



UNIVERSITY OF
Rhode Island

University of Rhode Island **Exposure Control Plan**



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Laboratory Safety Program**

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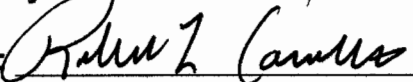
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THE UNIVERSITY OF RHODE ISLAND EXPOSURE CONTROL PLAN

Section I

Purpose of the Exposure Control Plan

- A. The purpose of this plan is to minimize the occupational exposure of employees to blood or other potentially infectious materials (OPIM), as required by OSHA 29 CFR 1910.1030, the Bloodborne Pathogens Standard.

A copy of the Standard is available on-line at <http://www.osha.gov>.

- B. Occupational exposure is defined as “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.”
- C. Other potentially infectious materials are defined as (1) The following human body fluids: semen, vaginal fluids, 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.
- D. All at-risk employees who may have occupational exposure are expected to follow the guidelines established in this policy. Compliance is mandatory.

Section II

University Responsibility and Employee Inclusion in the Plan

- A. The Department of Safety & Risk Management (SRM) is responsible for implementing the Exposure Control Plan (ECP), maintaining the Sharps Injury Log, reviewing and updating the ECP at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and as necessary to reflect new or revised employee positions with occupational exposure.
- B. All University of Rhode Island employees who, by the nature of their job-required tasks, have occupational exposure to blood or other potentially infectious materials, shall be included in this plan.
- C. All new employees shall receive bloodborne pathogens training within 10 days of initial job assignment. Employees will also be offered the HBV vaccine within 10 days of initial job assignment.
- D. Students performing tasks that put them at risk as part of their learning experience (not paid for work) are not covered by this standard. However, it is the responsibility of the educator to inform students of the risks involved, how tasks and procedures are to be conducted in a safe manner, and to inform them that Hepatitis B immunization is available through their health plan or from their personal physicians. Departments may require hepatitis B vaccination as a prerequisite for certain courses of study if exposure is likely.

Supervisors (including Deans, Department Heads and Managers) will perform an exposure

determination for each job classification within their administrative division to identify at-risk personnel. The Exposure Determination form (Appendix B) will be used to record this information. The determination will be done without regard to the use of personal protective equipment.

- F. Department Heads and Directors will maintain exposure determination records for at-risk employees. Names of at-risk employees in Facilities Services will be sent to Human Resources (HR), and HR will advise Safety and Risk Management of personnel who must be trained. Names of at-risk employees in research will be forwarded directly to Safety & Risk Management by department chairs in time to meet the 10 day training and offer of vaccination requirement of the Bloodborne Pathogens Standard.
- G. Supervisors will re-evaluate positions on a regular basis to identify changes in job responsibilities, and to identify those individuals who might need to be included in the plan as a consequence of those changes. Supervisors will immediately advise Human Resources when employees become eligible for inclusion to assure compliance with all provisions of the regulation. Human Resources will advise SRM when training is required.
- H. All required training, personal protective equipment, supplies, engineering controls, record keeping, as well as any testing necessary for compliance with the standard shall be supplied at no cost to the employee.
- I. When the potential for occupational exposure exists, the Supervisor is responsible for writing an exposure control plan detailing specific measures to prevent exposures within the defined work area. This plan will be available for review by SRM on request.

Preventive measures that should be considered include, but are not limited to, Engineering Controls (enclosed containers, mechanical pipetting devices, splash shields, sharps disposal containers, secondary leak-proof containers for transport of materials in biohazard bags for autoclaving, biological safety cabinets), Administrative Controls (work practice controls, work place policies, and standard operating procedures), and Personal Protective Equipment (including gloves, safety goggles, lab coats, impervious aprons).

- J. All research utilizing blood or other potentially infectious materials must be pre-approved by the Research Office before any work can begin or samples can be taken into the lab. This policy also includes preliminary experiments that are done prior to submitting an application for funding of a sponsored research project.
- K. Exposure control plans must be reviewed periodically and updates made to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Review allows for the investigation of commercially available and safer medical devices that are designed to eliminate or minimize occupational exposure.
- L. At the time of review, employers are required to solicit employee input as to the identification, evaluation, and selection of effective engineering and work practice controls. Employee input and suggestions must be documented.

Section III

Exposure Determination

- A. Departmental Job Classifications in which all employees are covered, and representative tasks and procedures that may involve exposure:

KINGSTON CAMPUS

- 1. Ambulance Corps:

Chief, Deputy Chief, Captain, Lieutenant, Crew Technician, EMT, Driver, First

- Responder – Triage and treat, transport for treatment.
- 2. Division of Athletics:
 - Physician – Immediate care of sports injury (stabilize victim or dress minor wound).
 - Athletic Trainer - Immediate care of sports injury.
 - Graduate Assistant Athletic Trainer – Immediate care of sports injury.
 - Lifeguards (Recreational Services) – First responders.
- 3. URI Health Services:
 - Physician – Minor, routine or emergency surgery, vaginal exams, venipuncture.
 - Nurse – Wound dressing, Venipuncture, vaginal exams.
 - Special Research Technician – Venipuncture.
 - Clinical Laboratory Director – Venipuncture, analysis of blood and OPIM.
 - Medical Technologist – Venipuncture, analysis of blood and OPIM.
 - Laboratory Technician – Venipuncture, analysis of blood and OPIM.
 - Custodial Staff – Routine clean up of areas where blood or OPIM may be encountered, handling laundry soiled with blood and OPIM, disposal of contaminated waste.
 - Radiology Technologist – Positioning person with open wound for X-ray.
- 4. Police Department:
 - Chief, Major, Captain, Lieutenant, Sergeant, Detective, Police Officer.
 - Assist accident victims, investigate accident/crime scenes, stop altercations, apprehend suspects.
- 5. Security:
 - Supervisor, Campus Patrol Person.
 - Assist accident victims, investigate accident scenes, stop altercations.
- 6. The Research Office:
 - Central Lab Animal Facility: Veterinarian, Technician I.
 - Exposure to farm animals and experimentally infected lab animals.

