University of Florida

Environmental Health & Safety

Biological Safety Office

2024 Bloodborne Pathogen Program Exposure Control Plan

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Introduction

In accordance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030), the University of Florida has developed a Bloodborne Pathogen Program Exposure Control Plan (ECP) designed to minimize exposure to bloodborne pathogens. The ECP covers all UF personnel (employees, students, volunteers, affiliates) with the potential for exposure to human blood and other potentially infectious materials (OPIM). The success of a safety program depends upon all personnel contributing to a safe working environment.

Responsibilities

Department Chairpersons and/or **Directors** are responsible for ensuring that individual departments and divisions are following the Bloodborne Pathogen Program Exposure Control Plan.

Departmental BBP trainers are responsible for providing site-specific information to personnel, compliance with training, and being the point of contact for concerns expressed on Sharps Injury Log forms.

Faculty Members, **Principal Investigators** or **Laboratory Supervisors** are responsible for ensuring that the requirements and procedures outlined in the Exposure Control Plan are appropriate to the individual work areas.

Employees, Laboratory Personnel, Volunteers, Students and **Afilliates** are responsible for wearing appropriate personal protective equipment, disposing of biological waste in compliance with this plan, attending safety trainings, reporting any exposures, notifying a supervisor when equipment is malfunctioning, or safety apparel is not available, and complying with all components of the Exposure Control Plan (ECP).

The UF Student Health Care Center (SHCC) and Employee Health in Jacksonville are responsible for providing immunizations, post-exposure follow-up, and keeping medical records for employees.

Environmental Health & Safety (EH&S) is responsible for reviewing and overseeing the Exposure Control Plan. This includes coordinating compliance efforts for UF, acting as a consultant for departments regarding implementation and enforcement, evaluating work practices and personal protective equipment, providing educational materials to departments, tracking employee training, and tracking medical monitoring.

Definitions

Blood: human blood, human blood components, and products made from human blood

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

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

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

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

Needleless Systems: a device that does not use needles for (A) the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is stabled, (B) the administration of medications or fluids, or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials (OPIM): Materials other than human blood that are potentially infectious for bloodborne pathogens. These include: 1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV or HBV-containing cell or tissue cultures, organ cultures, culture medium or other solutions; and 4) blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are

capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protections: A non-needle sharp or needle device used for withdrawing body fluids, accessing a vein or artery, or administrating medications or other fluids, with a built-in safety or mechanism that effectively reduces the risk of an exposure incident.

Universal Precautions: an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Practices that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles).

Exposure Determination

Exposure determination is based on an employee's reasonable potential for exposure to blood or other potentially infectious materials (OPIM) that they may contact while performing their job duties. Exposure determination shall be made without regard to the use of personal protective equipment (PPE).

Methods of Compliance

Universal Precautions

Universal Precautions and procedures shall be used to prevent contact with blood and OPIM. If it is difficult or impossible to differentiate between body fluid types, all body fluids should be considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize employee exposure to bloodborne pathogens and any biohazardous aerosols and include any controls that either remove the hazard or isolate the worker from the hazard. When used in conjunction with safe work practices, these controls are expected to be the primary means of protecting personnel from laboratory acquired infections and illnesses. If the risk of occupational exposure still exists after instituting engineering and work practice controls, then Personal Protective Equipment must also be used.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1. Hand washing facilities shall be provided and maintained with adequate supplies.
2. Contaminated sharps and needles shall be disposed of in puncture resistant, color-coded or labeled, leak-proof containers.
3. Resuscitation devices including mouthpieces or resuscitation bags shall be available for use in areas where the need for resuscitation is predictable.
4. All specimens of blood or OPIM shall be placed in closable, labeled or color-coded, leak-proof containers prior to transport. If contamination of the outside of the primary container occurs, the

primary container should be placed in a secondary container which prevents leakage during handling, processing, storage, or shipping.

5. Eye wash stations shall be easily accessible and functional.
6. Syringes, safety syringes and needle-less systems used for direct patient care: Safety devices such as self-sheathing needles and needle-less systems will be used for staff protection whenever possible. Non-managerial staff representatives must be involved in the evaluation and selection of the safe sharps devices to be used.

