

Stacy Volnick
 Vice-President, Administrative
 Affairs

Environmental Health and Safety
Document# PLN02
 Bloodborne Pathogens Exposure Control Plan

Version #2.0

Effective: May 30, 2021

Revised: May 24, 2021

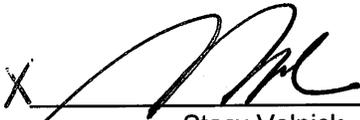
1. PURPOSE:

Cover page for FAU Bloodborne Pathogens Exposure Control Plan

2. CONTENTS:

FAU Bloodborne Pathogens Exposure Control Plan, 45 pages.

Approved and issued by order of:

X 
 Stacy Volnick
 VICE PRESIDENT OF ADMINSTRATIVE AFFAIRS

DATE:

5/24/2021

POLICY MAINTENANCE SECTION

Last Revision Date	05/30/2021
Last Revision By	Wendy Ash Graves
Next Review Due	05/30/2023
Review Frequency	2 years
Version	2
Time-sensitive Items	

THIS POLICY RESCINDS ALL OTHER WRITTEN DIRECTIVES REGARDING THIS TOPIC.

Version	Date	Summary of Changes	Reviewed By
V2	05/30/2021	Revised and new AA Plan format.	• W. Ash Graves



FLORIDA ATLANTIC
UNIVERSITY

ENVIRONMENTAL HEALTH AND SAFETY

Bloodborne Pathogens Exposure Control Plan

Florida Atlantic University

Office of Environmental Health and Safety

May 2021

TABLE OF CONTENTS

1.0	INTRODUCTION	3
2.0	SCOPE	4
	The Bloodborne Pathogens Standard mandates implementation of the following:	4
3.0	GLOSSARY	4
4.0	RESPONSIBILITIES	5
4.1	Principal Investigators/Supervisors.....	6
4.2	Supervised Personnel	6
4.3	Environmental Health & Safety.....	6
4.4	Departments Covered by the Standard.....	7
4.5	Employees Covered by the Standard	9
5.0	TRAINING PROGRAM	9
6.0	EXPOSURE DETERMINATION.....	9
7.0	ENGINEERING CONTROLS AND WORK PRACTICES.....	10
7.1	Universal Precautions.....	10
7.2	Preventing Accidental Ingestion of Blood or OPIM	10
7.3	Selecting Engineering Controls	10
7.4	Selection Requirements	11
7.5	Additional Requirements for Sharps	11
7.6	Sharps Safety.....	11
7.7	Sharps Waste Containers.....	12
7.8	Handwashing	12
7.9	Handling Specimens of Blood or OPIM.....	12
7.10	Cleaning and Decontaminating Work Areas	13
7.11	Waste Receptacles	13
7.12	Coverings	13
7.13	Methods and Schedules	13
7.14	Shipping	14
7.15	Servicing Contaminated Equipment.....	14
7.16	Waste Disposal	14
8.0	PERSONAL PROTECTIVE EQUIPMENT.....	14
8.1	Selection	14
8.2	Inspection and Removal	16
8.3	Cleaning and Disposal.....	16

9.0	HBV, HCV AND HIV RESEARCH OPERATION REQUIREMENTS.....	16
9.1	Workplace Controls and Practices.....	16
9.2	Personnel Experience and Proficiency	17
10.0	HAZARD COMMUNICATION (HAZCOM).....	18
10.1	Biohazard Labels.....	18
10.2	Label Specifications.....	18
10.3	Biohazard Area Signs.....	18
10.4	Sign Specifications	18
11.0	EXPOSURE INCIDENTS.....	19
11.1	Emergency Procedures	19
11.2	Post-Exposure Evaluations and Follow-Up.....	19
11.3	Source Individual Blood Testing	19
11.4	Medical Evaluation and Follow-Up (Medical Service Provider)	20
11.5	Healthcare Professional's Written Opinion.....	20
11.6	Workplace Evaluation and Follow-Up	20
11.7	Requirements for Sharps Injuries	21
12.0	SPILL PROCEDURES	21
13.0	RECORDKEEPING	22
	APPENDIX A – FAU DEPARTMENTAL COMPLIANCE PROCEDURES	24
	APPENDIX B – EMPLOYEE EXPOSURE DETERMINATION LIST	25
	APPENDIX C – CDC HBV VACCINE INFORMATION SHEET.....	26
	APPENDIX D – HBV VACCINE CONSENT/DECLINATION FORM.....	29
	APPENDIX E – HBV VACCINATION LOG	30
	APPENDIX F – ENGINEERING CONTROLS.....	31
	APPENDIX G – ENGINEERING CONTROLS	32
	APPENDIX H – SAFE WORK PRACTICES	33
	APPENDIX I – PERSONAL PROTECTIVE EQUIPMENT.....	34
	APPENDIX J – PERSONAL PROTECTIVE EQUIPMENT WORKSHEET	35
	APPENDIX K – PERSONAL PROTECTIVE EQUIPMENT TASK LIST.....	36
	APPENDIX L – FACILITY HOUSEKEEPING PROCEDURES.....	37
	APPENDIX M – WORK ARE CLEANING SCHEDULE	38
	APPENDIX N – SHARPS INJURY REPORT.....	39
	APPENDIX O – SHARPS INJURY LOG	40
	APPENDIX P – POST EXPOSURE CHECKLIST	41
	APPENDIX Q – EMPLOYEE WORKPLACE PARTICIPATION.....	42
	APPENDIX R – OSHA BLOODBORNE PATHOGENS STANDARD	43

1.0 INTRODUCTION

Florida Atlantic University (FAU) is committed to providing a safe and healthy environment for our faculty, students, staff and visitors. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to reduce the risk of occupational exposure to bloodborne pathogens in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR§1910.1030. The Exposure Control Plan includes mandated implementation of exposure determination and risk assessment, training, notification of employer's rights, Universal Precautions, engineering controls, personal protective equipment, and medical surveillance. For specific information regarding compliance with the ECP, contact Environmental Health and Safety (EH&S).

2.0 SCOPE

The Bloodborne Pathogens Standard mandates implementation of the following:

- Exposure determination and risk assessment (as related to job classification, duties and procedures)
- Annual training of covered employees
- Dissemination of information (notification of employees' rights)
- Implementation of safe work practices and procedures (including Universal Precautions)
- Minimizing the use of sharps
- Utilization of safe engineering controls (sharps containers, biosafety cabinet, needle-safe devices, etc.)
- Utilization of personal protective equipment (PPE; lab coats, gloves, etc.)
- Preventative and post-exposure medical intervention (vaccines, counseling and medical surveillance)

3.0 GLOSSARY

- 3.1 Blood - refers to human blood, human blood components and products made from human blood
- 3.2 Bloodborne Pathogens - refers to pathogenic microorganisms that are present in human blood and can cause disease in humans. These microorganisms include but are not limited to: hepatitis B virus (HBV); hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- 3.3 Decontamination—refers to a process using physical or chemical means to neutralize or remove microorganisms from a surface or a person to a point where they are no longer capable of transmitting infections.
- 3.4 Engineering Controls—devices and strategies designed to protect workers from hazardous conditions by placing a barrier between the worker and the hazardous substance or by removing a hazardous substance.
- 3.5 Exposure Determination—an evaluation of each position (individual employee) by job task and responsibilities to determine potential for occupational exposure to BBP.
- 3.6 Exposure Incident—a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 3.7 HBV—acronym for hepatitis B virus
- 3.8 HCV—acronym for hepatitis C virus

