
**Washington State University – Tri-Cities
Bloodborne Pathogen Exposure Control
Plan Template**

Revised 1/24/14

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1. Introduction

Washington State University Tri-Cities' (WSUTC) Bloodborne Pathogen Exposure Control Plan (BBP ECP) Template has been designed to assist areas with potential exposure to bloodborne pathogens to meet Washington Administrative Code 296-823 Bloodborne Pathogen Standard. These regulations apply to all occupational exposure to human blood or other potentially infectious materials. The standard requires employers to identify occupational exposures and implement methods to mitigate these exposures through a variety of methods.

Washington State University Tri-Cities' Environmental Health and Safety (EHS) department assists departments in complying with regulatory requirements for bloodborne pathogens and all provisions of the bloodborne pathogens standard. Principal investigators/supervisors are responsible for ensuring hazards under their control are corrected and that other university employees, such as Facilities staff, and contractor employees are protected from any hazards generated by work or research conducted in their areas. General procedures for working with bloodborne pathogens at WSU can be found in the [Safety Policy and Procedure Manual \(SPPM\) Chapter 2.44](#).

In order to assist with the development of area specific Bloodborne Pathogen Exposure Control Plans, EHS has developed a site specific template and training resources. Appendix A contains the template that, once tailored to the exposure hazards of a specific area, in conjunction with this manual, will serve as the Bloodborne Pathogens Exposure Control Plan for that area.

For further assistance in developing your areas specific Bloodborne Pathogen Exposure Control Plan contact EHS at 372-7163.

2. Definitions

The following definitions apply throughout this template, and must be incorporated into the completed BBP ECP:

Blood:

Human blood, human blood components, and products made from human blood. Also includes medications derived from human blood, such as immune globulin, albumin, and factors 8 and 9.

Bloodborne pathogens:

Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples include HIV, Hepatitis B (HPV), Hepatitis C, malaria, syphilis, and many others.

Contaminated:

The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Occupational Exposure:

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM):

Includes all of the following:

- Human body fluids, including 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;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV
- Blood and tissues of experimental animals infected with bloodborne pathogens.

Regulated waste

Any of the following:

- Liquid or semiliquid blood or other potentially infectious materials (OPIM)
- Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM.

3. Exposure Determinations

3.1 Occupational Exposure Job Categories - Exposure Determination

Principal Investigators/Supervisors must perform an exposure determination to identify any employees who have occupational exposure to blood or other potentially infectious materials (OPIM). This must include not only employees working under the PI/Supervisor, but also any other employees such as Facilities staff who may be exposed to hazards in the work area.

3.2 Tasks and Procedures in which Occupational Exposure Occurs

Individual exposure determinations must be made by the Principal Investigator/Supervisor for existing employees and prior to assigning or reassigning employees to job classifications with potential exposure to blood or OPIM. The exposure determination must be made without regard to the use of personal protective equipment.

The following are examples of tasks covered by the Bloodborne Pathogens Standard.

- Handling or transporting human blood, tissue, or OPIM, or items contaminated with blood, tissue, or OPIM.¹
- Cleaning up a blood/body fluid spill, or handling contaminated waste or laundry.
- Providing emergency services or function in public safety where delivery of trauma care is likely (e.g., lifeguards, police officers, etc). This includes employees assigned to provide basic first aid.²
- The removal, preparation and/or storage of any unfixed tissue or organ from a human.
- Providing patient care, care for developmentally and/or psychiatrically impaired persons.
- The culture and propagation of bloodborne pathogens including all human and primate retroviruses in laboratory culture and experimental animals.

¹ None of the items listed would be exempted if the donor has been pre-screened for known bloodborne pathogens. All must be treated as potentially infectious.

² Only those employees who are assigned to provide first aid, as part of their job description, are required to be trained under this plan. However, employees who voluntarily provide first aid, or who are exposed to potentially infectious materials as a result of unanticipated events not associated with their job duties, must be informed of the details of the department's Bloodborne Pathogen Exposure Control Plan, and be offered post-exposure medical treatment in accordance with the plan.

