

Weber State University **EXPOSURE CONTROL PLAN**

Published by the
Environmental Health and Safety Office
and the
WSU Biosafety Committee



WEBER STATE UNIVERSITY

Revised November 2011

If you have suggestions to improve this program,
please contact the Environmental Health and Safety Manager
at 626-8004.

We are committed to the success of our written ECP.

WSU Exposure Control Plan

INTRODUCTION

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

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purposes of this ECP include eliminating or minimizing occupational exposure of employees to blood or certain other body fluids, and complying with OSHA's Bloodborne Pathogens Standard.

Each at risk department/program annually provides the following information to include in Appendix A:

1. A statement that the department/program subscribes fully to the General Plan. If the unit does not fully subscribe, the person responsible for the department/program must list in Appendix A its exceptions and rationale for the exceptions;
2. Special instructions for complying with the Bloodborne Pathogen Standard, or this ECP. Special information, e.g., locations of decontamination/cleaning schedules, availability of the ECP, personal protective equipment or other items;
3. Additional information peculiar to the organizational unit, relevant to infection control and this ECP.

Employees reviewing this ECP should refer to Appendix A for information specific to their departments or programs.

RESPONSIBILITIES

WSU's Environmental Health and Safety Manager, in partnership with the WSU Biosafety Committee, develops and maintains this ECP, except Appendix A. *Departments/programs* develop and maintain Appendix A. At risk employees may access copies of this ECP in their departments. It is also on the EH&S Web site at www.weber.edu/ehs, and from the EH&S in Annex 5 (telephone 626-7823).

Supervisors, managers, department chairs, directors and department/program responsible persons ensure employees comply with this ECP, and with the provisions of the OSHA Bloodborne Pathogen Standard.

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Table 1: Responsible Persons and Their Duties

| <i>Responsible Person(s)</i> | <i>Duties</i> |
|---|---|
| EH&S Manager and Biosafety Committee | Develop and maintains this ECP, except Appendix A |
| Departments Programs | Develop and maintain Appendix A |
| Supervisors Managers Department chairs Directors Department/Program responsible persons | Ensure employees comply with this ECP and with the provisions of the OSHA Bloodborne Pathogen Standard. |

DEFINITIONS

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

Blood: Human or primate blood, human or primate blood components, and products made from human or primate blood.

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

CDC/NIH: Acronym for the U.S. Department of Health's *Center for Disease Control and Prevention* and *National Institutes of Health*, federal authors of standard practices and policies related to the prevention of bloodborne diseases.

Contaminated laundry: Laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

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

Decontamination: The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens so a surface or item is rendered safe for handling, use or disposal.

Departmental responsible person: The person designated by the department chair or director to annually update department-specific information in Appendix A of this ECP and to ensure compliance with the ECP and standard within the department or campus unit.

Engineering control: Container or (equipment) implements which isolate or remove the

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bloodborne pathogens hazard from the work place (e.g., sharps disposal containers, self-sheathing needles).

EH&S: Environmental Health and Safety Office, under the direction of the Department of Auxiliary Services . The mission of EH&S is to encourage a safe and healthy work and an academic environment and to protect the natural environment.

Exposure incident: A specific contact of eye, mucous membrane or skin—or a parenteral contact with blood/OPIM during the performance of an assigned duty.

HBV: Hepatitis B virus.

HCP: Health Care Professional

HIV: Human immunodeficiency virus.

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

Licensed healthcare professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities of hepatitis B vaccination, post-exposure evaluation and follow-up.

Occupational exposure: Reasonably anticipated job-related skin, eye, mucous membrane or parenteral contact with blood/OPIM.

Other potentially infectious materials: Human body fluids which include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and body fluid that is visibly contaminated with blood, and all body fluid in situations where it is difficult or impossible to differentiate between body fluids. Also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead) and HIV-containing cell or tissue cultures, organ cultures, and HIV-of HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV and HBV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, abrasions.

Personal protective equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid

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or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these material during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps: Any potentially contaminated object that can penetrate the skin including, but not limit to, needles, scalpels, broken glass, broken capillary tubes, etc.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the faculty or student.

Sterilization: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Supervisor: Any WSU employee responsible for assigning and directing the work of another employee, *and* for assessing work performance.

Universal precautions: A concept promulgated by CDC/NIH, whereby *all* human blood/OPIM—*regardless of source*—and items contaminated by or derived from blood/OPIM must be handled as though they were infectious.

