

UT Health Science Center: GS5200 - Exposure Control Plan 2022	
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Related Policies: RS002 – Office of Research Safety Affairs Exposure Control Plan GME Policy #360 – Infection Control for Immunizations for Medical and Dental Residents GME Policy #361 – Infection Control for Tuberculosis for Medical and Dental Residents Policy on Infection Control for Tuberculosis for UTHSC Employees, Faculty and Staff Security Plan for the Transportation of Hazardous Materials		
Forms: Hepatitis B Declination		

PURPOSE, APPLICABILITY, AND SCOPE:

This Bloodborne Pathogens Exposure Control Plan (ECP) has been developed and implemented to meet the requirements of the Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogens Standard ([29 CFR 1910.1030](#)). This federal standard has been adopted by the State of Tennessee with minor additional provisions. This standard was originally promulgated and continues to address occupational exposure risk to human body fluids that may contain bloodborne pathogens such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) in human healthcare settings. University of Tennessee Health Science Center (UTHSC) is required by OSHA to have an Exposure Control Plan (ECP).

This plan is applicable to all UTHSC faculty, staff, students, residents and fellows. In this plan the term “employee” means all faculty, staff, students, residents and fellows. All employees who have the potential for occupational exposure to blood, bodily fluids and Other Potentially Infectious Material (OPIM) must comply with the procedures and work practices outlined in the ECP.

ABBREVIATIONS:

- Bloodborne Pathogens (BBP)
- Biosafety Level (BSL)

- Biosafety Officer (BSO)
- Center for Disease Control (CDC)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)
- Institutional Animal Care and Use Committee (IACUC)
- Institutional Biosafety Committee (IBC)
- International Air Transport Association (IATA)
- Other Potentially Infectious Materials (OPIM)
- Occupational Health and Safety Administration (OSHA)
- Principal Investigator (PI)
- Personal Protective Equipment (PPE)
- Office of Research Safety Affairs (RSA)
- Standard Operating Procedure (SOP)
- Tuberculosis (TB)
- United States Department of Transportation (US DOT)
- University Health Services (UHS)
- University of Tennessee Health Science Center (UTHSC)

INTRODUCTION:

This Exposure Control Plan describes UTHSC's efforts to eliminate or minimize occupational exposure to bloodborne pathogens, infectious agents, and Other Potentially Infectious Materials (OPIM). It contains information concerning the regulations and procedures for:

- General Program Management
 - Responsibilities
 - Availability of the Exposure Control Plan to Employees
- Exposure Determination
- Exposure control
 - Standard precautions
 - Engineering Controls
 - Work Practices
 - Personnel Protective Equipment
- Bloodborne Pathogen Communication
 - Labeling and Signs
 - Information and Training

- Hepatitis B Virus (HBV) Vaccination, Post-Exposure Evaluation and Follow-up
 - Hepatitis B Vaccination
 - Exposure Response, Post-Exposure Evaluation and Follow-up
 - UTHSC Affiliate Sites
 - Medical Recordkeeping
- Sharps Injury Prevention Program
- Shipping human materials including blood and OPIM
- Appendices
 - Appendix A: Hepatitis Declination Form
 - Appendix B: First Aid and Human Blood Spill Responders' Exposure Control Guide
 - Appendix C: Infection Control Awareness for Employees Exposed to Wastewater
 - Appendix D: Safer Sharps Device Initial Evaluation Form
 - Appendix E: Safer Sharps Device Annual Review Form
 - Appendix F: Bloodborne Pathogen Exposure/Sharps Injury Report

GENERAL PROGRAM MANAGEMENT

RESPONSIBILITIES

The ~~six~~ five primary areas of responsibility for the Exposure Control Plan (ECP) are:

- ~~Exposure Control Coordinators~~
- UTHSC Campus Safety and Emergency Management
- University of Tennessee Office of Risk Management
- UTHSC University Health Services
- Supervisory Personnel (including Principal Investigators, Managers and Supervisors)
- Employees

~~Exposure Control Coordinators~~

~~Exposure Control Coordinators will serve as the primary contacts for all work environments covered by the scope of this plan. They are responsible for management and support of the Bloodborne Pathogens Compliance Program.~~

~~The UTHSC Safety Officer will execute or delegate the following exposure control activities to Exposure Control Coordinators at UTHSC.~~

- ~~Overseeing implementation of the Exposure Control Plan.~~

- ~~• Developing, in cooperation with administrators, any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.~~
- ~~• Revising, updating and improving the Exposure Control Plan at least on an annual basis and at other times when necessary~~
- ~~• Assisting supervisors and employees in the development and implementation of procedures intended to reduce BBP exposure risk associated with site specific tasks.~~
- ~~• Developing and/or identifying training resources and providing training to the appropriate extent. (See "Information and Training" section.)~~
- ~~• Understanding current legal requirements concerning bloodborne pathogens.~~
- ~~• Conducting periodic audits and inspections of environments where occupational exposure risk is present to verify regulatory compliance.~~
- ~~• Maintaining Program Records, including:~~
 - ~~○ Completed hepatitis B vaccine offer forms (UHS)~~
 - ~~○ Training records (RSA)~~

University of Tennessee Office of Risk Management

Risk management is responsible for maintaining the OSHA 300 log.

UTHSC University Health Services

University Health Services or the designated health care provider shall be responsible for:

- Maintenance of medical records relative to this program.
- Post-exposure evaluation and follow-up, including medical consultation.

Supervisory Personnel (including Principal Investigators, Managers and Supervisors)

Supervisory personnel are responsible for compliance in their areas. They shall work with the Exposure Control Coordinators and their employees to ensure that:

- Overseeing the implantation of the Exposure Control Plan in their work area.
- All employees under their supervision who are at risk of exposure to bloodborne pathogens receive initial training (including site-specific training which must be completed in conjunction with an experienced person in the employee's work environment). This training must be completed before the supervisor permits the employee to engage in work procedures with a BBP exposure risk.

