DEPAUL UNIVERSITY

Exposure Control Plan

August 2025

TABLE OF CONTENTS

APPENDICES

How does this ECP work?

Since DePaul is a large, diverse organization, some units (e.g., schools, departments) have their own exposure control plans, and others supplement the DePaul ECP with a customized Appendix A. Each unit must designate an Exposure Control Officer who has overall responsibility for implementing the ECP in their unit.

The DePaul ECP cannot serve as a complete ECP for any unit until it is accompanied by Appendix A.

1.0 Purpose and Scope

This Exposure Control Plan ("DePaul ECP") has been developed to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," also called the BBP standard. It is designed to assist DePaul University in implementing and ensuring compliance with the standard, thereby protecting our employees and students.

This plan applies to DePaul employees with occupational exposure, which is reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties. Units determine which positions have occupational exposure and document it in Appendix A.

Contracted custodial employees abide by their company's policies, receive BBP training, hepatitis B vaccination, and any post-exposure evaluation and follow up as described in this plan through their company, but must also abide by DePaul practices and procedures while working on campus.

Please refer to Appendix B for definitions of important terms used throughout this plan.

2.0 Updates

Environmental Health & Safety (EHS) is responsible for implementation of the DePaul ECP. EHS will maintain, review and update the DePaul ECP at least annually, and communicate any changes to units that use the DePaul ECP in conjunction with Appendix A. Units will review and sign off on their Appendix A annually.

3.0 Compliance Methods

Please note that every section below may not apply to your unit.
Refer to Appendix A for unit-specific information.

Restrictions

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood/OPIM.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood/OPIM are present.

Mouth pipetting or suctioning of blood/OPIM is prohibited.

Broken glassware which may be contaminated with blood/OPIM must only be handled by mechanical means (broom and dustpan, tongs, forceps, etc.)

Universal Precautions

Employees will be trained on and utilize universal precautions, an approach to infection control that involves treating all blood and certain body fluids (those defined as OPIM) as if they contain bloodborne pathogens.

Exposure Determination

See Appendix A – exposure determination is done at the unit level.

Engineering Controls

See Appendix A – engineering controls are specified at the unit level.

Work Practice Controls

All procedures will be conducted in a manner that minimizes splashing, spraying, spattering and the generation of droplets of blood/OPIM.

Container Requirements
All containers of blood/OPIM (including refrigerators, freezers, waste containers, etc.) must be labeled as "Biohazard" or "Biohazardous," include the universal biohazard symbol below, be fluorescent orange or orange-red with lettering/symbols in a contrasting color, and affixed securely. Labels meeting these requirements are widely available and typically come on containers purchased for these purposes. Red bags or red containers may be substituted for labels, but it is recommended that red color-coding be used in addition to labeling. All further mentions of labeling in this plan refer to proper labeling as described here.

BIOHAZARD

Only containers that prevent leakage during collection, handling, processing, storage, transport and shipping may be used for blood/OPIM. Containers used for storage, transport or shipping blood/OPIM must be kept closed. If a container's exterior is contaminated, it must be placed within a secondary container. Any blood/OPIM that could puncture its container will be placed within a puncture resistant secondary container.

Handwashing
Handwashing facilities at DePaul are readily accessible.

If work is performed in areas without handwashing facilities, either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes must be provided. If these alternatives are used,

hands must be washed with soap and water as soon as feasible.

Hands must also be washed after removing gloves and other personal protective equipment (PPE).

Cleaning & Decontamination
All facilities are maintained in a clean and sanitary condition according to DePaul's custodial services schedules as coordinated by Facility Operations.

Units ensure any contaminated work surfaces are decontaminated:

- After completion of procedures
- Immediately or as soon as feasible after any spill of blood/OPIM
- At the end of the workday if the surface may have become contaminated since the last cleaning

Contaminated Equipment
If equipment is contaminated with blood/OPIM, it will be examined and decontaminated prior to any servicing or shipping. If portions cannot be decontaminated, the equipment must be labeled and specify which portions remain contaminated. This then must be communicated to anyone involved in handling, servicing or shipping the equipment.

