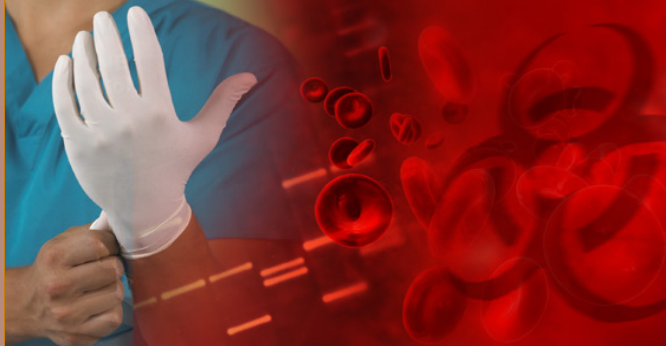




SAN FRANCISCO
STATE UNIVERSITY

Universal Precautions



Bloodborne Pathogens

SFSU program for minimizing the risk of exposure to potentially infectious human blood or body fluids.

San Francisco State University
Environment, Health, & Safety
Rev.1 January 2023



SAN FRANCISCO
STATE UNIVERSITY

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Table of Contents

| | |
|---|-----------|
| I. REGULATORY AUTHORITY | 1 |
| II. SCOPE | 1 |
| III. ADMINISTRATION | 1 |
| A. Evaluation and Review | 1 |
| IV. EXPOSURE DETERMINATION | 2 |
| A. Limits on potential exposures on campus-owned property | 2 |
| B. Category I Job Classifications: All employees have occupational exposure | 3 |
| C. Category II Job Classifications: Some employees have occupational exposure | 3 |
| D. Biohazard Use Authorization and SFSU Biosafety Program | 5 |
| E. Special SFSU Programs | 5 |
| F. Student Health Services | 5 |
| V. EXPOSURE CONTROL PLAN REQUIREMENTS..... | 6 |
| VI. BLOODBORNE PATHOGENS TRAINING..... | 6 |
| VII. MEDICAL SURVEILLANCE | 7 |
| A. Hepatitis B Vaccination | 7 |
| B. Post-exposure Reporting..... | 8 |
| C. Post-exposure Evaluation and Follow-up | 8 |
| D. Sharps Injury Log..... | 8 |
| VIII. SIGNS AND LABELS | 9 |
| IX. SCIENTIFIC RESEARCH OR ACADEMICS: ADDITIONAL DOCUMENTATION | 9 |
| X. MANAGEMENT CONTROLS..... | 10 |
| A. Training | 10 |
| B. Universal Precautions..... | 10 |
| XI. ENGINEERING CONTROLS | 10 |
| A. Biological Safety Cabinets | 10 |
| B. Engineered Sharps for Injury Protection | 11 |
| XII. WORK PRACTICE CONTROLS | 11 |
| A. Employee Personal Actions | 11 |
| B. Hand washing..... | 11 |
| C. Handling of Disposable Needles and Other Sharp Instruments | 11 |
| D. Handling of Reusable Sharp Instruments (e.g., lancets, scalpels, etc.)..... | 12 |
| E. Handling Specimens of Blood or OPIM..... | 12 |
| F. Handling and Discarding Contaminated Equipment | 12 |
| XIII. PERSONAL PROTECTIVE EQUIPMENT (PPE)..... | 12 |
| A. Removal of PPE | 13 |
| B. Gloves | 13 |
| C. Masks, Eye Protection, Face Shields and Respirators..... | 13 |
| D. Gowns, Aprons, and Other Protective Body Clothing..... | 13 |
| XIV. BIOHAZARDOUS/ MEDICAL WASTE DISPOSAL | 15 |
| A. Medical Waste/Human Blood or OPIM Waste | 15 |
| B. Additional Campus Documents | 16 |
| C. Additional Requirements for Handling Contaminated Sharps | 17 |
| D. Trauma Scene Waste | 17 |
| XV. CLEANING AND DECONTAMINATION OF THE WORK AREA | 18 |
| A. Public Areas on Campus..... | 18 |

| | |
|---|-----------|
| B. Research and Teaching Laboratories | 18 |
| C. Disinfectants and Sanitizers: Antimicrobial Pesticides | 18 |
| XIII.RECORDKEEPING | 19 |
| A. Medical Records..... | 19 |
| B. Exposure Incident | 19 |
| APPENDIX A—Program Review and Amendment Log..... | 21 |
| APPENDIX B—Hepatitis B Vaccine Declination/Acceptance—Prophylaxis | 23 |
| HBV Declination/Acceptance Form..... | 23 |
| APPENDIX C—Injury Reporting | 27 |
| Sharps Injury Log—Report | 27 |
| APPENDIX D—Work-Specific Exposure Control Plan | 31 |
| A. Purpose..... | 31 |
| B. Instructions for Researchers and Teaching Lab Coordinators..... | 31 |
| C. Instructions for Facilities, Custodial Services, and University Policy Department..... | 31 |
| D. Instructions for the Nursing Department and Off-site Programs | 31 |

I. REGULATORY AUTHORITY

The Bloodborne Pathogen Exposure Control Program has been developed to reduce the risk of occupational exposure to blood and other potentially infectious materials (OPIM) in accordance with the Cal/OSHA Bloodborne Pathogens Standard (Title 8, Code of California Regulations, Section 5193).

San Francisco State University (SFSU or University) is committed to conducting work activities in a manner that promotes the safety and health of faculty, staff, students, and visitors and to complying with all applicable occupational health and safety regulations.

This plan sets forth procedures, control measures, and equipment designed to minimize risk from exposure to the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other pathogens transmitted by contact with human blood.

II. SCOPE

This Bloodborne Pathogen Exposure Control Program (BBP Program) applies to all University employees who have potential occupational exposures with blood or potentially infectious materials during their normal job duties. See *Section IV, Exposure Determination*.

III. ADMINISTRATION

The SFSU Environment, Health, & Safety department (EH&S) is responsible for implementation of the BBP Program. Those employees who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in the ECP.