B. Departmental job classifications in which some employees are covered:

KINGSTON CAMPUS

- 1. College of Nursing:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Finger sticks, injections, analysis of blood and OPIM.
- 2. College of Pharmacy:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Analysis of blood and OPIM, analysis involving materials of human origin.
- 3. Department of Cell & Molecular Biology:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Analysis of blood and OPIM.
- 4. Department of Nutrition and Food Sciences:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Finger sticks, analysis of blood and OPIM.
- 5. Kinesiology Department:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Venipuncture, analysis of blood.
- 6. Department of Safety & Risk Management:
 - Coordinator of Hazardous Materials and Chemical Waste, Chemical Hygiene Officer, and other personnel designated by the Director.
 - Pick up and transportation of medical waste, access to and inspection of areas where blood and OPIM are stored or used.
- 7. College of Engineering:
 - Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant.
 - Chemical analysis of blood for inorganic materials (metals), analysis of water samples, manipulation of human body fluids or equipment contaminated with human

- body fluids.
8. Housing and Residential Life:
Building Superintendent, Senior Janitor, Housekeeper, Hall Director.
The clean-up of blood and OPIM is a collateral duty and the university does not expect it to be a frequent occurrence.
 9. Facilities Services:
a) Building Superintendent, Principal Janitor, Senior Janitor, Housekeeper.
The clean-up of blood and OPIM is a collateral duty and the University does not expect it to be a frequent occurrence.
b) Plumbing Shop Employees.
Repair and/or replacement of waste line from sinks that may have been used for the disposal of blood or other potentially infectious materials.
 10. Center for Vector-Borne Disease:
Professor, Graduate Assistant, Post-doctoral fellow, Research Assistant, Research Associate.
Analysis of blood and OPIM, work with infectious agents.
 11. Child Development Center:
Director and Teachers will all be trained. Student teachers and/or support staff will receive bloodborne pathogen awareness training and are not designated as occupationally exposed.
 12. Rhode Island State Crime Lab:
Director, Criminalist I, II, III, Principal Clerk Stenographer.
Admitting evidence, Analysis of blood and OPIM.
 13. CELS/FAVS/Aquaculture:
Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant, Research Associate, Captain, Fisheries Operations Supervisor.
Marine environment, sharp knives, assist accident victims at sea.

The Exposure Determination also includes departments or divisions not listed above, in which faculty/staff is engaged in activities that manipulate or use pathogenic organisms, human blood, human cell cultures or other materials of human origin, or the blood, organs, or tissues of infected animals that have not been certified free of bloodborne pathogens.

NARRAGANSETT BAY CAMPUS (NBC)

Departmental job classifications in which some employees are covered:

1. R/V Endeavor:
At-Sea Medical Providers (2-3).
Marine environment, sharp knives, assist accident victims at sea.
2. Facilities:
Personnel as designated by Director of NBC Facilities and/or Manager, NBC Business Office.
The clean up of blood and OPIM is a collateral custodial duty and the University does not expect it to be a frequent occurrence.
3. Security:
Supervising Campus Patrol Person, Campus Patrol Person.
Assist accident victims, investigate accident scenes, stop altercations.

W. ALTON JONES CAMPUS

Departmental job classifications in which some employees are covered:

1. Environmental Education Center:
Nurse (part-time and on call). Triage and treat
2. Facilities:
Personnel as designated by Director.
The clean up of blood and OPIM is a collateral custodial duty and the University does

not expect it to be a frequent occurrence.

PROVIDENCE (Feinstein College of Continuing Education – CCE)

Departmental job classifications in which some employees are covered:

1. Child Development Center:
Director and Teachers will all be trained. Student teachers and/or support staff will receive bloodborne pathogen awareness training and are not designated as occupationally exposed.
2. Facilities:
Personnel as designated by Manager of CCE Facilities and Operations.
3. Security:
Lieutenant, Campus Patrol Person.
Assist accident victims, investigate accident scenes, stop altercations.

Section IV

Methods of Compliance

It is the responsibility of each supervisor (including Deans, Directors, Department Heads, Managers, etc.) to ensure that all persons under their supervision work in a safe and healthy environment. Supervisors will advise employees of the potential hazards of their assigned duties and make them aware of measures to be used to protect themselves against accidental exposure.

Universal Precautions shall be observed to prevent contact with blood and other potentially infectious materials. As a result, all human blood and body fluids shall be treated as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens.

- A. A key aspect of the Exposure Control Plan is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. Appropriate equipment such as sharps disposal containers shall be made available. Other engineering controls include safe sharps devices, enclosed containers and enclosed transport containers.
- B. Personal Protective Equipment (PPE)
 1. Supervisors are responsible for training employees in the safe use of PPE.
 2. When there is the possibility of occupational exposure, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, impervious aprons, face shields or masks and eye protection shall be provided to the employee at no cost.
 3. 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, splatter, or droplets of blood or other biological material may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
 4. Laundry service, cleaning and decontaminating materials and disposal service for the maintenance or disposal of personal protective equipment shall be supplied by the department or Principal Investigator.
 5. Personal protective equipment shall be repaired or replaced by the employer as needed to maintain its effectiveness.
 6. Supervisors are responsible for assuring that employees under their control use appropriate personal protective equipment.

C. Work practices and controls

1. Contaminated needles and other sharps shall not be bent, sheared or broken. Recapping or removing needles is prohibited unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. If recapping or removal of needles is required, a justification letter must be submitted to SRM for review/approval prior to implementing the procedure. The recapping or removal, if done, must be accomplished through the use of a mechanical device or a one-handed technique.
2. Approved sharps disposal containers (available from laboratory supply vendors) must be available as close to the work site as practical.
3. In healthcare settings, the use of needle-less systems or engineered sharps injury protection devices shall be incorporated where practical as required by 29 CFR Part 1910, Needlesticks and Other Sharps Injuries, January 18, 2001, final rule. The use of safer medical devices must be considered as technology changes.
4. In healthcare settings, the use of sharps and engineered sharps injury protection devices should be reviewed yearly or more often as needed to consider changes in technology. Consideration should be given to reduce or eliminate occupational exposure to needles. Solicitation of input from non-managerial employees responsible for direct patient care and potentially exposed to sharps should be sought for assistance in the evaluation and selection of effective engineering controls and work practice controls.
5. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled and supplied with an appropriate tuberculocidal solution.
6. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Hand cream is not considered a "cosmetic" and is permitted. However, some petroleum-based hand creams can adversely affect glove integrity.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
8. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of aerosols or droplets of these substances.
9. Where practical, physical barriers (engineering controls) shall be instituted and maintained to protect employees from exposure.
10. Mouth pipetting is prohibited.
11. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
12. Labels that incorporate the universal "Biohazard Symbol" shall be used where required and shall be purchased by the user (available from lab supply vendors).
13. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping, and shall be decontaminated as necessary unless decontamination is shown to be not feasible. If complete decontamination is not accomplished, a readily observable label shall be attached to the

equipment stating which portions remain contaminated (Appendix H, I).