Contaminated Laundry
DePaul does not generate contaminated laundry in any normal operations. If laundry becomes soiled with blood/OPIM or may contain sharps, it must only be handled with proper PPE and placed in a leakproof, labeled bag or container prior to transport off-site for proper laundering, or immediately disposed of in a biohazardous waste container.

Sharps Management & Disposal
This plan only covers the management of contaminated sharps as defined in Appendix B. For guidance on other types of sharps, refer to the Waste Disposal Guide.

Contaminated sharps must not be bent, recapped, removed, sheared or purposely broken.

If contaminated sharps will be decontaminated for reuse, they must be placed in puncture resistant, leakproof on the sides and bottom, labeled containers until reprocessed. They must not be stored or processed in a manner that requires anyone to reach by hand into the containers.

Contaminated sharps that will be disposed of must be placed into a biohazardous sharps container as soon as possible after use. Biohazardous sharps containers must be closable, puncture resistant, leakproof on the sides and bottom, and labeled. Units are responsible for purchasing and placing sharps containers. They must be located as near to their area of use as possible and always kept upright. Dispose of containers when they are around ¾ full in the nearest biohazardous waste bin ("bio bin") or contact EHS for pick up if no bin is available.

The following sharps must always* be disposed of in a biohazardous sharps container, *EVEN IF THEY ARE NEW/UNUSED:*

- Hypodermic, intravenous, and other medical needles (e.g. lancets)
- Hypodermic or intravenous syringes
- Scalpel blades

*If any of these items (or the additional sharps listed below) are used with chemicals, they must be disposed of in a sharps container, but NOT a biohazardous one. Refer to the Waste Disposal Guide.

The following contaminated sharps must be disposed of in a biohazardous sharps container:

- Pasteur pipettes
- Slides and cover slips

- Broken glass
- Broken rigid plastic (e.g. petri dishes)
- Capillary tubes
- Blood vials
- Razor blades

When these items are not contaminated, they must be disposed of in a broken glass box or other sturdy box, labeled "broken glass," "nonhazardous lab glass," or whatever is appropriate, taped closed, and disposed of in the regular trash.

The following contaminated items are not considered sharps but should be handled with extra caution as they may poke through collection bags. They can be placed into a biohazardous sharps container or alternative puncture resistant container before being placed into a biohazardous waste bin ("bio bin"):

- Serological pipettes
- Pipette tips
- Test tubes
- Swabs
- Any other items that could puncture a bag

When these items are not contaminated, place them in a sturdy box labeled "nonhazardous pipette tips" or whatever is appropriate, tape closed, and dispose of in the regular trash. This is an extra step to protect our custodians and waste handlers further down the line.

Biohazardous Waste

Contaminated sharps are just one type of biohazardous waste and they are covered in the previous section.

All containers used for biohazardous waste (other than sharps) must be closable, labeled, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Containers must be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. If a container's exterior is contaminated, it must be placed within a secondary container.

EHS provides large (~40 gallon) biohazardous waste bins ("bio bins") upon request. If another size is needed, DePaul's biohazardous waste vendor may be able to supply it, or units may obtain their own through other vendors.

Personal Protective Equipment (PPE)

PPE is provided at no cost to employees. The Exposure Control Officer ensures PPE is available and that employees are trained in its proper use.

The following procedures related to PPE must be followed:

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood/OPIM, and when handling or touching contaminated items or surfaces.
- Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood/OPIM pose a hazard to the eyes, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood/OPIM, in such a way as to avoid contact with the outer surface.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised (discard if

they are cracking, peeling, tearing, puncturing or otherwise deteriorating).
- Remove PPE immediately if it becomes contaminated, and always before leaving the work area.

4.0 BBP Training

Employees must receive initial BBP training as soon as possible, and refresher training annually. Training content and delivery differs between units, but all meet the requirements laid out in the BBP standard. Units must develop procedures to ensure timely training of their employees and transfer of training records to EHS.

