

FIU Blood-borne Pathogen Exposure Control Plan

PURPOSE

This document has been prepared in response to the Code of Federal Regulations (CFR) Part 1910. 1030 of Title 29.

Blood-borne pathogens are microorganisms that pose a health risk to humans when they are exposed to blood. The following document provides guidelines for the prevention of exposures to blood-borne pathogens to employees/students in the FIU community.

It is important to note that the implementation of control measures for blood-borne pathogens do not dismiss the need for continued adherence to general infection control principles, as well as general good hygiene measures for preventing transmission of other infectious diseases that may be transmitted through contact with blood.

The two primary objectives of the Exposure Control Plan are:

1. **To protect** employees from exposure to blood-borne pathogens (BBP) which are defined as pathogenic microorganisms that may be present in human blood, fluids, or body tissues, or other potentially infectious materials.
2. **To provide** for appropriate prophylaxis, response, treatment and counseling for employees.

This plan meets the performance specifications of the federal and state regulated OSHA BBP Standard. Implementation of these standards should assure compliance with the law.

Florida International University makes the following general assumptions applicable to work involving infectious materials:

- The risk of exposure is always present.
- All exposures can be minimized.
- Appropriate work practice and engineering controls to eliminate and/or minimize exposures.

SCOPE

The FIU Blood-borne Pathogen Exposure Control Plan applies to all laboratory, teaching, healthcare, recreational, and athletic facilities at Florida International University, in which exposure to blood-borne pathogens may occur.

PROGRAM ADMINISTRATION

There are various levels of responsibility associated with the FIU Exposure Control Plan:

Biosafety Officer

The University Biosafety Officer (BSO) shall be responsible for the overall management and support of the University's BBP Exposure Control Plan. Responsibilities of the BSO typically include, but are not limited to:

- Update and implement the FIU Exposure Control Plan
- Serve as a contact for Department Exposure Control Officers (ECO) for information concerning Blood-borne pathogens.
- Research methods to improve, revise, or update the FIU Exposure Control Plan.
- Disseminate compliance requirements concerning blood-borne pathogens.
- Develop and/or identify suitable education/training programs.
- Monitor compliance with training requirements.
- Facilitate annual training sessions for employees.
- Maintain information pertaining to employee exposure regarding HIV or HBV.

Human Resources

The responsibilities of Human Resources are to assure the following for employees:

- Update employee position description to include specific references to occupational exposures to BBP, where necessary.
- Maintain compliance with applicable requirements as established under the University's Exposure Control Plan.

Workers' Compensation

The responsibilities of Workers' Compensation are to assure the following for employees:

- Following an exposure incident, arrange confidential medical evaluation and follow-up immediately for employees.

Other Responsible Persons

University-wide, there are two "categories of responsibility" that are integral to the effective implementation of the University's Exposure Control Plan:

1. Supervisors: Department Heads, Faculty, Supervisors
2. Workers: Employees (and Students)

Department Heads, Faculty, and Supervisors

Each department/area must designate an Exposure Control Officer (ECO). The Department/area ECO response is responsible for exposure control in their units, and shall assure that proper exposure control procedures are followed. Responsibilities include, but are not limited to:

- Determine exposure for all employees in their unit

- Implement the Exposure Control Plan for their department/area
- Perform safety evaluations
- Provide engineering controls
- Provide for appropriate decontamination (and laundering) of reusable, employee-assigned, personal protective equipment.
- Maintain an up-to-date list of staff with occupational exposures.
- Schedule and budget for employee Hepatitis B vaccinations
- Assure new employees are trained as required within 30 days of start date.
- Maintain appropriate training documents and records of attendance.
- Investigate exposure incidents
- Know about and instruct on information received from regulatory agencies or the Department of Environmental Health and Safety regarding blood-borne pathogens.
- Conduct periodic self-audits to maintain and update their departmental Exposure Control Plan

Employees and Students

The ultimate implementation of the Exposure Control Plan rests with the employees and students. In this role they shall do the following:

- Be familiar with the Exposure Control Plan and all its components.
- Be responsible for receiving or declining the vaccination series for Hepatitis B.
- Be knowledgeable of the tasks they perform which create hazardous exposures.
- Attend and complete required blood-borne pathogens training sessions.
- Plan and conduct all operations in accordance with recommended work practice controls.
- Develop and practice good personal hygiene habits.