- 3.9 HIV—acronym for human immunodeficiency virus
- 3.10 Needle-safe devices - 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.
- 3.11 Needleless systems—a device that does not use needles for: 1) the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is established; 2) the administration of medication or fluids; or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- 3.12 Occupational Exposure—actual or perceived contact of the skin, eyes, mucous membrane or through parenteral means, with blood or other potentially infectious materials that may result from the performance of an employee’s work duties.
- 3.13 OSHA—the Occupational Safety and Health Administration.
- 3.14 Other Potentially Infectious Materials (OPIM)—refers to: 1) the following human bodily fluids—semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between them; 2) any unfixed tissue, cell or organ (other than intact skin) from a human (living or dead); 3) HIV- or HBV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture media or other solutions; 4) human cell lines or cell strains that have NOT been characterized to be free of bloodborne pathogens (final judgment is made by the Biosafety Officer); and 5) blood, organs or other tissues from animals experimentally infected with bloodborne pathogens.
- 3.15 Parenteral - piercing of mucous membranes or skin barrier through events such as needlesticks, human bites, cuts or abrasions.
- 3.16 Personal Protective Equipment (PPE)—specialized clothing or equipment worn by and employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirt, shoes, etc.) not intended to function as a protection against a hazard, are not considered to be PPE.
- 3.17 Source Individual—any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- 3.18 Standard--Refers to OSHA's Bloodborne Pathogen Standard, 29 CFR§1910.1030 (Appendix M).
- 3.19 Universal Precautions--Practice or approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as potentially infectious for HIV, HBV and other bloodborne pathogens.
- 3.20 Work Practice Controls--those practices that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles).

4.0 RESPONSIBILITIES

Specific groups have responsibilities under this ECP, which include, but are not limited to:

4.1 Principal Investigators/Supervisors

- 4.1.1 PIs/Supervisors are responsible for the health and safety of their supervised personnel, with duties including, but not limited to:
 - 4.1.1.1 Implementing the Institutional ECP in areas/operations under their control
 - 4.1.1.2 Ensure that the requirements and procedures outlined in the ECP that are appropriate to the individual work areas are executed
 - 4.1.1.3 Contacting EH&S for assistance, if needed.
 - 4.1.1.4 Also reference Section 4.4 below.

4.2 Supervised Personnel

For the purposes of this ECP, “supervised personnel” consist of FAU personnel who handle, use, or otherwise have potential occupational exposure to blood and/or OPIM.

- 4.2.1 Responsibilities of these personnel include, but are not limited to:
 - 4.2.1.1 Completing and submitting the “Hepatitis B Vaccination Consent/Declination Form” found in Appendix D of this document
 - 4.2.1.2 Completing required training
 - 4.2.1.3 Conducting operations according to ECP-established procedures and safe work practices
 - 4.2.1.4 Using proper PPE; and
 - 4.2.1.5 Immediately reporting any exposure incident, including sharps injuries, near-misses, or unsafe procedures or work tasks to PI/Supervisors and/or EH&S.

4.3 Environmental Health & Safety

The following summarizes the responsibilities of EH&S for the enforcement and administration of this program.

- 4.3.1 EH&S will make a diligent effort to identify covered employees and departments within the University community and will make them aware of the requirements of the Standard.
- 4.3.2 EH&S will routinely inspect areas where covered employees work to ascertain that the manner in which activities are conducted conforms to the provisions set forth in this ECP and the Standard.
- 4.3.3 EH&S will also provide departments with the following services:

- 4.3.3.1 A copy of the Standard and the Exposure Control Plan
 - 4.3.3.2 Initial and Annual Training
 - 4.3.3.3 Review of training provided by other departments to ensure that this training meets the criteria set forth in the Standard
 - 4.3.3.4 Inspection of departments covered by the Standard to ensure compliance with regulations
 - 4.3.3.5 Investigation of all exposure incidents involving potentially infectious materials
 - 4.3.3.6 Preparing and maintaining the University's Sharps Injury Log
 - 4.3.3.7 Performing annual reviews of sharps injuries, preparing the Sharps Injury Annual Report and disseminating findings as appropriate
 - 4.3.3.8 Medical Approval forms for HBV vaccination/declination
- 4.3.4 EH&S will provide OSHA Bloodborne Pathogens training for all covered employees
- 4.3.5 In addition to the use of human blood or OPIM, EH&S will provide departments having laboratories where human immunodeficiency virus (HIV), hepatitis B virus (HBV), or other bloodborne pathogens are used or stored with the following:
- 4.3.5.1 Notices required to be posted inside laboratories informing employees of their rights and obligations under the Standard and this Manual
 - 4.3.5.2 Additional safety training in the handling and use of these infectious agents
 - 4.3.5.3 Annual inspections to ascertain compliance with the Standard and the ECP
- 4.4 Departments Covered by the Standard
- 4.4.1 Each Department or Unit covered by the Standard must comply with OSHA regulations and establish a compliance program (compliance responsibilities are included in Appendix A) to include employee training, recordkeeping of required forms and compliance with the Exposure Control Plan. Department Chairs, Principal Investigators or other lead authorities will also have the following responsibilities:

- 4.4.1.1 Each department, unit or laboratory having employees with occupational exposure shall establish a written Exposure Control Plan (ECP) designed to eliminate or minimize employee exposure. The ECP shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures and changes in technology that eliminate or reduce exposure to bloodborne pathogens. An employer, who is required to establish and ECP, shall solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls and shall document the solicitation in the ECP (see Appendix M).
- 4.4.1.2 The department will ensure the employee's participation in a training session at least annually and within one year of their previous training. Additionally, all covered departments must promptly provide to affected employees an initial training program
- 4.4.1.3 New employees will be trained at the time of their employment and prior to their working with regulated materials. Training must be provided at no cost to the employee and during work hours.
- 4.4.1.4 Departments must provide additional training to clinical and laboratory employees to ensure knowledge and proficiency in standard microbiological practices and techniques and in the practices and operations of the facility.
- 4.4.1.5 Departments must make available to all covered employees, at no cost to the employee, the HBV vaccination series during work hours. The Departments must cover the cost of the vaccine, subsequent titer and any booster dose that may be recommended by the FAU Occupational Health Program. Each Department or supervisor must determine the amount of funds that are needed for the vaccination cost of all covered employees and have the money allocated for such purpose. The vaccination must not be declined due to lack of funding.
- 4.4.1.6 Vaccination must be offered after the employee has received the training required under this Standard, and within 10 working days of initial assignment. The employee has the right to accept or decline the HBV vaccination. Employees who decline the HBV vaccination can opt to participate at any time, within the scope of their job and employment at FAU.
- 4.4.1.7 Departments must make available to all employees who have had an exposure incident, post-exposure evaluation and follow-up at no cost to the employee. Following the report of an exposure incident, the head of the department or supervisor must notify EH&S, who will perform a risk assessment to ensure measures are in place to prevent or reduce workplace exposure.
- 4.4.1.8 Vaccination, evaluation, and follow-up must be: 1) performed by, or under the supervision of, a licensed healthcare professional; and 2) provided in accordance with the recommendations of the US Public Health Service in effect at the time these evaluations and procedures occur. All laboratory tests conducted for evaluation and follow-up must be performed by an accredited laboratory and remain confidential.
- 4.4.1.9 Departments must ensure that, for each covered employee, the HBV Vaccine Consent/Declination Form is completed by the employee and supervisor. If the employee decides to accept the vaccination, the original signed HBV Vaccine Consent/Declination Form must be delivered by the employee to the Healthcare Provider administering the HBV vaccine for their signature. A copy of completed forms must be maintained in the Exposure Control Plan.

