To comply with the SFSU Bloodborne Pathogen Program (BBP), each work group must develop an Exposure Control Plan (ECP) to describe how exposure to bloodborne pathogens will be controlled. This template is intended to simply the process and makes it easier to ensure that the provisions of this ECP comply with 8 CCR Title 8 §5193, Cal/OSHA Bloodborne Pathogen Standard.

Use with the SFSU Bloodborne Pathogen Program manual.

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| **1.** | **Prepared by** | Shelley Cole | **2.** | **Date Completed** |  |
| **3.** | **Phone number** | 415.405.3677 | **4.** | **Email** | shelleyc@sfsu.edu |
| **5.** | **Department/Unit** | **Custodial Services and Waste Management** | **6.** | **Location** | Corp Yard |
| **7.** | **Unit Manager** | **Shelley Cole** | **8.** | **Operating Unit** | Campus Custodial Services and Waste Management |
| **Custodial Supervisor(s)** |  **Manzar Yegani, Edward Cunanan, Shandra Reed**  |
| **9.** | **Person responsible for ECP for this operation**(reviewing, implementing, and making it available to employees) | **10.** | **ECP Location** | GYM 006 |
|  | Print Name | Title |  | Signature |  |
|  | **Shelley Cole** | Custodial Director |  |  |
| 11. Brief description of project or work being done |
| Clean up and disposal of liquid human blood or other potentially infectious material (OPIM), including sharps, in restrooms, hallways, campus housing units, outdoor grounds, or other public areas. |

I. PURPOSE: This template is intended for **non-clinical and non-science** projects or work tasks where contact with liquid blood or materials heavily contaminated with liquid blood or other potentially infectious materials could cause exposure to human disease organisms. The purpose of this Exposure Control Plan is to describe how to eliminate or minimize the danger of exposure to human blood or other potentially infectious materials, in compliance with the California OSHA Bloodborne Pathogens Standard (8CCR§5193) and the SFSU Injury and Illness Prevention Program (IIPP).

Important Definitions for terms used in this document are listed below:

HIV: Human Immunodeficiency Virus (known to cause AIDS)

HBV: Hepatitis B Virus HBC: Hepatitis B Virus

OPIM: Other Potentially Infectious Materials

Universal Precautions[§5193(d)(1) and (b)]: It is the policy of the San Francisco State to ensure practice of Universal Precautions and all other appropriate methods to reduce exposure to human bloodborne pathogens. Universal Precautions is a method of infection control in which all human blood, tissue and certain body fluids are treated **as if known to be infectious** for HIV, HBV, HBC or other bloodborne pathogens.

**II. EXPOSURE DETERMINATION** [§5193(c)(2)]: The Supervisor will identify positions and procedures that present the possibility of occupational exposure to human blood or other potentially infectious materials. This determination is based on the risk of performing each procedure without the use of personal protective equipment.

