



ILLINOIS STATE UNIVERSITY BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



Revised 3/7/2023

Table of Contents

1. PURPOSE AND SCOPE.....	2
2. RESPONSIBILITIES.....	2
a. ENVIRONMENTAL HEALTH AND SAFETY.....	2
b. STUDENT HEALTH SERVICES.....	2
c. OSF OCCUPATIONAL HEALTH.....	2
d. AFFECTED DEPARTMENTS.....	3
e. UNIVERSITY PERSONNEL.....	3
3. DEFINITIONS.....	3
4. EXPOSURE CONTROL.....	5
5. METHODS OF COMPLIANCE.....	5
a. UNIVERSAL PRECAUTIONS.....	5
b. WORK PRACTICE CONTROLS.....	5
c. CONTAINERS FOR CONTAMINATED MATERIALS.....	6
d. CONTAMINATED EQUIPMENT.....	6
e. PERSONAL PROTECTIVE EQUIPMENT (PPE).....	7
f. WASTE DISPOSAL.....	7
6. IMMUNIZATIONS.....	7
a. HEPATITIS B VACCINATION.....	7
7. POST-EXPOSURE EVALUATION AND CARE.....	8
8. TRAINING AND COMMUNICATION OF HAZARDS TO EMPLOYEES.....	8
9. RECORDKEEPING.....	9
Appendix A: Exposure Determination (By Job Classification and Assigned Duties).....	10
Appendix B: Communication of Hazards.....	11
Appendix C: Hepatitis B Vaccination Declaration Statement.....	12
Appendix D: Post-Exposure Follow Up Guidance.....	13
Appendix E: Departmental BBP Administrator Contact List.....	14
Appendix F: Bloodborne Pathogens Spill Kit Inventory.....	15
Appendix G: BBP Clean Up Protocol for Building Service Workers (BSWs).....	16
Appendix H: Training Roster.....	18

1. PURPOSE AND SCOPE

The Bloodborne Pathogens / Infectious Waste Exposure Control Plan is designed to protect employees from the harmful effects of Bloodborne Pathogens and infectious waste. The Plan provides guidance, describes specific procedural requirements and delineates work practices designed to ensure that every reasonable effort is made to avoid exposure from any potential source. It also provides protocols to be followed in the event that an exposure to Bloodborne Pathogens or infectious waste is experienced by any University employee.

This Plan applies to all occupational exposures where employees and students employed by Illinois State University, who by job classification or responsibilities, can reasonably be expected to come in contact with blood or other potentially infectious materials.

Student Health Services (SHS) maintains a Departmental Bloodborne Pathogens / Infectious Waste Exposure Control Plan which applies to SHS staff. The SHS plan is specific to health care operations and therefore contains administrative requirements beyond the scope of this Plan.

Mennonite College of Nursing (MCN) maintains a Departmental Bloodborne Pathogens / Infectious Waste Exposure Control Plan which applies to MCN staff and students. The MCN plan is specific to their instructional operations, therefore contains administrative requirements beyond the scope of this Plan.

2. RESPONSIBILITIES

a. ENVIRONMENTAL HEALTH AND SAFETY

- Fund cost of Post Exposure Evaluations for employee work-related exposures;
- Procure contract for infectious waste disposal with outside contractors;
- Facilitate contracts for immunizations through University Student Health Services (SHS) or external health providers, if needed;
- Annually review this Plan to maintain compliance with regulatory requirements and act as liaison between the University and Federal, State, and Local authorities concerning compliance with the Bloodborne Pathogens standard, and;
- Provide guidance and assistance to University departments relative to complying with requirements contained in this Plan.

b. STUDENT HEALTH SERVICES

- Oversee immunization program and post exposure follow up for students involved in Redbird EMS, Mennonite College of Nursing, and student workers in job classifications identified in Appendix A of this Plan.

c. OSF OCCUPATIONAL HEALTH

- Serve as the Health Care Provider for all services related to this plan to include, Hepatitis B vaccinations and post exposure follow up testing and treatment.
- Note: ISU employee immunizations and exposure incidents are referred to OSF Occupational Health Center.

