

# Bloodborne Pathogens

## Exposure Control Plan—5100-4.0

### Associated OHS Process: Industrial Hygiene

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## Table of Contents

1.	Summary .....	4
1.1	Objective .....	4
1.2	Scope .....	4
2.	Regulations & Other Requirements .....	4
2.1	Occupational Safety & Health Administration (OSHA) .....	4
2.2	University of Virginia .....	4
3.	Roles and Responsibilities .....	4
3.1	Facilities Management Occupational Health & Safety (FM-OHS) .....	4
3.2	Facilities Management Supervisors.....	4
3.3	Facilities Management Employees .....	5
3.4	Facilities Management Service Desk .....	5
4.	Bloodborne Pathogen Exposure Control Plan .....	5
4.1	Exposure Determination.....	5
4.1.1	Other Potentially Infectious Materials .....	5
4.1.2	Job Classification Exposure.....	5
4.1.3	Job Categories with Potential for Exposure .....	6
4.2	Methods of Compliance.....	6
4.2.1	Universal Precautions.....	6
4.2.2	Engineering and Work Practice Controls.....	6
4.2.3	Personal Protective Equipment.....	7
4.2.4	Housekeeping .....	7
4.3	BBP Spill Cabinet & Kit Maintenance.....	8
4.4	BBP Spill Response .....	8
4.4.1	FM-Employee Response .....	8
4.4.2	FM-Service Desk and Custodial Employees Response .....	8
4.5	Hepatitis B Vaccination Policy and Post-Exposure Evaluation and Follow-up.....	9
4.5.1	Receiving Hepatitis B Vaccination .....	9
4.5.2	Declining Hepatitis B Vaccination.....	9
4.5.3	Exposure Incident Response and Follow-up .....	9
4.5.4	Post-Exposure Evaluation and Follow-up.....	9
4.5.5	Post-Exposure Prophylaxis.....	10

Facilities Management  
Occupational Health and Safety

4.5.6	Occupational Healthcare Professional's Written Opinion.....	10
4.6	Communication of Hazards to Employees .....	10
4.6.1	Biohazard Warning Labels.....	10
4.6.2	Employee Training.....	11
5.	Review and Recordkeeping.....	11
5.1	Program Review .....	11
5.2	BBP Recordkeeping.....	11
5.2.1	Medical Records .....	11
5.2.2	Training Records .....	11
5.3	Program Recordkeeping.....	12
	Appendix A: Definitions.....	13
	Appendix B: Acronyms .....	14
	Appendix C.1: Employee Hazard Exposure Questionnaire .....	15
	Appendix C.2: BBP Spill Kit Inventory .....	16
	Appendix C.3: BBP Cleanup Procedure .....	17
	Appendix C.4: BBP Spill Cabinet Location.....	18
	Appendix C.5: Hepatitis B Vaccination .....	19
	Appendix C.5 (Continued): Hepatitis B Vaccination.....	20

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## 1. Summary

## 1.1 Objective

This Bloodborne Pathogens (BBP) Exposure Control Plan (ECP) provides policies and procedures to eliminate or minimize University of Virginia (UVA) Facilities Management (FM) employee exposure to bloodborne pathogens or other potential infectious materials (OPIM).

## 1.2 Scope

This written program is site-specific to UVA FM and will apply to all FM employees. This ECP consists of roles and responsibilities, exposure control procedures, BBP spill kit management, BBP spill response procedures, hepatitis B vaccinations and tracking, post-exposure procedures, hazard communication, and recordkeeping.

## 2. Regulations &amp; Other Requirements

## 2.1 Occupational Safety &amp; Health Administration (OSHA)

This Blood borne Pathogens ECP complies with OSHA 1910.1030, *Bloodborne Pathogens Standard* and OSHA 1910.1020, *Access to Employee Exposure and Medical Records*.

## 2.2 University of Virginia

This Bloodborne Pathogens Exposure Control Plan complies with UVA-FM requirements.