4. Universal Precautions/Body Substance Isolation

Universal Precautions and Body Substance Isolation (BSI) are methods of limiting potential exposure to pathogens. Universal Precautions requires that all human blood and body fluids be treated as if they contain potentially infectious materials. BSI identifies specific methods to protect yourself from exposure to BBP or OPIM in Healthcare settings. In addition to Universal Precautions/BSI all other provisions of the BBP Exposure Control Plan must also be followed. Universal Precautions is the practice adopted to reduce exposure to BBP and OPIM at WSUTC.

Universal Precautions requires the use of controls (engineering and work practices) to minimize or eliminate employee exposure. All human body fluids shall be considered potentially infectious materials and require the use of Universal Precautions.

Universal Precautions shall be followed when employees are exposed to any blood, OPIM, contaminated materials, sharps, or regulated wastes, as defined in Section B of this plan

5. Engineering Controls and Work Practices

5.1 Engineering Controls

Engineering controls are the primary method utilized to reduce employee exposure by either removing the hazard or isolating the employee from exposure. Examples of engineering controls are:

- protective splatter shields
- self-sheathing needles
- capture ventilation
- biosafety cabinets
- HEPA filtration
- ventilated equipment
- sharps disposal containers
- enclosures

It is important to periodically verify that engineering controls are in place and working. Contact EHS at 372-7163 if you have any questions regarding who to contact to verify that engineering controls are appropriate.

5.2 Work Practices

Handwashing

Facilities with soap and water for cleaning hands, other skin, and mucous membranes must be readily accessible to employees immediately or as soon as feasible after removal of gloves or other personal protective equipment (PPE).

Washing the affected area with soap and water or flushing of mucous membranes with water for a minimum of 15 minutes immediately following contact with blood or other potentially infectious materials. (e.g., when splashed) is required to minimize exposure to Bloodborne Pathogens or OPIM.

When handwashing facilities are not feasible, antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes must be provided³. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as possible. Additional information can be obtained from the Centers for Disease Control (CDC) website at <http://www.cdc.gov/handhygiene/Training.html>.

Eating, drinking, tobacco use

Eating, drinking, tobacco use, and other activities including applying cosmetics or lip balm, handling contact lenses, placing any article in the mouth, eyes, or nose or other contact with mucous membranes is prohibited in work areas where there is a likelihood of occupational exposure to blood or potentially infectious materials.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or potentially infectious materials are stored.

Aerosols

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets.

Equipment Servicing and Maintenance

Equipment which may be contaminated with blood or OPIM shall be decontaminated prior to servicing or maintenance. The WSU Laboratory Safety Manual requires a [Maintenance/Construction Permit](#) (Appendix O) to be completed and posted verifying that the equipment has been appropriately decontaminated prior to any handling or servicing.

For further information contact EHS at 372-7163.

³ Alcohol-based hand cleansers are more effective than cleansers with anti-microbial agents.

6. Personal Protective Equipment

6.1 General

Personal protective equipment (PPE) shall be provided, cleaned, laundered or disposed of, repaired or replaced by the department at no cost to the employee.

It is the Principal Investigator/Supervisor's responsibility to ensure that the employee uses appropriate personal protective equipment when performing the designated tasks and procedures.

Personal protective equipment includes but is not limited to gloves, gowns, laboratory coats, aprons, face shields or masks and eye protection, and mouthpieces, resuscitation bags, respirators, pocket masks or other ventilation devices as determined in the exposure evaluation portion of the Site Specific BBP Exposure Control Plan.

6.2 Hazard Assessment

A hazard assessment must be completed and documented for the tasks/procedures with potential exposures to blood or OPIM will be completed on the Site Specific BBP Exposure Control Plan. This assessment will identify tasks which may result in potential exposures to blood or OPIM. For each identified tasks the appropriate PPE will be assigned and listed.

Separate regulatory requirements apply when respiratory protection is required. If respiratory protection is required contact EHS at 372-7163.

6.3 Training

Once PPE is assigned to the task, the employee must be trained in its proper use and a written record of this training retained by the department.

6.4 Use

Personal protective equipment must be appropriate to the task and procedure identified in the hazard assessment. Personal protective equipment will be considered appropriate if it prevents blood or OPIM from soaking through to the user's work clothes, street clothes, undergarments, 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.

Personal protective equipment shall be repaired or replaced as needed to maintain its effectiveness.

The Principal Investigator/Supervisor shall ensure that appropriate personal protective equipment in appropriate sizes is readily accessible at the worksite or is issued to the employee prior to allowing them to perform work, that employees are properly trained in use of PPE, and that appropriate PPE is used.