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| **12. Job titles in this organization/group with potential occupational exposure** (See main BBP for the job titles that are part of the program.) | Personnel Names (optional) |
| Custodians and Lead Custodians Waste Management Laborers | List available |
| **13a. Procedures/Jobs with potential exposure** | **13b. Personal Protective Equipment (PPE) required for each Job**  |
| Restroom cleaning-- Clean toilets, urinals, sinks | [x]  Safety glasses [ ]  Goggles[ ]  Face shield[ ]  Coveralls[x]  Uniform/Smock[ ]  Lab coat[ ]  Other        | [x]  Nitrile disposable gloves[ ]  Heavy leather gloves[ ]  Heavy rubber gloves[ ]  Surgical face mask[ ]  N95 dust mask [ ]  Other        |
| Detailed inter-session cleaning | [x]  Safety glasses [ ]  Goggles[ ]  Face shield[ ]  Coveralls[x]  Uniform/Smock[ ]  Lab coat[ ]  Other        | [x]  Nitrile disposable gloves[ ]  Heavy leather gloves[x]  Heavy rubber gloves[ ]  Surgical face mask[ ]  N95 dust mask [ ]  Other        |
| Empty trash bins, pick up trash from ground | [x]  Safety glasses [ ]  Goggles[ ]  Face shield[ ]  Coveralls[x]  Uniform/Smock[ ]  Lab coat[ ]  Other        | [x]  Nitrile disposable gloves[ ]  Heavy leather gloves[x]  Heavy rubber gloves[ ]  Surgical face mask[ ]  N95 dust mask [ ]  Other        |
| Clean up of liquid or dried blood, blood-saturated materials and OPIM in restrooms, hallways, and other indoor areas | [x]  Safety glasses [ ]  Goggles[ ]  Face shield[ ]  Coveralls[x]  Uniform/Smock[ ]  Lab coat[ ]  Other        | [x]  Nitrile disposable gloves[ ]  Heavy leather gloves[ ]  Heavy rubber gloves[ ]  Surgical face mask[x]  N95 dust mask [ ]  Other        |
| Pick up human waste and body fluids potentially containing human blood, trash handling outdoors | [x]  Safety glasses [ ]  Goggles[ ]  Face shield[ ]  Coveralls[ ]  Uniform/Smock[ ]  Lab coat[ ]  Other       | [x]  Nitrile disposable gloves[x]  Heavy leather gloves[x]  Recommended as needed:[x]  Heavy rubber gloves[x]  Surgical face mask[x]  N95 dust mask Other        |

**III. METHOD AND SCHEDULE OF COMPLIANCE** [§5193(d) and (i)]: The Blood-borne Pathogens Standard will be implemented by the following methods and schedule:

A. Written Exposure Control Plan [§5193(c)(1)]: This Exposure Control Plan will be available to all affected employees and reviewed and revised annually, or whenever any significant changes in procedure or personnel occur.

B. Engineering and Work Practice Controls [§5193(d)(2)]: The following engineering and work practice controls are employed as part of Universal Precautions to minimize exposure to human bloodborne pathogens.

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| 14. Engineering Controls  | **Specify when each is to be used** |
| [x]  Sharps container | Use to contain needles, syringes, and other sharp items associated with human blood or body fluids |
| [x]  Tongs or forceps to handle broken glass | Use when heavy leather or special cut-resistant gloves are not available |
| [x]  Tongs, scraper to handle used syringes, etc. | When picking up syringes with needles, and blades |
| [ ]  Heavy-duty plastic collection bag or box |       |
| [x]  Other | Sweep up broken glass and OPIM into dust pan | When sweeping restrooms and other indoor areas |
| [ ]  Other |       |       |
| **15a. Sharps containers are inspected, maintained, and replaced**   |
| [x]  Whenever necessary to prevent over-filling (full = ≥ 3/4 full)[x]  By (name) Shelley Cole Every Month  |
| **15b. Sharps container decontamination and disposal procedures** (Dispose of FULL sharps containers within 30days) |
| [ ]  Wipe outside with bleach solution[ ]  Label with accumulation start date & generator identity[ ]  Other       | [x]  Store in secure location until delivery to SHS[ ]  Store in secure location until pickup by EHS |
| **16. Work practice controls used to minimize exposure** |
| 🗹 | 1. Use **Universal Precautions** (Treat all suspect items as if they were contaminated with infectious pathogens.) |
| [x]  | 2. Gloves are changed whenever they are soiled, torn, or punctured. |
| [x]  | 3. Gloves are removed before leaving the work area (to avoid contamination of other areas). |
| [x]  | 4. Follow the proper procedure for removing gloves (train steps to be done in the correct order).  |
| [x]  | 5. Require hand washing when gloves are removed or changed before leaving work area. |
| *Location(s) of hand washing stations* | Restrooms |
| [x]  | 6. Require hand washing when gloves are torn, punctured, or contaminated BEFORE putting on fresh gloves. |
| [ ]  | 7. Require sharps containers to be kept closed when not adding waste. |
| [x]  | 8. Rule that hands are not put inside sharps containers for any reason. |
| [ ]  | 9. Eating, drinking, or touching the face when handling potentially contaminated materials is not allowed. |
| [ ]  | 10. Specimens/evidence of blood and OPIM are collected in sturdy plastic containers (using secondary containers, or double-bagged.) See the SFSU Medical Waste Management Plan for more details. |
| [x]   | 11. Needles must NOT be bent/broken off with the hands or re-used. |
| [x]   | 12. Contaminated sharps are immediately disposed of into a sharps container. |
| [x]   | 13. The Supervisor or designee trains workers on the use of engineering controls prior to them starting work. |
| [x]  | 14. The Supervisor or designee trains workers on Universal Precautions and proper handling and clean-up of blood or OPIM **prior** to them starting work where contact or exposure is possible. |
| [x]  | 15. The Supervisor or designee ensures all workers covered under BBP complete BBP training. |
| [x]  | 16. The Supervisor or designee informs workers covered under BBP on how to report a potential exposure incident and do it promptly so any follow up medical evaluation is not delayed. |
| [ ]  | 17. Other |       |
| [ ]  | 18. Other |       |

