University of Illinois at Urbana-Champaign
Bloodborne Pathogen Exposure Control Plan

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Introduction

Occupational Exposure to Bloodborne Pathogens

Occupational Acquired Immunodeficiency Syndrome (AIDS) and hepatitis B are serious concerns for workers who are occupationally exposed to blood and other potentially infectious materials (OPIM) that may contain bloodborne pathogens such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). According to U.S. Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and public safety occupations are potentially exposed to these viruses.

Exposure to bloodborne pathogens may occur in many ways. Although needle-stick injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes (eyes, nose, mouth) and non-intact skin. Unlike most chemical and radiological hazards, a single exposure to a bloodborne pathogen may result in infection and a potentially life-threatening disease.

Recognizing the need for a regulation prescribing safeguards to protect workers against health hazards related to bloodborne pathogens, OSHA published the Occupational Exposure to Bloodborne Pathogens Standard in the Federal Register on December 6, 1991; it is codified at 29 CFR 1910.1030. The Illinois Department of Labor (IDOL) adopted this federal standard as a state regulation on January 29, 1993.

Campus-Wide Exposure Control Plan

This campus-wide Exposure Control Plan outlines the University of Illinois at Urbana-Champaign’s commitment to compliance with the Federal OSHA Bloodborne Pathogen Standard as adopted by the IDOL and provides guidance for determining more specific exposure control plans for individual units. The Division of Research Safety (DRS) is available to assist units in providing training for units and help them select the appropriate engineering controls, work practice controls, and Personal Protective Equipment (PPE) required to comply with this standard. The Exposure Control Plan (ECP) is required by federal regulations specified in 29 CFR 1910.1030(c), which states that each employer having employees with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize exposure. The ECP is required to include the determination of which employee job title classifications are occupationally exposed; the schedule and methodology of implementation for methods of compliance, hepatitis B vaccination and post-exposure evaluation, communication of hazards to employees, relevant recordkeeping, and the procedure for evaluating exposure incidents.
Campus Safety Commitment

The U of I is committed to the safety and wellbeing of its students, staff, and the public it serves. The administration, faculty, and staff are responsible for promoting health and safety in their environment and operations. All others in the university community are expected to support this commitment. The Campus Administrative Manual (section V-B) contains environmental health and safety standards and procedures developed specifically for the U of I.

Several policies pertinent to implementation of the policies of this campus-wide ECP are contained in the Campus Administrative Manual:


Acronyms Used

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>BSL2</td>
<td>Biosafety Level 2</td>
</tr>
<tr>
<td>DRS</td>
<td>University of Illinois Urbana/Champaign Division of Research Safety</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
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<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
</tr>
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<td>DOT</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>DRS</td>
<td>Division of Research Safety</td>
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<tr>
<td>ECP</td>
<td>Exposure Control Plan</td>
</tr>
<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IBC</td>
<td>Institutional Biosafety Committee</td>
</tr>
<tr>
<td>IDOL</td>
<td>Illinois Department of Labor</td>
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<tr>
<td>MSDSs</td>
<td>Material Safety Data Sheets</td>
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<tr>
<td>OPIM</td>
<td>Other Potentially Infectious Materials</td>
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<tr>
<td>OSHA</td>
<td>U.S. Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>U of I</td>
<td>University of Illinois at Urbana-Champaign</td>
</tr>
</tbody>
</table>
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) and human immunodeficiency virus (HIV).

**Campus Unit** - Any person, laboratory, section, center, department, division or other U of I representative that employs persons to perform tasks that might have a reasonably anticipated risk of exposure to blood or OPIM. The campus unit and unit head(s) will be identified to employees in training.

**Contaminated** - The presence or the reasonably anticipated presence of blood or OPIM on an item or surface.

**Contaminated Laundry** - Laundry that has been soiled with blood or OPIM or may contain sharps.

**Contaminated Sharps** - Any contaminated object that can penetrate the skin including, but not limited to, needles, broken glass, scalpels, broken capillary tubes, and exposed ends of dental wires.

**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 container, self-sheathing needles, CPR pocket mask, biological safety cabinet) that isolate or remove the bloodborne pathogen hazard from the workplace.

**Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

**Handwashing Facilities** - A facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

**Licensed Healthcare Professional** - A person whose legally permitted scope of practice allows him or her to independently perform hepatitis B vaccination and post-exposure evaluation and follow-up.

**HBV** - Hepatitis B virus.

**HCV** - Hepatitis C virus.

**HIV** - Human immunodeficiency virus.

**Infection** - 1) The invasion of disease-producing microorganisms into a body where they multiply, causing a disease, or 2) a disease caused by disease-producing microorganisms (e.g., certain bacteria).

**Microbes/Viruses** - Microscopic organisms, some of which are pathogenic and cause disease. Viruses refer to microscopic sequences of RNA and/or DNA encapsulated in a protein shell capable of penetrating the body and replicating intracellularly or incorporating within the host genome. Pathogenic microbes and viruses cause diseases ranging in severity from the common cold to death.
Definitions, cont.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM):

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- 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;
- 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 - To pierce/puncture mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen - A specific causative agent (e.g., bacterium or virus) of disease.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee for protection against a hazard (e.g., gloves, face shield, lab coat). General work clothes (e.g., uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be PPE.

Regulated Waste - Liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Definitions, cont.

**Unit Head** - The head of the laboratory, section, center, department, division, or other U of I campus unit that employs persons to perform tasks that are likely to involve exposure to blood or OPIM. The unit head should be the person who has the greatest authority within the campus unit and who also has direct knowledge and control of the employees' day-to-day activities and the campus unit's procedures. For example, a professor working on a grant involving work with human blood would be more knowledgeable about the day-to-day activities of the laboratory than the department head. The professor also wields more authority than a laboratory manager, although the latter may have a more detailed knowledge of the laboratory work. Therefore, the professor, rather than the department head or the laboratory manager, would be the appropriate unit head.

**Universal Precautions** - 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 bloodborne pathogens.

**Work Practice Controls** - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., proper handwashing, prohibiting the recapping of needles by a two-handed technique).

**Availability of This Exposure Control Plan**
Each unit head shall ensure that all of their employees have access to a copy of this campus-wide ECP.

Additional copies of the campus-wide ECP can be obtained from:

Division of Research Safety
102 Environmental Health and Safety Building
101 S. Gregory Street
Urbana, IL 61801-3070
MC-225
Phone: 217-333-2755
Summary of Responsibilities

U of I Responsibilities
The U of I shall:

- Ensure full university compliance with applicable IDOL and OSHA regulations regarding bloodborne pathogens,
- Establish contracts with healthcare professionals to fulfill the requirements of the bloodborne Pathogen Standard and the U of I Bloodborne Pathogen Exposure Control Plan,
- Establish medical recordkeeping in compliance with the Bloodborne Pathogen Standard and the U of I Bloodborne Pathogen Exposure Control Plan.

DRS Responsibilities
The Division of Research Safety (DRS) shall:

- Develop this campus-wide Exposure Control Plan and program for campus units whose employees have occupational exposure to blood or OPIM and review this plan annually,
- Assist unit heads with developing unit-specific exposure control plans and with the annual review of these plans,
- Be available to provide training for and to consult with occupationally exposed employees and their campus unit heads,
- Retain all appropriate training records,
- Maintain files of all applicable state and federal regulations and guidelines regarding occupational exposure to bloodborne pathogens.

Deans, Directors, and Department Head Responsibilities
Deans, directors, and department heads shall:

- Assist the DRS in identifying units that have occupational exposure to bloodborne pathogens,
- Ensure that this campus-wide Exposure Control Plan is implemented within all units under their responsibility where occupational exposure to bloodborne pathogens could occur,
- Provide support to unit heads in retaining unit records as required by this plan,
- Provide budget support for the requirements of this program.
Healthcare Professional Responsibilities

Healthcare professionals contracted by the U of I to provide the hepatitis B vaccination series and/or post-exposure care shall:

- Provide services in compliance with applicable IDOL and OSHA regulations regarding bloodborne pathogens and in accordance with current U.S. Public Health Service recommendations;
- Administer hepatitis B vaccinations in as recommended by the U.S. Public Health Service;
- Provide campus unit heads and employees with written documentation that the hepatitis B vaccinations were received or that the vaccinations were not medically indicated/advisable (e.g., allergy to the yeast-derived HBV vaccine);
- If providing post-exposure care, conduct a confidential medical post-exposure evaluation in accordance with current U.S. Public Health Service recommendations, including:
  - Obtain consent for testing of source individual;
  - Make results of the testing of the source individual available to the exposed employee,
  - Collect the exposed employee's blood as soon as feasible, and test for HIV, HBV, and HCV serological status after consent is obtained. The collected blood must be retained for 90 days or until consent to test is obtained, whichever period of time is shorter;
  - Advise the exposed employee of post-exposure preventive and protective measures when medically indicated, as recommended by the U.S. Public Health Service;
  - Provide the exposed employee with appropriate treatment and counseling concerning precautions to take during the period after the exposure incident;
  - Give the employee information regarding which potential illnesses to be alert for and instructions for reporting any related experiences.
- Provide all written documentation specified in the U of I Bloodborne Pathogen Exposure Control Plan.
Campus Unit Head Responsibilities

Campus Unit Heads shall:

- Ensure employees who have job titles listed on page 13, participate fully in the BBP program and adhere to the ECP, including but not limited to annual training, safe work practices, PPE, immunization, and post-exposure follow-up.
- Notify the DRS if employees may be subject to the ECP due to occupational risk, but their job titles are not listed on page 13 so that an exposure determination can be conducted and documented.
- Ensure this exposure control plan is followed as described. When not specified in the ECP, develop additional work practice procedures as necessary to minimize the risk of exposure to bloodborne pathogens for specific tasks or processes. Train employees in these procedures and maintain documentation of such training and procedures in a Unit Specific Exposure Control Plan.
- Ensure that appropriate engineering controls are utilized, decontaminated, maintained, and replaced.
- Ensure that work areas are decontaminated and sanitary.
- Ensure that appropriate PPE is freely available and in good working condition for all employees who are at risk of exposure to bloodborne pathogens.
- Ensure that any employee who has experienced an occupational exposure incident to blood or OPIM is offered post-exposure medical services as outlined beginning on page 31.
- Assist, as required, with post exposure follow-up investigation.
- Purchase, make available, and ensure the use of placards, signs, labels, and sharps and waste collection containers as specified in in this ECP. Ensure all employees have access to campus-wide and unit exposure control plans.

