BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
FOR HOUSEKEEPERS

Emergency Contact Numbers

Clinic: 966-9119
Emergency: 7-911
Questions regarding this document: 962-5507

Contents

REGULATION ............................................................................................................................... 2
DEFINITIONS................................................................................................................................ 3
EPIDEMIOLOGY .......................................................................................................................... 4
RECOGNITION OF TASKS WITH OCCUPATIONAL EXPOSURES ........................................... 6
PREVENTING EMPLOYEE EXPOSURES ................................................................................. 8
WORK PRACTICE CONTROLS .................................................................................................. 9
PERSONAL PROTECTIVE EQUIPMENT ................................................................................ 11
SPILL CLEAN UP OF BLOOD & BODY FLUIDS ................................................................... 12
BIOHAZARD WASTE DISPOSAL ............................................................................................ 14
LAUNDRY ................................................................................................................................... 15
HEPATITIS B VACCINATION ................................................................................................... 15
POST-EXPOSURE PROCEDURES ......................................................................................... 16
TRAINING ................................................................................................................................... 17
BIOHAZARD WASTE CHART ................................................................................................. 18
REGULATION

The Occupational Safety and Health Administration (OSHA) is a federal agency charged with enforcing health and safety legislation. OSHA makes sure that employers like UNC keep you, the Housekeeping employee, safe from workplace hazards. Some jobs at UNC are more likely to come into contact with hazards than others. The hazards we are concerned about in this document are germs called “bloodborne pathogens.” Human blood and body fluids as well as materials or waste from certain laboratories may contain bloodborne pathogens. Bloodborne pathogens can get into your blood (through punctures or openings in your skin) and make you sick. On March 6, 1992 OSHA created the Bloodborne Pathogen (BBP) Standard to make sure all employers work to keep their workers safe from bloodborne pathogens. A copy of the actual Bloodborne Pathogens Standard is available at the OSHA website:


Employers must prove to OSHA that they are following the Bloodborne Pathogens Standard by implementing an Exposure Control Plan. The Exposure Control Plan, that is, the plan to control every worker’s exposure to bloodborne pathogens lists the steps the employer is taking to keep workers safe. This document is UNC’s Exposure Control Plan for members of the Housekeeping department who are expected to have job-related exposures with bloodborne pathogens. Job classification having potential occupational exposure are: building environmental technician, housekeeper, and zone manager. (See Appendix A for list of job classifications) Housekeeping staff identified for occupational exposure must be familiar with the Exposure Control Plan, know its location and, as a condition of employment, comply with the Exposure Control Plan by completing bloodborne pathogens training every year and obtaining or declining the Hepatitis B vaccination.

For Housekeeping staff, the potential for exposure to bloodborne pathogens may exist when encountering spilled blood or body fluids or equipment or waste from a biosafety level 2 (BSL-2) laboratory. Research buildings on campus are more likely than others to have BSL-2 laboratories. In hallways near BSL-2 laboratories, housekeepers may encounter contaminated needles, broken glass, or other contaminated laboratory materials. Housekeeping staff are often required to transfer waste from autoclave decontamination areas to dumpsters external to the building.

July 2014
DEFINITIONS

1) **Biohazard Symbol**: Warning label. Use caution; there is a chance that germs that cause illness to humans, including bloodborne pathogens, may be present.

2) **Blood**: Human blood, human blood components, and products made from human blood. Most bloodborne pathogens need this human material to stay alive or to grow.

3) **Bloodborne pathogens**: Germs in human blood that can cause disease in other humans. They live and grow best in human blood. Some common diseases caused by these germs are hepatitis (liver infection) and AIDS. Bloodborne pathogens must enter your body through a puncture in your skin or (less often) through the moist areas of your eyes, nose, or mouth.

4) **Biological Safety Level 2 (BSL-2)**: For the purposes of this document, posted BSL-2 areas are defined as laboratories designated to work with bloodborne pathogens or with material that may allow germs that cause illness to humans, including bloodborne pathogens, to live and grow. These laboratories are labeled with a BIOHAZARD symbol at the entryway. It is safe to enter areas that are labeled with a BIOHAZARD symbol. DO NOT handle anything labeled as biohazardous without special training. Wear gloves and face protection when working in areas such as drains where contact with potentially infectious material is possible. Untreated waste in orange autoclave bags should never be handled by housekeeping staff in BSL-2 areas. Below we will discuss ways to determine if the waste in and around these areas has been treated and is safe for housekeeping staff to handle.