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| **17. Explain how front-line workers, leads, supervisors, and management identify and evaluate process improvements.**  |
| [x]  Employee feedback (specify how) | Inform supervisor before or after shift |
| [x]  Safety Committee (specify which committee) | FSE-specific safety committee |
| [ ]  Exposure incident investigation |       |
| [x]  Staff meetings (how often?)Monthly | [x]  Other | **Safety discussions as part of staff meetings** |

C. Personal Protective Equipment [§5193(d)(3)]: Personal protective equipment (PPE) and clothing is used to minimize or eliminate exposure to human bloodborne pathogens. All PPE must be inspected, cleaned, or replaced, as needed, in order to maintain its effectiveness; this will be done at no cost to employees. The use of PPE will be evaluated and enforced by the Group Supervisor.

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| **18a. Where is PPE available to employees?** | **In each supply room and custodial closet** |
| **18b. Who is the person providing PPE to this group?** | **Purchasing manager orders supplies that go to warehouse. Custodians then order the PPE they need from there.** |
| **19a. What is the procedure for handling used PPE?** (Where is it stored? Describe the collection container) |
| **Non-contaminated gloves are disposed of in municipal trash bins.** **Gloves contaminated with blood or OPIM are collected in a red biohazard bag. When the work is done or before the end of the shift, the biohazard bag is taken to Student Health Services for proper storage and disposal.** |
| **19b. Is used PPE routinely washed then put back into service?** | [x]  Yes [ ]  No |
| If yes, describe (include the cleaning solution used and who does the cleaning). |
| **Work smocks are laundered. Used disposable gloves are discarded and not re-used. Heavy-duty rubber gloves are cleaned and reused. The individual user cleans the rubber gloves with Diversey Alpha -HP No.67 Multi-surface Disinfectant Cleaner** |

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| D. Contaminated Laundry |
| * Handle it as little as possible
* Place laundry that is heavily contaminated with liquid blood (can squeeze liquid out) into bags or containers for storage or transportation that are labeled as “Biohazard” and prevent leakage of fluids.
* Consider disposing of laundry that is soaked with human blood as biohazardous waste rather than cleaning it.
* Employees are not expected to take home and launder clothing contaminated with human blood/OPIM.
 |
| **20a. Does this group launder contaminated clothing in house?** | [ ]  Yes [x]  No |
| **20b. If yes, who is responsible for the laundry?** | Name(s) |       |
| **20c. Describe procedure for cleaning laundry that might be contaminated with human blood or other bodily fluids.** |
| N/A |

**E. Safe/Standard Operating Procedures (SOPs) and Spill Response**

If there is not enough space, please attach relevant SOPs to this ECP.

