



Bloodborne Pathogens

Work-specific Exposure Control Plan

To comply with the SFSU Bloodborne Pathogen Program (BBP), each administrative unit or work group must develop an Exposure Control Plan (ECP) to describe how exposure to bloodborne pathogens will be controlled. The provisions of this ECP comply with 8 CCR Title 8 §5193, Cal/OSHA Bloodborne Pathogen Standard and will be used in conjunction with the SFSU Bloodborne Pathogen Program Manual.

1. Prepared by	Emmanuel Vallero	2. Date Completed	11/08/2022
3. Phone number	415.338.2222	4. Email	evallero@sfsu.edu
5. Department	University Police Department	6. Location	UPD
7. Group Supervisor	Chief Reginald Parson	8. Group	Sworn Police Officers
9. Person responsible for ECP for this operation (reviewing, implementing, and making it available to employees)		10. ECP Location	Plan posted at UPD Dispatch Center
Print Name	Title	Signature	
Emmanuel Vallero	Lieutenant		

Brief description of project or work being done

Sworn police officers come into contact with campus faculty, staff, students, visitors and the general public who may harbor an infectious disease spread through blood or body fluids. As part of their duties, they provide first aid treatment, investigate crimes where human blood, body fluids, or contaminated sharps are present, have altercations with potentially infectious suspects, and have physical contact with members of the public or their body fluids.

I. PURPOSE: This plan 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 Cal/OSHA Bloodborne Pathogens Standard (8CCR§5193) and the SFSU Injury and Illness Prevention Program (IIPP).

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

HIV: Human Immunodeficiency Virus (known to cause AIDS)

HBV: Hepatitis B Virus **HCV:** Hepatitis C Virus

OPIM: Other Potentially Infectious Materials. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV- or hepatitis B virus (HBV)-or-hepatitis C virus (HCV)-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV, HBV, or HCV

Universal Precautions [§5193(d)(1) and (b)]: 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, HCV or other bloodborne pathogens.

Blood: Human blood, human blood components and products made from human blood

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 vomit; and all body fluids in situations where it is difficult or



Bloodborne Pathogens
Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

impossible to differentiate between body fluids

B. Department or Work Group Responsibilities

Name of Person or Department	Responsibility
Emmanuel Vallero	is responsible for making sure a copy of this Exposure Control Plan is available to UPD employees and inspectors; training of all covered employees is completed and documented; all post-exposure procedures are completed as specified in the campus BBP Program.
On Duty Sergeant	Will provide and maintain all of the necessary personal protective equipment, sharps containers, labels, and red bags as needed.
N/A- No contract employees	is responsible for providing the necessary site-specific training for contract employees.
Contractors and contract employees	are responsible for complying with this ECP.

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.

12. Job titles in this organization/group with potential occupational exposure (See main BBP for the job titles that are part of the program.)		
Sworn police officers		
13a. Procedures/Jobs with potential exposure	13b. Personal Protective Equipment (PPE) required for each Job (minimum)	
Altercation with a member of the public <ul style="list-style-type: none"> • Breaking up fights • Placing a suspect into custody 	None for BBP protection. This is generally not a planned activity.	PPE will be worn as required by established police procedures.
Securing crime or trauma scenes with significant amount of liquid blood	<input checked="" type="checkbox"/> Nitrile disposable gloves	
Providing initial first aid or evaluation	<input checked="" type="checkbox"/> Nitrile disposable gloves	If situation indicates a potential splash hazard, follow procedures covered in first aid training. Wear eye protection and/or droplet protection (mask) if needed.
Providing hands on medical attention or first aid	<input checked="" type="checkbox"/> Nitrile disposable gloves <input checked="" type="checkbox"/> Safety glasses	Wear other PPE such as face masks or faceshield as needed following instructions covered in first aid training.



Bloodborne Pathogens

Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

Encountering sharps	<input checked="" type="checkbox"/> Nitrile disposable gloves	<input checked="" type="checkbox"/> Leather gloves around broken glass Use tongs, brush, or scraper to pick up exposed needles or razor blades
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Bloodborne Pathogens

Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

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.