d. AFFECTED DEPARTMENTS

- Ensure employees affected by the standard are trained and offered the Hepatitis B vaccine within 10 days of initial assignment, and;
- Maintain employee immunization schedules, copies of Hepatitis B Vaccination Declaration Statements, and annual training records.
- Ensure that employees affected by the standard are equipped with the proper PPE
- Maintain Bloodborne Spill Kit to include inspection and replacement of contents and supplies

e. UNIVERSITY PERSONNEL

- Follow the procedures and requirements as outlined in this plan, or any applicable departmental plan;
- Schedule and maintain Hepatitis B vaccination appointments through Student Health Services;
- Complete a Hepatitis B Vaccination Declaration Statement. All forms must be turned in to the designated departmental BBP administrator, and;
- Report information regarding exposures to the department supervisor, who is responsible to convey the same information to Environmental Health and Safety and Human Resources Workers Compensation Coordinator.

3. DEFINITIONS

Blood: human blood, human blood components, and product made from human blood.

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated: the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry: means laundry that has been soiled with blood or other potentially infectious material or may contain sharps.

Contaminated sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and Pasteur pipettes, blood vials, broken or unbroken glass (including slides and cover slips) in contact with infectious agents, and exposed ends of dental wire.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering controls: controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne Pathogen hazard from the workplace.

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

Large Spill: a volume of blood or infectious material that would require more than one person, large amounts of decontamination equipment and material, and/or contamination of objects that would prove difficult to decontaminate, i.e., rugs, mattresses, furniture, electronic gear.

Occupational Exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM): 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 bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue, organ (other than intact skin), and body parts (except teeth and the contiguous structures of bone and gum) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Cultures and stocks of agents infectious to humans and associated biological; wastes from the production of biological; discarded live or attenuated vaccines; culture dishes and devices used to transfer, inoculate, or mix cultures.
- Waste materials originating from animals inoculated during research, production of biological, or pharmaceutical testing with agents infectious to humans; carcasses, body parts, blood, or bedding of animals known to have been in contact with agents infectious to humans.

Parenteral: the piercing of mucous membranes or of the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment: the specialized clothing or equipment worn by an employee for protection against a hazard.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials:

- Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed;
- Items that are caked with dried blood or potentially infectious material and are capable of releasing these materials during handling;
- Contaminated sharps and unused sharps, and;
- Pathological and microbiological wastes containing blood or other potentially infectious material.

Small Spill: a spill that meets one or more of the following criteria:

- A spill which can likely be cleaned up in a relatively short period of time (e.g. less than 2 hours after arrival on scene);
- A spill which can be cleaned up by two or less trained employees, and;
- A spill that does not require any specialized clean-up applications (e.g. blood infiltrated porous materials that can't be cleaned via standardized protocols/equipment).

Universal Precautions: an approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne Pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. EXPOSURE CONTROL

Environmental Health and Safety has conducted a hazard assessment of job classifications and job duties which are considered to pose a risk of occupational exposure to Bloodborne Pathogens. Those classifications and duties are listed in [Appendix A \(Exposure Determination by Job Classification and Duties\)](#).

5. METHODS OF COMPLIANCE

a. UNIVERSAL PRECAUTIONS

Universal precautions shall be observed throughout all areas of Illinois State University where reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material may result. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Administrative and work practice controls will be utilized to eliminate or minimize exposure to employees and students on campus. Where occupational exposure cannot be eliminated after establishment of these controls, personal protective equipment shall also be utilized.

b. WORK PRACTICE CONTROLS

If applicable, departmental representatives shall conduct routine examination of sharps disposal containers to ensure their physical condition is suitable for containing the regulated waste.

Hand-washing facilities are provided within most ISU facilities where exposure to infectious material may occur.

Where hand-washing facilities are not available, an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes may be used. However, where there is a suspected exposure to blood or bodily fluids, hands must be washed with soap and water as soon as possible, regardless of whether protective gloves were worn or not.

Blood and other infectious material spills that occur inside or outside need to be decontaminated to prevent the potential transmission of communicable disease. The circumstances associated with blood spills can vary greatly depending on the volume and type of contact surfaces.

Small indoor spills, on hard or carpeted surfaces, can be cleaned by staff that has received the appropriate level of training which includes Building Service Workers, Event, Management, Dining and Hospitality(EMDH) employees, and Athletics personnel ([See Appendix G](#)).

