employees and new hires to which this policy may apply. EHS will provide the BBP training. The supervisor must ensure the employee complete the BBP training at the time of initial assignment to tasks where occupational exposure may occur, within ninety days after the effective date of the standard, and at least annually thereafter.

The training shall be tailored to the education and language level of the employee, be provided at no cost to the employee, and offered during the normal work shift. The person conducting the training shall be knowledgeable in the subject matter. The training will be interactive and cover the following:
• A copy of the standard and an explanation of its contents;
• A discussion of the epidemiology and symptoms of bloodborne diseases;
• An explanation of the modes of transmission of bloodborne pathogens;
• An explanation of the DePaul University’s Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy. (On EHS web site: downloadable documents)
• The recognition of tasks that may involve exposure.
• An explanation of the use and limitations of methods to reduce exposure: work practice and engineering controls, and personal protective equipment (PPE).
• Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
• An explanation of the basis of selection of PPE.
• Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and offered free of charge.
• Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
• An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
• Information on the evaluation and follow-up required after an employee exposure incident.
• An explanation of the signs, labels, and color-coding systems.

Those who have received training on bloodborne pathogens in the twelve months preceding the effective date of the standard only need training with respect to the provisions of the standard which were not included.

Each department is responsible for ensuring 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. Each department should notify EHS of any changes in tasks or procedures.

16.0 Recordkeeping

16.1) Medical Records
Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.

A licensed physician or a licensed healthcare facility will maintain copies of the employee’s hepatitis vaccination status including the dates of all the vaccinations and any medical records relative to the employee’s ability to receive vaccination.

Medical records for employees with occupational exposure are maintained by the facility that provides the medical evaluation.
16.2) Training Records
EHS and each department are responsible for maintaining training records for three years from the
date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names of all persons attending the training sessions.

16.3) Sharps injury log
The employer shall maintain a sharps injury log for the recording of percutaneous injuries from
contaminated sharps. The information is recorded and maintained in such a manner as to protect the
confidentiality of the injured employee. (Appendix B)

16.4) Availability
All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational
Safety and Health Administration and the Director of the National Institute for Occupational Safety
and Health upon request.

16.5) Transfer of Records
If this facility is closed or there is no successor employer to receive and retain the records for the
prescribed period, the director of the NIOSH shall be contacted for final disposition.

17.0 Evaluation and Review
The Exposure Control Plan shall be reviewed and updated at least annually by the EHS Office and whenever
necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect
new or revised employee positions with occupational exposure. The review and update of such plans shall
also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document annually consideration and implementation of appropriate commercially available and
effective safer medical devices designed to eliminate or minimize occupational exposure.
APPENDIX A - Exposure Control Plan Template

NOTE:
Your department’s Exposure Control Plan must be reviewed on an annual basis and updated when necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The following is a template that can be used to complete your department’s Exposure Control Plan. Information relevant to your particular situation or area will need to be added, with those sections indicated by bluescript.

Department: ________________________________

Purpose:
The purpose of this document is to comply with OSHA’s Occupational Exposures to Bloodborne Pathogens in Title 29 Code of Federal Regulations 1910.1030 and as revised in 2001 by the Needle stick Safety and Prevention Act P.L. 106-430. The intent of this exposure control plan is to prevent bloodborne infections by eliminating or minimizing employee exposures to blood, blood products, and other potentially infectious materials (OPIM).

Responsibilities:
Employees are expected to follow policies and procedures of their particular place of work. When new procedures or duties will be performed by an employee previously determined not to be at risk for potential exposure, it is the supervisor’s responsibility to notify the Departmental Exposure Control Officer listed below. The employee will be subject to the requirements of the standard.

The exposure control officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.

The Exposure Control Officer is ________________________________ who has overall responsibility for the program.

A copy of the plan may be obtained from _____________________________ or is available in room ________ ________ ________.

Work Practice and Engineering Controls

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment must also be used. The following engineering controls are used at this location: (List controls, such as sharps containers, splash guards, biosafety cabinets, mechanical pipetting devices, safety equipment for centrifuges, safe needle devices, needleless devices, sharps with engineered sharps injury protection etc.):

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week,  

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etc. as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)

Hand washing facilities are also available for employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after experiencing an exposure. At this facility hand washing facilities are located: (List locations)

If hand-washing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic wipes. If these alternatives are used, hands must be washed with soap and running water as soon as feasible. (Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.)