- All employees under their supervision who are at risk of exposure to BBPs complete annual retraining in bloodborne pathogens as outlined in the “Training” section of this document.
- All volunteer personnel in their area who are at risk for exposure to bloodborne pathogens receive training and follow safe work practices commensurate with that of employees performing the same duties.
- Proper exposure control procedures are followed as outlined in the “Methods of Compliance” section of this document.
- Appropriate personal protective equipment is available and in good working condition for all employees at risk of exposure to bloodborne pathogens; this includes alternatives if an employee is allergic to the gloves normally provided.
- Any employee who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in the “Post-Exposure Evaluation and Follow-Up” section of this document.
- Conducting periodic audits and inspections of environments where occupational exposure risk is present to verify regulatory compliance.
- Program-related documentation (i.e., training records, written procedures, sharps evaluation forms, equipment maintenance records) is available at the work site and is current with regulatory requirements.

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Employees

Employees who have occupational exposure risk for BBPs are responsible for following procedures and practices, as outlined in the Exposure Control Plan. This includes but is not limited to:

- ~~Attending-Completing the~~ bloodborne pathogens initial training ~~session~~ and annual ~~refresher~~ training ~~sessions~~.
- Understanding which tasks have potential occupational exposure to bloodborne pathogens.
- Conducting all operations in accordance with established work practice controls, including use of Standard Precautions.
- Developing and maintaining good personal hygiene habits.
- Reporting all ~~occupational~~ exposure incidents.

AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES

All supervisors with personnel who have occupational exposure to BBPs should maintain a copy of the Exposure Control Plan and have it readily available to their employees. This Exposure Control Plan can also be accessed by employees and the general public at the following website: <https://www.uthsc.edu/campus-safety/procedures-policies.php>.

Review and Update of the Plan

This Exposure Control Plan will be reviewed and updated at least annually by the UTHSC Safety ~~Officer~~ Committee with input from other Exposure Control Coordinators and supervisors of personnel who have occupational exposure risk for BBPs.

EXPOSURE DETERMINATION:

Supervisors are responsible for determining which employees have potential for occupational exposure to bloodborne pathogens, infectious agents or OPIM, and for providing these individuals with proper training. Training must include:

- The identification of activities or tasks associated with risk of exposure to Bloodborne Pathogens (BBP)
- Instructions for performing procedures associated with risk of exposure to BBP
- Completion of a BBP training program that meets content requirements established by OSHA, such as BBP training provided by UTHSC Campus Safety

The following list of job classifications and exposure risk tasks are identified as having potential for occupational exposure to BBP.

- **Anatomy Bequest Program Staff:** Handling and preparation of Anatomy Bequest Program specimens.
- **Campus Police:** Required to administer first aid or perform human blood/ OPIM spill response as part of job duties.
- **Clinical Laboratory Staff:** Handling blood, OPIM and other patient specimens.
- **Clinical Research Staff:** Collection or handling of patient specimens.

- **College of Dentistry:** Dental procedures, providing dental hygiene and other related healthcare practices involving interaction with patients, devices or equipment that have contacted blood or OPIM.
- **College of Medicine:** Faculty, students, residents and fellows, providing healthcare to patients.
- **Custodial Services:** Spill response involving human blood or OPIM; accidental contact with improperly disposed sharps.
- **Forensic Center Technicians:** Handling of human materials.
- **Lab Animal Care Unit Staff:** Care of animals that have been challenged with a BBP; care of animals that have been implanted with human derived materials where there is a possibility of leakage or seepage of these materials from the implant site.
- **Lifeguards:** Required to administer first aid or perform human blood/OPIM spill response as part of job responsibilities.
- **Maintenance Workers:** Maintenance/repair of laboratory or clinical care facility plumbing.
- **Principal Investigator/Research Associate:** Manipulation of human derived materials including cells and materials contaminated with such materials.
- **Research Assistant/Research Technician:** Manipulation of human derived materials including cells and materials contaminated with such materials. Spill response involving human blood or other human-derived material.
- **University Health Services Staff:** Contact with blood or OPIM during interaction with patients, handling of specimens and other healthcare activities.
- **Any Other Job Classification:** Required to administer first aid or perform human blood/OPIM spill response as part of job duties.

METHODS OF COMPLIANCE:

STANDARD PRECAUTIONS

All human blood* and other potentially infectious materials must be treated as if known to be infectious for HBV, HCV, HIV and other bloodborne pathogens. OPIMs include:

- Body fluids containing visible blood
- Semen and vaginal secretions
- Cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids
- Human cell, tissue, or organ cultures not shown to be free of bloodborne pathogens.

*Note: "Blood" includes human blood products such as serum, plasma, albumin, etc.

ENGINEERING CONTROLS

Equipment such as hand washing facilities, eye wash stations, sharps disposal containers, biological safety cabinets, autoclaves, and safer sharps devices are to be used when appropriate. Examples of safer sharps devices include needleless systems and sharps with engineered sharps injury protection (e. g., self-sheathing syringe needles).

The UTHSC safety professionals, in conjunction with appropriate supervisors, will review tasks and procedures performed to determine where engineering controls can be implemented or updated.

Engineering controls to be used for work with potentially infectious materials include:

- **Hand washing facilities** must be accessible to all employees who have a potential for exposure. Waterless antiseptic hand cleansers or antiseptic towelettes must be available to employees at risk of exposure if running water is not readily available. If waterless cleansers or towelettes must be used, the employee must follow up with a soap and water wash as soon as feasible.
- **Emergency eye wash stations** must be near workstations or work areas where employees perform tasks that may produce splashes of potentially infectious materials. Eye wash stations must be kept clear of items that hinder accessibility or proper function and must be flushed regularly.
- **Biosafety Cabinets (BSC)** must be used for manipulations of blood or OPIM (including human cells) that will generate aerosols. BSCs are designed to provide personal, environmental and product protection when appropriate practices and procedures are

followed. Biosafety cabinets use high efficiency particulate air (HEPA) filters in their exhaust and/or supply systems. Biosafety cabinets must not be confused with other laminar flow devices or “clean benches”; in particular, horizontal flow cabinets which direct air towards the operator should never be used for handling potentially infectious, toxic or sensitizing materials. BSCs used for manipulation of human-derived materials or infectious agents must be certified (i.e., leak tested and inspected, using criteria of National Sanitation Foundation 49 Standard) when initially installed, moved, or at least annually.