6.5 Removal

Clothing, gloves and masks, etc., worn to provide employee protection must be removed before leaving the work area.

If a garment is contaminated with blood or potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

When personal protective equipment is removed it shall be placed in a designated area or appropriately labeled container for storage, washing, decontamination or disposal.

6.6 Cleaning, Laundering or Disposal

The disposal of single use personal protective equipment shall be completed through an approved vendor. Contact EHS to determine who the current vendor is, or to request approval of an alternate vendor.

The cleaning and laundering of reusable personal protective equipment will be done by a contracted cleaner. At no time will employees be allowed to take personal protective equipment home for laundering or cleaning.

Contaminated laundry must be handled with a minimum of agitation and contained in a labeled and leak proof container.

Contaminated lab coats shall be double bagged in color-coded biohazard bags, sealed with tape, the outer bag labeled as to contents and potential hazard(s) and laundered by a commercial laundry service. The commercial laundry service under contract with WSU is qualified to properly manage lab coats contaminated with human blood/body fluids. Contact EHS for information about contracted cleaning services.

7. Waste Handling and Disposal

Regulated Waste

Regulated wastes shall be double bagged in a color coded biohazard bag and discarded as soon as possible in closeable, puncture resistant and leak resistant containers. General guidance can be found in [SPPM 4.24, Disposal of Biohazard Wastes](#). For additional information, contact EHS.

Contaminated Sharps

Immediately or as soon as possible after use, disposable sharps shall be placed in color coded, puncture resistant, leakproof and closable containers. Principal Investigators/Supervisors are responsible for providing and properly maintaining these containers.

Contaminated sharps such as needles, scalpels or capillary tubes must never be picked up by hand. Always use a mechanical device such as tongs, dust pan, or forceps to pick up sharps.

Sharps containers shall never be filled more than 2/3 full. Filled sharps containers shall be disposed of through Sharps Compliance, Inc., the campus' contracted disposal service. Packages must be prepared in accordance with [SPPM 4.25](#) and the vendor's instructions (<http://www.sharpsinc.com>). Maintain a file of the completed shipping manifests and disposal certifications, and provide copies to EHS.

Contact EHS for information regarding sharps containers, including packaging, labeling, storage, and disposal.

Glass waste

Broken glass must not be handled directly by hand, but must be removed by mechanical means such as tongs, dustpan or forceps and immediately placed in a labeled, designated waste container for broken glass. The waste must be decontaminated using the methods defined in the Site Specific ECP and disposed of appropriately.

8. Handling and Transporting Biohazardous Materials

Biohazard Labels and Signs

Prior to the storage, shipment, or transport of individual containers of human blood or OPIM, all materials shall be labeled using approved Biohazard labels. Biohazard Labels and bags are available for purchase through [Central Stores](#), or through local vendors.

Warning labels shall be affixed to containers of biohazardous waste, refrigerators and freezers containing blood or potentially infectious material, and other containers used to store, transport, mail or ship blood or OPIM, except as provided below. These labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

These labels shall include the universal biohazard symbol and shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color:



Warning labels required for contaminated equipment shall be as described above and shall also state which portions of the equipment remain contaminated.

On campus transportation to disposal containers or other labs

Specimens of blood or OPIM shall be double contained during collection, handling, processing, storage, transport or shipping. The container shall be labeled and/or color coded in accordance with WAC-296-823-14025, as described in Section H of this plan.

Contaminated items which could puncture the primary container must be placed in a secondary container which is puncture resistant.

Off Campus by mail or courier

In addition, all specimens of blood or other potentially infectious materials shall be properly packaged for shipment by mail or courier service. Assistance with shipping bloodborne pathogens can be requested from EHS at 372-7163.

Shipping manifests must be kept on file by the department, and copies must be provided to EHS.

9. Worksite Conditions

9.1 Responsibilities

It is the responsibility of the Principal Investigator/Supervisor to ensure that the worksite is maintained in a clean and sanitary condition and that all aspects of the areas BBP ECP are adhered to.

9.2 Spill Clean-up

All employees working with blood and/or OPIM shall be familiar with procedures for decontamination and cleanup of spills. Decontamination of blood and/or OPIM will be conducted using the appropriate spill response procedures found in Appendix A.