Allied Health and Medical Students

- Learn the appropriate policies and procedures to follow in the event that there is an injury or potential exposure to blood-borne pathogens or other communicable diseases
- Review the FIU Blood-borne Pathogen Exposure Control Plan and department exposure control plan
- Receive orientation on the Blood-borne Pathogen policies for off-site affiliate facilities
- Be knowledgeable of all policies and procedures for reporting exposure incidents and post-exposure care

REVIEW AND UPDATE OF THE PLAN

The FIU Exposure Control Plan shall be reviewed and updated annually or under the following circumstances:

- In response to regulatory changes or newly recommended procedures

- Whenever new or modified tasks and procedures are implemented which are likely to affect employee occupational exposure
- Whenever an employee's job is revised such that new instances of occupational exposures may occur
- Whenever a new functional position is established that may create exposure to BBP
- In response to audit recommendations

The Biosafety Officer (BSO) will be responsible for the review and update of the university plan. When this is completed, the BSO will provide updated materials to the department/area for incorporation into their BBP Exposure Control Plan.

METHODS OF COMPLIANCE

Specific **work practices** required to minimize or eliminate exposures include use of **personal protective equipment** (i.e. gloves, masks, and protective clothing); and in some situations, **redesign of selected aspects of the job** through equipment modifications or environmental controls. These approaches constitute methods of compliance.

EXPOSURE DETERMINATION

In order to determine the potential for occupational exposures, job classifications along with their specific tasks and procedures must be examined and "flagged" for exposure control compliance. The exposure determination process involves identification of:

1. Job classifications in which all employees have occupational exposure (e.g. nurses at the Student Health Services Center).
2. Job classifications in which some, but not all, employees have occupational exposure, (e.g. research assistant).
3. Tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs in the job classifications in which some, not all, employees have occupational exposure (e.g., custodial services employees and plumbers).
4. All employees in job classifications identified in (1 and 2) above shall be trained on identification of these tasks and procedures that can lead to exposures.

The following are considered potential infectious material:

1. Blood
2. Body fluids
3. Semen
4. Vaginal fluids
5. Other body fluids such as:
 - i. Cerebrospinal fluid
 - ii. Synovial fluid
 - iii. Pericardial fluid
 - iv. Peritoneal fluid
 - v. Amniotic fluid

vi. Unfixed body tissues

The following list includes fluids/tissues which are not normally infectious; however, all procedures applicable to exposure control, including but not limited to universal precautions should be applied when handling these materials:

1. Saliva
2. Feces
3. Urine
4. Sweat
5. Sputum
6. Vomitus
7. Tears

The recommended criteria for determining risk of BBP exposure in the workplace involves asking the following questions about job classifications and tasks performed:

Do students or employees:

- ☐ Handle human blood products such as whole blood, serum, platelets, or white blood cells or come into direct contact with these products?
- ☐ Handle human body fluids such as semen, vaginal secretions, synovial fluid, pericardial fluids, peritoneal fluid or other body fluids which may be contaminated with blood?
- ☐ Work with blood-borne pathogens (BBPs) or with preparations such as liquids or powders that contain the BBPs?
- ☐ Work with animals that are infected with BBPs?
- ☐ Handle unfixed (fresh or frozen) human tissues or organs (tissues and organs soaked in preservatives such as alcohol or formaldehyde are “fixed”)
- ☐ Handle blood, blood products, body fluids, or unfixed tissues or organs of animals infected with BBPs?
- ☐ Handle sharp instruments such as knives, needles, scalpels, or scissors, that have been used by others working with human blood products, body fluids tissue or organs or blood products, body fluids tissues or organs of animals infected with Hepatitis B virus
- ☐ Enter areas where other individuals work with human or animal blood, body fluid, or tissues and/or perform tasks within this environment?
- ☐ Perform tasks which may potentially result in the lab workers exposed skin or mucous membranes coming in contact with human or animal blood, body fluids, organs, or tissues which are infected with BBPs (whether known or unknown of infectious status)?

If the answer to any of the above questions is yes, then the individuals performing those tasks are considered to be at an occupational risk of exposure to blood-borne pathogens and must be provided with appropriate training and protection.