- **Safe Sharps Devices** (or sharps with engineered sharps injury protections) should be used for any lab manipulations involving human blood or blood products and human cell or tissue cultures whenever feasible. Whenever a sharp device will be used for procedures on a living human (i.e., phlebotomy, vaccine administration), an engineered safer sharps device **MUST** be used. The use of sharps for procedures on living humans must be documented initially and annually as outlined in the Sharps Injury Protection Program section of this Exposure Control Plan. Safe sharps devices include, but are not limited to:
 - Self-sheathing needles/syringes.
 - Hypodermic syringes with retractable technology safety features.
 - Phlebotomy needles with self-blunting safety features.
 - Retracting lancets with safety features; or
 - Disposable scalpels with shields and other safety features.
- **Biohazardous sharps containers** must be used to properly store and dispose of contaminated sharps. Disposable biohazardous sharps containers must isolate the cut or puncture hazard associated with handling sharp items such as needles, scalpels, or Pasteur pipettes. Therefore, containers used for collection and disposal of contaminated sharps must be designed and manufactured for that specific purpose and used in accordance with the manufacturer’s instructions. Disposable biohazardous sharps containers must be:
 - Puncture-resistant.
 - Red in color or labeled with a biohazard warning label.
 - Leak-proof on the sides and bottom.
 - Closable.

Containers for reusable contaminated sharps must meet the same requirements as containers for disposable sharps; however, they are not required to be closable, and do not have to be manufactured specifically for that purpose. Reusable sharps must not be stored or processed in a manner that requires reaching into containers of contaminated

sharps. Food containers, such as coffee cans, are not acceptable containers for sharps collection or disposal.

- **Storage and/or transport containers** must be used to reduce the potential for an environmental release of potentially infectious materials. Primary containers should be designed to be leak-proof, puncture-resistant, and capable of being closed. Single primary containers used for potentially infectious materials should be labeled with the biohazard symbol. If multiple primary containers are stored in a secondary container (such as a rack of specimen tubes contained in a cooler for transport), only the secondary container must be labeled with the biohazard symbol. Secondary containers are used for additional protection against an environmental release and therefore must be leak-proof, puncture-resistant and capable of being closed. Use of secondary containers are required for any transportation or long-term storage of all potentially infectious materials.

WORK PRACTICES

Supervisors are responsible for ensuring that all personnel with occupational exposure risk complete training regarding applicable work practices to reduce exposure risk, and for assuring that these work practices are adopted and followed on the job.

The following work practice controls are to be implemented.

General Practices and Rules

- Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, and food/drink storage is prohibited in all laboratory areas.
- Mouth pipetting/suctioning of blood or other infectious materials is always prohibited.
- Minimize splashing, spraying or other actions generating droplets of blood or other potentially infectious materials during all procedures.
- At a minimum, Biosafety Level 2 containment practices are required for laboratories working with specimens of blood or body fluids.
- Specimens of blood or other potentially infectious materials must be placed in designated leak-proof containers, appropriately labeled for handling and storage.

- Primary containers of potentially infectious materials must be placed in puncture-resistant, leak-proof, closable secondary containers for transportation outside of the work area (e.g., from lab to lab where a common hallway is used, etc.).
- Hand washing* must be performed:
 - After removal of gloves or other personal protective equipment.
 - When visible contamination with blood, body fluids, or other potentially infectious materials is present.
 - When work is completed and before leaving the patient care area or laboratory.
 - Before eating, drinking, smoking, applying makeup, changing contact lenses, or using the bathroom.

Note: Soap and water are the most effective means for hand washing. If a waterless hand cleanser or antiseptic towelettes are used due to lack of available running water, the employee must follow up with soap and water as soon as feasible.

Contaminated Needles and Other Contaminated Sharps

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that there is no feasible alternative. In this event, such bending, recapping or needle removal must be accomplished using a mechanical device or one-handed technique.

Use of Sharps Containers

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers must be:

- Puncture-resistant
- Labeled with the biohazard symbol or color-coded in red
- Leak-proof on the sides and bottom
- Designed and used in such a manner that does NOT require employees to reach by hand into the containers.

Disposable contaminated sharps must be placed in appropriate containers (as described under "Engineering Controls") immediately, or as soon as possible, after use. These containers must be:

- Closable
- Puncture-resistant
- Leak-proof on the sides and bottom
- Labeled with the biohazard symbol or color-coded in red.

During use, containers must be:

- Located as close as feasible to the immediate area where sharps are used, or otherwise can be reasonably found.
- Maintained upright throughout use.
- Replaced routinely and not overfilled. Containers must be permanently closed and replaced either upon reaching the maximum capacity indicator or they are $\frac{3}{4}$ full.

Proper use of sharps container lids is required. These practices include:

- Lids must be properly installed before a disposable biohazardous sharps container is put into use.
- When not in use, or when moving a container from one location to another, sharps container lids must be closed to further eliminate the potential for exposure.
- Container lids must be permanently closed before handling containers for disposal.

Work Surface and Waste Container Cleaning and Disinfecting

Employees working with potentially infectious materials must:

- Clean and decontaminate all equipment and surfaces after contact with blood or other potentially infectious materials. Visible contamination must be removed before applying disinfectants to surfaces to ensure product efficacy. Disinfectants must be EPA-registered and capable of inactivating HIV and HBV. Freshly made 1:10 (vol:vol) bleach solutions are also acceptable.
- Clean and disinfect:
 - Immediately (or as soon as feasible) when surfaces become contaminated.
 - After any spill of blood or potentially infectious materials.
 - At the end of the work shift, especially if the surface may have become contaminated during that shift.
- Examine contaminated equipment prior to servicing or shipping. If it can be demonstrated that decontamination is not possible, then the following steps need to be taken:
 - Attach a biohazard warning label to any contaminated equipment, identifying the contaminated portions.
 - Inform affected employees, equipment manufacturer and the equipment service representative of remaining contamination prior to handling, ~~servicing~~ servicing, or shipping.
 - If equipment must be shipped, contact Campus Safety before shipping.
- Routinely inspect and clean all pails, bins, cans, and other receptacles. These items must be properly decontaminated whenever visibly contaminated.
- Pick up potentially contaminated broken glassware using mechanical means (such as tongs, forceps, or a dustpan and brush) and dispose of in a proper sharps container. Do not handle broken contaminated glass with your hands!

