



Bloodborne Pathogens (BBP) Exposure Control Plan

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University of Puget Sound
Bloodborne Pathogens (BBP) Exposure Control Plan

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1. OVERVIEW

The University of Puget Sound is committed to providing a safe and healthful work environment for our employees, including faculty, staff and student workers. The purpose of this plan is to control occupational exposure of University employees to Bloodborne Pathogens (BBPs).

A pathogen is a disease-causing agent. Bloodborne Pathogens are organisms, such as viruses and bacteria that are carried in human blood. These organisms can cause illness, and in some cases eventual death, after entering the blood stream of an individual. Bloodborne pathogens of primary concern are the human immunodeficiency (HIV) and hepatitis B & C viruses (HBV or HCV), although other pathogens are listed in the definition of Bloodborne Pathogens in [WAC 296-823-099](#) (see Section 2, Definitions).

The infection can be transmitted by the infected blood of one individual directly entering the bloodstream of another individual. This can occur when infectious fluids are absorbed by the mucous membranes (through the eyes, nose, mouth or sexual organs) of the exposed person or through parenteral (blood-to-blood) contact (such as by a needle stick or exposure of potentially infected blood to a fresh cut or otherwise non-intact skin).

Potentially infectious human body fluids include blood, semen, vaginal secretions, urine, feces, vomit, saliva, and any body fluids containing or suspected of containing blood, referred to as Other Potentially Infectious Material (OPIM). It should be noted that these other body fluids are not covered by the Bloodborne Pathogens standard unless they are visibly contaminated with blood or in situations where it is difficult or impossible to differentiate between body fluids, such as may occur in laboratory or clinical settings or in emergency response to a serious injury. For more detail, refer to Section 2.


This Exposure Control Plan applies to affected University employees who have an occupational exposure to Bloodborne Pathogens, meaning that they have reasonably anticipated skin, eye, mucus membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of their assigned duties. For a list of specific job classifications that have been identified as having occupational exposure to Bloodborne Pathogens, go to Section 3.B.

Affected employees can review this plan at any time. It is readily available on Sound.net. Additionally, employees may request a copy from the Facilities Help Desk (253-879-3713).

2. DEFINITIONS

1. **Affected Employee.** An employee of the University of Puget Sound (including faculty, staff and student workers) whose job classification has been identified to have an Occupational Exposure (see Definition 14) to Bloodborne Pathogens (see Definition 3 and Section 3.B).
2. **Blood.** Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.
3. **Bloodborne pathogens (BBPs).** Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:
 - (a) Human immunodeficiency virus (HIV);
 - (b) Hepatitis B virus (HBV);
 - (c) Hepatitis C virus, malaria;
 - (d) Syphilis;
 - (e) Babesiosis;
 - (f) Brucellosis;
 - (g) Leptospirosis;
 - (h) Arboviral infections;
 - (i) Relapsing fever;
 - (j) Creutzfeld-Jakob Disease;
 - (k) Human T-lymphotrophic virus Type I;
 - (l) Viral Hemorrhagic Fever.
4. **Clinical laboratory.** A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).
5. **Contaminated.** The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.
6. **Contaminated laundry.** Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.
7. **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.
8. **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.

- 9. Engineering controls.** Controls that isolate or remove the hazard of the Bloodborne Pathogen from the workplace.
- 10. Exposure incident.** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.
- 11. Handwashing facilities.** A facility providing an adequate supply of running potable water, soap and single-use towels or air-drying machines.
- 12. Licensed health care professional.** A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.
- 13. Needleless systems.** A device that does not use needles for any of the following:
- (a) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
 - (b) The administration of medication or fluids;
 - (c) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- 14. 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.
- 15. Other potentially infectious materials (OPIM).** Includes all of the following:
- (a) Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - (b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - (c) 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.
 - (d) Blood and tissues of experimental animals infected with bloodborne pathogens.
- 16. Parenteral contact.** When mucous membranes or skin is pierced by needle sticks, human bites, cuts, or abrasions.
- 17. Personal protective equipment (PPE).** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.



18. Production facility. A facility engaged in industrial-scale, large-volume or high-concentration production of HIV or HBV.