4.5 Employees Covered by the Standard

- 4.5.1 Employees who are covered by the Standard must be entitled to the following:
 - 4.5.1.1 A copy of the Exposure Control Plan and the OSHA CFR 1910.1030 Bloodborne Pathogens from EH&S
 - 4.5.1.2 Training, provided during working hours and at no cost to the employee
 - 4.5.1.3 Vaccination against HBV, and the right to decline vaccination
 - 4.5.1.4 Personal protective equipment, appropriate to the tasks being performed
 - 4.5.1.5 Post-exposure evaluation and follow-up, including medical evaluation and counseling; and
 - 4.5.1.6 Availability of engineering controls, including sharps with engineered sharps injury protections.
- 4.5.2 When applicable, employees must adhere to accepted practices and procedures and departmental directives, which specifically outline the manner in which tasks are performed.
- 4.5.3 Employee must not perform activities where contamination by potentially infectious materials may occur without 1) training; 2) the use of engineering controls and approved work practices; and 3) appropriate personal protective equipment.

5.0 TRAINING PROGRAM

- 5.1 All personnel with potential for occupational exposure to blood or OPIM must complete the FAU EH&S Bloodborne Pathogen training module (available on the EH&S training website: <http://www.fau.edu/ehs/training/>) upon initial hire and yearly thereafter:
- 5.2 The training program must include, but not be limited to the following:
- 5.3 Training covers and explains the regulatory contents of the BBP Standard, epidemiology and symptoms of BBP disease, modes of disease transmission, appropriate engineering controls, safe work practices and personal protective equipment, HBV vaccination, emergency and post exposure procedures and hazard communication. The participants must have an opportunity for interactive questions and answers with the person conducting the training session.
- 5.4 Training is required:
 - 5.4.1 In accordance with 5.1
 - 5.4.2 Before beginning work with potential exposure to blood or OPIM
 - 5.4.3 Annually thereafter, and
 - 5.4.4 When changes affect occupational exposure. Examples of such changes include:
 - 5.4.4.1 Introduction of new engineering, administrative or work practice controls;
 - 5.4.4.2 Modification of tasks or procedures; and
 - 5.4.4.3 When investigation of an exposure incident identifies the need for additional training.
- 5.5 PIs/supervisors shall ensure that supervised personnel receive workplace specific training.

6.0 EXPOSURE DETERMINATION

- 6.1 All covered departments, laboratories and clinics must conduct an exposure determination for each position (individual employee) and identify those positions which may have exposure to potentially infectious human material (see Appendix B). This exposure determination must be done without regard to the use of personal protective equipment (PPE). Records will be kept of the names of affected employees, their job titles and their duties and procedures that may expose them to blood and OPIM.
- 6.2 The following list may be used as a guideline in the development of exposure determination for covered employees performing the listed tasks and procedures. In addition, this policy will cover any listed tasks performed on animals, which may be determined to be a vector for transmission of bloodborne pathogens. Exposure determination should be done on activities that include:
 - 6.2.1 Clinical/Surgical procedures
 - 6.2.2 Laboratory procedures that include handling of blood/body fluids/unfixed tissue or direct handling of bloodborne pathogens
 - 6.2.3 Handling of contaminated or potentially contaminated sharps
 - 6.2.4 Physical exams that include genital/rectal/other mucosal examinations
 - 6.2.5 Receiving/transporting/handling of blood/body fluids/unfixed tissue, except urine, feces or saliva, unless visibly contaminated with blood
 - 6.2.6 The administering or assisting in the administering of first aid to the ill or injured, including administering emergency respiratory resuscitation if required by job description. Note: If first aid is provided on a “Good Samaritan” basis and if an exposure occurs, the employee will be covered under the Post Exposure Evaluation and Follow-up section of this manual.
 - 6.2.7 Handling of contaminated/potentially contaminated linens, clothing, or other articles.
 - 6.2.8 Cleaning of any patient care or clinical laboratory area(s).
 - 6.2.9 Handling/transporting/embalming unfixed human remains.
 - 6.2.10 Any employee performing any task for the University that may result in contact with blood or OPIM.

7.0 ENGINEERING CONTROLS AND WORK PRACTICES

7.1 Universal Precautions

- 7.1.1 Universal precautions is an infection control approach whereby all blood or OPIM are treated as if infected with HBV, HCV, HIV or other BBPs. Florida Atlantic University personnel shall take this approach at all times when working with blood or OPIM and utilize practices and procedures described in the FAU Biosafety Manual.

7.2 Preventing Accidental Ingestion of Blood or OPIM

- 7.2.1 Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas that have potential exposure to blood or OPIM.
- 7.2.2 Food and drink shall not be kept in refrigerators, microwaves, cabinets, countertops or other areas where blood or OPIM may be present.
- 7.2.3 Personnel shall never use mouth pipetting or mouth suctioning of blood or OPIM.

7.3 Selecting Engineering Controls

- 7.3.1 PIs/supervisors shall identify engineering controls currently available in the marketplace and select those that best eliminate or minimize potential occupational exposure to blood or OPIM. Examples of engineering controls include needleless sharps, sharps with engineered sharps injury protection (“safety sharps”), plastic blood collection tubes and sharps containers. Guidance on appropriate selection is available from:
 - 7.3.1.1 <https://www.cdc.gov/sharpssafety/tools.html>
 - 7.3.1.2 Product Vendors
 - 7.3.1.3 <https://www.osha.gov/SLTC/bloodbornepathogens/evaluation.html>

7.4 Selection Requirements

- 7.4.1 PIs/supervisors must evaluate/reevaluate and select appropriate engineering controls for use:
 - 7.4.1.1 Prior to new or modified procedures which affect occupational exposure
 - 7.4.1.2 Whenever an exposure incident occurs
 - 7.4.1.3 At least every 12 months to determine if new technologies are available in the marketplace which reduce potential occupational exposure to blood or OPIM; and
 - 7.4.1.4 Whenever the PI/supervisor becomes aware of engineering controls that better eliminate or minimize potential exposure to blood or OPIM than the ones currently being used.

7.5 Additional Requirements for Sharps

For withdrawal of body fluids, administration of medication/fluids, and other similar tasks involving the potential for exposure incidents, sharps devices shall be selected in the following order of preference:

- 7.5.1 Needleless systems.
- 7.5.2 Safety sharps.
- 7.5.3 Sharps without engineered sharps injury protection (“non-safety sharps”).
- 7.5.4 Non-safety sharps shall be selected only if one of the following cases apply:
 - 7.5.4.1 Safety sharps are not available in the marketplace
 - 7.5.4.2 For patient care, a licensed healthcare professional directly involved in a patient’s care determines and documents that an engineering control will jeopardize a patient’s safety or the success of a medical, dental or nursing procedure involving the patient
 - 7.5.4.3 “Objective Product Evaluation Criteria” can demonstrate that an engineering control is not more effective in preventing an exposure incident than an alternative already in use. The basis for this determination may include, but is not limited to, studies providing data on the performance of the device and evaluations made by research entities that have no economic relationship with manufacturers
 - 7.5.4.4 Reasonably specific and reliable safety performance information is not available, and the PI/supervisor is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents in the lab/work area; and
 - 7.5.4.5 It is generally sufficient for PIs/supervisors to rely on peer organizations, academic studies and professional journals to track currently available information on devices. It may be appropriate for large departments to make more direct efforts to evaluate devices.

