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# Bloodborne Pathogens Exposure Control Plan

The University of North Carolina at Greensboro



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(Revised August, 2016)

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## **1. Policy**

The University of North Carolina at Greensboro (UNCG) is committed to eliminating (whenever possible) and minimizing occupational exposure of employees to bloodborne pathogens. These pathogens include, but are not limited to, Human Immunodeficiency Virus, (HIV), Hepatitis B (HBV), and Hepatitis C (HCV). This exposure control plan has been written to meet these goals and to comply with the [United States' Department of Labor, Occupational Safety and Health Administration's Bloodborne Pathogen Standard \(29 CFR 1910.1030\)](#).

## **2. Scope and Application**

This exposure control plan applies to all occupational exposure to blood or other potentially infectious materials at UNCG campuses and related facilities and operations. This exposure control plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with potential occupational exposure.

## 2.1 Exposure Determination by Job Title and Task

[UNCG's Environmental, Health and Safety \(EHS\) Department](#) will work closely with Department Heads, Principal Investigators, Immediate Supervisors, and other administrators and employees to conduct exposure determinations and to develop and administer any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.

An exposure determination consists of: a listing of all job classifications in which employees have occupational exposure; a listing of job classifications in which some employees have exposure, with a list of tasks which may lead to occupational exposure (See Job Classifications, Appendix A).

Department heads (supervisors and principal investigators) must notify EHS so that they both may make necessary revisions/adjustments to this plan for the following:

1. New or modified tasks and procedures.
2. New or revised employee positions.

Those employees covered by the Standard will receive bloodborne pathogens training and are expected, as a condition of employment:

- To complete a Hepatitis B vaccination/declination form.
- To know which task(s) they perform has the potential for occupational exposure to bloodborne pathogens.
- To complete annual bloodborne pathogens training.
- To consistently use all the engineering controls, work practices and appropriate personal protective equipment as set forth in this plan.
- To plan and conduct all operations in accordance with this plan.
- To immediately report to their supervisor and/or EHS, all unsafe conditions and all bloodborne pathogens exposure incidents, or near-

miss situations.

Exposure determinations and Hepatitis B vaccination/declination forms must be completed within the first 10 days of employment.

## 3 Methods of Compliance

### 3.1 Engineering and Work Practice Controls

Engineering and Work Practice Controls shall be used to eliminate or minimize exposure whenever possible as a first line of defense.

**Engineering controls** are (e.g. biological safety cabinets, sharps disposal containers or self-sheathing needles). Engineering controls must be examined, maintained, or replaced periodically to ensure their effectiveness.

**Work Practice Controls** are procedures that reduce the likelihood of exposure by altering the way in which a task is performed (e.g., prohibiting mouth pipetting and recapping of needles).

- **Universal Precautions** shall be observed to prevent contact with blood and other potentially infectious materials. This means handling human blood, human tissues, human body fluid and biohazardous waste as if it is infected while wearing the appropriate personal protective equipment.
- Hand-washing facilities, with soap, shall be provided by each department and shall be used immediately by employees after any human blood or body fluid contact to the skin or mucous membranes, and after the removal of any personal protective equipment. In any outdoor setting where hand washing facilities are not feasible, antiseptic towelettes or hand cleanser shall be provided and hands shall be washed with soap and water as soon as possible afterwards.

- Needles shall be “safety” type, self-sheathing whenever they are available. Cost shall not be a reason for not using safety needles.
- Contaminated needles and other sharps shall: (1) be handled carefully, (2) not be broken, sheared, bent, recapped, or removed unless no alternative is feasible or that such action is required by a specific medical or dental procedure, (3) be placed, immediately after use, in sharps containers described below in Section 4, Regulated Waste.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas (e.g. laboratories).
- Blood and potentially infectious material (including the clean-up of such) shall be handled in such a manner as to minimize splashing, spraying, splattering, or generation of droplets.
- Mouth pipetting/suctioning is strictly prohibited.
- Specimens of blood or other potentially infectious material must be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be rigid, leakproof and labeled with the universal biohazard symbol prior to being stored, transported or shipped.
- The following applies to equipment that may have become contaminated with blood or other potentially infectious materials:
  - a. Prior to servicing or shipping, equipment must be decontaminated by physical or chemical means to remove, inactivate or destroy bloodborne pathogens. (i.e. Autoclaving or disinfectant detergents).

