

**Exposure Control Plan (ECP)**

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

**University of Washington**

**UW Facilities**

**Building Services Department**

**BLOODBORNE PATHOGENS**

**EXPOSURE CONTROL PLAN**

## Exposure Control Plan (ECP)

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

# University of Washington UW Facilities, Building Services Department

## BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN\*

\*Starred (asterisk) items are defined in Appendix 1.

### 1. OVERVIEW

The University of Washington UW Facilities, Building Services Department is committed to providing a safe and healthful work environment for our entire staff. In accordance with the Washington Industrial Safety and Health Act (WISHA) Bloodborne Pathogens Standard, Washington Administrative Code (WAC) 296-823, this document contains our plan to eliminate or minimize occupational exposure to bloodborne pathogens.\*

Employees who have occupational exposure to blood or other potentially infectious material (OPIM)\* must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy, free of charge, to an employee within 15 days of a request.

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### 2. IDENTIFYING EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

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WISHA requires employers to perform an exposure determination to identify employees who have occupational exposure to blood or other potentially infectious material (OPIM).

Occupational exposure means "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties."

For purposes of the determination, employees are considered to have occupational exposure even if they use Personal Protective Equipment (PPE) while performing duties that put them at risk for exposure.

**The following are job classifications in our workplace in which our employees may have occupational exposure to bloodborne pathogens:**

JOB TITLE	DEPARTMENT LOCATION	TASK/PROCEDURE
<p>1. <i>Persons required to provide first aid as part of their job, for example Supervisors and Leads, Trades helpers, Shuttle drivers, and groundskeepers.</i></p>	<p>Areas per Organizational Chart Online (includes HSB) <a href="https://www.washington.edu/facilities/building/custodial/orgchart">https://www.washington.edu/facilities/building/custodial/orgchart</a></p>	<p>FIRST AID --Provide first aid to persons who are bleeding --Handling blood from any source, such as from a nosebleed or wounds --Clean up body fluids with visible blood in it, such as vomit, or from internal bodily fluids <u>with or without blood</u> (ex. semen, etc.)</p>
<p>2. Custodians, Custodial Managers and Shift Supervisors, Nursery Workers, Carpet Cleaners, Glaziers, Elevator Mechanics, Groundskeepers, and Gardeners</p>	<p>Per online Organizational Chart (see website above)</p>	<p>BLOOD CLEANUP --Empty menstrual product holders --Clean blood spills --Assist in / troubleshoot hazardous waste problems as needed --Provide needed PPE and other resource materials and training</p>

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JOB TITLE	DEPARTMENT LOCATION	TASK/PROCEDURE
<p>3. Groundskeepers, Leads and Supervisors, Sprinkler Maintenance Workers, Waste Collector, Nursery Worker, Plumb/Pipe/Steam Fitter</p>	<p>Per online Organizational Chart (see website above)</p>	<p>NEEDLE &amp; OTHER CLEANUP --Pick up syringes and needles not properly disposed of --Assist in / troubleshoot hazardous waste problems as needed</p>
<p>4. <i>BBP exposure unlikely during performance of work, but need to be aware, for example:</i> Control Tech, Carpenter, Electrical Worker, Floor Layer, Insulator, Plasterer, Painter, Roofer, Sheet Metal Worker, Truck Driver, Welder, Window Washer</p>	<p>Per online Organizational Chart (see website above)</p>	<p>WHEN WORKING in PATIENT CARE/ OTHER AREAS: --Use UNIVERSAL PRECAUTIONS any time blood from any source is encountered  --IF you see needles or other potentially infectious materials, cordon off, and CALL SUPERVISOR</p>

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### Contact names and phone numbers:

Vacant Position: is the administrator of this exposure control plan and is responsible for its implementation. S/he will make sure this list is kept up-to-date.  
Michael Nguyen (206-543-6610) will maintain, review, and update the Exposure Control Plan at least annually, and whenever necessary to include new or modified tasks, procedures, or personnel.  
Each Shift Supervisor and Area Manager will make this plan available to employees. FS Administration and EH&S will make this plan available to DOSH (WA state Division of Occupational Health and Safety) representatives.  
The employee's immediate Supervisor (referred to as Manager throughout this document) and the Employee Health Clinic-UW (206 685-1026) will be responsible for making sure all medical actions required are performed and that appropriate employee medical records are maintained.