7.6 Sharps Safety

Handling of sharps such as needles, blades and broken glass can present risk of occupational exposure to blood or OPIM. To minimize risk, use of sharps requires appropriate care and adherence to safety guidelines.

- 7.6.1 All procedures involving sharps shall incorporate safe handling practices that minimize risks of sharps injuries. These safe handling practices include, but are not limited to:
 - 7.6.1.1 Place contaminated sharps in sharps waste containers immediately or as soon as possible after use.
 - 7.6.1.2 Never open, manually clean, or otherwise access contents of a sharps waste container.
 - 7.6.1.3 Never shear or break contaminated needles or other sharps.
 - 7.6.1.4 Never handle broken glassware with bare hands. Broken glassware shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
 - 7.6.1.5 Never bend, re-cap or remove devices from contaminated sharps, except:
 - 7.6.1.6 If the PI/supervisor can demonstrate that no alternative is feasible or that such
 - 7.6.1.7 action is required by a specific medical, dental or laboratory procedure; and
 - 7.6.1.8 The procedure uses a mechanical device or a one-handed technique

7.7 Sharps Waste Containers

All sharps, regardless of whether they are contaminated or not, shall be disposed of in containers that are:

- 7.7.1 Affixed with Biohazard Labels
- 7.7.2 Rigid
- 7.7.3 Puncture Resistant
- 7.7.4 Leakproof on the sides and bottom
- 7.7.5 Portable
- 7.7.6 Closeable
- 7.7.7 Sealable
- 7.7.8 Incapable of being reopened easily
- 7.7.9 Non-reusable
- 7.7.10 Easily accessible to personnel in the workplace
- 7.7.11 Maintained upright; and
- 7.7.12 Replaced as necessary to avoid overfilling.

7.8 Handwashing

- 7.8.1 Departments must provide all covered employees with readily accessible hand washing facilities. If this is not possible due to the nature and location of the activity being conducted, hand sanitizers ($\geq 60\%$ alcohol content) must be provided. However, after use of hand sanitizers, employees should proceed, as soon as possible, to the nearest handwashing sink and wash hands with soap and water. Supervisors will ensure that employees are trained to wash their hands immediately after removing gloves and following all procedures where there is a potential for exposure to infectious/contaminated materials.

7.9 Handling Specimens of Blood or OPIM

7.9.1 Primary Containers

7.9.1.1 Blood or OPIM specimens shall be placed in biohazard-labeled containers that prevent leakage during collection, handling, processing, storage, transport or shipping.

7.9.1.2 A specimen container that is recognizable as containing a specimen does not require labeling when Universal Precautions are practiced in the handling of all specimens.

7.9.2 Secondary Containers

7.9.2.1 The specimen container shall be placed into a biohazard-labeled secondary (outer) container if:

7.9.2.2 Contamination of the primary (inner) container occurs

7.9.2.3 The specimen can puncture the primary container (if the specimen can puncture the primary container, the outer container shall be puncture-resistant);

7.9.2.4 Leakage from the primary container may occur; or

7.9.2.5 If the specimen is to be transported to another location on campus, off campus or between campuses.

7.10 Cleaning and Decontaminating Work Areas

7.10.1 Workplaces shall be maintained in a clean and sanitary condition.

7.10.1.1 Work Surfaces

7.10.1.2 Work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

7.10.1.3 A surface becomes, or may have become, contaminated

7.10.1.4 There is a spill of blood or OPIM; or

7.10.1.5 Work procedures are completed.

7.11 Waste Receptacles

7.11.1 All bins, pails, cans and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

7.12 Coverings

7.12.1 Protective coverings, such as plastic wrap, aluminum foil or imperviously backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated, or at the end of the workday if they may have become contaminated.

7.13 Methods and Schedules

7.13.1 Each PI/supervisor shall determine and implement methods and schedules for cleaning and decontamination that are appropriate for the:

- 7.13.1.1 Workplace location;
- 7.13.1.2 Types of surfaces and equipment to be cleaned;
- 7.13.1.3 Contamination present; and
- 7.13.1.4 Tasks or procedures performed in the workplace.

7.13.2 Resources available for determining the appropriate decontamination methods include:

- 7.13.2.1 Florida Atlantic University Biological Safety Manual
- 7.13.2.2 <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
(A list of EPA-registered disinfectants)
- 7.13.2.3 <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/healthcare-equipment.html> (Disinfection guidelines from CDC)
- 7.13.2.4 EH&S

7.13.3 The PI/supervisor shall document the workplace cleaning schedule in the Local ECP.

7.14 Shipping

- 7.14.1 For shipping of blood or OPIM, all safe handling and labeling requirements noted in the ECP shall be followed. Personnel involved with the shipping of blood, OPIM or other biological agents must also:
- 7.14.2 Follow guidelines in the FAU Biological Safety Manual, Appendix C, "Guidelines: Transport of Research and Clinical Biological Samples"
- 7.14.3 Complete the online IATA or DOT shipping training modules:
<http://www.fau.edu/ehs/training/>

7.15 Servicing Contaminated Equipment

- 7.15.1 Before servicing or shipping, all equipment, which may become contaminated with blood or OPIM, shall be examined and decontaminated as necessary, unless the PI/supervisor can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.
- 7.15.2 Equipment that cannot be decontaminated prior to servicing shall be labeled appropriately.

7.16 Waste Disposal

- 7.16.1 Personnel must follow the "Biohazardous and Medical Waste Disposal Guidelines" and Section 9, "Decontamination and Disposal" of the FAU Biological Safety Manual. Additional information is available from EH&S.

8.0 PERSONAL PROTECTIVE EQUIPMENT

8.1 Selection

PPE shall be selected and properly worn as described below to prevent occupational exposures to blood or

OPIM during normal workplace operation, with alternatives considered for personnel with allergies to certain materials (e.g., latex).

PPE	Required for	Basic requirements
Basic protective clothing (e.g., laboratory coats or gowns)	Work areas (e.g., laboratories) having potential exposure to blood or OPIM	<ul style="list-style-type: none"> • Select protective clothing based on work task and foreseeable/expected exposure to blood or OPIM. • If a garment is penetrated by blood or OPIM, remove and replace immediately or as soon as feasible.
Additional protective clothing (e.g., surgical caps or hoods and shoe covers or boots)	Foreseeable/expected gross contamination (e.g., autopsy, orthopedic surgery, etc.)	<ul style="list-style-type: none"> • Select protective clothing based on work task and foreseeable/expected exposure to blood or OPIM. • If a garment is penetrated by blood or OPIM, remove and replace immediately or as soon as feasible.
Gloves	Foreseeable/expected hand contact with: <ul style="list-style-type: none"> • Blood or OPIM • Mucous membranes • Nonintact skin • Contaminated surfaces 	Remove before touching common equipment (e.g., phone, computer, light switch, etc.). Remove disposable gloves: <ul style="list-style-type: none"> • Immediately when damaged in any way; or • As soon as practical when contaminated. Do not wash or decontaminate disposable gloves for reuse. Utility gloves may be decontaminated for reuse if their integrity is not compromised.
Surgical masks in conjunction with eye protection (e.g., safety goggles or glasses) OR Eye protection in conjunction with face shield	Foreseeable/expected blood or OPIM contact with mucous membranes of the eye, nose or mouth.	Ensure eye and face protection meet American National Standards Institute (ANSI) Z87.1 standards. <ul style="list-style-type: none"> • Regular prescription glasses do not provide adequate eye protection. • Note: Surgical masks do not provide respiratory protection.
Respirators (e.g., N-95, PAPR)	Respiratory hazards present.	Contact EH&S at (561)297-3129 for Respiratory Protection Program requirements, including medical clearance, training and fit-testing.