5) **Biological Safety Level 3 (BSL-3)**: For the purposes of this document, posted BSL-3 areas are defined as laboratories that housekeeping staff are not allowed to enter unless authorized by the Department of Environment Health and Safety.

6) **Occupational Exposure**: An expectation that certain job duties are likely to cause contact with skin, eyes, nose, or mouth or parenteral contact (cuts or sticks through the skin) with blood or “other potentially infectious materials” (defined below).

7) **Biohazard Waste**: Biohazard waste is waste that could carry germs, including bloodborne pathogens. Certain types of biohazard waste such as medical waste and laboratory waste are heavily regulated on federal, state, and local levels. At UNC, biohazard waste is collected according to the Biohazard Waste Disposal Chart located at the end of this document.
8) **Other Potentially Infectious Materials (OPIM):** As stated above, bloodborne pathogens live and grow well in human blood. Other materials may also carry these germs such as:

A. Most human body fluids (other than blood):
   a. Semen
   b. Vaginal secretions
   c. Cerebrospinal fluid (fluid surrounding the brain and spine)
   d. Synovial fluid (fluid surrounding cartilage)
   e. Pleural fluid (fluid surrounding the lungs)
   f. Pericardial fluid (fluid surrounding the heart)
   g. Peritoneal fluid (fluid surrounding abdominal organs)
   h. Amniotic fluid (fluid surrounding a fetus)
   i. Saliva in dental procedures
   j. Any body fluid visibly contaminated with blood
   k. All body fluids when it is difficult to differentiate between body fluids

B. Any organ or tissue from a human, living or dead;

C. Other experimental human material (cell lines) whether purposely infected or otherwise.

**EPIDEMIOLOGY**

Many diseases are linked to bloodborne pathogens, but few bloodborne pathogens are frequently responsible for infections in the workplace. Important diseases associated with occupational exposure to bloodborne pathogens include Hepatitis B, hepatitis C and AIDS. Historically, work-related exposure incidents occur much more often in occupations that require direct contact with patient, however instances have occurred where an infection was acquired while cleaning up a spill of potentially infectious material. Only workers with documented training in bloodborne pathogens should handle the clean-up of this type of spill. As part of this training, the worker should know some basic concepts about these diseases so that s/he can discuss them with a supervisor, family members, and a doctor.

**Hepatitis B virus.** Between two thirds and three fourths of all Hepatitis B infections result in either no symptoms of infection or a relatively mild flu-like illness. Between 25% and 33% of the infections, however, take a much more severe clinical course. The symptoms include jaundice, dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and sometimes joint pain, rash, and fever. Hospitalization is required in about 20% of the more severe clinical cases. A safe, immunogenic, and effective vaccine to prevent hepatitis B has been available since 1982 and is recommended for employees with the potential for occupational exposure to blood and other body fluids.

**Hepatitis C virus** is the most frequently occurring bloodborne pathogen infection. At least 85% of persons with Hepatitis C Virus (HCV) infection become chronically infected, and chronic liver disease develops in an average of 67%. HCV is most efficiently transmitted by large or repeated percutaneous exposures to blood, such as through the transfusion of blood or blood products from infected donors and sharing of contaminated needles among injection drug users. Other bloodborne viruses, such as HBV, are transmitted not only by
percutaneous exposures, but also by mucous membrane and apparent parenteral exposures.
One case of transmission of HCV from a blood splash to the eye membrane was reported for a health care worker.

**Human immunodeficiency virus.** HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS (acquired immunodeficiency syndrome), the final stage of HIV infection. HIV adversely affects the immune system rendering the infected individual vulnerable to a wide range of clinical disorders. These conditions, some of which tend to recur, can be aggressive, rapidly progressive, difficult to treat, and less responsive to traditional modes of treatment. They usually lead to the death of the HIV infected patient. The CDC has divided disease progression into four stages, grouped according to infections or symptoms reported.