### 3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

#### We use the following methods to control employee exposure:

#### A. Infection control system:

**All employees will use Universal Precautions\***(see Appendix for definition) when cleaning up blood or other potentially infectious material (OPIM). This means All Blood or Other Potentially Infectious Material will be considered infectious whenever encountered, regardless of the source. Using Universal Precautions, workers will wear gloves and other personal protective equipment as described in the following sections.

Your Manager and/ or supervisor is the person to contact if you have questions regarding the Infection control system.

#### B. Safer equipment, and equipment used to minimize occupational exposure to bloodborne pathogens

- The specific equipment to minimize or eliminate exposure that we use are:

	Located:
Tongs	Clock-Station (Office)
Biohazardous Waste Bags	Clock Station or Main Supply Closets
Dustpan, mop, and broom	Main Supply Closet or Custodial Closets
Sharps container	Clock Station (or from Manager / Supervisor)

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- Sharps disposal containers must first be inspected to be sure no needles are sticking out before picking up.

By: Custodians, Groundskeepers, Supervisors, Leads

When: Every occurrence/pickup

At: All established pickup locations

- We identify opportunities to improve controls or make changes in work practices through:

--Review of Improper Waste Disposal Notice

--University-wide Health and Safety Committee meetings

--Quarterly (Feb., May, Aug., Nov.) solicit feedback from staff on exposure control methods during mandatory safety meetings.

--Quarterly (Feb., May, Aug., Nov.) solicit suggestions from staff on possible products, tools, and equipment for improving exposure control methods.

- We evaluate new products regularly as follows:

Management obtains information from suppliers which may then be tested by custodial staff.

At the monthly Labor-Management safety meeting, ideas for products are solicited from employees.

- Both front-line workers and management officials are involved in this process improvement by:

Monthly Labor-Management meetings, where bloodborne pathogen (BBP) problems and suggestions are reviewed.

Custodial workers actively try out new products and/or practices.

Your Manager and/ or supervisor will make sure that recommendations for safe work practices are effectively implemented. S/he will provide equipment (listed above) for use in cleanup of blood or OPIM.

### C. Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost. The types of PPE available include:

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PPE ITEM	LOCATION OF PPE ITEM
Disposable Gloves ( Nitrile, for cleaning blood or OPIM)	Clock Station <b>Some</b> Custodial Closets and <b>some</b> carts
Chemical Splash Goggles and, or Safety Glasses	Custodial closets and supply room or Work Area Office
Face Shield (Disposable) Face Shield (Reusable) or N-95 respirator	Absorbent Supply Room
Tyvek Suits/Disposable gowns	Emergency box at clock stations

- **WHEN and HOW to Use PPE:**

- Wear appropriate (nitrile) gloves when you can reasonably anticipate hand contact with blood or OPIM. If you handle or touch-contaminated items or surfaces, use nitrile gloves if gloves may come into contact with decontamination solution.
- Wear face shield or goggles when splashes, splatters, or droplets of blood or OPIM could make contact with the eyes, nose, or mouth.
- Wear a Tyvek suit if clothing could be grossly contaminated with large amount of blood or OPIM, or if splash/spray could occur.
- Keep your gloved hands away from your face when working with blood or OPIM; also do not touch your skin while cleaning blood or OPIM.
- Replace gloves if torn, punctured, contaminated, or otherwise damaged (including at first sign of wear).
- **If gloves become contaminated with blood or OPIM, remove them, WASH HANDS, and replace with another pair of gloves**
- Use disposable Building Services Department-approved Nitrile gloves only once: Never wash or decontaminate disposable gloves for reuse.
- Decontaminate reusable gloves (for example, sturdy, 15-mil thickness Nitrile gloves, used for cleaning restrooms) if they are intact.
- Dispose of reusable gloves which show signs of cracking, peeling, tearing, puncturing, or other deterioration.
- **Wash hands immediately or as soon as feasible after removal of gloves or other PPE**
- Before leaving the work area, remove gloves and garments contaminated with blood or OPIM, immediately or as soon as possible, in a manner that avoids contact with the contaminated surface.
- Dispose of blood or OPIM contaminated disposable PPE in red biohazardous bags.