D. Personal hygiene

1. Hand washing facilities or effective portable decontamination materials shall be readily available in areas where exposure to blood or other potentially infectious materials is likely to occur.
2. Employees shall wash their hands after removing gloves and/or other personal protective equipment.
3. Employees shall wash their hands and other skin areas with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.
4. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.
5. All personal protective equipment shall be removed prior to leaving the work area. If gloves must be worn when leaving one work area to access another, the "one glove on-one glove off" rule shall be followed.
6. Reusable personal protective equipment, if contaminated, shall be decontaminated and inspected prior to reuse.

Section V

Housekeeping

It is the responsibility of each supervisor (including Deans, Directors, Department Heads, Managers, etc.) to ensure that the worksites under their control are maintained in a clean and sanitary condition. They shall determine and implement an appropriate written schedule for cleaning and method(s) for decontamination based upon the location within the facility, type of surface to be cleaned, type of matter or contaminant present, and tasks or procedures being performed in the area. This written schedule shall become part of the Exposure Control Plan for each location. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- A. 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; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

An appropriate disinfectant is defined as one that is approved by the U.S. Environmental Protection Agency for the intended use and mixed to the appropriate strength or a solution of household bleach diluted 1:9 with water. The disinfectant must be properly labeled, readily available at the work site, maintained at the necessary strength and afforded adequate contact time to accomplish the goal.

- B. Protective coverings, such as plastic wrap, aluminum foil, and imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift. If these coverings are compromised causing contamination of a work surface, surfaces must be decontaminated with an appropriate disinfectant such as 10% bleach. Sufficient contact time must be allowed for complete decontamination.

- C. 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 for damage each time before being put into service and decontaminated after each use.
- D. Broken glassware which may be contaminated with human body fluids shall not be picked up directly with the hands. It shall be handled using mechanical means, such as a brush and dustpan, tongs or forceps. The contaminated broken glassware shall be placed in a puncture resistant container and disposed as medical waste. Decontamination of the broken glassware by autoclave or chemical means may be necessary to protect subsequent handlers of the waste.
- E. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires persons to reach by hand into the containers where these sharps have been placed until after decontamination has been completed and documented.

Section VI

Rhode Island Regulated Medical Waste

This policy has been established to ensure safe disposal of the University's infectious waste. Infectious waste must be properly identified, decontaminated, segregated from the solid waste stream and deposited in specially designated Biohazard Waste boxes provided by SRM. The biological waste pickup schedule is posted on the SRM web site, along with full instructions for packaging waste and initiating a biological waste pick-up. www.uri.edu/safety

A Regulated Waste is any waste generated in the diagnosis (including testing and laboratory analysis), treatment (e.g., provision of medical services), or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals, or in the development of pharmaceuticals. Regulated medical wastes mixed with non-hazardous solid wastes shall be considered regulated medical wastes.

This policy governs all University activities involving any of the types of biological waste listed below:

- A. Cultures and Stocks: Cultures and stocks of infectious agents and associated biologicals including: cultures from medical and pathology laboratories; cultures and stocks of infectious agents from research laboratories; wastes from the production of biologicals; discarded live and attenuated viruses; and culture dishes and devices used to transfer, inoculate and mix cultures.
- B. Pathological Wastes: Human pathological wastes, including tissues, organs, and body parts that are removed during surgery or other medical procedures.
- C. Human Blood, Body Fluids and Blood Products:
 1. Liquid waste human blood or body fluids;
 2. Products of blood;
 3. Items saturated and/or dripping with human blood or body fluids;
 4. Items that were saturated and/or dripping with human blood or body fluids; including, but not limited to, serum, plasma, and other blood components, and their containers (e.g. blood bags and blood vials) and body fluids as described in Section I, C above; or
 5. Specimens of body fluids and their containers.

D. Sharps:

1. Sharps that have been used in animal or human patient care or treatment, including sharps generated in medical or research laboratories, including, but not limited to, hypodermic needles, syringes with or without the attached needle, Pasteur pipettes, scalpel blades, blood vials, needles with attached tubing, glass carpules, and glass culture dishes regardless of presence of infectious agents. Also included are other types of broken or unbroken glassware that have been used in animal or human patient care or treatment, and used microscope slides and cover slips. Disposable syringes and needles are considered medical waste after one use.
2. Sharps must be segregated and disposed of in leak-proof, rigid, puncture-resistant, shatterproof containers (Sharps containers are available from lab supply vendors). If contaminated with infectious agents, sharps must be rendered non-infectious by autoclaving or chemical disinfection. Sharps containers must be disposed in Biohazard Waste. If a Biohazard Waste box is not available, call SRM to arrange pickup when a sharps container is full.

E. Animal Waste: Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research, including research in veterinary hospitals, production of biologicals, or testing of pharmaceuticals.

F. Unused sharps: Unused, discarded sharps, as defined in Section VI, A, d, above.

G. Spill/Cleanup Material: Any material collected during or resulting from the cleanup of a spill of regulated medical waste.

H. Mixtures: Any waste which is a mixture of regulated medical waste and some other type of waste which is neither radioactive nor a hazardous waste of a type other than regulated medical waste.

Section VII

Rhode Island Regulated Medical Waste Disposal Procedures

- A. In the lab, infectious waste shall be collected in autoclave bags (available from laboratory supply vendors). Bags must be sealed at the end of each day unless contained in a step-on receptacle. Autoclave tape must be attached to the bag to identify autoclaved waste prior to disposal. Once the contents have been sterilized, bags are to be placed in a Biohazard Waste box for proper disposal.
- B. Biohazard Waste boxes must be lined with 3 mil red polyethylene bags (boxes and bags supplied by SRM). Free draining blood, blood products and biotechnology effluents shall be stored in securely sealed leak-proof containers within the bag. When the bag is full, air shall be squeezed out of the bag, and the neck twisted then taped to prevent leakage. See SRM web site for details.
- C. Sharp objects such as disposable serological pipettes that could cause a breach in the containment bag are prohibited from disposal in this manner. Disposable serological pipettes shall be collected in a glassware disposal box (available from lab supply vendors). When full, the box should be taped and disposed directly to the dumpster by the investigator or lab personnel.
- D. Biohazard waste boxes containing pathological waste and research animal carcasses must be clearly marked on the outside of the box. Labels are available from SRM.