- b. Biohazard warning labels like the one pictured in Figure 1 shall be affixed to containers of blood or regulated waste, refrigerators and/or freezers containing blood or other potentially infectious material and/or other containers used to store, transport or ship these materials. Biohazard labels will be fluorescent orange or



orange-red with lettering and symbols in a contrasting color. These labels will be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Regulated waste that has been decontaminated need not be labeled.

- c. If the equipment requires servicing/shipping, it will adhere to the appropriate shipping regulations.
- d. Hazard information will be conveyed to servicing personnel before handling is permitted to ensure that appropriate precautions will be taken.

### **3.2. Personal Protective Equipment (PPE)**

When engineering and work practice controls are not sufficient to eliminate exposure to blood or other potentially infectious materials, PPE shall be used.

- PPE shall be provided, cleaned, laundered, repaired, replaced, and disposed of by the department at no cost to the employee.
- PPE is not a substitute for other controls and is considered "appropriate" only if it does not permit blood or potentially infectious materials to pass through or reach the employee's work

clothes, street clothes, undergarments, skin, eye, mouth, or other mucous membranes under normal working conditions.

- PPE may consist of: gloves, gowns, lab coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices that meet the requirements above.
- PPE shall be worn at all times unless, under rare and extraordinary circumstances in the employee's professional judgment, its use would prevent the delivery of healthcare, or pose an increased hazard to the employee, or to co-workers. In these circumstances, a thorough investigation shall be made by the immediate supervisor and reported to the Environmental, Health and Safety Office within forty-eight hours. This investigation will document the circumstances and whether changes must be made to prevent any recurrences.
- Gloves must be worn when it can be reasonable anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and nonintact skin; when performing vascular access procedures and when touching or cleaning contaminated items or surfaces.
  - a. Disposable gloves shall be replaced as soon as practical after contamination and as soon as feasible if torn, punctured, or compromised.
  - b. Disposable gloves shall not be washed or decontaminated for reuse.
  - c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the

gloves normally provided

d. Utility gloves may be decontaminated for re-use if the gloves' integrity is not compromised. However, they must be discarded if cracked, peeling, torn or punctured.

- Protective clothing (splash proof gowns, lab coats, aprons, etc.) must be worn when appropriate for the task being performed and the degree of exposure anticipated. In situations when gross contamination can be reasonably anticipated, surgical caps and shoe covers must be provided and used.
- Face protection sufficient to shield the eyes, nose and mouth from splashes, sprays, splatters, or droplets of potentially infectious materials must be worn when contamination can be reasonably anticipated.
- PPE will be removed in a manner to prevent cross-contamination prior to leaving the work area and will be placed in a designated location or container for storage, laundry, decontamination or disposal. If street clothes are penetrated by blood or potentially infectious material, the garment shall be removed as soon as feasible. A change of clothing must be provided to replace contaminated employee clothing.

### **3.3 Housekeeping**

- UNCG will ensure that the worksite is maintained in a clean and sanitary condition. All contaminated equipment and work surfaces will be cleaned and disinfected:
  - a. After completion of procedures.
  - b. Immediately after overt contamination or spills.
  - c. At the end of the work shift, if potentially contaminated.



- Contaminated disposable work surface coverings & protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper, shall be removed and replaced as soon as feasible when they become contaminated.
- Contaminated re-usable containers (bins, pails, cans, etc.) and personal protective equipment shall be cleaned and disinfected as soon as feasible after use.
- Broken glass or other potentially contaminated sharp objects will not be handled directly with the hands. (Use brush, tongs, dust pan, forceps, etc.).

Spills of blood or other body fluids should be cleaned up as soon as feasible using an EPA-registered tuberculocidal disinfectant, approved EPA-registered disinfectant or a fresh solution of 1:10 household bleach to water. Free liquid should be absorbed with toweling or other approved absorbent, with gloved hands, taking care to watch for sharp objects. If there is a possibility of splattering, protective equipment covering the eyes, nose, and mouth should be worn.

### **3.4 Regulated Waste**

Disposal of all regulated waste will be in accordance with UNCG's policy ([Section 0260 Regulated Medical Waste Program](#)) as well as applicable federal, state, and local regulations. Contaminated sharps and other regulated waste will be discarded immediately or as soon as feasible in biohazard labeled containers that are closable, puncture resistant, and leak-proof. Containers for contaminated sharps will be maintained upright throughout use, easily accessible to personnel, replaced routinely, and not be allowed to overflow.

When moving contaminated sharps or other regulated wastes the containers will be biohazard labeled and closed to prevent spillage or protrusion during handling, storage, transport, or shipping. Secondary containers will be used if leakage is

possible. The second container will also be biohazard labeled, closable, and constructed to contain all contents and prevent leakage.