- **Decontamination of Reusable PPE (Goggles, Face shield)**

- Wear Building Services Department-approved disposable Nitrile gloves.

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- Place contaminated PPE in sink.
- Squirt completely Hydrogen Peroxide Cleaner/Disinfectant solution.
- Let solution sit on PPE for three minutes or more.
- Wipe PPE clean with towels and dispose of the towels in bag, or simply let air dry. Dispose of bag.

### D. Work Controls / Tools and Decontamination Procedure

*The standard operating procedure for cleaning (small) blood spills and related biological contaminants and contaminated PPE is described as follows:*

**HARD SURFACES ONLY: (if blood or OPIM is in the carpet, call your Supervisor – Blood/ OPIM in carpet is cleaned by an outside contractor)**

- Wear Custodial Department-approved disposable Nitrile gloves; also wear Goggles and/or Face Mask if chance of a splash to the eyes, nose, mouth, or skin.
- Use paper towels or similar absorbent (disposable) rags to contain and absorb spill.
- Place contaminated paper towels into Red Biohazard Bag.
- Squirt Hydrogen Peroxide Cleaner/Disinfectant solution onto the surface contaminated by blood or OPIM – important: **let stand for three or more minutes.**
- Use fresh absorbent paper towel(s) over treated spot to wipe up all of spill.
- Place used towels in Bag.
- Remove and place all untreated items into Red Biohazard Bag; secure and mark bag with identification.
- Call Manager or Supervisor to transport Biohazard bag to HSB autoclave site (Room T-276).

#### FOR BROKEN GLASS:

- Sweep up broken blood-contaminated glass (or the like) into a dustpan with broom.
- Use a tongs to pick up pieces, if needed.
- From dustpan, use tongs or dump out broken pieces (not using hands directly) into an appropriate-size Sharps container.
- Close and secure top of Sharps container, and transport to glass disposal site.
- Decontaminate dustpan and broom with Quat spray (can squirt on and let air dry).

#### For Mop heads:

- If necessary, use disposable mop only, to clean up small blood spill or other potentially infectious material (OPIM).
- When done, place disposable wet mop into Red Biohazard Bag (with collected contaminated items) – call Manager or Supervisor to transport and autoclave the bag.
- Minimize spread of contaminated materials – **do not** mop other areas with the same mop head which cleaned up the blood spill.

#### Use of Absorbent

- Used to handle (small) blood spills and related biological contaminants.



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- Wear Building Services Department approved disposable Nitrile gloves, and safety eyeglasses or chemical-splash goggles and N-95 respirator for protection.
- Apply and use absorbent product according to direction for use.

### The Decontamination Procedure and Cleanup of Equipment:

The standard operating procedure for decontaminating dustpan, broom, tongs, and bucket and/or sink or any contaminated tool after use is described by the following:

- The custodian must wear Building Services Department-approved disposable gloves and eye and skin protection.
- Place smaller contaminated tools in bucket.
- If heavily soiled, wipe off extra residue with paper towels, or wash and rinse off with water. Paper towels can be placed in biohazard bag.
- With contaminated item still in bucket, squirt with Hydrogen Peroxide Cleaner/Disinfectant to completely cover the tool – let sit for three or more minutes.
- Rinse off with water and simply let air dry.
- **Note:** Biohazard items can be taken to autoclave room in HSB, T-276, for disposal.