19. Regulated waste. Regulated waste is any of the following:

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

20. Research laboratory. A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.


21. Safer medical devices. Medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needleless systems, but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or Mylar-wrapped glass capillary tubes.

22. Secondary duty. Any job expectation outside the primary job duties assigned to that position.

23. Sharps with engineered sharps injury protections (SESIP). A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

24. Source person. A person, living or dead, whose blood or other potentially infectious materials (OPIM) may be a source of occupational exposure to the employee. Examples include:

- (a) Hospital and clinic patients;
- (b) Clients in institutions for the developmentally disabled;
- (c) Trauma victims;
- (d) Clients of drug and alcohol treatment facilities;
- (e) Residents of hospices and nursing homes;
- (f) Human remains;
- (g) Individuals who donate or sell blood or blood components.

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- 25. Standard microbiological practices.** Standard microbiological practices refer to procedures comparable to those outlined in the current edition of the Center for Disease Control “*Biosafety in Microbiological and Biomedical Laboratories.*”
- 26. Sterilize.** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 27. Universal precautions.** 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.
- 28. Work Practice Controls.** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

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3. PLANNING

A. Written Exposure Control Plan:

The purpose of this Bloodborne Pathogens Exposure Control Plan is to facilitate the elimination ad/or minimization of employee exposures to Bloodborne Pathogens in University workplaces.

It is available for review by all employees on Sound.net or by requesting a copy from the Facilities Help Desk (253-879-3713). If requested, a copy of this Plan will be provided to the employee or his/her representative within 15 days of his/her request for a copy.

Note that some of the related and/or supporting documents or procedures referenced in this Plan are attached as appendices. Others are referenced herein and may be accessed as indicated.

The University Environmental Health and Safety (EHS) Manager is responsible for maintaining this Exposure Control Plan, which has been developed with input from affected departments and employees and has been implemented by the affected departments. The EHS Manager reviews and updates this Plan at least annually. Additionally, it is updated whenever new or modified tasks/procedures and new or revised job classifications affect occupational exposure to University personnel. And to reflect new information and changes in technology designed to eliminate or reduce exposure to Bloodborne Pathogens, including commercially available and safer medical devices.

B. University of Puget Sound Exposure Determination:

This Exposure Control Plan applies to employees with occupational exposure to blood or OPIM, without consideration of the use of personal protective equipment (PPE) and even if no actual exposure incidents have occurred. University personnel with occupational exposure include employees whose job is to provide healthcare services, as well as trained personnel assigned by the University to provide emergency first aid to employees, visitors or students (as either a primary or secondary duty) and personnel who are required to clean up or otherwise handle waste regulated under this standard.

University employees should call Security for assistance when an emergency first aid response is needed.

The following are the job classifications in which it has been identified that University personnel have a risk of occupational exposure to Bloodborne Pathogens in their work assignments:

- Counseling Health and Wellness Services (CHWS) staff who provide patient care and treatment or who may be exposed to blood and/or OPIM in CHWS laboratory facilities. Specific tasks include patient care and treatment, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials, and transport of contaminated waste to Biology for autoclaving.
- Security Services staff who are trained and designated First-Aid/CPR/AED responders. Specific tasks include patient care and treatment. Facilities Services will be called for cleanup and disposal of contaminated waste.
- Sports Medicine and Training faculty, staff and student workers who provide or train to provide patient care or who are trained and designated First-Aid/CPR/AED responders. Specific tasks include patient care and treatment, cleaning of potentially contaminated equipment and/or surfaces, handling of contaminated materials, handling of contaminated laundry, and proper disposal of contaminated waste including transport to Biology for autoclaving.
- Physical Therapy faculty, staff or student workers who handle blood and/or OPIM. Specific tasks include patient treatment interventions that may expose personnel to blood and/or OPIM, wound care, and routine cleanup of equipment. Facilities Services will be called for cleanup and disposal of contaminated waste.
- Facilities Services Building Specialists (custodial staff) who clean up blood and/or OPIM or collect it for disposal.
- Harned Hall Biology Storeroom staff and student workers who receive and sterilize infectious material, including blood and/or OPIM. Handling of properly contained infectious waste and sterilization by autoclaving.

