



USF System Exposure Control Plan

(Revised: March 5, 2019)

Introduction

The University of South Florida System (USF System) has implemented this Exposure Control Plan (ECP) based upon OSHA Bloodborne Pathogen Standards (29 CFR 1910.1030). The objective of the ECP is to protect faculty, staff and volunteers from the health hazards associated with bloodborne pathogens, reduce workplace exposure to blood and other potentially infectious materials (OPIM) and to provide appropriate treatment should they be exposed to bloodborne pathogens .

The USF System ECP is applicable to all USF System faculty, staff and official volunteers who have the potential for occupational exposure to bloodborne pathogens. Staff with potential BBP exposure may include clinical staff, research personnel, custodial services staff, law enforcement officers, athletic trainers, and staff charged with administering first aid.

The USF System ECP represents the minimum requirements. Departments or other entities may implement more stringent, site-specific procedures as necessary to fulfill their individual operational and accreditation needs.

Plan Review and Update

The USF System ECP will be reviewed annually and updated as needed to ensure that it meets the needs of the USF System and the currently accepted best practices and procedures to ensure the safety of faculty, staff and volunteers.

Definitions

Bloodborne pathogens—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), hepatitis C virus (HCV), human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS) and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Exposure incident—a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious material that results from the performance of a staff's duties.

Exposure Control Plan (ECP) — written procedures that specify the methods used to reduce exposures to bloodborne pathogens and treat individuals who may have been exposed to bloodborne pathogens.

Other potentially infectious material (OPIM)—bodily fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids; or 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-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal protective equipment (PPE)—protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a facemask, or an apron.

Sharp—any sharp objects including needles, wood or metal splinters, nails, and broken glass, contaminated with blood or OPIM.

Standard Precaution—a group of practices employed to reduce the risk of infection in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Roles and Responsibilities

A. Environmental Health & Safety (EH&S)

- Provides primary oversight for the USF System bloodborne pathogen exposure control plan (ECP) including maintaining the USF System exposure control plan document. The ECP defines the specific procedures required to reduce the potential for occupational exposure to bloodborne pathogens/OPIM.
- Reviews the exposure control plan annually and updates as needed to ensure that it meets the needs of the University and the currently accepted standards and practices.
- Provides bloodborne pathogen training initially, and annually thereafter, to applicable USF System staff, unless a department elects to provide the required training.
- Retains training records for those trained by EH&S.
- Assists departments in determining job tasks with a potential for occupational exposure to BBP and assists with identification of affected staff.
- Advises departments on methods to reduce risk of exposure to BBP/OPIM.
- Investigates exposure incidents and assists in determining corrective actions, when warranted.

B. Department

- Complies with all aspects of the USF System-wide ECP. Departments may implement more stringent and/or site-specific procedures as necessary.
- Identifies workers who have the potential for exposure to BBP/OPIM based on the tasks specified in the ECP.

- Ensures that affected staff receive general BBP training as required by the ECP.
- Provides job-specific training to applicable staff including methods to reduce the potential for exposure to BBP/OPIM.
- Purchases and provides personal protective equipment to staff to reduce the risk of exposure to BBP/OPIM.
- Offers and provides recommended vaccinations for affected staff and covers associated costs, or obtains signed declination of vaccination form from staff.
- Maintains BBP related records for staff including job-specific training records.
- Ensures that affected staff operate in a way that reduces or eliminates the potential for exposure to BBP/OPIM.
- Utilizes applicable [injury/illness reporting procedures](#) for any staff with suspected exposure to BBP/OPIM, notifies AmeriSys at 1-800-455-2079, and ensures the individual is sent for immediate evaluation by a healthcare professional.

C. Employee

- Complies with all aspects of the USF System ECP and departmental operating procedures.
- Completes training as required initially at time of hire and annually thereafter.
- Uses appropriate personal protective equipment (PPE) and applicable engineering controls/work practices as required for applicable job tasks.
- Receives recommended vaccination at the expense of the department, or formally refuses to receive vaccination via signed declination form.
- Reports all exposures and hazards to supervisor or appropriate departmental representative immediately for follow-up, medical assessment, and medical care.
- Operates in a way that reduces or eliminates the potential for exposure to BBP/OPIM.

D. Workers Compensation Managed Care Contractor (AmeriSys)

- Directs exposed employees to an appropriate medical care facility for post exposure evaluation and/or treatment.
- Provides medical treatment to faculty, staff and official volunteers, at no cost to the individual.

Exposure Determination

- Occupational exposure is determined by reviewing staff positions for reasonably anticipated risk of occupational exposure to human blood, body fluids, or other potentially infectious materials (OPIMs) via the skin, eye, mucous membrane, non-intact skin, or parenteral contact during the performance of a staff member's duties.
- This exposure risk determination will be conducted by the direct supervisor, departmental designee or healthcare provider.
 - Each assessment should be made without regard to the use of personal protective equipment.