### TO CLEAN BUCKET:

- Drain bucket (or sink) by squirting with quat. Let Hydrogen Peroxide Cleaner/Disinfectant solution sit for three or more minutes on surfaces.
- You can rinse bucket or sink with water and simply let air dry.
- When done with the decontamination procedure, remove and place disposable gloves and other PPE into trash bag and dispose in dumpster outside of building.
- **WASH HANDS.**
- Call Manager or Supervisor to remove biohazard bag for autoclaving if items were not disinfected.
- Need to decontaminate goggles only if blood or OPIM have made contact with them (see procedure, section 3C).
- **Note:** *Reusable mop heads are not to be used for blood or OPIM cleanup.*

Your Manager and/or Supervisor will maintain and provide all the necessary PPE (in appropriate sizes and types) and all controls (such as sharps containers and biohazard bags) as required.

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### E. Housekeeping and Work practices (including Rules, Pickup of Needles, and Sharp objects)

- We use the following work practices to eliminate or minimize employee exposure:

#### RULES:

- **Employees are EXPECTED TO CONDUCT ALL PROCEDURES IN A MANNER MINIMIZING SPLASHING, SPRAYING, OR SPLATTERING OF BLOOD OR OPIM.**
- **Employees are EXPECTED TO WEAR PERSONAL PROTECTIVE EQUIPMENT (PPE) when there is potential exposure to BLOOD or OPIM.**
- **Employees are EXPECTED TO WASH THEIR HANDS AFTER WORKING WITH BLOOD or OPIM.**
- **Employees are EXPECTED NOT TO EAT, DRINK, SMOKE, OR APPLY COSMETICS OR LIP BALM, OR HANDLE CONTACT LENSES, IN AREAS WHERE BLOOD OR OPIM ARE BEING CLEANED.**

- Changes in work practices are identified:

--Quarterly, solicit feedback from staff on exposure control methods during mandatory Safety Meetings.  
--At Joint- Labor-Management meetings (JLM's)

- Written methods of decontamination are located:

1. (Main) Northlake Custodial Office
2. Clock Stations (Work Area Offices)
3. Exposure Control Plan
4. Emergency Preparedness and Response Plan

- Waste is placed in the following appropriate containers:

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**For those Custodians assigned to the Health Sciences Building:**  
Infectious waste shall already be in bags labeled "Biohazard"; transport these to Laboratory Services in T-276 (if it came from the Health Sciences Building).

**DO NOT TRANSPORT BIOHAZARDOUS WASTE TO OTHER BUILDINGS.**

**If blood, needles or other sharps are encountered in regular waste, they are not to be picked up.** NOTIFY the Manager of your area.

The waste receptacle is to be tagged with an "Improper Waste Disposal Notice" (see Appendix 2) and both EH&S (221-7770) and the building coordinator are notified.

**If sharps or needles are found on the floor, do not pick up.** Notify the lab worker if found in the lab, or notify your Manager/Supervisor if found elsewhere on campus.

- **CUSTODIANS SHOULD PICK UP SHARPS CONTAINERS ONLY IF:**
  1. The container is Closed and secured.
  2. NO NEEDLES ARE STICKING OUT OF THE CONTAINER (CHECK EACH CONTAINER TO BE SURE!).
  3. Autoclave tape indicates it has been successfully autoclaved.
  4. PICK UP CONTAINER BY HANDLES AT THE TOP ONLY!

Transport autoclaved sharps containers to the Health Sciences Building's designated sharps dumpster.