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes than those areas shall be washed or flushed with water, as appropriate, as soon as feasible following contact.

**Needles**

Contaminated needles and other contaminated sharps must not be recapped, bent, removed, sheared or purposely broken. Do not remove needles from the syringe. Place directly into a red sharps container immediately or as soon as possible.

*Each department must evaluate its use of needles. Where possible, alternatives must be utilized and if unable to eliminate the use of needles entirely, new safety features for needle systems or needleless systems must be evaluated. Determine which safety features or safe needle devices can be implemented most effectively. Document the devices evaluated, why they did/did not work for your application, including the implementation date for each specific new device.*

**Waste Containers for Sharps**

All sharps must be placed into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label (see Appendix D for the biohazard label), and are leak proof. (Departments should list where sharps containers are located as well as who has responsibility for checking and replacing containers when they are full.)
Safety Procedures

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

**Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. (This section only applies to Laboratories, delete if not a Lab)**

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. The department uses the following methods to accomplish this goal: *(List methods, such as centrifuge covers, removing rubber stoppers from blood tubes by covering the stopper with a gauze pad, using a shield, etc.)*

**Specimens and Labeling (This section only applies to Laboratories, delete if not a Lab)**

Specimens of blood or other potentially infectious materials will be placed in a container to prevent leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard.

Any specimen that could puncture a primary container must be placed in a puncture resistant secondary container. *(The employer should list here how this will be carried out, e.g. which specimens, if any, could puncture a primary container, which containers can be used as secondary containers and where the secondary containers are located at the facility)*

If the primary container becomes contaminated on the outside, it must be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

**Contaminated Equipment**

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination of the equipment is not feasible.

A readily observable label shall be attached to the equipment stating which portions remain contaminated. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken. *Equipment that cannot be decontaminated prior to servicing or shipping is listed below:*
Personal Protective Equipment

The purpose of personal protective clothing and equipment is to prevent or minimize the entry of material into or onto the worker's body. This includes entry via apparent or in-apparent skin lesions or through the membranes of the eye, nose, or mouth. All personal protective equipment will be provided without cost to employees.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to reach the employees' clothing, 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.

Protective clothing will be provided to employees in the following manner: (list how the clothing will be provided to employees, e.g. who has responsibility for distribution, etc. and also list which procedures would require the protective clothing and the type of protection required. This information could be listed as an appendix to this program.)

A checklist similar to the following could be used:

<table>
<thead>
<tr>
<th><strong>Personal Protective Equipment</strong></th>
<th><strong>Task</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves:</td>
<td></td>
</tr>
<tr>
<td>Lab Coat</td>
<td></td>
</tr>
<tr>
<td>*Face Shield</td>
<td></td>
</tr>
<tr>
<td>Clinic jacket</td>
<td></td>
</tr>
<tr>
<td>Protective eyewear (with solid side shield)</td>
<td></td>
</tr>
<tr>
<td>Masks</td>
<td></td>
</tr>
<tr>
<td>Surgical Gown</td>
<td></td>
</tr>
<tr>
<td>Shoe Covers</td>
<td></td>
</tr>
<tr>
<td>Utility Gloves</td>
<td></td>
</tr>
<tr>
<td>Examination Gloves Other</td>
<td></td>
</tr>
<tr>
<td>PPE (list)</td>
<td></td>
</tr>
<tr>
<td><em>(Safety glasses with side shields or goggles may be used in conjunction with a face mask instead of a face shield, when appropriate.)</em></td>
<td></td>
</tr>
</tbody>
</table>

All personal protective equipment will be cleaned, laundered, repaired, replaced and/or disposed of by the employer at no cost to employees; clothes that need to be laundered will be sent offsite to a facility that deals with infectious waste. Immediately (or as soon as feasible) remove garments penetrated by blood. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the
equipment at the work area: *list where employees are to place the personal protective equipment upon leaving the work area, and other protocols, etc.*

Gloves shall be worn where it is reasonable to anticipate employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. *Gloves are located in or are available from the following room, area or individual:*

**Gloves will be used for the following procedures:**

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated. If they are torn, punctured, or when their ability to function as a barrier is compromised, they need to be replaced as soon as feasible. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are to 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.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. *Situations requiring protection are as follows:*