A. Evaluation and Review

EH&S will review and update the campus Bloodborne Pathogen Exposure Control Program manual at least annually and whenever necessary as follows:

- To reflect new or modified tasks and procedures which affect occupational exposure;
- To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- To document consideration and implementation of appropriate commercially available needleless systems, needle devices, and sharps with engineered sharps injury protection;
- To include new or revised employee positions with occupational exposure;
- To review exposure incidents that occurred since the previous update; and
- To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

Faculty and staff supervisors, including principal investigators, are responsible for making sure their work or group-specific Exposure Control Plans (ECPs) are updated and any changes are communicated to their employees promptly.

IV. EXPOSURE DETERMINATION

Each Faculty or Staff Supervisor must evaluate all employee job functions to determine which of their workers may be “at risk” of occupational exposure to blood or **Other Potentially Infectious Materials (OPIM*)**. OPIM includes clothing, vomit, and saliva with visible blood as well as unfixed human tissue.

(8 CCR §5193 (c)(3)(A) requires that the following lists be maintained as part of the ECP:

1. A list of all job classifications in which all employees in those classifications have occupational exposure (Category I),
2. A list of job classifications in which some employees have occupational exposure (Category II),
3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2 of this standard.

***Other Potentially Infectious Material (OPIM):** *Defined as (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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV: (A) Cell, tissue, or organ cultures from humans or experimental animals; (B) Blood, organs, or other tissues from experimental animals; or (C) Culture medium or other solutions.*

A. Limits on potential exposures on campus-owned property

At SFSU, outside of Student Health Services, the following prohibitions limit potential exposures to general personnel:

- ☛ Faculty, staff, and student employees are not permitted to clean up (non-lab generated) spills of blood or other bodily fluids in hallways, bathrooms or other public areas.

EXCEPTION

Only trained campus custodial staff and athletics trainers or outside licensed contractors are permitted to clean up spills of this nature.

- ☛ Highly infectious organisms, such as Biosafety Level 3 or 4, may not be brought onto SFSU property due to the lack of adequate facilities to handle this type of work.
- ☛ For teaching and research purposes, authorization by the SFSU Biosafety Committee is required to use Biosafety Level 2 organisms, unfixed human tissue, human blood or OPIM.
- ☛ Knowledgeable and trained lab personnel are responsible for cleaning up spills of human blood or OPIM, used or generated by research or academic laboratories, not custodial staff.
- ☛ University personnel are not required to clean up human blood or OPIM as part of major crime scenes or trauma scenes.
- ☛ No university personnel are required to provide first aid, medical aid or CPR as part of their job description or classification – except for the following specialized staff:
 - trained medical providers, such as EMTs and nurses
 - athletic trainers,
 - uniformed police officers.

B. Category I Job Classifications: All employees have occupational exposure

| | | |
|--------------------------|---------------------|-------------------------------|
| Physician | Athletics Trainers | Uniformed Police Officer |
| Registered Nurse | Physician Assistant | Custodian |
| Nurse Practitioner | Medical Assistant | Designated First Aid Provider |
| Nursing Students/Interns | Clinical Assistant | Plumber |
| | | Waste Management Laborer |

C. Category II Job Classifications: Some employees have occupational exposure

| Job Type or Title | Tasks and Procedures in These Jobs with Potential for Occupational Exposure |
|--|--|
| Academic Instruction | |
| Instructional Support Technicians Instructional Faculty, Lecturers Teaching Associates Graduate Teaching Assistants Student Assistants | <ol style="list-style-type: none"> 1. Human Blood, Body Fluids <ol style="list-style-type: none"> a) Handle human blood products such as whole blood, plasma, serum, platelets, or white cells b) Handle unfixed human tissue or organs. (Tissues and organs soaked in chemical preservatives such as alcohol or formaldehyde are “fixed”.) c) Work with HBV, HIV, HCV or other bloodborne pathogens or with preparations, such as liquid solutions or powders containing HBV or HIV. d) Handle blood, blood products, body fluids or unfixed tissues or organs of animals infected with the HBV, HCV, HIV or other bloodborne pathogenic viruses. e) Work with OPIM (Other Potentially Infectious Materials) 2. Sharp Objects <ol style="list-style-type: none"> a) Handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or other potentially infectious materials to include human organs, tissues or body fluids b) Handle filled sharps containers 3. Spills and First Aid <ol style="list-style-type: none"> a) Dispose of medical waste or soiled laundry (soaked with blood / OPIM, not dried) b) Clean up spills of human blood or OPIM |

| Research and Investigations | |
|--|---|
| Research Faculty Post-Doctoral Candidates Research Assistants Independent Researchers | <p>1. Human Blood, Body Fluids</p> <ul style="list-style-type: none"> a) Handle human blood products such as whole blood, plasma, serum, platelets, or white cells and OPIM b) Handle unfixed human tissue or organs. (Tissues and organs soaked in chemical preservatives such as alcohol or formaldehyde are “fixed”.) c) Work with HBV, HIV, HCV or other bloodborne pathogens or with preparations, such as liquid solutions or powders containing the HBV or HIV d) Handle blood, blood products, body fluids or unfixed tissues or organs of animals infected with the HBV, HCV, HIV or other bloodborne pathogens e) Work with OPIM (Other Potentially Infectious Materials) f) Work with people potentially infected with a disease communicable by contact with blood or OPIM. <p>2. Sharp Objects</p> <ul style="list-style-type: none"> a) Handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or other potentially infectious materials to include human organs, tissues or body fluids b) Handling filled sharps containers <p>3. Spills</p> <ul style="list-style-type: none"> a) Dispose of medical waste or soiled laundry (soaked with blood / OPIM, not dried) b) Clean up spills of human blood or OPIM |
| Facilities/Maintenance | |
| Equipment Technicians Equipment Maintenance Assistants | Doing maintenance, repair or cleaning on equipment contaminated with blood or OPIM, handle laundry soiled with blood or other OPIM. |
| Other Campus Services | |
| EH&S Staff | Assisting with emergencies and cleanup where contact with human blood or OPIM is possible. |
| HAZWOPER Trained Staff | Cleaning up spills with a human blood or OPIM component as part of a chemical spill scenario. COSE HAZWOPER team may clean up spills of blood or OPIM in laboratory environments if lab personnel are unable to do so. |

D. Biohazard Use Authorization and SFSU Biosafety Program

To identify those with research-related occupational exposure, all research proposals involving biological materials are subject to review by the Campus Biosafety Committee, via a document entitled, “Biohazard Use Authorization” or “BUA”. Academic courses that use human blood, unfixed human tissues, or OPIM must also go through the BUA application process. As part of the BUA review process, a risk assessment is conducted that specifically includes the risks for potential exposure to BBP in a laboratory.