### **3.5 Contaminated Laundry**

- Shall be handled as little as possible, with minimal agitation while being placed in a biohazard labeled bag or container (if leakage is possible) at the location where it was used. **Gloves shall be worn during the handling of contaminated laundry.**
- All contaminated laundry which is to be transported off-site, must be properly containerized and labeled as BIOHAZARD. The off-site laundry facility must be notified of the incoming articles.
- Clothing which is designated as PPE shall never be taken home for washing.

## **4 Information and Training**

Department Heads must ensure that those employees with occupational exposure, as defined in Appendix A, take part in the comprehensive Bloodborne Pathogens program as described below. Training will be provided within 10 days of initial assignment to tasks where occupational exposure may take place and annually thereafter. Retraining must also be provided prior to reassignment or when modification of tasks or procedures may affect exposure.

- A copy of this Exposure Control Plan shall be available upon request to employees. In addition to the department/division copy, a copy is available at the Environmental, Health and Safety Office.
- Training shall be coordinated by each department who is to designate a trainer. This person will be trained by the Department of Environmental, Health and Safety on a train the trainer basis to

ensure competence in the subject matter as it relates to the employee's work area. Departmental trainers or the Department of Environmental, Health and Safety shall be the sole source for bloodborne pathogens training. The Department of Environmental, Health and Safety is available to assist with departmental training needs to ensure complete compliance. Each department will be audited periodically to ensure the quality of their training or performance.

- Training shall be performed during working hours at no cost to the employee.

#### **4.1 Training Program Elements:**

- a. A copy of the regulatory text of the standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of HIV, HBV, HCV, and their modes of transmission.
- c. An explanation and the locations of UNCG's Exposure Control Plan.
- d. An explanation of appropriate methods for recognizing task and activities that involve exposure to human blood or other potentially infectious materials.
- e. An explanation of the use and limitations of methods of control used by the department that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and PPE.
- f. An explanation of the selection criteria of PPE which

shall include its limitations, proper usage, removal, maintenance decontamination and proper disposal.

- g. Information on the HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated.
- h. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up that will be made available. (Section G)
- i. An explanation of the signs, labels, tags, and/or color-coding used to denote biohazards and how they shall be used.
- j. An opportunity for interactive questions and answers between the employee and the trainer.

**NOTE: The training must include the specifics of this policy in conjunction with an interactive question and answer session and cannot be solely covered by video or other electronic media.**

- A copy of all bloodborne training records must be forwarded to EHS by the corresponding department. It shall include a completed Training Roster, vaccination acceptance or declination forms and Healthcare Professional's Written Opinion, as applicable. (Links to all forms located in Appendices)

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## **4.2 Communication of Hazards to Employees**

Warning labels, signs, or tags shall contain the standard red-orange "BIOHAZARD" symbol and shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or potentially infectious materials, and other containers used to store or transport such materials. Individual

containers of blood which are stored, transported and disposed of in labeled containers are exempt. Regulated waste which has been decontaminated is also exempt. Assistance in locating a source of appropriate signs and labels will be provided by EHS.

## 5 Hepatitis B Vaccination

### 5.1 Availability

UNCG will make available the hepatitis B vaccine series at no cost to all employees who have occupational exposure. Department Heads must ensure that covered new employees electing to receive a Hepatitis B Vaccination Series following initial bloodborne pathogens training, are scheduled to begin the series within ten working days of initial assignment. The employee wishing to receive the series must be evaluated by a healthcare professional before the first vaccination is administered. (see [Healthcare Professional's Opinion for Hepatitis B Vaccination form](#), Appendix D). Each department is responsible for obtaining documentation of the written opinion and copies of vaccination records (or a written statement from the employee regarding vaccination status). The employee's department will also provide the employee a copy of the written opinion within fifteen days of the evaluation. The general schedule for the series is as follows: When the first vaccination is given, the second shot must follow one month later. Five months later, the third vaccination must be administered. This schedule must be firmly followed unless otherwise stated by the healthcare professional.

- Hepatitis B vaccinations shall be made available at the Student Health Service for employees with occupational exposure.

**NOTE: The Student Health Center does not routinely provide vaccination records to EHS, therefore it is the responsibility of the department to provide this information to EHS, if requested.** Vaccinations may be omitted for employees who have previously received the vaccine series, antibody testing

has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons.