**NEVER open, empty, or pick up sharps container that have sharps sticking out of them, are overfilled, not properly autoclaved, or are punctured.**

**IF a container is punctured, overfilled, has needles sticking out of it, or is not autoclaved, TAG the container with an "Improper Waste Disposal Notice" (see Appendix 2) and leave container there. Notify both EH&S (221-7770) and the building coordinator (for pickup).**

- Follow Custodial Services procedure for handling other biohazardous waste:

**Always use mechanical means (tongs, brush with dustpan) to pick up contaminated broken glassware – NEVER with hands, even if wearing gloves.**

**Tongs, brush with dustpan, mops, and buckets intended for reuse must be cleaned and decontaminated as soon as feasible after visible contamination with blood or OPIM. (see previous page 8)**

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- **Feminine Menstrual Products Disposal:**
  - **If disposal sack within container is overfilled or blood-smearred, wear appropriate Department-approved gloves (Nitrile).**
  - **Use provided tongs, place into custodial trash-collection lined barrel for removal.**
  - **If you need to pick up menstrual products fallen out of sack\*\*, use provided tongs to grab napkin (avoid direct contact with your gloved hand).**
  - **Squirt container with Hydrogen Peroxide Cleaner/Disinfectant solution: IMPORTANT – Let Solution SIT FOR AT LEAST THREE MINUTES before wiping clean – or can let air dry.**
  - **Remove gloves, wash hands, and then use another pair of gloves to do other cleaning while waiting for the Solution to sit and disinfect.**
  - **IF excess solution is on holder, wipe with towels, place used towels in trash barrel.**
  - **Finally, remove and place gloves into trash-collection barrel.**
  - **Wash hands; Put on new Nitrile gloves.**
  - **Place clean, empty sack into container.**

**\*\* NOTE: If menstrual product falls to the floor and contaminates floor with blood, you must decontaminate the floor surface (see procedure for Cleaning Hard surfaces, 3.D., page 7, above).**

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### F. Laundry

- No laundering of PPE will occur as we will be using disposable PPE.
- If a reusable mop head is found, this item will be given to the Manager or Supervisor for disposal.

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Your Manager and/or Supervisor will ensure custodial / housekeeping procedures are followed, answer your questions, and provide you with supervision and training to control BBP exposure.

### **G. Signs and Labels**

Warning labels are placed on containers of regulated waste, refrigerators containing blood or OPIM, and other containers used to store or transport blood or infectious materials.

The label is a fluorescent orange or orange-red biohazard label, with lettering in a contrasting color (as below).

## ***WHEN YOU SEE THIS SYMBOL ~***

### **ON THE OUTSIDE OF A DOOR:**

DO NOT ENTER THE ROOM

### **ON THE OUTSIDE OF A**

### **REFRIGERATOR:**

DO NOT TOUCH THE MATERIALS  
IN THE REFRIGERATOR

### **ON THE OUTSIDE OF A WASTE**

### **CAN:**

DO NOT PICK UP CONTENTS  
FROM INSIDE THE WASTE CAN

### **ON CONTAMINATED EQUIPMENT:**

DO NOT HANDLE THE  
EQUIPMENT

***If you have questions at all, please  
call your Supervisor or Manager!***

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**CAUTION**  
Admittance to Authorized Personnel Only

Room No.:	Date:
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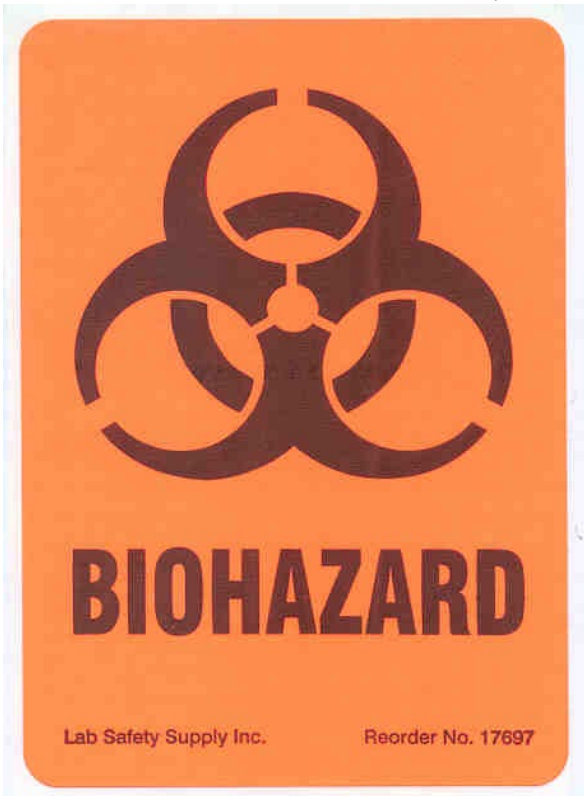