The risk assessment and BUA approval process includes a review of currently available engineering controls and the selection and use of controls, as appropriate, to mitigate the risk of exposure to BBP. This determination is made without regard to the use of personal protective equipment (PPE). All employees with potential exposure to BBP must meet the same regulatory requirements regardless of job classification.

E. Special SFSU Programs

Certain programs at SFSU have requirements that may be more stringent than the general campus Bloodborne Pathogen Program.

1. Nursing Program

The Nursing Program requires all of its faculty and students to have BBP training and to complete the HBV series before working in a medical setting. Off-site work is under the control and Bloodborne Pathogen Program of that off-site facility. Contact 415.338.1802 for program details.

Note: Needlesticks and other exposure incidents must also be reported to SFSU Enterprise Risk Management at erm@sfsu.edu or by phone at 415.338.2565. This includes incidents that happened off-campus as part of an employee’s work assignment.

2. Clinical Laboratory Science Internship Program

The CLS Program requires all of its faculty and students to have BBP training and to complete the HBV series before being allowed into the program. Documentation of training and vaccination must be provided to EH&S.

F. Student Health Services

Student Health Services (SHS) is a medical facility that provides services to SFSU students. All of medical services providers are expected to have the required training and immunizations and maintain these records for at least three years. SHS must comply with requirements related to medical providers in addition to the provisions of this BBP Program.

V. EXPOSURE CONTROL PLAN REQUIREMENTS

The California Occupational Safety and Health Administration (Cal- OSHA) Bloodborne Pathogens Standard (8 CCR, Title 8, Section 5193) requires the following for employees with a potential exposure to BBP:

- Initial Bloodborne Pathogens Training (General and Work-specific)
- Annual Bloodborne Pathogens Training (On-line or in a classroom)
- Hepatitis B Immunization offered free of charge to the employee and documentation of vaccination or declination
- Implementation of engineering and work practice controls to reduce the risk of BBP exposure when possible
- When appropriate, PPE must be made available free of charge to the employee
- A Sharps Injury Log to document exposure incidents involving sharps

All employees with the potential for occupational exposure to BBP are required to read, understand and have the opportunity to comment on this plan. A review of the program is part of the initial and annual BBP training. A copy of the Bloodborne Pathogen Program Manual is available online through the EH&S website at <https://ehs.sfsu.edu>.

Each supervisor must ensure that a copy of the plan and specific ECP are accessible to employees. Employees may provide comments regarding the Exposure Control Plan to EH&S at 415.338.6892 or via email at sfehs@sfsu.edu or lvadura@sfsu.edu.

VI. BLOODBORNE PATHOGENS TRAINING

All employees with the potential for occupational exposure to BBP must participate in a training program provided at no cost to the employee and offered during working hours.

- At the time of initial assignment to tasks where occupational exposure may occur;
- At least annually thereafter
- Supervisors shall provide additional training when changes are made which may affect the employee's occupational exposure, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures, or institution of new tasks or procedures.
- Material appropriate in content and vocabulary to the educational, literacy, and language levels of employees shall be used.

The training must contain a comprehensive discussion of the Bloodborne Pathogens Standard that includes, but is not limited to, epidemiology, symptoms, and transmission of BBP, and the specific ECP. Additional discussion points include procedures for use and limitations of PPE, availability of the Hepatitis B vaccination, exposure emergency procedures, post-exposure follow-up procedures, communication of hazards, and an opportunity to ask questions.

Bloodborne Pathogens training is available to campus personnel via on-line or classroom training. Contact EH&S for help with accessing on-line training at sfehs@sfsu.edu, lvadura@sfsu.edu or visit the [EH&S website](#). Alternate methods must be approved by EH&S.

Initial work-specific BBP training is performed by the Supervisor or EH&S staff and is documented with signatures and a quiz. Online training is documented in the Learning Management System (CSU Learn LMS). Training records are kept for a minimum of three years.

VII. MEDICAL SURVEILLANCE

A. Hepatitis B Vaccination

The hepatitis B vaccine and vaccination series will be made available to all employees who may have occupational exposure.

Pre-exposure vaccine will be offered free of charge to employees after they have received training in BBP occupational exposure prevention and within **10 working days** of initial assignment, unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, the vaccine is contraindicated for medical reasons or satisfy the "exception" defined below. Participation in a prescreening program is not a prerequisite for hepatitis B vaccination.

- Employees who decline to take the vaccine will be required to sign a Cal/OSHA required waiver indicating their refusal (see [Appendix A](#)). However, employees who refuse the initial vaccine may change their decision and receive the vaccine at any time as long as they are still considered to be at risk.
- 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.

The Hepatitis B vaccine will be administered by the SFSU contracted occupational medicine provider, Student Health Services, or other approved medical provider.

The Enterprise Risk Management (ERM) department is the program administrator for Hepatitis B vaccinations and shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure follow-up, including prophylaxis are:

- 1) Made available at no cost to the employees;
- 2) Made available to the employee at a reasonable time and place;
- 3) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional; and
- 4) Provided according to the recommendations of the U.S. Public Health Service

The Environment, Health, & Safety (EH&S) department oversees compliance with the Cal/OSHA Bloodborne Pathogen Exposure Standard vaccination requirements.

*Exception:

First aid providers are not required to be offered pre-exposure hepatitis B vaccine if:

- 1) The primary job assignment is not the rendering of first aid;
- 2) Any first aid rendered is only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at a location where the incident occurred; and
- 3) This exception does not apply to designated first aid providers who render assistance on a regular basis. *Examples:* Emergency or public safety personnel who are expected to render first aid in the course of their work or first aid station workers.