5.0 Hepatitis B Vaccination

The hepatitis B vaccination series is available to employees for free. Vaccination must be offered after initial BBP training and within 10 business days of initial assignment to a position with occupational exposure. Units are responsible for the entire cost of vaccination; no reimbursement of employees is allowed. Vaccination must take place during normal work hours. If that is not feasible, employees must be paid for their time. Units must develop procedures to ensure timely vaccination of their employees.

The Office of Research Services will cover the cost for individuals requiring vaccination as part of IRB, IBC or IACUC protocols.

Vaccination is encouraged unless:
- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

After BBP training, employees must complete a Hepatitis B Vaccination Acceptance/Declination Statement (Appendix C). Employees who decline vaccination may request and obtain it at any time while they have occupational exposure.

If vaccination is accepted, employees will be provided information to receive a pre-vaccination medical evaluation by a licensed healthcare professional at any Concentra location. The first inoculation will be given following the evaluation as long as the vaccine is not contraindicated.

Concentra provides employees with documentation of their vaccinations at the time of service.

6.0 Exposure Incident Response

If an exposure incident occurs, immediately flush the exposed area with large amounts of water (and soap if contact was made with skin – do not put soap in eyes, nose or mouth) and contact Public Safety. Public Safety will facilitate transportation to the nearest emergency room where post-exposure evaluation and follow up will be performed.

Public Safety will make a report and promptly send it to EHS. EHS will complete an internal Exposure Incident Report to review the circumstances of the exposure incident and work with the affected unit to implement any changes needed (use of safer devices, modifying an exposure determination list, etc.) going forward. If the incident involves a percutaneous injury from a contaminated sharp, EHS will ensure it is recorded on the Sharps Injury Log described in Section 8.0.

EHS will also ensure that a worker's compensation insurance claim is filed for the incident. Employees should not provide their personal health insurance information to emergency room personnel and instead inform them that their treatment will be covered by DePaul's worker's compensation.

7.0 Post-Exposure Evaluation and Follow Up

EHS will ensure that post-exposure evaluation includes:

- Documenting the route of exposure and details of the incident.
- Identifying and documenting the source individual (unless infeasible or prohibited by state or local law).
- Obtaining consent and making arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity (if they are already known to be HIV, HCV and/or HBV positive, new testing need not be performed).
- Documenting that the source individual's test results were conveyed to the employee's healthcare provider.
- Assuring that the exposed employee is provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (i.e., laws protecting confidentiality).
- Obtaining consent and collecting the exposed employee's blood as soon as feasible and testing it for HIV, HCV and HBV serological status.
    - If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved for at least 90 calendar days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing will be performed as soon as feasible.

Administration of Post-Exposure Evaluation and Follow Up

EHS will ensure that the healthcare professionals performing post-exposure evaluation receive:

- A description of the employee's job duties relevant to the exposure incident
- Route of and circumstances of exposure
- Results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The healthcare professional will provide a written opinion which is limited to a statement that the employee has been informed of the results of their evaluation and that the employee has been told about any medical conditions resulting from exposure to blood/OPIM which require further evaluation or treatment. This documentation should be provided at the time of service. If needed, EHS will provide the employee with a copy of the written opinion within 15 business days of the completion of their evaluation.

8.0 Recordkeeping

Training Records

Training records are maintained by EHS for at least 3 years. Employees or employee representatives may request a copy of their training records from EHS at any time.

Medical Records

Medical records are maintained in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records," which includes keeping them at least for the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 business days. Such requests should be directed to EHS.

OSHA Recordkeeping

Exposure incidents are evaluated to determine if they meet OSHA's Recordkeeping Requirements in 29 CFR 1904. This determination and the recording activities are done by the Insurance Office in collaboration with EHS.

Sharps Injury Log

Percutaneous injuries from contaminated sharps will be recorded in a Sharps Injury Log and reviewed annually along with this plan. The log will be maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed.

Appendix A: Unit-Specific Compliance Methods

Attach your unit-specific information here.