Work practice controls include general and site-specific safety practices. Examples include:

1. Hand washing shall be performed after removal of gloves, after contact with blood or OPIM, and before leaving the laboratory area.
2. Employees who have exudative lesions or weeping dermatitis shall refrain from handling blood or OPIM until the condition resolves.
3. Contaminated sharps and needles shall not be bent, recapped, or sheared.
4. Eating, drinking, smoking, handling contact lenses, and applying cosmetics are prohibited in work areas where there is a potential for blood or OPIM exposure.
5. Food and drink, as well as storage for such are prohibited in work areas where blood or OPIM are present.
6. All procedures involving blood and OPIM shall be performed in such a manner to minimize splashing, spraying, spattering, generation of droplets, or aerosolization of these substances.
7. Mouth pipetting and suctioning are not allowed. Mechanical pipetting devices must be used.

Personal Protective Equipment

Personal protective equipment, including gloves, gowns, laboratory coats, face shields, face masks, eye protection, foot coverings and other items shall be provided to employees, as appropriate, to prevent exposure to blood or OPIM. Laboratory personnel are responsible for wearing the appropriate PPE when working in the laboratory and with biologically hazardous materials. These items shall be worn selectively, as needed for the task involved. PPE shall be considered "appropriate" if it does not permit the passage of blood or OPIM through to an employee's skin, mucous membranes or street clothes. PPE in the appropriate sizes must be readily available at the worksite.

Gloves

Gloves are worn as an effective barrier between the laboratory personnel and biologically hazardous materials. Laboratory personnel should select gloves of the correct size and fitting; gloves that are too small are uncomfortable and may tear, whereas larger gloves may interfere with dexterity.

1. Disposable gloves shall be worn when it is reasonably anticipated that the employee will have hand contact with blood or OPIM. Gloves shall be replaced as soon as practical when contaminated or as soon as feasible when torn, punctured or their ability to function as a barrier is compromised. Gloves shall not be washed or decontaminated for re-use. Gloves are intended for single-use only and should never be re-used. Used gloves should be discarded immediately into an appropriate waste container.
2. Utility gloves may be decontaminated and re-used if the integrity of the glove is not compromised.
3. Not all gloves are effective in preventing exposure to all hazardous materials. Latex-free gloves will be provided as necessary.

Masks, eye protection, face shields

Masks, in combination with eye protection devices, such as goggles or glasses with side shields, or chin length face shields shall be worn depending upon the task and the degree of exposure anticipated. This apparel shall not be taken home for laundering.

Gowns, coats, aprons and other protective coverings

Protective coverings such as gowns, aprons, lab coats or clinic jackets, shall be worn depending upon the task and the degree of exposure anticipated. This apparel shall not be taken home for laundering.

Surgical caps, hoods or boots

Head and foot covers shall be worn when gross contamination is reasonably anticipated.

There shall be a designated area in each work setting for the dispensing, storage, cleaning and disposal of PPE. Contaminated PPE that is not immediately decontaminated shall be clearly designated and treated as biohazardous material. All PPE must be removed before leaving the work area.

Foot protection

Closed-toe, full coverage shoes must be worn at all times in laboratory/clinical areas and all animal housing/procedure areas at the University of Florida. Sandals, flip-flops, and shoes that do not completely cover the foot are not allowed in laboratory areas.

Housekeeping

It is the responsibility of all laboratory personnel to decontaminate all work surfaces and equipment after coming in contact with blood or OPIM, at the end of a procedure, or at the end of a work shift, whichever comes first.