B. Post-exposure Reporting

Any exposure incident must be reported immediately to the supervisor, ERM and to EH&S. EH&S staff will investigate the circumstances of the exposure incident. The goal of the investigation is to identify and correct any problems in order to prevent recurrence of similar incidents.

Anyone who is a SFSU employee working at the Romberg Tiburon Center (RTC) or any other affiliated field station who experiences a needle stick or exposure to BBP is instructed to call the Campus ERM/EH&S department at 415.338.2565 to report the incident as soon as possible.

- All first aid incidents involving the presence of blood or OPIM should be reported to the supervisor as soon as possible before the end of work shift during which the first aid incident occurred. Use the Incident Report form found at <http://www.erm.sfsu.edu/>.
- The report must include the names of all first aid providers who assisted, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.
 - (a) The description must also include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident occurred.
 - (b) This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident.

C. Post-exposure Evaluation and Follow-up

Following a report of an exposure incident, EH&S or the medical provider will make available to the exposed employee a confidential medical evaluation and follow-up, to include the following elements:

- Post-exposure treatment when medically indicated by current recommendations of the U.S. Public Health Service.
- Counseling and evaluation of reported illnesses.
- Employees exposed to human blood or OPIM will be provided serologic testing, post-exposure prophylaxis as appropriate, and counseling.
- Post-exposure follow-up is available to all employees who have had an exposure incident. The post-exposure follow-up is maintained in confidential medical records separate from personnel records.

The full hepatitis B vaccination series will be made available as soon as possible, but not later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident has occurred.

D. Sharps Injury Log

- Employees calling to report an exposure will be asked for certain information, including the type and brand of sharp used, if any, in order for the Occupational Health provider to record the information in the Sharps Injury Log. See [Appendix B](#).
- The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The Sharps Injury Log shall be maintained for five years from the date the exposure incident occurred.

VIII. SIGNS AND LABELS

Warning labels, including the international biohazard symbol, must be affixed to containers of biohazardous materials and medical wastes, refrigerators, and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.

Lab or medical facility: Biohazard warning signs must be posted on the entrance of any restricted areas where certain biohazardous materials are used. The hazard warning sign must include the biohazard symbol, name of the agent(s) if applicable, special entry requirements and 24-hour contact information for two responsible individuals, one of whom should be the Principal Investigator (PI) or physician.



IX. SCIENTIFIC RESEARCH OR ACADEMICS: ADDITIONAL DOCUMENTATION

This section primarily involves research or academic activities associated with the College of Science & Engineering. However, other research programs, such as in the department of Kinesiology, that work with human blood, unfixed human tissue, or organisms (bacteria, spores, viruses, prions) that are pathogenic to humans are also subject to this section.

For research or classes involving human blood, OPIM, etc., detailed information regarding laboratory-specific biohazard issues must be provided to the Campus Biosafety Committee. The documents below are completed by the Principal Investigator or Teaching Lab Coordinator as the means for providing a description of the hazards and the methods in place to minimize the risk of contact with bloodborne pathogens or infectious materials.

1. Approved Biohazard Use Authorization
2. Work-specific BBP Lab-specific Exposure Control Plan

X. MANAGEMENT CONTROLS

A. Training

Safe work practices are discussed during employee's initial training and reviewed annually during refresher training.

B. Universal Precautions

The most effective way to prevent infection with bloodborne pathogens is to minimize the possibility of contact with contaminated materials. As mandated by the BBP Standard, Universal Precautions shall be practiced at all times to prevent contact with blood or OPIM by those persons designated to be "at-risk".

1. Universal Precautions apply to the handling of the following human materials:
 - a) Blood;
 - b) Tissues and organs (prior to fixation) body fluids containing visible blood;
 - c) OPIM fluids regardless of visible blood contamination, e.g., *semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, saliva in dental procedures*
2. Unless they contain visible blood, the following body substances are unlikely to contain bloodborne human pathogens: » *Feces* » *Nasal secretions* » *Sputum* » *Sweat* » *Tears* » *Urine* » *Vomit* » *Saliva* » *Breast Milk*

XI. ENGINEERING CONTROLS

Engineering controls, used to reduce or eliminate potential exposures, shall be inspected by supervisors on a regular basis. Engineering controls will be replaced / modified as necessary to maintain safe working conditions.

Engineering controls include but are not limited to:

- Self-sheathing needles;
- Biological safety cabinets (Class II);
- Splashguards;
- Sharps disposal containers;
- Mechanical pipetting devices;
- Contained centrifuge enclosures; and
- Screw top centrifuge bottles or tubes.

A. Biological Safety Cabinets

Biological safety cabinets (Class II) used to prevent harmful exposure from biohazard agents or biohazardous materials must be certified when installed, annually, and whenever they are moved or undergo major servicing (HEPA filter replacement, motor repairs, etc.)

- Records of tests performed must be retained for at least 5 years.
- EH&S coordinates service with a contractor and maintains the certifications.

B. Engineered Sharps for Injury Protection

Engineered sharps for injury protection must be used for withdrawal of body fluids or any other procedure involving the potential for an exposure incident for which such a needle device is available. Evaluate your use of syringes and needles and verify that you cannot use these types of sharps or needleless syringes because they either don't work for your procedure or what you would need is unavailable for purchase.

XII. WORK PRACTICE CONTROLS

Work practice controls are meant to reduce the likelihood of exposure through alteration of the manner in which a task is performed. Therefore, supervisors will be responsible for documenting and instituting work practices or laboratory procedures that will minimize potential exposure and will be responsible also for evaluating these on a regular basis to ensure their effectiveness. Appropriate work practices will be reviewed with each employee, and the employee will be expected to follow the designated work practice controls.

All procedures involving blood or OPIM shall be performed in a manner that minimizes splashing, spraying, spattering, and generation of droplets of these substances.