Each area shall have a specific procedure for dealing with spill clean-up based on the type and quantity of blood or other potentially infectious material handled as well as the surfaces to be decontaminated. In addition to the procedure, clean-up supplies shall be readily available. As a minimum, these supplies should include suitable disinfectants, gloves, paper towels or other absorbent material, forceps or tongs for broken glass or other sharps, and appropriate disposal containers. Additional information on spill cleanup is found in Appendix B of this manual.

10.HBV Immunizations

10.1 Upon Hire/Initial Assignment

All employees⁴ with the potential for occupational exposure to bloodborne pathogens must be offered Hepatitis B vaccination following initial training and within 10 days from the start of the work assignment. The vaccinations must be provided at no cost to the employee.

Hepatitis B immunization must be given by a licensed health care professional, and as recommended by the U.S. Public Health Service. For persons with normal immune status who have received a vaccination, booster immunizations are not recommended at this time. If a need for booster immunization is demonstrated in the future, these immunizations shall be offered⁵.

10.2 Post-Exposure

Following any incident in which any employee receives an occupational exposure to bloodborne pathogens (regardless of whether the exposure was a result of their job function), a post-exposure medical evaluation must be offered as described in Section J.

The evaluation must be conducted by an approved, licensed health care provider. The WSUTC Health Care Professional's Written Opinion for Hepatitis B Vaccination (Appendix C) must be completed and returned to HRS within 15 days of the initial assignment of duties.

Prescreening of employees (pre-vaccine blood titers) shall not be a condition for beginning the Hepatitis B vaccination series. However, Health Care Professional's may recommend a post vaccine antibody titer (Anti-HBs) to assure the efficacy of the immunization.

Post vaccination titers are provided at no cost to the employee through a department approved provider. Contact EHS at 372-7163 for information regarding providers and post-exposure evaluation.

10.3 Declinations

Employees who decline vaccination must sign the WSUTC Hepatitis B Declination Form (Appendix D) indicating an understanding of the risks of not receiving immunization.

Employees may reverse their decision to refuse the vaccination, and the vaccine must be provided, at no charge, within 10 working days .

⁴ HBV vaccination is not required to be offered to employees who have previously been vaccinated, who are immune to hepatitis B, or if medical reasons indicate they should not receive the vaccine. Testing for immunity is advised only for persons whose subsequent clinical management depends on knowledge of their immune status, including: health care workers and public safety workers at high risk for continued percutaneous or mucosal exposure to blood or body fluids; chronic hemodialysis patients, HIV-infected persons, and other immunocompromised persons (e.g., hematopoietic stem-cell transplant recipients or persons receiving chemotherapy); and sex partners of persons with chronic HBV infection.

⁵ Booster doses of Hepatitis B vaccine are recommended only in certain circumstances: 1) For hemodialysis patients, the need for booster doses should be assessed by annual testing for antibody to Hepatitis B surface antigen (anti-HBs). A booster dose should be administered when anti-HBs levels decline to <10 mIU/mL; 2) For other immunocompromised persons (e.g., HIV-infected persons, hematopoietic stem-cell transplant recipients, and persons receiving chemotherapy), the need for booster doses has not been determined. When anti-HBs levels decline to <10 mIU/mL, annual anti-HBs testing and booster doses should be considered for those with an ongoing risk for exposure.

11. Exposure Incident

11.1 *Exposure Incident*

An exposure incident is defined as specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Examples of exposure incidents include needlesticks, splash/spatter to the mucous membranes of the face, and any other incident that involves contact between blood or other potentially infectious materials and non-intact skin (cuts, scratches, chapped skin, blemishes, acne, rashes, etc.).

11.2 *Immediate Response*

Following an exposure incident, the exposed employees:

- a. Shall wash the wound with soap and water or flush mucous membranes with water for a minimum of 15 minutes.
- b. Shall report the incident to their supervisor, who will assist the employee in the follow-up exposure incident evaluation.
- c. Shall seek the opinion of Health Care Professional of their choice as outlined in Section 4.

11.3 *Principal Investigator/Supervisor Responsibility*

The Principal Investigator/Supervisor is responsible for assisting the exposed employee in seeking the necessary and immediate medical evaluation and consultation following an exposure incident.