Work practice control: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed technique).

CRITERIA FOR IDENTIFYING AT RISK EMPLOYEES

The scope of this WSU Exposure Control Program includes only employees who are assigned duties which may involve contact with blood/OPIM. Occasionally, any employee, regardless of assigned duties, may contact human blood/OPIM—for example, when assisting an injured co-worker. Such “Good Samaritan” efforts are specifically excluded from the standard.

Designations are based on likelihood of exposure without use of personal protective equipment.

At risk employees receive OSHA bloodborne pathogen training and personal protective equipment. Employees considered to be at moderate or significant risk are also offered the Hepatitis B vaccine.

JOB CLASSIFICATIONS—of WSU personnel who may be at moderate or significant risk of exposure while performing regular, assigned duties:

1. Physicians, dentists, nurses, laboratory technologists, and phlebotomists;
2. Certain instructors, technologists, and assistants in: Chemistry, Clinical Laboratory Sciences, Criminal Justice, Dental Hygiene, Emergency Care and Rescue, Microbiology,

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Nursing, Radiological Science, Respiratory Therapy, and Zoology;

3. Employees whose assigned duties involve first aid and emergency medical response (*including police officers, emergency care and rescue specialists, lifeguards, and athletic trainers*);
4. Employees whose duties involve cleaning up blood-contaminated areas (*including housing custodians, police officers, EH&S and Custodial Blood Response Teams, and other trained at risk staff*).
 - Most custodian jobs do not involve blood clean up. Although risk of exposure to blood/OPIM is extremely low for most custodians, all receive special training on biological hazards, and are instructed to *avoid—and report to their supervisors—any suspicious waste or material.*
 - Custodial supervisors are trained to:
 1. Contact someone from the Custodial Blood Response Team to clean up blood or suspect waste;
 2. Contact the EH&S (x-7823) for response *,if no one from the Custodial Blood Response Team is available.*

Custodial Blood Response Team

WSU's Custodial Blood Response Team members' responsibilities include:

1. Responding to spills of blood and suspect wastes within campus buildings as requested;
2. Cleaning and disinfecting spill areas before releasing them to general custodial staff;
3. Discarding regulated waste from clean-ups into appropriate containers in departments with collection areas (*See Appendix D*), or contacting EH&S staff to pick up the waste.

EH&S Blood Response Team

The EH&S blood response team is designated by the EH&S Manager. Team responsibilities include:

1. Responding to major accidents and injuries involving large amounts of blood, outside of buildings;
2. Being available to respond to major spills of blood from accidents and injuries;
3. Cleaning and disinfecting spill areas before releasing them to the general public;
4. Properly disposing of regulated waste from clean-up.

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DEPARTMENTS OR PROGRAMS WITH AT RISK EMPLOYEES

The following table lists WSU departments or programs which may employ *at risk* personnel:

| <i>Department or Program which employs at risk personnel</i> | <i>Department/Program Responsible Person Title</i> | <i>Campus Mail Code</i> |
|---|---|--------------------------------|
| Athletics | Department Chair and Athletic Training Program Director | 2701 |
| Campus Recreation | Director | 2802 |
| Chemistry | Department Chair | 2503 |
| Children's School | Director | 1301 |
| Clinical Laboratory Sciences | Department Chair and Laboratory Manager | 3905 |
| Crime Laboratory | Criminal Justice Dept. Chair and Crime Laboratory Manager | 1206 |
| Dental Hygiene | Program Director | 3920 |
| Emergency Care and Rescue | Program Director | 3902 |
| Emergency Planning (Building Emergency Coordinators) | Emergency Management Specialist | 3002 |
| Environmental Health and Safety (EH&S) | EH&S Manager | 3002 |
| Facilities Management Custodial Blood Response Team | Facilities Director and Custodial Foreman | 2601 |
| Health and Physical Education | Director | 2801 |
| Health Promotion & Human Performance | Coordinator | 2801 |
| Microbiology | Department Chair | 2506 |
| Nursing | Program Director and Nursing Laboratory Coordinators | 3903 |
| Radiological Sciences | Program Director | 1602 |
| Respiratory Therapy | Program Director | 3904 |
| Student Health Center | Director | 3003 |
| University Police | Chief of Police | 3001 |
| Zoology | Department Chair | 2505 |