**Basic supplies and procedures for dealing with blood or other potentially contaminated materials (OPIM):**

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| What should a custodian do first? | Secure the area and put on disposable gloves. |
| What should they have with them? | * Tongs for safe grabbing of sharp items, needles, etc.
* Portable sharps container
* Small red biohazard bags if there is any spilled blood to clean up
* Disposable gloves
* Safety glasses or goggles
* Heavy leather gloves
* Heavy rubber gloves
* Tape for sealing biohazard bags
 |
| Where to get sharps containers, biohazard bags, gloves, and other supplies: | Get the items from the supply shed and keep them in your cart or bucket Custodial services must have sharps containers and biohazard bags on hand. EHS does not provide sharps containers or the bags. The red biohazard bags must meet California Medical Waste Management Act requirements. Contact Linda Vadura for assistance. |

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| **21. Pick up used tampons, condoms, bloody tissues, etc. from restrooms and other public areas.** |
| What safety hazards are present?What is the exposure risk?Is this type of waste “medical waste” | Potentially infected blood or body fluidsContact with broken skin or mucous membranes of the mouth, eyes, noseThis type of waste material is considered “home-generated” since it is from public areas, not laboratories or medical facilities. Biohazard bags are not necessary, but use Universal Precautions anyway. |
| What should be done? | How should this be done? What should they use? |
| **1. Secure the area**  | cClose the door if possible. Block access with something |
| **2. Put on gloves. Eye protection if there is liquid blood or other body fluid present** | Check that gloves fit and don't have holes or tears. |
| **3. Place the items into sturdy plastic disposal bag.** | Prevent spills by using a sturdy trash bag. A biohazard bag is not necessary as this is considered "home-generated" waste by the regulator.  |
| **4. Put contaminated gloves into the bag and put on fresh disposable gloves.** | Use the new, clean gloves to handle the waste container in case the outside of the bag is contaminated. |
| **5. Tie or tape the bag closed**  |       |
| **6. After you are finished, take off the second pair of “clean” gloves and wash hands thoroughly.** | Make it a habit to wash hands after taking off gloves and before eating, drinking, or touching your face. |

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| **22. How to contain a significant amount of spilled human blood or other fluids containing visible blood.** |
| What safety hazards are present?What is the exposure risk? | Potentially infected blood or body fluidsContact with broken skin or mucous membranes of the mouth, eyes, nose. Splashes into the mouth, eyes, or nose. |
| What should be done? | How should this be done? What should they use? |
| 1. Control access to spill area | **Caution tape. If unavailable, use some other barrier.** |
| 2. Put on PPE before containing the spill. | **Disposable gloves, safety glasses** |
| 3. Contain edges of spill to minimize the spread. | **Paper towels** |
| 4. Absorb with paper towels or other absorbent. | **Be gentle. Avoid spreading spill or creating aerosols** |
| 5. Collect absorbent and used supplies into a heavy-duty plastic bag (≥ 1.9 milspec) or plastic container. | **If a biohazard bag is not immediately available. This plastic bag MUST then be placed in a biohazard bag before disposal.** |
| **23. Clean up blood or body fluids potentially contaminated with blood, or materials saturated with blood.** |
| What should be done? | How should this be done? What should they use? |
| 1. Make sure PPE is still on. | **Check that gloves and eyewear are in good condition** |
| 2. Once liquid has been blotted up, wipe down contaminated area with a cleaner/disinfectant. | **Using Diversey Alpha HP No. 67** |
| 3. After the initial wipe down, wipe again with a disinfectant solution to disinfect the spill area. | **Allow to disinfectant to sit on the spill for at least 20 minutes, per instructions on the disinfectant used before wiping again.** |
| 4. Place used materials into a red biohazard bag or sharps container (for sharps only).  | **Have small sharps containers and biohazard bags on hand. If a larger bag is needed, contact a custodial supervisor.** |
| 5. Put the biohazardous waste into a dept storage container designated by the supervisor.  | **After regular business hours, put used biohazard bags and full sharps containers into the designated container in the Gym**  |
| **6. Take the waste container to the designated collection and storage facility on campus.** | **The designated campus biohazardous and medical waste collection station for FSE is in Student Health Services. Ask at the front desk for directions.** |