During the evaluation, if the employee is unable, the Principal Investigator/Supervisor is responsible for completing and providing the required information on the Health Care Professional Post-Exposure Evaluation Form (located in Appendix E) to a Health Care Professional.

The exposure incident shall be reported to EHS through the use of WSUTC Incident Reporting system. Incident review will be conducted in order to identify and correct problems to prevent recurrence of similar incidents.

11.4 *Evaluation*

The exposed employee will receive, at no cost, post-exposure evaluation, education, counseling, and appropriate testing.

- a. A confidential medical evaluation will be performed by the Health Care Professional documenting:
 - i. The circumstances leading to the exposure incident,
 - ii. Route of exposure,
 - iii. The source of the potentially infectious material.
- b. The employee will be offered appropriate post-exposure prophylaxis, as recommended by the U.S. Public Health Service.

- c. HIV and HBV testing will be completed on the source material. If the source individual can be identified, consent for testing must be obtained.
- d. The exposed employee will be offered HIV and HBV testing to assess serological status at the time of the incident, at 1 month, 3 months and 6 months after the incident. In the event the employee does not consent to serologic testing, a baseline blood sample will be held for at least 90 days.
- e. The employee will be provided with post-exposure counseling and education. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of state laws and regulations concerning disclosure of this information.
- f. Illnesses reported by the exposed employee subsequent to the exposure incident will be assessed in relationship to the incident.
- g. Within 15 days the Health Care Professional will provide the employee and WSU HRS with a copy of the WSUTC Health Care Professional's Written Opinion for Post Exposure Follow-up (Appendix E) form regarding the medical findings of the incident exposure evaluation. This written opinion must include whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination. It documents that a medical evaluation took place following the incident exposure, that the employee has been informed of the results of the evaluation and that the employee has been counseled about potential medical conditions resulting from exposure to bloodborne pathogens. All other findings shall remain confidential.

12. Training Program

12.1 Responsibility

The department shall ensure that all employees with occupational exposure participate in a training program that must be provided at no cost to the employee and during working hours.

This training shall be provided at the time of initial assignment and annually thereafter when assigned to tasks where occupational exposure may take place.

Principal Investigators/Supervisors shall provide 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.

Material appropriate in content and vocabulary to educational level, literacy, and language of laboratory staff and employees shall be used.

The person conducting the training must be knowledgeable of the workplace that the training will address and the requirements of the standard.

12.2 Training Requirements

The training program for all potentially exposed employees shall cover the following.

- a. An **accessible copy of the regulatory text** of the Bloodborne Pathogens Standard and an explanation of its contents;
- b. A general explanation of the **epidemiology and symptoms** of bloodborne diseases;
- c. An explanation of the **modes of transmission** of bloodborne pathogens;
- d. An explanation of the **WSUTC** and the **Site Specific Bloodborne Pathogens Exposure Control Plan** for their area and the means by which the employee can obtain a copy of the written plan;
- e. An explanation of the appropriate **methods for recognizing tasks and other activities** that may involve exposure to blood and potentially infectious materials;
- f. An explanation of the use and limitations of **methods that will prevent or reduce exposure** including appropriate engineering controls, work practices, and personal protective equipment;
- g. An explanation of the basis for selection of **personal protective equipment**; as well as information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- h. Information on the **Hepatitis B vaccine**, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and immunization will be offered free of charge;
- i. Information on the appropriate actions to take and persons to contact in an **emergency** involving blood or other potentially infectious materials;
- j. An explanation of the procedure to follow if an **exposure incident occurs**, including the method of reporting the incident and the medical follow-up that will be made available;
- k. Information on the **post-exposure evaluation** and follow-up that the principal investigator is required to provide for the employee following an exposure incident;
- l. An explanation of the **signs and labels and/or color coding** as required and used;
- m. An opportunity for interactive questions and answers with the person conducting the training session.

13. Recordkeeping

13.1 Medical Records

The Health Care Professional will establish and maintain accurate records for each employee with occupational exposure in accordance with WAC 296-802.

In addition, copies of the following records will be sent to WSU Human Resource Services to be retained for at least the duration of employment plus thirty years in accordance with WAC 296-802. These records are to be kept strictly confidential.