8.2 Inspection and Removal

- 8.2.1 PPE shall be inspected, cleaned and replaced as necessary.
- 8.2.2 Protective clothing shall be removed immediately or as soon as feasible if penetrated by blood or OPIM.
- 8.2.3 Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or otherwise damaged.
- 8.2.4 Departments are responsible for ensuring employees working with blood or OPIM either maintain a change of clothes in the workplace or the department must store a set of clean scrubs in each size for personnel to use in the event their primary clothing becomes contaminated.
- 8.2.5 PPE shall be removed prior to leaving work areas and placed in designated areas for reuse (if PPE is reusable) or disposal (if PPE is disposable).
 - 8.2.5.1 Personnel are not permitted to take PPE outside of work areas (e.g., wearing PPE in hallways, offices, and cafeteria) or offsite (e.g., taking a laboratory coat home to clean).

8.3 Cleaning and Disposal

- 8.3.1 Disposable PPE contaminated or potentially contaminated with blood or OPIM shall be disposed of as Biohazardous Waste.
- 8.3.2 Reusable PPE (e.g., laboratory coats, scrubs and other garments) potentially contaminated with blood or OPIM shall be either:
 - 8.3.2.1 Immediately placed in nonpermeable bags affixed with biohazard symbols pending offsite laundering; or
 - 8.3.2.2 Disposed of as Biohazardous Waste.

9.0 HBV, HCV AND HIV RESEARCH OPERATION REQUIREMENTS

9.1 Workplace Controls and Practices

In addition to general engineering and work practice controls outlined in this ECP, research operations involving HBV, HCV and HIV shall adhere to these measures.

- 9.1.1 Access
 - 9.1.1.1 Keep laboratory doors closed when working with blood or OPIM.
 - 9.1.1.2 Limit workplace access to those authorized by PIs/supervisors.
- 9.1.2 Work Practices and Procedures

- 9.1.2.1 Prepare written biosafety procedures and adopt them into the Local Exposure Control Plan.
 - 9.1.2.2 Take special care to avoid skin contact with OPIM and wear gloves when handling infected animals.
 - 9.1.2.3 Use hypodermic needles and syringes only for parenteral injection and aspiration of fluids from animals and diaphragm bottles.
 - 9.1.2.4 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 OPIM.
- 9.1.3 Engineering Controls
- 9.1.3.1 Conduct activities involving blood or OPIM in biological safety cabinets or within other containment devices.
 - 9.1.3.2 Protect vacuum lines with liquid disinfectant traps and HEPA filters or filters of equivalent superior efficiency and which are checked routinely and maintained as necessary.
 - 9.1.3.3 Have eye and handwashing facilities readily available within the work area.
- 9.1.4 Decontamination Practices
- 9.1.4.1 Ensure that protective clothing is not worn outside of the work area and that it is decontaminated before being laundered or disposed of in Biohazard Waste.
 - 9.1.4.2 Ensure that contaminated materials that are to be decontaminated at a site away from the work area are placed in a durable, leakproof, labeled container that is closed before being removed from the work area.
 - 9.1.4.3 Ensure that all spills are immediately contained and cleaned up by staff appropriately trained and equipped to work with potentially concentrated infectious materials.
- 9.1.5 Containment Equipment
- 9.1.5.1 Certified biological safety cabinets (Class 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 OPIM that pose a threat of exposure to droplets, splashed, spills or aerosols.
 - 9.1.5.2 Biological safety cabinets shall be certified that they meet manufacturer's specifications when installed, whenever they are moved and at least annually.
- 9.2 Personnel Experience and Proficiency
- 9.2.1 Before being allowed to work with HBV, HCV and/or HIV, PIs/supervisors shall ensure that personnel:
 - 9.2.1.1 Have prior experience in the handling of human pathogens or tissue cultures; and
 - 9.2.1.2 Demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the research/work area.
 - 9.2.2 The PI/supervisor shall provide training to personnel 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 personnel participate in work activities involving infectious agents only after proficiency has been demonstrated.

10.0 HAZARD COMMUNICATION (HAZCOM)

10.1 Biohazard Labels

10.1.1 Biohazard labels shall be firmly affixed to:

10.1.1.1 Sharps waste containers;

10.1.1.2 Containers for handling, storing or transporting specimens containing blood or OPIM;

10.1.1.3 Containers of Regulated Waste;

10.1.1.4 Refrigerators and freezers which may contain blood or OPIM;

10.1.1.5 Bags containing PPE to be laundered; and

10.1.1.6 Contaminated equipment (label to note portions that are contaminated).

10.1.2 Chemotherapy, pathology and other particular Medical Waste have specific labeling requirements under the Florida Department of Health Regulations. Pls/supervisors must contact the EH&S Waste Group at (561)297-0028 if they anticipate generating these types of Medical Waste in the work area.

10.1.3 The following do not require biohazard labeling:

10.1.3.1 Containers of blood or OPIM labeled as to their contents and released for transfusion or other clinical use; and

10.1.3.2 Decontaminated Regulated Waste.

10.2 Label Specifications



Biohazard warning labels shall:

10.2.1 Include appropriate universal biohazard symbols similar to the sample to the left and the word "BIOHAZARD"; and

10.2.2 Be fluorescent orange or orange/red with lettering and symbols in contrasting color.

10.2.3 Contact the EH&S Biosafety Group at (561)297-2936 to obtain labels or further information on labeling requirements.

10.3 Biohazard Area Signs

10.3.1 Areas Requiring Signs

10.3.1.1 Biohazard warning signs must be posted on access doors to workplaces which contain blood or OPIM.

10.4 Sign Specifications

10.4.1 Biohazard signs shall:

10.4.1.1 Include the Universal Biohazard Symbol

10.4.1.2 List the name of the infectious agent(s) present

10.4.1.3 Indicate special requirements for entering the workplace; and

10.4.1.4 Provide the name and telephone number of PI/Supervisor for the workplace.

10.4.2 Contact the EH&S Biosafety Group at (561)297-2936 to obtain biohazard signs.

11.0 EXPOSURE INCIDENTS

11.1 Emergency Procedures

11.1.1 In the event of an exposure incident involving blood or OPIM, the following actions must be taken immediately:

11.1.1.1 Initiate first aid (as appropriate) in the workplace:

11.1.1.2 Wash contaminated skin, including any animal bite/scratch wounds, thoroughly for fifteen (15) minutes using soap and running water.