Campus Employee Responsibilities

Campus Employees shall:

- Become familiar with campus-wide and unit specific exposure control plans.
- Participate in initial and refresher bloodborne pathogen training.
- Opt to receive or decline the HBV vaccination.
- Know which job tasks have the potential for occupational exposure to bloodborne pathogens and adhere to precautions and controls designed to minimize associated risk.
- Use all PPE required for specific tasks.
- Practice good personal hygiene habits, wash hands after completing tasks, removing PPE, or coming into contact with OPIM.
- Report all occupational exposure incidents and seek medical attention.
- Practice universal precautions: assume that all blood or OPIM contains HIV, HBV, or HCV.
Who is at risk?

Occupational Exposure
Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties. Unlike most chemical and radiological hazards, a single exposure to bloodborne pathogens may cause a potentially life-threatening infection.

Examples of employees with occupational exposure include healthcare workers, an athletic trainer who provides first aid to athletes, an emergency responder who provides first aid at the site of an accident, building service workers who would be expected to clean up blood spills, or a teacher who is expected to provide first aid to an injured or ill child.

Exposure Determination
Each unit head having an employee(s) with a potential for occupational exposure shall prepare an exposure determination. The exposure determination must be made without regard to the use of PPE and contain the following:

- A list of job classifications and tasks in which all employees have occupational exposure,
- A list of job classifications and tasks in which some employees have occupational exposure.

Each unit head is responsible for transmitting the campus unit exposure determination to the Division of Research Safety for inclusion in updates to this campus-wide Exposure Control Plan (ECP). Assistance in making exposure determinations can be obtained from the DRS.
Who is at Risk for Occupational Exposure?

The following listing contains the job classifications for employees determined by their units (listed in bold) as performing tasks associated with a risk of exposure to blood or OPIM. Please note that not all of the persons in the job classification may perform tasks with occupational exposure.

**Facilities & Services**
- Building Service Worker
- Custodial Supervisor
- Foreman, Building Service Worker
- Public Functions Supervisor
- Student Custodian

**Garage and Carpool**

**Grounds**

**Housing, Dining Services**
- Assistant Director, Dining Services
- Assistant Food Production Manager
- Chef
- Extra Help, Dining Services
- Food Production Manager
- Food Service Supervisor

**Illini Union Building Operation**
- Building Operations Engineer
- Building Service Worker
- Foreman, Building Service Worker
- Sub-Foreman, Building Service Worker

**DRS**
- Biosafety Professional
- Senior Biosafety Professional
- EHS Technician
- Radiation Safety Professional
- Senior Radiation Safety Professional
- Chemical Waste Manager
- Chemical Waste Professional

**Division of Public Safety (Police)**
- Police Officer
- Police Sergeant
- Police Lieutenant
- Deputy Chief of Police
- Chief of Police
- Evidence Custodian

**State Farm Center**
- Assembly Hall Attendant
- Operation Manager

**Child Development Laboratory**
- Assistant Director, CDL
- Childcare Associate
- Director, CDL
- Graduate Teaching Assistant
- Head Teacher
- Housekeeper
- Teacher Aide
- Teaching Assistant
- Teaching Associate
- Student Teacher
- S/L Pathologist
- Screening Coordinator
- Secretary
- Social Worker

**Kranert Center for Performing Arts**
- Assembly Hall Attendant
- Extra Help
- Facility Supervisor

**Housing, Building Operation**
- Building Service Worker
- Building Service Worker Foreman
- Building Service Worker Supervisor
- Linen Maid
- Maintenance Inspector
- Maid
- Superintendent

**Illini Union**

**Division of Intercollegiate Athletics- Sports Medicine**
- Assistant Athletic Trainer
- Athletic Trainer
- Equipment Assistant
- Equipment Manager
- Equipment Supervisor
- Graduate Assistant, Athletic Trainer
- Graduate Assistant, Equipment
- Secretary
- Student Athletic Trainer
<table>
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<tr>
<th><strong>McKinley Health Center</strong></th>
<th><strong>Beckwith Residential Support Services</strong></th>
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<tbody>
<tr>
<td>Building Service Worker</td>
<td>Disability Advocate</td>
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<tr>
<td>Medical Assistants</td>
<td>Personal Assistant</td>
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<tr>
<td>Medical Technologists</td>
<td>Disability Specialist</td>
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<tr>
<td>Nurse</td>
<td>Director</td>
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<td>Nurse Practitioner</td>
<td>Associate Director</td>
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<td>Physician</td>
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<td>Radiographer</td>
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<tr>
<th><strong>Campus Recreation</strong></th>
<th><strong>University Primary School</strong></th>
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<tr>
<td>Aerobics Instructor</td>
<td>Grad hourly</td>
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<tr>
<td>Assistant Director</td>
<td>Grad assistant</td>
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<tr>
<td>Associate Director</td>
<td>Visiting specialist in education</td>
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<tr>
<td>Building Service Worker</td>
<td>Director</td>
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<tr>
<td>CPR Instructor</td>
<td>Office support specialist</td>
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<tr>
<td>Director</td>
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<tr>
<td>Fitness Supervisor</td>
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<td>Graduate Assistant</td>
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<td>Head Ice Skating Instructor</td>
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<td>Head Lifeguard</td>
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<td>Head Skate Guard</td>
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<tr>
<td>Head Supervisor</td>
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<td>Campus Recreation, continued</td>
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<td>Ice Arena Supervisor</td>
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<td>Intramural Team Sport Supervisor</td>
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<td>Lifeguard</td>
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<td>Sport Club Supervisor</td>
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<td>Receptionist</td>
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<tr>
<td>Towel Room Attendant</td>
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<th><strong>Willard Airport Crash Rescue</strong></th>
<th><strong>University Laboratory High School</strong></th>
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<tbody>
<tr>
<td>Airport Firefighter</td>
<td>Director/Principal</td>
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<td>Airport Fire Marshall</td>
<td>Receptionist</td>
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<td>Crash Rescue Security Specialist I</td>
<td>Office Manager</td>
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<td>Crash Rescue Security Specialist II</td>
<td>Secretary</td>
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<tr>
<td>BSW</td>
<td>Assistant Director of Student Life</td>
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<td></td>
<td>Associate Director</td>
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<td></td>
<td>Science teacher</td>
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<th><strong>Audiology Clinic, Dept. Speech and Hearing Science</strong></th>
<th><strong>Illinois Fire Service Institute BSWs</strong></th>
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<tr>
<td>Clinical Audiologist</td>
<td>Building Service Sub-Foreman</td>
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<tr>
<td>Graduate Audiology Students</td>
<td>Building Service Worker</td>
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<td>Administrative Aide</td>
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<tr>
<td>Office Support Specialist</td>
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<td>Office Support Associate</td>
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<th><strong>Speech and Language Pathology clinic</strong></th>
<th><strong>Willard Airport Crash Rescue</strong></th>
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<tr>
<td>Instructor</td>
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<td>Academic Hourly</td>
<td>Airport Fire Marshall</td>
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<td>Accounting Clerk</td>
<td>Crash Rescue Security Specialist I</td>
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<td>MA-SLP Graduate Students</td>
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<td>BSW</td>
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<td>Airport Mechanic</td>
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Prevention and Protection

How Can I Tell If Something Is Infectious
The infectious potential of blood or OPIM cannot be determined without a series of medical tests. Because many persons infected with HIV, HBV, or HCV do not know that they are infected or can be infectious for a long period of time without showing symptoms, any blood or OPIM must be assumed to contain bloodborne pathogens. This concept is called universal precautions.

Universal Precautions
Cases of occupational transmission of HIV and HBV to health-care workers by blood have been documented for some time. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as delivering HBV immunization.

All U of I employees performing tasks that require occupational exposure to human blood or OPIM, which includes: tissues, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, are at risk.