- **Group I:** Within a month after exposure, an individual may experience acute retroviral syndrome, the first clinical evidence of HIV infection. This is a mononucleosis-like syndrome with signs and symptoms that can include fever, lymphadenopathy, myalgia, arthralgia, diarrhea, fatigue, and rash. Acute retroviral syndrome is usually self-limiting and followed by the development of antibodies.
- **Group II:** Although most persons infected with HIV develop antibodies to the virus with 6-12 weeks after exposure, most of these individuals are asymptomatic for months to years following infection. However, they can transmit the virus to others throughout this time.
- **Group III:** Although no other signs or symptoms are experienced, some HIV-infected patients will develop a persistent, generalized lymphadenopathy that lasts more than 3 months.
- **Group IV:** Epidemiologic data indicates that most persons who are infected with HIV will eventually develop AIDS. AIDS can result in severe opportunistic infections that an individual with a normal immune system would only rarely experience, as well as a wide range of neurologic and oncogenic or neoplastic processes. Some patients may experience "constitutional disease" also known as HIV "wasting syndrome," which may be characterized by severe, involuntary weight loss, chronic diarrhea, constant or intermittent weakness, and fever for 30 days or longer. This syndrome may result in death. Individuals with AIDS may also develop HIV encephalopathy, dementia, myelopathy or peripheral neuropathy. In addition, the virus is capable of affecting the peripheral nervous system causing severe pain and weakness or numbness in the limbs. There are specific diseases considered indicators of AIDS. Among these are parasitic diseases such as *Pneumocystis carinii* pneumonia; fungal diseases such as candidiasis of esophagus, trachea, bronchi or lungs; viral diseases such as cytomegalovirus disease of an organ other than the liver, spleen or lymph nodes; cancer/neoplastic diseases such as Kaposi's sarcoma; and bacterial infections such as *Mycobacterium avium* complex.

HIV is a fragile virus. It cannot live for very long outside the body. Reports dealing with HIV infection indicate that the risk of bloodborne transmission from inadvertent exposure is considerably less for HIV than for HBV infection.

HIV can enter the bloodstream the same as HBV: if potentially infectious materials (like blood) come into contact with an unprotected break in your skin such as an open wound, acne, rash, etc. or if you experience a splash into your eyes and/or nose. The risk of getting an HIV infection like this is considerably less for HIV than for HBV infection. The occupational risk of acquiring HIV like this is 1 in 200 compared with 1 in 33 for HBV.

As a properly trained UNC employee, when you handle any material that you suspect is infected with bloodborne pathogens, keep this information in mind. It will help you understand the importance of the following sections in this document.
RECOGNITION OF TASKS WITH OCCUPATIONAL EXPOSURES

The Housekeeping Zone Manager identifies and tracks which housekeeping personnel in their work area may have occupational exposure to bloodborne pathogens as a result of job duties or location. This determination must be made without regard to use of personal protective equipment. The Zone Manager enrolls the worker in the UNC Bloodborne Pathogens program if any of the following conditions apply:

- The housekeeping staff member works in any of the following buildings:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Building</th>
<th>Shift</th>
<th>Manager</th>
</tr>
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<tbody>
<tr>
<td>210</td>
<td>Macnider</td>
<td>2</td>
<td>Samuel Gbassagee</td>
</tr>
<tr>
<td>222</td>
<td>Family Practice</td>
<td>3</td>
<td>Rachel Cheek</td>
</tr>
<tr>
<td>208</td>
<td>Lineberger Cancer Research</td>
<td>2</td>
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<tr>
<td>208</td>
<td>Mary Ellen Jones</td>
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<td>208</td>
<td>Med Res A</td>
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<td>216</td>
<td>Med Res B</td>
<td>2</td>
<td>Timothy Carville</td>
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<td>216</td>
<td>MRI Building</td>
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<td>Timothy Carville</td>
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<tr>
<td>208</td>
<td>Thurston Bowles</td>
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<td>210</td>
<td>Burnett Womack</td>
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<td>Samuel Gbassagee</td>
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<tr>
<td>211</td>
<td>Beard Hall</td>
<td>3</td>
<td>Isaac Hayes</td>
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<td>211</td>
<td>Hooker Hall</td>
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<td>211</td>
<td>Kerr Hall</td>
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<td>McGavran Greenberg</td>
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<td>215</td>
<td>Brauer Hall</td>
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<td>Delisa Burgess</td>
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<td>215</td>
<td>School of Dentistry</td>
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<td>Delisa Burgess</td>
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<tr>
<td>215</td>
<td>Old Dental Research</td>
<td>3</td>
<td>Delisa Burgess</td>
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<tr>
<td>210</td>
<td>Brinkhous Bullitt</td>
<td>2</td>
<td>Samuel Gbassagee</td>
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<tr>
<td>226</td>
<td>Genetics Medicine</td>
<td>2</td>
<td>Ellis Leach</td>
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<tr>
<td>225</td>
<td>Fordham Hall</td>
<td>3</td>
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<tr>
<td>225</td>
<td>Wilson Hall</td>
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- The housekeeping staff member works as part of a spill clean-up crew responsible for responding to spills of blood or other potentially infectious materials.
- The job duties of the housekeeping staff member require them to otherwise come into contact with blood or other potentially infectious materials.