- An employee may decline the vaccine, but must sign off that they have chosen to do so on the Hepatitis B Acceptance/Declination form.
- Employees who initially decline, may receive the vaccination series at any later time upon request.
- As recommended by the Centers for Disease Control and Prevention (CDC), one to two months after completion of the three dose vaccination series, Health Care Workers employed by Student Health Service and the School of Nursing should be tested for antibody to hepatitis B surface antigen. Those employees who do not respond to the primary vaccine series should complete a second, three dose vaccine series. Re-vaccinated employees should then be re-tested.
- Future booster vaccine recommendations by the U.S. Public Health Service and CDC shall be followed.

## **5.2 Post-Exposure Evaluation and Follow-Up**

An exposure is defined as any cut, puncture, or other percutaneous entry; splash to the mucous membranes, or other contact with blood or other potentially infectious materials on non-intact skin or mucous membrane that occurs to an employee while at work. The following procedures are to be followed after employee exposure to blood or other potentially infectious materials.

1. Any injuries occurring during an exposure incident should be treated and reported through the proper University injury reporting procedures. (Section [0090](#))
2. The exposed employee shall notify their immediate or designated supervisor as soon as feasible. The supervisor will comply with UNCG's policies on bloodborne pathogens, workers' compensation, and safety, including:
  - a. Notifying EHS at 336-334-HELP (4357).

- b. Making available, at no cost to the employee, a confidential medical evaluation to the exposed employee as soon as possible and within in 24 hours, with the opportunity to received Post-Exposure Prophylaxis (HBV vaccinations, etc.) as recommended by the U.S. Public Health Service and/or CDC.
  
- 3. The employee's department shall provide the following information to the health care professional performing the medical evaluation.
  - a. Copy of the [Bloodborne Pathogens Standard](#).
  
  - b. Description of employee's duties as they relate to the exposure incident.
  
  - c. Document the route of exposure and circumstances leading up to exposure ([Review of Employee Exposure to Blood/Infectious Material](#)). This shall be completed by the employee, forwarded to the Environmental, Health and Safety Office, and kept confidentially in the employee's file. Additionally, if the exposure is a result of a needle stick or other sharps injury, the Sharps Injury Log indicating such will be updated and maintained by EHS, along with the OSHA 300 Log.
  
  - d. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or

local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

- e. All relevant medical records, including vaccination status of the employee (maintained by Gove Student Health Center).
4. The exposed employee will have the opportunity to have baseline blood drawn and stored for up to 90 days following exposure, at no cost. If the employee wishes to have their blood tested for HIV or HBV during this 90-day time period, they may request to have this done. UNCG is only obligated to store untested baseline blood samples for 90 days.
  5. Results of the employee medical evaluations will be kept confidential and maintained for the duration of their employment plus thirty years, and not made available to the employer or others. Medical evaluations will be conducted by a licensed physician or other appropriate healthcare professional, at no cost to the employee, and will be conducted as per recommendations of the U.S. Public Health Service at the time of exposure.
  6. Any acute febrile illness which may occur within twelve weeks after the exposure should be recorded to the EHS Office by the exposed employee. The employee shall be entitled to a no-cost medical evaluation during the time frame.
  7. Employee will receive a copy of the evaluating healthcare professional's written opinion in a timely manner following completion of the evaluation. The written opinion shall contain the evaluation results, as well as a statement pertaining to possible conditions resulting from exposure to



blood or other potentially infectious materials which may require further evaluation. All such information will be kept confidential.

## **6 HIV and HBV Research Laboratories**

In addition to all of the other requirements listed in this policy, all departments engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV, including laboratory and animal facilities, must comply with the following special practices in addition to standard microbiological practices:

### **6.1 Special Practices**

- a. Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
- b. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, container labeled with the universal biohazard symbol.
- c. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
- d. When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors.
- e. All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-

containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

- f. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
- g. Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.
- h. All waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens prior to disposal.
- i. Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
- j. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated

before reuse or disposal.

- k. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
- l. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- m. A [biosafety manual](#) shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.
- n. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols. Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

## **6.2 Special Laboratory Features**

- a. Each laboratory shall contain a facility for hand washing and an eyewash facility which is readily available within the work area.
- b. An autoclave for decontamination of regulated waste shall be available.

2. Waste Disposal. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
3. Training Requirements. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.
  - a. The Principal Investigator shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
  - b. The Principal Investigator shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

The Principal Investigator shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

## **7 Records and Recordkeeping**

### **7.1 Records Availability**

UNCG will ensure that all records required to be maintained will be made available upon request to the Environmental, Health and Safety Office.