Within this list of job classifications, individual employees will be identified by the affected departments as they are assigned to a listed job classification and will receive the appropriate training and Hepatitis B vaccinations or will be referred to the EHS Department for follow-up. Before starting work in the affected job, they will be provided the necessary training, protocols, and resources identified in this Exposure Control Plan. A current list of affected employees is maintained by the EHS Department, who is responsible to verify annually that the required records are being maintained.

If other departments will perform labs or other tasks that may expose their personnel to blood and/or OPIM, they should contact the EHS Department to ensure they are fully prepared to comply with the requirements of this Plan.

4. CONTROLLING EXPOSURE OF UNIVERSITY EMPLOYEES TO BLOODBORNE PATHOGENS (BBP)

A. Safer Medical Devices:

Engineering controls are often the most effective way to manage occupational safety and health hazards. Effective safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems, are used where appropriate. Additionally, commercial sharps containers are used in CHWS, Sports Medicine, and Biology. These are available in all building main custodial closets (see Appendix A), in all Facilities Services' shops, at the Harned Hall Biology Storeroom, and at CHWS.

Sharps disposal containers are inspected and maintained or replaced by the appropriate supervisor/manager of each affected department, as necessary to prevent overfilling.


Affected departments review controls regularly, in department safety meetings or as identified in department policies and solicit input from both managerial and non-managerial employees as to the identification, evaluation and selection of effective safer medical devices. This issue is also considered in annual Bloodborne Pathogens training. The University also identifies opportunities to improve controls through the accident reporting process.

Affected employees are trained in the use of sharps disposal containers and other safer medical devices in use. This training is documented as part of Bloodborne Pathogens training in affected departments.

In other departments, occupational exposures result from either designated first aid responder duties and/or handling and cleanup of regulated waste (see Section 2 for definition of regulated waste as it pertains to BBPs), where engineering controls may be less easily applied. However other control systems are in use, as discussed in the next section.

B. Universal Precautions and Personal Protective Equipment:

Universal Precautions is the primary infection control system used in our workplace to protect employees from blood or OPIM. The term "universal precautions" refers to a system of infectious disease control that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease. Universal precautions involve the use of appropriate barriers to prevent skin and mucous membrane exposure during contact with blood or OPIM. This system is used in all affected departments, as it applies to both our medical/research activities and our emergency response and cleanup activities.



The required universal precautions PPE is provided at no personal cost to all affected departments and department members.

The following universal precautions barriers (or Personal Protective Equipment, PPE) are available in Security, in all custodial closets (Appendix A), at the Harned Hall Biology Storeroom, at OT/PT, at CHWS, and as identified in the UPS Sports Medicine Bloodborne Pathogens Exposure Control Plan:

- Disposable gown with full sleeves
- Nitrile (preferred) or latex disposable exam gloves
- Disposable shoe covers
- Eye shield with ear loop mask
- Rescue breathing mask

Other departments who may perform a lab or task involving possible exposure to blood and/or OPIM must ensure they have the required PPE on hand. These precautions must be used whenever a designated first aid responder is providing first aid assistance.

All faculty, staff and student workers must observe the following precautions when handling blood and/or OPIM:

- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth.
- Wear disposable gloves when you:
 - Can reasonably anticipate hand contact with blood or OPIM.
 - Handle or touch contaminated items or surfaces.
- Dispose of gloves when you have finished using them. Never wash or decontaminate disposable gloves for reuse.
- Gloves that will be used for an extended period of time should be disposed of and replaced if they show signs of cracking, peeling, tearing, puncturing, or other deterioration.
- Remove your gloves and other PPE when the work is complete and before leaving the work area, in a manner that avoids contact with any contaminated surface and minimizes the spread of contamination.
- Collect disposable PPE that meets the definition of regulated waste (Definition 19. in Section 2) in a red biohazard bag and treat it as you do other regulated waste. If it does not meet the definition of regulated waste, place it in a black

plastic bag, twist-tied at the top, and dispose of it in a regular University waste container.

- Collect re-usable PPE/work clothing in a red biohazard bag for autoclaving prior to laundering normally.
- Wash your hands immediately or as soon as feasible after removing your gloves and other potentially contaminated PPE. If you cannot wash your hands immediately, use germicidal wipes and then follow-up with a thorough washing using soap and water.