As a Housekeeping staff member, if you have concerns about your exposure to bloodborne pathogens, you should discuss them with your supervisor and EHS. Your supervisor and EHS can help determine ways to make your job safer.
PREVENTING EMPLOYEE EXPOSURES

Universal Precautions. "Universal precautions" is an approach to infection control to prevent contact with blood or "other potentially infectious materials". With Universal Precautions, you wear PPE when you anticipate contact with blood, blood products, certain body fluids and any body fluids visibly contaminated with blood. The specific precautions necessary for housekeeping personnel are described below.

LABORATORY ENGINEERING CONTROLS

Engineering Controls specifically isolate or remove a hazard from the workplace. Engineering controls used at UNC include sharps disposal containers, safer needle devices and biological safety cabinets:

**Sharps Containers available at Fishersci.com:**

![Sharps Disposal Containers]

*Sharps disposal containers.* Some waste discarded in laboratories is more likely to puncture the skin. Because skin puncture is a likely route of infection from bloodborne pathogens, items
likely to cause skin puncture must be disposed of in puncture-resistant, leak-proof containers. Lab workers use sharp containers to collect discarded needles, razor blades, broken glass and other items likely to cause a puncture. If the items in the container are likely to be contaminated with bloodborne pathogens or other potentially infectious material, the container will be red and have a BIOHAZARD label.

**Biological safety cabinets.** Biological Safety Cabinets are often used by laboratory and clinical workers when a procedure could create aerosols or splashes of material that could allow bloodborne pathogens to live or grow. A BIOHAZARD warning label will be posted on the outside of the cabinet. Always check with lab occupants, your supervisor, or EHS if you are requested to work near this type of cabinet.

**WORK PRACTICE CONTROLS**

Work Practice Controls specifically reduce the likelihood of exposure by altering the manner in which a task is performed.

**Hand washing.** Hands are to be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment. Use a utility or restroom sink for hand washing, do not use sinks in food preparation areas. If hand washing facilities are not immediately available use antiseptic hand cleanser and/or disposable wipes. Wash your hands as soon as hand washing facilities are available.

**Sharps Precautions.** Disposing of sharps in the proper container helps keep others safe. Remember, any contaminated object that can penetrate the skin, including needles, scalpels and glass objects must be discarded in a sharps container.

A. **Contaminated needles.** Contaminated needles are not to be bent, broken, recapped, or removed from the syringe. If the needle is contaminated use Universal Precautions: assume the needle is contaminated. Contaminated needles are to be placed in the sharps containers described above and autoclaved before disposal.
B. **Broken glassware** which may be contaminated with human blood or OPIM not be collected directly with the hands. Wear gloves and use tongs or a brush and dust pan. While small shards of contaminated broken glass can be placed into the sharps cans identified above, large contaminated broken glass items must be autoclaved separately in a hard-walled container (such as a cardboard box) lined with an orange biohazard bag bearing an autoclave tape indicator “x”.

The autoclaved glass waste is to be disposed of in a larger cardboard box lined with a plastic bag, clearly marked with the "GLASS AND SHARPS" label.

**Prevent Ingestion.** Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited during duties where there is reasonable likelihood of occupational exposure to blood or other potentially infectious material.

