UNIVERSITY OF VIRGINIA

**BLOODBORNE PATHOGENS**

**EXPOSURE CONTROL PLAN**

Departments, units or areas covered by this plan:

Contact person:                           Phone:

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Department Box # E-mail

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***is responsible for reviewing and updating the Exposure Control Plan (ECP) annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure.

Approved by Environmental Health & Safety:                      Date:

August 4,2016 vhs/eep

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**I. Exposure Control Plan**

 The following exposure control plan (ECP) was established by the University of Virginia in compliance with federal and state law. This plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, “Occupational Exposure to Bloodborne Pathogens.” This plan must be reviewed by each department/unit. A copy of this plan is available for review by any employee during any workshift in the following location(s):

***If requested, departments/units will provide an employee with a copy of this ECP free of charge and within 15 days of the request.***

**II. Employee Exposure Determination**

All employees who may reasonably be anticipated to be at risk for exposure to human blood, body fluids or other potentially infectious materials (“OPIM”, see chart below) are included in this plan, must be offered the hepatitis B vaccine and must be retrained annually. Departments/units must determine whether an employee is at risk for exposure without considering the use of personal protective equipment (“PPE”, see list below).

Other Potentially Infectious Materials (“OPIM”)

 semen and vaginal secretions unfixed human tissue or organs

 cerebrospinal fluid cell/tissue cultures

 pleural and pericardial fluid blood, organs or tissue from animals infected

 peritoneal fluid with human pathogens

 amniotic fluid saliva

 body fluids visibly contaminated with blood

1. *List job categories in the department/unit with potential for exposure to human blood/OPIM*:

*Job Title Department/Location*

1. **Implementation of various methods of exposure control**

Departments/units and all staff will comply with the OSHA Bloodborne Pathogens Standard using the following methods:

1. **Universal Precautions**

All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens. All employees will utilize universal precautions and must avoid direct contact with human blood, body fluids and tissues to avoid exposure to bloodborne and other human pathogens.

1. **Engineering and Work Practice Controls**

Engineering and work practice controls will be used to minimize exposure to bloodborne pathogens.

**Sharps handling**. Sharps include any needles or lancets used to collect blood or inject medication and other drugs. Sharps must not be bent, broken, recapped or removed from handles after use. Recapping may only be done if a one handed scoop technique or mechanical device is used.

**Sharps disposal**. Contaminated disposable sharps and broken glass must be placed in a plastic sharps container as soon after use as possible. Sharps containers must be easily accessible, with the opening visible, as close as possible to the area where sharps are used and maintained upright during use and should not be stored above eye level. Sharps containers must be promptly closed, removed, and replaced when they are 3/4 full. Close the sharp container until lid “clicks” securely. Contact Environmental Health and Safety (EHS) to request a waste pick up by calling 2-4911 or submit a pick up request online at the EHS website. EHS personnel will pick up sharps container at your department and provide a 2 gallon sharps container replacement. Sharps containers are available free of charge from EHS.

**Special sharps precautions**. Broken glass must not be picked up with bare hands. Staff must never reach into plastic sharps boxes, regulated medical waste containers or containers with non-disposable contaminated sharps in them.

1. **Personal protective equipment (PPE)**. If the potential for exposure remains in spite ofwork practice and engineering controls, personal protective equipment (“PPE”) must be used. Departments must provide PPE. PPE must be worn during procedures in which human blood, body fluids and tissue exposure to skin, eyes, nose or mouth is reasonably anticipated. PPE must be selected based on the type of exposure anticpated. PPE must cover all body parts and street clothes that may be exposed and must prevent soak through. Gloves, fluid-resistant gowns, face shields, masks, eye protection, and other types of PPE are available from the department if deemed necessary. Non-latex gloves are available for employees with latex sensitivity or allergy.The department is responsible for making sure that employees are approriately trained to use PPE.

All employees using PPE must observe the following precautions:

**1.Handwashing**. Wash hands immediately or as soon as feasible after removing gloves or other PPE and whenever they become contaminated with human blood, body fluids and tissues. Antiseptic (alcohol based gel, lotion or liquid) hand sanitizer cleaner may be used if soap and water are not available. However, wash your hands as soon as possbile at the nearest sink.

 **2. Disposable gloves.** Gloves must:

* be worn when hands may come in contact with human blood, body fluids and tissues, mucous membranes, or broken skin;
* be worn when handling contaminated items or surfaces
* be replaced as soon as feasible if they are torn or contaminated.
* must never be washed or re-used.