1. The work area shall be maintained in a clean and sanitary condition.
2. All equipment and work surfaces shall be properly cleaned and decontaminated with an appropriate disinfectant after completion of procedures and immediately after overt contamination with blood or OPIM (see procedures, pg. 11).
3. Protective coverings, such as plastic wrap or imperviously-backed absorbent paper used to cover equipment or surfaces, shall be removed and replaced as soon as feasible when overtly contaminated or at the end of the workday if they may have become contaminated.
4. Bins, pails, cans and similar receptacles intended for reuse which can reasonably be anticipated to become contaminated shall be inspected and decontaminated on a routine basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
5. Broken glassware which may be contaminated shall be picked up using mechanical means, (brush and dustpan, tongs or forceps) and not picked up directly with the hands.
6. Reusable sharps contaminated with blood or OPIM shall not be stored or processed in a manner that requires personnel to reach by hand into the containers where these sharps are placed.
7. Appropriate personal protective equipment shall be worn to clean and decontaminate spills of infectious materials.

All linens used in UF Health Care Facilities shall be considered contaminated and shall be handled using Universal Precautions.

Regulated Waste

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: 1) closable, 2) puncture resistant, 3) leakproof on sides and bottom and 4) labeled or color-coded. During use, containers must be easily accessible and located as close as possible to the area where sharps are used. Sharps containers must be kept upright during use and be replaced routinely and not allowed to overfill. Sharps containers must be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Other regulated waste shall be placed in containers that are: 1) closable, 2) constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, 3) labeled or color-coded and 4) closed prior to removal to prevent spillage of contents during handling, storage, transport or shipping. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that meets the same requirements as the primary container.

At UF, all biomedical waste (BMW) shall be managed in accordance with Chapter 64E-16 of the Florida Administrative Code. Requirements for biomedical waste segregation, handling, storage, transport, treatment and disposal are detailed in EHS851, available through myTraining, BMW waste training is required annually for all personnel handling such waste.

Disinfection & Sterilization Procedures

Biological safety depends on proper cleanup and removal of potentially harmful agents. Disinfection and sterilization are two ways to help ensure a safe work environment. Disinfection involves reducing the number of pathogenic organisms by the direct application of physical or chemical agents. Sterilization is the destruction of all living organisms. Choose the best method for disinfection and sterilization depending on the target organism being removed and the characteristics of the area that requires cleaning.

Disinfection and cleaning

Work surfaces, biosafety cabinets, and other laboratory equipment may be cleaned and disinfected with a freshly prepared 1:10 of dilution of concentrated household bleach in the absence of overt contamination (i.e. splash or spill). Other EPA approved disinfectants may be used for routine cleaning and disinfection if they are labeled "tuberculocidal." For a list of approved tuberculocidal agents see: https://www.epa.gov/pesticide-registration/list-b-antimicrobial-products-registered-epaclaims-against-mycobacterium

Sterilization

Objects to be sterilized should first be thoroughly cleaned to remove blood, tissue, and any other organic residue. Steam sterilization is the best way to achieve total inactivation of biohazards. If the item may be damaged by heat, pressure, or moisture, or if it is otherwise not amenable to steam sterilization, please call the Biological Safety Office for advice (352-392-1591).

Blood and OPIM spills

All blood and OPIM spills must be decontaminated with a freshly prepared 1:10 dilution of concentrated household chlorine bleach (final concentration 0.52% sodium hypochlorite) or another EPA registered disinfectant effective against *Mycobacterium tuberculosis*

(https://www.epa.gov/pesticide-registration/list-b-antimicrobialproducts-registered-epa-claims-against-mycobacterium). The contaminated area should be covered with paper towels or other absorbent material, then flooded with the disinfectant solution. Allow a 30-minute contact time for bleach. For other disinfectants, follow the manufacturer's recommended concentration and contact times.

Appropriate PPE should be worn during the clean-up procedures. Chlorine bleach can corrode some items and surfaces; items treated with chlorine should be rinsed thoroughly with water (or 70% ethanol or 70% IPA) to remove chlorine residue.

Equipment Decontamination

Potentially contaminated equipment or instrumentation must be disinfected before repair or removal from the laboratory. Please complete the EH&S Equipment Decontamination form for approval prior to repair or removal from the laboratory.

HIV and HBV Research Laboratories and Production Facilities

This section applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation and manipulation of HIV and HBV. It does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs. The requirements listed here apply in addition to other requirements of the Bloodborne Pathogen Program Exposure Control Plan.

Standard microbiological practices are used. All infectious waste will be inactivated prior to disposal.