**BIOHAZARD**

Biological Agent(s):	_____
Special Procedures, PPE or Precautions for Entry/Exit:	_____

Principal Investigator(s):		Emergency Contact:	
Name	Phone	Name	Phone

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### Cont.3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

#### H. Hepatitis B Vaccination

- Employees will be informed about and offered hepatitis B vaccination within 10 days of doing work with potential for BBP exposure.
- The hepatitis B vaccination series is available:
  - At no cost after training
  - To employees identified in Section 2 of this plan, *Identifying Employees Who Are at Risk for Exposure*
- Vaccination is encouraged unless:
  - We have documentation that the employee has previously received the series
  - Antibody testing reveals that the employee is immune
  - Medical evaluation shows that vaccination is contraindicated
- Employees may choose to decline vaccination. If they do, they must sign a declination form. They may request and obtain the vaccination at a later date at no cost.
- Vaccinations will be provided by the Employee Health Clinic at UW (EHC-UW), located at Hall Health, 315 East Stevens Circle, University of WA., ph: (206) 685-1026.
- A copy of the Health Care professional's written opinion (if medical evaluation done) will be provided to the employee

Your Manager and/or Supervisor will make sure vaccinations are available and encourage as required.

#### **4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION**

All employees who have reasonably anticipated exposure to bloodborne pathogens must receive BBP training in addition to orientation by Training Supervisor / Manager.

Training will be provided before initial assignment to task where occupational exposure may occur, annually, and when changes in task or procedures take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of WAC 296-823 Occupational Exposure to Bloodborne Pathogens. And see WISHA website for information on BBP: <http://www.lni.wa.gov/wisha/Rules/bbpathogens/default.htm>
- Explanation of our Exposure Control Plan and how to obtain a copy
- That this must be reviewed also at the annual refresher training
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM
- What constitutes an exposure incident
- The use and limitations of controls, work practices, and PPE
- The basis for PPE selection and an explanation of:
  - Types
  - Uses
  - Location
  - Handling
  - Removal
  - Decontamination
  - Disposal
- Information on the hepatitis B vaccine, including:
  - Effectiveness
  - Safety
  - Method of administration
  - Benefits of being vaccinated
  - Cost: NONE (Offered free of charge)
- Actions to take and persons to contact in an emergency involving blood or OPIM
- Procedures to follow if an exposure incident occurs, including:
  - How to report the incident
  - Medical follow-up available
- Employee's evaluation and follow-up after an exposure incident
- Signs, labels, and color coding used
- Interactive questions and answers with the trainer

#### **Cont. 4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION**



Training materials for this facility are located in the EH&S Dept., 2<sup>nd</sup> floor of Hall Health. For questions contact the Environmental Health & Safety (EH&S) Research and Biological Safety Office, phone: 206-221-7770. Ask for the Occupational Health Nurse. You may also talk with your Manager or Supervisor.

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years in the Environmental Health & Safety training department (phone: 206-543-7201).

The training record should include the following information about training sessions:

- 1) Date
- 2) Contents or a summary
- 3) Names and qualifications of trainers
- 4) Names and job titles of all attendees

Training records are provided to employees or their authorized representatives within 15 working days of a request. Requests for training records may be addressed to EH&S training department (206-543-7201).