14. Engineering Controls		Specify when each is to be used
<input checked="" type="checkbox"/> Sharps container	Use for syringe needles, razor blades, etc. disposal	
<input checked="" type="checkbox"/> Tongs or forceps to handle broken glass	Use when picking up sharps	
<input checked="" type="checkbox"/> Tongs, scraper to handle used syringes, etc.	Use when scraping or sweeping up sharps	
<input checked="" type="checkbox"/> Heavy-duty plastic collection bag or box	When packaging up bloody clothes or materials as evidence	
<input checked="" type="checkbox"/> Other <u>Small sharps collection envelope in police cars</u>	For collecting sharps evidence	
<input type="checkbox"/> Other		
15a. Sharps containers are inspected, maintained, and replaced		
<input checked="" type="checkbox"/> Whenever necessary to prevent over-filling (full = $\geq 3/4$ full)		
<input checked="" type="checkbox"/> By (name) <u>Shift Sergeant</u> Squad Room checked weekly, police cars daily by officer		
15b. Sharps container decontamination and disposal procedures		
<input checked="" type="checkbox"/> Police vehicle containers delivered to SHS	<input checked="" type="checkbox"/> Store in squad room until delivery to SHS	
<input checked="" type="checkbox"/> Labeled "Sharps"	<input type="checkbox"/> Sharps containers that become contaminated will be placed inside a red biohazard bag and disposed of.	
16. Work practice controls used to minimize exposure		
<input checked="" type="checkbox"/> 1. Use Universal Precautions (Treat all suspect items as if they were contaminated with infectious pathogens.)		
<input checked="" type="checkbox"/> 2. Gloves are changed whenever they are soiled, torn, or punctured.		
<input checked="" type="checkbox"/> 3. Gloves are removed before leaving the work area (to avoid contamination of other areas).		
<input checked="" type="checkbox"/> 4. Follow the proper procedure for removing gloves (train steps to be done in the correct order).		
<input checked="" type="checkbox"/> 5. Require hand washing when gloves are removed or changed before leaving work area.		
<i>Location(s) of hand washing stations</i> <u>restroom</u>		
<input checked="" type="checkbox"/> 6. Require sharps containers to be kept closed when not adding waste.		
<input checked="" type="checkbox"/> 7. Rule that hands are not put inside sharps containers for any reason.		
<input checked="" type="checkbox"/> 8. Eating, drinking, or touching the face when handling potentially contaminated materials is not allowed.		
<input checked="" type="checkbox"/> 9. Specimens/evidence of blood and OPIM are collected in evidence bags by MOU with outside agencies		
<input checked="" type="checkbox"/> 10. Needles must NOT be re-used or bent/broken off with the hands.		
<input checked="" type="checkbox"/> 11. Contaminated sharps are immediately disposed of into a sharps container.		
<input checked="" type="checkbox"/> 12. Police Academy and first aid training include Universal Precautions and proper handling and clean-up of blood or OPIM. This is done prior to starting work where contact or exposure is possible.		



Bloodborne Pathogens
Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

<input checked="" type="checkbox"/>	13. The Supervisor or designee ensures all workers covered under the BBP program complete BBP training.
<input checked="" type="checkbox"/>	14. 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.
<input checked="" type="checkbox"/>	15. Officers who sustain an exposure to human blood and/or body fluid must rinse and/or wash the area as soon as possible. Such incidents must be reported to Shift Supervisor.
<input type="checkbox"/>	16.

17. Explain how front line workers, leads, supervisors, and management identify and evaluate process improvements.	
<input checked="" type="checkbox"/> Employee feedback (specify how)	Suggestion box in hallway
<input checked="" type="checkbox"/> Exposure incident investigation	Exposure incidents will be investigated by the Supervisor and results communicated to the dept as part of training
<input checked="" type="checkbox"/> Administrator meetings	<input type="checkbox"/> Other

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.

18a. Where is PPE available to employees?	Kept in police cars and squad room
18b. Who is the person providing PPE to this group?	Administrative Sergeant
19a. What is the procedure for handling used PPE? (Where is it stored? Describe the collection container)	Used gloves and disposable eyewear and respirators are disposed of in the trash, unless otherwise specified.
19b. Is used PPE routinely washed then put back into service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe (include the cleaning solution used and who does the cleaning).	

D. Contaminated Laundry

- Handle it as little as possible
- Place laundry into bags or containers for storage or transportation that are labeled as “Biohazard” and which prevent leakage of fluids.
- Employees are not expected to take home and launder clothing contaminated with human blood or OPIM.

20. Does this group launder contaminated clothing in house?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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E. Standard Operating Procedures and Spill Response

Include Standard/Safe Operating Procedures (SOPs). If there is not enough space, please attach relevant SOPs to this ECP.