Any spill beyond a small spill should be reported to a supervisor for clean-up approval. If deemed warranted, EHS should be contacted for direction. For instance, large indoor spills, where multiple

building material types are involved, may need to be cleaned by an outside cleanup and restoration contractor. This determination will be made by EHS in coordination with the appropriate foreman or manager. If an internal clean-up is appropriate, it will be done in accordance with the applicable spill clean-up procedure outlined in this Plan.

In the event, that a used or uncapped needle/syringe is encountered by University Personnel , the following protocol shall be followed:

- Assume that all discarded needles are contaminated
- Never attempt to re-cap or handle a needle without proper personal protective equipment
- Bring a rigid, puncture resistant, sealable container to the needle location
- Put on disposable gloves
- Pick up the needle by grabbing the non-needle portion of the syringe furthest from the point
- Place the needle in the container, sharp end first
- Securely place the lid on the container and ensure it is sealed
- Remove gloves and wash hands with soap and water
- Dispose of the container in an approved sharps container or contact EHS for disposal assistance

c. CONTAINERS FOR CONTAMINATED MATERIALS

Contaminated sharps shall be placed into appropriate sharps containers. These containers shall be:

- Puncture resistant;
- Labeled or color-coded in accordance with Appendix B of this Plan;
- Leak proof on the sides and bottom.

Contaminated sharps must not be disposed of in regular waste receptacles, this includes un-used sharps and needles. Employees who self-administer medication via needles (e.g. insulin users) while on ISU facilities are personally responsible for maintaining and disposing of their needles as noted above, ensuring no exposure to others.

Contaminated waste other than sharps shall be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
- Labeled or color-coded according to Appendix B of this Plan;
If outside contamination of the waste container occurs, it will be placed in a second container, which meets the same requirements as the first. See [Appendix B](#) for information about signs and labels.

d. CONTAMINATED EQUIPMENT

Equipment that has become contaminated with blood or other infectious material shall be appropriately cleaned/decontaminated by trained and authorized University personnel.

Environmental Health and Safety should be contacted regarding any equipment that cannot be appropriately decontaminated of blood or other potentially infectious material.

In the event personal clothing or uniforms become contaminated, laundry services are available through Advocate BroMenn Medical Center. Place contaminated laundry into two clear, leak-proof plastic bags.

Mark the bags with the contents and contact information for whoever will be responsible for picking up the items once laundered. Contact EHS to make arrangements for delivering the contaminated laundry to Advocate BroMenn Medical Center Emergency Services (ER). Advocate BroMenn Emergency Services will contact the individual listed as the contact to pick up the laundered clothing once completed.

e. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Appropriate PPE shall be worn in accordance with training and severity of spill when responding to a Bloodborne Pathogen incident. Supervisors shall ensure that personnel use appropriate PPE at all times. All PPE shall be removed prior to leaving the immediate work area and properly disposed of. Expended PPE shall be replaced as soon as possible. A list of typical PPE available in spill kits is located in [Appendix F](#).

f. WASTE DISPOSAL

Following an incident involving Bloodborne Pathogens, designated personnel shall be contacted to have the area appropriately cleaned up and waste containerized, labeled, and shipped to Student Health Services. Under no circumstances is waste from a Bloodborne Pathogen incident to be discarded into the general trash or household waste being containerized in biohazard bags or biohazard sharps containers.

Sharps without an infectious potential shall be placed in puncture resistant containers. Reference [Section 5\(c\)](#).

6. IMMUNIZATIONS

a. HEPATITIS B VACCINATION

All employees with job classifications and/or job duties listed in [Appendix A](#) will be offered the Hepatitis B vaccine (HBV), to be provided by a licensed physician at OSF Occupational Health . The immunization is to be offered to the individual within **10 working days of their initial assignment**. It consists of a three shot series following order and frequency recommended by the Centers for Disease Control and Prevention (CDC). Employees may decline or accept the Hepatitis B vaccine, but the **employee must sign a Hepatitis B Vaccination Declaration Statement** ([see Appendix C](#)). If the vaccine is declined, the employee reserves the right to have it administered at a later time. Departmental BBP administrators are responsible for ensuring that affected employees are offered Hepatitis B vaccinations and maintaining copies of Hepatitis B Vaccination Declaration Statements. A list of Departmental BBP Administrators can be found in [Appendix E](#).

If an employee elects to have the Hepatitis B series, they shall work with their Supervisor to schedule necessary time away from their job (travel to and from appointments is considered work time). EHS will notify OSF Occupational Health that the employee is eligible to receive the vaccine. OSF Occupational Health will conduct all evaluations necessary to determine if the employee meets the conditions to be safely vaccinated.

