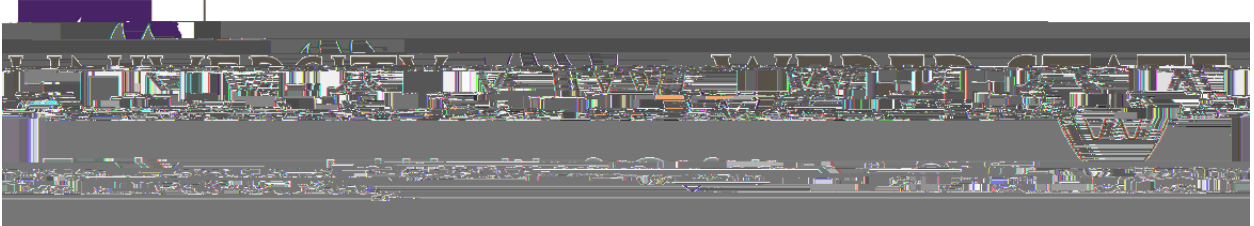


Weber State University

EXPOSURE CONTROL PLAN (ECP)

OSHA's Standard for Bloodborne Pathogens 29 CFR 1910.1030



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1) INTRODUCTION	2
2) RESPONSIBILITIES	2
3) CRITERIA FOR IDENTIFYING AT-RISK EMPLOYEES	3
4) WORK PRACTICE CONTROLS	4
5) ENGINEERING CONTROLS	4
6) PERSONAL PROTECTIVE EQUIPMENT (PPE)	5
7) WORK AREA DECONTAMINATION AND REGULATED WASTE HANDLING	6
8) LABELING	7
9) TRAINING AND INFORMATION	7
10) EXPOSURE RECORD KEEPING	8
11) HEPATITIS B VACCINE	8
12) POST-EXPOSURE EVALUATION AND FOLLOW-UP	9
13) APPENDIX A: Definitions	11

1) INTRODUCTION

This document serves as the Bloodborne Pathogens Exposure Control Plan (ECP) for Weber State University (WSU). These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work.

This ECP has been developed under the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purposes of this ECP include eliminating or minimizing occupational exposure of employees to blood or certain other Pathogens Standard.

2) RESPONSIBILITIES

1. **Environmental Health and Safety Department**, in partnership with the WSU Institutional Biosafety Committee (IBC), develops and maintains this ECP.
2. **Deans, Directors, Department Chairs, and Administrators**, provide the resources necessary to obtain the appropriate safety equipment to reduce the risk of exposure to

EXPOSURE CONTROL PLAN

affected employees. Ensure that all employees with occupational exposure to Bloodborne
the IBC during the annual review and audit of changes to the ECP. Make suggestions to EHS and

4) WORK PRACTICE CONTROLS

The following work practice controls are used throughout campus and extensions to continually improve how tasks are performed and minimize the risk of exposure by the following:

1. *Hand Washing*

- a. Employees wash hands with soap and water and flush mucous membranes with water as soon as possible following contact with blood/OPIM.
- b. Employees will wash their hands with soap and water immediately after removing gloves or other PPE.
- c. Supervisors provide antiseptic hand cleansers and clean towels to workers when closed doors separate them from hand-washing facilities or when washing facilities are not within a reasonable distance from the worksite.

2. *Sharps*

- a. Employees discard contaminated sharps immediately after use into appropriate disposal containers located as close as possible to use areas. Contaminated sharps are not to be reused in any way.
- b. Supervisors do not permit unsafe operations on contaminated sharps, including recapping, removing, bending, or breaking needles.

3. *Food and Drink*

- a. Food, drink, applying cosmetics, lip balm, or handling contact lenses in locations where there is any risk of exposure is prohibited. (Application of hand cream is permitted.)
- b. Do not store food or drink in freezers, refrigerators, shelves, cabinets, or on the counter or benchtops where blood/OPIM are used or stored.
- c. Refrigerators should be labeled as to the appro

- c. Sharps are not reused. There are *no* exceptions to this policy.
- d. Promotion and use of needle-less health care delivery systems are used where available. Sharps containers are located in areas of use, easily accessible, kept upright throughout use, and replaced when full. Containers are not overfilled.
- e. Supervisors or their designated personnel routinely inspect and decontaminate, if necessary, equipment that could become contaminated by blood/OPIM.
- f. Equipment is inspected and decontaminated prior to repair or shipment. If it cannot be decontaminated, the equipment is labeled to indicate which portions remain contaminated. This information is conveyed to employees, servicing personnel, and/or the manufacturer to take appropriate precautions.