- a. Employee name and WSU ID number.
- b. A copy of the WSUTC Health Care Professional's Written Opinion for Hepatitis B Vaccination, or the WSUTC Hepatitis B Declination form signed by the employee declining the Hepatitis B immunizations.
- c. A copy of the WSUTC Health Care Professional's Written Opinion for Post-Exposure Follow Up following an exposure incident.
- d. A copy of the WSUTC Health Care Professional's Written Opinion for Post Exposure Evaluation which includes the information provided by the employee or supervisor following an exposure incident.

13.2 Training Records

Initial Bloodborne Pathogen training records will be maintained by the training provider for at least three years after the date on which the training occurred. Principal Investigators/Supervisors must also maintain records of Bloodborne Pathogen training conducted by the laboratory and/or department.

Annual refresher training must be completed every 12 months and records must be maintained for at least 3 years.

Training records shall contain:

- a. The date(s) of the training session
- b. A summary of the training course content
- c. The names and qualifications of the instructors
- d. The names of all persons attending the training

13.3 Transportation and Disposal

Departments must maintain a file of all shipping manifests and disposal certifications for biohazard wastes removed from campus. Copies of all documentation must also be provided to EHS.

13.4 Availability

All records described shall be made available for examination and copying to Director of the Washington State Department of Safety and Health.

All records will be available for examination and copying to the employee or any person with the employee's written consent.

14. Accessibility

It is the responsibility of the Principal Investigator/Supervisor to ensure that the completed Bloodborne Pathogens Exposure Control Plan for their area will be located where it is accessible to staff and employees at any time.

A copy of the exposure plan must be made available to WSUTC authorities and the Director of the Washington State Department of Safety and Health upon request.

15. Annual Update

The Principal Investigator/Supervisor is responsible for reviewing their Site Specific BBP Exposure Control Plan annually, whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

WSUTC's Bloodborne Pathogens Exposure Control Plan Template will be reviewed annually by EHS. In addition, it will be reviewed any time changes in tasks involving bloodborne pathogens are made and when new technologies warrant review.

Appendix A

Site Specific BBP ECP

Site Specific BBP Exposure Control Plan

| | | | |
|---|--|--------------------|--|
| 1. Principal Investigator | | | |
| 2. Department | | 3. Phone: | |
| 4. Building | | 5. Room(s): | |
| 6. Location of ECP | | | |
| 7. Job titles with potential occupational exposure | | | |
| | | | |
| 9a. Procedures/tasks with potential exposure | 9b. Minimum personal protective equipment (PPE) Required for each task (check all required) | | |
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ | | |
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ | | |
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Site Specific BBP Exposure Control Plan

| 9a. Procedures/tasks with potential exposure | 9b. Personal protective equipment (PPE) Required for each task (check all required) |
|---|--|
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ |
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ |
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ |
| | <input type="checkbox"/> Lab coat <input type="checkbox"/> Apron <input type="checkbox"/> Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Gloves (specify) _____ <input type="checkbox"/> Other (specify):_ |
| 10. Engineering Controls (specify when each is used) | |
| <input type="checkbox"/> Biological Safety Cabinet <input type="checkbox"/> Needles with safety systems (retractable, specify) <input type="checkbox"/> Centrifuge <input type="checkbox"/> Plastic capillary tubes <input type="checkbox"/> Sharps Container <input type="checkbox"/> Tongs or forceps to handle broken glass <input type="checkbox"/> Needleless systems <input type="checkbox"/> Other: _____ | |
| 11a. Sharps containers are inspected, maintained, replaced: (must be replaced as necessary to prevent overfilling, never more than 2/3 full) | Person Responsible _____ Frequency: _____ |
| 11b. Sharps container disposal procedure | |

