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** | Mark Polishuk | | | **2.** | **Date Completed** | **02/14/2023** | |
| **3.** | **Phone number** | 1415386324 | | | **4.** | **Email** | mpolishc@sfsu.edu | |
| **5.** | **Department** | **Facilities Services** | | | **6.** | **Location** | Corp Yard | |
| **7.** | **Group Manager** | **Mark Polishuk** | | | **8.** | **Group/ Operational Unit** | Mechanical, Electrical, Plumbing | |
| **Plumbing Supervisor** | | David Hagstrom | |
| **9.** | **Person responsible for ECP for this operation** (reviewing, implementing, and making it available to employees) | | | | **10.** | **ECP Location** | Chief Engineer Office,  Corp Yard | |
|  | Print Name | | | Title |  | Signature | |  |
|  | **Mark Polishuk** | | | Chief Engineer |  | ***Mark Polishuk*** | | |

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| 11. Brief description of project or work being done |
| Plumbing services include maintenance, repair and replacement of drain, waste, and vent (DWV) systems. |

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 listed in the BBP Program as having occupational exposure** | | **Personnel Names (optional, or attach list)** | |
| Plumbers and their assistants | | David Hagstrom  Siu-Ming Chan  Scott Reaser  Joel Padilia | |
| **13a. Procedures/Jobs with potential exposure** | **13b. Personal Protective Equipment (PPE) required for each Job** | | |
| Maintenance and servicing sewer pipes, drains, etc. | Safety glasses  Goggles  Face shield  Coveralls  Uniform/Smock/Shop Coat  Lab coat  Other | | Nitrile disposable gloves  Heavy leather gloves  Heavy rubber gloves (as needed)  Surgical face mask  N95 dust mask  Other |
|  | Safety glasses  Goggles  Face shield  Coveralls  Uniform/Smock/Shop Coat  Lab coat  Other | | Nitrile disposable gloves  Heavy leather gloves  Heavy rubber gloves  Surgical face mask  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** |
| Sharps container | | | | N/A | | | |
| Tongs or forceps to handle broken glass, debris | | | | Pliers or other gripping tool to extract debris, water jet for pushing debris down the drain, drain auger | | | |
| Heavy-duty plastic collection bag or box | | | |  | | | |
| Other | |  | | | |  | |
| **15a. Sharps containers are inspected, maintained, and replaced**  N/A | | | | | | | |
| Whenever necessary to prevent over-filling (full = ≥ 3/4 full) | | | | | | | |
| **15b. Sharps container decontamination and disposal procedures**  N/A | | | | | | | |
| Store in secure location until delivery to SHS | | | | | Store in secure location until pickup by EH&S | | |
| **16. Work practice controls used to minimize exposure** Note: Blankbox indicates item is Not Applicable | | | | | | | |
| 🗹 | 1. Use **Universal Precautions** (Treat all suspect items as if they were contaminated with infectious pathogens.) | | | | | | |
|  | 2. Gloves are changed whenever they are soiled, torn, or punctured. | | | | | | |
|  | 3. Gloves are removed before leaving the work area (to avoid contamination of other areas). | | | | | | |
|  | 4. Follow the proper procedure for removing gloves (train steps to be done in the correct order). | | | | | | |
|  | 5. Require hand washing when gloves are removed or changed before leaving work area. | | | | | | |
| *Location(s) of hand washing stations* | | | restrooms | | | | |
|  | 6. Require hand washing when gloves are torn, punctured, or contaminated BEFORE putting on fresh gloves. | | | | | | |
|  | 7. Eating, drinking, or touching the face when handling potentially contaminated materials is not allowed. | | | | | | |
|  | 8. If syringes or needles are found, contact Custodial Services for immediate removal into a sharps container. | | | | | | |
|  | 9. The Supervisor or designee trains workers on the use of engineering controls prior to them starting work. | | | | | | |
|  | 10. 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. | | | | | | |
|  | 11. The Supervisor or designee ensures all workers covered under BBP complete BBP training. | | | | | | |
|  | 12. 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. | | | | | | |

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| **17. Explain how front-line workers, leads, supervisors, and management identify and evaluate process improvements.** | | | | |
| Employee feedback (specify how) | monthly safety meetings | | | |
| Safety Committee (specify which committee) | | FSE-specific safety committee | | |
| Exposure incident investigation |  | | | |
| Staff meetings (how often?) Monthly | | | 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.

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| **18a. Where is PPE available to employees?** | **Supervisor's office and shop dispensing/vendor machine** | | | | |
| **18b. Who is the person providing PPE to this group?** | | **Plumbing supervisor** | | | |
| **19a. What is the procedure for handling used PPE?** (Where is it stored? Describe the collection container) | | | | | |
| **Disposable gloves and other used PPE disposed of in municipal trash.** | | | | | |
| **19b. Is used PPE routinely washed then put back into service?** | | | Yes  No | | |
| If yes, describe (include the cleaning solution used and who does the cleaning). | | | | | |
| **Protective eye wear is washed and reused if it is in good condition. Washed in soap and tap water. Disposable gloves are not washed.** | | | | | |
| 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. | | | | |
| **20a. Does this group launder contaminated clothing in house?** | | | | Yes  No |

**E. Spill Response**

This group does not respond to spills of human blood or body fluids.

**Procedure:** Contact Custodial Services to clean up spills containing human blood, body fluids, syringes, needles, used condoms and other potentially infectious materials.

**F. Standard/Safe Operating Procedures (SOPs)**

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

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| What should be done? | How should this be done? What should they use? |
| **21. SOP for discovering blood or semen contaminated item, syringe with needle, or OPIM** | |
| **Stop work** |  |
| **Restrict access** | Use Caution Tape or other barricade |
| **Evaluate situation** |  |
| **Contact Custodial Services for removal and clean up** | Contact EH&S if a hazard evaluation is needed |
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| **22. SOP for handling plumbing or ducts suspected to contain human blood, pathogens or OPIM.** | |
| **Evaluate the location of the work** | Contact the area supervisor for information |
| **If possible, flush the system for a few minutes** | Turn on the faucet or other valve |
| **Put on disposable gloves under work gloves** | Have gloves available |
| **Put on splash goggles until system is depressurized** | Have splash goggles available. Consider the use of a face shield over goggles if splash risk is high. |
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**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 and SFSU Biosafety Plan will comply with state law.

This group does not handle medical waste as part of their duties.

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 | **Mark Polishuk** | 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](mailto:erm@sfsu.edu) or by phone: Demond Blanton x8-1545 or his administrative assistant, Laura Lyons at x8-1540/x8-2565 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](mailto: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 by the Supervisor 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 EHS  EHS arranges access to training  Upon request, EHS can do in-person training for a group. |
| Initial Work-specific BBP training  Part 2  *(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 Refresher training | Annually  Scheduled 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.