11.1.1.3 Irrigate contaminated eyes and mucous membranes for fifteen (15) minutes with running water.

11.1.1.4 Notify direct PI/supervisor.

11.1.1.5 Report to one of the following Concentra Urgent Care facilities, depending upon your location:

11.1.1.6 File an incident report with the Biosafety Officer within 48 hours.

11.2 Post-Exposure Evaluations and Follow-Up

11.2.1 The following information shall be documented and provided to the healthcare professional:

11.2.1.1 The route(s) of exposure and the circumstances under which the exposure occurred

11.2.1.2 Results of the source individual's blood testing, if available and applicable (see below: Source Individual Blood Testing); and

11.2.1.3 A description of the exposed employee's job duties as they relate to the exposure incident.

11.3 Source Individual Blood Testing

11.3.1 The PI/supervisor shall identify and document the source individual, if applicable, unless the PI/supervisor can establish that identification is infeasible or prohibited by state or local law.

- 11.3.1.1 The source individual's blood shall be tested as soon as feasible, and after consent is obtained, to determine HBV, HCV and HIV infectivity. If consent is not obtained, the PI/supervisor shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- 11.3.1.2 When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's HBV, HCV or HIV status need not be repeated.
- 11.3.1.3 Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

11.3.2 The PI/supervisor must contact Concentra for assistance in this process.

11.4 Medical Evaluation and Follow-Up (Medical Service Provider)

- 11.4.1 Evaluate exposed personnel according to established medical protocols
- 11.4.2 Collect the exposed employee's blood as soon as feasible and test after consent is obtained:
- 11.4.3 If the employee consents to baseline blood collection but does not give consent at the time for HIV serologic testing, the samples shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- 11.4.4 Provide post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

11.5 Healthcare Professional's Written Opinion

- 11.5.1 Within fifteen (15) days of evaluation completion, Concentra shall provide a written opinion to the PI/Supervisor and send a copy to the employee that is limited to the following information:
 - 11.5.1.1 That the employee has been informed of the results of the evaluation; and
 - 11.5.1.2 That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require additional evaluation or treatment.
 - 11.5.1.3 All other findings or diagnoses shall remain confidential and shall not be included in the written report.
 - 11.5.1.4 Personnel may refuse post-exposure evaluation and follow-up from Concentra and instead be provided, without cost, a confidential medical evaluation and follow-up from an independent healthcare professional.

11.6 Workplace Evaluation and Follow-Up

- 11.6.1 Within twenty-four (24) hours of a potential exposure incident, a Florida Atlantic University Investigation Report must be submitted by the PI/Supervisor to EH&S (ehs@fau.edu).
- 11.6.2 As part of evaluating exposure incidents, PIs/Supervisors shall, as soon as feasible:

- 11.6.2.1 Review the Local Exposure Control Plan and update it to reflect any corrective measures and improvements
- 11.6.2.2 Provide training, as needed, to affected personnel and those with similar potential occupational exposures to prevent future exposure incidents; and
- 11.6.2.3 Complete the FAU Post-Exposure Checklist (Appendix L) form and submit to EH&S (ehs@fau.edu).

11.7 Requirements for Sharps Injuries

- 11.7.1 Within twenty-four (24) hours of a sharps injury occurring, the PI/Supervisor shall ensure that a Sharps Injury Report (Appendix J) is completed and submitted to EH&S (ehs@fau.edu).
- 11.7.2 Each department working with sharps is responsible for recording each sharps injury on the Sharps Injury Report Log (Appendix K) within fourteen (14) calendar days of receiving a report of a sharps injury; and retaining a copy of the Sharps Injury Report for a minimum of five (5) years.
- 11.7.3 The information in the Sharps Injury Report shall be recorded and maintained in such a manner as to protect the confidentiality of the injured person.
- 11.7.4 EH&S shall review sharps injury reports/logs during annual inspections. The review will include, but not be limited to the following:
 - 11.7.4.1 Area/Department involved
 - 11.7.4.2 Type/model/brand/frequency of use of sharp
 - 11.7.4.3 Description of incident; and
 - 11.7.4.4 Training.
- 11.7.5 Any identified trend or concern may be further evaluated by a group comprised of representatives from EH&S, Student Health, PIs, researchers, clinical users and other FAU personnel as appropriate.

12.0 SPILL PROCEDURES

- 12.1 All departments that work with blood or OPIM must have an appropriate spill kit available at all times. The spill kit should include an EPA-approved BBP disinfectant, such as 10% bleach (list of EPA-approved disinfectants can be found here: https://www.epa.gov/sites/production/files/2020-03/documents/2018.04.01.list_d.pdf), PPE, dust pan and forceps or tongs for picking up contaminated sharps, paper towels and biohazard bags.
- 12.2 Employees should adhere to the following procedures when dealing with spills of potentially infectious materials:

- 12.2.1.1 Inform others in the area of the spill—ask them to leave the area
- 12.2.1.2 Isolate the area—post signage indicating people should not enter
- 12.2.1.3 Notify the supervisor of the spill
- 12.2.1.4 Do not attempt to clean a spill unless you are appropriately trained and equipped with an adequate spill kit
- 12.2.1.5 Put on proper PPE and remove glass or sharps with forceps or dustpan
- 12.2.1.6 Place paper towels on the spill area to prevent additional spread of the spill
- 12.2.1.7 Apply disinfectant by carefully pouring on the spill—starting from the outside edge of the spill, working your way in to the center
- 12.2.1.8 Allow appropriate contact time for disinfection
- 12.2.1.9 Collect all residues into a biohazard bag
- 12.2.1.10 Re-disinfect the spill area and place all materials into a biohazard bag
- 12.2.1.11 Dispose of all materials in accordance with the University’s policy on Biomedical Waste
- 12.2.1.12 Complete an incident report and file with EH&S.

13.0 RECORDKEEPING

13.1 All records must be retained as required under the Standard. The following areas are responsible for record retention.

13.1.1 EH&S will be responsible for the following record keeping activities:

- 13.1.1.1 Approval of training curricula records and individual training and re-training records. The training records must be kept for a period of three (3) years
- 13.1.1.2 Making training available, upon request, for examination and copy to 1) OSHA; and 2) The employee or his/her authorized representative as required by law;
- 13.1.1.3 Holding copies of the Notice of Injury Forms and the Accident Investigation Report received by EH&S indicating investigation and follow-up. These records will be kept for thirty (30) years after employee leaves FAU.

13.1.2 Each covered department will be responsible for the following:

- 13.1.2.1 Storing copies of Exposure Determinations for each employee in that department
- 13.1.2.2 Storing copies of HBV Vaccination Consent Forms or HBV Vaccination Declination Forms for each covered employee
- 13.1.2.3 Establishing and maintaining a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps; and
- 13.1.2.4 Maintaining current editions of the individual department’s Exposure Control Plan including job classifications, employment records, etc.

13.1.3 Healthcare providers, under contract with FAU to provide services as required by the Standard, must retain all medical records, including, but not limited to:

- 13.1.3.1 Name and FAU Z number of the employee
- 13.1.3.2 The consent or declination of HBV immunization
- 13.1.3.3 The HBV vaccination status, the dates of vaccinations and any medical records relative to the employee's ability to receive vaccination
- 13.1.3.4 If required, a copy of the employee's HIV/HBV serological status and healthcare professional's written opinion; and
- 13.1.3.5 All medical records will be kept for 30 years after the employee separates from FAU.