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| **23.** | **SOP for picking up and disposing of loose syringes and needles found on the floor or ground.** |
|  | What safety hazards are present?What is the exposure risk? | Potentially infected needlesPuncture skin on hands or body |
| 1. **Secure the area. Prevent people from stepping or contacting the syringes/needles**
 |
| 1. **Put on gloves and safety glasses.**
 |
| 1. **Use tongs to pick up the syringes. If necessary, scrape the needles with a tool onto a small dust pan or sturdy piece of paper.** *Do not use hands to pick up needles*.
 |
| 1. **Carefully place the items inside a sharps container. Check to make sure the container is securely closed.**
 |
| 1. **Take off gloves when finished and wash hands.**
 |
| 1. **At the end of the shift, take the sharps container to the Custodial Services office.**

Consider providing small sharps containers in each cart. These containers can then be secured to the cart and removed when necessary. The containers can be checked weekly.The super thin transparent office trash can bags tear very easily. Use heavy duty clear bags or plastic tubs if necessary for transporting the red bags safely to Student Health. Does the supervisor have to be informed every time a custodian picks up syringes and needles? Do you keep track of each time this happens? |

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| **23. Handling and disposing of full sharps containers.** |
| What should be done? | How should this be done? What should they use? |
| **1. Put on gloves.** | Check that gloves fit and don't have holes or tears. |
| **2. Open the top latch of the container, not the entire lid.** | Sharps containers have a small opening in the top for inserting sharps. This opening is too small to allow hands to enter the container. |
| **5. Take off gloves when finished and wash hands** | Wash hands after taking off gloves and before eating, drinking or touching your face. |
| **6. When the container reaches the fill line or is ~3/4 full, take the full sharps container to Student Health Services for disposal**  | Per California law, full sharps containers must be disposed or within 30 days. |
| **24. SOP handling and disposing of used red biohazard bags.** |
| What should be done? | How should this be done? What should they use? |
| **1. Put on gloves.** | Check for fit and condition. Damaged gloves won't offer the protection you need when you need it. |
| **2. Close the red biohazard bag and secure it by taping or tying it shut.** | Do not over fill bags. A container is "full" when it is 3/4. |
| **3. Write the date on the biohazard bag** | California law requires medical waste to be stored no longer than 7 days. Use a permanent markers so it is readable.  |
| **4. Check the bag for weak spots**  | If you see damage, place the bag into another biohazard bag to prevent leaks or spills. Tie or tape the second bag. |
| **5. Take off gloves when finished and wash hands** | Make a habit of washing hands after taking off gloves. |
| **6. At the end of the shift, take the used bag to Student Health Services**  | If Student Health is closed, take the waste to the biohazardous waste collection station in the GYM |
| **Daily, custodial supervisors must check the biohazardous waste collection bin in the Gym**  | Ensure waste is taken to Student Health as soon as they open to avoid storing waste longer than 7 days. |

**F. BBP Waste Handling Procedures**

If there is not enough space, please attach relevant SOPs to this ECP.

Waste that is handled according to the standards of good biosafety practice and in accordance with the SFSU Medical Waste Management Plan and SFSU Biosafety Plan will comply with state law.