Handling human blood, tissue, and certain body fluids as if infectious for HIV, HBV, and HCV requires full implementation of the U of I policies described in this campus-wide ECP. The unit head is responsible for ensuring that all tasks with a potential for occupational exposure to blood or OPIM are performed in a manner consistent with universal precautions.

Engineering Controls
Appropriate engineering controls must be used whenever possible to isolate or remove the bloodborne pathogen hazard from the workplace. Engineering controls are to be decontaminated, discarded, or contained immediately when overtly contaminated (e.g., after a spill of blood or OPIM) or as otherwise specified in the campus unit’s plan.

Engineering controls are equipment devices or supplies that reduce the risk of employee exposure by removing the hazard or isolating the worker from exposure. Examples of engineering controls used at U of I include designated sharps disposal containers (SDCs) for disposal of discarded sharps and biological safety cabinets for isolation of a laboratory worker from infectious aerosols.

The unit head is responsible for identifying and ensuring the use of appropriate engineering controls and replacement procedure for each task that could involve exposure to blood or OPIM. The unit head is responsible for determining an inspection/replacement/maintenance schedule for each engineering
control used. This should include designation of a responsible employee (by title), specification of how the replacement or maintenance is to be performed, and the schedule of when the inspection/replacement/maintenance is to be performed.

Work practice controls are often needed to ensure that engineering controls work effectively. For example, a sharps disposal container provides no protection if an employee persists in recapping needles by hand prior to disposal.

**Work Practice Controls**

The unit head is responsible for identifying and assuring the use of appropriate work practice controls for each task involving reasonably anticipated exposure to blood or OPIM.

Work practice controls reduce the likelihood of employee exposure by changing the method in which a task is performed. The protection provided by work practice controls is based on employee behavior and attitude. Examples of work practice controls include proper handling of sharps, handwashing, and attention to safety procedures in work areas with potentially infectious materials.

Work practice controls ensure that engineering controls and PPE are used effectively and help protect others from exposure to pathogens in the work area or facility. They also reduce cross-contamination and improve work quality. Routine safe work practices provide a margin of safety for unrecognized hazards.

**Discarding Contaminated Sharps**

Contaminated or other sharps must be discarded immediately into a sharps disposal container obtained from the Division of Research Safety (DRS).

The U of I has instituted a program for the collection, treatment, destruction, and disposal of discarded sharps (Sharps Disposal Program), administered through the DRS. The following is a list of regulated sharps that must be disposed of in red plastic sharps disposal containers (SDCs):

- Hypodermic, intravenous, or other medical needles;
- Hypodermic or intravenous syringes and cannulas;
- Pasteur pipettes and capillary pipettes;
- Scalpels, razor blades, and lancets;
- Blood vials;
- Contaminated glass (test tubes, centrifuge tubes);
- Microscope slides and cover slips.

SDCs must be puncture-resistant and leak-proof on the sides and bottom. To obtain a free SDC, please call Campus Stores at 217-244-0139. Specific information regarding the Sharps Disposal Program is provided on our webpage: [https://www.drs.illinois.edu/bss/programareas/waste/index.aspx?tblID=wst](https://www.drs.illinois.edu/bss/programareas/waste/index.aspx?tblID=wst).
Containers for Reusable Sharps

Contaminated reusable sharps (e.g., scissors, scalpels, suture needles) must be placed in appropriate containers immediately or as soon as possible after use. Appropriate containers must:

- Be puncture-resistant;
- Be labeled or color-coded in accordance with the labeling policies of this campus-wide ECP;
- Be leak-proof on the sides and bottom;
- Not require employees to reach by hand into the container to retrieve contaminated sharps. A mechanical means of removal must be used.

Reusable containers containing contaminated sharps must not be opened, emptied, or cleaned manually or in any manner that would expose employees to the risk of percutaneous (puncture) injury.

To avoid exposure to contaminants, reusable sharps should be decontaminated prior to cleaning. Autoclave or use an appropriate disinfectant (refer to the chapter on Housekeeping: Decontamination and Cleaning).

Handling Disposable Needles and Syringes

Use of needles and syringes or other sharp instruments must be restricted to cases when there is no alternative available.

Shearing, bending, or breaking of contaminated needles is prohibited, as this creates aerosols of microbes and viruses. Avoid recapping or removing needles. If a specific procedure requires recapping or removing needles, the unit head is responsible for ensuring that the procedure is accomplished using a mechanical device or a one-handed technique.

Use extreme caution when handling needles and syringes. Use needle-locking syringes or disposable syringe-needle units as much as possible. Handle needles and syringes in a manner that prevents needle-stick injuries. Avoid creating aerosol and droplets when expelling the contents of a needle and syringe.

All discarded needles and syringes and other sharps shall be placed promptly in an approved sharps disposal container.
**Biological Safety Cabinets**

Biological safety cabinets are used to contain aerosols generated from research with blood or OPIM must be certified before initial use and must undergo annual recertification through the program administered by the DRS.


**Handwashing**

Unit heads are responsible for providing handwashing facilities that are readily accessible to employees. These must include an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

If handwashing facilities are not available in the areas where certain tasks are performed, unit heads are responsible for providing either an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or appropriate antiseptic towelettes. Even when these handwashing alternatives are used, employees must wash hands with soap and running water as soon as feasible.

Unit heads shall ensure that employees wash their hands immediately or as soon as feasible after:

- Removing gloves or other PPE,
- Contact with blood or OPIM.

If mucous membranes (eye, nose, mouth) come into contact with blood or OPIM, immediately flush the body area with plenty of water.

Handwashing is defined as a vigorous, brief (10-15 seconds) rubbing together of all surfaces of lathered hands followed by rinsing under a stream of water. Washing minimizes the hazard of infectious agents by physically removing microbes and viruses from body surfaces. For most activities, handwashing with plain soap is sufficient because soap will facilitate the removal of most transient microorganisms and viruses.

Time is critical in the event of an exposure Incident. The sooner the exposed site is washed, the better.
General Work Practices

In work areas where there is a likelihood of exposure to blood or OPIM, take measures to prevent contact with mucous membranes. Never eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in a work area. Food and drink must not be stored in refrigerators, freezers, cabinets, or on bench tops where blood or OPIM may be present. Mouth pipetting/suctioning is prohibited; mechanical pipetting devices must be provided.

HBV transmission can occur by indirect means via common environmental surfaces contaminated with infectious blood or other materials. Nail biting, smoking, eating, and hand-to-nose, -mouth, -eye actions contribute to indirect transmission; people touch their faces much more than they realize. Microbes and viruses can enter the bloodstream through visible and microscopic cuts and abrasions on hands and fingers.

All PPE (e.g., gloves, protective clothing) must be removed when leaving work areas. Refer to the chapter on PPE for more information on use, removal, maintenance, and disposal of PPE.

All procedures involving blood or OPIM shall be performed so that splashing, spraying, spattering, and generation of aerosols and droplets of these materials is minimized.

Aerosol-generating procedures include: decanting, pipetting, centrifuging, vortexing, streaking of inoculate on agar surfaces, and inoculation of animals. Engineering controls such as biological safety cabinets and centrifuges with sealed buckets can help isolate laboratory workers from blood droplets or OPIM.

When cleaning a blood or OPIM spill, be careful not to splash or splatter the spill or contaminated cleaning solutions.

Specimens of blood or OPIM must be placed in a labeled or color-coded container that prevents leakage during collection, handling, processing, storage, transport, or shipping. If contamination of the primary specimen container occurs, place the primary container within a second container that prevents leakage during handling, processing, storage, transport, or shipping, and that is labeled or color-coded as required in the labeling policies contained in this campus-wide ECP. In addition, all applicable regulations for transport or shipping of specimens must be followed.

Transporting or shipping certain types of specimens and samples is subject to U.S. Department of Transportation (DOT) regulations. More information regarding collection, handling, processing, storing, transporting, or shipping specimens is available from the DRS. Call 217-333-2755 for assistance.
General Guidelines for PPE

Unit heads are responsible for ensuring that:

- PPE is provided at no cost to the employee;
- PPE is cleaned, repaired, discarded, and replaced as necessary to maintain the effectiveness of PPE at no cost to the employee;
- PPE is easily accessible and of the proper size;
- PPE does not permit blood or OPIM to pass through it or to reach the employee's outer or inner clothing (including uniforms), skin, eyes, mouth, or other mucous membranes while used under normal conditions;
- All PPE is removed prior to leaving the work area
- PPE is placed in a designated area or container for storage, washing, decontamination, or disposal;
- When blood or OPIM penetrate PPE, the PPE is removed and replaced immediately or as soon as feasible.

Emergency Declination of Use of Personal Protective Equipment

The unit head shall ensure that the employee uses appropriate PPE unless the unit head can demonstrate that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance the use of PPE would have:

- Prevented the delivery of health care or public safety services,
- Posed an increased hazard to the safety of the worker or coworker.

When the employee makes this judgment, he/she shall report and justify the incident to his/her supervisor immediately. The unit head is responsible for investigating and documenting the circumstances and determining whether changes should be instituted to prevent such occurrences in the future. The employee shall provide any information and recommendations regarding the incident to the unit head to allow full investigation so that future incidents may be anticipated and prevented.