## 3. Roles and Responsibilities

## 3.1 Facilities Management Occupational Health &amp; Safety (FM-OHS)

- a) Develop, administer, and review this ECP
- b) Provide UVA Work Med a copy of this ECP
- c) Provide BBP training for employees with occupational exposure risk upon initial assignment and
- d) recertification due date
- e) Provide employees who choose to receive the hepatitis B vaccination with information and resources, including instructions to schedule their vaccination
- f) Make sure spill clean-up procedures are consistent with BBP hazards encountered
- g) Make sure accurate record keeping of FM-employee BBP or OPIM exposure
- h) Coordinate post-exposure process with employee and medical providers

## 3.2 Facilities Management Supervisors

- a) Assess employees' BBP or OPIM exposure status and indicate exposure potential on the Occupational Health & Safety section of the onboarding checklist
- b) Inform employees who have the potential to be exposed to BBP or OPIM to FM-OHS before they ~~start~~ their duties
- c) Enroll employees who may be exposed to BBP or OPIM in BBP initial and annual training
- d) Allow employee the time away from their normal duties to obtain the Hepatitis B vaccination
- e) Immediately provide a post-exposure evaluation and follow-up for an employee who is exposed to BBP or OPIM
- f) Make sure BBP spill kits are available at the designated locations and that these are replenished after use

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- g) Custodial supervisors shall designate employees who are authorized to clean up spills and inform the FM-Service Desk who they are
- h) Custodial supervisors need to coordinate with FM-Service Desk and authorized custodial employees to determine location and volume of a BBP or OPIM spill

### 3.3 Facilities Management Employees

- a) Attend required initial and annual BBP training and pass the evaluation quiz
- b) Complete Hepatitis B Vaccine Series/Hepatitis B Vaccination Declination Form
- c) All FM employees shall direct any blood or OPIM incidents that occur in parking lots, parking garages, bus stops, etc. to FM-Service Desk at (434) 924-1777 for the academic division, (434) 924-2267 for Health System, and (434) 924-3053 for Housing

### 3.4 Facilities Management Service Desk

- a) Inform assigned custodial supervisor/authorized trained custodial employees about the location of the reported BBP or OPIM spill

## 4. Bloodborne Pathogen Exposure Control Plan

### 4.1 Exposure Determination

- a) All employees who may reasonably be anticipated to be at risk for exposure to human blood, body fluids, or OPIM are included in this plan and must be offered the hepatitis B vaccine and must be retrained annually in infection control.
- b) Supervisors must determine whether an employee is at risk for exposure without considering the use of personal protective equipment (PPE).
- c) Supervisors shall determine employees' BBP or OPIM exposure risk through the Occupational Health & Safety section on the onboarding checklist (see Appendix C.1) on SharePoint for new employees only, and manually complete the Employee Hazard Exposure Questionnaire on the onboarding checklist (see Appendix C.1) for current employees.

#### 4.1.1 Other Potentially Infectious Materials

Other potentially infectious materials may include the following if visible blood is detected:

- Semen and vaginal secretions
- Human tissue or organs (fixed or unfixed)
- Cerebrospinal fluid
- Cell/tissue cultures
- Pleural and pericardial fluid
- Blood, organs, or tissue from animals infected with human pathogens
- Peritoneal fluid
- Amniotic fluid
- Saliva in dental procedures
- Body fluids visibly contaminated with blood

#### 4.1.2 Job Categories with Potential for Exposure

Job categories that do not normally have the potential for exposure to human blood/OPIM as part of their regular duties but may perform certain tasks that may cause them to be exposed:

- a) Custodial Employees
- b) Plumbers
- c) Lab Movers
- d) HVAC employees
- e) Electricians
- f) Any employee who is trained in First Aid

#### 4.2 Methods of Compliance

FM Departments and all employees will comply with the OSHA Bloodborne Pathogens Standard using the following methods:

##### 4.2.1 Universal Precautions

All human blood or OPIM are considered contaminated with blood borne pathogens. Employees must avoid direct contact with human blood or OPIM to avoid exposure to BBP and other human pathogens.

##### 4.2.2 Engineering and Work Practice Controls

Engineering and work practice controls shall be used to minimize exposure to human blood and OPIM.