- E. All containers must have the universal biohazard symbol affixed (includes bags and rigid containers). Labels are available from lab supply vendors.
- F. URI Petri Plate Policy: Plastic culture plates are to be collected and autoclaved in clear bags (available from lab supply vendors) marked with autoclave tape. If autoclave tape is black-striped and the contents have melted and fused and are unrecognizable, the bag may be disposed as solid waste.
- G. Transportation of Infectious Waste
1. When moving infectious waste to a steam sterilizer, it shall be carried in a pail with a secure lid to prevent an accidental release. A cart shall be used when moving more than one pail at a time.
- H. Steam Sterilization Procedures
1. In collaboration with the Biosafety Committee, the principal investigator shall determine the appropriate autoclave treatment conditions for each type of biological waste generated in the lab. Treatment conditions to achieve sterility will vary in relation to the volume of material to be treated, its contamination level, moisture content and other factors.
 2. Following are general steam sterilization recommendations:
 - Dry Waste: 250⁰F (121⁰C) for a minimum of 90 minutes.
 - Liquid Waste: 250⁰F (121⁰C) for 30 minutes per gallon of liquid.
 - Animal Bedding: Steam autoclaving is not recommended. Bedding from animals exposed to infectious agents must be disposed as RI Regulated Medical Waste.
- I. Autoclave Testing and Certification Procedures
1. Monthly Testing: Autoclaves shall be evaluated monthly using an indicator organism with a defined heat susceptibility pattern, such as *Bacillus stearothermophilus* spores (available from lab supply vendors). This monthly test is the responsibility of the owner of the autoclave, and can be performed by lab staff. A test log must be maintained for each autoclave.
 2. Autoclave Certification: In addition to monthly *Bacillus* testing, annual certification of autoclaves is also required. This inspection can be performed by the autoclave manufacturer. Scheduling the annual certification inspection is the responsibility of the autoclave's owner. Only autoclaves with a current certification sticker are approved for sterilizing infectious waste.
- J. Waste Recordkeeping
1. Each lab must maintain an autoclave log to record treatment of biological waste. Logs must be retained with the lab's documentation. An Autoclave Waste Log template (Appendix G) can be found at the SRM web site. The log shall include the following information:
 - Waste generator's name (PI), department and lab address
 - Date processed
 - Type and volume of waste
 - Length and temperature of run
 - Fate of contents (Biohazard Waste, solid waste)
 - Signature of autoclave user

Section VIII

Hepatitis B Vaccination and Post-Exposure Evaluation

- A. Supervisors will advise employees on the necessity of bloodborne pathogens training and encourage them to receive the hepatitis B vaccination. The safety, benefits, efficacy, methods of administration and availability of the vaccine will all be described.
1. Hepatitis B vaccinations and necessary boosters may be administered by the Student Health Service, in compliance with current recommendations.
 2. Employees who initially decline hepatitis B vaccination, but at a later date, while still covered under the standard, decide to accept the vaccination, shall be given the vaccine series in a timely manner.
 3. Covered employees who decline to accept hepatitis B vaccination when offered, shall sign the Hepatitis B Refusal Form distributed during the Initial Bloodborne Pathogens Training class.
 4. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available to all covered employees.
- B. Post-exposure evaluation and follow-up
1. After initial first aid has been administered to an exposed employee (cleaning the wound, flushing eyes or other mucous membranes), the employee shall:
 2. Report the exposure incident to the supervisor, manager, department head or dean who shall complete form USP14-A. To expedite this process, these forms shall be available within the department. Blank forms can be obtained from Student Health Services and Human Resources.
 3. Report in person to South County Hospital, 100 Kenyon Ave., Wakefield, or to another qualified medical facility, for a confidential medical evaluation and follow-up which shall include the following:
 - a. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - b. Identification and documentation of the source individual if applicable, unless proven infeasible or prohibited by law;
 - c. If applicable, the source individual's blood shall be tested as soon as feasible after consent is obtained for determining HIV and HBV status or documentation of refusal to test shall be obtained. If the source individual's consent is not required by law, the blood, if available, shall be tested and the results documented (note - if positive status of the source has already been established, retesting is not required);
 - d. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of laws regulating the disclosure of the identity and infectious status of the source individual;
 - e. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

- f. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;
 - g. Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, will be offered to the exposed worker.
 - h. Counseling of the exposed worker will cover symptomatology, risk of disease transmission and behavior modification recommended for at-risk individuals.
 - i. Exposed employees are encouraged to report illness symptoms consistent with HIV, HBV and HCV infection for the six-month period immediately following exposure.
 - j. The healthcare professional's written opinion shall be made available to the employee within 15 days of completion. The evaluation shall contain the following information:
 - (i) Hepatitis B vaccination status of the employee and vaccination or booster advisability;
 - (ii) Statement that the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
 - k. Human Resources will ensure that all pertinent information is received from the healthcare provider, and copies retained in the exposed employee's permanent file.
- C. Records for employees included in this plan shall be kept on file in Human Resources for at least the duration of employment plus 30 years, in accordance with 29 CFR 1910.20.

Records will include the following:

- Employee name and ID number
- Infectious Materials Exposure Determination Form
- Training documentation
- Hepatitis B Vaccination Consent/Refusal Form
- Medical records indicating receipt of all three shots for those who have consented to the series, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination as required by this rule
- Medical records indicating receipt of the titer if the person consented to have the vaccination series during or after 1999.
- If applicable, a copy of all results of post exposure examinations, medical testing, and follow-up procedures required by the regulation.

Employee medical 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 University, except as required by this section or by law.

D. Procedure for Evaluating an Exposure Incident

Human Resources will forward a copy of the URI Incident/Injury Report Form (USP-14A) to the Exposure Control Program Director at the Department of Safety & Risk Management. SRM will use the following information to evaluate exposure incidents:

- Location of the incident
- Procedure being performed when the incident occurred
- A description of the device being used (if applicable)
- Work practices followed
- Engineering controls in use at the time
- Employee's training history

SRM will review the circumstances of all exposure incidents to determine if and how the incident could have been avoided. Following an interview with the employee and evaluation of the exposure incident, recommendations may be made to change the procedure in order to reduce the risk of a similar event in the future.

Section IX

Hazard Communication

A. Labels and signs:

1. Warning labels shall be affixed to equipment used with, or containers used to store, transport or ship blood or other potentially infectious materials. This includes containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, water baths, incubators and any other equipment used with human blood or OPIM. Labels shall be purchased by user.
2. Labels required by this section shall include the universal biohazard symbol and the word BIOHAZARD (Appendix I).
3. Labels shall be fluorescent orange or orange-red with lettering and symbols of a contrasting color, usually white, black or yellow.
4. Required labels shall be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
5. Red bags or red containers marked with the biohazard symbol may be substituted for labels.
6. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
7. Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated (Appendix H, I).
8. Regulated medical waste shall be accumulated, stored and disposed of in accordance with established University policy. Refer to the SRM web site.

- B. Signs shall be posted at the entrance to work areas in accordance with the University's Biological Safety Policy. <http://www.uri.edu/safety/envirohhs/biosafety.htm>

Section X

Training and Recordkeeping

- A. Training required by the Bloodborne Pathogens Standard shall be provided within 10 days of initial assignment to tasks where occupational exposure may take place, and at least annually

thereafter.