- Immediately clean up spills of blood, body fluids, or any other potentially infectious materials.
- When disposing of contaminated biological waste:
 - Discard in a biohazard bag placed inside a secondary biohazard waste container.
 - Locate containers for regulated waste so that they are readily accessible to employees and as close as possible to the source of the waste.
 - Maintain waste containers in an upright position and do not overfill.
 - Close containers when not actively in use and at the end of the day.
 - Contain and store waste in accordance with procedures outlined by the medical waste contractor when applicable.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment is available at no cost to all employees with an occupational exposure to blood or other potentially infectious materials. PPE items include gloves, gowns, laboratory coats, face shield/masks, safety glasses, goggles, mouthpieces, resuscitation bags, pocket masks, hoods, and shoe covers. Assignment of PPE for a given task must be based on the potential for exposure risk and the nature of that exposure. The UTHSC safety professionals should be consulted for assistance with PPE selection.

Principal Investigators (PI) or supervisors must ensure that PPE of appropriate type and size is available and easily accessible to employees. Employees must be trained, regarding the use of appropriate PPE for their job classification and the tasks/procedures they perform. This training must be documented through the completion of a Job Hazard Assessment, Bloodborne Pathogens training record, or other means determined by the supervisor.

PIs and supervisors shall ensure that employees use appropriate PPE. If an employee declines to use PPE, the PI/supervisor must show that it was the employee's professional judgment that the use of PPE would have posed an increased hazard to the safety of himself/herself or a coworker. When the employee makes this judgment, the circumstances shall be investigated and documented to determine if changes can be made to prevent future occurrences.

Types of Personal Protective Equipment (PPE)

- *Gloves*
Gloves shall be worn:
 - When it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, and non- intact skin
 - When performing vascular access procedures,

- When handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves shall be discarded if cracked, peeling, torn, punctured, or otherwise exhibit signs of deterioration, or when their ability to function as a barrier is compromised.

Gloves should not be worn in public areas outside the laboratory, including hallways and offices. Individuals must use a disinfected secondary container or use the “one glove” technique when transporting hazardous materials between work areas.

- *Masks, eye protection and face shields*

Masks shall be worn alone or in combination with eye protection devices such as goggles or glasses, side shields, face shields, etc. whenever splashes, spray, splatter or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

- *Gowns and other protective body clothing*

Appropriate protective clothing such as, but not limited to, long-sleeved gowns, aprons, long sleeved lab coats, long-sleeved clinical jackets, or similar outer garments shall be worn when occupational exposure may occur. The type and characteristics of such protective clothing must be appropriate to the task and degree of exposure anticipated.

The supervisor is responsible for designating the appropriate PPE that employees should wear during specific treatments or tasks depending on the degree of exposure anticipated. Campus Safety personnel are available to provide technical assistance to supervisors making PPE selections.

Surgical caps, hoods and/or covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery, etc.)

The following practices must be utilized to ensure that PPE is not contaminated and is in appropriate condition to protect employees from potential exposure:

- All PPE must be inspected periodically by the PI/supervisor and repaired or replaced as needed.
- Reusable PPE (lab coats, safety glasses, face shields, etc.) must be cleaned or laundered and decontaminated as needed. Lab coats (and any personal clothing that becomes contaminated with blood or OPIM) must not be sent home with employees for laundering. For assistance with identifying on-site laundry or commercial laundry services, contact your departmental office or campus safety officer.
- Single-use PPE that is contaminated with blood or OPIM to the extent where the material can drip or flake off the item will be disposed of as biohazardous waste.
- When using PPE, employees must:
 - Inspect PPE prior to use to verify that it is in good condition.
 - Remove all PPE before leaving the work area.
 - Wear gloves when:
 - Hand contact with potentially infectious materials is anticipated.
 - Handling or touching contaminated items or surfaces.
 - Working with or performing any procedures with lab animals.
 - Replace disposable gloves as soon as possible after contamination or immediately when torn, punctured or otherwise rendered unable to function as an exposure barrier.
- Report any adverse reactions to glove material, or any known latex allergy to your supervisor so that appropriate alternative protective devices can be provided.
- Decontaminate reusable gloves (i.e., heavy gauge nitrile or vinyl) before reuse; if utility gloves are cracked, peeling, torn or exhibit other signs of deterioration, they must be discarded.
- Wear eye protection and masks whenever there is a chance that a splash or spray may generate droplets of infectious materials.
- Wear protective clothing (e.g., lab coat) whenever splashes or aerosols of human blood or OPIM are anticipated.
- Wear fluid-resistant body covering (i.e., coated Tyvek coveralls) and shoe covers/boots in any instance where gross contamination is anticipated.
- Remove and replace compromised or moderately contaminated PPE as soon as feasible.
- Wash hands after removal of PPE.

BLOODBORNE PATHOGEN COMMUNICATION:

LABELS AND SIGNS

Biohazard labels consist of a red or fluorescent orange colored background with the traditional biohazard symbol in a contrasting color. Campus Safety and the Office of Research Safety Affairs will keep a supply of labels meeting these criteria and these will be available upon request.

The following items must be labeled:

- Entrances to all laboratory areas where blood, cell cultures, or other potentially infectious materials are used.
- Containers of regulated waste.
- Refrigerators, freezers, incubators, or other equipment containing blood, cell cultures, or other potentially infectious materials.
- Sharps disposal containers.
- Containers used to store, transport or ship blood and other potentially infectious materials. When a primary container holds several smaller items containing the same potentially infectious substance, only the primary container needs to be labeled. All employees handling these containers must be informed of their contents and the need to use Standard Precautions when handling such items. Items that are transported or shipped need to comply with local and federal transportation regulations. Contact the Campus Safety prior to shipping any potentially infectious materials.
- Laundry bags/containers holding contaminated items. Alternately, laundry may be placed in a biohazard bag. Employees handling laundry must be informed of the potential for contamination and/or infectivity of the biohazard bags.
- Contaminated equipment.

INFORMATION AND TRAINING

All employees who have occupational exposure to human blood or OPIM are required to complete bloodborne pathogens training before engaging in job tasks with an exposure risk.

Employees must complete annual ~~update-refresher~~ training to keep their knowledge current. Other training must be conducted as needed to address new tasks or procedures that affect occupational exposure. Volunteers who are performing tasks that put them at risk for BBP exposure should be provided with the same level of training and information as employees.