- a) Hand washing. Hands must be washed with soap and water after each contact with blood or OPIM as soon as possible after removing PPE and whenever they become contaminated with human blood or OPIM. Antiseptic hand cleaner (wipes or alcohol-based gel) may be used if soap and water are not immediately available; however, employees must wash hands with soap and water as soon as it is accessible.
- b) Personal hygiene. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in contaminated areas is not permitted.
- c) Food. Food and drink must not be kept in refrigerators, freezers, cabinets or on countertops or shelves where human blood or OPIM are present.
- d) Minimize spray. Splash, spray, spatter, or generation of droplets must be minimized during any procedure that involves human blood, or OPIM.
  - Note: Use absorbent pads or napkins to cover blood during the application of chemicals in the clean-up process.
- e) Sharps handling. Sharps include any needles or lancets used to collect blood or inject medication and other drugs. Sharps must not be bent, broken, recapped or removed from handles after use.
  - Note: any known situations in which workers may encounter sharps should be treated as sharps handling. For example: A custodial and maintenance employee discovers syringes or razor blades left by a resident during cleaning and maintenance work.
- f) Sharps disposal. Contaminated disposable sharps, including razor blades, broken glass, and any other blood-contaminated sharp object must be disposed of in a plastic sharps container immediately after use. Sharps containers can be found in designated BBP spill kits (See Appendix C.2). Plastic sharps containers must be closable, puncture resistant, labeled with the "biohazard" symbol, leak-proof on sides and bottom, and maintained upright during use. Spill kit plastic sharps containers must be promptly closed, removed, and replaced when they are  $\frac{3}{4}$  full and placed in a regulated medical waste container (Red biohazard bag inside BBP spill kit).

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- g) Disinfecting equipment. Equipment decontamination must be conducted by BBP trained employees under the direct supervision and authorization of the equipment owner.
- h) Contaminated material processing. Spill kit contents are not reusable. Contents are kept in sealed plastic bags and are designed for single-use only. Once used, contents should be discarded accordingly (contaminated contents discarded in red biohazard bags). Follow the Spill Kit Inventory (See Appendix C.2) procedure for having spill kits replenished.

#### 4.2.3 Personal Protective Equipment

- a) If the potential for exposure remains in spite of work practice and engineering controls, personal protective equipment (PPE) must be used. PPE can be found in designated blood borne pathogen spill kits.
- b) PPE must be worn during procedures in which human blood or OPIM exposure to skin, eyes, nose or mouth is reasonably anticipated.
- c) PPE must be selected based on the type of exposure anticipated.
- d) PPE must cover all body parts and personal clothes/uniform that may be exposed and must prevent soak through.
- e) PPE and personal clothing/uniform must be removed if they become contaminated with human blood or OPIM. Disposable PPE that is contaminated with any human blood or OPIM must be disposed of in a contaminated material container (CMC). ALL PPE MUST BE REMOVED BEFORE LEAVING THE CLEAN-UP AREA.
- f) PPE includes, but is not limited to:
  - 1) Disposable gloves. Non-latex gloves are available for employees with latex sensitivity or allergy.
    - Gloves must be worn when hands may come in contact with human blood, body fluids and tissues, mucous membranes, or broken skin.
    - Gloves must be worn when handling contaminated items or surfaces.
    - Gloves must be replaced as soon as possible if they are torn or contaminated. Disposable gloves must never be washed or re-used.
  - 2) Protection for eyes, nose, and mouth. Masks and eye protection (combo mask, goggles, or face shields) must be worn whenever splash or spray of human blood, body fluids and tissues to the face is anticipated.
  - 3) Body protection. Fluid-resistant aprons can be worn when human blood or OPIM exposure to body or personal clothes/uniform is anticipated. Head/hair covers, and shoe covers or boots can be worn if gross contamination is anticipated.

#### 4.2.4 Housekeeping

The workplace must be maintained in a clean and sanitary condition. Human blood or OPIM spills must be cleaned up according to the procedure in Appendix C.3. Housekeeping practices include, but are not limited to:

- a) Equipment and working surfaces. Contaminated work surfaces must be disinfected with a Facilities Management Safety Department approved disinfectant (CaviCide) as soon as possible when contaminated with human blood or OPIM. All reusable bins, pails, cans, and similar receptacles which may become contaminated with human blood, body fluids or tissues must be regularly inspected and decontaminated as soon as possible if they become contaminated.
- b) Special sharps precautions. Broken glass must never be picked up with hands. Always use a broom and dust pan. Employees must never reach into plastic sharps containers or regulated medical waste containers or any waste receptacle that may contain sharps of any kind.
- c) Regulated medical waste. Regulated medical waste (RMW) must be disposed of in a contaminated material container (CMC). Material containing any human blood or body fluid must be disposed of in a CMC. RMW includes, but is not limited to:

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- Human blood and blood contaminated body fluids
  - Any residue, contaminated soil, water, or other debris resulting from the cleanup of a spill of regulated medical waste
  - Any waste contaminated by or mixed with regulated medical waste
  - Sharps found in any area maintained by Facilities Management (e.g., blood glucose testing or for medication injection) MUST go into a sharps container.
- d) Waste containers. UVA contaminated material containers (CMC) are located in areas such as the UVA hospital and laboratories. FM employees that are required to handle CMC's must make sure that the following requirements be met prior to handling:
- Closed and sealed prior to removal
  - Puncture resistant
  - Leak-proof on sides and bottom
  - Constructed to prevent leaks during handling, shipping, storage, and transport
  - Labeled with the biohazard symbol
  - Easily accessible to personnel
  - Maintained upright during use
  - FM employees shall only remove CMC's if they are authorized to do so. For routine laboratory CMC removal, FM employees shall only transport CMC's to the appropriate biohazard disposal facility, not prepare them for removal. For spill response, the only style of CMC that is used by FM is the red biohazard bag which can be found in designated BBP spill kit.
- Note: If the outside of an RMW bag becomes contaminated, place it in a second RMW bag. Red bag waste is disposed of by UVA in accordance with the Virginia Department of Waste Management Regulations.

#### 4.3 BBP Spill Cabinet & Kit Maintenance

- a) Contact FM Warehouse for initial BBP Spill Kit. Keep BBP Spill Kit restocked using BBP Spill Kit Inventory (See Appendix C.2).
- b) FM-trained employees are responsible for notifying their supervisor for restocking the BBP spill kit supplies and PPE when used. The spill kits are inspected and cleaned once a year by authorized BBP trained employees and shall be verified by the department supervisor to make sure they are up-to-date.

#### 4.4 BBP Spill Response

##### 4.4.1 FM-Employee Response

- a) When a BBP or OPIM spill incident occurs, FM employees shall call the FM-Service Desk at (434) 924-1777 for the academic division, (434) 924-2267 for the Health System, and (434) 924-3053 for Housing. This includes blood or OPIM that is located at bus stops, parking lots, parking garages, etc. FM employees must provide the address, location, and best estimate of the spill size.
- b) Note: If appropriate, FM employees shall notify FM-Service Desk if the spill resulted from a violent crime. If so, cleanup shall be postponed until the proper authorities have approved it.

##### 4.4.2 FM-Service Desk and Custodial Employees Response

- a) FM-Service Desk will notify the designated custodial supervisor of the reported spill immediately. Upon spill assessment, the designated custodial supervisor or authorized trained custodial employees will determine if the spill size and nature is within their capabilities and, if so, follow UVA BBP



Cleanup Procedure (See Appendix C.3). If not, they may elect to utilize an outside contractor's services.

- b) For spills that occur at bus stops, parking garages, parking lots and similar locations, the Service Desk will call an outside contractor to clean up.

#### 4.5 Hepatitis B Vaccination Policy and Post-Exposure Evaluation and Follow-up

- a) Employees identified by their supervisor as having potential for exposure to human blood/OPIM (see clause 4.1. Exposure Determination) must be offered the hepatitis B vaccine free of charge. The vaccination is a series of three injections given at approximately initial 1 month and 6 months. A routine booster dose is not recommended but will be given at no charge if the U. S. Public Health Service recommends it in the future.
- b) The vaccine must be offered after blood borne pathogens training and within 10 working days of initial assignment to a job category where exposure may occur unless previously vaccinated or medically contraindicated.

##### 4.5.1 Receiving Hepatitis B Vaccination

- a) When an employee chooses to receive the hepatitis B vaccination on the Hepatitis B Vaccination Series Form (see Appendix C.5), FM-OHS will send a notification to the employee within 5 days of receiving the form.
- b) The employee's supervisor is responsible for allowing the employee the time away from their normal duties to obtain the vaccination as well as assisting with scheduling the employee's vaccination series appointments with UVA WorkMed if assistance is requested.