7. POST-EXPOSURE EVALUATION AND CARE

When an employee is involved in a bloodborne exposure incident, he/she shall report the incident to his/her supervisor and should subsequently be sent to the OSF Occupational Health Center during regular business hours or to the closest Emergency Room after business hours for a post-exposure evaluation and appropriate follow up. The employee's supervisor should notify Environmental Health and Safety and complete an occupational incident report.

When reporting for a post-exposure follow-up, the following information the following information, whenever possible, should be provided to the healthcare professional:

- If requested, a copy of 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens;
- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including immunization status;
- The identification of the source individual, if known.

Within 15 days of completion of the evaluation, the OSF Occupational Health Center shall provide a copy of the written opinion directly to the employee. The written opinion shall be limited to the following information:

- That the employee has been informed of the results of the evaluation; and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Post-exposure follow-up guidance is available in [Appendix D](#). All other findings shall remain confidential and shall not be included in the written report.

8. TRAINING AND COMMUNICATION OF HAZARDS TO EMPLOYEES

Training for all employees in the groups and job classifications listed in Appendix A will be conducted **prior to initial assignment** to tasks where occupational exposure to Bloodborne Pathogens or infectious waste may occur. If needed for training, a video can be obtained from Environmental Health and Safety. Training will be provided by one of the following organizations:

- Student Health Services
- Lab School Nurse
- Athletics
- Environmental Health and Safety

Training for employees will include an explanation of the following:

- General contents of 29CFR1910.1030 Bloodborne Pathogens;
- The epidemiology and symptoms of bloodborne diseases;
- Modes of transmission of Bloodborne Pathogens
- The ISU Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, and how one can get a copy of the Plan.

- Procedures which might cause exposure to blood or other infectious material at ISU.
- Control methods which are utilized at the University to control exposure to blood or other infectious material.
- Personal Protective Equipment available at the University for protection against Bloodborne Pathogens and the justification for its use.
- Post exposure evaluation and follow-up process.
- Signs and labels used at the University to identify Bloodborne Pathogens or infectious waste.
- Hepatitis B vaccination program at the University.

Employees shall receive annual training and re-training as follow up to any exposure or potential exposure incidents.

9. RECORDKEEPING

Medical records shall be maintained for at least the duration of employment plus thirty (30) years, for each employee with occupational exposure, in accordance with 29CFR1910.1020.

Hepatitis B Vaccination Declaration Statements shall be maintained for at least the duration of employment. It is the responsibility of the departmental BBP administrator to ensure that each employee has a declaration form on file within 10 working days of their initial assignment.

Training records shall include the following information:

- Dates of the training sessions and contents or a summary of the training;
- The names of persons conducting the training, and;
- The names and job titles of all persons attending the training session.

Each department shall maintain training records for 3 years from the date on which the training occurred.

A Sharps Injury Log shall be maintained by Environmental Health and Safety and contain the following information:

- The type and brand of device involved in the incident;
- The department of work area where the exposure incident occurred, and;
- An explanation of how the incident occurred. This log will be maintained in such a manner as to protect the confidentiality of the injured employee.

Appendix A: Exposure Determination (By Job Classification and Assigned Duties)

The following are job classifications or duties in which employees may be expected to incur occupational exposure to Bloodborne Pathogens or other potentially infectious material, regardless of frequency of potential exposures. The exposure is made without regard to the use of personal protective equipment.

Clean Up Personnel

ATHLETICS

- Athletic Trainers
- Equipment Managers
- Fieldhouse Attendants

FACILITIES

- Building Service Workers

EMDH

- Administrators
- Labor Classifications

Non-Clean Up Personnel

UNIVERSITY POLICE DEPARTMENT

- Police Officers

SPEECH AND HEARING CLINIC

- Audiology
- Speech Pathology

REDBIRD EMS

- Emergency Medical Providers

FACILITIES

- Plumbers

LAB SCHOOLS

- Coaches (serving as primary supervisors)
- Nurse

Appendix B: Communication of Hazards

LABELS

- Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other infectious material, and other containers used to store, transport or ship blood or other infectious material.
- Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color and state BIOHAZARD.
- Affix the label as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Labels required for contaminated equipment shall be in compliance with this appendix and shall also state which portions of the equipment remain contaminated.