- B. Training records will be maintained by SRM, and shall include the dates of the training session, contents or summary of the training session, name(s) and qualifications of the trainer(s) and names and job titles of all persons attending the sessions. The records shall be maintained for a minimum of 3 years from the date on which training occurred.
- C. Availability of medical records:
 - 1. Medical records for at-risk employees will be maintained in Human Resources.
 - 2. Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative and to the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Section XI

Sharps Injury Log

A sharps injury log shall be maintained by each department in a healthcare setting when the risk of accidental exposure due to a contaminated sharps device exists. The injury log is used to track devices that are causing injuries and may need to be replaced by better-engineered products.

The log shall contain the type and brand of device involved in the incident, the department and work area where the exposure occurred, and an explanation of how the incident occurred. Employee identification shall be kept confidential and not be used as part of the log. The sharps injury log shall be retained for 5 years.

If you have any questions about this Exposure Control Plan, the OSHA Bloodborne Pathogens Standard or their applicability to you or your workplace, please contact one of the following:

- Your supervisor
- Your department head
- Department of Safety & Risk Management at 874-2618

Appendix A

OSHA Definitions

- A. Blood means human blood, human blood components and products made from human blood.
- B. Bloodborne Pathogens means pathogenic microorganisms that are or may be 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), and human immunodeficiency virus (HIV).
- C. Engineering Controls means controls (e.g.: sharps disposal containers and self-sheathing needles) to isolate or remove the bloodborne pathogens hazard from the workplace.
- D. Occupational Exposure means 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.
- E. Other Potentially Infectious Materials (OPIM) means:
 - 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 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.
- F. Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- G. Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard (e.g.: gloves, face protection, masks, gowns, etc.). General work clothes (uniforms) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- H. Universal Precautions is 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.

Additional definitions may be found in the text of the regulation (see link to regulations on the OSHA web site. Search on 1910.1030 at <http://www.osha.gov>).

Appendix B

Infectious Materials Exposure Determination Form

URI Infectious Materials Exposure Determination Form

MUST BE COMPLETED ON EMPLOYEE'S FIRST DAY ON THE JOB

An Exposure Determination Form must be completed for every at-risk employee. To meet the OSHA 10-day training and offer-of-immunization requirement, department heads and directors shall fax a copy of this form to Anne Marie Coleman in Human Resources at x 4-5272. This form becomes part of the employee's permanent file.

On the first day of hire, names of at-risk employees in research must be forwarded to Safety & Risk Management (fax 789-5126) by the department. An Exposure Determination Form must also be faxed to Anne Marie Coleman at x 4-5272.

Bloodborne Pathogens Training must be completed within 10 days of initial job assignment. At-risk employees will be offered the Hepatitis B vaccine during their training.

Date: _____

Employee name: _____

Department: _____

Employee Job Title: _____

Task that Creates the Potential for Exposure: _____

Supervisor: _____

PRINT NAME

The above named employee will be subject to possible exposure to bloodborne pathogens or other potentially infectious materials as defined below while performing their duties in my department.

Signature: _____

TITLE

Definitions

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans.

Other Potentially Infectious Materials (OPIM) means:

- | | |
|--|--|
| <input type="checkbox"/> HUMAN SEMEN | <input type="checkbox"/> SALIVA FROM DENTAL PROCEDURE |
| <input type="checkbox"/> VAGINAL SECRETIONS | <input type="checkbox"/> BODY FLUIDS CONTAMINATED WITH BLOOD |
| <input type="checkbox"/> CEREBROSPINAL FLUID | <input type="checkbox"/> MIXED BODY FLUIDS |
| <input type="checkbox"/> SYNOVIAL FLUID | <input type="checkbox"/> ALL UNFIXED TISSUES OR ORGANS |
| <input type="checkbox"/> PERICARDIAL FLUID | <input type="checkbox"/> PATHOGEN-CONTAMINATED CELL/TISSUE CULTURE |
| <input type="checkbox"/> PLEURAL FLUID | <input type="checkbox"/> PATHOGEN-CONTAMINATED CULTURE MEDIUM |
| <input type="checkbox"/> PERITONEAL FLUID | <input type="checkbox"/> BLOOD/TISSUE FROM PATHOGEN-INFECTED ANIMALS |
| <input type="checkbox"/> AMNIOTIC FLUID | |

Check all that apply

Appendix C
 Bloodborne Pathogens Training Sign-in Form

University of Rhode Island
Bloodborne Pathogens Training Sign-in

Please return to Safety & Risk Management fax 789-5126

DATE: _____ TIME: _____

LOCATION: _____

INSTRUCTOR: _____ TITLE: _____

PRINT NAME CLEARLY	DEPARTMENT	JOB TITLE	STATUS: FACULTY, STAFF, STUDENT, GRAD STUDENT, POST-DOC?	IS THIS RETRAINING? YES / NO
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Appendix D
Bloodborne Pathogens Certificate of Training

**University of Rhode Island
Certificate of Training**

Bloodborne Pathogens

EMPLOYEE NAME _____
PLEASE PRINT

EMPLOYEE ID # _____

DATE OF TRAINING _____

The training for URI employees included an explanation of the following:

1. The OSHA Standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. The Exposure Control Plan.
5. Procedures that might create exposure to blood or other potentially infectious materials.
6. Personal Protective Equipment.
7. Post exposure evaluation and follow up.
8. Hazard Communication signage and labeling.
9. Hepatitis B vaccine program.

Instructor Signature: _____

Date: _____

**University of Rhode Island
Hepatitis B Vaccination
Consent Form**

Vaccine:

Hepatitis B vaccine recombinant DNA vaccine derived from surface antigens of Hepatitis B virus. A series of three 1 ml intramuscular doses of HB vaccine provides protective antibodies in 93-99% of healthy recipients. The first two doses should be given one month apart, and the third dose five months after the second. The need for booster doses is not yet known.

Indications:

HB vaccine is indicated for immunization against infection caused by all known types of Hepatitis B virus. Vaccination is recommended in persons of all ages, especially those who are or will be at increased risk of infection with Hepatitis B virus.

Precautions:

Pregnancy – safety has not been established.
Febrile illness – delay immunization.
Hypersensitivity – to any components of vaccine.

Adverse Reactions:

No serious adverse reactions have been reported to be associated with this vaccine. You may experience some reactions.

Flu-like reactions infrequently occur within 48 hours after injection. These can include: fatigue, muscle aches, headache, nausea and vomiting, joint aches, rash and fever (recommended treatment is rest, fluids, and Tylenol).

