

	Environmental Health and Safety Manual	
	Policy Number: <b>EH&amp;S 1-4</b>	
Title: <b>Bloodborne Pathogens Exposure Control Plan</b>		
Effective Date: 5/92	Revision: 2/97	Number of Pages: 16

**PURPOSE:** In accordance with the provisions of the U. S. Department of Labor's Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed. For purposes of ensuring the University's compliance with occupational safety and health standards, all OSHA requirements at this facility are enforced by the New York State Department of Labor's Bureau of Public Employee Safety and Health (PESH). NYSDOL/PESH has full jurisdiction over all state employees at this facility, as well as over all state employees who may be engaged in work at other facilities, even if such a facility itself is not under PESH's cognizance.

**SCOPE:** The University at Stony Brook is committed to providing a safe and healthful environment for all employees, students, visitors, patients, and contractor employees. Although some provisions of the standard apply only to **employees**, the use of Universal Precautions and sound Infection Control procedures apply in all areas.

This document is to be reviewed annually or as changes occur.

**DEFINITIONS:**

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

**Dilute Bleach:** A 1:10 mixture of household bleach and water.

**Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials:**

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

## **PROCEDURES:**

### **I. Exposure Determination**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (for example, employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

Advanced Emergency Medical Technician  
Ambulance Attendant  
Campus Bus Driver  
Campus Public Safety Officer (University Police Officer/Detective/Supervisor)  
Childcare Center Caregivers/Directors  
Chief Fire Marshal (Supervising Campus Safety Specialist)  
Emergency Medical Technician  
Fire Marshal (Campus Safety Specialist)  
Hazardous Materials Response Team  
Security Services Assistants

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to

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incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications for these categories are summarized as follows, however, tasks associated with potential exposure are listed in the Exposure Determination Appendix of this document:

### **Job Classification**

Associate Professor  
Assistant Professor  
Certified Social Worker  
Cleaner  
Clinical Assistant Professor  
Clinical Associate Professor  
Clinical Nurse Specialist  
Co-Supervisor Medical Photography  
Custodians  
Dental Assistant  
Dentist  
Fellow  
General Mechanic  
Graduate Student (where compensated)  
Hospital Attendant Housekeeper  
Instructional Support Associate  
Instructional Support Specialist  
Janitor  
Lab Technician  
Licensed Practical Nurse  
Mail Room Employees  
Maintenance Assistant  
Maintenance Supervisor  
Medical Director  
Medical Lab Tech II  
Medical Tech II  
Nurse Practitioner  
Physician  
Physician Assistant  
Plumber

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Plumber/Steamfitter  
Post Doctoral Research Associate  
Principal Investigator  
Professor  
Registered Nurse  
Research Assistant  
Research Assistant Professor  
Research Associate  
Research Fellow  
Research Lab Worker  
Research Project Assistant  
Research Nurse  
Research Support Assistant  
Research Support Specialist  
Research Technician  
Senior Lab Technician  
Senior Research Support Specialist  
Study Nurse  
Teaching and Research Nurse II  
Visiting Researcher

## **II. Implementation Schedule and Methodology**

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

### **A. Compliance Methods**

Universal precautions will be observed throughout the University in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious, regardless of the perceived status of the source individual.

**Engineering and work practice controls** will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls will be used in preference to other control methods to eliminate or minimize worker exposure to blood or to other potentially infectious materials. Where occupational exposure remains after institution of these controls, personal

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protective equipment shall also be utilized.

The following engineering controls will be utilized at various facilities or areas within the University:

- Disposable sharps
- Fume hoods
- Mechanical equipment washers (e.g., mechanical endoscope washers)
- Mechanical pipetting
- Puncture-resistant sharps disposal containers
- Self-sheathing needles
- Splash guards
- Tongs or other manipulative aids

The above engineering controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is to be at least annually. All department and division heads have the responsibility to review the effectiveness of the individual controls. The performance of the review may be delegated to an authorized individual, such as the supervisor or manager for a specific work group or lab, however, the department/division head remains responsible to ensure that this is accomplished as scheduled.

**Handwashing facilities** are also available to those employees who may incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At any area where immediate access to handwashing facilities is not feasible, as in field emergency medical care provided by ambulance, police or safety personnel, the individual department is to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Specific University departments which this may apply to and the person responsible for ensuring maintenance and accessibility of these alternative items are:

- Department of Environmental Health and Safety (Director EH&S)
- Department of Public Safety (Director DoPS)
- Stony Brook Volunteer Ambulance Corps. (Chief of Operations)

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

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**Contaminated needles and other contaminated sharps** will not be bent, recapped, sheared or purposely broken. OSHA allows an exception to this if procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. A specific example would be the recapping of reusable needles used in dental medicine. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is normally permitted only for the following procedures:

1. Recapping of instruments used in dental procedures. Where this is done, a one-handed technique will be used except as approved by both the Associate Dean of Dental Medicine and the Department of Environmental Health and Safety. Reusable instruments will be placed in a puncture-resistant container expressly for this purpose and will be handled with implements such as forceps or tongs when disassembled for sterilization.