Using Gloves

When performing a task may bring the employee’s hands into contact with blood, OPIM, or contaminated items or surfaces, the unit head shall require employees to wear appropriate gloves during the task.

Hypoallergenic gloves, glove liners, powderless gloves, or different glove brands must be provided to employees who have allergic reactions to the gloves normally provided. The DRS can provide information on proper glove selection, hypoallergenic gloves, and other alternatives.

Gloves provide a barrier between infectious agents and the skin. Glove use is essential for preventing
bloodborne pathogen transmission. Breaks in the hand's skin barrier are common (e.g., damaged cuticles, scrapes, cuts, dermatitis). Gloves must fit properly, be long enough to prevent exposure of the wrist or lower arm, and be comfortable. Persons wearing gloves shall take care not to contaminate the inside of the glove. Avoid grasping the outside of a contaminated glove with bare hands.

**Employees should wash their hands as soon as possible after removal of gloves.** No glove or barrier is 100% effective, so handwashing following glove removal is very important.

**Disposable Gloves**
Disposable (single-use) gloves must be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves must not be washed or decontaminated for re-use.

Contaminated gloved hands should never touch bare skin, and bare hands should never touch contaminated gloves. Remove disposable (single-use) gloves by grasping the first glove at the base of the palm with a gloved hand. Pull the glove inside out from that hand. Continue to hold the peeled glove in the other still-gloved hand. Carefully slip a bare finger under the glove edge at the wrist of the other hand. Pinch the inside of the glove with the thumb and forefinger. Peel the glove inside out from the second hand and over the first glove. Gloves may be discarded in the regular trash provided they are not dripping blood or OPIM, in which case they should be handled as regulated waste.

Disposable gloves must not be used if a task requires immersion in liquid (e.g., spill clean-up and other housekeeping procedures). Disposable gloves must not be washed or decontaminated for re-use. Disinfecting agents (including soap and water) often cause deterioration of glove material. Washing with surfactants can result in "wicking," or enhanced penetration of liquids through the gloves, which can transport potentially infectious materials to the skin inside the glove.

**Rubber Utility Gloves**
Rubber utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded if they are cracked, peeling, torn, punctured, discolored, or exhibit other signs of deterioration or if their ability to function as a barrier is compromised.

Rubber utility gloves should be used when performing procedures such as cleaning, immersing hands in liquids, and tasks that require sturdier barrier protection. Rubber utility gloves will not protect against injuries from needles or other sharp objects and should never be used when picking up broken glass.

Take care not to contaminate the inside of the glove. Avoid grasping the outside of a contaminated glove with bare hands. When disposing of rubber utility gloves, they may be discarded in the regular trash provided they are not dripping with blood or OPIM, in which case they must be handled as regulated waste.
Face and Eye Protection
The unit head shall ensure that employees wear face and eye protection whenever there is a possibility that splashes, spray, splatter, or droplets of blood or OPIM could come in contact with their eyes, nose, mouth, or other facial areas. More than one kind of equipment must be used to protect face and eyes: i.e., the nose and mouth must be protected if eye protection is worn, and the eyes must be protected if nose/mouth protection is worn.

Choice of face and eye protection is based upon the acceptability to the wearer and the protection afforded. Eye protection may be provided by safety glasses, standard glasses fitted with shields, goggles, or chin length face shields. Protection of the nose and mouth may be provided either by surgical masks or face shields.

Contact lenses provide NO protection in the laboratory and cannot be substituted for required eye protection. The use of contact lenses may increase the risk of eye damage because infectious agents and other microbes may become trapped between the contact lens and eye, an excellent growth environment for microorganisms. If contact lenses are worn, barrier eye protection must also be worn.

Protective Body Clothing
The unit head is responsible for determining if an employee's task makes necessary the use of protective body clothing (e.g., gowns, coats, aprons). If performing the assigned task might be reasonably anticipated to cause blood or OPIM to contaminate an employee's clothing (including uniforms), protective body clothing is necessary.

Appropriate protective body clothing will not permit blood or OPIM to pass through or to reach the employee's outer or inner clothing (including uniforms) while used under normal conditions. The choice of protective body clothing will depend upon the task and the degree of exposure anticipated. Head covers and/or shoe covers or boots shall be worn in instances when gross contamination is likely to occur.

Protective body clothing shall be removed as soon as possible if contaminated and immediately if penetrated by blood or OPIM. Protective body clothing shall be removed before leaving the work area and placed in a designated area for laundering or disposal.

Long-sleeved garments with snug fitting cuffs are preferred over open or short sleeves. Snug-fitting cuffs prevent splashes, splatters, and aerosols from making contact with exposed skin or clothing on the lower arms. Longer single-use gloves can be pulled over snug-fitting cuffs to seal out any potentially infectious materials under normal conditions.

Plastic, vinyl, or rubber aprons may be worn when extra protection against liquid spills is necessary. Disposable protective body clothing may be discarded in the regular trash if it is not contaminated with blood or OPIM; if it is, it is considered regulated waste. Washable protective body clothing may be laundered; refer to the Housekeeping chapter.
Housekeeping

Cleaning and Disinfecting

Unit heads shall ensure that the worksite is maintained in a clean and sanitary condition. The unit head determines and implements an appropriate written schedule for cleaning and decontamination based on the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated equipment and environmental surfaces must be decontaminated after completing procedures and as soon as possible after any contact with blood or OPIM. If the surface may have been contaminated since the last cleaning, decontaminate at the end of the work shift.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces must be removed and replaced as soon as practical when they become overtly contaminated, or at the end of the work shift if they may have become contaminated during the shift.

Reusable receptacles such as bins, pails, and cans that are likely to become contaminated must be inspected and decontaminated on a regular basis. If contamination is visible, workers shall clean and decontaminate the item immediately, or as soon as feasible.

Disinfectant-detergent formulations registered by the U.S. Environmental Protection Agency can be used for environmental surface cleaning, but the actual physical removal of microorganisms by scrubbing is probably as important, if not more so, than any antimicrobial effect of the cleaning agent. Therefore, cost, safety, and acceptability by employees can be the main criteria for selecting any such registered agents. Follow the manufacturer’s instructions for appropriate use.

All spills of blood and OPIM should be promptly cleaned in the following manner while wearing appropriate gloves:

1) If splashing is anticipated, protective face and eyewear must be worn along with an impervious gown or apron that provides an effective barrier to splashes.
2) Apply a solution of freshly made 1:10 household bleach or other approved chemical disinfectant to the spill for an appropriate contact time (10 minutes for bleach; check label for other products). Use enough absorbent material (e.g., towels, cheese-cloth) so that blood or OPIM cannot drip or be squeezed from the toweling. Dispose of towels according to the policies regarding regulated waste below.
3) The surface should then be decontaminated with another application of 1:10 bleach or appropriate chemical disinfectant.
4) Rubber utility gloves must be decontaminated prior to removal by washing the gloves thoroughly, as if washing bare hands. Disposable gloves must be removed and immediately discarded in accordance with the regulated waste policies below.
5) Hands must be washed with soap after removing gloves.
Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed according to the regulated waste policies below. Plastic bags should be available for removing contaminated items from the spill site.

**Properties of Common Disinfectants**

Most disinfectants are considered chemical hazards. Safety Data Sheets (SDSs) are written and supplied by manufacturers for each hazardous chemical that they produce. If an employee works with a hazardous material, a file of SDSs of all hazardous substances used and stored must be readily available in an emergency. Contact the Laboratory Safety Section of the DRS at 217-333-2755 or via e-mail at lss@uiuc.edu for more information on SDSs, the Chemical Hygiene Plan, and the Hazard Communication Program.

**Chlorine Compounds:**

These are powerful, low-priced biocides with a wide spectrum of activity and no toxic residuals. Like other halogens, they are highly reactive with organic matter and must be used either on clean surfaces or in high concentrations. Use is limited by their corrosiveness, their inactivation by organic matter, and their relative instability. Household chlorine bleach (5-25% sodium hypochlorite) is an excellent laboratory disinfectant for incubators, tabletops, and laboratory spills. A 1:1000 dilution of household bleach provides about 50 ppm available chlorine and a 1:50 dilution provides about 1000 ppm. A concentration of 100 ppm (1:500 dilution household bleach) will destroy fungal agents in less than one hour. One study demonstrated that 25 different viruses were inactivated in 100 minutes with 200 ppm available chlorine (1:250 dilution household bleach). Other experiments have shown that 100 ppm free chlorine will kill 10^6 to 10^7 Staphylococcus aureus, Salmonella choleraesuis, and Pseudomonas aeruginosa organisms in less than 10 minutes.

For HIV decontamination, concentrations ranging from approximately 500 ppm. (1:100 dilution of household bleach) sodium hypochlorite to 5000 ppm (1:10 dilution of household bleach) are effective depending on the amount of organic material (e.g., blood, mucous) present on the surface to be cleaned and disinfected. Contact time (time the disinfectant is left on the surface) should be 10 minutes or longer. Surfaces should be rinsed well after disinfection with bleach to remove residual sodium hypochlorite, which is highly corrosive.

Clorox II All Fabric Bleach (non-chlorine bleach) is not an effective disinfectant.