If personal clothing becomes soiled by blood or OPIM, it should be collected in a red biohazard bag for autoclaving prior to laundering normally. For assistance, contact the Facilities Help Desk (253-879-3713).

C. Work Practice and Housekeeping Precautions:

In addition to the basic universal precautions, appropriate work and housekeeping practices and safe handling of PPE are used to provide protection against occupational exposure to BBPs.


Generally, whenever there is an occupational exposure risk, methods that reduce the likelihood of contact with potentially infectious materials should be used. Splashes and the generation of aerosols must be avoided. Care should be taken to prevent hair or long sleeves from coming into contact with work surfaces or individuals.

For research or teaching related activities, standard microbiological practices have been recommended by the CDC and by the NIH for all laboratory containment levels. These practices have been designed to prevent indirect transmission of infectious material from environmental surfaces to the hands and from the hands to the mouth or mucous membranes. Such practices include the prohibition of mouth-pipetting, eating, drinking, smoking, applying cosmetics or handling contact lenses while in the laboratory. These practices are also intended to minimize environmental contamination. These recommended work practices must be strictly adhered to in the conduct of all research or teaching activities and when providing patient services in CHWS.

D. Emergency Response:

In general, Security Services are the designated first responders to significant incidents, accidents and injuries. **Call Security Services at 253-879-3311 in the event of a serious injury or emergency situation.**

Sports Medicine personnel and/or Athletic Trainers are responsible for safe clean up and disposal of all outdoor exposure incidents during athletic events, as described in the Sports Medicine Bloodborne Pathogens Exposure Control Plan.



Otherwise, in-house providers of first aid/CPR should act in accordance with the training they have received. They should use appropriate universal precautions to protect themselves from exposure. These PPE barriers are available as described in Section 4.B.

Once the incident is under control, Facilities Services will be called to provide safe clean-up and disposal of BBP and/or OPIM-contaminated materials.

E. Cleanup of Blood and/or OPIM:

For the cleanup of blood/OPIM, contact the Facilities Help Desk at 253-879-3713, who will dispatch personnel from Facilities Building Services to perform the cleanup. This is also true if a suspicious amount of unknown blood contamination is identified. In either case, do not do immediately clean-up. Let the person at the Help Desk know if additional assistance is needed to cordon off or control the area until cleanup can be accomplished. The Help Desk will contact Security Services if their help may be needed or if an investigation of the circumstances may be appropriate. After hours, contact Security Services at 253-879-3311.

Facilities Building Services personnel will perform the cleanup using the following exposure control methods:

1. Cordon off the affected area, if necessary to prevent exposure of University personnel, visitors or students.
2. Report any exposure control incident to the affected department Supervisor or Manager and the EHS Manager.
3. Cover the spill with absorbent material found in the Bloodborne Pathogens Response Kit located in the nearest custodial closet. In addition to the PPE barriers identified in Section 4.B, this kit includes fluid control solidifier, an 8" biohazard scoop, biohazard bags, clear bags, Twist-ties, disposable clean-up wipes, germicidal wipes, an OSHA/CDC-approved disinfectant, and a pick-up guide describing the University's requirements for collecting BBP waste.
4. Allow the absorbent material to sit long enough to absorb liquid content of the spill (3-5 minutes or otherwise as appropriate).
5. Using disposable gloves and the scoop from the kit, carefully pick up the spill with the blade of the scoop and put the waste into one of the pre-labeled red bio-hazard bag provided in kit. Twist-tie the top of the bag. Then put the first bag into a second bio-hazard bag and twist-tie the top of the second bag.

6. Mop/spray the area with disinfectant (1:10 solution of bleach or an OSHA/CDC-approved disinfectant). Leave the area wet for at least a 10-minute contact time before wiping up the disinfectant.
7. Wash your hands thoroughly using soap and water. If an appropriate place to wash up is not immediately available, use the germicidal wipes at the site and then follow-up with a thorough washing using soap and water.
8. Deliver the biohazard bag to the Harned Hall Biology Storeroom (Rm 249).
9. Promptly restock the Bloodborne Pathogens Response Kit and return it to the proper location.
10. Complete an incident report and return it to the Facilities Building Services Manager and the EHS Manager within 24 hours.
11. Note: If a red or biohazard bag has been used for collection of vomit, urine or fecal material, or for gauze, bandages, diapers or bedding that have not been soaked with blood and do not meet the definition of Regulated Waste (Definition 19. In Section 2), it should be double bagged with a black plastic bag. It may then be disposed of in an exterior University dumpster.