SIGNS

Signs shall be posted at the entrance to work areas conducting research or production of infectious agents.

The signs shall bear the following legend:

BIOHAZARD

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person)

The signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

Appendix C: Hepatitis B Vaccination Declaration Statement

HEPATITIS B VACCINE DECLARATION STATEMENT

DEPARTMENT: _____

UID: _____

I, _____, (PRINT NAME)

- ...would like to receive a Hepatitis B vaccination series free of charge. I understand that I am responsible for working through my supervisor to arrange the time needed away from work to attend my appointments. **I agree to complete the Hepatitis B vaccination series, three separate vaccine appointments over six months, in its entirety.** OSF Occupational Health, located at 1505 Eastland Drive in Bloomington, is the University's service provider for Hepatitis B vaccinations.

- ...understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated for Hepatitis B at no charge to myself. **Currently, I am declining the Hepatitis B vaccination.** I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated for Hepatitis B, I can receive the vaccination series at no charge.

Please Note: The CDC states if you have been infected with Hepatitis B in the past, you can't get infected again and may not need to be vaccinated. If you have had the complete 3-part vaccination series you also may not need to be re vaccinated. Consult your physician for recommendations. OSF Occupational Health will discuss your vaccination eligibility with you at the time of your initial appointment.

Employee Signature

Date

Appendix D: Post-Exposure Follow Up Guidance

- When an employee has a percutaneous (needle stick, cut or puncture) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to bodily fluids or has a cutaneous exposure to blood when their skin is chapped, abraded, or otherwise non-intact, the source patient shall be contacted (whenever possible) and informed of the incident and tested for HIV and HBV infections after consent is obtained.
- If source patient consent is refused or if the source patient tests positive, the employee shall be clinically evaluated as soon as possible and advised to immediately report any acute febrile illness that occurs within 12 weeks of exposure. This initial employee evaluation should consist of clinical exam by a physician as well as serologic testing for HIV and HBV infections. HIV sero-negative employees shall be retested for HIV seroconversion at 6 weeks, 12 weeks, 6 months, and one year after exposure. If the source patient tests negative initially (post-exposure), he/she will be strongly encouraged to have repeat serological testing in 12 months.
- Follow-up procedures shall be taken for employees exposed (known or possible) to HBV. The type of follow-up procedure necessary will depend upon the immunization status of the employee and the HBV serological status of the source patient.
- If the employee refuses to submit to the procedures outlined above, when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed to the benefit of the exposed employee.
- A "Summary Status" will be completed and retained by the Occupational Health Center to assist in the tracking of the follow-up procedures.

Appendix E: Departmental BBP Administrator Contact List

Group	Contact	Telephone	Email
Athletics	John Munn	438-7328	jcmunn@ilstu.edu
Facilities	Preston Sweeny(Plumbers)	438-3962	pbsween@ilstu.edu
	Lee Fox(BSW's)	438-5876	wlfox@ilstu.edu
EMDH	Jeff Vargo	438-3388	jmvargo@ilstu.edu
ISU Police Department	Nichol Bleichner	438-8631	nkbleic@ilstu.edu
Metcalf Lab School	Shelly Thomas	438-2435	slarmst5@ilstu.edu
U-High School	Michael Shanley	438-2936	mcshanl@ilstu.edu
Speech Hearing Clinic	Candice Osenga	438-5794	cjosing@ilstu.edu
	Cara Boester	438-2318	clboest@ilstu.edu
Redbird EMS	Adam Streenz	438-5162	astreen@ilstu.edu

Appendix F: Bloodborne Pathogens Spill Kit Inventory

- Gloves X-Large 2 pairs
- Gloves Large 2 pairs
- Gloves Medium 2 pairs
- Bag Biohazard 1bag
- Apron surgical 2 ea.
- Eye/Face shield 2 ea.
- Germicidal Solution 1Spray bottle
- Dust pan/broom 1 ea.
- Absorbent Powder 1 ea.
- Pail 5 Gallon/Lid 1 ea.