A. Employee Personal Actions

- a) 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;
- b) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present;
- d) Mouth pipetting / suctioning of blood or OPIM is prohibited.

B. Hand washing

- a) Hand washing facilities must be readily accessible to employees
- b) When provision of hand washing facilities is not feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth / paper towels or antiseptic towelettes must be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as possible.
- c) Employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment
- d) Employees shall wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM

C. Handling of Disposable Needles and Other Sharp Instruments

- a) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited
- b) If the supervisor can demonstrate that no alternative is feasible or that such action is required by a specific research procedure, then bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Campus Biosafety Committee approval is required for science teaching or research labs.

D. Handling of Reusable Sharp Instruments (e.g., lancets, scalpels, etc.)

Reusable sharps are not permitted without prior approval from the Campus Biosafety Committee. If approval is granted, the following requirements will apply.

- a) Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed. These containers shall be puncture resistant, properly labeled "Biohazard", leak proof on the sides and bottom
- b) Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed

E. Handling Specimens of Blood or OPIM

Specimens of blood or OPIM shall be placed in a properly labeled, closed container that prevents leakage during collection, handling, processing, storage, transport or shipping. If the specimen could puncture the primary container, the primary container shall be placed within a properly labeled, leak proof, puncture-resistant secondary container.

F. Handling and Discarding Contaminated Equipment

- a) Equipment contaminated with blood or OPIM shall be decontaminated as necessary before servicing or shipping unless decontamination of the equipment or portions of it is not feasible
- b) A readily observable label shall be attached to the equipment stating which portions remain contaminated
- c) This information shall be conveyed to all affected employees, servicing representative and/or manufacturer, as appropriate, prior to handling, servicing or shipping so that appropriate precautions will be taken
- d) Written confirmation of contamination will be maintained on file for at least 5 years in the department or college office.

XIII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where the potential for occupational exposure to BBP remains after implementation of engineering and work practice controls, the supervisor shall provide, at no cost to the employee, appropriate PPE. PPE will be considered "appropriate" only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, skin, eyes, mouth or mucous membranes under normal conditions of use, and for the duration of time in which the PPE will be used. The supervisor shall ensure the following practices:

- The employee uses appropriate PPE
- Appropriate PPE in the correct sizes is readily accessible at the worksite or is issued to employees beforehand. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- PPE is cleaned, laundered, and disposed of at no cost to the employee.
- PPE is repaired or replaced as needed to maintain its effectiveness, at no cost to the employee.

A. Removal of PPE

- If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
- All PPE shall be removed prior to leaving the work areas where unfixed human tissues, human blood or OPIM are handled.
- When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

B. Gloves

- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, or non-intact skin, and when handling contaminated items or surfaces.
- Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn or punctured, or when their ability to function as a barrier is compromised.
- Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- Utility type gloves may be decontaminated for re-use if the integrity of the glove is not compromised. The gloves must be discarded, however, if they are cracked, peeling, torn, or punctured.

C. Masks, Eye Protection, Face Shields and Respirators

Masks, in combination with eye protection devices, such as goggles or glasses with wraparound side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. (This protective equipment is usually recommended in medical or injury environments where blood spatter is a concern.)

For medical or first aid personnel, surgical masks designed for use with blood and bodily fluids may be used in accordance with current acceptable medical practices for this purpose.

Note that NIOSH N95 dust masks ARE NOT air-purifying respirators. They are designed to filter out particulates and aerosols only, including aerosolized blood droplets. Contact the EH&S Dept for details concerning the policy for using dust masks (filtering facepiece respirators) for exposure to human blood or OPIM.

If air purifying respirators are deemed necessary, contact the EH&S Dept to ensure compliance with the SFSU Respiratory Protection Program at sfehs@sfsu.edu.

D. Gowns, Aprons, and Other Protective Body Clothing

Appropriate protective clothing including, but not limited to, gowns, aprons, lab coats, work uniforms, or similar outer garments shall be worn in occupational exposure situations.

XIV. BIOHAZARDOUS/ MEDICAL WASTE DISPOSAL

The information below describes the general procedures for handling waste contaminated with human blood or OPIM. Medical waste storage and disposal procedures must comply with the California Medical Waste Management Act (MWMA) found in the Health and Safety Code: CA HSC Section 117600 – 118360 and with Cal/OSHA’s Bloodborne Pathogen standard.

Sharps containers, biohazard bags, and biohazardous/ medical waste containers must meet the requirements described in the current version of the MWMA.

Properly dispose of contaminated waste as described below and full sharps containers promptly.

A. Medical Waste/Human Blood or OPIM Waste

The term, “Medical Waste” includes biohazardous, pathology and sharps waste, not regulated by the federal Resource Conservation and Recovery Act of 1976 (RCRA), as amended. Some of the sources specified in the MWMA definition of “medical waste”, section 117690 are listed below:

- Waste generated in the care of humans and animals in a health care setting
- Waste generated from the cleanup of trauma scenes
- Waste generated in research using human or animal pathogens
- Waste generated from the consolidation of home-generated sharps
- Sharps waste, including hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, and broken glass items used in health care.

Tampons, tissues, and other OPIM in public areas, such as restrooms, hallways and housing units, are not considered “medical” waste.

1. Medical Facility and Laboratory Waste

- Collect “Sharps” waste in commercially purchased sharps containers indicated as approved by the US FDA as required in CA HSC Section 117750.
- Collect other contaminated waste in hard-sided containers lined with a red biohazard bag.
All sides and lid must have the international biohazard symbol, the words “biohazard” or “biohazardous waste”, be hard-sided and have a tightly closeable lid. Biohazard bags must meet the requirements in CA HSC Section 117630.
- Waste is picked up by a licensed contractor weekly from designated storage areas in the Student Health Services, Hensill Hall, and Science buildings.

2. Waste from Restrooms, Athletics and Other Public Areas

- a. Collect “Sharps” waste in commercially purchased sharps containers meeting approved by the US FDA as required in CA HSC Section 117750.
- b. Collect contaminated materials in an opaque heavy-duty trash bag, seal or tie it shut, and dispose of in an outdoor municipal trash bin.
- c. Place heavily blood-soaked clothing, towels, etc. in a red biohazard bag, taped or tied shut, and take to Student Health Services for disposal.