Appendix A: Unit-Specific Compliance Methods

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Appendix B: Definitions

Biohazardous Waste: An umbrella term DePaul uses to refer to items considered potentially infectious medical waste (PIMW) by the Illinois EPA and regulated waste by OSHA. Please note these definitions do overlap but are included below in their entirety for reference.

Blood: Human blood, human blood components, and products made from human blood.

Contaminated Sharps: Items that can penetrate the skin and have been in contact with blood/OPIM, BSL 1 or 2 materials, or recombinant or synthetic DNA/RNA.

Other Potentially Infectious Materials (OPIM):

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, any 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)
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions (this includes all human cell lines unless they have been characterized by testing to be free of bloodborne pathogens), and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Potentially Infectious Medical Waste (PIMW): The following types of waste generated in connection with the diagnosis, treatment (i.e. provision of medical services), or immunization of human beings or animals; research pertaining to the provision of medical services; or the provision or testing of biologicals:

Cultures and stocks. This waste shall include but not be limited to cultures and stocks of agents infectious to humans, and associated biologicals; cultures from medical or pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live or attenuated vaccines; or culture dishes and devices used to transfer, inoculate or mix cultures.

Human pathological wastes. This waste shall include tissue, organs, and body parts (except teeth and the contiguous structures of bone and gum), body fluids that are removed during surgery, autopsy, or other medical procedures; or specimens of body fluids and their containers.

Human blood and blood products. This waste shall include discarded human blood, blood components (e.g. serum and plasma), or saturated material containing free flowing blood or blood components.

Used sharps. This waste shall include but not be limited to discarded sharps used in animal or human patient care, medical research, or clinical or pharmaceutical laboratories; hypodermic, intravenous, or other medical needles; hypodermic or intravenous syringes; Pasteur pipettes; scalpel blades; or blood vials. This waste shall also include but not be limited to other types of broken or unbroken glass (including slides and cover slips) in contact with infectious agents.

Animal waste. Animal waste means discarded materials, including carcasses, body parts, body fluids, blood, or bedding originating from animals inoculated during research, production of biologicals, or pharmaceutical testing with agents infectious to humans.

Isolation waste. This waste shall include discarded materials contaminated with blood, excretions, exudates, and secretions from humans that are isolated to protect others from highly communicable diseases (those identified as Class 4 etiologic agents in Ill. Admin. Code tit. 35, § 1420.102).

Unused sharps. This waste shall include but not be limited to the following unused, discarded sharps: hypodermic, intravenous, or other needles; hypodermic or intravenous syringes; or scalpel blades.

Regulated Waste: Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Appendix C: DEPAUL UNIVERSITY

Hepatitis B Vaccination Acceptance/Declination Statement

Please indicate whether you have previously received the Hepatitis B vaccination series:

☐ I received the vaccination series on: _____
Exact or approximate dates

- If you were vaccinated 30+ years ago, you may no longer have immunity. Please select the first option below if you would like to set up an appointment to discuss whether re-vaccination is recommended by a healthcare professional.
- DePaul is required to obtain copies of your Hepatitis B vaccination records if they are available. Please attach copies of these records.

Please indicate whether you accept or decline participation in the Hepatitis B vaccination series:

☐ I want to get vaccinated for Hepatitis B now or discuss my vaccination status with a healthcare professional.

☐ I decline participation because I am already vaccinated.

☐ I decline participation in the vaccination series **and:**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____
Name Signature (handwritten or electronic)

_____ _____
Department Date

Please send this completed form and Hepatitis B records to:

Environmental Health & Safety
ehsoffice@depaul.edu

Appendix D: Program History

Date	Revision Number	Brief Description of Changes	Review Completed by
May 2015	1	Cleaned up format	J. Graham
May 2016	2	Phone numbers	J. Graham
February 2019	3	Restructured program	K. Abma
July 2021	4	Updated Exposure Incident Reporting section and Hepatitis B Vaccination Acceptance/Declination Statement	K. Abma
April 2023	5	Minor changes to several sections	K. Abma
August 2025	6	Updated vaccination provider	K. Abma