APPENDIX A – FAU DEPARTMENTAL COMPLIANCE PROCEDURES

**FLORIDA ATLANTIC UNIVERSITY
DEPARTMENTAL COMPLIANCE PROCEDURES**

The following guidelines outline the steps necessary to bring those Departments, clinics or research areas into compliance with the OSHA Bloodborne Pathogens Standard:

- 1) Develop an Exposure Control Plan or adopt this FAU Exposure Control Plan for the covered area and outline site specific information. Fill out the required forms and customize this plan to fill the needs of the area. Provide easy access to the plan for all affected employees during all work hours. Provide documentation that the plan is reviewed annually and when there are changes made in the workplace or OSHA Standard.
- 2) Prepare and exposure determination list (see form in Appendix B, Forms and Questionnaires) to document positions and employees with potential exposure.
- 3) Have each listed employee contact EH&S for initial and annual training and to obtain the Medical Approval form for the HBV vaccination.
- 4) Provide initial and annual worksite training sessions to current affected employees. Initial training for new affected employees will be given prior to their first assignment involving potential exposure.
- 5) Prepare a maintenance and inspection schedule to document the monitoring of equipment and engineering controls.
- 6) In the event of an exposure incident, either the supervisor or injured employee must call..... Immediately and PRIOR to obtaining medical treatment.....
- 7) Provide the following:
 - Biohazard warning labels
 - Biohazard warning door signs
 - Appropriate PPE
 - Handwashing and eye/face flushing facilities
 - Decontamination of equipment prior to servicing, shipping or handling
 - Assurance that affected employees follow Universal Precautions
 - Assurance that each affected employee has been offered HBV immunization and post exposure evaluation and follow-up at no cost to the employee

APPENDIX B – EMPLOYEE EXPOSURE DETERMINATION LIST

**Florida Atlantic University
Employee Exposure Determination List**

Department/Lab/Clinic: _____

List of Job Classifications and Procedures Where Employees Have Occupational Exposure to Blood or Other Potentially Infectious Materials

Job Classification	Tasks and Procedures Which Have Occupational Exposure	Employee Name	Employee FAU Z#

Supervisor or Program Manager Name

Signature

Date

CDC HEPATITIS B VACCINE INFORMATION SHEET

See Next 2 Pages

Hepatitis B Vaccine:

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
 Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- ◆ **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- ◆ **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- ◆ Birth (if a mother has hepatitis B, her baby can become infected)
- ◆ Sharing items such as razors or toothbrushes with an infected person
- ◆ Contact with the blood or open sores of an infected person
- ◆ Sex with an infected partner
- ◆ Sharing needles, syringes, or other drug-injection equipment
- ◆ Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

Centers for Disease Control and Prevention U.S. Department of Health and Human Services

2 Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age (sometimes it will take longer than 6 months to complete the series).

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is also recommended for certain **unvaccinated adults**:

- ◆ People whose sex partners have hepatitis B
- ◆ Sexually active persons who are not in a long-term monogamous relationship
- ◆ Persons seeking evaluation or treatment for a sexually transmitted disease
- ◆ Men who have sexual contact with other men
- ◆ People who share needles, syringes, or other drug-injection equipment
- ◆ People who have household contact with someone infected with the hepatitis B virus
- ◆ Health care and public safety workers at risk for exposure to blood or body fluids
- ◆ Residents and staff of facilities for developmentally disabled persons
- ◆ Persons in correctional facilities
- ◆ Victims of sexual assault or abuse
- ◆ Travelers to regions with increased rates of hepatitis B
- ◆ People with chronic liver disease, kidney disease, HIV infection, infection with hepatitis C, or diabetes
- ◆ Anyone who wants to be protected from hepatitis B

Hepatitis B vaccine may be given at the same time as other vaccines.



3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- ♦ Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone hepatitis B vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- ♦ Soreness where the shot is given or fever can happen after hepatitis B vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- ♦ Ask your healthcare provider.
- ♦ Call your local or state health department.
- ♦ Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/vaccines



HBV VACCINE CONSENT/DECLINATION FORM

Florida Atlantic University
Hepatitis B Vaccination Consent/Declination Form*
Employees covered by the OSHA Bloodborne Pathogens Standard (29CFR 1010.1030)

I understand that all employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during their normal duties must complete this form. I acknowledge that I have been provided with a copy of the CDC Hepatitis B Vaccine Information Statement (Appendix C). I have read and understood the information provided to me.

Based upon this information, I acknowledge the following (**Please check only one of the following boxes**):

I have not received the hepatitis B vaccination series. However, my employer has provided me with information on how to receive the vaccination free of charge. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience adverse side effects as the result of the vaccination. I acknowledge that I must provide proof of vaccinations to my employer as they are received.

I have already received the hepatitis B vaccination series. Please list the date, or approximate date, of each vaccination and provide proof of vaccinations to your employer:

1st dose: / (Month/Year)
2nd dose: / (Month/Year)
3rd dose: / (Month/Year)
Booster: / (Month/Year)

I have received antibody testing to confirm immunity to hepatitis B. Please provide proof of immunity to your employer.

I do not wish to receive the hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a 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 vaccination, 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.

*Pursuant to 29 CFR § 1910.1030(f)(2)(iv)

Employee name (Print): _____

Employee's department (Print): _____

Employee signature: _____

Date: _____

Original: Maintained by Supervisor or Designee

Copy: Employee

ENGINEERING CONTROLS

Florida Atlantic University Engineering Controls

The following Engineering Controls are in place in this facility.

_____ Handwashing facilities are available for staff use at the following locations:

Where handwashing facilities are not immediately available, alcohol-based hand sanitizer is available for staff use at the following locations:

_____ Leak-proof, puncture-resistant sharps containers, with appropriate labels or color coding, are available at the following site(s):

Type of container(s) used:

_____ Biological Safety Cabinet (BSC) is used to contain splashes and aerosols and when working with OPIM. Types of BSC(s) used:

_____ Sharps with engineered sharps injury protections, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident, is used when employees work with needle/syringes, scalpels or razor blades.

_____ Mechanical pipettes are available and used in this facility, where necessary.

_____ The engineering controls outlined above are inspected and maintained on a regular basis.

Supervisor or Program Manager Name

Signature

Date

ENGINEERING CONTROLS

Florida Atlantic University Engineering Controls Inspection Schedule

Facility: _____ Location: _____

Please list all inspection schedules for all engineering control equipment used throughout the facility. Examples of engineering control equipment are listed in the column below.

Equipment	Inspection/Maintenance Frequency	Responsible Party	Notes
<i>Handwashing facilities</i>			
<i>Sharps containers</i>			
<i>Centrifuge safety cups</i>			
<i>Mechanical pipettes</i>			
<i>Biosafety Cabinet</i>			

Supervisor or Program Manager Name

Signature

Date

SAFE WORK PRACTICES

Florida Atlantic University Work Practice Controls

The following Work Practice Controls are in place in this facility (Check all that are applicable):

- _____ Handwashing is required in this facility and employees have been instructed in this procedure and know where facilities are located
- _____ Recapping of sharps and bending and breaking of needles is prohibited in this facility. Employees have been trained in these procedures. If needles must be recapped, this is done:
- With an openhanded scoop (passive recapping)
 - When engineering control is used
- _____ Disposal of sharps: After use, all sharps are placed in appropriate receptacles for reprocessing or disposal. Employees have been trained in these procedures, and have been instructed not to overfill containers.
- _____ Mechanical pipettes are required in this facility where appropriate. Blood and other potentially infectious materials are handles with care in this facility. Employees have been trained in these procedures.
- _____ Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in worksites where there is any risk of occupational exposure. Employees have been informed of this rule.
- _____ Storage of food and drink is prohibited in places where other potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops and benchtops. Employees have been informed of this rule.
- _____ Leak-proof containers are used for all specimens in this facility.
- _____ Equipment that may become contaminated is inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary.
- _____ Equipment is inspected before it is repaired or shipped, and decontaminated if necessary. If it cannot be decontaminated before repair or shipment, staff has been instructed to label the site(s) of contamination clearly.
- _____ Sharps containers in this facility are puncture and leak-proof. Staff has been instructed to close the containers when they are moved to prevent spillage.
- _____ Closable, leak-proof containers with the appropriate color coding or labeling are available in the event that the sharps containers appear to be leaking.
- _____ Closable, leak-proof containers with the appropriate color coding or labeling are available for all other regulated waste, such as disposable gloves or OPIM.