##### 4.5.2 Declining Hepatitis B Vaccination

- a) When an employee declines the hepatitis B Vaccination, they must sign the Hepatitis B Vaccination Declination Form (see Appendix C.5, Continued), and return it to FM-OHS. If an employee changes their mind at any time and wishes to receive the vaccine, it will still be provided at no cost to the employee.

##### 4.5.3 Exposure Incident Response and Follow-up

- a) An exposure is:
- Blood/OPIM contact with eyes, nose, mouth, other mucous membranes, or broken skin
  - Blood/OPIM contaminated sharps injury
  - Blood contact over a large area of apparently intact skin
- b) In the event of exposure, employees must immediately stop work, flush area, and then:
- 1) Wash sharps injuries or exposed skin with soap and water
  - 2) Flush eyes, nose, or mouth exposures with large amounts of water
  - 3) Report exposure immediately to supervisor.
  - 4) Supervisor will report exposure to FM-OHS using the Workers Compensation/Accident-Injury Reporting Portal Complete WC Accident Report ( <https://www.fm.virginia.edu/depts/ohs/forms.html> )
  - 5) Report exposure immediately to UVA WorkMed (923-0075: 1910 Arlington Blvd.) (weekdays) or the Emergency Dept. (nights, weekends)

##### 4.5.4 Post-Exposure Evaluation and Follow-up

- a) Evaluation and treatment of exposure is confidential and will be given by, or under the supervision of, a licensed physician and will include:
- Documentation of the route(s) and circumstances of your exposure
  - Documentation of the source individual, if known

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- b) If the infectivity status of the source individual is unknown and blood is available, it will be tested for HIV, hepatitis B and C in accordance with state law. Employee will be told what the test results are and what they mean for the employee.
- c) If the employee consents, their blood will be tested as soon as possible after exposure to provide baseline hepatitis B, hepatitis C, and HIV status. If the employee does not consent to HIV testing, the sample will be stored for 90 days and tested if the employee consents in that time period.

## 4.5.5 Post-Exposure Prophylaxis

- a) Treatment following exposure will be offered to exposed employees when medically indicated and as recommended by the US Public Health Service. Counseling and medical evaluation will be offered for any reported illnesses the employee develops as a result of the exposure.
- b) The following information will be provided to the healthcare professional evaluating the exposed employee:
  - 1) A copy of OSHA 1910.1030 *Bloodborne Pathogens Standard*
  - 2) A description of the employee's duties as they relate to the exposure incident
  - 3) Documentation of the route(s) and circumstances of the exposure
  - 4) Results of the source individual's blood testing, if available
  - 5) All medical records relevant to the employee's treatment including vaccination status

## 4.5.6 Occupational Healthcare Professional's Written Opinion

- a) Occupational Healthcare will give the employee a copy of the evaluating healthcare professional's written opinion within 15 days of the evaluation. The opinion will be limited to:
  - The results of the evaluation
  - Any medical conditions resulting from the employee's exposure
- b) All other findings will remain confidential and will not be included in the written report.

## 4.6 Communication of Hazards to Employees

## 4.6.1 Biohazard Warning Labels

- a) Biohazard warning labels (See figure 1) must be affixed to:
  - Plastic sharps containers if provided for workers or public
  - Regulated Medical Waste bags (red) provided in FM spill kits
  - Contaminated medical containers (provided by EHS) for regulated medical waste are already labeled



Figure1-Biohazard Label

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## 4.6.2 Employee Training

- a) FM-OHS provides BBP training upon receiving a record of the Employee Hazard Exposure Questionnaire from the onboarding checklist (Appendix C.1), supervisor requests, or employee's recertification due date.
- b) FM employees designated to clean up blood spills must attend a Blood borne Pathogens Training prior to job assignment and annually thereafter. Annual retraining is ~~conducted~~ by FM-OHS.