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THE GENERAL PLAN

WORK PRACTICE CONTROLS

The following work practice controls are used throughout campus and its extensions to:

1. Continually improve the manner in which tasks are performed;
2. Continually minimize the risk of exposure:
 - Employees wash hands with soap and water, and—*if necessary*—flush mucous membranes with water:
 - A) As soon as possible following contact with blood/OPIM;
 - B) Immediately after removing gloves.
3. Supervisors provide antiseptic hand cleanser and clean towels to workers when closed doors separate them from hand-washing facilities, *or* when washing facilities are not within a reasonable distance from the work site.
4. Employees discard contaminated sharps immediately after use into appropriate disposal containers which are located as close as possible to areas of use. Contaminated sharps are *not* cleaned or re-processed in any way.
5. Supervisors do not permit unsafe operations on contaminated sharps, including recapping, removing, bending or breaking needles.
6. No one eats, drinks, smokes, applies cosmetics or lip balm or handles contact lenses in locations where there is *any* risk of exposure. (Application of hand cream *is* permitted.)
7. No one places food or drink in freezers, refrigerators, shelves, cabinets or on counter or bench tops where blood/OPIM are used or stored.
8. Workers perform all procedures involving blood/OPIM in ways which minimize splashing, spraying, spattering, and generation of droplets or aerosols.
9. No one performs mouth pipetting (*suctioning*) of blood/OPIM.

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ENGINEERING CONTROLS

The following engineering controls are used in all biohazard areas:

1. Specimens of blood/OPIM are kept in leak-proof containers during collection, storage and transport. These containers are labeled or color-coded before they are removed from the facility.
2. Supervisors or their designated personnel routinely, inspect—and decontaminate, if necessary—equipment that could become contaminated by blood/OPIM.
3. Equipment is inspected and decontaminated prior to repair or shipment. If it cannot be decontaminated, the equipment is labeled to indicate which portions remain contaminated. This information is conveyed to employees, servicing personnel, and/or the manufacturer, so that they can take appropriate precautions.
4. Contaminated sharps are discarded immediately into containers that are closeable, puncture resistant, leak proof on the sides and bottom, and labeled or color-coded.
5. Sharps containers *in use* are located in areas of use, easily accessible, kept upright throughout use, and replaced when full. Containers are not overfilled.
6. Contaminated sharps are *not* re-used. There are *no* exceptions to this policy.
7. Closeable, leak-proof containers, with the appropriate color coding or labeling, are used as secondary containers for all biohazardous waste. These secondary containers are located in specially designated areas throughout the campus and are closed by department or area personal prior to removal by an approved contractor.
8. Promotion and use of needle-less health care delivery systems are used where available.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employees use PPE when engineering and work practice controls do not entirely eliminate occupational exposure. Supervisors make PPE available to employees, and enforce its use whenever it is needed. WSU provides the following PPE to all at risk personnel at no cost:

1. Disposable gloves in appropriate sizes for use when it can be reasonably anticipated that the employee may have hand contact with blood/OPIM. Employees never wash or decontaminate disposable gloves for reuse. Immediately upon removal, employees place used gloves appropriate, labeled waste containers.
2. Hypoallergenic disposable gloves or other similar alternatives, i.e., liners, for employees who are allergic to ordinary disposable gloves.
3. Utility gloves (If glove integrity is not compromised with use, employees may

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decontaminate/clean them for reuse. Employees must replace utility gloves when they show *any* signs of cracking, peeling, tearing, puncturing or deteriorating.).

4. One of the following types of eye and face protection to use during operations in which splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose hazards to the eyes, nose or mouth:
 - a. Face (*surgical*) masks with glasses with solid side shields or goggles;
 - b. One piece surgical mask with face shield;
 - c. Chin-length plastic face shields.
5. Protective clothing and laundry services (at no cost to at risk employees). The type of protective body clothing furnished depends on the task and degree of contamination expected. Clothing is provided in appropriate sizes. Employees remove protective clothing before leaving the work premises.
6. Protective headgear and footwear, when needed.

WORK AREA DECONTAMINATION AND REGULATED WASTE HANDLING

To keep all work sites in potentially contaminated areas clean and sanitary, the supervisor develops and implements a decontamination schedule that includes appropriate methods of decontamination, tasks, procedures to be performed and the names of personnel assigned to perform them. Decontamination schedules are posted in work areas.