**Alcohols:**

In concentrations of 70-90%, alcohols are an excellent disinfectant of intermediate germicidal activity. Isopropyl alcohol is widely used as an antiseptic and for rapid decontamination of small objects. Alcohols are tuberculocidal, fungicidal, and virucidal but do not destroy bacterial spores. They can form flammable mixtures with air and should be used with utmost care for surfaces disinfected in closed areas such as biological safety cabinets. If certain items need to be disinfected in an emergency situation, immersion in 75-90% ethyl alcohol for 15 minutes is effective. Alcohols evaporate rapidly,
making extended contact time difficult to achieve unless the items are immersed.

**Phenolic Compounds:**

The majority of marketed phenolic biocides contain one or more substituted phenols with a wide spectrum of biocidal activity. They are good disinfectants even in the presence of organic materials that diminish the effectiveness of other classes of disinfectant. Manufacturers’ data show that phenolics are not sporicidal, but are tuberculocidal, fungicidal, virucidal, and bactericidal at their recommended dilution. At a recommended dilution of 2-5%, phenolic detergent-biocides such as Lysol are excellent for disinfecting hard surfaces. Phenolics are corrosive, leave a residual film, and irritate the skin and eyes; some may cause depigmentation. If phenolics are used to clean nursery floors, they must be diluted according to the recommendation on the product label. Phenolics should not be used to clean infant bassinets and incubators, due to the occurrence of hyperbilirubinemia in infants placed in nurseries that use phenolic detergents.

**Quaternary Ammonium Compounds:**

Quaternary ammonium compounds are good cleaning agents, but materials such as cotton and gauze pads make them less microbiocidal because these materials absorb the active ingredients. As with some other germicides, gram-negative bacteria have been found to survive or grow in them. Each quaternary ammonium compound exhibits its own antimicrobial characteristics. Results from manufacturers’ data sheets indicate that quaternary ammonium compounds sold as hospital disinfectants are fungicidal, bactericidal, and virucidal against lipophilic viruses; they are not sporicidal and generally not tuberculocidal or virucidal against hydrophilic viruses. Quaternary ammonium compounds are commonly used in ordinary environmental sanitation of noncritical surfaces such as floors, furniture, and walls.

**Formaldehyde Compounds:**

Formaldehyde is used as a disinfectant and sterilant in both its liquid and gaseous states. Liquid formaldehyde is sold and used principally as a water-based solution called formalin, which is 37% formaldehyde by weight. The aqueous solution is bactericidal, tuberculocidal, fungicidal, virucidal, and sporicidal. However, the National Institute for Occupational Safety and Health (NIOSH) has determined that formaldehyde should be handled in the workplace as a potential carcinogen and that people should limit their contact with it. These considerations limit its role as both a sterilizing and disinfecting agent. Formaldehyde gas may be used to decontaminate rooms or biological safety cabinets but should not be attempted without consultation with the DRS.

NOTE: The use of formaldehyde in the workplace is subject to stringent OSHA regulations. If you use formaldehyde in any form, contact the Division of Safety & Compliance at 217-244-7212 for more information.
Regulated Waste
"Regulated waste" means liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM. (29 CFR 1910.1030(b)).

Regulated waste does not, generally, include the following:

- Facial tissue or paper towels with spots of blood,
- Adhesive or gauze bandages or wound dressings with spots of blood,
- Sanitary napkins or tampons.

Materials not considered regulated waste can be disposed of in the regular trash unless regulated by other U of I policies.

Questions regarding "mixed waste" (e.g., biohazardous waste that also contains radioactive and/or chemical hazards) should be directed to the DRS at (217) 333-2755.

Disposal of Contaminated and Other Sharps
Broken glassware that may be contaminated must not be picked up directly with the hands. Use a mechanical means such as forceps or a brush and dustpan. Refer to the Sharps Disposal Program section in the chapter titled “Engineering Controls.”

Disposal of Non-sharp Regulated Waste
Non-sharp regulated waste must be placed in containers that are:

- Closable;
- Constructed to prevent leakage during handling, storage, transport, or shipping;
- Labeled or color coded as required in the labeling policies contained in this campus-wide ECP;
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Generally, a plastic waste container with a lid with a biohazard sticker (stickers are available from the DRS at 217-333-2755) lined with an autoclavable bag is suitable for containing non-sharp regulated waste. Exceptions to this procedure should be discussed with the DRS. If facilities are not available for decontaminating non-sharp regulated waste, call the DRS at 217-333-2755 to schedule a pickup. The waste will be treated and disposed of in compliance with applicable United States and State of Illinois laws and regulations.
Decontamination of Non-sharp Regulated Waste
If non-sharp regulated waste is not otherwise hazardous (e.g., radioactive or hazardous chemical waste) it may be decontaminated by autoclaving. Bags containing regulated waste should be opened during autoclaving. Autoclave times should be appropriate for the nature and volume of the waste.

Building service workers have been instructed to not remove or dispose of any bags printed with the international biohazard symbol, with or without waste. To dispose of an autoclaved bag printed with the international biohazard symbol, place it inside an opaque, standard trash bag. Seal the opaque bag and place it in the regular trash. Over-bagging your waste signifies that the waste has been decontaminated, ensures the decontaminated bag's removal with the regular trash, and prevents rejection of wastes at the landfill. Clear or transparent autoclaved bags without the international biohazard symbol may be sealed and placed in the regular trash without over-bagging. For information on autoclaving waste, visit our webpage: [http://www.drs.illinois.edu/bss/programareas/autoclaves/index.aspx](http://www.drs.illinois.edu/bss/programareas/autoclaves/index.aspx).

Laundry Procedures
Laundry contaminated with blood or OPIM shall be handled as little as possible and with a minimum of agitation. Such laundry must be placed in appropriately marked bags at the location where it was used. It must not be sorted or rinsed in the area of use. Contaminated laundry must be placed and transported in bags or containers labeled or color-coded as outlined by the laundry facility.

Whenever contaminated laundry is wet and may soak through the bag or container, the laundry must be placed and transported in containers that prevent soak-through and/or leakage of fluid to the exterior.

The unit head shall ensure that employees who have contact with contaminated laundry wear protective gloves and other PPE as required to prevent potential exposure.

The campus unit shall ensure that any laundry facilities contracted off-campus are aware of the unit's method of labeling and handling contaminated laundry.

The microbiocidal action of the normal laundering process is affected by several physical and chemical factors. Dilution is responsible for removing significant quantities of microorganisms. Soaps or detergents loosen soil and have some microbiocidal properties. Hot water effectively destroys microorganisms. Chlorine bleach or other suitable chemical disinfectants can provide an extra margin of safety.

Wash with a detergent in water at least 71 °C (160 °F) for 25 minutes. If water less than 70°C is used, use chemicals suitable for low-temperature washing at proper use concentration.

A satisfactory reduction of microbial contamination can be achieved at low water temperatures of 22-50°C when the cycling of the washer, the wash formula, and the amount of chlorine bleach are carefully monitored and controlled. Instead of the microbiocidal action of hot water, low-temperature laundry cycles rely heavily on the presence of bleach or other chemical disinfectants to reduce levels of microbial contamination.
Hepatitis B Vaccination

Hepatitis B Vaccination
After employees have received training in accordance with the training policies of this exposure control plan, the unit head shall make available, at no charge, the hepatitis B vaccination series and post-vaccination antibody testing to all employees who have occupational exposure. The vaccination series must be made available within 10 (ten) working days of initial assignment to tasks with occupational exposure.

If after completing the vaccination series the healthcare professional determines that the employee has failed to develop sufficient antibody levels, the unit head shall make booster vaccinations available at no charge to the employee for up to three boosters with post-vaccination antibody testing between each booster.

The Centers for Disease Control and Prevention (CDC) estimate that there are approximately 280,000 HBV infections each year in the United States. Approximately 6-10% of those who contract HBV will become carriers. Hepatitis B vaccination provides the most effective protection from hepatitis B virus. Because a single exposure to HBV may result in an HBV infection, pre-exposure hepatitis B vaccination of all occupationally exposed employees helps prevent infection and benefits the health of the employee. The U of I strongly encourages employees who are exposed to blood and OPIM at work to receive the hepatitis B vaccination series. However, employees may decline to receive the vaccination series (see Declination of Hepatitis B Vaccination, and Appendix A, below).

Currently there is no effective vaccine available for HCV. However, it can be detected and screening tests have been developed that have virtually eliminated it from the nation’s blood supply.

The vaccination series must be offered following training and within 10 working days of the employee's initial assignment to tasks with a potential for occupational exposure to blood or OPIM. If the employee has previously been vaccinated he/she shall provide the unit head with a record of vaccination. Prior to offering the hepatitis B vaccination series, the employee must have received training on occupational exposure to bloodborne pathogens as discussed in the chapter on Information and Training below.

PLEASE NOTE: Individuals allergic to baker's yeast may not receive the vaccination. These individuals should be referred to the healthcare professional to evaluate their options for receiving treatment to prevent hepatitis B infection.
Receiving the Hepatitis B Vaccination Series

The unit head shall arrange for the hepatitis B vaccination series and post-vaccination antibody testing for his/her employees who agree to receive it. The employee is responsible for keeping appointments to receive each of the vaccinations in the series and the post-vaccination antibody test.