**Storage of food and drink** is prohibited in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

**Minimize Splashing.** A good approach to cleaning a spill of material that minimizes spread by airborne droplets is to: (1) place paper towels over the spill site, and then (2) douse the area with disinfectant. This will reduce further splashing any potentially infectious material.

**Labels.** BIOHAZARD warning labels are posted when there is a chance that germs, including bloodborne pathogens, may be present. Common places these labels are found are on freezers, incubators, centrifuges, biological safety cabinets, waste containers, etc. which are used with blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.

According to OSHA, BIOHAZARD warning labels must include the following legend: Universal Biohazard Symbol, and be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels are affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. In some cases, orange bags or orange/red containers may be substituted for labels, so be aware of these also.
PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (including uniforms) are not PPE. Whenever your duties create the potential for occupational exposure, personal protective equipment such as gloves and goggles for cleaning spills must be available and utilized. It is UNC’s responsibility as an employer to provide PPE in the appropriate sizes that is readily accessible to your worksite or issued to you as a properly trained employee. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible.

All PPE must be removed and placed in a designated container (for storage, decontamination, or disposal) prior to leaving the spill work area. PPE must not be worn outside of the spill clean-up area. Gloves must be removed prior to leaving. DO NOT wear gloves on elevators or use them to open doors or touch equipment (i.e. phones, computers) that others will be handling without gloves. Remember to wash your hands even after removing your gloves.
SPILL CLEAN UP OF BLOOD & BODY FLUIDS

Spills may occur when containers of blood or other potentially infectious materials (OPIM) are dropped in the clinic or laboratory or may occur when an injured person drips blood on the floor. Employees designated to participate in emergency and decontamination procedures may be exposed to blood or OPIM; they are to be thoroughly familiar with proper cleaning and decontamination procedures so that the contamination is contained and exposure of individuals is minimized.

The following procedure is to be used by housekeeping employees for clean-up of blood or OPIM spills at UNC:

Evacuate the area and allow 30 minutes for aerosols to dissipate prior to spill cleanup and locate the Blood and Bodily Fluid Clean-Up Kit. Instructions are located on the inside top lid. Instructions are in English and Spanish.

The Kit includes: 1 pair disposable latex gloves, 1 disposable face shield, 1 disposable face mask, 1 pair disposable shoe covers, 1 disposable apron, 1 absorbent pack (w/ SDS), 2 disposable towelettes (w/ SDS), 2 scoops/scrapers, 2 orange biohazard bags with ties, 1 disposable towel, 1 instruction sheet, 1 can 12 oz. Disinfectant spray (w/ SDS).
1. Open the kit and put on the following Personal Protection Equipment (PPE):
   a. Disposable exam gloves
   b. Disposable face mask
   c. Disposable face shield
   d. Disposable apron (unfold apron fully)
   e. Disposable shoe covers

2. Open clean-up absorbent pack and sprinkle entire contents of absorbent material evenly over bodily fluid spill (will absorb 80-100 times its weight).

3. After the spill gels (1-2 minutes), use scoop/scaper to pick up material and put into orange Biohazard Bag and tie shut. Keep Personal Protection Equipment on.

4. Spray hospital grade disinfectant (OSHA recommends a disinfectant registered to kill tuberculosis – e.g. phenolic) over the spill area and thoroughly wipe down with disposable wiping cloth. Follow all the directions listed on the disinfectant you use.

5. Use disposable wiping cloth to wipe up all the disinfectant, and then discard in second orange Biohazard Plastic Bag.

6. Place all items including PPE and first orange Biohazard Plastic Bag into the second orange Biohazard Plastic Bag. To minimize contamination to your face, remove PPE in the following order: (1) disposable shoe covers; (2) disposable apron; (3) disposable exam gloves, (4) disposable face shield; (5) lastly, the disposable face mask.