## **5. POST EXPOSURE EVALUATION AND FOLLOW-UP**

### **A. *DO FIRST AID: IMPORTANT!***

### ***IF YOU HAVE CONTACT WITH BLOOD or OPIM:***

1. **On your SKIN: WASH THE SKIN AREA RIGHT AWAY**  
with sudsing soap and water **for 15 minutes.**

**OR**

2. **In your EYES, INSIDE the NOSE or MOUTH:**  
**FLUSH AFFECTED AREA(S) WITH WATER RIGHT AWAY** **for 15 minutes.**

After first aid – or while doing first aid, have another person:

3. ***CALL YOUR MANAGER Phone # \_\_\_\_\_***

### **4. OBTAIN TREATMENT**

Employees are provided immediate 24-hour medical evaluation and follow-up services:

● **CALL THE EMPLOYEE HEALTH CENTER-UW (EHC-UW) :  
206-685-1026.**

● **AFTER 5PM or if the clinic is not available by phone:**

**GO TO THE EMERGENCY ROOM at UWMC:**

**PH 206- 598- 4000, located in room NE-207 (near the  
Cascade elevators).**

## **Cont. 5. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

### **B. Source (of blood) testing**

- Following the initial first aid treatment:
  - Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
  - Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
  - Document that the source individual's test results were conveyed to the employee's Health Care provider.
  - Provide the exposed employee with the source individual's test results.
  - Provide the exposed employee with information about laws on confidentiality for the source individual.
  - Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
- If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
- Provide the exposed employee with a copy of the healthcare professional's written opinion within 15 days of the completed evaluation.

### **C. Review the circumstances of an exposure incident as follows:**

- The circumstances of any exposure incidents will be reviewed to determine:
  - Controls in use at the time
  - Work practices that were followed

- Description of the device used (including type and brand)
- Protective equipment or clothing in use at the time
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training
- Document the routes of exposure and how the exposure occurred using OARS online recording form.  
[± Online Accident Reporting System ± \(washington.edu\)](http://www.washington.edu)

Your Manager and/ or supervisor will ensure that Post-exposure evaluation and follow-up occur. S/he will provide the necessary contact information at all Custodial sites, using the base (each custodian has a closet) for all materials, including instructions on What to Do if Exposed to Blood or OPIM.

## **6. RECORDKEEPING**

### **A. Medical records**

- Medical records are maintained by Employee Health Center-UW (EHC-UW) for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-62-052, *Access to Records*.
- The records will include:
  - Name and social security number of the employee
  - A copy of the employee's Hepatitis B vaccination/ declination record, and other pertinent records relative to the employee's ability to receive vaccination
  - A copy of all results of examinations, medical testing, and follow-up procedures as required by the Bloodborne Pathogen Standard
  - A copy of all Health Care Professional's written opinion(s) as required by the BBP Standard
- All records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the Standard or other legal provisions.
- These confidential records are kept for the length of employment and 30 years beyond.

### **B. Sharps injury log**

- In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous (*i.e.*, affected through the skin) injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:
  - Date of injury
  - Type and/or brand of the device involved
  - Where the incident occurred
  - How the incident occurred
- The EHC-UW and treating healthcare provider maintain these records
- The Sharps Injury Log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

## **7. Bloodborne Pathogens Standard – WAC 296-823**

Definitions - Chapter 296-823-200, WAC

Effective Date: 09/01/04

### **Blood**

Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

### **Bloodborne pathogens**

Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:

- Human immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus, malaria
- Syphilis
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob Disease
- Human T-lymphotropic virus Type I
- Viral Hemorrhagic Fever.

### **Clinical Laboratory**

A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).

### **Contaminated**

The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

### **Contaminated laundry**

Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.

### **Cont. APPENDIX 1**

## **7. Bloodborne Pathogens Standard – WAC 296-823**

### **Contaminated sharps**

Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

### **Decontamination**

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

### **Exposure Control Plan (ECP)**

A written document designed to eliminate or minimize employee exposure to blood or OPIM (see definition) in your workplace. The exposure control plan is reviewed and updated at least annually and whenever necessary to: reflect new or modified tasks and procedures which affect occupational exposure; reflect new or revised job classifications with occupational exposure; reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

A copy of the exposure control plan is accessible at the workplace to all employees with potential exposure to blood or OPIM. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer. A copy of the plan is provided to the employee or their representative within 15 days of the request for a copy.