Employees with occupation exposure to HBV generally receive the HBV vaccination series and the post-vaccination antibody test, which is administered through the Immunization and Travel Clinic at the McKinley Health Center. To arrange vaccinations for their employees, campus units should do the following:

1) Contact McKinley Health Center, Business Office at 217-333-2719 or online at http://www.mckinley.illinois.edu/Clinics/ITC/ITC.htm for current vaccination prices.

2) Before vaccinations are started, McKinley Health Center will need the following information:
   - Campus unit name, address, telephone number,
   - Contact person in campus unit,
   - FOAPAL information,
   - Type of inoculation (Hepatitis B vaccination series, 3 shots, and a post-vaccination antibody blood test),
   - Name(s) of employee(s) to be vaccinated,
   - Employee's University i-Card Number (UIN).

3) After sending in this information, the department can contact the McKinley Health Center Immunization and Travel Clinic (217-244-5661) to enter employee information into the computer system prior to starting the vaccination series.

4) Employees can go to McKinley Health Center on a walk-in basis Monday through Friday, 8 a.m.–5 p.m. (8 a.m. – 4:30 p.m. summer) to receive the first dose of the vaccination series. A schedule for the remaining inoculations and the post-vaccination blood test will be made during the initial visit.

The vaccination is given in a series of three injections followed by a post-vaccination blood test to check for immunity. The first dose can be given at any time. The second dose is given one to two months after the first dose, and the third dose is given at least two months after the second dose and at least four months after the first dose. The post-vaccination blood test is recommended one to two months after the final dose.

If the second vaccination is delayed beyond one month (four to five weeks) after the first vaccination, the employee should receive the second vaccination as soon as possible once the delay has been observed. If the third vaccination is delayed beyond six months (24-26 weeks) after the first vaccination, the employee should receive the third vaccination as soon as possible once the delay is observed. However, if more than four months have lapsed between the first and second vaccinations, the employee should receive the third vaccination eight to ten weeks after the second dose.
Questions?
For more information concerning the HBV immunization, refer to the CDC’s HBV webpage:

Declination of Hepatitis B Vaccination Series
If an employee declines to receive the hepatitis B vaccination series, he/she must sign a declination statement (see Appendix A: HBV Declination Statement) that includes the following text:

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B (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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

The unit head shall ensure that this declination is signed by the employee and keep it on file as required in the policies concerning recordkeeping in this campus-wide ECP.

The unit head shall also ensure that the hepatitis B vaccination series is made available to any employee who initially declined the vaccination but at a later date, while still in a position with occupational exposure, decides to accept the vaccination series.
Exposure Incidents and Post-Exposure Care

Managing an Exposure Incident
"Exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties (29 CFR 1910.1030(b)).

An employee who sustains an exposure incident must wash the area immediately with soap and water or, in the case of a mucous membrane exposure, flush the area with water. When handwashing sinks are not available, antiseptic hand cleaner or towelettes may be used for skin only. The exposed skin area must be washed with soap and water as soon as possible. Exposed eyes, mouth, or other mucous membrane must be rinsed with water.

Immediately following washing and/or rinsing the exposed area, the employee shall report the incident to the supervisor and fill out the employee section of the Report of Exposure to Blood or Other Potentially Infectious Materials (Appendix B).

The supervisor then completes the supervisor section of the Report of Exposure to Blood or Other Potentially Infectious Materials, documenting the route of exposure and the circumstances under which the exposure incident occurred. The supervisor shall report the exposure incident to the unit head as soon as possible.

Reporting an exposure incident right away permits immediate medical follow-up. Early action is imperative. Immediate intervention can prevent HBV from developing or assist the affected worker in monitoring potential HIV infection. Prompt reporting also can help prevent the worker from spreading bloodborne pathogens to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent a reoccurrence.

A copy of the Report of Exposure to Blood or Other Potentially Infectious Materials is in Appendix B.

Source Individual Identification
If possible, the unit head should determine and document the identity of the source individual, who should be referred for testing to the healthcare professional that is treating the exposed employee. The source individual's blood must be tested as soon as feasible after consent is obtained to determine HIV/HBV/HCV infection status. The unit head shall document any issues related to obtaining consent, and note if consent cannot be obtained.

The unit head shall ensure that the exposed employee is informed about the applicable laws and regulations concerning disclosure of the identity and infection status of the source individual.

If a source individual can be identified, the supervisor overseeing the exposure shall complete the Source Individual Identification Form Appendix C. The Source Individual Identification Form shall be
transmitted to the healthcare professional as soon as the form is completed. If possible, the form should be faxed. If the form cannot be faxed, contact the healthcare professional by phone to alert them that a source individual has been referred. If phone contact is made, a hard copy of this form shall be mailed or carried to the healthcare professional as soon as feasible. The unit shall retain a copy of the Source Individual Identification form for unit records.

**Referral to Healthcare Professional**

The unit head shall ensure that the employee receives a confidential medical evaluation by a healthcare professional immediately following an exposure incident and that the Report of Exposure to Blood and Other Potentially Infectious Materials and a copy of the employee's task description accompany the employee to the healthcare professional.

The employee should be referred to one of the following healthcare professionals. These departments will make any necessary referrals.

- **Carle Occupational Medicine**
  - Hours: 7 a.m.–5 p.m. Weekdays
  - Location: 810 W. Anthony Drive, Urbana, IL 61802
  - Phone: 217-383-3077
  - After hours, weekends, and holidays, employees will be seen in the Carle Emergency Room
  - Phone: 217-383-3313

- **SAFEWORKS ILLINOIS**
  - Hours: 7 a.m.–5 p.m. Weekdays
  - Location: 1806 N. Market St. (I-74 & Neil Street)
  - Phone: 217-356-6150
  - After hours, weekends, and holidays, employees will be seen in the Presence (formerly Provena) Emergency Room Phone: 217-337-2131.

An information sheet discussing HIV/AIDS confidentiality, available in Appendix D, should be given to both the source individual and exposed employee.
Post-Exposure Medical Evaluation
The U of I shall ensure that confidential post-exposure medical evaluation and follow-up offered to an exposed employee shall include but not be limited to the following steps:

- Testing of source individual if consent is obtained;
- Making available any test results of the source individual to the exposed employee if consent is obtained;
- Collecting the exposed employee's blood as soon as feasible and testing for HIV/HBV/HCV serological status after consent is obtained. The collected blood must be retained for 90 days or until consent to test is obtained, whichever period of time is shorter;
- When medically indicated, advising the exposed employee of post-exposure preventive and protective measures as recommended by the U.S. Public Health Service;
- Providing the exposed employee with appropriate treatment and counseling concerning precautions to take during the period after the exposure incident. The employee shall also be given information about potential illnesses, what to watch for, and what information and related experiences should be reported, and to whom.

Post-Exposure Report
When an employee is sent to a healthcare professional for medical evaluation following an exposure incident, the unit head shall obtain a written report from the attending healthcare professional stating that:

- The employee was informed of the results of the evaluation,
- The employee was told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment, and
- The employee received the hepatitis B vaccination series, if appropriate, as a part of post-exposure care.

If the HBV vaccination series was medically contraindicated, the report should reflect the fact the employee did not receive the vaccination series and why.

All other findings or diagnoses must remain confidential and must not be included in the written report. The unit head shall provide the employee with a copy of this written report within 15 days of completion of the evaluation. The unit head retains a copy for the employee's unit file.

The healthcare professional should complete the Healthcare Professional portion of the Report of Exposure to Blood or Other Potentially Infectious Materials and return it to the unit head, who will provide a copy of the report to the exposed employee and keep a copy for the unit's records.
Hazard Communication

Biohazard Warning Signs (from CAM V-B-8.1)
The international biohazard symbol must be used to signify the actual presence or potential presence of a biohazard and to identify equipment, containers, rooms, materials, experimental animals, or combinations thereof that contain or are contaminated with viable hazardous agents [(29 CFR 1910.145(e)(4)]. A biohazard warning door sign should be posted at access points to facilities where the following hazards are present:

1) Organisms requiring biosafety level 2 (BL2) or higher precautions according to the latest information from the NIH, CDC, and the United States Department of Agriculture;
2) Recombinant DNA molecules classified as BL2 or above according to the NIH "Guidelines for Research Involving Recombinant DNA Molecules."

Signs should be prominently placed so they can be seen easily by anyone entering the facility. Biohazard signs and labels should be used as prescribed for their intended applications. Improperly posted biohazard signs will be removed. Once activities requiring a biohazard sign are completed and the agents are no longer present, the investigator should remove the signs and notify the Biological Safety Section.

The Biological Safety Section controls the use of the standard biohazard warning door signs on campus. Requests for biohazard warning signs for room postings with the following information should be forwarded to the Biological Safety Section: nature of the hazard; names, locations, and phone numbers of individuals responsible for its control; and precautionary measures pertaining to the particular hazard.

Warning Labels
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. If labels are not used, red bags or red containers shall be used.

Warning labels shall:

- Include the international biohazard symbol;
- Be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color;
- Be affixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Individual containers of blood or OPIM that are placed in a labeled container for transport, storage, or shipment need not be labeled.
In addition to the requirements listed above, warning labels for contaminated equipment shall also state what part of the equipment is contaminated.