The following are a few examples of a potential for occupational exposure in the workplace:

Occupations	Potential Exposures
Housekeeping	cleaning blood spills, dried blood, handling infectious materials
University Police	crime scene, bitten by suspect, contact with sharp objects during a search or scuffle
Research Laboratory Personnel	spills of infectious material, cuts, handling wastes
Phlebotomists	sharps, drawing blood, handling wastes, needle-sticks
Infectious waste handlers	handling containers of infectious waste
Maintenance workers/Plumbing	working in areas where blood or body fluid contamination is present
Athletics	cleaning and dressing wounds, performing First-aid

When a new employee starts working, or when an employee changes jobs, the following process shall take place to assure that they are trained in the appropriate work practice controls:

- The Supervisor shall review the job description and determine if the possibility exists of any type of exposure while the employee performs the job duties.
- The new employee's job classifications, and job functions shall be checked against the Job Classification and Task Lists identified in the Department's Exposure Control Plan, as those in which occupational exposure occurs.
- If necessary, the employee shall then receive training or shall be scheduled to attend appropriate training programs. Training should be given before or within 30 days of the start date. The employee shall also be provided with the hepatitis B vaccine within 10 days of assuming his/her new responsibilities.

UNIVERSAL PRECAUTIONS

Universal Precautions apply to all individuals in the university who may be exposed to blood/body fluids of another individual in any work environment. These procedural guidelines are put forth as a guide for employees to help protect them from exposures.

1. Use protective eye wear and a face shield for procedures that commonly result in the generation of droplets or splashing of blood or other bodily fluids.
2. Use laboratory coats when conducting laboratory procedures, and additional protection (e.g., gowns or aprons) when conducting procedures in which the splashing of blood or other bodily fluids can be reasonably anticipated.

3. Use gloves during all procedures that involve the handling of items containing or contaminated with blood, or in areas where items (such as benches) could be contaminated with potentially infectious materials.
4. Do not wear torn gloves. **Remove and replace them promptly.**
5. Change gloves and wash your hands upon completing specimen processing.
6. Put all specimens of blood and bodily fluids into a well-constructed container with a secure lid to prevent leakage during transport.
7. Exercise care when collecting each specimen to avoid contaminating the outside of the container and the laboratory form accompanying the specimen.
8. Use biological safety cabinets when conducting procedures that have a high potential for generating aerosols.
9. Use mechanical pipetting devices for manipulating all liquids in the laboratory. **Mouth pipetting is prohibited.**
10. Limit the use of needles and syringes to situations where there are no other alternatives.
11. Decontaminate laboratory work surfaces with an appropriate chemical germicide after a spill of blood or other bodily fluids and upon completing work activities.
12. Clean equipment with a mild solution (1:10 dilution) of household bleach or an appropriate chemical germicide upon completing laboratory procedures. Never store contaminated equipment without the appropriate biohazard label.
13. Wash your hands upon completing laboratory activities; remove protective clothing before leaving the laboratory.
14. Immediately remove clothing that becomes contaminated with blood or other bodily fluids during collection procedures. Keep such clothing separate from other clothing until properly laundered.

The following are the key elements used at Florida International University to control occupational exposures to blood-borne pathogens. All blood and body fluids must be considered as potentially infectious and personnel are to use appropriate protective measures to prevent exposure.

Personnel Practices

Hand washing:

- Hands should be washed before leaving the room in which work was conducted.
- Hand washing technique
 - **Step 1:** Use running water,
 - **Step 2:** Use enough soap
 - **Step 3:** Use enough friction
 - **Step 4:** Wash for at least 20 seconds



- **Step 5:** Rinse well
- **Step 6:** Dry hands thoroughly with disposable paper towel or under air dryer
- **Step 7:** Turn off faucet with paper towel

Contaminated Needles and Other Sharps:

- Do NOT recap, bend, or break used needles.
- Discard needles & sharps in appropriate "sharps" containers.
- Transport reusable sharps in leak-proof puncture-resistant container.
- Use mechanical device (forceps) to place contaminated broken glass into appropriate containers for autoclaving.