Appendix G: BBP Clean Up Protocol for Building Service Workers (BSWs)

SMALL SPILL ON HARD SURFACES

1. Notify your foreman immediately
 2. Assure all response equipment is in the immediate vicinity of the spill
 3. Put on appropriate personnel protective equipment
 - i. Two pair of gloves
 - ii. Mask/eye protection
 - iii. Apron (if there is a potential for clothing contamination)
 4. Pour absorbent on all affected area. All liquid material should be completely absorbed into powder
 5. Use brush/scoop to clean up sharp objects or broken glass, if applicable
 6. Remove powder with brush/scoop and place in biohazard garbage bag. Use the response bucket for sharp objects.
 7. Wipe down the contaminated area with germicidal disinfectant. If using disinfectant spray, spray the area thoroughly, let stand for several minutes, and wipe with a clean paper towel
- NOTE: A mop can be used for clean-up. However, the mop head must be discarded as contaminated waste and the mop bucket must be cleaned thoroughly and disinfected**
8. Remove all personnel protective equipment except for one pair of gloves, discarding the personnel protective equipment in the biohazard bag. Follow these steps:
 - a. Discard disposable apron and outer layer of gloves
 - b. Discard mask/eye protection and close the biohazard bag with a tight knot
 - c. Discard second layer of gloves in regular trash
 9. Wash hands and arms thoroughly with soap and warm water
 10. Dispose of biohazard bag. Contact your foreman for disposal location

LARGE SPILL ON HARD SURFACE

1. Notify your foreman immediately
2. Assure all response equipment is in the immediate vicinity of the spill
3. Place "WET FLOOR" signs around spill area and restrict access as much as possible
4. Fill mop bucket with disinfectant
5. Put on appropriate personnel protective equipment.
 - i. Two pair of gloves
 - ii. Mask/eye protection
 - iii. Apron
6. Use brush/scoop to clean up sharp objects, broken glass, or contaminated objects, if applicable. Use the bucket for sharp objects.
7. Place mop head in disinfectant solution. Do not wring out.
8. Spray disinfectant over spill to completely cover spill. Avoid splashing.
9. Wait 5 minutes, keeping area wet.
10. Wring out mop head.
11. Mop up spill.
12. Wring out mop head and discard into the biohazard bag.
13. Dump mop bucket in custodial sink. Spray the mop bucket with disinfectant and let dry.
14. Remove all personnel protective equipment except for one pair of gloves, discarding the personnel protective equipment in the biohazard bag.
15. Close biohazard bag.
16. Remove second pair of gloves and discard in regular trash.
17. Wash hands.
18. Dispose of biohazard bag. Contact your foreman for disposal location.

SPILLS ON CARPET, DRYWALL, AND/OR CEILINGS


1. Notify your foreman immediately.
2. Assure all response equipment is in the immediate vicinity of the spill.
3. Place "WET FLOOR" signs around spill area and restrict access as much as possible.
4. Fill mop bucket with disinfectant
5. Put on appropriate personnel protective equipment.
 - i. Two pair of gloves
 - ii. Mask/eye protection
 - iii. Apron
6. Use brush/scoop to clean up sharp objects, broken glass, or contaminated objects, if applicable. Use the bucket for sharp objects.
7. Place mop head in disinfectant solution. Do not wring out.
8. Spray disinfectant over spill to completely cover spill. Avoid splashing.
9. Wait 5 minutes while keeping the area wet.
10. Use carpet extractor to clean area.
11. Repeat steps 7-10 if needed.
12. Wring out mop head and air dry.
13. Discard solution in custodial sink.
14. Remove all personnel protective equipment except for one pair of gloves, discarding the personnel protective equipment in the biohazard bag.
15. Close biohazard bag.
16. Remove second pair of gloves and discard in regular trash.
17. Wash hands.
18. Dispose of biohazard bag. Contact your foreman for disposal location.

EXPOSURE INCIDENT

In the event, an employee experiences a bloodborne pathogen exposure, perform the following steps:

1. Wash injured area with soap or flush eyes/nose/mouth with copious amount of water at an eyewash station or sink.
2. Immediately report the incident to your foreman.

Appendix H: Training Roster

 <p>Attendance Roster -for <i>(department name)</i></p>	<p>TRAINING:</p> <p style="text-align: center;"><i>Bloodborne Pathogen/Exposure Control</i></p>
<p>By signing this roster, you acknowledge that you have attended and received this training.</p>	<p>DATE: _____</p> <p>TIME: _____</p>

Print Name	Signature	Department/ Division	Title

Instructor/ Supervisor Name: _____
 Instructor/ Supervisor Signature: _____

Department/ Division: _____
 Contact Number: _____