Site Specific BBP Exposure Control Plan

| | |
|--|--|
| 12. Work practice controls (in addition to Universal Precautions/UNIVERSAL PRECAUTIONS) | |
| Check all that apply | |
| <input type="checkbox"/> No eating/drinking/applying cosmetics in areas with blood or OPIM <input type="checkbox"/> No mouth pipetting <input type="checkbox"/> Gloves changed whenever soiled, torn, or punctured and removed prior to exiting work area <input type="checkbox"/> Training on use of engineering controls required prior to work <input type="checkbox"/> Blood and OPIM transported in secondary non breakable, leakproof, sealed, label containers outside of work area <input type="checkbox"/> Hand washing after removing gloves, before leaving work area, and whenever soiled or contaminated | <input type="checkbox"/> No capping/bending/shearing of needles <input type="checkbox"/> Contaminated sharps are disposed of immediately into sharps container <input type="checkbox"/> Reusable sharps are secured when not in use (specify when and how) <input type="checkbox"/> Other work practice controls (specify): <hr/> <hr/> <input type="checkbox"/> Location of additional Standard Operating Procedures to minimize exposure risk: <hr/> <hr/> |
| 13a. How employees and supervision is involved in identifying changes to engineering controls, work practices, and evaluating potential new products/processes. | |
| Check all that apply | |
| <input type="checkbox"/> Employee feedback (specify how and frequency) <input type="checkbox"/> Laboratory meetings (specify) <input type="checkbox"/> Safety committee activities (specify how and frequency) <input type="checkbox"/> Exposure Incident Investigation <input type="checkbox"/> Other (specify): | |
| 13b. Person responsible for implementing changes identified through the processes outlined in 13a. | |
| 14a. Location of PPE | |
| 14b. Order PPE is removed | |
| 14c. Procedure for handling used PPE | |

Site Specific BBP Exposure Control Plan

| | |
|--|--------------------------------|
| 15a. Laundered articles (if applicable) | |
| 15b. Person responsible for laundry (if applicable) | |
| 16a. Procedure and schedule for routine cleaning and decontamination of area (specify surfaces, equipment, disinfectant, contact time) | |
| | |
| 16b. Spill and decontamination procedure (specify disinfectant and contact time) | |
| | |
| 17. Bloodborne Pathogen waste procedures (specify how waste is packaged and disposed of) | |
| | |
| 18. Person responsible for providing Site Specific BBP training | |
| 19. Person responsible for reviewing exposure incidents | |
| 20. Emergency Procedures | |
| <ol style="list-style-type: none"> 1. Wash exposed body part immediately 2. Contact supervisor 3. Seek care as soon as possible 4. Be prepared to provide information to the Health Care Providers. Tell them you are a WSUTC employee. Complete the information on the Health Care Providers Opinion for Post-Exposure Evaluation (Appendix E). If you are unable to do this then the supervisor will complete the information. 5. Complete online accident report http://hrs.wsu.edu/forms/incident_report.aspx | |
| _____ Signature of Principal Investigator | _____ Date Completed |
| _____ Signature of Principal Investigator or manager | _____ Date reviewed/updated |
| _____ Signature of Principal Investigator or manager | _____ Date reviewed/updated |

Appendix B

Spill Cleanup Procedures

SPILL CLEANUP PROCEDURES

The following procedures should be adhered to when responding to and cleaning up blood and human body fluid spills:

1. Secure the spill area by posting signs, flagging or using barricade tape around the area. People must not enter the spill site and become contaminated or spread the contamination.
2. Determine the approximate area of the spill.
 - a. If the spill is less than or equal to two (2) square feet (**small spill**), it may be cleaned up by any trained personnel.
 - b. If the spill is larger than two (2) square feet (**large spill**), contact EHS at 509-372-7163 during normal business hours or 911 after business hours for assistance.
3. Prepare an adequate quantity of 10% (1 part bleach to 10 parts water) bleach/water disinfectant solution or other approved disinfectant for the amount of material spilled. If disinfectant will be used on material that should not be bleached or would come in contact with incompatible materials such as ammonia, another disinfectant certified by EPA for use on HBV and HIV can be used.
4. PPE required for spill cleanup is a minimum of two pair of disposable gloves, eye/face protection and a lab coat. For larger volume spills additional PPE such as a full protective suit, goggles, heavy gloves, boots, and a respirator may be required.
5. Place absorbent towels or other absorbent material over the spill and saturate the towel with the 10% bleach solution so that it soaks into the spill. Allow the disinfectant to penetrate the material for at least twenty minutes.
6. Wipe up the spill area with absorbent towels. Place disinfected cleanup materials in a plastic bag. Seal the bag with tape and dispose of it in the dumpster.
7. Once the area is cleaned up, place any contaminated waste materials into a biohazard plastic bag, remove visibly contaminated gloves and dispose of them in this plastic bag. Be careful not to contaminate the exterior surfaces of the bag with paper towels, gloves, etc.
8. Seal the plastic bag of contaminated items with duct tape. Place the sealed bag into a second biohazard bag and seal with tape.
9. Double bagged contaminated disposable items must be disposed of through a vendor approved by EHS. The Current vendor is Sharps Compliance, Inc (<http://www.sharpsinc.com/>). Contact EHS for assistance, or to request approval of an alternate vendor.