Personal Protective Equipment for Blood or Body Fluid Contact:

- Gloves must be used when touching blood or body fluids, mucous membranes, or non-intact skin of patients, when handling items or surfaces soiled with blood or body fluids, or when performing vascular access procedures (phlebotomy).
- Appropriate gowns or aprons when splashes or soiling of skin or clothing with blood or body fluids is likely.
- Masks and goggles, or face shield during procedures likely to generate splashes of blood or body fluids into the mouth, nose, or eye.

Environmental Controls

General Housekeeping:

- Maintain work area in clean and sanitary condition.
- Decontaminate work surfaces when contaminated or after procedures are completed.
- Remove any protective work surface coverings when contaminated.

Blood or Body Fluid Spill

- Whenever cleaning a spill, the appropriate Personal Protective Equipment, including disposable gloves and a lab coat should be worn
- If the spill involves broken glass or sharps, DO NOT pick up the pieces up by hands. Use mechanical means such as forceps or pan & brush (which will be decontaminated later) to pick up pieces and then dispose of appropriately.
- Cover the spill with paper towels and carefully pour an appropriate disinfectant around the spill. Try not to create any aerosols while performing this task.
- Cover the spill with disinfectant soaked paper towels and let stand for 20 minutes.
- Once the 20 minutes have expired, collect all materials and dispose of in an autoclave bag for decontamination/sterilization.
- Remove contaminated gloves, clothing and dispose of as well.
- Thoroughly wash hands with soap and water.

Biomedical Waste

- Dispose waste according to the Florida Administrative Code (FAC) 64E-16 (Click [here](#) to access the FIU Biomedical Waste Plan).

Transport

- Consider all laboratory specimens of human or animal origin as potentially infectious.
- Use leak proof containers for laboratory specimens.
- Place container in a sealable secondary container for transport

Exposures to blood or body fluid via broken skin or needle sticks or mucous membrane contact:

- Wash affected area immediately, apply first aid, seek medical attention if needed
- Report the exposure to the supervisor
- Follow post-exposure procedures

ADMINISTRATIVE AND ENGINEERING CONTROLS

These practices are used to help reduce or eliminate potential exposure to human blood and other body fluids. Universal Precautions shall always be implemented to assure that exposure risks are minimized.

- All potentially infectious materials shall be treated as if they are known to be infectious for HBV, HIV and other BBP. This approach is referred to as “Universal Precautions” and serves to prevent contact with blood and other potentially infectious materials.
- In circumstances where it may be difficult or impossible to differentiate between body fluid types, such fluids shall be assumed to be potentially infectious and proper Universal Precautions will be followed.
- Equipment, such as biological safety cabinets, designed to prevent contact with blood or other potentially infectious materials are classified as engineering controls.
- Hand washing facilities should be readily available for individuals to use while working with potentially infectious materials. If hand washing facilities are not available, then antiseptic hand cleansers shall be provided. Supervisors need to ensure that in cases of blood exposure the affected employee will immediately wash hands after removal of potentially contaminated gloves or other personal protective equipment.
- Mouth-pipetting is strictly prohibited in any work setting.

WORKPLACE CONTROLS

- Following any contact of body areas with blood or any other infectious materials, immediately wash hands and other exposed skin with soap and water by vigorously rubbing together all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water. Exposed mucous membranes, such as eyes, shall be flushed with water.
- Eating, drinking, smoking, and applying cosmetics or handling contact lenses is strictly prohibited in areas where there is potential for occupational exposure to BBP. Food shall not be stored in refrigerators, cabinets, etc. where there is a potential for blood exposure.

- Contaminated needles shall not be bent or recapped after use. If it is not possible to avoid recapping the needle, then it may be recapped using some type of mechanical device or using a one-handed technique to recap.
- Immediately after use, contaminated sharps shall be placed in appropriate, puncture-resistant, leak-proof containers and closable once use is finished. These containers shall be color-coded and labeled as biohazardous material.
- Equipment which becomes contaminated shall be examined prior to servicing or shipping off site. Appropriate biohazard warning labels shall be attached to any contaminated equipment, identifying the contaminated portions (every effort shall be made to decontaminate the equipment). Information regarding the contaminated equipment shall be conveyed to all affected employees and the equipment services representative prior handling, servicing or shipping.
- EH&S will work with department heads and supervisors to review tasks and procedures to determine where engineering controls can be implemented or improved. Periodic surveys shall be conducted to review:
 - Operations where engineering controls are currently employed.
 - Changes in work procedures
 - Addition of employees (and/or students) to pre-existing work locations.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is the employee's "last line of defense" if administrative, engineering, or workplace controls fail to prevent an exposure. PPE minimizes and/or eliminates the likelihood that blood or other potentially infectious materials will make contact with skin, eyes, mucous membranes or underlying clothing. PPE shall be provided, at no cost, to the employee. PPE includes, but is not limited to:

- Gloves



- Safety
Glasses/Goggles



- Face Shields/Masks



- Respirators/masks



- Gowns/Lab Coats



- Supervisors/Faculty shall evaluate the tasks and types of exposure expected. Based upon their evaluation, they will select the appropriate PPE. They must also ensure that the PPE is readily available to the employees when needed.
- Hypoallergenic gloves, glove-liners and similar alternatives shall be made readily available to employees who may need them.
- Any visibly contaminated garment shall be removed immediately or as soon as feasible.
- Masks/goggles shall be used when the generation of splashes or splatters of blood or body fluids is possible.
- When gross contamination is expected, appropriate PPE, such as gowns, gloves, surgical caps, etc., shall be worn.
- To ensure that protective equipment remains in the condition appropriate for the protection of employees from potential exposure, employees (and students) shall adhere to the following practices:
 - Periodically inspect all PPE for any maintenance or replacement that may be needed.
 - Clean reasonable PPE, launder and decontaminate as needed.
 - Discard single-use PPE (or equipment that cannot be decontaminated) as biohazardous materials in appropriately labeled containers).
- All PPE shall be removed and properly stored, when appropriate, once the employee's tasks are completed.
- Disposable gloves shall not be re-used.
- At the end of each procedure, or as work conditions permits, PPE visibly contaminated with blood and body fluids shall be removed. Hand-washing facilities or alcohol-based sanitizers shall be made readily accessible to all employees with occupational exposures to BBP.

Any questions, concerns, or consultation on appropriate PPE should be directed to the Department of Environmental Health and Safety.

HOUSEKEEPING AND WASTE DISPOSAL

Maintaining the work area in clean and sanitary conditions is required as a part of the Exposure Control Plan. Cleaning can be carried out as part of regular work procedures. Departments shall maintain a written schedule for cleaning and decontamination of the appropriate work areas. This schedule shall provide the following minimum information and shall be included as an addendum of their unit Exposure Control Plan.

In accordance with the above, employees shall do the following:

- Follow established procedures and schedules for cleaning potentially contaminated equipment and surfaces.
- Routinely inspect all trash containers, pails, bins, and other receptacles for improperly disposed items. All “red bags” (i.e. biohazards bags) shall be appropriately stored for disposal.
- Use mechanical means (such as dust pan and brush, tongs, etc.) to pick up potentially contaminated broken glassware. Such glassware and similar sharps shall be disposed of in sharps containers only.
- Decontaminate surfaces after completion of work tasks with an appropriate disinfectant (EPA registered tuberculocidal disinfectants (Appendix I) are recognized as acceptable for decontamination, so is household bleach diluted between 1:10 and 1:100 parts water).
- Place waste in appropriate containers, i.e. broken glass in broken glass containers. Sharps will be placed in appropriate puncture-resistant containers, and contaminated non-sharps items shall be placed in red biohazard bags and disposed of properly in accordance with FAC 64-16E.

Disposal of sharps and non-sharps biomedical/biohazardous wastes will be as follows:

- Discard contaminated sharps waste in containers that are closable, puncture-resistant, leak-proof and labeled with the biohazard symbol.
- Keep the sharps container upright and make sure the container is not overfilled
- Close the container before removal and replacement
- Secondary containers (larger container where the sharps containers and other wastes go) will be closeable, constructed to contain all the contents that are placed inside, leak-proof, and labeled as biohazardous.
- Place non-sharps contaminated waste in closeable, leak-proof biohazard-labeled containers.
- Close all containers prior to removal from the area/facility.

For additional information concerning Biomedical Waste Disposal or cleaning of areas, please refer to the [FIU Biomedical Waste Plan](#) on the Department of Environmental Health and Safety website.

LABELS AND SIGNS

All employees must be informed of any types of risks associated with contact with human blood and other human body fluids. Labels and signs are a first alert to those individuals that may have a potential exposure to blood-borne pathogens.