Supervisor or Program Manager Name

Signature

Date

PERSONAL PROTECTIVE EQUIPMENT

Florida Atlantic University Personal Protective Equipment Worksheet

The following Personal Protective Equipment is available in this facility free of charge (Check all that apply):

_____ Disposable gloves, in appropriate sizes, are available for all workers at risk of exposure, for use at their discretion at the following locations in this facility:

Explanation of when used, if applicable, or reasons for lack of use:

_____ Hypoallergenic or alternative gloves are available to workers who need them, at the following locations:

_____ Face protection (check one): is is not required in this facility.

Type of face protection used:

- Face masks
- Glasses with solid side shields
- Goggles
- Chin-length face shields
- Other:

Explanation when used, if applicable, or reasons for lack of use:

_____ Utility gloves are available for all housekeeping and other staff at the following locations in this facility:

They are checked for cracks before each use and replaced as necessary. Explanation of when used, if applicable, or reasons for lack of use:

Supervisor or Program Manager Name

Signature

Date

PERSONAL PROTECTIVE EQUIPMENT

Florida Atlantic University Personal Protective Equipment Worksheet (Cont'd)

The following Personal Protective Equipment is available in this facility free of charge (Check all that are applicable):

_____ The following protective body clothing (check one) is is not required in this facility:

- Clinic jackets
- Gowns
- Laboratory coats
- Aprons
- Other:

Explanation of when used, if applicable, or reason for lack of use:

_____ The following footwear (check one) is is not required in this facility:

- Booties
- Shoe covers
- Other:

Explanation of when used, if applicable, or reason for lack of use:

_____ The following respiratory equipment (check one) is is not required in this facility:

- Mouthpieces
- Resuscitation bags
- Other:

Explanation of when used, if applicable, or reason for lack of use:

Supervisor or Program Manager Name

Signature

Date

FACILITY HOUSEKEEPING PROCEDURES

Florida Atlantic University Facility Housekeeping Procedures

The following housekeeping procedures are in place in this facility (Check all that are applicable):

- _____ A written schedule for cleaning and decontaminating work sites is attached (see Work Area Cleaning Schedule Form).
- _____ Employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs and at the end of the work shift.
- _____ Employees have been instructed to clean reusable receptacles with a reasonable likelihood for blood contamination with an appropriate disinfectant and to replace protective coverings on surfaces and equipment which are also subject to contamination.
- _____ Broken glass: Staff has been instructed to never pick up by hand any broken glassware—especially glassware that may have been contaminated. A brush and dustpan, forceps and/or tongs are available for picking up broken glassware.
- _____ Sharps containers in this facility are closable and puncture/leak proof.
- Staff has been instructed not to overfill the containers
 - Staff has been instructed to close the containers when they are moved to prevent spillage.
 - A secondary container must be provided if the outside of the container appears to be contaminated or the sharps container appears to be leaking.
 - Closable, leak-proof containers with appropriate color coding or labeling are available for other regulated waste such as gloves or bloodied bandages.
- _____ Reusable sharps that are contaminated with blood or other infectious materials are stored and processed in receptacles that do not require employees to reach, by hand, into the containers where these sharps have been placed.
- _____ Laundry: Color-coded or labeled bags or containers are available where contaminated laundry is stored for cleaning. Soiled laundry is sorted and rinsed away from the point of use or discarded in biohazardous waste containers. Staff has been instructed to handle contaminated laundry, personal or university provided, as little as possible.
- _____ Laundry is shipped to _____ for cleaning. The containers used for shipping are appropriately labeled or color-coded.
- _____ Contaminated laundry, personal or university provided, which is wet and presents a reasonable likelihood of soak through or leakage from the bag or container is stored and transported in bags or containers which prevents soak through and/or leakage of fluids to the exterior.
- _____ Protective gloves are used by all workers. For those who have contact with contaminated laundry, other protective equipment is available as required.

Supervisor or Program Manager Name

Signature

Date

**Florida Atlantic University
Sharps Injury Report**

Please complete this form for each sharps injury that occurs.

Employee Last Name: _____

Employee First Name: _____

Employee FAU Z Number: _____

Employee Phone/Email: _____

Date of Incident (mm/dd/yyyy): _____

Time of Incident: _____

Occupation: _____

Department: _____

Building: _____

Type/Brand of Device: _____

Please provide a brief description of how the injury occurred, including the task which was being performed, body part injured as well as any protective equipment worn or utilized:

Employee's Supervisor: _____

Supervisor Phone/Email: _____

Employee's Signature: _____

SHARPS INJURY LOG

Florida Atlantic University Sharps Injury Log

Facility: _____ Location (Building and Room): _____

Date of Incident	Type & Brand of Device that Caused Injury	Work Area Where Incident Occurred	Explanation of How Incident Occurred	Procedures Put in Place to Prevent Recurrence of Injury

Supervisor or Program Manager Name

Signature

Date

POST EXPOSURE CHECKLIST

Florida Atlantic University Post Exposure Evaluation and Follow-Up

Fill in the dates of compliance for each procedure/item in use in your facility on the lines provided.
In the event of an exposure incident, the following procedures are followed in this facility:

Dates:

- _____ A written report of the exposure incident and circumstances is prepared by the supervisor or designated facility exposure incident evaluator.
- _____ Name (Print or Type)
- _____ The source individual is identified, where possible and not prohibited by state or local law.
- _____ HIV and HBV blood testing of the source individual is performed in accordance with Florida Statutes on confidentiality unless the source is known to be infected with HIV and/or HBV.
- _____ The exposed employee is informed of source blood test results, if known, and of applicable laws governing disclosure of this information.
- _____ A licensed physician or health care professional performs the evaluation and medical follow-up for the exposure at no cost to the employee.
- _____ The exposed employee is offered blood collection and/or testing at no cost. The employee has the right to refuse either or both. However, if the exposed employee gives consent for blood collection but not for HIV testing, the blood is kept for 90 days, during which time the employee can choose to have the sample tested.
- _____ Appropriate post-exposure prophylaxis is offered to the exposed employee. The recommendations of an evaluating physician who is familiar with the current CDC guidelines on post-exposure prophylaxis treatment for HIV/HBV/HCV are followed in the event of an exposure.
- _____ Counseling and evaluation of any reported illness is provided at no charge to the exposed employee.
- _____ A written opinion by the health care professional stating that the exposed employee has been informed of the results of the evaluation and about any exposure-related conditions that will need further evaluation and treatment is included in the employee's confidential medical record.
- _____ All required laboratory tests are done by an accredited laboratory at no cost to the employee.

Supervisor or Program Manager Name

Signature

Date

OSHA BLOODBORNE PATHOGENS STANDARD

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>