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. In the School of Dental Medicine, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. Only trained and authorized employees are permitted to remove or handle contaminated reusable sharps.

**Disposable sharps** are to be placed in the puncture-resistant containers which have been provided expressly for this purpose. These containers are located strategically in all areas where sharps are or may be used. Containers are retrieved on a regular basis by Department of Environmental Health and Safety employees or designated contractor employees for disposal. Where containers may be filled prior to the regularly scheduled inspection and pick-up, employees should contact the Department of Environmental Health and Safety for prompt removal.

### **III. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials

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are present.

Mouth pipetting/ suctioning of blood or other potentially infectious materials is **strictly prohibited**.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this facility to accomplish this goal include:

- Covers on centrifuges
- Fume hoods
- Splash guards
- Usage of dental dams

#### **A. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with requirements of the OSHA standard. Department/division heads should note that the standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that universal precautions are utilized in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility. Departments which may choose to use this exemption must secure approval in advance from the Department of Environmental Health and Safety.

Any specimen which punctures a primary container will be placed within a secondary container which is puncture resistant. Containers which can be used as secondary containers may be secured via Central Stores or may be specially obtained. In an emergency, the Department of Environmental Health and Safety should be contacted for assistance.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Due to the large volume of specimens which are received via the mail service and the potential for employee exposure when containers are damaged or leaking, all Mail Room employees

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have been and new employees are to be trained to recognize potential hazards and are eligible for Hepatitis B vaccines. In addition, a team of specially-trained employees from this location has been designated to respond to situations involving damaged or leaking specimen containers. These employees receive additional training and are provided with appropriate equipment for cleaning and decontamination. As part of the procedure for distribution of biological material, Mail Room employees will deliver undamaged parcels to the appropriate location. When inappropriate packaging or techniques are used by outside organizations mailing specimens to the University, the intended recipient will accept undamaged packages, but is to notify the senders of the deficiency. Repeat episodes shall be reported to the Department of Environmental Health and Safety, which will advise the appropriate regulatory agency/agencies having jurisdiction.

#### **B. Contaminated Equipment**

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Department or division heads are to notify the Department of Environmental Health and Safety in the event that any equipment can not be feasibly decontaminated prior to servicing or shipping.

#### **IV. Personal Protective Equipment**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees by their respective supervisors. Examples of personal protective equipment which are available to University employees are:

1. Impervious Rubber Gloves
2. Lab Coat
3. Face Shield
4. Clinic jacket
5. Protective eyewear (with side shields)

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6. Surgical Gown
7. Shoe covers
8. Utility Gloves
9. Examination Gloves
10. Turnout gear (for Fire Marshals)
11. Coveralls (for Incinerator and Waste Handling staff)
12. Emergency ventilation devices

All personal protective equipment will be cleaned, laundered, and disposed of by the University at no cost to employees. All repairs and replacements will be made by the University at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. Prior to leaving the work area, all personal protective equipment shall be placed at the appropriate areas designated by each department/division head.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from individual department supervision, who may order these directly or via Central Stores.

Disposable gloves used at University facilities are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Double gloving is recommended where the potential for breakage is great or where heavier gauge gloves are not available. Examples include personnel such as ambulance, police or safety personnel operating in a pre-hospital emergency medical treatment setting.

Masks in combination with eye protection devices, such as goggles or safety glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be avoided with such protection. Where potential for exposure to Tuberculosis may exist, specific respiratory protection expressly for this purpose must be used, rather than masks.

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The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. Such protective clothing shall be used in any application where a worker's clothing may otherwise have the potential for contamination by blood or other potentially infectious body fluids. This includes most patient care applications other than interviewing or counseling, most lab procedures involving such materials, and cleaning up or decontaminating areas which have the potential for exposure.

## V. **Housekeeping**

University facilities will be cleaned and decontaminated by Physical Plant and/or Housekeeping personnel, who are charged with ensuring that the worksite is in a clean and sanitary condition. The cleaning schedule and method of decontamination is based upon the location within the facility, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed in the area. Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to workers or patients, therefore, extraordinary attempts to disinfect and sterilize these environmental surfaces are not done routinely. Nevertheless, cleaning and removal of soil will be done routinely. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible.