Training Methods

The UTHSC ~~health & safety professionals~~ Campus Safety and Emergency Management ~~has have~~ prepared online Bloodborne Pathogens training that addresses campus specific procedures. This general training must be supplemented with task-specific training to be provided by an individual experienced in the specific tasks expected to be carried out by the work group. Upon request, ~~the~~ Campus Safety will provide in-person training for UTHSC personnel. All sessions conducted by ~~the~~

~~UTHSC health & safety professionals~~Campus Safety will be tailored for the audience's learning needs and will offer an opportunity for employees to ask questions.

Initial Training Topics

Per the minimum requirements of the OSHA BBP Standard, bloodborne pathogens training for new employees who will have occupational exposure to human blood or OPIM will include the following mandatory topics:

- OSHA's Bloodborne Pathogens Standard and its availability.
- Epidemiology, symptoms and modes of transmission of bloodborne diseases including HIV, HBV and HCV; existence of other bloodborne diseases.
- UTHSC Exposure Control Plan and its availability.
- Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Review of use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering controls
 - Work practice controls
 - Personal protective equipment (PPE).
- Proper selection, use and disposal of PPE.
- Visual warning of biohazards including labels, signs and color-coded containers.
- Information on the Hepatitis B vaccine, including its availability, efficacy, safety, benefits, administration, and HBV Vaccination Program.
- Emergency actions for incidents involving blood or other potentially infectious materials.
- Incident reporting
- Post-exposure evaluation and follow-up including medical consultation.

If a supervisor chooses to perform their own training, he or she must ensure that all these topics, as well as site-specific training information are included. This training must be conducted in a manner that includes an interactive question and answer component. The supervisor must document the training event as outlined under the "Training Documentation" section.

Update and Annual ~~Retraining~~Refresher training

Supervisors must provide a brief update training anytime that a new task or procedure is adopted that affects occupational exposure risk. This training should be documented as outlined in the next section. ~~At a minimum, a~~Annual ~~retraining~~refresher must be completed, regardless of any procedural changes. Training shall reiterate and emphasize key training components of the bloodborne pathogen standard as well as any new information related to exposure control.

Training Documentation

Whenever BBP training is conducted, the following information must be documented:

- Dates of all training sessions
- Contents/summary of the training sessions
- Names and qualifications of the instructors
- Names and job titles of employees attending the training sessions.

Although the UTHSC health & safety professionals will maintain records of the training sessions that they provide and completion of online training obtained through UTHSC Campus Safety, this does not constitute a complete training record. Therefore, supervisors must maintain records for their personnel in their workplace. These records must be available for inspection upon request. Training records must be maintained for at least three years from the date of the event.

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP:

A hepatitis B vaccination program and procedure for post-exposure evaluation and follow-up has been established by University Health Services.

HEPATITIS B VACCINATION

Vaccination for the Hepatitis B virus (HBV) is available, at no cost to the individual, for all employees who have the potential for occupational exposure. The vaccine is administered through UTHSC University Health Service (UHS). The vaccination program consists of a series of three inoculations over a six-month period and a post-vaccine titer. Information addressing the safety, benefits, efficacy, and methods of administration are available from UHS. At the time of the bloodborne pathogens training, employees will receive information about the availability of the vaccine and its benefits and risks. Employees must be trained before they are offered the vaccine.

If a person decides to decline the Hepatitis B vaccination, they must sign the Hepatitis B Vaccine Declination form (Appendix A). The vaccination requirement is waived if the employee provides documentation that he or she has previously received the complete HBV vaccination series, or if antibody testing reveals that the employee is immune, or if the vaccine is contraindicated for medical reasons.

EXPOSURE RESPONSE, POST-EXPOSURE EVALUATION AND FOLLOW-UP

Employees of UTHSC work in a variety of environments ~~on several~~ at different sites throughout ~~the medical community~~ State of Tennessee. It is important that **ALL** employees know what to do and who to contact in the event an exposure occurs. This information ~~should be~~ shall be

communicated during initial and annual training. Supervisors or academic program leaders will facilitate all post-exposure treatment protocols detailed in campus procedures, plans and the CDC guidelines for handling Bloodborne Pathogens.

If an employee sustains an exposure to biological materials considered to be a bloodborne pathogens risk, the employee should seek medical consultation and treatment immediately.

- First aid response ~~should~~ includes the following (Appendix B):
 - If contact with blood or other potentially infectious material occurs on skin with cuts, rashes, acne or dermatitis, wash the area for 15 minutes with soap and water.
 - If blood or other potentially infectious material splashes in the eyes or on mucous membranes, flush the area for 15 minutes with water or normal saline.
 - If there is a cut or puncture with a contaminated object (broken glass, needle, etc.), wash the area for 15 minutes with soap and water.

- Exposures must be reported as follows:

- ~~Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) immediately inform~~ Notify your the supervisor or instructor and follow the exposure protocol for the site where the exposure occurred. Contact information for reporting and occupational exposure at each site is provided below of the work area or academic program where the exposure occurred.

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- UTHSC faculty and staff exposures must be reported by calling the CorVel 24/7 nurse line at 1-866-245-8588 within 48 hours of the incident and before seeking follow-up medical care. Faculty members with joint appointments at UTHSC and affiliate locations shall only call CorVel if the exposure occurred during the performance of UTHSC-related job responsibilities

- ~~Student exposures must be reported by calling 855-253-0629 and reported to their supervisor or program leader. The supervisor or program leader must complete the UT Incident Report Form~~ online Incident Report Form accessible on the UTHSC Campus Safety website. nd on behalf of the student and email the completed form to the UTHSC Campus Safety and Emergency Management at labsafety@uthsc.edu.

- Follow-up care should be obtained as soon as possible after an exposure.