**Housekeeping Procedures**

**Work-site Cleaning/Schedule:**

The work-site must be maintained in a clean and sanitary condition. Where body fluids are present, the areas are cleaned and decontaminated according to the followingschedule:

<table>
<thead>
<tr>
<th>Area</th>
<th>Scheduled decontamination</th>
</tr>
</thead>
</table>

Decontamination will be accomplished by utilizing the following materials: *(list the materials that will be utilized, such as bleach solutions or EPA registered germicides)*

All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or OPIM, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning. *(Add any information concerning protective coverings, such as plastic wrap used to assist in keeping surfaces free of contamination. If this is used as a protective covering, it must be removed and replaced when overtly contaminated and at the end of the workday.)*

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis:

<table>
<thead>
<tr>
<th>Responsible person</th>
<th>Inspection frequency</th>
</tr>
</thead>
</table>
Do not use hands to pick up broken glassware that may be contaminated. Use a mechanical means, such as a brush and dustpan, and place in a sharps container for disposal.

**Infectious/Biohazard Waste Handling Procedures**

Infectious waste has been defined as blood, blood products, pathological wastes, microbiological wastes, and contaminated sharps. Additionally, animals used in research are considered to be infectious waste.

All such wastes including liquids, blood, and blood products are destined for incineration and must be placed in closeable, labeled or color-coded, leak-proof containers or bags. If the bag or container is contaminated on the outside or leaks, a second leak proof bag or container that is also labeled and closeable must be placed over the first and sealed to prevent leakage during handling, storage, and transporting.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: Closable; Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Place all needles and sharps in properly labeled sharps disposal containers. These must be easily accessible to personnel, replaced before getting too full, puncture resistant, leak-proof, and closeable to assure containment.

- Sharps containers are located in: (specify locations of sharps containers.)
- Infectious waste other than sharps shall be placed in biohazard boxes. These are located in (specify locations of containers.) Or contact EHS Office.
- Secure the lids on the sharps containers with tape
- DO NOT throw sharps in wastebaskets

**Biohazardous Spill Procedures**

*Biohazard Spill*

1. Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.
2. Contaminated clothing should be removed and placed in a biohazard bag for disinfecting/decontamination. Call the EHS Office to evaluate each case.
3. Wash hands and any exposed skin. Inform PI or supervisor of the spill and contact EHS (5-4201/5-4170) for assistance, if necessary.
4. Put on protective clothing (lab coat, gloves, face protection and shoe covers, depending on the amount of spilled material).
5. Pick up any broken glass with forceps and dispose in a Sharps container.
6. Cover the spill with paper towels and add 10% bleach.
7. Allow 20 minutes contact time, discarding used paper towels in biohazard bag for autoclaving. Re-wipe the spill area with disinfectant.

8. Place all contaminated materials into a biohazard waste container, including gloves.

9. Wash hands with soap and water.

Biohazard Spill in a Biological Safety Cabinet (BSC) if this section does not apply to your work situation, delete it.

1. Chemical decontamination procedures should be initiated at once, while the cabinet continues to operate, to prevent escape of contaminants from the cabinet.

2. Spray or wipe walls, work surfaces, and equipment with an appropriate disinfectant detergent. A disinfectant detergent has the advantage of detergent activity. This is important because extraneous organic substances frequently interfere with the reaction between a microbe and a microbiocidal agent. Operator should wear gloves during this procedure.

3. Flood top tray, drain pans and catch basins below work surface with disinfectant and allow standing 20 minutes.

4. Dump excess disinfectant from tray and drain pans into cabinet base. Lift out tray and removable exhaust grille work. Wipe off top and bottom (underside) surfaces with disinfectant sponge or cloth. Replace in position. Gloves, cloth or sponge should be discarded in autoclave pan and autoclaved.

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**Training Records**

All records required by the OSHA standard will be maintained by *(insert name or department responsible for maintaining records)*.

Medical records are maintained by.