## 5. Review and Recordkeeping

## 5.1 Program Review

- a) This Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- b) The review and update of such plans shall also:
  - Reflect changes in technology that eliminate or reduce exposure to blood borne pathogens
  - Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure

## 5.2 BBP Recordkeeping

## 5.2.1 Medical Records

- a) UVA HR will establish a medical record for employees who have exposures to needle stick or sharps injuries.
- b) The record will be maintained for the duration of employment plus 30 years by UVA HR.
- c) The record is confidential and will not be disclosed to anyone within or outside the workplace without the employee's written consent, except as required by law or regulation.
- d) The record will include:
  - Employee name and email address
  - Dates of hepatitis B vaccinations and medical records relative to the employee's ability to receive vaccination
  - Examination results, medical testing, and follow-up procedures
  - The healthcare professional's written opinion
  - Information provided to the healthcare professional who evaluated the employee for suitability to receive hepatitis B vaccination

## 5.2.2 Training Records

- a) FM-OHS will keep documentation of their employees' training attendance for three years. The record will include:
  - Dates of training sessions
  - Summary of the session contents
  - Names and job titles of attendees
- b) BBP Training records are available to employees, employee representatives, and the Commissioner of the Virginia Department of Labor and Industry who may request copies of these records.
- c) Training records will be provided to UVA-EHS upon request for tracking and documentation.

- d) Training records are available on FM-OHS at G:\OPERATIONS\FM-OHS\4.Training\Bloodborne Pathogens

### 5.3 Program Recordkeeping

Records of the FM-OHS BBP Exposure Control Plan will be considered obsolete when the new version is issued. Obsolete versions will be maintained for five years and then destroyed.

## Appendix A: Definitions

Bloodborne Pathogens (BBP) means 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) and human immunodeficiency virus (HIV).

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

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

Other Potentially Infectious Materials means

- 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, anybody 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); and
- 3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment is 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.

Post-Exposure Prophylaxis means a treatment administered following exposure to a harmful agent, which attempts to block or reduce injury or infection. Prophylaxis means a defense or protection.

Regulated Waste means 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.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

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Appendix B: Acronyms

BBP:	Bloodborne Pathogens
CMC:	Contaminated Materials Containers
ECP:	Exposure Control Plan
FM:	Facilities Management
OHS:	Occupational Health and Safety
OPIM:	Other Potential Infectious Materials
RMW:	Regulated Waste Materials
UVA:	University of Virginia

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Appendix C.1: [Employee Hazard Exposure Questionnaire](#)

Appendix C.2: BBP Spill Kit Inventory

**Below is an inventory of the preassembled Blood borne Pathogen Spill Kit that includes all required items. Reorder information is included on the following page.**

**FM-OHS will no longer be annually inspecting Blood borne Pathogen Spill Kits.** It is now each zone's responsibility to inspect and replace the kits as needed. Kit inspection includes disposing of the expired kit and replacing with a new kit. *Please follow UVA EHS rules and procedures when disposing of chemicals.*

Blood borne Pathogen Spill Kit  
Inventory

Qty.	Item #	Description
1	n/a	Clean Up Instruction Sheet
1	n/a	Inventory Sheet
1	9-543AV43	Metal Cabinet, 3 adjustable shelf
1	9-10835	Ziploc Bag, 16"x16"
1	9-19465	Clear, Round Bottle w/ Large-Mouth Lid, 16 oz. for sharps
1	9-89590	CaviCide Surface Disinfectant, 8 oz. pump spray
2	6-PT2	Plastic Tweezers, 1-time use
3	9-14180	Pair Nitrile Gloves, 8 mil
1	9-17100	Safetec Universal Compliance Kit: <ul style="list-style-type: none"> <li>• Vinyl Gloves, 1 pair</li> <li>• Apron</li> <li>• Combo Mask/Safety Shield</li> <li>• Red Z Solidifier, 10 g.</li> <li>• Scoop/Scraper</li> <li>• SaniZide Plus Germicidal Wipe</li> <li>• Red Biohazard Waste Bag w/ Twist Tie, 24"x24"</li> <li>• p.a.w.s. Antimicrobial Hand Wipes</li> <li>• Identification Tag</li> <li>• Instructions</li> </ul>
2	9-3336	Red Biohazard Labels, 4"x4"
1	9-CT30	Yellow Caution Tape, 30'
10	9-13630	Blue Heavy Duty Shop Towels, 17"x12"
1	9-00900W	Manual Timer, 1 hour dial
2	9-BHBag	Red Biohazard Bag (extra)
1	0-81024	Pair Large Shoe Covers

Note: It is the supervisor's responsibility to replenish the BBP spill kit after use.