Appropriate biohazard warning labeling shall be implemented in each area. At minimum the following items, shall be labeled:

- Containers of regulated waste
- Contaminated laundry bags and containers
- Contaminated equipment
- Any waste that is decontaminated. Sterilized waste must have an indicator on it to identify it as safe (i.e. autoclave tape).

- Biohazard symbol:



- Biohazard signs shall be posted on the doors to research and teaching laboratories, medical examination rooms, or any facility where potentially infectious materials are used or stored.

HEPATITIS B

- Hepatitis B virus (HBV) is a major cause of acute and chronic hepatitis, and cirrhosis in the United States. Development of infection can lead to other complications as well.
- The virus is spread in a variety of ways including unprotected sexual intercourse, and intra-venous drug use. In an occupational setting, a person can become exposed and possibly infected by the virus through exposure to infected blood/bodily fluids .
- With Hepatitis B, the onset of symptoms occurs between 45 and 160 days after infection with the virus. Symptoms include, jaundice (yellowing of the skin/eyes), fever, nausea, abdominal pain, loss of appetite, and malaise.

HEPATITIS B PREVENTION AND VACCINATION

- There is a vaccine available which provides protection from Hepatitis B infection. It involves a series of three injections over a 6 month period and has been shown to provide immunity for at least 20 years.
- Major deterrents to persons choosing to receive the vaccine have been their lack of knowledge about the risk of the disease and its consequences, and the cost of the vaccine
- The employer is responsible for providing the Hepatitis B vaccine, at no cost to the employee, and during employee working hours. This must be offered after the employee is trained and within **10 working days of the employee's initial assignment to the job.**
- If the employee declines the vaccine, then he/she must sign a [Declination Statement Form](#). If the employee chooses to receive the vaccine at a later date, the employer is required to make the vaccine available at no cost as long as the occupational exposure still exists.

POST-EXPOSURE PROCEDURES

EVALUATION AND FOLLOW-UP

All exposure incidents will be regarded as serious and must be reported immediately to the employee's Supervisor.

These procedures should be followed after an exposure:

Employee

- Administer first aid immediately for any types of injuries, including cuts, and the areas exposed should be thoroughly washed with soap and water.
- Inform the Supervisor.
- Provide the supervisor with detailed information concerning the nature of the exposure, associated biohazards, and the route of exposure.

Supervisor

- Obtain witness reports of the incident.
- Assist the employee in determining the nature of the exposure(s), any biohazards associated with it, and the routes of exposure.
- Retain and secure the source material of the exposure in a safe manner.
- Determine if the incident constitutes an occupational exposure to biohazardous materials and immediately begin documentation of the incident using the [Exposure Incident Form](#).
- All information related to employee exposure shall be regarded as confidential. Documentation shall include the activity in which the employee was engaged at the time of exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of exposure.
- Direct the employee to the designated medical facility for follow-up during normal working hours. If the incidence occurs after working hours, the employee should be directed to the nearest Emergency Room for proper evaluation.
- Inform the employee that acceptance of the evaluations and/or treatments are voluntary and will be provided at no cost to the employee.

The following information must be available to the medical provider performing the post-exposure evaluation:

- A copy of the OSHA Blood-borne Pathogen Standard (29 CFR 1910.1030 – Click [here](#)).
- A copy of this plan.
- A description of the incident and how exposure may have occurred.
- The exposed employee's relevant medical records.
- Other information, as deemed appropriate.

The physician will provide the employee with the following in a confidential manner:

- Evaluation of the exposure risk
- A written list of testing and treatment options.

The supervisor and employee will receive a written medical opinion from the medical provider within 15 days of evaluation. The written opinion will contain:

- A statement that the employee has been informed of exposure risk(s) and treatment options available.
- Whether HBIG or HBV vaccine was indicated for the employee.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report made available to FIU. Medical records shall not be disclosed to anyone without the employee's written consent, unless permitted by law.

If the employee becomes ill as a result of the exposure incident, the medical provider will forward a copy of the complete medical report to Environmental Health and Safety.

TRAINING REQUIREMENTS

Employee training or competence, established through education and experience, is mandatory for full compliance with the BBP Standard.

Employees/students shall be trained regarding the use of appropriate personal protective equipment (PPE) for their job classifications and tasks/procedures they perform.