 **3.Utility gloves** (non-disposable) must be:

* Decontaminated with appropriate disinfectant for re‑use if they are in good condition.
* Discarded if cracked, peeling, torn, punctured or show signs of deterioration.

**4.Protection for eyes, nose and mouth**. Masks and eye protection (goggles or face shields) must be worn whenever splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Masks should be worn if protective eyewear is worn. A faceshield or mask with attached faceshield may be subsitituted for mask and protective eyewear.

**5.Minimize spray**. Splash, spray, spatter, or generation of droplets must be minimized during any procedure that involves human blood, body fluids and tissues.

**6.Body protection**. Fluid-resistant gowns, aprons or coats must be worn when human blood, body fluids and tissues exposure to body or street clothes is anticipated. Surgical caps/hoods and shoe covers or boots must be worn if gross contamination is anticipated

PPE and personal clothing must be removed if they become contaminated with human blood, body fluids or tissues. Disposable PPE that is contaminated with any human blood or body fluids must be disposed of in a CMC. Contaminated nondisposable PPE must be put in a specified container for decontamination and reprocessing.All PPE must be removed before leaving the work area.

*Where are employees to put contaminated nondisposable PPE when leaving the work area?Also include procedure for how and where to decontaminate face shields, and eye protection.*

**D.Housekeeping**. The workplace must be maintained in a clean and sanitary condition. Human blood, body fluid or tissue spills must be cleaned up according to the procedure in Appendix A. Housekeeping staff are responsible for general cleaning in the majority of University buildings and maintains written procedures in their office. They can be called for assistance with large spills.

1. **Equipment and working surfaces**. Contaminated work surfaces must be disinfected with an EPA approved disinfectant or 1:10 freshly made dilution of bleach or “Cavicide” (EPA certified disinfectant for blood borne pathogens and *M. tuberculosis*) as soon as possible when contaminated with human blood, body fluids and tissues;
2. **Personal hygiene**. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in contaminated areas is not permitted.
3. **Food**. Food and drink must not be kept in refrigerators, freezers, cabinets or on countertops or shelves where human blood, body fluids and tissues are present.
4. **Regulated medical waste** includes but is not limited to:
* human blood, blood components, fluids, unfixed organs, and unfixed tissues
* any residue, contaminated soil, water or other debris resulting from the cleanup of a spill of regulated medical waste; and,
* any waste contaminated by or mixed with regulated medical waste.

 sharps (needles, scalpels, lancets, suture needles & items able to puncture skin) MUST go into a sharps container. See sharps disposal, page 4.

1. **Waste containers**. UVA Contaminated Material Containers (“CMCs”) are
	* lined with the provided red bags
	* closed immediately prior to removal (taped closed and properly labeled with the generator’s name, building, room number, phone extension and date.
	* constructed to prevent leaks during handling, shipping, storage and transport
	* replaced routinely and not allowed to overfill
	* Contact EHS at 982-4911 for pick up

**6. Laundry**. Gloves must be worn when handling contaminated clothing. Contaminated clothing must be bagged and cleaned by an approved commercial laundry facility or must be cleaned so it will be effectively decontaminated before it is laundred on site.

 **7. Labels.** Biohazard warning labels must be affixed to:

* Any vessel or equipment used to store human blood or OPIM.

**IV. HEPATITIS B VACCINATION POLICY**

Employees identified as having potential for exposure to human blood or OPIM, (see II. Exposure Determination), must be offered the Hepatitis B vaccine at no charge to the employee. The vaccination is a series of three injections given at approximately 0, 1 and 6 months. A routine booster dose is not recommended, but will be given at no charge if the U.S. Public Health Service (PHS) recommends it in the future.

**Employees:**

* + - 1. The vaccine must be offered within 10 working days of initial assignment to a job category where exposure may occur.
			2. Employees who decline the Hepatitis B vaccine must sign a statement of declination through UVA WorkMed.
			3. Contact Work Med or Employee Health for information on receiving the vaccination series**.**

 **Students (non-compensated):**

The University of Virginia, based on national guidelines, Virginia law, and national college health standards, requires proof of immunization for required vaccines (including Hepatitis B series) before matriculating, or students sign a waiver declining the vaccination.