Special practices include:

1. Laboratory doors will be kept closed when work involving HIV or HBV is in progress.
2. Contaminated materials that are to be transported are carried in a durable leak-proof, labeled or color-coded container that is closed prior to being removed from the work area.
3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any special entry requirements and who comply with all entry and exit procedures will be allowed in the work area.
4. Biohazard signs shall be posted on all access doors when infectious materials or infected animals are present in the work area.
5. All activities involving infectious materials shall be conducted in biological safety cabinets (BSC) or other physical containment devices within the containment module. No work with infectious materials shall be conducted on the open bench. BSCs must be recertified annually.
6. Laboratory coats, gowns, smocks, uniforms or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
7. Special care shall be taken to avoid skin contact with infectious materials. Gloves shall be worn when handling infectious materials and infected animals.
8. All waste from work areas will be inactivated prior to disposal.
9. Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters that are routinely maintained and replaced as necessary.
10. Hypodermic needles and syringes shall be used only for parenteral injection and aspirations of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e. the needle is integral to the syringe) shall be used for the injection or aspiration of potentially infectious materials. Extreme caution shall be used when

handling needles and syringes. Needles shall not be bent, sheared, recapped or removed from the syringe following use. Needles shall be placed in an appropriate sharps container and inactivated (by steam sterilization or chemically) prior to disposal. The use of safety sharps is recommended.

11. All spills shall be immediately contained and cleaned up by the appropriate professional staff or personnel trained to work with potentially infectious materials.
12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or supervisor, the Biosafety Office (352-392-1591) and the Bloodborne Pathogen Exposure Hotline (352-265-2727).
13. A Biosafety Manual shall be prepared and updated at least annually. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures and shall be required to follow them.
14. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Containment Equipment

1. Certified Biological Safety Cabinets (BSC) or other appropriate combinations of PPE and physical containment devices such as such as special protective clothing, respirators, centrifuge safety cups, and sealed centrifuge rotors, shall be used with all activities involving infectious materials that pose a threat of exposure to droplets, splashes, aerosols or spills.
2. BSCs shall be certified when installed, whenever they are moved and at least annually.
3. BSCs must be professionally decontaminated prior to being moved, repaired or disposed of. If the BSC will be put back into service after being moved or repaired, it must be recertified.

Facilities:

1. The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be a basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high containment work area from access corridors or to other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock or other access facility that requires passing through two sets of doors before entering the work area.
2. The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these areas shall be sealed or be capable of being sealed to facilitate decontamination.
3. Each work area shall contain a sink for washing hands and an eye wash facility. The sink shall be foot, elbow, or automatically operated and located near the exit door.
4. Access doors to the work area or containment module shall be self-closing.
5. An autoclave for decontamination of regulated waste or other materials shall be located within or as near as possible to the work area.
6. A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. Proper direction of the airflow shall be verified (i.e., into the work area).

Medical Considerations

Hepatitis B Vaccination

The hepatitis B vaccine has been available since 1982 and studies indicate that immunologic memory remains intact for at least 20 years. Additional studies are on-going to determine whether booster doses of hepatitis B vaccine will be needed in the future but currently booster doses are not recommended. It is highly recommended that all personnel with occupational exposure to bloodborne pathogens and OPIM receive the Hepatitis B vaccination.

Hepatitis B vaccination is available for employees after completion of their BBP training and within 10 working days of initial assignment to all employees who have occupational exposure. Employees should complete the online Training and Vaccination Acceptance/Declination Form.

Employees may also decline to be vaccinated for Hepatitis B and must document their declination by submitting the online Training and Vaccination Acceptance/Declination Form. However, employees who decline vaccination may change their decision and receive the vaccine at any time as long as they continue to have occupational exposure. A new Training and Vaccination Acceptance/Declination Form will need to be submitted if an employee decides to be vaccinated after initially declining.