- ~~Employees located at the UTHSC Memphis campus exposures must be~~ may report reported to UTHSC University Health Services (UHS) for follow up care. UHS is located at 910 Madison Avenue, 9th floor. UHS may be contacted during regular business hours by calling 901-448-5630. UHS may be contacted after hours and on weekends by calling 901-541-5654 ~~by calling the daytime or after hours phone number provided below.~~

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- ~~o If the exposure occurred off UTHSC campus, after treatment has occurred you must report the exposure to UTHSC University Health Services at 901-448-5630. On holidays and weekends contact UHS on the following business day. (For treatment of an exposure that has occurred on UTHSC campus call the number below at any time). Follow affiliate location procedures for exposures that occur off-campus.~~
- ~~o Exposures involving College of Pharmacy students or staff should seek follow-up care as follows:

 - ~~▪ Memphis: UTHSC University Health Services at 910 Madison Avenue, Memphis, Tennessee.~~
 - ~~▪ Nashville: Vanderbilt University Medical Center at 1211 Medical Center Drive, Nashville, Tennessee~~
 - ~~▪ Knoxville: University of Tennessee Medical Center at 1924 Alcoa Highway, Knoxville, Tennessee~~~~
- UTHSC faculty and staff exposures must be reported by calling the CorVel 24/7 nurse line at 1-866-245-8588 within 48 hours of the incident and before seeking follow up medical care. Faculty members with joint appointments at UTHSC and affiliate locations shall only call CorVel if the exposure occurred during the performance of UTHSC-related job responsibilities.
- Campus Safety will follow up on injuries and exposures that occur on the Memphis campus to investigate and document if changes can be made to prevent future occurrences. This will include collection of Sharps Injury Log information.

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UTHSC AFFILIATE SITES

Affiliate Site	Daytime	After Hours
UTHSC	University Health Services (901) 448-5630	UHS Medical Provider: (901) 541-5654
BAPTIST HOSPITAL (East)	Employee Health (8am-4pm) (901) 226-5000	Emergency Room (901) 226-5000
EAST TENNESSEE CHILDREN'S HOSPITAL	Operator: (865) 541-8000	Operator: (865) 541-8000
ERLANGER HOSPITAL	Erlanger Work Force Corporate Health Office (8am-4pm) (423) 778-4800	Operator: (423) 778-7000
LEBONHEUR HOSPITAL	Associate Health (8am-4pm) (901) 287-5437	Emergency Room (866) 870-5570

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JACKSON-MADISON COUNTY HOSPITAL	Operator: (731) 541-5000	Operator: (731) 541-5000
MEMPHIS MENTAL HEALTH INSTITUTE (MMHI)	Operator: (901) 577-1800	Operator: (901) 577-1800
METHODIST UNIVERSITY HOSPITAL	Associate Health (7am-4pm) (901) 516-9195	Emergency Room (901) 516-7600
MOCCASIN BEND MENTAL HEALTH INSTITUTE	Operator: (423) 265-2271	Operator: (423) 265-2271
REGIONAL ONE MEDICAL CENTER (THE MED)	Occupational Health (7am-5pm) (901) 545-7166	Emergency Room (901) 545-7826
ST. FRANCIS HOSPITAL	(901) 820-7716	Emergency Room (901) 765-2180
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	Occupational Health (901) 595-3300	Operator: (901) 595-3300
ST. THOMAS HOSPITAL	Operator: (615) 222-2111	Operator: (615) 222-2111
UT MEDICAL CENTER (KNOXVILLE)	Operator: (856) 305-9401	Operator: (856) 305-9401
VA HOSPITAL	Employee Health (8am-5pm) (901) 523-8990	Emergency Room (901) 523-8990
Vanderbilt University Medical Center	Operator: (615) 322-5000	Operator: (615) 322-5000

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MEDICAL RECORDKEEPING

UTHSC University Health Services (UHS) maintains confidential employee medical records. Information will not be disclosed without the employee's written consent, except as required or permitted by law. These records will be maintained for, at least, the duration of the employee's employment plus 30 years.

SHARPS INJURY PREVENTION PROGRAM:

All sharp devices at UTHSC that are used in healthcare setting procedures where device contamination with blood or OPIM is anticipated must be safe sharp devices as described in the

Methods of Compliance section (Engineering controls, Safe Sharps Devices). Selection and use of safer sharps must be documented initially and annually. If no safe sharp option exists for the device in question, this must be documented, as well.

UTHSC research laboratories at the Memphis campus that plan to use human blood or OPIM in their applications must register their use of such materials with the Institutional Biosafety Committee (IBC). Through this registration process, the IBC will work with PIs/supervisors to evaluate procedures for exposure risk including the use of sharps and to identify procedure changes that can reduce exposure risk. If procedures will require collection of blood or OPIM from a living human source, and collection will be performed by lab personnel a safe sharp device must be used.

When replacing a conventional sharp device with a safe sharp device, supervisors must ensure that the safe sharp device is properly evaluated before implementing the use of the device. Front line employees must be included in the evaluation process and the evaluation must be documented. Selection decisions must be based on employee acceptance, product reliability and safety. A sample initial evaluation form that can be used or adapted for as needed is included with this plan. A sample annual evaluation form that can be used or adapted for UTHSC needs is also included.

UTHSC Campus Safety maintains a sharps injury log for the recording of percutaneous injuries from contaminated sharps that occur at UTHSC Memphis campus. Information about sharps injuries that occur at affiliate healthcare settings off campus are maintained in the sharps injury log for that location. The information in the sharps injury log is recorded and maintained in such manner as to protect the confidentiality of the injured employee. A copy of the Sharps Injury Investigation form used by Campus Safety is included with this plan.

SHIPPING HUMAN MATERIALS INCLUDING BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

Individuals shipping potentially infectious substances including human blood and OPIM must do so in accordance with the requirements of the United States Department of Transportation, the International Air Transport Association (IATA) and the UTHSC Security Plan for the Security Plan for the Transportation of Hazardous Materials. Training is provided by the Office of Research Safety Affairs and must be renewed at least every two years as required by regulation.

APPENDIX A: HEPATITIS B DECLINATION FORM



University Health Services
Employee and Occupational Health
910 Madison, Avenue 9th floor
Memphis, TN 38163
t. 901.448.5630
f. 901.448.2583

Hepatitis B Declination

Any worker who have reasonably anticipated contact with blood or other potentially infectious material (OPIM) during performance of their job is considered to have occupational exposure and to be at risk of being infected. The Hepatitis B vaccination must be made available at no charge after the employee has received training. All employees who qualify for vaccination have the option to accept or decline.