F. Using Labels:

Biohazard warning labels shall be used to identify all storage sites or containers containing blood, OPIM, and infectious waste, unless already contained in a pre-labeled red biohazard bag. They are available by contacting the Facilities Help Desk at 253-879-3713.




Biohazard Label

G. Hepatitis B Vaccination:

The hepatitis B vaccination series will be provided for affected personnel in the job classifications listed in Section 3.B. It is:

- Provided at no cost to the employee after training and within 10 days of initial assignment to a job that has occupational exposure to Bloodborne Pathogens.

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- Hepatitis B vaccinations will be provided to University employees by Allenmore MultiCare Occupational Clinic, located at 3124 S 19th St, Tacoma, WA 98405.
 - Encouraged unless the employee has documentation that the series has previously been received, the person has documented antibodies to Hepatitis B or the person has documented medical reasons not to get the vaccination.
 - University employees who choose to decline the Hepatitis B vaccination must sign a Hepatitis B Declination Form (see Appendix B) by contacting the Facilities Help Desk. Employees who decline the vaccination may request and obtain it at a later date at no cost.
 - Vaccination records will be maintained in the affected departments or by MultiCare. The EHS Department will keep a master list of personnel who have received vaccinations or signed declination forms.
 - Each affected employee will be provided a copy of the healthcare provider's written report within 15 days of the evaluation. Findings or diagnoses other than whether a hepatitis B vaccination is indicated and whether the employee has received this vaccination, should be maintained by the healthcare provider and should not be part of this report.


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5. BLOODBORNE PATHOGENS TRAINING

All persons who have occupational exposure to Bloodborne Pathogens must receive annual training (at least every 12 months) by a person knowledgeable about the subject matter as it pertains to the University's workplace. Training must be provided before initial assignment to a task where occupational exposure may take place, annually thereafter, and when changes in job assignment, task or procedures take place that affect occupational exposure. If annual training cannot be provided by the anniversary date of the preceding training, then it must be provided at the first opportunity and a note must be made to the employee's file indicating why the training is delayed.

This training must include:

- Epidemiology, symptoms, and transmission of Bloodborne Pathogens.
- Copy and explanation of WAC 296-823, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our exposure control plan and how to obtain a copy.
- Methods used to identify tasks and other activities that may involve exposure to blood or OPIM.
- The definition of an exposure incident.
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
 - Types
 - Uses
 - Location
 - Handling
 - Removal
 - Decontamination
 - Disposal
- Information on the hepatitis B vaccine, including:
 - Effectiveness
 - Safety
 - Method of administration
 - Benefits of being vaccinated
 - Offered free of charge
- Actions to take and persons to contact in an emergency involving blood or OPIM.
- Procedures to follow if an exposure incident occurs, including:
 - How to report the incident
 - Medical follow-up available
 - Employee's evaluation and follow-up after an exposure incident
- An explanation of signs, labels, and color coding being used.
- Interactive questions and answers with the trainer.



Training may include online or video training, classroom-style presentations or a combination thereof. However, if online or video training is used, it must include an opportunity for question and answer with a qualified trainer at the time the employee is using the online program or video, such as through a hotline. Training materials/methods will be developed and/or approved by the EHS Manager.

Although all training topics should be addressed in annual and refresher training, the focus should be on changes to the program and new and emerging information.

Training materials are located online via [EHS training](#) or may be obtained by contacting the Facilities Help Line.

Training records will be maintained in the affected departments or by the EHS Department. The EHS Department will keep a master list of personnel who have received vaccinations and declination forms.

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6. POST EXPOSURE EVALUATION AND FOLLOW-UP

A. Exposure Incident:

An “**exposure incident**” is defined as “a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.” (See Definition 10. in Section 2 for examples.)

Parenteral exposure incidents can be particularly serious in nature and require prompt medical treatment to prevent contracting a Bloodborne Pathogen-related illness.