Stickers with the international biohazard symbol and/or information on ordering stickers are available from the DRS.

**Door Signs**

Biohazard warning signs must be posted at entrances to research laboratories and medical facilities that use blood and OPIM. The use of the standard biohazard warning sign is controlled by the DRS. Because universal precautions require blood and OPIM to be treated as if containing HIV, HBV, and HCV, the laboratory or medical facility shall adhere to Biosafety Level 2 (BSL2) containment practices as described in the 5th edition of the NIH/CDC publication, “*Biosafety in Microbiological and Biomedical Laboratories*”

**Information and Training**

The unit head shall ensure that all employees with occupational exposure participate in a training program provided at no cost during work hours at the time of initial assignment to tasks with occupational exposure.

The unit head shall submit to the DRS the qualifications of the trainer, the employee job titles and/or tasks with occupational exposure, and a copy of the training records.

Training aids are available through the DRS. For more information, please call DRS at 217-333-2755.

**Training Content**

Training must use vocabulary appropriate to the educational level, literacy, and language of employees and must, at a minimum, include information on:

- Location and explanation of the OSHA standard "Occupational Exposure to Bloodborne Pathogens" (29 CFR 1910.1030);
- General explanation of bloodborne diseases and their symptoms and modes of transmission;
- Discussion of this campus-wide ECP, the campus unit exposure control plan, and the means by which employees can obtain copies;
- An explanation of methods for recognizing tasks and activities that may involve exposure to blood or OPIM;
- Use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practice controls, PPE;
- Types, proper use, location, removal, handling, decontamination and/or disposal of PPE;
- An explanation of how to select PPE;
- Procedures to follow if an incident occurs, including how to report the incident and medical
follow-up that will be made available;
- Medical counseling that the employer provides for exposed individuals
- Signs and labels used at the facility;
- Explanation of the hepatitis B vaccination series, including its efficacy, safety, administration, and benefits.

The training should include a question and answer session.

**Annual and Additional Training**

Training must be renewed annually.

The unit head shall arrange for additional training when changes such as modification of tasks or procedures affect the employee's occupational exposure. This additional training may be limited to addressing the new exposure issues.

For information regarding annual training, call the DRS at 217-333-2755. Training specific to modified tasks (additional training) may be offered by the unit; however, it is recommended that the unit consult with the DRS prior to conducting additional training.

**International Biohazard Symbol**
Recordkeeping

Unit Records
The unit head ensures that an accurate unit record is established for each employee with occupational exposure and maintained for the duration of employment plus 30 years. A unit record must include the following items:

- A record of the employee’s hepatitis B vaccination status:
  - If the employee was vaccinated, a copy of the healthcare professional’s hepatitis B vaccination report should be retained;
  - If the employee declined vaccination, a copy of the signed declination form should be included in the record. Records should be established as required by the policies regarding hepatitis B vaccination described in this campus-wide ECP;
- Copies of the employee injury reports and/or documentation of the route of exposure and the circumstances under which any exposure incident occurred;
- Any post-exposure written opinions from healthcare professionals, as required by the policies regarding post-exposure follow-up described in this campus-wide ECP.

These records must be available upon request for examination and copying to the employee, to anyone having the written consent of the employee, to representatives of the IDOL, and to authorized representatives of the U of I.

Creation of a unit file for purposes of compliance with the Bloodborne Pathogen Standard does not necessarily mean creating an entirely new file for each employee. Unit heads may keep a file(s) covering all of their employees that contains the information listed above. This file may be stored in any area where it is accessible to be inspected and copied (e.g., department office, unit head office).

Medical Records
The U of I shall ensure that accurate medical records for each employee with occupational exposure are established and maintained in accordance with 29 CFR 1910.20 for at least the duration of employment plus 30 years. This record must include:

- Name and UIN number of the employee;
- A document describing the employee’s hepatitis B vaccination history, obtained in accordance with the policies of this campus-wide ECP for hepatitis B vaccination. This document should include the dates of all hepatitis B vaccinations and any medical records relative to the employee’s ability to receive the hepatitis B vaccination series;
- A copy of any results of examinations, medical testing, and follow-up procedures obtained for post-exposure follow-up as specified in this campus-wide ECP;
- The healthcare professional’s written assessment related to hepatitis B vaccination and/or post-
exposure follow-up obtained in accordance with the policies of this campus-wide ECP;

• A copy of information provided to the healthcare professional as part of the post-exposure follow-up, in accordance with the policies of this campus-wide ECP

Employee medical records must be kept confidential and must not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may otherwise be required by law.

These records must be available upon request to the employee, to anyone having the employee's written consent, to representatives of the IDOL and to authorized representatives of the U of I for examination and copying. The U of I will arrange for each healthcare professional to maintain medical records as described in the above policy.

Training Records

Accurate training records for each employee with occupational exposure must be established and maintained for at least five years.

If training is provided by the DRS, the unit head is responsible for providing the DRS with the names and job titles of all persons attending the training session. The DRS will establish and retain training records that include the following information:

• The dates of the training session;
• The contents or summary of the training session;
• The names and qualifications of the persons conducting the training session;
• The names and job titles of all persons attending the training session.

If training is not provided by the DRS, the unit head shall submit to the DRS a list of job titles and/or tasks with occupational exposure as required by the exposure determination policy of this campus-wide ECP. A copy of training records as described above must also be provided to the DRS.

These records must be available upon request to the employee, to anyone having the written consent of the employee, to representatives of the IDOL, and to authorized representatives of U of I for examination and duplication.
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Appendix A: University of Illinois at Urbana-Champaign Hepatitis B Vaccination Declination or Request Form
University of Illinois at Urbana-Champaign
Hepatitis B Vaccination Declination or Request From

Instructions: Employee completes Part I and submits to Unit Head. Unit Head completes Part II and files this form in personnel records. If the employee chooses to receive the immunization the Unit Head will arrange for employee to receive HBV immunization series at McKinley Health Center.

Part I
Employee Name: ________________________________  Date: __________________

University Identification Number (UIN): ________________________________

Employee Occupation/Title: ________________________________

Employer Representative (Unit Head): ________________________________

Check the appropriate box:

☐ Decline: 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.

☐ Decline: I have already received the hepatitis B vaccination (HBV) series.

☐ I choose to receive the complete hepatitis B vaccination series (total of 3 inoculations and post-vaccination antibody blood test) at no charge to me. For more information on how to receive the immunization on campus please see the DRS Bloodborne Pathogens Program page: http://www.drs.illinois.edu/Programs/BBPProgramInformation

Employee Signature: ________________________________  Date: __________________

Part II
Unit Head: I have been notified of the above employee’s choice regarding the HBV immunization. If the employee chose to receive the immunization, I or a designee have coordinated with McKinley Health Center to administer the complete hepatitis B vaccination series and post-vaccination antibody blood test to this employee at no charge to them. If the post-vaccination blood test is negative, the series and blood test will be repeated. These arrangements have been made prior to initiation of duties involving potential occupational exposure to blood or OPIM and/or within 10 days of the employee requesting the HBV immunization series as documented by the employee’s signature and date on this form. I will keep this form on file as a record that the employee was offered the immunization.

PI/Unit Head
Signature: ________________________________  Date: __________________
Appendix B: Report of Exposure to Blood or Other Potentially Infectious Materials
University of Illinois at Urbana-Champaign

Report of Exposure to Blood or Other Potentially Infectious Materials

An exposure incident is defined by the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (skin-piercing wound) contact with blood or other potentially infectious materials that results from the performance of an employee's duties. These materials include any body fluid containing visible blood, semen, vaginal secretions, fluids surrounding internal organs, unfixed human organs or tissues, and cultures containing HIV, HBV, or HCV.

Any employee so exposed must be referred to a healthcare professional for post-exposure care and counseling. Use this form and the Campus-wide Exposure Control Plan to ensure post-exposure follow-up and care. Please direct questions to the DRS at 217-333-2755.

EXPOSED EMPLOYEE

1. Wash and treat the exposed area. Use soap for skin; use only water if eyes, nose or mouth.
2. Please provide the following information to the best of your knowledge.

Name: __________________________ Title: __________________________ UIN: __________________________
Home Address: __________________________ __________________________ Home Phone: (____) __________________________
City: __________________________ State: __________________________ Zip: __________________________ Work Phone: (____) __________________________

Exposure Date and Time: / / __________________________: AM/PM Exposure Location (Bldg/Rm): __________________________

Specify what you were exposed to (if possible): __________________________

The material came in contact with my:
[ ] right / left / both eye(s)  [ ] nose  [ ] mouth  [ ] cut / scratched / punctured skin

If a sharp was involved what type was it, include brand/model: __________________________

Describe how the exposure occurred: __________________________
PPE worn at the time: [ ] gloves  [ ] protective clothing  [ ] face protection  [ ] protective eyewear  [ ] no PPE

Immediately after the exposure:
I washed the exposed area thoroughly. [ ] Yes [ ] No I reported the exposure to my supervisor. [ ] Yes [ ] No

Have you been vaccinated against the hepatitis B virus? [ ] Yes [ ] No

Signature of Exposed Employee: __________________________ Date: __________________________

3. Give the completed report to your supervisor so they can fill out the next section.

4. Promptly report to the healthcare professional referred by your supervisor.

SUPERVISOR

1. Confirm that the employee has washed the exposed area and has completed their portion of this form.
2. Provide the following information. If you have questions, contact your PI or Unit Head.