7. Use antiseptic towelettes to clean hands and discard into orange Biohazard Bag.

8. Close the orange Biohazard Bag securely with twist tie to prevent leakage. Dispose in accordance with local regulations (see below). Wash hands as soon as possible.
BIOHAZARD WASTE DISPOSAL

What to do with Biohazard Waste after You Clean Up a Spill

Never throw untreated biohazard waste in the regular trash. The disposal of this waste generated on UNC campus is subject to federal and state regulations, local requirements, and University policies. After spill clean-up is complete and you have closed the orange autoclave bag securely with a twist tie or tape to prevent leakage, place the waste in a low traffic area and contact your Zone Manager. The Zone Manager is responsible for contacting the Department of Environment, Health and Safety at 962-5507. After the location and other pertinent information is given, EHS will remove the waste for proper disposal.

What to do if you find Biohazard Waste during Your Work Duties

Often, biohazard waste and sharps are generated and collected in research labs on UNC campus. Researchers are responsible for properly treating this waste according to procedures outlined in the UNC Biological Waste Disposal Policy. Most researchers treat their waste in an autoclave, a machine that acts like a large pressure cooker to steam sterilize the waste.

Autoclaving is the most dependable procedure for the destruction of most germs including bloodborne pathogens. Prior to autoclaving, autoclave tape is placed over the biohazard symbol in an “x” pattern. This special tape initially looks like masking tape, but after it has been exposed to heat and moisture it changes color to indicate that treatment has occurred.

It is UNC policy that housekeepers never handle waste from a laboratory that has not yet been treated by the lab workers. If the waste is to be relocated, contact EHS (962-5507). Never handle untreated waste that is not in the white removal bins.

Treated Biohazard waste is placed in the receptacles to indicate it is safe for removal by housekeeping staff.
LAUNDRY

Although soiled clothing or uniforms may contain organisms that cause disease, the risk of actual disease transmission is negligible. Therefore, these safe and simple measures for handling and washing linens are recommended:

1. Handle uniforms soiled with blood as little as possible, using gloves and appropriate protective clothing.
2. Place uniforms soiled with blood in bags that prevent leakage.
3. Contaminated uniforms cannot be taken home for cleaning. Housekeeping employees should contact their zone manager so that arrangements can be made for laundering.

HEPATITIS B VACCINATION

If you have never had Hepatitis B virus (HBV), a vaccination to prevent it. The vaccine has been available since 1982.

UNC must offer the HBV vaccination to all employees (e.g. Housekeeping employees) who have occupational exposure to bloodborne pathogens. Occupational exposure for Housekeeping employees is described in this document under the section heading Recognition of Tasks with Occupational Exposure. Refer to this section to determine if your job duties are likely to cause contact with skin, eyes, nose, or mouth or parenteral contact (cuts or sticks through the skin) with blood or other potentially infectious materials.

According to regulation, the HBV vaccine must be made available after the employee has received information and training regarding the vaccine and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete HBV vaccination series (and can provide documentation), antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Employees may decline to accept HBV vaccination; however, they must sign the declination statement provided at the University Employee Occupational Health Clinic (UEOHC). If you decline the vaccination, you may be vaccinated at a later date, free of charge.

The HBV vaccination involves a series of three injections: (1) your initial visit; (2) the second administered one month later; and (3) the third administered six months following the second injection. If an employee terminates his/her employment before finishing all three injections, the University is not responsible for providing the remaining injections.

Procedures for Requesting a Vaccination. Employees who have occupational exposures are to obtain their vaccine through the University Employee Occupational Health Clinic (UEOHC). The employee should call the UEOHC (966-9119) to schedule the first appointment. The UEOHC will schedule subsequent appointments to complete the vaccination series. Be sure and let your supervisor know.
POST-EXPOSURE PROCEDURES

An important part of this training program is to make sure all employees know (1) if they have an exposure incident and (2) what to do after they have an exposure incident. An exposure incident could happen three ways:

1. When blood or other potentially infectious material (OPIM) get onto an unprotected break in your skin such as an open wound, acne, rash, etc.; or
2. When blood or OPIM splashes or otherwise gets into your eyes, nose, or mouth; or
3. If you are cut or stuck by an object (it must break the skin) that is contaminated with blood or OPIM.

**Needle sticks and cuts (that break the skin) from contaminated objects.** When this occurs, remove your contaminated gloves and if possible, allow the wound to bleed freely for a minute. Wash the wound with soap and water for 5 minutes and apply sterile gauze or a bandage, if necessary. Remove any PPE and proceed immediately to the University Employee Occupational Health Clinic (UEOHC) or Emergency Room.