Only trained personnel perform routine or special decontamination tasks. Members of the regular custodial staff not trained for such tasks do not perform decontamination tasks.

Decontamination Procedures:

1. Supervisors, as designated by the department/program responsible person, publish written schedules for routine cleaning and decontaminating each work site (*See Appendix A*). A schedule includes the location of the work site within the facility, the type of surface to be cleaned, the type of contamination present, the appropriate disinfectant, and the tasks to be performed.
2. Equipment and surfaces are decontaminated with an effective disinfectant immediately after a spill and on a regular basis.
3. Protective coverings, such as plastic wrap and aluminum foil, are removed and replaced when contaminated.
4. Reusable receptacles that are likely to become contaminated (e.g., bins, pails or cans) are

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inspected and decontaminated regularly and/or when contamination is detected.

5. Broken glass which *might* be contaminated is *not* picked up by hand, even if gloves are worn. Workers use mechanical means, such as a brush, dust pan, forceps, and/or tongs to pick up broken glassware. The implements used for these purposes are cleaned and decontaminated if the glass container held any infectious material.
6. Sharps containers are closed prior to removal to prevent spillage of contents. Primary containers are placed into closeable leak-proof, color-coded or labeled secondary containers, which are sealed before they are released to the bio-waste contractor. Sharps containers are available from the EH&S Office, 626-7823 and Chemistry Stores, 626-7185.
7. All regulated waste is kept in special color-coded and labeled containers that can hold all contents without leakage during handling, storage and transport. Regulated waste is disposed of through qualified contractors in accordance with applicable state and local laws. If the outside of a waste container becomes contaminated, the container is placed in another closeable, leak-proof and labeled or color-coded container.
8. Contaminated laundry is handled as little as possible. Employees do not take contaminated laundry home to clean. This laundry is bagged at the location of use, placed in color-coded or labeled bags, and sorted and cleaned at the contractor's facility.
9. Contaminated laundry which is wet and likely to soak through its container is stored and transported in bags or containers which prevent soak-through and/or fluid leakage. Bags or containers are labeled or color-coded.
10. Employees who handle contaminated laundry wear protective gloves and handle the laundry as little as possible. Other protective equipment is available as required.

LABELING

Per regulatory requirements, color-coding and/or biohazard labels are used at WSU to mark all biohazardous items. Examples of items that are labeled are:

1. Containers for regulated waste;
2. Containers for laundry;
3. Refrigerators or freezers holding blood/OPIM;
4. Containers for storage.

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SHIPPING

Containers for transport or shipping of blood/OPIM, including mail or freight packages, are properly packaged according to DOT HM 126 regulations. Contact WSU Hazardous Materials Specialist, 626-7823, for requirements.

TRAINING AND INFORMATION

Training is tailored to the education and language level of the employee, and is offered during normal work shifts. The training is interactive and includes the following elements:

1. OSHA Bloodborne Pathogen Standard;
2. Epidemiology and symptoms of bloodborne diseases;
3. Modes of transmission of bloodborne pathogens;
4. Weber State University Bloodborne Pathogen ECP, and how to obtain a copy;
5. Recognition of tasks that may involve exposure;
6. Use and limitations of methods to reduce exposure (engineering controls, work practices and personal protective equipment);
7. Types, use, location, removal, handling, decontamination and disposal of PPE;
8. Basis of PPE selection;
9. Hepatitis B vaccination—efficacy, safety, method of administration, benefits—*(At no cost to employees with significant risk of exposure)*;
10. Appropriate actions to take, and persons to contact in emergencies involving blood or OPIM;
11. Procedures to follow when an exposure incident occurs, *(reporting and medical follow-up)*;
12. Evaluation and follow-up required after an exposure incident;
13. Signs, labels and color coding systems.

Department responsible persons provide employees with additional training on department-specific information in Appendix A of this plan. They also provide training specific to the department when there are changes of tasks or procedures affecting the employee.

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Weber State University ensures that bloodborne pathogens trainers are knowledgeable in the required subject matter. Employees covered by the bloodborne pathogens standard are trained when they are initially assigned tasks where occupational exposure may occur, and every year thereafter.

METHODS

Employees are provided required information by attending OSHA Bloodborne Pathogen Training given by one of the following:

1. A qualified EH&S employee;
2. A qualified WSU individual;
3. A qualified individual who is not a WSU employee.

All training must comply with the standard, and include the elements listed in the Training and Information section (above). Videos and other training materials are available from EH&S.