Appendix C

WSUTC's Health Care Professional's Opinion for Hepatitis B Vaccination

WSUTC Health Care Professional's Opinion for Hepatitis B Vaccination

Instructions: As required by the Occupational Exposure to Bloodborne Pathogens Standard, Chapter 296-823 WAC the Health Care Professional is to provide a written opinion for the vaccination. Provide a copy of this completed form to the employee within 15 days of initiation of the series. The employee will supply the employing department with a copy of form as verification of immunization status.

Employee's Name: _____

Date of Evaluation: _____

Health Provider's Address: _____

Health Provider's Telephone _____

As required by the Occupational Exposure to Bloodborne Pathogens rule, Chapter 296-823 WAC:

Hepatitis B vaccination is ____ **is not** ____ recommended for the employee named above.

The employee named above is scheduled to receive 3 total hepatitis B vaccinations on the following dates:

1st of 3 _____

2nd of 3 _____

3rd of 3 _____

Healthcare Provider signature

Healthcare Provider signature

Date

Return this form to the employer, and provide a copy to the employee, within 15 days. Please label the outside of the envelope "Confidential."

Washington State University
HRS
PO Box 641014
Pullman, WA 99164-1014
Phone: 509-335-4521

Appendix D

WSUTC's Hepatitis B Vaccination Declination

WSUTC's Hepatitis B Vaccination Declination

Instructions: Employees declining the Hepatitis B Vaccination series are to complete this form and provide a copy to the employing department.

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

WSUTC _____(department name) has given me the opportunity to be vaccinated with the 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.

- I have already received the hepatitis B vaccination series.
- I decline hepatitis B vaccination at this time

Employee's Name (Print)

Employee's Signature

Date

The employing department will return a copy of this form to HRS the address below. Please label the outside of the envelope "Confidential."

Washington State University
HRS
PO Box 641014
Pullman, WA 99164-1014
Phone: 509-335-4521

Appendix E

WSUTC's Health Care Professional's Opinion for Post-Exposure Evaluation & Follow-up

WSUTC Health Care Professional's Opinion for Post-Exposure Evaluation

Instructions: Employee or supervisor (if employee is unable) will complete this section of the form to provide the Health Care Professional with exposure information.

Date, time and location of exposure: _____

Description of employees duties during exposure: _____

What part of the employees body (eye, mouth, finger, leg) was exposed: _____

Routes of exposure (splash, sprayed, needle stick etc): _____

Name and results of source individuals blood tests (or cell culture line) if available

Medical records relevant to the employee may be obtained from the employees Medical Provider:

Medical Professional's Name

Address

Phone

Copy of the employees' Health Care Professional's Written Opinion for Hepatitis Vaccination is attached (if applicable)

Health Care Professional's Written Opinion for Post Exposure Evaluation form

(On reverse side of this page)

WSUTC Health Care Professional's Opinion for Post-Exposure Follow-up

Instructions: Health Care Professional completes this section of the form. Return this form to the address below and provide a copy to the employee, within 15 days of completion of the evaluation. Please label the outside of the envelope "Confidential."

Employee's Name: _____

Date of Incident: _____

Date of Evaluation: _____

Health Professional's Address: _____

Health Professional's Telephone: _____

____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

____ Hepatitis B vaccination is ____ is not ____ indicated.

Health Care Professional's Name

Health Care Professional's Signature

Date

Return this form to the employer and provide a copy to the employee within 15 days. Please label the outside of the envelope "Confidential."

Washington State University
HRS
PO Box 641014
Pullman, WA 99164-1014
Phone: 509-335-4521

Note to Health Care Professional: WAC 296-823-160 Occupational Exposure to Bloodborne Pathogens – Post-exposure Requirements may be found at the following

link: <http://www.lni.wa.gov/wisha/rules/bbpathogens/PDFs/823-PostExposure160.pdf>

If a hard copy is preferred contact WSUTC EHS at 372-7163.