6) **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Employees use PPE when engineering and work practice controls do not eliminate occupational exposure. Supervisors make PPE available to employees and enforce its use whenever needed.

This equipment includes, but is not limited to:

1. *Protective eyewear.*

- a. Safety Glasses.
- b. Goggles.
- c. Mask.
- d. Face Shields.

Protective eyewear is required during laboratory operations that have the potential for generating splashes or aerosol droplets. Departments will ensure that all PPE is appropriate and that all needed sizes are available.

2. *Lab coats and uniforms.*

Laboratory coats, gowns, smocks, or uniforms must be worn while manipulating specimens, including BBP or OPIM. In addition, long pants and closed-toed shoes are required when in the laboratory.

3. *Gloves.*

- a. Gloves must be worn by all personnel engaged in activities that may involve skin contact with BBP or OPIM.
- b. Gloves are required for laboratory workers with dermatitis or other lesions on the hands who may have direct or indirect contact with potentially infectious materials.
- c. Gloves should be removed before touching common equipment (phone, computer, door handles, etc.).

4. *Masks*

- a. Masks are to be worn whenever the risk of splashes, spray, splatter, or droplets of blood may be generated and can be reasonably anticipated

5. *PPE Care*

- a. The following procedures will ensure that all PPE is not contaminated and is in an appropriate condition to protect employees from potential exposure.
- b.

8) LABELING

- a. A biohazard warning sign incorporating the universal biohazard symbol must be posted on the access door to the laboratory work area.
- b. All human tissue, body fluid, or other potentially infectious materials must be stored in a container labeled with a biohazard symbol.
- c. Refrigerators, freezers, incubators, or other pieces of equipment where potentially infectious materials are stored or handled must also be labeled with the biohazard symbol.

9) TRAINING AND INFORMATION

1. *Initial Bloodborne Pathogen training*

- a. Initial Bloodborne Pathogen training is required at the initial assignment to tasks where occupational exposure to blood and other potentially infectious materials may occur, and a refresher is required annually.
- b. Employee training can be taken through EHS online or in person.
- c. Students in at-risk programs must also be trained. The department in which the student is at-

3. *Training records include training dates and certificates of completions are available in Convergence*

Training records are kept for three years from the training session date. At-risk employees/students or their representatives may request their training records. Training records are also available to the U.S. Assistant Secretary of Labor for Occupational Safety

12) POST-EXPOSURE EVALUATION AND FOLLOW-UP

The OSHA standard requires medical follow-up of personnel after exposure. At no cost to the

- c. A statement the employee was informed of any exposure-related medical conditions requiring further evaluation and treatment. The written opinion does *not* include findings or diagnoses, which remain confidential.

4. Exposure Incident Evaluation Plan.

The WSU IBC reviews exposure incidents biannually and recommends methods to the Departmental Responsible Person to prevent future similar incidents. The committee also reviews past recommendations to ensure that previous recommendations were implemented.

- a. Supervisors of exposed employees perform the following tasks:
 - i. Completes Supervisors Report of Incident.
 - ii. Suggests procedural changes to avoid future incidents.
 - iii. Documents on how such changes should be implemented.

5. Supervisors may request assistance with post-IBC.

- a. Employees must give specific written consent for EHS to allow another individual to see the record.

6. Exposure incident evaluation procedures

- a. WSU requires departmental responsible persons to document every exposure using
 - i. Name of the exposed individual.
 - ii. Name of the source individual.
 - iii. Description of how the exposure occurred.
 - iv.

13) APPENDIX A: Definitions

Appropriate Containers: Red bags, labeled boxes, and red sharps containers.

Blood: Human Components, and products made from humans.

Bloodborne Pathogens: Pathogenic microorganisms present in human blood can cause disease in humans. These pathogens include but are not limited to Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

CDC/NIH Disease Control and
Prevention and National Institutes of Health, federal authors of standard practices and policies related to the prevention of bloodborne diseases.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry

Human Immunodeficiency Virus

HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).

Infectious Waste: Any waste which has the potential to cause an infectious disease.

Occupational Exposure