Your Name: __________________________ Title: __________________________ Phone: (____) __________________________

On / / __________________________ at : AM/PM, the above-named employee reported this exposure to me.

Has the employee received a complete series of hepatitis B vaccination? [ ] Yes [ ] No

Date the employee last received training in Occupational Exposure to Bloodborne Pathogens: / / __________________________

Has the employee signed a Declination of HBV Vaccination Form? [ ] Yes [ ] No

Can the identity of the source individual be confirmed? (If yes, complete step 5.) [ ] Yes [ ] No

The employee will seek follow-up care with the following:
[ ] Carle Occupational Medicine (217) 383-3077 or Carle Emergency (217) 383-3313
[ ] Safeworks Illinois (217) 356-6150 or Presence Health Emergency (217) 337-2131
[ ] Employee’s personal physician

Signature of Supervisor: __________________________ Date: __________________________

3. Fill out the campus unit section on the following page, photocopy this form for your unit’s records. 4. Send the original form to the healthcare professional. 5. If known, complete the Source Individual Identification Form.
Report of Exposure to Blood or Other Potentially Infectious Materials

HEALTHCARE PROFESSIONAL

1. Please provide the following information after completing your evaluation of the exposed employee.

Your Name: ____________________________  Title: ____________________________  Phone: (____) ________

On ___ / ___ / ______ at ___ : AM/PM, the above-named employee reported this exposure to me:

________________________________________________________________________________________________________

The employee has been given the [ ] 1st [ ] 2nd [ ] 3rd vaccination in the hepatitis B series as part of post-exposure care.

Remaining vaccinations (if applicable) should be arranged through the employee’s unit.

I have evaluated and treated the employee in accordance with U.S. Public Health Service recommendations current at this date.

I have informed the employee of the results of my medical evaluation and provided the employee information regarding necessary precautions, further medical evaluations and/or treatment, and potential illnesses that might result from the exposure. All other medical information regarding this exposure incident is confidential and will not be reported to the employer.

Signature of Healthcare Professional: ____________________________  Date: ____________________________

2. Photocopy this completed form, and send the copy to the campus unit using the address in the section below.

3. Retain the original file in the employee’s treatment record.

CAMPUS UNIT

Unit Name: ____________________________  PI or Unit Head/Title: ____________________________

Unit Address (incl. mail code): ____________________________  M/C- ________

Unit Head Work Phone: (____) ___________  Unit Emergency Phone: (____) ________

On ___ / ___ / ______, this unit received a completed copy of this form from the healthcare professional listed above.

We provided a copy to the exposed employee on ___ / ___ / ______, and placed a copy in our unit records.

Signature of PI/Unit Representative: ____________________________  Date: ____________________________

Send (1) one copy of the completed form to each of the following:

- Division of Research Safety, Biological Safety Section, 101 S. Gregory St., Room 102, Urbana, IL 61801 (M/C 225)
- Office of Claims Management, 100 Trade Center Dr., Suite 103, Champaign, IL 61820 (M/C 686)
Appendix C: Source Individual Identification Report
SUPERVISOR: Please complete this form to the best of your knowledge if a source individual can be identified in an exposure incident involving human blood or other potentially infectious materials (OPIM). Transmit this form as soon as possible to the occupational medicine department that is treating the exposed employee (phone and fax numbers are provided). For questions, contact your unit head or call the Division of Research Safety at (217) 333-2755.

CAMPUS UNIT

Unit Name: ____________________________________________ PI or Unit Head/Title: ____________________________

Unit Address (incl. mail code): ___________________________________________________________ M/C-________

Unit Head Work Phone: ____________________________ Unit Emergency Phone: ____________________________

EXPOSED EMPLOYEE

Name: ____________________________________________ Title: ____________________________ UIN: ____________________________

Home Phone: ____________________________ Work Phone: ____________________________

Date of Exposure: ____ / ____ / ____ Time: ____ : AM/PM Location (Bldg & Rm #): ____________________________

CONFIDENTIALITY STATEMENT

The State of Illinois "AIDS Confidentiality Act" (410 ILCS 305) and 77 Ill. Adm. Code 697 (AIDS Confidentiality and Testing Code) provide for confidentiality of persons who are tested for HIV infection. The following provisions generally apply:

• No person may order an HIV test without first receiving informed consent (written or verbal) of the subject of the test or the subject’s legally authorized representative*.

• Any person upon whom an HIV test is performed shall have the right to request anonymity and to provide informed consent (written or verbal) by using a coded system that does not link individual identity with the request or the result except when informed consent is not required by law.

• No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test, in a manner that permits identification of the subject of the test.

*Specific exceptions (e.g. healthcare workers, firefighters, police officers, etc.) to each of these provisions exist and may apply in some cases involving occupational exposure to blood or OPIM. Please refer to the Campus-wide Exposure Control Plan for this information.
## Source Individual Identification

The human blood or other potentially infectious material involved in the exposure came from the following individual:

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Work Phone: (________) ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: __________________</td>
<td>Home Phone: (________) ____________</td>
</tr>
<tr>
<td>City: __________________________</td>
<td>State: __________</td>
</tr>
</tbody>
</table>

Was the above-named source individual referred to a health care professional for testing?  
[ ] Yes  
[ ] No

- **If yes, please specify the provider below.**
  - [ ] Carle Occupational Medicine  
    Phone: 217/383-3077  
    Fax: 217/383-3519
  - [ ] SAFEWORKS ILLINOIS  
    Phone: 217/356-6150  
    Fax: 217/356-7167

- **If no, please specify the reason below:**
  - [ ] Source individual declined to be tested
  - [ ] Above-named source individual cannot be located

Unit Representative Signature: __________________________

Unit Representative Title: __________________________  
Date: __________
Appendix D: HIV /AIDS Confidentiality Information Sheet

HIV/AIDS Confidentiality Information Sheet
The State of Illinois "AIDS Confidentiality Act" (410 ILCS 305) and 77 Ill. Adm. Code 697 (AIDS Confidentiality and Testing Code) provide for confidentiality of persons who are tested for HIV infection. Portions of these regulations that are pertinent to occupational exposure to bloodborne pathogens and/or source individual identification and testing are as follows:

Consent to Test
No person may order an HIV test without first receiving informed consent (written or verbal) of the subject of the test or the subject's legally authorized representative.

Information about Results and Further Testing or Counseling
No physician may order an HIV test without making information about the meaning of the test results, the availability of additional or confirmatory testing if appropriate, and the availability of referrals for further information or counseling available to the person tested.

Anonymity
A subject of a test who wishes to remain anonymous shall have the right to do so and to provide written informed consent by using a coded system that does not link individual identity with the request or result, except when informed consent (written or verbal) is not required by law [see below].

Consent to Test - Exceptions
Written or verbal informed consent is not required:

- When, in a physician’s best medical judgment, a healthcare provider or employee of a healthcare facility, a firefighter, or an EMT-A, EMT-I or EMT-P, [defined as the “exposed employee”] is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual in such a manner as may transmit HIV, the source individual’s blood should be tested. If the test is positive, the patient and [exposed employee] shall be provided appropriate counseling consistent with [the AIDS Confidentiality Act].
- When, in the best medical judgment of a physician, a law enforcement officer [defined as any person employed by the state, a county, or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer, or in a similar position involving the enforcement of the law and protection of the public interest at the risk of that person's life] is involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual that is of a nature that may transmit HIV, the source individual’s blood should be tested. If the test is positive, the patient shall be provided appropriate counseling consistent with the AIDS Confidentiality Act.
Disclosure of Identity of Person Tested

No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed or the results of such a test in a manner that permits identification of the test subject, except to the following persons:

- The subject of the test or the subject's legally authorized representative;
- Any person designated in a legally effective release of the test results by the subject of the test or the subject's legally authorized representative;
- An authorized agent or employee of a health care facility or health care provider who:
  - Is authorized to obtain test results;
  - Is providing patient care or handling/processing specimens of body fluids or tissues;
  - Has a need to know such information. Individuals or agencies that have a need to know such information include:
    - The Illinois Department of Public Health, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by state law;
    - Health facility staff committees for the purposes of conducting program monitoring, program evaluation, or service reviews;
    - A person allowed access to test results by a court order issued in compliance with the provisions of 410 ILCS 305/9(g);
    - As determined by the best medical judgment of a physician, any healthcare provider or employee of a health care facility, and any firefighter, EMT-A, EMT-I, or EMT-P involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual that is of a nature that may transmit HIV;
    - As determined by the best medical judgment of a physician, any law enforcement officer who, in the line of duty, is involved in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual that may transmit HIV. [A law enforcement officer is defined as any person employed by the state, a county, or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer, or in a similar position involving the enforcement of the law and protection of the public interest at the risk of that person's life.]

Direct any questions to the Office of University Counsel, 217-333-0560.