Cleaning is generally to be performed with disinfectants which are registered with the Environmental Protection Agency as being tuberculocidal, bactericidal, virucidal and fungicidal, such as Unicide-128 or TBQ.

Where **spills** of blood or other potentially infectious materials may occur, decontamination will be performed with a 1:10 dilution of household bleach (5.24% sodium hypochlorite). Spills are generally the responsibility of the user, but gross spills may be referred to the Physical Plant for handling only by trained personnel who have been identified as occupationally exposed.

All **bins, pails, cans, and similar receptacles** intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on regularly scheduled basis and shall be cleaned and decontaminated immediately or as soon as feasible when visible contamination is observed. Waste receptacles are normally checked and emptied at least once per shift. Liners are to be removed and replaced with a fresh liner. Employees performing cleaning functions of this type are to wear protective gloves.

Any **broken glassware** which has the possibility of being contaminated will not be picked up directly with the hands. Instead, mechanical aids, such as brooms and dustpans shall be used.

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The broken glass is to be placed in an impenetrable cardboard container for subsequent disposal and shall be labeled as containing broken glass. If the glass is potentially contaminated with blood or other potentially infectious materials, the impenetrable container described above should then be placed into a red bag and placed in the appropriate regulated medical waste staging area for removal by appropriately trained personnel.

## **VI. Regulated Medical Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps container which are located in the facility. Sharps containers are located in all areas where patient care or laboratory work involving such materials is done. Resident students who are on intravenous or intramuscular medication, such as insulin users, may obtain appropriate sharps containers from the Department of Environmental Health and Safety. These sharps containers which are intended expressly for the student's personal use will not be inspected, but will be picked up and removed whenever the student has filled them or will be moving from the University.

## **VII. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at Ocean Side Institutional Industries, Oceanside, NY, which treats these materials as contaminated and which uses universal precautions. The Department of Environmental Health and Safety also maintains a small laundry facility in its Medical Waste Incinerator for use by staff assigned to that facility.

## **VIII. Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment at work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine or who wishes to submit to antibody testing which

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shows the employees to have sufficient immunity. The OSHA standard presently does not require booster shots or titres, however, should this be incorporated into the standard at a later date, these services will also be made available and the associated costs will also be included.

Employees who decline the Hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Department/division heads have the responsibility to ensure that the vaccine is offered to their occupationally exposed employees within 10 days of hire or reassignment and to ensure that the requisite declination statements are obtained and routed to the Department of Environmental Health and Safety for any employee who opts to decline the vaccination.

The mechanism for securing vaccinations without cost to the individual is as follows:

1. The supervisor, manager or department/division head is to route a completed Job Title/Task Analysis (also referred to internally as the Exposure Determination Form) including the names of all potentially occupationally exposed employees to the University's Department of Environmental Health and Safety for review and final determination of potential occupational exposure and eligibility.
2. Once this form has been completed and reviewed, all employees authorized to receive the vaccine are added to the list of eligible employees. This list is forwarded to the providers listed below, as well as to all supervisors having employees on the list.

Vaccines are provided to pre-approved employees by:

1. Student Health Service, Infirmary (2-6740)
2. Department of Family Medicine, HSC L4 (4-2300)
3. Center for Occupational and Environmental Medicine, Stony Brook Medical Park (4-2167)

All vaccines are provided without cost to the employee. All invoices are to be routed by the provider to the Department of Environmental Health and Safety for payment. Employees shall never prepay and be reimbursed, nor shall they utilize their insurance plans.

Vaccinations are available without cost to employees of the State University of New York at

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Stony Brook or those of the Research Foundation of the State of New York. Students who are **employees** (those who receive some financial remuneration, such as stipends) are considered employees and are eligible for vaccinations. In addition, active members of the Stony Brook Volunteer Ambulance Corps, Inc. are also included in this eligibility program, however, SBVAC members are not employees of the University at Stony Brook.

## **IX. Post-Exposure Evaluation and Follow-Up**

When the employee incurs an exposure incident, it should be reported to the Department of Environmental Health and Safety immediately.

Immediate medical treatment should be secured through:

1. During regular business hours (8:30 AM - 4:00 PM): Center for Occupational and Environmental Medicine, Stony Brook Medical Park, 444-2167
2. During other than regular business hours: University Hospital Emergency Room, University Hospital, East Campus

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. Post-exposure evaluation and follow-up will be provided by the Division of Occupational Medicine/Employee Health. Payment for all occupational post-exposure evaluations, treatments and counseling will be via Worker's Compensation.

This follow-up will include the following:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee being informed about the applicable laws and regulations concerning disclosure of the identity infectivity of the source individual.
4. The employee will be offered the option of having their blood collected for testing of the employee's HIV/ HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV

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serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.

5. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for.

The Director of Environmental Health and Safety has been designated to ensure that this policy is effectively carried out.

The Division Head of Occupational Medicine/Employee Health has been designated as being responsible to maintain any records related to occupational exposures and post-exposure patient care. Medical records for all occupational exposures are to be kept confidential and are not to be made available except to appropriate health professionals having a bonafide need-to-know. This determination will be at the discretion of the Occupational Medicine physician. A written statement from the health care provider acknowledging that follow-up care is being provided should be forwarded to the Department of Environmental Health and Safety for recordkeeping purposes.

#### Interaction with Health Care Professionals:

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be placed in the employee's confidential health record whenever the employee is sent for medical care following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or has had an evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

## **X. Training**

Training for all employees will be conducted prior to initial assignment tasks where

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occupational exposure may occur.

Training for employees will include at least the following:

- a. An explanation of:
  1. the Occupational Safety and Health Administration (OSHA) standard for Bloodborne Pathogens and how to get access to a copy of the standard
  2. Epidemiology and symptomatology of bloodborne diseases
  3. Modes of transmission of bloodborne pathogens
  4. The University's Exposure Control Plan, including key points of the plan, lines of responsibility, means by which the plan is implemented, etc.
  5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility
  6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
  7. Personal protective equipment available at this facility and how it may be obtained, used and decontaminated
  8. Post-Exposure evaluation and follow-up
  9. Signs and labels used at the University
  10. The University's Hepatitis B vaccine program

Training for non-Hospital employees is provided by safety training professionals within the Department of Environmental Health and Safety. All training is presented live by a qualified safety trainer and may include any of the following materials:

1. The University at Stony Brook's in-house Bloodborne Pathogens slide presentation.
2. Videos (geared toward specific departmental audiences)

Video: [Preventing Hepatitis B: The Vaccination Decision](#), Merck Sharp and Dohme

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Video: Guidelines for Clinics and Office Personnel, Lincoln Medical Education Foundation

Video: Working Safely with HIV in the Research Laboratory, National Audiovisual Center

Video: Bloodborne Pathogens - The OSHA Standard: For Healthcare Facilities, Long Island Productions

Video: Bloodborne Pathogens - The OSHA Standard: Emergency First Responders, Long Island Productions

3. Various written materials, including in-house prepared handouts, OSHA publications.

All employees will receive annual refresher training within one year of the employee's previous training.

The outline for the training material is located in the offices of the Department of Environmental Health and Safety, as are all training materials referenced in this section.

## **XII. Recordkeeping**

All records required by the OSHA standard will be maintained by the Department of Environmental Health and Safety, however, employees whose primary exposure is in University Hospital fall under the Hospital's Exposure Control Plan, which is maintained by the Department of Infection Control.

The Exposure Control Plan was initially completed on May 4, 1992.

The Training component was initially implemented by May 4, 1992.

### **INQUIRIES/REQUESTS:**

Environmental Health and Safety  
110 Suffolk Hall  
Zip 6200

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<b>TITLE: Bloodborne Pathogens Exposure Control Plan</b>	<b>POLICY: 1-4</b>
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Main Office: 632-6410

FAX: 632-9683

**RELATED FORMS:** Sample Exposure Determination Forms and Instructions  
Sample Occupational Exposure Survey Forms and Instructions  
Declination Statement for Hepatitis B Vaccine

**RELATED DOCUMENTS:** 29 CFR 1910.1030 *Occupational Exposure to Bloodborne Pathogens*

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## Appendices

Appendices are available in the Department of Environmental Health and Safety office.

Appendix I: Bloodborne Pathogens Standard Summary, EH&S Document dated 2/93

Appendix II: Sample Exposure Determination Forms and Instructions, EH&S Memo dated 9/15/92

Appendix III: Sample Occupational Exposure Survey Forms and Instructions dated 6/22/90

Appendix IV: Bloodborne Pathogens Training Outline and Sample Script

Appendix V: OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030

Appendix VI: Post-Exposure Follow-up Summary, EH&S Memo dated 5/20/93

Appendix VII: Authorization for Hepatitis B Vaccines, EH&S Memo (current revision)

Appendix VIII: Exposure Determination Documentation Job Title/Task Analyses

Appendix IX: Declination Statement for Hepatitis B Vaccine

Appendix X: Universal Precautions Summary, EH&S Document (undated)

Appendix XI: Summary of Key Provisions, Bloodborne Pathogens Final Standard, USDOL Program Highlights

Appendix XII: Effective Dates for the Bloodborne Pathogens Standard, EH&S Document (undated)