3. Waste Resulting from Police Activities

This is a special case where contaminated materials may be evidence. University Police protocols will be followed.

- a. Remaining contaminated materials may be collected in an opaque heavy-duty trash bag, sealed shut, and disposed of in an outdoor municipal trash bin.
- b. Heavily blood-soaked clothing, towels, etc. should be placed in a red biohazard bag, sealed shut, and taken to Student Health Services for disposal.
- c. Collect needles and syringes “Sharps” waste in commercially purchased sharps containers.
- d. Major trauma scene waste and clean up must be handled by an outside contractor.

Hire a registered Trauma Scene Waste Management Practitioner to clean up and collect contaminated materials from crime and trauma scenes where there is a lot of blood —more than is reasonable for Custodial Services to handle.

4. Storage in Designated Biohazardous/Medical Waste Areas

To ensure the safety of medical waste handlers, the person responsible for the waste room must check the following prior to pick-up by the EH&S approved contractor:

- a. The collection container must be closed.
- b. The container must be constructed to contain all contents and is not leaking.
- c. The container is not over-filled. The red biohazard bag liner must be able to tie or be taped securely closed.
- d. All bins, pails, and cans intended for reuse, *which have reasonable likelihood for becoming contaminated with blood or OPIM*, shall be inspected and decontaminated immediately, or as soon as feasible, upon seeing evidence of visible contamination

Supervisors must review the specific procedures in their ECP for contaminated waste collection and disposal for their group, which includes the general procedures above.

B. Additional Campus Documents

This BBP Program Manual describes the general requirements for handling and storing waste contaminated with human blood and OPIM to protect the health and safety of employees. Other campus documents provide additional information and procedures for contaminated waste:

- **SFSU Medical Waste Management Plan**
Describes how the campus will comply with California’s Medical Waste Management Act.
- **SFSU Biosafety Program Manual**
Provides detailed procedures for the storage, treatment, and disposal of the different types of biological wastes generated in science research and academic laboratories.
- **Work-specific Exposure Control Plan**
Provides detailed procedures for handling waste contaminated with human blood, unfixed human tissues and OPIM for a specific group, department, or laboratory that meets the requirements of the campus BBP Program manual.

C. Additional Requirements for Handling Contaminated Sharps

1. Requirements for Handling Contaminated Sharps

Immediately after use, contaminated sharps shall be placed in sharps containers. Sharps containers shall be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
- Replaced as necessary to avoid overfilling (the fill line or $\frac{3}{4}$ full is considered the point at which a container is full)
- Rigid and puncture resistant
- Leak proof on the sides and bottom
- Portable, if portability is necessary to ensure easy access by the user
- Labeled with the International Biohazard Symbol and word "biohazard"



2. Disposal of Sharps Containers

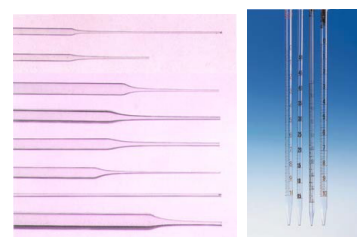
When ready for disposal, the sharps container shall be:

- Closed and secured immediately upon reaching the $\frac{3}{4}$ full line to prevent protrusion or leakage of contents during handling, storage, transport, or shipping
- Placed in a secondary container prior to pick-up by the contractor
- Disposed of within 30-days of becoming full.

3. Pipette Disposal

Glass pipettes may puncture biohazard bags and should be disposed of similarly to sharps.

- Pipettes must be placed in a pipette disposal pouch or box (shown below) prior to placement in a biohazard bag for disposal.
- Plastic pipettes or pipette tips may be placed directly in a bag if the length or configuration will not puncture the bag.
- Otherwise pipettes must be disposed in a rigid container, such as a sharps container.



D. Trauma Scene Waste

California's Trauma Scene Waste Management Act is included as Chapter 9.5 of the MWMA and regulates "...the handling and treatment of waste that, but for contamination with large quantities of human blood or body fluids as a result of death, serious injury, or illness, would otherwise be solid (*municipal*) waste". Contractors must be registered with the CA Department of Public Health as [Trauma Scene Waste Management Practitioners](#).

XV. CLEANING AND DECONTAMINATION OF THE WORK AREA

Decontamination of surfaces where human blood or OPIM was spilled is essential to preventing the spread of potentially infectious materials. Allow the disinfectant enough time to work as specified by the manufacturer or CDC recommendations for bleach solutions.

A. Public Areas on Campus

Spills and contamination in public areas must be cleaned and disinfected as soon as possible by trained Custodial Services staff.

- Put on gloves and protective eyewear
- Blot spilled body fluids with paper towels to remove as much liquid as possible
- Use pre-approved disinfectant cleaner and allow to sit for the time recommended by the manufacturer.
 - If using a fresh 10% bleach solution, let sit for at least 20 minutes.
 - Follow up with a water rinse if concerned about residue left by bleach
- Wipe down and dispose of cleaning materials and gloves into a sturdy dark plastic bag

B. Research and Teaching Laboratories

Laboratory work areas must be maintained in a clean and sanitary condition. All equipment, the environment, and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than the end of the shift.

Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

- Surfaces become visibly contaminated
- There is a spill of blood or OPIM
- Procedures are completed

70% ethanol, 10% bleach, or other approved disinfectant solution or product may be used to wipe down surfaces in teaching and research laboratories and allowed to sit for the recommended time.

Remove or replace protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, as soon as feasible when they become visibly contaminated, or at the end of the work shift if they may have become contaminated during the shift.

C. Disinfectants and Sanitizers: Antimicrobial Pesticides

Effective disinfectants and sanitizers are regulated as “antimicrobial pesticides” by the [US EPA](#).

An antimicrobial pesticide is intended to disinfect, sanitize, reduce, or mitigate growth or development of microbiological organisms or protect inanimate objects, industrial processes or systems, surfaces, water, or other chemical substances from contamination, fouling, or deterioration caused by bacteria, viruses, fungi, protozoa, algae, or slime.