____ I have previously received the Hepatitis B vaccination series (3 doses)

____ I have evidence of immunity (Hepatitis B surface antibody – positive/immune)

OSHA Hepatitis B Vaccination Protection Fact Sheet:
https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact05.html

Declination Statement

I 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) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name

Signature

Date

APPENDIX B: FIRST AID AND HUMAN BLOOD SPILL RESPONDERS' EXPOSURE CONTROL GUIDE

OVERVIEW

Employees who are required to provide first aid or to assist with the clean-up of body fluids suspected to be contaminated with human blood, need to perform these duties in a manner that protects themselves and others in the immediate area where the event occurred. Because there are unique challenges associated with performing these duties, it is essential that the employees assigned to the duties have been appropriately trained and have adequate supplies and resources available to carry out these duties effectively and safely.

FIRST AID RESPONSE EXPOSURE CONTROL POINTERS

It is strongly recommended that only personnel who have been trained in first aid response and have been specifically assigned that duty as a job responsibility render such services. Employees with this assigned job responsibility must complete bloodborne pathogens training before performing first aid services. Supervisors must ensure that employees under their direction understand clearly who is expected (and NOT expected) to provide first aid services and/or the proper procedure for dispatching emergency medical care personnel to the job site.

First aid responders must minimize their exposure risk while rendering first aid services by adhering to the following practices:

- Know where first aid kits are located, and that they are always stocked and ready for service.
- Keep at least 2 pair of gloves (in your size) immediately available for your use. Always wear gloves when contact with any body fluids is anticipated. Double glove when performing first aid services where visible blood is present.
- Always take note of where your closest running water is in case you need it for first aid, hand washing, or for exposed skin flushing purposes.
- If injuries are minor, and the injured person is capable, provide supportive, rather than hands-on services. In other words, give the person direction for wound cleaning, bandage application, etc., but let them do it themselves.
- If an injured person is actively bleeding, try to get the person isolated from others and keep them in that location to limit the spread of blood contamination. In this scenario, post someone to keep others out of the area where the contamination is present.
- If your clothes become contaminated with an injured person's blood or OPIM, you must remove contaminated clothing items as soon as possible. If the contamination soaked through to your skin, you must thoroughly flush the exposed skin. (See exposure incident response procedure at the end of this guidance document.) Moderately or heavily contaminated clothing should be laundered on-site separate from other clothing, using

hot water and a bleach-based detergent. Alternatively, this clothing must be sent to a commercial laundry service that is equipped to process clothing contaminated with blood or OPIM. Contaminated clothing awaiting treatment must be stored in a closed leak-resistant plastic bag tagged with a biohazard symbol.

- Always wash your hands after rendering any first aid services and after glove removal.

HUMAN BLOOD SPILL RESPONSE EXPOSURE CONTROL GUIDANCE

First aid incidents involving a person who is actively bleeding commonly result in contamination of items in the area where the incident occurred. Other potentially infectious materials may be present as well such as vomit with blood in it. These contaminated areas and items must be isolated and properly disinfected by trained personnel before they are brought back into service.

Blood spill responders must observe the following practices to protect themselves and the public from exposure to human blood or OPIM:

- Know where spill cleanup kits are located, and that they are always stocked and ready for service.
- Always have disposable gloves (in your size) readily available. Wear two pair of gloves for all spill response activities.
- If a spill occurs, isolate the contaminated area immediately. Either post someone at the site to keep others out of the area or close off the area.
- Other than very minor spills involving a few drops of blood, all spill response procedures should be carried out with 2 trained persons present, if possible. If the spill is too large for you to manage with the supplies available in the spill kit, or if you are not confident that you can manage the spill on your own, you must notify your supervisor and request additional assistance.
- If the spill includes contaminated broken glass or other sharp objects, you must use mechanical tools to pick up the broken glass. Contaminated broken glass should be placed in an approved sharps container for disposal if feasible. If this is not feasible, place broken glass in a puncture-resistant bucket. Permanently close the bucket with a lid and place the bucket into a biohazardous waste bag. Blood spill response waste must be disposed of as medical waste. While awaiting disposal, bags of spill waste must be stored in a secure area in a leak proof container with a lid that is labeled as a biohazard.
- If your clothes become contaminated with blood or OPIM, you must remove contaminated clothing items as soon as possible. If the contamination soaked through to your skin, you must thoroughly flush the exposed skin. (See exposure incident response procedure at the end of this guidance document.) Moderately or heavily contaminated clothing should be laundered on-site separate from other clothing using hot water and a bleach-based detergent. Alternatively, this clothing must be sent to a commercial laundry

service that is equipped to process clothing contaminated with blood or OPIM. Contaminated clothing awaiting treatment must be stored in a closed leak-resistant plastic bag tagged with a biohazard symbol.

- Always wash your hands after glove removal or anytime they may have come into contact with body fluids.

APPENDIX C: INFECTION CONTROL AWARENESS FOR EMPLOYEES EXPOSED TO WASTEWATER

In relation to water contaminated with human body fluids and wastes, the applicability of the Bloodborne Pathogens Standard extends to those employees who come in contact with wastewater from a hospital, clinical or laboratory facility. However, it must be recognized that water contaminated with human or animal waste is likely to contain infectious organisms.

It is essential that employees who are exposed to hazards on the job be informed of such hazards and provided with training and equipment to adequately protect themselves. The UTHSC safety & health personnel will assist departments in assuring that occupationally acquired infectious disease risk is minimized through the following actions:

RESEARCH ACTIVITIES

- Any supervisor of research activities that involve handling of water visibly contaminated with human or animal wastes should notify the Exposure Control Coordinators of such activities.
- The Exposure Control Coordinators will evaluate the scope of activities to determine if the provisions of the BBP Standard apply and to determine the specific training needs for the group.
- The Exposure Control Coordinators will provide training for the employee group that will include information about waterborne/foodborne pathogens, basic infection control practices and exposure management.

BUILDING MAINTENANCE ACTIVITIES

- Any supervisor of personnel whose job responsibilities include contact with water visibly contaminated with human or animal wastes should notify the Exposure Control Coordinators of such activities.
- The Exposure Control Coordinators will evaluate the scope of activities to determine if the provisions of the BBP Standard apply and to determine the specific training needs for the group.
- The Exposure Control Coordinators will provide training for the employee group that will include information about waterborne/foodborne pathogens, basic infection control practices and exposure management.