I HAVE READ AND UNDERSTAND THE ABOVE PATIENT INFORMATION ON HEPATITIS B VACCINE AND AGREE TO RECEIVE THIS VACCINE.

Date: _____

EMPLOYEE SIGNATURE

WITNESS SIGNATURE

First dose administered: _____
DATE

Administered by: _____
URI HEALTH SERVICES

Second dose administered: _____
DATE

Administered by: _____
URI HEALTH SERVICES

Third dose administered: _____
DATE

Administered by: _____
URI HEALTH SERVICES

RETURN IN 1 MONTH FOR #2 HEPATITIS B VACCINE AND IN 6 MONTHS FOR #3.

CALL HEALTH SERVICES AT X 4-2675 IF YOU EXPERIENCE AN UNUSUAL REACTION OR HAVE ANY QUESTIONS.

**University of Rhode Island
Hepatitis B Vaccination**

Refusal Form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee name: _____ Employee ID #: _____

Employee signature: _____ Date: _____
PLEASE PRINT

Witness signature: _____ Date: _____

COPY TO BE PLACED IN EMPLOYEE'S FILE IN HUMAN RESOURCES.

FAX TO ANNE MARIE COLEMAN x 4-5272.

Appendix G
Autoclave Waste Log

URI
AUTOCLAVE WASTE LOG

Must be retained and becomes part of the lab's permanent documentation

WASTE GENERATOR (PI): _____ LAB LOCATION: _____
ROOM # AND BUILDING

DEPARTMENT: _____ MONTH: _____ YEAR: _____

	DATE PROCESSED	VOLUME OF WASTE	TYPE OF WASTE	LENGTH OF RUN MINUTES	RUN TEMP °F	FATE OF WASTE	USER NAME PLEASE PRINT
1			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
2			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
3			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
4			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
5			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
6			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
7			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
8			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
9			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
10			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
11			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
12			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
13			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
14			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
15			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	
16			<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID			<input type="checkbox"/> BIOHAZARD <input type="checkbox"/> SOLID WASTE	

Appendix H
Equipment Decontamination Label



UNIVERSITY OF
Rhode Island

NOTICE OF DECONTAMINATION

This equipment's exterior and interior surfaces were decontaminated.

This equipment released for:

Service/Repair **Relocation** **Discard**

Decontamination performed by: _____

Chemical or disinfectant used: _____

Date of decontamination: _____

Location of equipment: _____

Responsible party: _____

Lab telephone number: _____

Biohazard labels required under the HAZCOM standard have been removed.

**NOTE: The following area(s) _____
of this equipment remains contaminated and a biohazard
warning label has been attached near the contaminated area.
The date the new label(s) was attached is clearly indicated.**

Additional labels are available at www.uri.edu/safety

Appendix I
Universal Biohazard Symbol



Appendix J

Exposure Control Plan Template –
Research Laboratories and Healthcare

University of Rhode Island
**EXPOSURE CONTROL PLAN
TEMPLATE**

Research Laboratories and Healthcare

*Print Appendix J as your Exposure Control Plan.
Fill in as necessary and include forms and tables as supporting documentation.*

Section 1

Purpose of the Exposure Control Plan

The purpose of this plan is to minimize the occupational exposure of employees to blood or other potentially infectious materials, as required by OSHA 29 CFR 1910.1030, the Bloodborne Pathogens Standard.

- A. Occupational exposure is defined as “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.”
- B. Other potentially infectious materials are defined as (1) The following human body fluids: semen, vaginal fluids, 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.
- C. All at risk employees who may have occupational exposure are expected to follow the guidelines established in this policy. Compliance is mandatory.

Section II

Employee Inclusion in the Plan

- A. All University of Rhode Island employees who, by the nature of their job-required tasks, have occupational exposure to blood or other potentially infectious materials shall be included in this plan.

Within departments or administrative divisions, each job classification will be evaluated to determine potential risk to employees. At-risk employees will be identified by means of a risk assessment utilizing the URI Infectious Materials Exposure Determination form.

Department Heads and Directors will maintain exposure determination records for at-risk employees. A copy of the Exposure Determination form shall be faxed to Anne Marie Coleman in Human Resources for inclusion in the employee’s permanent record. Names of at-risk employees in research will also be forwarded directly to Safety & Risk Management by the department in time to meet the 10 day training and offer of vaccination requirement of the Bloodborne Pathogens

Standard.

- B. A copy of each job classification re-evaluation will be added to the employee's file in Human Resources.

Section III

Work Practice Controls

- A.
 - 1. Hand washing facilities are readily accessible.
 - 2. Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - 3. Employees will wash their hands or other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following an exposure incident. Eyewashes are located throughout laboratories and clinics.
 - 4. Contaminated needles and other contaminated sharps will not be bent, recapped or removed. Needles will not be sheared or broken.
 - 5. Immediately or as soon as feasible after use, contaminated sharps will be placed in a sharps container for proper disposal.
 - 6. Employees are prohibited from eating, drinking, applying cosmetics, lip balm, or handling contact lenses in the work area.
 - 7. Food and drinks are not allowed in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
 - 8. Perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering and generation of aerosols of these substances.
 - 9. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 - 10. Specimens of blood or other potentially infectious materials will be placed in a labeled or color-coded container, which prevents leakage during collection, handling, processing, storage, transport or shipping.
 - 11. Equipment which may be contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as necessary, and a URI Notice of Decontamination label attached.

Section IV

Preventing Exposures

To prevent work place exposures, Engineering Controls in combination with Administrative Controls (written Standard Operating Procedures - SOP's) and Personal Protective Equipment (PPE) shall be used.

TO PREVENT EXPOSURE TO THE FOLLOWING AGENTS:	ENGINEERING CONTROL(S): CHECK BOXES	ADMINISTRATIVE CONTROL(S): ENTER ALL SOP #S THAT APPLY	PPE CHECK BOXES
Bloodborne Pathogens	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Biohazards	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
OTHER POTENTIALLY INFECTIOUS MATERIALS INCLUDING:			
Human semen	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Vaginal secretions	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Cerebrospinal fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Synovial fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pleural fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pericardial fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Body fluid visibly contaminated with blood	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS

TO PREVENT EXPOSURE TO THE FOLLOWING AGENTS:	ENGINEERING CONTROL(S): CHECK BOXES	ADMINISTRATIVE CONTROL(S): ENTER ALL SOP #'S THAT APPLY	PPE CHECK BOXES
Body fluids that can't be differentiated	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Unfixed tissues/organs from living or dead human	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pathogen-contaminated cell or tissue culture, culture medium or solutions	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Blood/Tissues from pathogen-infected animals	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> BIOLOGICAL SAFETY CABINETS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS

University of Rhode Island
Standard Operating Procedure (SOP)

Research Laboratories and Healthcare
Template

SOP's are used to describe practices utilized to minimize employee exposure. SOP's must be kept in a binder with the Exposure Control Plan and Exposure Determination forms. These become part of the work group's permanent documentation, and must be available for review by Safety & Risk Management.