Under the BBP Program, “approved” disinfectants must be registered with the US EPA, have appropriate documentation available, and include the registration number on the label.

XIII. RECORDKEEPING

The Environment, Health, & Safety department is responsible for the occupational medical and exposure incident records as described in this BBP Program Manual.

A. Medical Records

California regulations require employers, such as SFSU, to establish and maintain an accurate record for each employee with occupational exposure. This record shall include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures
- The employer's copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional

Records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by law. Records are maintained for at least the duration of employment plus 30 years.

B. Exposure Incident

Following a report of an exposure incident, SFSU shall make immediately available to the exposed employee a confidential medical evaluation and follow-up through their approved occupational medicine provider. This medical evaluation and follow-up will include at least the following elements:

- Document the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- Test the source individual's blood as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
- Make available the results of the source individual's testing to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

SFSU or approved occupational medical services provider shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status; the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. 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.

Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

The following consent forms are required after reporting an incident involving a potentially exposed employee. These forms are provided by the medical services provider during the follow-up evaluation:

1. Informed Consent for Blood Testing of Source Person Following Staff Exposure to Bodily Fluids
2. Employee Consent to Perform HIV (AIDS Virus) Antibody Test
3. Post-Exposure Evaluation and Follow-up Form

Student Health Service

The SFSU Student Health Service maintains written SHS Protocols for handling occupational blood exposures in their facility. It is titled *Workplace Safety - Exposure - to Blood and Other Potentially Infectious Materials (OPIM)*.

SHS staff who have been exposed to OPIM on the job are initially examined at SHS (as well as the source if identified, willing, and present) and then referred immediately to campus contracted worker compensation provider (currently Kaiser On the Job).

APPENDIX A—Program Review and Amendment Log

| Date | Amendments | Pages/Sections | Initials |
|------------|---|--|----------|
| 11/08/2018 | Added section on handling waste resulting from crimes and police activities. | Section XV Cleaning and Decontamination of Exposure Area | LEV |
| 07/29/2019 | Transferred Waste Management laborers from some employees have exposure to all in Category I. Added Appendix D | Section IV Exposure Determination Appendix D | LEV |
| 06/30/2021 | Added information about CSU Learn for online training. Changed “EHS Biosafety Program Coordinator” to “EHS staff” as an alternate trainer to the Supervisor | Page 6 | LEV |
| 09/12/2022 | Moved Program Review and Amendment Log to Appendix A from Appendix D. The other appendices were moved down. No other changes to the program were made. | Appendix A | LEV |
| 01/31/2023 | Deleted “Radiology Technician” from Category I employee group. Campus no longer has this position. | Section IV, Page 3, subsection B. | LEV |
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APPENDIX B—Hepatitis B Vaccine Declination/Acceptance—Prophylaxis

HBV Declination/Acceptance Form

**San Francisco State University
Environment, Health & Safety**

Hepatitis B Vaccination Declination / Acceptance Form

Please complete the appropriate section below, maintain a copy for your records and send a copy to campus EH&S at sfehs@sfsu.edu. This will initiate a request for vaccination or document declination of the Hepatitis B vaccine.

In accordance with the Cal/OSHA Bloodborne Pathogen Standard, San Francisco State University (SFSU) will make available the Hepatitis B vaccine and vaccination series to all employees who have **occupational exposure** to blood and other potentially infectious materials. SFSU will provide the vaccination series at **no charge** to the employee. All employees who qualify for vaccination have the option to accept or decline.

Print Name _____
Department _____ SFSU ID _____
Job Title _____
Office Location _____ Office Phone _____
Cell Phone _____ Email _____

I am already immunized. Date final immunization dose received _____

If you have not already been vaccinated, please choose an option below.

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or OPIM 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Hepatitis B Vaccine Acceptance

I would like to receive the hepatitis B vaccine. Please contact me to schedule.

The risk of associated with receiving or not receiving the vaccination has been explained to me.

CHECK ONE: _____ I ACCEPT Hepatitis B vaccination; OR
_____ I DECLINE Hepatitis B vaccination

Employee's Signature _____ Date _____

Employers shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the declination statement as required by subsection (f)(2)(D) of 8 CCR 5193. Rev. 01/18

APPENDIX C—Injury Reporting

Sharps Injury Log—Report



San Francisco State University
 Bloodborne Pathogen Program

Rev. Nov. 21, 2017

SHARPS INJURY LOG—REPORT

Please complete a log report for each employee exposure incident involving a *sharp* within 14 days of the date the incident is reported.

- Complete this form in addition to the SFSU Incident Reporting Form for injuries related to occupational exposures.
- Check the box that corresponds to the most appropriate answer. Type or print clearly.

| | | |
|-----------------|----------------------|----------------|
| Department | Phone | Date Completed |
| Supervisor Name | Supervisor Signature | Date Signed |

| | | |
|---|---|----------------------------|
| A. Date of Exposure Incident (Month-Day-Year) ____/____/____ | Time of Injury _____ am pm | Report written by _____ |
| B. Identify the sharp involved (if known) Type _____ Brand _____ Model _____ e.g. 18g needle/ABC Medical, "no stick" syringe | Description of the exposure incident involving sharps: _____ | |