## Appendix C.3: BBP Cleanup Procedure

## BBP Cleanup Procedure

If you have not received Blood borne Pathogen Clean Up training from FM-OHS or are uncomfortable with the clean up or procedure, please let your supervisor know.

Then contact the UVA FM Service Desk at (434) 924-1777 for the academic division, (434) 924-2267 for Health System, and (434) 924-3053 for Housing for qualified assistance after completion of Step 1 below.

- 1) Close off spill area to traffic and create a “work zone.”
  - i. (Use yellow caution tape in kit, if needed, to control foot traffic in cleanup area.)
- 2) Remove supplies from spill kit for easy access during cleaning process. Place them nearby, but out of the way of what you are cleaning.
- 3) ALWAYS PROTECT YOURSELF! – Put on Personal Protective Equipment (PPE):
  - i. Be sure to protect your eyes, nose, and mouth with the combo mask/safety shield in kit. Put on gloves, disposable apron, and shoe covers from kit.
  - ii. Double glove method is recommended!
  - iii. *NOTE: You may have to change your gloves several times during the cleaning process. Check your gloves periodically throughout the cleaning process.*
- 4) First, lay paper towels over the blood and spray CaviCide on the paper towels, soaking them thoroughly. **LEAVE ON FOR 5 MINUTES** – Use the timer included with the kit. Push the paper towels into the spill (toward the center) to absorb the spill and disinfectant. *Always work from the outside edges of the spill towards the center.* Add more paper towels as needed. Place used paper towels in the **red biohazard bag**. If not completely clean, spray the surface again and **LEAVE ON FOR 5 MINUTES** (set timer), then wipe surface dry. *DO NOT SPRAY AND IMMEDIATELY WIPE – allow the chemical time to do its job.*
- 5) Carefully remove your PPE and place it in the red Biohazard bag. If the red Biohazard bag is contaminated, use the extra red Biohazard bag, and place the contaminated bag inside the extra bag.
  - i. *It is recommended that you change your gloves.*
- 6) Wash your hands with soap and water immediately. If soap and water is not available where you are, use the p.a.w.s. Antimicrobial Hand Wipes included in the kit until you can get to soap and water to thoroughly wash your hands.
  - i. It is mandatory that you wash your hands with soap and water.
- 7) Contact office of Environmental Health & Safety, phone: 434-982-4911 for proper disposal of red biohazard bag.
- 8) REORDER the contents of the Blood borne Pathogen spill kit:

## Appendix C.5: Hepatitis B Vaccination

## Hepatitis B Vaccination Series

The hepatitis B vaccine is offered at no cost\* to employees determined to be at risk for occupational exposure to human blood, blood products, tissues, cells, or other potentially infectious material. Primary vaccination against hepatitis B involves a series of three immunizations.

**Declining the hepatitis B vaccine:**

If any of the following conditions apply, please complete, and sign the back of this form, *Hepatitis B Immunization Declination Form*, and submit it to Facilities Management-Occupational Health and Safety.

- Prior completion of a hepatitis B immunization series.
- Immunity has been established by a documented serologic antibody testing (also called a "titer.")
- There are medical reasons prohibiting administration of the vaccine.
- The vaccine is declined.

**Receiving the hepatitis B Vaccine:**

If you wish to receive the hepatitis B vaccine, please complete the information below and select the communication method you prefer.

Name (*please print clearly*): \_\_\_\_\_ Date: \_\_\_\_\_

Organization & Shop #: \_\_\_\_\_ Phone: \_\_\_\_\_

## ➤ Method of Communication:

Email      Email address: \_\_\_\_\_

Phone      Phone: \_\_\_\_\_

## ➤ Health Clinic:

WorkMed

Facilities Management  
Occupational Health and Safety

Appendix C.5 (Continued): Hepatitis B Vaccination

Hepatitis B Vaccination Declination Form

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 hepatitis B vaccine, at no charge\* to myself. 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 hepatitis B vaccine, I can receive the vaccination series at no charge\* to me.

Reason for Declination:

- Prior completion of hepatitis B vaccination series
- Immunity has been established by a documented serologic antibody test (titer).
- Choose to decline at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - Print Clearly

\_\_\_\_\_  
Organization and Shop #

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_