Post-Exposure Evaluation and Follow-Up

Post-exposure evaluation and follow-up is provided to all UF employees who have had an exposure incident. Management of bloodborne pathogen exposures is as follows:

1. Wound and skin exposures shall be immediately and thoroughly washed with soap and water for 5 minutes. If bleeding, squeeze or milk the wound lightly.
2. Eye and mucous membrane exposures shall be rinsed in running water for 15 minutes.
3. Exposed individuals (except Jacksonville employees) shall *immediately* call the BBP Exposure Hotline (1-352 265-2727) for treatment information. Jacksonville employees should go to the Employee Health Office in Suite 505, Tower 1, from 7AM to 5PM Monday thru Friday or to the ER after hours and weekends.
4. Immediately after you have been evaluated/treated, notify your supervisor and contact AmeriSys by calling 1-800-455-2079. AmeriSys will assist the employee/supervisor in completing the First Report of Injury or Illness form.
5. The health care provider shall provide a confidential medical evaluation and follow-up to the employee that includes the following:
    a) Documentation of the route(s) of exposure and circumstances under which the exposure incident occurred.
    b) Identification and documentation of the source individual, unless that identification is infeasible or prohibited by state or local law.
    c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV, HCV or HIV, testing need not be repeated.
    d) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

e) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection but does not consent to HIV testing at that time, the sample shall be preserved for at least 90 days. If within 90 days the employee elects to have the sample tested, such testing shall be done as soon as feasible.
f) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
g) Counseling
h) Evaluation of reported illnesses

Communication of Hazards to Employees

Labels

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport or ship blood or OPIM.
2. The labels shall include the biohazard symbol and be fluorescent orange or orange-red, with lettering and symbols in a contrasting color. Red bags or red containers with a biohazard symbol printed on them may be substituted for labels.

3. Warning labels should be affixed to contaminated equipment and state which portions of the equipment are contaminated.
4. Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Signs

1. Signs shall be posted at the entrance to work areas where blood and OPIM are used/stored.
2. Signs shall include the following information: 1) the international biohazard symbol, 2) name of the specific biohazardous material(s) used in the location, 3) special requirements for entering the work area (i.e. PPE, vaccinations, training) and 4) the name and number of the PI, lab supervisor or other responsible person.

Information & Training

1. All personnel with reasonably anticipated occupational exposure to bloodborne pathogens shall be trained at the time of initial assignment to tasks where occupational exposure may take place.
2. Annual training for all personnel is required within one year of their previous training.
3. Additional training shall be provided to personnel as their job duties change. This is the responsibility of the employees' direct supervisor.
4. The training material shall contain at a minimum the following elements:
    a) An accessible copy of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and an explanation of its contents.
    b) A general explanation of the epidemiology and symptoms of bloodborne diseases.

c) An explanation of modes of transmission of bloodborne pathogens.
d) A review of the exposure control plan and how employees can obtain a copy of the plan.
e) An explanation of the appropriate methods for recognizing procedures and other activities that may involve exposure to blood and OPIM.
f) An explanation of the use and limitations of methods that will prevent or reduce the likelihood of exposure including engineering controls, work practices and personal protective equipment.
g) Information on the types, proper use, location, removal, handling, decontamination, and/or disposal of personal protective equipment.
h) An explanation of the rationale for selecting personal protective equipment.
i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated.
j) An explanation of the post-exposure evaluation including reporting mechanisms, time frame for reporting and the medical follow-up that is available.
k) Information on the management of emergencies associated with bloodborne pathogens, including persons to contact and steps to take.
l) Review of signs and labeling required for containers of regulated waste, refrigerators, freezers and other containers used to store, transport or ship blood and OPIM.

Training Requirements for HIV and HBV research laboratories and production facilities

The following additional training requirements are required for employees in HIV and HBV research laboratories and production facilities:

1. The employer shall ensure that the employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility prior to being allowed to work with HIV or HBV.
2. The employer shall ensure that employees have prior experience in the handling of human pathogens or tissue cultures prior to working with HIV or HBV.
3. The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall ensure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

Recordkeeping

Medical Records

1. An accurate record for each employee with occupational exposure shall be established and maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020. The SHCC is responsible for maintaining these records.
2. The record must include the employee's name, a copy of the employee's hepatitis B vaccination status, a copy of all results of examinations, medical testing and follow-up procedures, a copy of the healthcare provider's written opinion and a copy of the information provided to the healthcare provider.