| | |
|---|---|
| <p>1. Job Classification of Exposed Employee (Check all that apply)</p> <input type="checkbox"/> Custodian <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> Grounds Worker <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> Police Officer <input type="checkbox"/> Phlebotomist/Med Tech <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Gym Staff <input type="checkbox"/> Nursing Student/Intern <input type="checkbox"/> Plumber <input type="checkbox"/> Instructor/Teaching Assistant <input type="checkbox"/> Food Service Worker <input type="checkbox"/> Instructional Support Technician <input type="checkbox"/> Waste Management Staff <input type="checkbox"/> EH&S Staff <input type="checkbox"/> Equipment Tech/Assistant <input type="checkbox"/> HAZWOPER Trained Staff <input type="checkbox"/> Researcher/Lab Technician <input type="checkbox"/> Housing Staff <input type="checkbox"/> Animal Care Worker <input type="checkbox"/> Other | <p>2. Location/Work Area Where Exposure Occurred (Check all that apply)</p> <input type="checkbox"/> Athletic Field/Gym <input type="checkbox"/> Student Health Exam Room <input type="checkbox"/> Recreation/Fitness Center <input type="checkbox"/> Student Health Procedure Room <input type="checkbox"/> Laboratory Classroom <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Animal Facility <input type="checkbox"/> Parking Lot <input type="checkbox"/> Research Laboratory <input type="checkbox"/> Off-campus – field work <input type="checkbox"/> Service/Mechanical Room <input type="checkbox"/> Main campus quad/grounds <input type="checkbox"/> Residential Site/Housing <input type="checkbox"/> Cafeteria/Food Preparation Area <input type="checkbox"/> Machine Shop <input type="checkbox"/> Other <input type="checkbox"/> Loading Dock <input type="checkbox"/> Bathroom <input type="checkbox"/> Storage space/closet |
| <p>3. Procedure Being Performed at Time of Incident (Check all that apply.)</p> <input type="checkbox"/> Cutting/slicing <input type="checkbox"/> Providing first aid/CPR <input type="checkbox"/> Handling medical waste <input type="checkbox"/> Suturing <input type="checkbox"/> Handling sharps waste <input type="checkbox"/> Injection through skin <input type="checkbox"/> Handling trash/garbage <input type="checkbox"/> Start IV/ set up heparin lock <input type="checkbox"/> Fixing pipes/drainage <input type="checkbox"/> Heparin/saline wash <input type="checkbox"/> Maintaining equipment <input type="checkbox"/> Draw venous blood <input type="checkbox"/> Gardening/grounds maintenance <input type="checkbox"/> Draw arterial blood <input type="checkbox"/> Washing dishes/glassware <input type="checkbox"/> Handling laundry <input type="checkbox"/> Research procedure (explain) <input type="checkbox"/> Other (explain) _____ _____ | <p>4. How Exposure Incident Occurred (Check all that apply)</p> <input type="checkbox"/> While using the sharp <input type="checkbox"/> After use and before disposal of sharp <input type="checkbox"/> While putting sharp into the disposal container <input type="checkbox"/> Between steps of a multi-step procedure <input type="checkbox"/> Disassembling equipment/pipes, etc. <input type="checkbox"/> Sharp left in an inappropriate place (bench top, table, trash, sink, etc.) <input type="checkbox"/> During a search with sharp hidden in bushes, clothing, baggage, etc. <input type="checkbox"/> Other _____ |
| <p>5. Body Part Involved (Check all that apply) Did employee get medical attention?</p> <input type="checkbox"/> Finger <input type="checkbox"/> Torso <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hand <input type="checkbox"/> Leg If yes, was it First Aid Only? <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Face/Head <input type="checkbox"/> Toe <input type="checkbox"/> Other | <p>6. Did the device being used have engineered sharp injury protection?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <p>Was the protective mechanism activated when it happened?</p> <input type="checkbox"/> Yes, fully <input type="checkbox"/> Yes, partially <input type="checkbox"/> No <p>When did the exposure incident occur? (Check one)</p> <input type="checkbox"/> Before Activation <input type="checkbox"/> During Activation <input type="checkbox"/> After Activation |

7. **Exposed Employee Opinion**
 If the sharp had *no engineered sharps* injury protection, do you have an opinion that such a mechanism could have prevented the injury?
 Yes No
 Explain _____

8. **Exposed Employee Opinion**
 Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury?
 Yes No
 Explain _____

9. Employee interview summary/comments

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APPENDIX D—Work-Specific Exposure Control Plan

A. Purpose

This information in this site-specific section is to supplement the SFSU Bloodborne Pathogen program to cover a specific operation that falls under the provisions of the Bloodborne Pathogen Prevention Standard. Completion of a work-specific Exposure Control Plan (ECP) ([Appendix B](#)) is required for research, teaching, and other work involving bloodborne pathogens. Departments and work groups may use the template best suited to their operations.

- (General) Work-specific template for completing an ECP
- (Research) Lab-specific template for completing an ECP
- (Clinical) Available from Student Health Services

B. Instructions for Researchers and Teaching Lab Coordinators

Principal Investigators and Staff Supervisors who have the authority for operations (that are under the BBP) also have the responsibility to evaluate their operations to make sure that the policies, procedures, and work practices detailed in the Biosafety Program Manual, the Bloodborne Pathogen Program Manual Exposure Control Plan are implemented and followed.

- Submit a Biohazard Use Authorization application for operations that involve Biosafety Level 2 organisms, rDNA, human blood or blood products, unfixed human tissue, and any other OPIM.
- Review the SFSU BBP ECP carefully before doing your exposure determination and completing the template.
- If any of the work in the lab operation is listed under [Section II Exposure Determination](#) in this ECP, you must complete this work-specific Exposure Control Plan (ECP).
- For laboratories, this work-specific ECP must be filed with the Lab-specific Health & Safety Plan (required by the SFSU Chemical Hygiene & Safety Plan).
- This ECP must be reviewed with all new lab workers and annually thereafter.
- Submit the complete Work-specific ECP to the EH&S at sfehs@sfsu.edu, or send to the campus biosafety program coordinator, Linda Vadura, c/o the COSE Dean's office in Thornton Hall 323, or via email at lvadura@sfsu.edu.

C. Instructions for Facilities, Custodial Services, and University Policy Department

Managers and lead supervisors who are responsible for staff and work operations must develop and approve a work specific Exposure Control Plan. They may fill in the (General) Work-specific template available from campus EH&S as a means of completing this requirement. The Exposure Control Plan must be signed by the manager or supervisor in charge of the group or trade(s) covered by the Plan.

D. Instructions for the Nursing Department and Off-site Programs

Where work involving potential exposure to bloodborne pathogens is performed off-site, such as hospitals or clinics, under the direction and Exposure Control Plan of that other facility, an SFSU Exposure Control Plan is not required.