21. SOP for containing spilled blood or other fluids containing visible blood.	
What should be done?	How should this be done? What should they use?
1. Control access to spill area	<p>UPD staff do not clean up spills of blood or other body fluids. Contact Custodial Services to clean up spills indoors. Contact Waste Management to clean up spills outdoors. Contact Shift Supervisor for instruction on cleaning up blood and OPIM spills inside police vehicles.</p>
2. Put on PPE before containing the spill.	
3. Contain edges of spill to minimize the spread.	
4. Contact Facilities for clean-up.	
5. Spills of blood or OPIM spills inside	

What should be done?	How should this be done? What should they use?
22. SOP for collecting blood or semen contaminated item as evidence	
Restrict access	
If part of a crime scene, collect as evidence	Use standard police evidence collection protocol
Contact crime scene investigation contract agency if necessary.	

23. SOP for handling a person who is bleeding or contaminated with human blood or OPIM.	
Check that it is safe to approach the person	
Put on gloves	
Put on safety glasses or face mask (optional)	Wear when there is a risk of blood splashing or spurting
Perform first aid as trained	
Place bloody clothing and supplies into a biohazard bag	Facilities is contacted to clean up contaminated areas that are not considered evidence or trauma scenes.

24. SOP for handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives)	
<p>UPD officers may occasionally have to pick up and dispose of sharps, especially at the perimeter of campus bordering City property. If on City property, UPD will notify SFPD of the situation and will secure the spill area. All sharps shall be treated cautiously to avoid cutting, stabbing, or puncturing one's self or any other person. If a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not required for evidentiary reasons related to evidence preservation, items may be disposed of properly into puncture-resistant containers for their storage and/or transportation. Touching sharps with the hands shall be avoided. Rather, use a device such as tongs, or a broom and dustpan to clean up debris.</p>	

25. SOP for handling non-disposable equipment (e.g., flashlight, control devices, clothing, portable radio, gun, baton) that have been contaminated with potentially infectious blood and/or body fluids	
1. Remove clothing that has been contaminated immediately or as soon as feasible and have it stored/decontaminated appropriately.	
2. If non-disposable equipment is to be transported, it shall be done by first placing it into a biohazard waste bag.	



Bloodborne Pathogens
Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

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| 3. Decontaminate non-disposable equipment as soon as possible using an approved EPA germicide or 1:100 solution of chlorine bleach (one-quarter-cup of bleach per one gallon of water) while wearing appropriate PPE. Large particles of contaminants such as vomit, feces, bloodclots, etc. should first be removed (using a disposable towel or other means to prevent direct contact) and properly disposed of. |
| 4. While cleaning equipment, avoid doing so in kitchens, bathrooms, or other areas not designated as the cleaning/decontamination area. Pay close attention to handles and tight spots. |
| 5. Contaminated vehicles and components such as the seats, radios, and doors shall be washed with soap and warm water and disinfected with approved germicide as soon as feasible. |

26. SOP for Employees who sustain an exposure to potentially contaminated blood and/or body fluids

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| 1. Wash and clean the effected exposure area. |
| 2. Immediately report the incident exposure to their supervisor and the EHS. |
| 3. Complete a "Employee Injury" report detailing how the exposure occurred, providing names of persons involved, and names of witnesses to the incident. |
| 4. Follow the established procedure for reporting on the job injuries as detailed in General Order 2-11 and complete post exposure to bloodborne pathogens form if applicable. |

27. SOP for Supervisors, upon notification of employee exposure

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| 1. Refer the exposed employee to an Emergency Treatment Facility, Kaiser On-The Job. |
| 2. Ensure that the employee completes or assists in the completion of the petition or search warrant form and the Report of Potential HIV Exposure to Law Enforcement Employees form, whichever is appropriate. |
| 3. Complete all regular on the job injury reports and forms within the designated time limits. |
| 4. All information received by employees pursuant to petitions or search warrants is confidential. Willful disclosure of this information to unauthorized persons is a misdemeanor (199.99 PC). |
| 5. Notify EHS and Risk Management immediately at 415.338.2565. |

28. SOP to Petition for Court Orders/ Search Warrants

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| 1. Employees exposed in the line of duty may petition the courts for a blood test for the AIDS Virus and other communicable diseases when the employee is interfered with by the accused biting, scratching, spitting or transferring blood or other body fluids on, or through the skin or membranes (199.97 HS). |
| 2. A search warrant may be obtained when a defendant is charged with any crime, after determining that probable cause exists to believe that the defendant committed an offense that involved transmission of blood, semen, or any other body fluids identified in State Department of Health Services Regulations as capable of transmitting the AIDS Virus (1524.1 PC). |