## **7.2 Medical Records**

UNCG will establish and maintain an accurate medical record for each employee with occupational exposure. This record will include the following information:

1. The name, date of birth, and a specific Identification number for the employee
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination (or a written statement from the employee regarding vaccination status).
3. A copy of all results of examinations, medical testing, and follow-up procedures
4. The employer's copy of the healthcare professional's written opinion
5. A copy of the information provided to the healthcare professional

UNCG will ensure that employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. UNCG will maintain the records for at least the duration of employment plus 30 years.

## **7.3 Training Records**

Training records will be maintained for 3 years from the date on which the training occurred. Training records will include the following information:

1. The dates of the training sessions
2. The contents or a summary of the training sessions

3. The names and qualifications of persons conducting the training.
4. The names and departments all persons attending the training sessions.

#### **7.4 Sharps Injury Log**

UNCG will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. These logs records will be kept for at least the duration of employment plus 30 years. The sharps injury log will contain, at a minimum the following information:

1. The type and brand of device involved in the incident,
2. The department or work area where the exposure incident occurred
3. An explanation of how the incident occurred.

## **APPENDIX A Definitions**

- **Blood:** Human blood, human blood components, and products made from human blood.
- **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These disease causing organisms can be found in all body fluids, unfixed tissue, cell lines, and in situations where it is difficult or impossible to differentiate between body fluids and other materials.

- **Contamination:** The presence of blood or other potentially infectious materials on an item or surface.
- **Contaminated Laundry:** Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- **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.
- **EHS:** UNCG's Environmental, Health and Safety Department
- **Engineering Controls:** Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- **Handwashing Facilities:** A facility providing an adequate supply of running potable water, soap, and single-use towels or air drying machines.
- **HBC:** Hepatitis C Virus.
- **HBV:** Hepatitis B Virus.

- **HIV:** Human Immunodeficiency Virus.
- **Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **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 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); and (3) 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.
- **Parenteral:** Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- **Personal Protective Equipment (PPE):** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothing (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological



wastes containing blood or other potentially infectious materials.

- **Source Individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **Sterilize:** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **Universal Precautions:** Is an approach to infection control. According to the concept of 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.
- **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## **APPENDIX B    Job Classifications**

The following University job classifications have been identified as ones in which employees have reasonably anticipated exposure (skin, eye, mouth, other mucous membrane, or parenteral) to bloodborne pathogens. This assessment is made without regard to the use of PPE. Job classifications are placed in one of two categories:

**Category 1:** A list of all job classifications in which **all** employees in those job classifications have occupational exposure.

**Category 2:** A list of all job classifications in which **some** employees have

occupational exposure, and a list of all tasks and procedures in which occupational exposure occurs.

<b>Department</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Tasks for Category 2</b>
<b>Biology</b>		Asst. Professor Assoc. Professor Graduate Assistant Graduate Student Lecturer Postdoctoral Research Associate Professor Research Technician I & II Undergraduate Research Assistant Volunteer Researchers	Research involving human blood handling. Isolation and culture of human cells, cell lines, or tissues.
<b>Campus Recreation Services</b>	Assistant Director, Facilities Assistant Director, Intramurals Assistant Director, Outdoor Rec. Aquatics Coordinator Facility (Student) Fitness Assistant Fitness Coordinator Fitness Instructor		

	<p>Front Desk Staff  Graduate Assistant,  Aquatics  Graduate Assistant,  Fitness  Graduate Assistant,  Outdoor Programs  Intramural  Supervisors  Personal Trainer</p>		
<b>Chemistry &amp; Biochemistry</b>		<p>Asst. Professor  Assoc. Professor  Graduate Assistant  Graduate Student  Lecturer  Professor  Research Technician  I &amp; II  Undergraduate  Research  Assistant</p>	<p>Research involving human blood samples. Isolation and culture of human cells, cell lines, or tissues.</p>
<b>Child Care Education Program</b>	<p>Director  Operations  Coordinator  Teacher  University  Coordinator</p>		
<b>Environmental, Health &amp; Safety</b>	<p>Hazardous Materials  Response Team</p>		