**V. Post-Exposure and follow-up of exposure incidents.**

An exposure is:

1. blood/OPIM contact with eyes, nose, mouth, other mucous membranes, or broken skin,
2. blood/OPIM contaminated sharps injury, or
3. blood contact over a large area of apparently intact skin

In the event of exposure, staff must:

* Wash the area with soap and water.
* If applicable, flush eye, nose or mouth with water for 15 minutes.
* During normal business hours, academic employees and students receiving compensation (including stipend and assistantships) should contact UVA-WorkMed for occupational health services. Students who are not receiving compensation should be directed to Student Health. During nights and weekends, treatment may be sought at the UVA Hospital Emergency Room
* All exposures must be reported to the immediate supervisor.

Evaluation and treatment of exposures is confidential and will be given by or under the supervision of a licensed physician and will include:

1. documentation of the route(s) and circumstances of your exposure; and
2. documentation of the source individual, if known.

If the infectivity status of the source individual is unknown and blood is available, it will be tested for HIV, hepatitis B and C in accordance with state law. You will be told what the test results are and what they mean for you.

If the employee consents, his or her blood will be tested as soon as possible after exposure to provide baseline hepatitis B, C and HIV status. If the employee does not consent to HIV testing, the sample will be stored for 90 days and tested if the employee consents in that time period.

Post-exposure prophylaxis will be offered to exposed employees when medically indicated and as recommended by the US Public Health Service. Counseling and medical evaluation will be offered for any reported illnesses the employee develops as a result of the exposure.

**VI. Administration of Post-Exposure Evaluation and Follow-Up.**

The following information upon request will be provided to the healthcare professional evaluating the exposed employee:

1. a copy of 1910.1030 Bloodborne Pathogens Standard;
2. a description of the employee’s duties as they relate to the exposure incident;
3. documentation of the route(s) and circumstances of the exposure;
4. results of the source individual’s blood testing, if available;
5. all medical records relevant to the employee’s treatment including vaccination status.

UVA WorkMed, UVA Employee Health or Student Health Services will give the employee a copy of the evaluating healthcare professional’s written opinion within 15 days of the evaluation. The opinion will be limited to following:

1. the results of the evaluation; and
2. any medical conditions resulting from the employee’s exposure

All other findings will remain confidential and will not be included in the written report.

**VII. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident.**

The Department is responsible for evaluating the circumstances surrounding an exposure incident and consulting with EHS as needed.

Factors to consider include:

* engineering controls in use at the time
* work practices followed
* a description of the device being used (if applicable)
* protective equipment or clothing that was used at the time of the exposure incident (gloves, eyeshields, etc.)
* procedure being performed when the incident occurred
* employee’s training

**VIII. EMPLOYEE TRAINING**

Employees need to take the Bloodborne Pathogens initial training and annually thereafter. Visit the EHS website for list of Bloodborne Pathogens training available <http://ehs.virginia.edu/biosafety/bio.training.html> Annual retraining maybe completed either by in-person training or online. Additional training must be provided by the department whenever there are changes in tasks or procedures which affect employees’ potential for exposure.

*Who is responsible for ensuring that employees are trained?*

**VIIII. RECORDKEEPING PROCEDURES**

 **A. Medical Recordkeeping**

Medical records are maintained for each employee with occupational exposure in accordance with *29 CFR 1910.1020*, “Access to Employee Exposure and Medical Records.” UVA WorkMed will establish a medical record for employees who have exposures. The record will be maintained for the duration of employment plus 30 years.

The record is confidential and will not be disclosed to anybody within or outside the workplace without the employee’s written consent, except as required by law or regulation.

 **B. Training Records**

Departments/units must keep documentation of their employees’ training attendance for 3 years. The training record will include dates of the training sessions. EHS will track all employees who complete Bloodborne Pathogen Training offered by EHS. Employee training records are provided upon request of the employee or the employee’s authorized representative within 15 working days.

**APPENDIX A : CLEANING UP BLOOD, OR BODY FLUID SPILLS**

Human blood, body fluid must be cleaned up immediately.

 To clean up a spill:

1. Close off spill area to traffic.

2. Put on gloves.

3. Contain the spill with paper towels.

4. Flood the spill area either:

 freshly made 1:10 dilution of chlorine bleach or, other EPA approved disinfectant

 Leave the disinfectant on for 10 minutes or for the amount of time the manufacturer recommends.

5. If broken glass is present, pick up the largest pieces with a scoop or tongs and dispose of it in a plastic sharps container. Never pick up broken glass with bare hands. Latex gloves do not provide protection from cuts.

6. Push the towels into the spill to absorb the spill and disinfectant. Add more paper towels as needed.

7. Discard the paper towels into an CMC. Cover spill area with more paper towel if needed.

8. Discard gloves into CMC. Wash hands thoroughly.

9. Notify supervisor