3. All records must be kept confidential and not disclosed or reported without the employee's express written consent to any person within our outside the University except as may be required by law.

Training Records

1. Training records must include the date of the training session, the contents or a summary of the training session, the name and qualifications of the person conducting the training and the name and job title of the person attending the training.
2. Training records must be kept for 3 years from the date on which the training occurred.
3. Records for BBP training taken through myTraining are maintained indefinitely by HR and are available through myTraining to the trained individual and the departmental BBP trainers.
4. Departments that conduct their own training must keep the records for at least 3 years

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Packaging and Shipping of Biological Materials

This policy is intended to provide guidance and ensure compliance with DOT/IATA/ICAO* regulations.

Relevant Categories:

1. Category A Infectious substances
2. Category B infectious substances
3. Exempt human specimens
4. Regulated medical waste or biomedical waste

Requirements:

In addition to the OSHA BBP training and compliance, anyone involved in the packaging and/or shipping of biological materials, particularly infectious substances, must be trained.

Certification and training is required every 2 years or sooner when there is a change in the regulations.

Shipping and Transport of Biological Materials Training is available on-line and compliance is tracked through myTraining. You must be assigned to the training:

Email your name and UFID number to bso@ehs.ufl.edu
Ask to be enrolled in the
Shipping and Transport of Biological Materials training.

* DOT – Department of Transportation
  IATA – International Air Transport Association
  ICAO – International Civil Aviation Organization

Exposure Incident Guidelines

Report Exposures Immediately

If you have sustained a potential exposure – needle stick, sharps injury or mucous membrane splash, act as soon as possible. This is especially important in out-patient clinical areas, so the source patient is still available for testing. Also, some treatment regimens are most effective if started within a few hours of exposure.

Gainesville and locations other than Jacksonville:

BLOODBORNE PATHOGEN EXPOSURE HOTLINE: (352) 265-2727
Call 24 Hours a Day, 7 days a week.

Operators from the UF Student Health Care Center or UF Health/Shands will answer the line and immediately forward the call to a skilled and knowledgeable medical provider. The medical provider will collect the exposure and source history, arrange for lab work to be drawn, decide on post- exposure treatment if necessary, and recommend follow-up as appropriate.

Faculty, Staff or Non-Student OPS Employees, Residents, Gas/Tas or Student Assistants:
You must report all sharps and splash exposures to your supervisor and immediately call the Bloodborne Pathogen Exposure Number. Time is critical! You or your supervisor must then contact AmeriSys at 1-800-455-2079 immediately after your evaluation/treatment has been completed to report your exposure.
UF Students – Not employed by the University: Call the Bloodborne Pathogen Exposure Number. Your care must be paid for through your student/personal insurance or by some other means.

Jacksonville Community

UF employees in Jacksonville who have a BBP exposure between the hours of 7am –5pm should go immediately to the Employee Health Office in Suite 505 of Tower 1 at 8th and Jefferson. Go to the Emergency Room after hours. All follow-up, baseline labs, counseling, and medication reorders are provided by the Employee Health Office (904 244-9576).
After treatment, you must report the incident to AmeriSys at 1-800-455-2079.

Off-Site Locations

If you have an exposure incident at an off-site rotation, contact the BBP Exposure Hotline at (352) 265-2727 to report the exposure and follow the resident institution's protocols.

After treatment, you must report the incident to AmeriSys at 1-800-455-2079.

For any life-threatening emergency, go to the nearest ER and then call AmeriSys to report the claim.

Questions?

Re: Bloodborne Pathogen Exposure Number: SHCC 352-294-5700
http://shcc.ufl.edu/all-patients/emergencies/needlestick/
Re: BBP Program--- UF Environmental Health & Safety 392-1591; E-mail: bso@ehs.ufl.edu
http://www.ehs.ufl.edu/programs/bio/bbp/
Re: UFWC Program- 352 392-4940 ; E-mail: workcomp@ufl.edu.