Wastewater-related resources (<http://www.cdc.gov/niosh/docs/2002-149/pdfs/2002-149.pdf>) recommend that personnel who have exposure to wastewater have a current tetanus vaccination as a minimum level of protection. The UT health and safety personnel support this recommendation. For assistance with coordinating vaccinations, supervisors should contact the Facilities Services Training Administrator Specialist.

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APPENDIX D: SAFER SHARPS DEVICE INITIAL EVALUATION FORM

This evaluation form (or equivalent) must be completed by any employee covered under this exposure control plan who is required to perform sharps-related procedures on living humans similar in nature to those procedures performed in a healthcare setting (i.e., phlebotomy, injections, etc.). Contact an Exposure Control Coordinators if you have questions or need further information.

Evaluator’s Name: _____

Job Title: _____

Department/Clinic: Date: _____

Supervisor/PI: Telephone #: _____

Name of Device: _____

Name of Manufacturer: _____

Applications of device: _____

Select the most appropriate answer for each question. A rating of one (1) indicates the lowest level of agreement with the statement, five (5) the highest. Not applicable (N/A) may be used if the question does not apply to this product.	
1. The safety feature can be activated using a one-handed technique.	1 2 3 4 5 N/A
2. The user’s hands remain behind the needle/sharp until activation of the safety mechanism is complete.	1 2 3 4 5 N/A
3. The safety feature does not interfere with normal use of this product.	1 2 3 4 5 N/A
4. Use of this product requires you to use the safety feature.	1 2 3 4 5 N/A
5. A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.	1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves.	1 2 3 4 5 N/A
7. The device is easy to handle when wet.	1 2 3 4 5 N/A

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8. This device does not require more time to use than a non-safety device.	1 2 3 4 5 N/A
9. The safety feature operates reliably.	1 2 3 4 5 N/A
10. The exposed sharp is blunted or covered after use and prior to disposal.	1 2
11. The safety feature works well with a wide variety of hand sizes and with a left-handed person as easily as with a right-handed person.	1 2 3 4 5 N/A
12. Use of this product does not increase the number of sticks to the patient.	1 2 3 4 5 N/A
13. Sterilization (if applicable) of this device is as easy as a standard device.	1 2 3 4 5 N/A
14. The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to line connections or hep-lock capping.	1 2 3 4 5 N/A
15. The product does not require extensive training to be operated correctly.	1 2 3 4 5 N/A
16. The device can be used without causing more patient discomfort than a conventional device.	1 2 3 4 5 N/A
Additional questions for I.V. Connectors:	Disagree.....Agree
17. Use of this connector eliminates the need for exposed needles in connections.	1 2 3 4 5 N/A
18. The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles.	1 2 3 4 5 N/A
19. The connector can be secured (locked) to Y-sites, hep-locks, and central lines.	1 2 3 4 5 N/A
Additional questions for Vacuum Tube Blood Collection Systems:	Disagree.....Agree
20. The safety feature works with a butterfly.	1 2 3 4 5 N/A
21. The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure.	1 2 3 4 5 N/A

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APPENDIX E: SAFER SHARPS DEVICES ANNUAL REVIEW FORM

This evaluation form (or equivalent) must be completed by any employee covered under this exposure control plan who is required to perform sharps-related procedures on living humans similar in nature to those procedures performed in a healthcare setting (i.e., phlebotomy, injections, etc.). Contact an Exposure Control Coordinator if you have questions or need further information.

Reviewer’s Name: _____
 Job Title: _____
 Department/Clinic: Date: _____
 Supervisor/PI: Telephone #: _____

In accordance with OSHA’s application of the “Needlestick Safety & Prevention Act”, all sharps that are being used where there is exposure to blood or OPIM from human patients must be reviewed on an annual basis. This includes all needles, syringes with needles, IV’s with needles attached, scalpels, capillary tubes, and lancets. During your annual review of devices, you must inquire about new or prospective safer options.

The purpose of this form is to document:

- sharps devices currently in use
- the criteria used in the selection of the safer sharps devices in use
- annual consideration of new safer sharps devices.

Complete the following table as completely as possible to document the sharps devices that are being used. Use multiple pages if necessary.

	Device 1	Device 2	Device 3
Name of sharp device			
Manufacturer			
Model/Size in use			
Procedure performed			
Safer Sharp Device (Y/N)			
Description of safety feature			
Initial form on file (Y/N)			
Justification for selection (must consider			

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newly marketed safer sharps devices)			
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APPENDIX F: BBP EXPOSURE/SHARPS INJURY REPORT

This report will be completed by a UTHSC Health and Safety Specialist, Exposure Response Coordinator or their designee based on information collected in interviews with the employee who had the exposure incident and the employee's supervisor.

1. Date of the Incident: _____
2. Time of the Incident: _____
3. Department: _____
4. Supervisor: _____
5. Job Title of Exposed Employee: _____
6. Date of last BBP training: _____
7. Description of task being performed when exposure occurred: _____

8. Were the UT Office of Risk Management and State of Tennessee reporting procedure followed? (i.e., Employees called CorVel; Incident Report Form completed for students) (YES/NO)

If NO, provide details:

9. Did the employee seek immediate medical attention? If NO, provide details of circumstance:

10. What was the route of exposure? _____

11. What engineering controls were in use at the time of the incident? _____

12. What work practices were in use at the time of the incident? _____

13. What PPE was in use at the time of the incident? _____

SHARPS INJURY INFORMATION

1. Did the incident involve a sharp device? YES/NO

(If YES, provide the information requested in the following section. If NO, proceed to complete the comments/corrective actions section.)

What part of the body sustained the sharps injury? (Be specific.)

2. Was the device visibly contaminated with blood or OPIM? YES/NO

Describe the nature of the injury (i.e., scratch, puncture with visible blood, etc.):

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3. Describe the sharp device that caused the injury. (Include name/purpose of device, brand, model number, needle gauge.):

Device Name: _____

4. Purpose of Device: _____

5. Model Number: _____

6. Needle Gauge: _____

7. Was the device a "safe sharps device"? YES/NO

8. Comments/Corrective Action (Complete this section with any additional information regarding the exposure incident that is relevant for correcting safety practices. With the supervisor, identify and record corrective actions to be taken to minimize the exposure risk identified by this incident. One copy will be maintained by the Safety Officer completing the form. One copy will be provided to the supervisor for recordkeeping purposes.

Name of Health and Safety Specialist Completing Report: _____