Training records are maintained by each department for at least 3 years from date of training. They must include: dates of the training sessions, contents of the training sessions, names and qualifications of persons conducting the training, names and job titles of all persons attending the training sessions.
APPENDIX B- Sharps Injury Log

<table>
<thead>
<tr>
<th>Injured Employee</th>
<th>DePaul ID #</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Dept</th>
<th>Supervisor</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Location of Incident</th>
<th>Body part injured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Job classifications of injured employee

<table>
<thead>
<tr>
<th>Procedure being performed at time of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Describe how the incident occurred

Identify Sharp involved

<table>
<thead>
<tr>
<th>TYPE:</th>
<th>BRAND:</th>
<th>MODEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_________________________  _______________________
Employee Signature        Date
APPENDIX C - Definitions

For the purpose of this plan the following definitions shall apply:

**Blood** - human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** - pathogenic microorganisms that are present in the human or primate blood and that can cause disease in humans. These pathogens include but are not limited to hepatitis B (HBV) and human immunodeficiency virus (HIV).

**Bloodborne Pathogens & Needle stick Prevention** - In 1991, OSHA issued the Bloodborne Pathogens Standard (29 CFR 1910.1030) to protect workers from this risk. In 2001, in response to the Needle stick Safety and Prevention Act, OSHA revised the Bloodborne Pathogens Standard. The revised standard clarifies the need for employers to select safer needle devices and to involve employees in identifying and choosing these contaminated sharps.

**CFR** - means Code of Federal Regulations

**Clinical Laboratory** - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

**Contaminated** - the presence of blood or the reasonable anticipation of blood or other potentially infectious materials on a surface or item.

**Contaminated Laundry** – article of clothing or bed linens which have been soiled with blood or other potentially infected material or which may contain sharps.

**Contaminated Sharps** - any contaminated objects that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, pipette tips and exposed ends of dental wire.

**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** - (e.g., sharps disposal containers, self sheathing needles, hand washing sinks) controls that isolate or remove the bloodborne pathogen hazards 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.

**Hand Washing Facilities** - a facility providing an adequate supply of running potable water, soap, and single use towels.

**HBV** - hepatitis B virus.

**HIV** - human immunodeficiency virus.

**Needleless Systems** - a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other potentially infectious material that may result from the performance of an employee’s duties.
Other Potentially Infectious Materials - includes the following:

1) Human body fluids: cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, semen, vaginal secretions saliva in dental procedures; all body fluids, secretions, and excretion except sweat; all body fluids in situations when it is difficult to differentiate between body fluids

2) Any unfixed tissue or organ (other than intact skin) from a human living or dead

3) HIV-containing cell or tissue culture, organ culture, and HIV or HBV-containing culture medium or other solutions

4) 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.

Personal Protective Equipment (PPE) - is 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 is not considered to be personal protective equipment.

Production Facility - is a facility engaged in industrial-scale, large volume (10 liters or more) or high concentration production of HIV, HBV, or HCV.

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials 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. Also called Bio hazardous Waste.

Research Laboratory - a laboratory producing or using research laboratory scale amounts of HIV, HBV or other infectious materials. Research laboratories may produce high concentrations of infectious agents but not in the volume found in production facilities.

Sharps Injury Log - a log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. This log will contain the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, an explanation of how the incident occurred, and other items of information deemed relevant by the University Health Service.

Sharps with Engineered Sharps Injury Protections - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Standard Precautions - this concept synthesizes the major features of Universal Precautions and Body Substance Isolation and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to: blood, all body fluids, secretions, and excretions regardless of whether or not they contain visible blood (the only exception is sweat), non-intact skin, and mucus membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital and clinic setting.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacteria and spores.

Universal Precautions - is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain other human body fluids are treated as if known to be infected with HIV, HBV, or other bloodborne pathogens.

Work Place Controls - that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two-handed technique)
APPENDIX D- Hepatitis B Vac

HEPATITIS B VACCINATION

ACCEPTANCE/DECLINATION STATEMENT

Check one of the following:

[ ] I have received the HBV vaccination series on: _______________________________

   Date/Year

[ ] I decline participation in the vaccination series.

   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 infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

   If, in the future, I continue to have exposure to blood or other potentially infectious materials and I wish to be offered the Hepatitis B vaccine, I can be vaccinated at that time at no charge to me.

[ ] I accept participation in the hepatitis B program and wish to receive the vaccination series.

Print Name ____________________________  Signature ____________________________

DePaul ID # ____________________________  Department ____________________________

Supervisor ____________________________  Date ____________________________
APPENDIX E-Program History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Number</th>
<th>Brief Description of Changes</th>
<th>Review Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2015</td>
<td>1</td>
<td>Cleaned up format</td>
<td>J. Graham</td>
</tr>
</tbody>
</table>


APPENDIX F: SIGNAGE