All training shall occur before the employee begins their assignment, and will take place once annually thereafter as part of refresher training to assure compliance with the OSHA Blood-borne Pathogens Standard. This refresher training is **MANDATORY** for anyone working in a job function which may expose them to blood or bodily fluids.

Additional training shall be provided whenever an employee starts a new position or assumes new job functions. To determine whether additional training is needed, the supervisor should evaluate the employees' previous job classifications/tasks and compare those to the new job or functions. Once this has been done, the supervisor will determine whether or not additional training is necessary for the employee in question.

Trainings will be provided through Environmental Health and Safety. Courses are available online or in-person. Questions about training may be addressed to the Safety Training Coordinator by phone: (305) 348-1421 or email: ehstrain@fiu.edu.

All training programs shall include, but are not limited to, the following:

- Requirements of the BBP Standard
- The epidemiology and symptoms of blood-borne diseases- specifically Hepatitis B, Hepatitis C, and HIV.
- Modes of transmission of blood-borne pathogens.

- University/Departmental Exposure Control Plan and where employees can obtain a copy.
- Explanation of how to identify tasks that may involve/create occupational exposures.
- A review of methods to be used to prevent or reduce exposure (such as engineering and work practice controls, use of personal protective equipment, etc.)
- Proper selection, use, maintenance, storage, and disposal of personal protective equipment.
- The use of appropriate labeling- biohazards labels, signs and “Color coding.”
- The Hepatitis B vaccine efficacy, safety and benefits
- Actions to be taken in case of emergencies involving BBP.
- An explanation of the procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- Information on the post-exposure evaluation and follow-up to be provided to employees in the case of an exposure incident

RECORDKEEPING REQUIREMENTS

Each department shall maintain records containing the following information below and shall forward copies as indicated to the Department of Environmental Health and Safety for recordkeeping compliance.

MEDICAL RECORDS

- Any medical records concerning the employee will be maintained by the designated medical provider for a period of at least 30 years per OSHA requirements.
- These records include the employee name and I.D. number, the employee’s Hepatitis B immunization status, and copies of medical exams/treatments of any post-exposure incidents.
- All records are confidential and shall not be released to any person without the employee’s consent or as required by law.

TRAINING RECORDS

- Training records for the initial BBP training as well as subsequent annual refresher courses. These records shall include the following:
 - Dates of all training sessions
 - Contents/Summary of the training sessions
 - Names and qualifications of instructors
 - Names and job titles of employees attending the training sessions

These training records will be maintained by the Supervisor for a minimum of 3 years. Training records shall be made accessible for review by EH&S and representatives of regulatory agencies.

VACCINATION/DECLINATION RECORDS

- Declination Statements and vaccination records (copies) shall be maintained by the supervisor and shall be readily accessible for review by regulatory agencies and EH&S

NEEDLE-STICKS AND INJURIES

- Per the Needle-stick Act of 2000, areas are required to document any type of sharps-related injury. Sharps Injury Log shall be maintained and stored by the Supervisor. At a minimum, the sharps log will contain the following:
 - Type and brand of device involved in the incident
 - Location of incident
 - Description of incident

A copy of the logs described must be readily available for inspection by EH&S or regulatory agencies.

Any types of training records or other information concerning BBP will be made readily available by the supervisor/area manager upon request.

RECORD OF REVIEW AND CHANGES

Date of Review	Section Changed	Summary of Change
March 1995		Document created
September 2009	None	
July 2011	None	
July 2013	Admin	p.4 – added review date and updated Department Head information
February 2016	Multiple	Moved document to new template Removed “administrative updates” section
September 2016	Multiple	Formatting adjustments p. 9 - Added link to FIU Biomedical Waste Plan and updated procedures p. 14 – added link to Hep B Declination form p. 15 – added links to exposure report form and OSHA bloodborne pathogen standard
September 2018	None	
September 2021	Handwashing	Template updates – new header and footer p.7 – Added step 4 to wash for at least 20 seconds
May 2022	None	
June 2023	None	
August 2024	Multiple	p.12 – Updated links to FIU Biomedical Waste Plan p.13 – Updated link to Hep B Vaccine Declination Form p.14 – Updated link to Exposure Incident Report Form p.18 – Added Record of Review and Changes section