If departments train employees, department/program responsible persons must ensure that:

1. *Before training*, trainer sends EH&S a completed Bloodborne Pathogen Trainer Information form (See Appendix E-Training Forms), including the following:
 - I. trainer name, and statement of qualifications;
 - II. planned summary of the training; date, time and location of the training.
2. *After training*, the trainer sends EH&S a Training Roster (See Appendix E-Training Forms), which includes the following:
 - II. instructor name; training time, date and location;
 - III. names (legibly printed), job titles and signatures of participants;
 - IV. *if different from planned summary*, a summary of training actually presented.

Employees who attend a bloodborne pathogen training session provided by another institution (i.e., hospital) must also:

1. Review the WSU ECP, including Appendix A for department/program-specific information; and Appendix C, which lists post exposure procedures for the employee's department.

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2. Complete and submit to EH&S *Form B-Exposure Control Plan Instructor Qualifications & Training Content Statement* (found in Appendix E of this plan), signed by the trainer.

RECORD KEEPING

Medical records are kept confidential in the EH&S Office, and are disclosed only with the employee's written consent. They are maintained for at least 30 years after the person leaves WSU employment.

WSU maintains the following records for employees:

- OSHA bloodborne pathogen training;
- Occupational exposures.

WSU's record keeping procedures:

1. Confidential medical records are kept for all employees after an occupational exposure. Medical records include:
 - a. Employee's name and social security number;
 - b. Employee's hepatitis B vaccination status, including:
 - 1) Vaccination dates;
 - 2) Medical records related to the employee's ability to receive the vaccine.
 - c. Signed Refusal of Post-Exposure Medical Evaluation for Bloodborne Pathogen Exposure Incident, *if employee selects this option*;
 - d. Medical testing (*but not results*);
 - e. Post-exposure evaluation;
 - f. Follow-up procedures.
2. Copies of health care professionals' written opinions.

Training records of all at risk workers are maintained by EH&S, and include:

1. Training dates;
2. Training content or summary;

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3. Trainers names and qualifications;
4. Training attendees names and job titles.

Training records are kept for three years from the date of the training session. At risk employees or their representatives may request training records. Training records are also available to the U.S. Assistant Secretary of Labor for Occupational Safety and Health, and to the Administrator, Division of Occupational Safety and Health, Industrial Commission of Utah.

HEPATITIS B VACCINE

WSU makes hepatitis B vaccinations available to all employees whose job assignments involve moderate or significant exposure risk. Prior to the offer of vaccination, WSU gives the employee information on the vaccine's efficacy, safety, method of administration and benefits.

1. The vaccine is given free of charge to all employees who are at moderate or significant risk.
2. The vaccine is given within ten working days of the employee's initial assignment to an at risk position, unless the employee:
 - a. has previously received the series;
 - b. is, as indicated by medical testing, immune;
 - c. refuses the vaccine, and signs a waiver to that effect.
3. Employees who initially decline the hepatitis B vaccine must sign a copy of WSU's vaccine acceptance/waiver form. A copy of the form is included in the employee's confidential record.
4. The employee's confidential record includes the dates of all hepatitis B. Vaccinations.
5. WSU offers booster doses of the vaccine—or a complete re-vaccination series—when recommended by CDC/NIH.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

The OSHA standard requires medical follow-up of personnel after exposure. WSU provides, at no cost to the employee, confidential medical evaluation and treatment by a health care professional.

THE HEALTH CARE PROFESSIONAL (HCP) ROLE—in Evaluating and Treating Blood Exposure Incidents

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At WSU's expense, licensed physicians or other licensed HCPs evaluate and follow-up with exposed individuals.

1. CDC recommends that medical evaluation and treatment by a licensed HCP take place within two (2) hours after exposure.
2. The exposed employee has the right to refuse testing. However, if the employee consents to blood collection, but not HIV testing, the blood is kept for 90 calendar days. The employee may elect to have her/his blood tested during this time.
3. The exposed employee is informed of the source individual's blood test results, and of applicable disclosure laws and regulations concerning the source's identity and infectious status.
4. Collection/testing of the employee's blood may be repeated later—with the employee's consent—when this procedure is advised by medical authority.
5. Appropriate treatments, including immunoglobulin, are offered to the exposed employee. Treatment follows guidelines promulgated by the U.S. Public Health Service (CDC/NIH). *(See Appendix C for State of Utah Risk Management Guidelines for post exposure procedures and prophylaxis currently recommended by CDC/NIH.)*
6. The HCP provides, at no charge to the exposed employee, counseling and evaluation of any reported symptoms.

INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL

WSU provides the HCP with the following information when requested:

1. A copy of the OSHA Bloodborne Pathogen Standard, if the HCP does not have a copy;
2. Results of the source's blood tests, if available;
3. All relevant medical records, including vaccination status;
4. Current copies of the State of Utah Risk Management Guidelines for Post- Exposure Prophylaxis and Medical Follow-up Procedures, if the HCP does not have post-exposure follow up procedures that comply with CDC guidelines..

HEALTH CARE PROFESSIONAL'S WRITTEN OPINION

Within 15 days after receiving the HCP's written opinion, WSU provides the employee with a copy of the opinion, unless the employee's signature is on the report, and the HCP has confirmed that the employee has already received a copy. The opinion, maintained in the employee's confidential medical record, includes *only* the following:

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1. Documentation determining whether the Hepatitis B vaccination is recommended for the exposed employee and whether vaccination was administered by the HCP;
2. A statement that the exposed employee was informed of the results of the evaluation;
3. A statement the employee was informed of any exposure-related medical conditions requiring further evaluation and treatment.

The written opinion does *not* include findings or diagnoses, which remain confidential.

Exposure Incident Evaluation Plan

The WSU Biosafety Committee reviews exposure incidents at least annually, and recommendations to the department/program responsible individuals methods to prevent future similar incidents. The committee also reviews past recommendations to ensure that previous recommendations were implemented.

Supervisors of exposed employees perform the following tasks:

1. Completes a written evaluation of the incident;
2. Suggests procedural changes to avoid future incidents;
3. Documents how such changes should be implemented.

Supervisors may request assistance with post-exposure evaluations from WSU's EH&S or Biosafety Committee.

Employees are required to give specific written consent for EH&S to allow another individual to see the record.

Exposure incident evaluation procedures

WSU requires department/program responsible persons to document every exposure, using the Incident Information Form. Documentation includes:

1. Name of exposed individual;
2. Name of source individual;
3. Description of how the exposure occurred;
4. Date and time of incident;
5. Recommendations for preventing similar exposures.

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The supervisor forwards a copy of the written evaluation to EH&S, where it is filed in the exposed employee's medical record.

The Biosafety Committee evaluates incidents and ensures corrective actions are taken.

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APPENDIX A

Department/Program-Specific Information

Specific information from departments, programs or other campus units should include:

1. Job titles for persons at moderate to significant risk of exposure;
2. Description of training methods
3. Work area decontamination schedule;
4. Location of biohazardous waste;
5. Biohazardous waste disposal method used;
6. Other information departments wish to include.

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APPENDIX B

OSHA Bloodborne Pathogen Standard

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APPENDIX C

Post Exposure Packet

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APPENDIX D

WSU Departments Which Generate Regulated Waste

| <i>Department</i> | <i>Title of Contact person</i> | <i>Phone</i> | <i>Mail code</i> |
|--------------------------------------|--------------------------------|--------------|------------------|
| Athletics (stadium) | Trainer | 6501 | 2701 |
| Campus Recreation | Assistant Director | 7354/6673 | 2802 |
| Chemistry Stores | Manager | 7185 | 2503 |
| Clinical lab Science | Laboratory Manager | 7079 | 3905 |
| Criminal Justice | Assistant Professor | 6146 | 1206 |
| Dee Events Center | Manager | 6665 | 3401 |
| Dental Hygiene Clinic | Clinic Coordinator | 6830 | 3921 |
| Gym Issue Room | Scheduling Supervisor | 7516 | 2801 |
| Hazwaste Storage | Hazardous Materials Specialist | 7823 | 3002 |
| Health Promotion & Human Performance | Coordinator | 7372 | 2801 |
| Microbiology | Laboratory Manager | 6656 | 2506 |
| Nursing | Laboratory Coordinators | 7094 | 3903 |
| Student Life (housing) | Assistant Director | 8904 | 1002 |
| Student Health | Medical Technologist | 6459 | 1128 |
| Zoology | Laboratory Manager | 6226 | 2505 |

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APPENDIX E

Training Forms

Documentation of OSHA Bloodborne Pathogen Training.

Documentation of review of the WSU Exposure Control Plan elements.

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