A “**source person**” is “a person, living or dead, whose blood or other potentially infectious materials (OPIM) may be a source of occupational exposure to the employee.” (See Definition 24. in Section 2 for examples.)

An “**occupational exposure**” is a “reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.” (Definition 14. in Section 2.)

B. Post-Exposure Evaluation:

Immediately following the exposure incident:

- Report the exposure incident to your supervisor/manager and the Facilities Help Desk, as well as the University's Workers Compensation Claims representative through Human Resources.
- You will be sent for a post-exposure evaluation, which should be scheduled as soon as possible after the incident.
- The post-exposure evaluation must be immediately available at a reasonable time and place, confidential, and provided at no cost to the employee.
- It will be provided at the Allenmore MultiCare Occupational Clinic, located at 3124 S 19th St, Tacoma, WA 98405. Or otherwise administered by or under the supervision of a licensed physician or by another licensed health care professional chosen by you or the University, using the current recommendations of the US Public Health Service.
- It must include at least the elements required by WAC 296-823-16005(3) and all laboratory tests must be conducted by a laboratory licensed by Washington state or the Clinical Laboratory Improvement Amendments Act (CLIA).

- You should be prepared to describe the following to the healthcare provider:
 - The routes of exposure and how the exposure occurred.
 - The identity of the source person, unless that's not possible or is prohibited by state or local law.
- A blood sample will be requested of you, as described in [WAC 296-823-16020](#).
- The University will attempt to obtain consent and arrange to test the source person as soon as possible to determine HIV and HBV infectivity and will work with the healthcare provider and/or local health authorities as necessary in this process, as outlined in [WAC 296-823-16010](#). If the source individual is already known to be HIV or HBV positive, new testing is not needed.
- The results of the source person's test status will be provided, if possible, to the healthcare provider and to you, as the exposed employee and you will be informed of the applicable laws and regulations regarding this disclosure, as described in [WAC 296-823-16015](#).
- In addition, the University will provide the healthcare provider with the following:
 - A copy of [WAC 296-823-160](#).
 - A description of your job duties when your exposure occurred.
 - Any relevant medical records, including your Hepatitis B vaccination status.


When the healthcare professional's written opinion on the post-exposure evaluation is received by the University, it will be provided to you within 15 days of the completion of the evaluation, as required by [WAC 296-823-16030](#).

C. Incident Investigation:

When you have returned to work, you and your supervisor must complete a standard University incident investigation report following the established procedure, as described in the University of Puget Sound Incident Investigation Procedure.

This investigation should consider:

- Location of the incident.
- Procedure being performed when the incident occurred.
- Routes of exposure.
- Controls in use at the time.

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- Work practices that were followed.
 - Description of safety control or cleanup device used (including type and brand).
 - Protective equipment or clothing used.
 - Employee training.

Refer to the Incident Investigation Procedure for more complete guidance.

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8. RECORDKEEPING

A. Medical records:

Medical records are maintained for each employee who has an occupational exposure to Bloodborne Pathogens, including Hepatitis B vaccination/declination records, in accordance with WAC 296-823-170, "Medical records and recording needle stick and sharps injuries" and WAC 296-27, "Recordkeeping and Reporting."

Medical records must include:

- Employee's full name;
- A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations;
- Any medical records related to the employee's ability to receive vaccinations;
- The HBV declination statement;
- A copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations;
- A copy of the health care professional's written opinion;
- A copy of the information provided to the health care professional as required.

Note that, in the event of a post-exposure evaluation, only the records required in WAC 296-823-16030(2) will be kept. All other findings and/or diagnoses will be confidential and will be kept by the healthcare facility. They will not be included in the written report maintained by the University.


These records will be kept confidential and they will not be disclosed or reported to any person, without your written consent, except as required by WAC 296-823 or as may be otherwise required by law.

Medical records will be maintained in the affected departments or by MultiCare. The EHS Department will keep a master list of personnel for whom there is a file, including those who have received vaccinations or signed declination forms.

B. Sharps injury log:

In addition, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log per [WAC 296-823-170](#). This log must include at least:

- Date of injury.
- Type and brand of the device involved

- 
- Where the incident occurred
 - How the incident occurred.