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| **Waste Type** | **Collection Container** | **Disposal** |
| [x]  **Sharps - disposable** | Red “sharps” container with biohazard symbol | [x]  Securely taped sharps container is taken to Biohazardous/Medical Waste collection area in Student Health Services for disposal off-site. |
| [x]  **Dry Lightly Contaminated Materials NOT from laboratory or medical facilities*** Contaminated clothing–*gloves, lab coats, aprons, etc*.
* Debris from spill cleanups on campus
 | 1. Sturdy trash bag2. Double-bag if necessary.3. Avoid hand carrying heavy bags if possible. | [x]  Disposed of in municipal trash collection containers*If treated as biohazardous or medical waste:*[ ]  Temporary storage for up to 7 days in work area located in [ ]  Securely taped/tied red bag is taken to the Biohazardous/Medical Waste collection area in **Student Health Services** for disposal off-site. |
| [x]  **Home-Generated Waste from Restrooms and Other Public Areas*** Tampons, used condoms, used tissues etc.
* Materials lightly smeared with blood/other body fluids
* Standard cleaning cloths, paper towels, mops, etc.
 | 1. Sturdy trash bag2. Double-bag if necessary.3. Avoid hand carrying heavy bags if possible. | [x]  Disposed of in municipal trash collection containers  Not considered medical or biohazardous waste at this time.  |
| [x]  **Liquid blood/body fluids** | Red medical waste container that can be tightly sealed. Biohazard word and symbol is required on all sides of the container. *For Science labs: Add a blue waste ID tag with date and generator information.* | [x]  Container is taken to the Biohazardous/Medical Waste collection area in **Student Health Services** |
| [ ]  **Human unfixed tissue** [ ]  **Blood, other bodily fluids, saturated materials**(Evidence) | Biohazard bag. If unavailable, use a container that can be tightly sealed, preferably red or clear. Biohazard word and symbol is required on the container – on each side and lid. | [ ]  Container is prepared according to standard police procedure. (See UPD SOPs)[ ]  Clean-up and disposal are handled per police procedure |
| [x]  **Tissue, clothes, sponges, towels saturated with liquid blood**(Cleaning Activities, Athletics, First Aid) | 1. Red biohazard bag2. Outer collection container must be* Sturdy, hard-sided, with tightly closeable lid
* have biohazard symbol and word on top and sides

3. The date the bag was first used must be written clearly on it. | [ ]  Temporary storage for up to 7 days in work area located in [x]  Container is taken to the Biohazardous/Medical Waste collection area in **Student Health Services** |

G. Post-Exposure Evaluation and Follow-up [§5193(f)(3)]: A post-exposure evaluation and follow up will be made for all employees who have had an exposure incident at no cost to you.

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| You must notify the Responsible Supervisor | **Shelley Cole** | as soon as a suspected exposure incident has occurred. |
|  | Should be the same person listed in #9 on page 1. |  |

The employee’s supervisor must contact Enterprise Risk Management, Manager of Worker’s Compensation and Loss Control at erm@sfsu.edu or by phone: Demond Blanton x8-1545 or his administrative assistant, Laura Lyons at x8-1540 as soon as possible so a post-exposure evaluation can be scheduled.

As detailed in the SFSU BBP, Hepatitis B vaccinations can be made available pre-exposure to those employees determined to be “at risk” and post-exposure following a medical evaluation. An employee has the right to decline the HBV vaccine. The employee is entitled to change his/her mind and opt for the vaccine by contacting EH&S at sfehs@sfsu.edu. The “Declination” form is available as Appendix A of the SFSU BBP.

Review additional information about medical evaluations and availability of the Hepatitis B vaccine in the SFSU BBP. If someone was “stuck” with a syringe needle or other sharp implement potentially contaminated or containing human blood or OPIM, the “Sharps Injury Log” in Appendix B of the SFSU BBP must be filled out and submitted to EH&S as soon as possible.

H. Information and Training [§5193(g)(2)]: Initial Bloodborne Pathogen training is offered through the SFSU on line learning management system or by Environment, Health & Safety (EH&S) through in-person classroom training. Once an employee with a risk of exposure to blood or OPIM is identified, the Supervisor must contact EH&S as soon as possible and BEFORE work with these materials begins.

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| **Training Topic** | **When Required** | **How/Who Does It** |
| Initial General BBP training Part 1 | Before starting work | Supervisor contacts EHSEHS arranges access to trainingUpon request, EHS can do in-person training for a group. |
| Initial Work-specific BBP training Part 2*(also required by Cal/OSHA)* | Before starting work | Supervisor reviews work-specific ECP with new employee.A copy of the completed training is sent to EHS. |
| BBP review training | Annually, usually in September  | EHS arranges access to training |
| Note: It is the Supervisor’s responsibility to ensure that all employees under his/her supervision complete the required training and follow the established SOPs. In addition, he/she must make sure that the employees understand the procedures, which may involve additional one-on-one training. |

Note: This work-specific Exposure Control Plan is intended to be a supplement to the SFSU Bloodborne Pathogen Program (BBP). For more details, please review the master BBP for the campus.