<p><b>Kinesiology</b></p>	<p>Lifeguard</p>	<p>Asst. Professor  Assoc. Professor  Graduate Teaching  Research  Assistant  Lecturer  Professor</p>	<p>Research involving human blood samples. Taking of human blood samples. Preparation of lab samples containing human blood. Isolation and culture of human cells, cell lines, or tissues.</p>
<p><b>Facilities  Operations-  Housekeeping</b></p>		<p>General Utility  Worker  Housekeeper  Supervisor III</p>	<p>The cleaning of blood or other potentially infectious body fluids. This is only permitted after the employee has undergone on the job training for six months to a year and after Bloodborne Pathogens Training has been completed. (New employees will specifically be told to contact their</p>

			Supervisor, who will clean the spill using appropriate PPE and Engineering and Work Practice Controls).
<b>Facilities Operations-Office of Waste Reduction &amp; Recycling</b>		Grounds Laborer Machine Operator II	Working on sanitation crew.
<b>Health &amp; Human Performance</b>	Building Supervisor Laundry Attendant		
<b>Housing &amp; Residence Life</b>	Housekeeper I & II Housekeeper Supervisor I & II Maintenance Tech II, III, & IV Plumber II		
<b>Intercollegiate Athletics</b>	Asst. Equipment Supervisor Equipment Supervisor Graduate Assistant Athletic Trainer Head Athletic Trainer Laundry Attendant Student Assistant		

	Athletic Trainer		
<b>Public Safety &amp; Police</b>	Campus Security Officer Police Chief Police Officer		
<b>Nursing</b>	Asst. Dean Assoc. Dean Asst. Professor Assoc. Professor Clinical Asst. Professor Clinical Assoc. Professor Clinical Instructor Clinical Professor Dean of the School of Nursing Instructor Lecturer Professor Research Assistant Simulation Lab Staff Visiting Asst. Professor		
<b>Nutrition</b>		Asst. Professor Assoc. Professor Graduate Assistant Graduate Student Lecturer Professor	Research involving human blood handling. Human blood sample preparation.

		<p>Research Technician I &amp; II</p> <p>Undergraduate Research Assistant</p>	<p>Autoclaving and other manipulations of human blood samples.</p> <p>Isolation and culture of human cells, cell lines, or tissues.</p> <p>Handling, preparation, autoclaving, and manipulation of human body fluids, including urine, feces, and breast milk.</p>
<p><b>Student Health Service</b></p>	<p>Associate Physician Building &amp; Environmental Services Technician</p> <p>Licensed Practical Nurse</p> <p>Medical / Nursing Assistant</p> <p>Medical Diagnostic Technician</p> <p>Medical Director</p> <p>Medical Laboratory Technologist</p> <p>Nurse Practitioner</p> <p>Nurse Supervisor</p> <p>Physician Assistant</p> <p>Professional Nurse</p>	<p>Administrative Support Specialist</p> <p>Administrative Support Associate</p> <p>AOD Staff</p> <p>Counselor/Social Worker</p> <p>Associate Director</p> <p>Associate Director/Counseling</p> <p>Director</p> <p>Business &amp; Technical Applications Specialist</p> <p>Business Officer</p> <p>Case Manager</p> <p>Director</p>	

		Graduate Assistant IT Operations Analyst Medical Records Manager Pharmacist Pharmacy Tech Psychiatric Nurse Practitioner Public Communications Specialist Spartan Recovery Program Coordinator Staff Counselor Staff Psychologist Technical Support Analyst	
Dining Services		Maintenance Tech I/II	Servicing of dining equipment.



## Appendix C Hepatitis B Vaccination Acceptance or Declination Form

**Instructions:** Complete the Employee/Student information below. Determine whether or not you wish to receive the vaccine at no charge by checking either the "Acceptance" or "Declination" section and forwarding this signed form to the EHS Office by fax or email at (336)334-4206 or [safety@uncg.edu](mailto:safety@uncg.edu).

Name \_\_\_\_\_ User ID # \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

Are you an: Employee: \_\_\_\_ Student: \_\_\_\_

**Please Check One of the Following:**

**Accept the Hepatitis B Vaccination**

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of

administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself.

I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

**\_\_\_ Decline the Hepatitis B Vaccination**

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

\_\_\_ I am declining because I have previously completed the hepatitis B vaccination series.

\_\_\_ I am declining because I choose not to have the hepatitis B vaccination series at this time but am aware that should I change my mind, I may receive the vaccination series at a later date.

Employee/Student Signature/Date \_\_\_\_\_/\_\_\_\_\_

cc: Department of Environment, Health, and Safety and Departmental Personnel File

## **Appendix D Miscellaneous Forms**

- [Training Roster](#) (PDF)
- [Exposure Form](#) (PDF)
- [Healthcare Worker's Professional Opinion](#) (PDF)