29. N/A

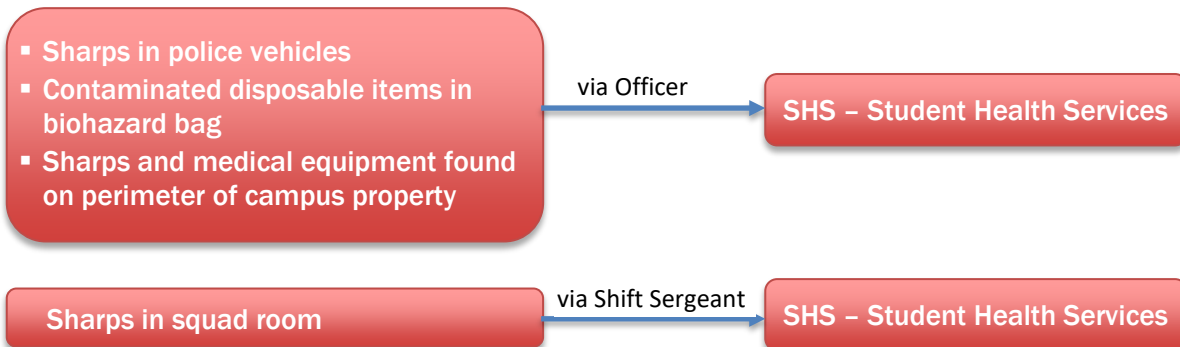


F. BBP Waste Handling Procedures

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

- Always use a sharps container for needles, scalpels, and razor blades. Avoid handling with bare hands.
- Use a biohazard bag for bloody medical supplies and other items. Tie or tape closed before taking to SHS.
- Items lightly contaminated with blood or other body fluids, may be placed in a thick plastic bag, tied or taped closed, and placed into outdoor trash bin. When in doubt, use a biohazard bag and take to SHS for disposal.

Waste Type	Collection Container	Disposal
<input type="checkbox"/> Visibly contaminated* Disposable Items or Materials <ul style="list-style-type: none"> • PPE, clothing, towels. • First aid supplies <small>*Visibly contaminated means blood soaked, or wet with human blood or body fluids.</small>	1. Biohazard bag that complies with California Medical Waste Management Act. 2. Bag is securely tied or taped closed.	<input checked="" type="checkbox"/> Securely taped sharps container is taken to Biohazardous/Medical Waste collection area in Student Health Services Center
<input type="checkbox"/> Disposable Items or Materials lightly contaminated with human blood or body fluids <ul style="list-style-type: none"> • PPE, clothing, towels • First aid supplies, bandaids 	Strong plastic bag securely tied or taped shut	<input checked="" type="checkbox"/> Lightly contaminated PPE and materials are bagged and placed into outdoor trash bin.
<input checked="" type="checkbox"/> Human unfixed tissue (First Aid)	Wrap up body part for medical personnel.	<input checked="" type="checkbox"/> Container is prepared according to standard medical/first aid practice and taken to hospital along with patient. (See SHS or UPD SOPs)
<input checked="" type="checkbox"/> Human unfixed tissue <input checked="" type="checkbox"/> Blood, other bodily fluids (Evidence)	Evidence bag or container with biohazard word and symbol is required on the container.	<input checked="" type="checkbox"/> Container is prepared according to standard police procedure. (See UPD SOPs)
<input checked="" type="checkbox"/> Sharps - disposable	Red "sharps" container with biohazard symbol	<input checked="" type="checkbox"/> Securely taped sharps container is taken to Biohazardous/Medical Waste collection area in Student Health Services Center





Bloodborne Pathogens

Work-specific Exposure Control Plan

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.

You must notify the Responsible Supervisor	Shift Sergeant	as soon as a suspected exposure incident has occurred.
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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 within 10 days of starting work 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.

Training Topic	When Required	How/Who Does It
Initial <u>General</u> BBP training Part 1	Before starting work	Supervisor contacts EHS EHS arranges access to online training Upon request, EHS can do in-person training for a group.
Initial <u>Work-specific</u> BBP training Part 2 <i>(also required by Cal/OSHA)</i>	Before starting work	Supervisor reviews work-specific ECP with new employee. Work-specific ECP available on line as part of initial BBP training A copy of the completed training is sent to EHS.
BBP review training	Annually	EHS arranges access to training or UPD may hire a contractor to do the annual 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.



Bloodborne Pathogens

Work-specific Exposure Control Plan

Version 3/Rev. 0.1/March 2018

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.