This log is maintained by the Human Resources Department and is reviewed at least once a year as part of the annual program evaluation by the EHS Manager (Section 3.A) and is kept for a minimum duration of 5 years beyond that calendar year. Copies that are provided upon request must have any personal identifiers removed.

C. Training Records:

Bloodborne Pathogens training records are maintained by the affected department or the EHS Department for each employee upon completion of training, for a minimum of 3 years.

The training record must include the following information:

- Date
- Contents or a summary
- Names and qualifications of trainers
- Names and job titles of all attendees

THIS SPACE INTENTIONALLY LEFT BLANK

9. CONTACT DEPARTMENTS AND PHONE NUMBERS

**Contact Security Services (253-879-3311)
in the event that an emergency response is required.**

Security personnel will provide assistance
and will contact 911 and direct outside responders to the location of the incident.

For other issues related to Bloodborne Pathogens:

Contact the Facilities Help Desk (253-879-3713) for:

- Requests for copies of this written Bloodborne Pathogens Exposure Control Plan.
- Questions about the Plan or its related procedures.
- Information on affected job classifications.
- Requests for blood or OPIM cleanup.
- Requests for biohazard warning labels, universal precautions PPE or other supplies for control of occupational exposure to Bloodborne Pathogens.
- Assistance with incident investigation.
- Medical records, including Hepatitis B vaccinations and post-exposure evaluation records.

Contact Human Resources (253-879-3296) for:

- Scheduling of a post-exposure evaluation.
- Workers' Compensation claims or questions.

Contact Counseling Health and Wellness Services (CHWS) at (253-879-1555) for:

- Questions about the campus Infectious Waste Management Policy and Procedures.
- Additional requirements pertaining to the CHWS clinics and laboratory.
- Information about student health services.

Contact Athletics Department at (253-879-3140) for:

- Questions about the UPS Sports Medicine Bloodborne Pathogens Exposure Control Plan.

Contact Harned Hall Storeroom at (253-879-3302) for:

- Questions about the campus Infectious Waste Management Policy and Procedures.
- Disinfection by autoclaving.

10. POLICY HISTORY AND REVIEW

Author:	Facilities Services	
Review/Approval By:	Robert Kief (Associate Vice President for Facilities)	
Effective Date:	September 20, 2011	
Program Review:	Reviewed/updated by: Michelle Copeland	Date: 9-5-18
	Updates/changes, with rationale: General revision in response to questions raised in L&I inspection.	
	Reviewed/updated by: Zulie Navarrete	Date: 7/25/22
	Updates/changes, with rationale: Added hyperlinks to find sharps log, where to find the training online, and references to WAC.	
	Reviewed/updated by:	Date:
	Updates/changes, with rationale:	

Appendix A. Main Custodial Closets with BBP Spill Kits

Residence Halls Buildings

Anderson/Langdon	Room 001B
Harrington	Room 117
Regester	Room 001
Schiff	Room 111
Seward	Room 109
Smith	Room 109
Trimble	Room 106
Todd/Phibbs	Room 142
Oppenheimer	Room 023
Thomas	Room 281

Greek Houses

Unit A (1310 N. Union)	Room 004A
Unit B (3602 N. 14 th)	Room 006A
Unit C (3614 N. 14 th)	Room 005A
Unit D (1309 N. Wash.)	Room 001A
Unit E (3601 N. 13 th)	Room 008
Unit F (3601 N. 14 th)	Room 003A
Unit G (1410 N. Union)	Room 002C
Unit H (1414 N. Union)	Room 013A

Educational/Administrative Buildings

Ceramics	Room 104A
Collins Library	Room 037
Facilities	Room 1 st floor breakroom
Fieldhouse	Room 1 st floor west-side Closet
Harned	Room 237
Howarth	Room 110
Jones	Room 015
Kilworth Chapel	Room 003
Kittredge	Room closet next to 106
McIntyre	Room 101
Music	Room 108
Sculpture House	Room 103
Security Services	Supply closet
Thompson	Room 105
Warner Gym	Room 100
Wheelock	Room 010
Wyatt	Room 103



Appendix B. Hepatitis B Vaccine Declination Form

The following statement of declination of the hepatitis B vaccine must be signed by an employee who:

- Chooses not to accept the vaccine.
- Has had appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, given free of charge to the employee.

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

Signature: _____ **Date:** _____