Principal Investigator: _____

PLEASE PRINT

Department: _____ Address: _____

ROOM # AND BUILDING

STANDARD OPERATING PROCEDURE (SOP) #:

JOB CLASSIFICATION: _____

EXPOSURE HAZARD: (Select only one)

- BLOODBORNE PATHOGENS BIOHAZARDS

AGENT: _____

LEVEL: BSL-1 BSL-2 BSL-3

Other Potentially Infectious Material (OPIM)

- | | |
|--|---|
| <input type="checkbox"/> HUMAN SEMEN | <input type="checkbox"/> MIXED BODY FLUIDS |
| <input type="checkbox"/> VAGINAL SECRETIONS | <input type="checkbox"/> SALIVA FROM DENTAL PROCEDURE |
| <input type="checkbox"/> CEREBROSPINAL FLUID | <input type="checkbox"/> BODY FLUIDS CONTAMINATED WITH BLOOD |
| <input type="checkbox"/> AMNIOTIC FLUID | <input type="checkbox"/> ALL UNFIXED HUMAN TISSUES OR ORGANS |
| <input type="checkbox"/> SYNOVIAL FLUID | <input type="checkbox"/> PATHOGEN-CONTAMINATED CELL/TISSUE CULTURES |
| <input type="checkbox"/> PERITONEAL FLUID | <input type="checkbox"/> PATHOGEN-CONTAMINATED CULTURE MEDIUM |
| <input type="checkbox"/> PLEURAL FLUID | <input type="checkbox"/> BLOOD/TISSUE FROM PATHOGEN-INFECTED |
| <input type="checkbox"/> PERICARDIAL FLUID | ANIMALS |

TASK THAT CREATES POTENTIAL FOR EXPOSURE: _____

ENGINEERING CONTROLS: _____

WORK PRACTICES TO MINIMIZE THE POTENTIAL FOR EXPOSURE: _____

PERSONAL PROTECTIVE EQUIPMENT: _____

Date created: _____

Date revised: _____

University of Rhode Island
EXPOSURE CONTROL PLAN

Research Laboratories and Healthcare

SAMPLE

Principal Investigator: _____

Department: _____ **Address:** _____

LAB LOCATION: ROOM # AND BUILDING

A. The URI Exposure Control Program Coordinator is:

Name: Barbara Ray
Title: Coordinator, Hazardous Materials & Chemical Waste
Office Address: Department of Safety & Risk Management
177 Plains Rd., Kingston, RI 02881
Phone number: (401) 874-2618

B. A copy of the Exposure Control Plan is located in the following areas:

- Department Chair's Office Other: _____
 Pertinent Lab(s)

C. Employees are informed of the location of the Exposure Control Plans (lab and URI) as well as other safety plans:

- Lab Orientation Meeting at First Hire

D. Bloodborne Pathogens Training Records are maintained by:

- Program Coordinator, Department of Safety & Risk Management
Training Records are located at: 177 Plains Road, Kingston, RI 02881

E. Employee Exposure Records are maintained by:

- Human Resources
Exposure Records are located at: 80 Lower College Rd., Kingston, RI 02881

F. Exposure Determinations are made by:

- Department Head Principal Investigator Supervisor

G. The following positions have been identified as having a risk of exposure to blood or other potentially infectious materials. Fill in table and attach an Exposure Determination Form for each employee.

# OF EMPLOYEES	JOB CLASSIFICATION/TITLE	TASKS

H. Which cleaning solution do you use to decontaminate?

- 10% Bleach solution (standard bleach diluted 1:9 with water)
- Other Approved Cleaner: _____
MANUFACTURER PRODUCT NAME

I. Which Engineering Controls are used to prevent accidental exposures?

# OF EMPLOYEES	JOB CLASSIFICATION/TITLE	ENGINEERING CONTROLS
		SOP # (s):

J. Which Administrative Controls are used to prevent accidental exposures?

# OF EMPLOYEES	JOB CLASSIFICATION/TITLE	ADMINISTRATIVE CONTROLS
		SOP # (s):

K. Identify Personal Protective Equipment available to employees:

- | | |
|---|---|
| <input type="checkbox"/> Safety Goggles | <input type="checkbox"/> Lab Coats |
| <input type="checkbox"/> Safety Glasses with Side Shields | <input type="checkbox"/> Tyvek Clothing |
| <input type="checkbox"/> Face Masks | <input type="checkbox"/> Aprons/Gowns |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Latex Gloves |
| <input type="checkbox"/> Safety Shield | <input type="checkbox"/> Non-latex Gloves |
| <input type="checkbox"/> Other – List: _____ | _____ |
| _____ | _____ |
| _____ | _____ |

L. In the event of an exposure, the employee should report immediately to South County Hospital, 100 Kenyon Avenue, Wakefield, RI, or another qualified medical facility, for a post-exposure evaluation and follow-up.

The employee should indicate to hospital staff that he/she has received a needlestick injury or may have been exposed to bloodborne pathogens.

Date Prepared: _____
Date Revised: _____

Appendix K
Exposure Control Plan Template –
All Other Departments

University of Rhode Island
EXPOSURE CONTROL PLAN

All Other Departments

*Print Appendix K as your exposure control plan.
Fill in as necessary and include forms and tables as supporting documentation.*

Section I

Purpose of the Exposure Control Plan

The purpose of this plan is to minimize the occupational exposure of employees to blood or other potentially infectious materials, as required by OSHA 29 CFR 1910.1030, the Bloodborne Pathogens Standard.

- A. Occupational exposure is defined as “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.”

Other potentially infectious materials are defined as (1) The following human body fluids: semen, vaginal fluids, 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.

All at-risk employees who may have occupational exposure are expected to follow the guidelines established in this policy. Compliance is mandatory.

Section II

Employee Inclusion in the Plan

All University of Rhode Island employees who, by the nature of their job-required tasks, have occupational exposure to blood or other potentially infectious materials shall be included in this plan.

- A. Within departments or administrative divisions, each job classification will be evaluated to determine potential risk to employees. At-risk employees will be identified by means of a risk assessment utilizing the URI Infectious Materials Exposure Determination form.