**Splashes to your eyes, nose or mouth.** Rinse the area with continuous clean running water. Eyes will be rinsed for at least 5 minutes using the emergency eye wash station, if available. Remove any PPE and proceed immediately to the UEOHC or Emergency Room.

**During daytime hours (8:30 a.m. -4:30 p.m., M-F):** Go to the UEOHC (966-9119) for treatment, consultation, assessment and documentation of exposure.

**After-hours:** Call Healthlink (966-7890) to report the bloodborne pathogen exposure and request that the MD on call for UEOHC after-hours bloodborne pathogen exposures be called. The on-call MD will determine the need for immediate treatment and if needed, direct the worker to meet him/her in the ER or otherwise arrange for appropriate blood tests to be drawn and medications to be dispensed.

The post exposure medical evaluation will include documentation of routes of exposure and circumstances of incident, identification of source individual and testing (if possible), blood tests for HIV, HBV with consent from employee and post exposure prophylaxis and counseling.

The supervisor and the Department of Environment Health & Safety (EHS) must be notified of all exposures. Form 19, the Employer's Report of Injury to Employee form, must be completed by the employee at UEOHC. OSHA regulations require that this form be filed with EHS within 48 hours of the incident. EHS will investigate the circumstances of the exposure incident. A report will be made regarding the incident, and recommendations will be made to avoid further exposure incidents.

**Billing.** The employee is not billed for injuries/illnesses that have occurred during the course of normal job duties. Charges for these services will be billed to EHS and paid from the University's workers' compensation account. Workers' compensation will also pay for any necessary follow-up.
**Medical Records.** Medical records will be kept in confidentiality at the UEOHC. Records are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. Employee medical records are kept for at least the duration of employment plus 30 years.

**TRAINING**

Finally, the OSHA Bloodborne Pathogens Standard requires that all this information be provided annually to all employees with occupational exposure. This annual training requirement is, therefore, a condition for employment for all employees with occupational exposures. Bloodborne Pathogen training for Housekeeping employees is provided on-line at [http://ehs.unc.edu/training/self_study/bbp/index.shtml](http://ehs.unc.edu/training/self_study/bbp/index.shtml), however, the Environment Health & Safety Office schedules instructor-led training through Facilities Services administrators on a regular basis and individualized sessions on an as-needed basis. This training provides an explanation of the requirements listed within this Exposure Control Plan.

Documentation of this training is kept at the Environment Health & Safety Office. Training records are maintained for 3 years from the date on which the training occurred.
BIOHAZARD WASTE DISPOSAL CHART
(UNC Research Laboratories)

For special circumstances, please contact EHS @ 962-5507

SHARPS
Razor blades, scalpels, lancets, syringes with/without needles, slide covers, specimen tubes, inoculating loops, stirring devices, broken glass

Collect in red plastic sharps containers bearing biohazard symbol and “x” with indicator tape.

RESEARCH LAB/CLINIC PIPETTING
PIPETTES
Puncture resistant, outer container bearing the biohazard symbol (“x” with indicator tape) lined with orange autoclave bag (“x” over biohazard symbol before lining).

Small bench top biohazard bag with indicator tape “x”.

PIPETTE TIPS

Dispose with pipettes or solid waste

SOLIDS
Culture dishes & flasks, Petri dishes, solid waste cultures/cultures from the production of biological, gloves, gowns, masks, shoe covers, and any other solid materials potentially contaminated with biohazardous material

Biohazard waste collection container (red, hard-walled, closeable) lined with an orange autoclave bag bearing “x” over biohazard symbol.

Dispose with pipettes or solid waste

Chemical disinfection with appropriate contact time, dispose of down sanitary sewer

Autoclaved and disposed of down sanitary sewer

Apply to NC Medical Waste Division for approval of chemical disinfection if necessary

LIQUIDS
Human blood, animal blood, human tissue culture, body fluids, liquid growth media

Was liquid waste used for propagating microbes/viral vectors/toxins?

NO

YES

Chemical disinfection with appropriate contact time, dispose of down sanitary sewer

Autoclaved and disposed of down sanitary sewer

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Disposal for removal by housekeeping.

Reviewed 7/2014

Autoclave with test indicator.