- Exposure determinations are to be made at the time a position is created **and each time there is a change in work duties**, which may result in a change in occupational exposure risk.
- C. All staff will be assessed using the following criteria to determine occupational exposure risk:
- Direct patient care activities likely to result in direct or indirect exposure to a patient's blood or body fluids.
 - Processing or handling human blood, body fluids, tissues or organs.
 - Processing or handling of equipment, materials or waste that may have been contaminated with human blood, body fluids or other potentially infectious material (OPIM) as defined above.
 - Administration of first aid included in one's job duties and responsibilities.
 - Processing or handling primary or established human cell lines.
 - Handling animals infected with human bloodborne pathogens such as HIV, HBV, or HCV.
- D. Examples of staff identified as having potential for occupational exposure to BBP and OPIM include, but are not limited to the following:
- Physician
 - Nurse
 - Medical Technician
 - Athletic Trainer
 - Law Enforcement Officer
 - Custodial Worker
 - Animal Care Technician
 - Academic Research Staff

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. Departments are responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

Engineering Controls/Work Practices:

- Wash hands immediately after contact with blood or OPIM.
- If hand-washing facilities are not immediately available after exposure, an antiseptic cleanser with cloth or paper towels or antiseptic towelettes can be used. Exposed hands shall be washed with running water and soap as soon as possible after using antiseptic alternatives.
- When skin or mucous membranes are exposed to blood or OPIM, those areas of the body must be washed or flushed with running water as soon as possible after contact.
- Remove PPE after it becomes contaminated and before leaving the work area.
- After removal of PPE used during exposure to blood or OPIM, hands or other exposed skin areas should be washed with running water and soap as soon as possible.

- Place used PPE in appropriate containers for storage, laundering, decontamination, or disposal.
- Appropriate gloves must be worn when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Gloves must be replaced if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if, they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves must be discarded if they show signs of cracking, peeling, tearing, puncture, or deterioration.
- Appropriate face and eye protection must be worn when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Any garment contaminated by blood or OPIM must be removed immediately, or as soon as possible, in such a way as to avoid contact with the outer surface.

Universal Precautions

All staff will use Universal Precautions during any task where there is potential for contact with blood or OPIM. All blood and OPIM will be treated as infectious.

Personal Protective Equipment (PPE)

Provision. Departments/Units shall provide appropriate personal protective equipment to employees who have a reasonably anticipated risk of occupational exposure to human blood or OPIM. Appropriate PPE includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Use. Supervisors shall ensure that employees use appropriate PPE unless the employee temporarily and briefly declines to use personal protective equipment under rare and extraordinary circumstances, when in the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When an employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Accessibility. Departments/Units shall ensure that appropriate PPE, in the appropriate sizes, is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal. Departments/Units shall clean, launder, and/or dispose of PPE at no cost to the employee.

Repair and Replacement. Departments/Units shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee. If a garment is contaminated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.

All PPE shall be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves. Gloves shall be worn when it can be reasonably anticipated that employees may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching contaminated items or surfaces. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Multi-Use or heavy-duty utility gloves must be decontaminated prior to re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

General. Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Departments shall determine and implement an appropriate schedule for cleaning

and methods of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; or if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated.

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 a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, shall not be picked up directly with the hands. All potentially contaminated broken glass shall be immediately removed and containerized using mechanical means, such as a brush and dust pan, tongs, or forceps. All potentially contaminated broken glass must be disposed of in an appropriately constructed and labeled sharps container.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires staff to reach by hand into the containers where these sharps have been placed.

Laundry. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Contaminated laundry shall be placed and transported in appropriately labeled bags or containers.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.

Departments/Units shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

Management of Regulated Waste

Management of regulated biomedical waste is regulated by the Florida Department of Health through FAC 64E-16. The management of regulated waste, concerning this plan, refers to the University's biomedical waste program. This program is administered through

Environmental Health & Safety (EH&S) and includes all activities where biomedical waste can be generated. This includes:

- blood or other potentially infectious materials (OPIM);
- items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed;
- items that are coated with dried blood or OPIM and are capable of releasing these materials during handling;
- contaminated or uncontaminated sharps; and,
- pathological and microbiological wastes containing blood or OPIM.

Disposal requirements

- All needles and needle-syringe combinations (whether infectious or not) must be placed in an approved sharps container. Approved sharps containers shall meet the requirements of the State of Florida Department of Health.
- All other biomedical waste must be placed in a red biohazard bag. Red biohazard bags must be certified to meet the standards of the State of Florida Department of Health. A copy of the certification must be kept on file within the department.
- All red biohazard bags and sharps containers must be labeled with the following information:
 - facility name
 - facility address
 - facility phone number
 - and facility contact
- All biomedical waste shipment records are kept within the EH&S office

For more information, see the [USF Biomedical Waste Program](#).