Department Heads and Directors will maintain exposure determination records for at-risk employees. A copy of the Exposure Determination form for at-risk employees will be faxed to Anne Marie Coleman in Human Resources in time to meet the 10 day training and offer of vaccination requirement of the Bloodborne Pathogens Standard. HR will advise Safety and Risk Management of personnel who must be trained.

- B. A copy of each job classification re-evaluation will be added to the employee's file in Human Resources.

Section III

Work Practice Controls

- A.
 1. Hand washing facilities are readily accessible.
 2. Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 3. Employees will wash their hands or other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following an exposure incident. Eyewashes are located throughout laboratories and clinics.
 4. Immediately or as soon as feasible after use, contaminated sharps will be placed in a sharps container for proper disposal.
 5. Employees are prohibited from eating, drinking, applying cosmetics, lip balm, or handling contact lenses in any work area where blood or other potentially infectious materials are present.
 6. Food and drinks are not allowed in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
 7. Perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering and generation of aerosols of these substances.
 8. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 9. Equipment which may be contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as necessary, and a URI Notice of Decontamination label attached.

Section IV

Preventing Exposures

To prevent work place exposures, Engineering Controls in combination with Administrative Controls (written Standard Operating Procedures – SOP's) and Personal Protective Equipment (PPE) shall be used.

TO PREVENT EXPOSURE TO THE FOLLOWING AGENTS:	ENGINEERING CONTROL(S): CHECK BOXES	ADMINISTRATIVE CONTROL(S): ENTER ALL SOP #S THAT APPLY	PPE CHECK BOXES
Bloodborne Pathogens	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Biohazards	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
OTHER POTENTIALLY INFECTIOUS MATERIALS INCLUDING:			
Human semen	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Vaginal secretions	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Cerebrospinal fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Synovial fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pleural fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pericardial fluid	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Body fluid visibly contaminated with blood	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS

TO PREVENT EXPOSURE TO THE FOLLOWING AGENTS:	ENGINEERING CONTROL(S): CHECK BOXES	ADMINISTRATIVE CONTROL(S): ENTER ALL SOP #'S THAT APPLY	PPE CHECK BOXES
Body fluids that can't be differentiated	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Unfixed tissues/organs from living or dead human	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Pathogen-contaminated cell or tissue culture, culture medium or solutions	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS
Blood/Tissues from pathogen-infected animals	<input type="checkbox"/> SAFE SHARPS DEVICES <input type="checkbox"/> ENCLOSED CONTAINERS <input type="checkbox"/> SHARPS DISPOSAL CONTAINERS <input type="checkbox"/> EXHAUST FANS <input type="checkbox"/> SPLASH SHIELDS <input type="checkbox"/> TRANSPORT CONTAINERS	SOP #'s	<input type="checkbox"/> MASKS + EYE PROTECTION <input type="checkbox"/> SAFETY GOGGLES/GLASSES WITH SIDE SHIELDS <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> TYVEK CLOTHING <input type="checkbox"/> RUBBER APRONS <input type="checkbox"/> NON-LATEX GLOVES <input type="checkbox"/> LAB COATS <input type="checkbox"/> GOWNS <input type="checkbox"/> CLINIC JACKETS

University of Rhode Island
STANDARD OPERATING PROCEDURE

All Other Departments

Use this template to prepare an SOP for each Work Area (shop) that has employees who may potentially be exposed to bloodborne pathogens or biohazards.

Supervisor: _____

PLEASE PRINT

Work Area: _____

STANDARD OPERATING PROCEDURE (SOP) #: _____

JOB CLASSIFICATION: _____

EXPOSURE HAZARD: (Select only one)

BLOODBORNE PATHOGENS

BIOHAZARDS

AGENT: _____

LEVEL: **BSL-1** **BSL-2** **BSL-3**

Other Potentially Infectious Material (OPIM)

HUMAN SEMEN

VAGINAL SECRETIONS

SALIVA FROM DENTAL PROCEDURE

BODY FLUIDS CONTAMINATED WITH BLOOD

CEREBROSPINAL FLUID

MIXED BODY FLUIDS

SYNOVIAL FLUID

ALL UNFIXED TISSUES OR ORGANS

PLEURAL FLUID

PATHOGEN-CONTAMINATED CELL/TISSUE CULTURE

PERICARDIAL FLUID

PATHOGEN-CONTAMINATED CULTURE MEDIUM/SOLUTIONS

PERITONEAL FLUID

BLOOD /TISSUE FROM PATHOGEN-INFECTED ANIMALS

AMNIOTIC FLUID

TASK THAT CREATES POTENTIAL FOR EXPOSURE: _____

ENGINEERING CONTROLS: _____

WORKPLACE PRACTICES TO MINIMIZE THE POTENTIAL FOR EXPOSURE:

PERSONAL PROTECTIVE EQUIPMENT (PPE): _____

Date created: _____

Date revised: _____

University of Rhode Island
All Other Departments

EXPOSURE CONTROL PLAN

Division/Shop (Work Area): _____

A. The URI Exposure Control Program Coordinator is:

Name: Barbara Ray
Title: Coordinator, Hazardous Materials & Chemical Waste
Office Address: Department of Safety & Risk Management
177 Plains Rd., Kingston, RI 02881
Phone number: (401) 874-2618

B. A copy of the Facilities Services Exposure Control Plan is located in the following areas:

- Director's Office Supervisor's office
 HELP Desk

C. Employees are informed of the location of the Exposure Control Plans (Facilities Services and URI) as well as other safety plans:

- New Employee Orientation by Supervisor

D. Bloodborne Pathogens Training Records are maintained by:

- Program Coordinator, Department of Safety & Risk Management
Training Records are located at: 177 Plains Road, Kingston, RI 02881

E. Employee Exposure Records are maintained by:

- Human Resources
Exposure Records are located at: 80 Lower College Rd., Kingston, RI 02881

F. Exposure Determinations are made by:

- Assistant Director Supervisor

J. What Administrative Controls are used to prevent accidental exposures?

#	JOB CLASSIFICATION/TITLE	ADMINISTRATIVE CONTROLS
		SOP # (s)

K. Identify Personal Protective Equipment available to employees:

- Safety Goggles
- Safety Glasses with Side Shields
- Face Masks
- Face Shield
- Other – List:
- Tyvek Clothing
- Rubber Aprons
- Neoprene Gloves
- Non-latex Gloves

L. In the event of an exposure, the employee should immediately report to South County Hospital, 100 Kenyon Avenue, Wakefield, RI, or another qualified medical facility for a post-exposure evaluation and follow-up.

The employee should indicate to hospital staff that he/she has received a needlestick or may have been exposed to bloodborne pathogens.

Date Prepared: _____
Date Revised: _____