### **Exposure incident**

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

### **Handwashing facilities**

A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

### **Cont. APPENDIX 1**

## **7. Bloodborne Pathogens Standard – WAC 296-823**

### **Licensed health care professional**

A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.

### **Needleless systems**

A device that doesn't use needles for any of the following:

- The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established
- The administration of medication or fluids
- Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

### **Occupational exposure**

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

### **Other potentially infectious materials (OPIM)**

Includes all of the following:

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

**Cont. APPENDIX 1**

## **7. Bloodborne Pathogens Standard – WAC 296-823**

### **Parenteral contact**

When mucous membranes or skin is pierced by needle sticks, human bites, cuts, or abrasions.

### **Personal protective equipment (PPE)**

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard aren't considered to be PPE.

### **Production facility**

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

### **Regulated waste**

Regulated waste is any of the following:

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

### **Research laboratory**

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

### **Safer medical devices**

Medical devices that have been engineered to reduce the risk of needle sticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens.

### **Cont. APPENDIX 1**

## **7. Bloodborne Pathogens Standard – WAC 296-823**



Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes.

### **Secondary duty**

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

### **Sharps with engineered sharps injury protections (SESIP)**

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

### **Source person**

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

- 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
- Individuals who donate or sell blood or blood components

### **Standard microbiological practices**

Standard microbiological practices refer to procedures comparable to those outlined in the current edition of the Center for Disease Control, "*Biosafety in Microbiological and Biomedical Laboratories*."

### **Sterilize**

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

## **Cont. APPENDIX 1**

### **Universal precautions**

An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.



Note:

Universal Blood-Body Fluid Precautions, Body Substance Isolation, and Standard Precautions expand on the concept of universal precautions to include all body fluids and substances as infectious. These concepts are acceptable alternatives to universal precautions.

## **APPENDIX 2**

### **UW Form" Notice of Improper Waste Disposal Practices"**



UW FACILITIES

UNIVERSITY *of*  
WASHINGTON

## NOTICE OF IMPROPER WASTE DISPOSAL PRACTICES

### BIOHAZARD

- D Liquids in autoclaved waste – not allowed in regular solid waste.
- D Animal bedding and/or fur in regular waste is not properly bagged and sealed.
- D Dead animal(s) or animal parts in regular waste.
- D Visibly bloodstained items or microbiological cultures in regular waste — not properly bagged and/or autoclaved.
- D Biohazard bags/waste containers are not visibly autoclaved (i.e. do not have autoclave tape showing dark indicator lines-evidence of autoclaving).

### CHEMICAL

- D Empty chemical bottles left for collection – not rinsed clean and/or uncapped.
- D Unknown powder in regular waste container – not properly bagged and sealed.
- D Liquid remaining in containers and centrifuge vessels.
- D Hazardous waste sticker still intact or not defaced, placed on or in regular waste container.

### LAB GLASS

- D Lab glass in regular waste container and/or not properly packaged in sturdy, dry, cardboard box sealed with "Lab Glass" tape.
- D Box not properly labeled with PI name, room number, and "Lab Glass" shown.

### RADIATION

- D Radiation sign still intact or not defaced, placed on or in waste container.

### SHARPS

- D Loose "sharps" placed in regular waste – not properly placed in rigid, red, polypropylene sharps container.
- D "Sharps" container placed inside regular waste container – not properly placed next to, not inside, regular waste container.
- D "Sharps" visibly poking through container and/or container overfilled past 2/3 fill line- not properly contained.
- D "Sharps" container(s) not visibly autoclaved (i.e. autoclave tape across lid and sides showing dark indicator lines-evidence of autoclaving).
- D "Sharp" containers not properly labeled with PI name and room number.

### OTHER

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FOR QUESTIONS REGARDING THIS NOTICE, please contact the Area B Custodian Manager's Office –206-543-9690.

FOR PROPER WASTE DISPOSAL INSTRUCTIONS, refer to EH&S Waste Disposal and Recycling: <http://www.ehs.washington.edu/epowaste/index.shtm>