Hepatitis B Vaccination

All employees who have been identified as having exposure or potential exposure to blood or OPIM will be provided the option to receive the hepatitis B vaccine, at no cost to the employee. The hepatitis B vaccination series of shots will be made available after initial training and within 10 days of initial assignment to all employees identified in the exposure determination section of this ECP.

Employees will receive information on hepatitis B vaccinations through general bloodborne pathogen training - addressing safety, benefits, efficacy, methods of administration, and availability.

When an employee elects to be vaccinated, a licensed healthcare professional will conduct a medical evaluation to determine if vaccination is recommended.

Declination of the vaccine

Employees have the right to decline to receive the hepatitis B vaccine. If an employee declines the vaccination, the employee must sign a declination form (Appendix A). Employees who decline may request and obtain the vaccination later at no cost. Signed declination forms are kept in the Human Resources confidential files.

Vaccination for First-Aid Providers

The full hepatitis B vaccination series will be made available to all unvaccinated first-aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.

Exposure Incident Report

Any incident that results in occupational exposure to blood or OPIM will be reported immediately to the employee's supervisor or department designee and applicable injury/illness reporting procedures will be followed, including notification of AmeriSys at 1-800-455-2079. The supervisor/department designee will work with AmeriSys to ensure the individual is sent for immediate evaluation by a healthcare professional. The injury/illness report will include the names of all first-aid providers who rendered assistance, and the time and date of the incident.

Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, a confidential medical evaluation and follow-up will be conducted through USF's Workers' Compensation provider, or as defined by the individual department's official exposure control plan.

Administration of Post-Exposure Evaluation and Follow-up

Supervisors will ensure that healthcare professionals responsible for employee hepatitis B vaccination and post-exposure evaluations and follow-ups receive all pertinent information to perform said treatment. Examples of information that may be required by healthcare professionals include:

- A description of the employee's job duties relevant to the exposure incident
- A description of the route(s) of exposure
- Circumstances of the exposure
- If possible, the results of the source individual's blood test
- Relevant employee's workers' compensation or occupational exposure records

The affected employee will be provided with a copy of the evaluating healthcare professional's written opinion.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

In conjunction with EH&S, the department/supervisor will review the circumstances of any exposure incident to determine the cause and any corrective actions or procedural changes that should be made to prevent recurrence. The following should be evaluated in the investigation:

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure or task being performed when the incident occurred
- Staff training

Employee Training

All employees who have occupational exposure to bloodborne pathogens or OPIM will receive initial and annual training. Training will be completed within 10 days of assignment and before commencement of duties. The training program will be provided by EH&S and will cover, at a minimum, the following elements:

- An explanation of the USF ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the staff following an exposure incident
- An explanation of the signs and labels and/or color coding required and used at this facility

- An opportunity for interactive questions and answers with the person conducting the training session

In addition to the training described above, Departments must provide covered employees with training on job-specific procedures and methods to reduce exposure to BBP and OPIM.

Recordkeeping

Records must be kept for all employee training sessions.

Records must also be kept of all employee exposures to infectious or potentially infectious materials while on the job.

Training Records

Training records shall include:

- Name of training attendee
- Training date(s)
- Title, contents or a summary of the training sessions
- Name of person conducting the training

Records of Bloodborne Pathogen training provided by EH&S will be maintained in EH&S. Departmental training records must be maintained with departmental records. Records for all training will be kept for 3 years from the date of training.

Bloodborne Pathogen or departmental training records must be provided to the employee or the employee's authorized representative, upon written request. Departmental training records must be made available to regulatory agencies or EH&S, upon request.

Medical Records

Records of immunization or personnel exposures will be maintained in the Division of Human Resources for the duration of employment plus 30 years.

These records must be provided to the employee or the employee's authorized representative upon written request. Court orders are required for all other access.

APPENDIX A



Declination Form: Hepatitis-B Vaccine

Name of Employee: _____

I voluntarily decline the Hepatitis-B vaccine at this time. I understand that I may decide to receive the immunization series or booster(s) at any time during my employment with USF. If I decide to receive the immunization series while at USF, I will notify my direct supervisor.

USF Employees who decline the Hepatitis B Vaccine must read and acknowledge understanding of the following statement by signing and dating this document as indicated below.

“I understand that due to my occupational or educational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised by USF that I should be vaccinated with Hepatitis B Vaccine. I voluntarily choose to decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational or educational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will notify my direct supervisor and make arrangements to receive the vaccination series.” I am eighteen (18) years of age or older.

Employee Signature _____ Date: _____

Print Name _____

Witness Signature _____ Date: _____

Print Name _____