CHAPMAN UNIVERSITY | Enterprise Risk and Safety
Environmental Health and Safety

Bloodborne Pathogen Exposure Control Plan

Administered by:
Chapman University
Environmental Health & Safety Department

Plan Developed and Approved by the Chapman University Bloodborne Pathogen Exposure Control Committee
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Developed in accordance with
Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193

Bloodborne Pathogen Exposure Control Plan

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Chapman University Bloodborne Pathogen Exposure Control Plan

PURPOSE

This Chapman University Bloodborne Pathogen Control Plan describes procedures and protocols to eliminate or minimize the potential for occupational exposures to bloodborne infectious pathogens according to the requirements of Cal OSHA Bloodborne Pathogens Standard Title 8 CCR 5193 (https://www.dir.ca.gov/title8/5193.html). This Exposure Control Plan is designed to meet the letter and intent of the Cal/OSHA Bloodborne Pathogens Standard as well as the hazard communication requirements of the Injury Illness and Prevention Program Standard, Title 8, CCR 3203 (https://www.dir.ca.gov/title8/3203.html).

The plan applies to all employees and students of Chapman University who may be exposed to human blood, blood components, body fluids, human cells or other potentially infectious materials (OPIM) in connection with the performance of their duties or course work. Chapman University applies the protective requirements of this Exposure Control Plan to students who may reasonably anticipate exposure to blood or OPIM as part of educational activities, regardless of employee status. Throughout this document 'worker' is used to encompass everyone who is covered by this plan.

Bloodborne pathogens (BBPs) are microorganisms that can cause disease in healthy human beings and can include bacteria, viruses, parasites, fungi and prions. Exposure to BBPs may occur via a splash, spray, or aerosolization of potentially infectious material onto mucosal membranes (e.g., eyes, nose, or mouth) or penetration through breaches in the skin (e.g., an accidental needle stick from a BBP contaminated sharp). Bloodborne pathogens include but are not limited to hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Under this plan a "sharp" includes any object that can be reasonably anticipated to penetrate the skin and result in an exposure to bloodborne pathogens. Sharps used at Chapman University include, but are not limited to, needle devices, scalpels, lancets, broken glass and broken capillary tubes. However, it is recognized that exposure to bloodborne pathogens can also result from non-sharps related incidents. The purpose of this exposure control plan is to eliminate or minimize worker occupational exposure to blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations, such as emergency response, where it is difficult or impossible to differentiate between body fluids.

This Plan also provides for the establishment of a Chapman University Bloodborne Pathogen Control Committee that is charged with the development and ongoing management of the Chapman University Bloodborne Pathogen Control Plan. The BBP committee shall consist of members from EH&S, Student Health, Public Safety, Athletics, Anatomy, Research and Facilities. The Committee will meet once a year to review the Plan for any necessary updates, and to review any incidents that occurred since the previous annual review. The Committee can also meet periodically, as needed in response to incidents that require further investigation and management. The meeting and review of input will be documented in the minutes from the meeting.

Any sharps or non-sharps related incident that involves possible exposure to bloodborne pathogens must be reported with the Chapman University "Incident/Accident Investigation Report". The report form can be found at https://www.chapman.edu/faculty-staff/risk-management/reporting.aspx. All incidents that involve possible exposure to blood are documented in a report log that is reviewed by the BBP committee. Incidents that involve students, faculty, staff or others that do not involve exposure to bloodborne pathogens should still be promptly reported to Chapman Enterprise Risk and Safety by using this form. Also, if a worker, including student workers, is injured as a result of the incident, a report should immediately be made to the Human Resources Department. https://www.chapman.edu/reporting/index.aspx

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks, procedures, positions, engineering controls, or regulatory requirements. If you have any questions regarding the applicability of this Plan to you and your position, please contract your supervisor or Chapman University Environmental Health & Safety (EH&S).

RESPONSIBILITY

The Supervisor of the individual, including faculty and/or staff, shall be responsible for ensuring their workers comply with the provisions of this plan. The management of each respective department with known sources of exposure are responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, etc. Students in clinical rotations should use PPE provided by the site. EH&S Safety can be of assistance in identifying sources of necessary supplies and most of these supplies are available through university-approved vendors. EH&S shall be responsible for providing the appropriate resources for the disposal of biohazardous waste.

CONTRACT SERVICES

Companies contracting services to Chapman University, that involve their employees' possible exposure to Bloodborne pathogens, must have their own exposure control plan. Contractors must train their employees in accordance with the OSHA regulations including information that is specific to job duties at Chapman University. A signed Contractor Illness and Injury Prevention Program Certification form must be provided to the University prior to the start of work. It is the responsibility of the contracting department at Chapman University to assure compliance by any and all contractors.

EXPOSURE DETERMINATION

People working in the job classifications listed below perform duties which could result in exposure to bloodborne pathogens. This is not an all-inclusive list, as this risk may be present in a wide variety of environments and duties. Specific activities that present a risk of exposure are listed after each classification. Supervisors must be aware of changes in the duties of their personnel that may result in the potential for exposure and must promptly advise EH&S. If University workers are injured, the reporting should also include Human Resources.

NOTE: The requirements of this Plan apply to full-time and part-time employees of the University, including graduate students and student workers. The University applies the same precautions to all students or other people whose work may result in this exposure. The classification of some graduate students receiving stipends or grants, or fellowships may vary.

This policy does not apply to independent contractors or visitors who are not Chapman employees or students. If there are any questions on eligibility, or if a new position is added in which there may be possible exposure, contact the Chapman EH&S.

Job classifications in which workers may have occupational exposure:

1. Healthcare Professionals, including professional and support positions rendering examinations or delivering other medical or nursing procedures, administration of injections, medications, or first aid.
2. Science Department faculty and other staff, including laboratory technicians who conduct research or work with human blood, human cells or OPIM, or animals known to harbor human bloodborne pathogens and or animal tissue from a source injected with or containing viable human bloodborne pathogens. Labs should follow this plan even if these criteria are not fully met, such as work involving fixed human tissue.
3. Physical Therapy Department, including but not limited to faculty, lab instructors, and student workers.
4. School of Pharmacy, including but not limited to faculty, lab instructors, and student workers.
5. Physician Assistant Program, including but not limited to faculty, lab instructors, and student workers.

6. Coaches, lifeguards and Athletic Trainers – first aid providers.
7. Public Safety personnel – first aid providers, interaction with violent suspects, searches
8. Residence Life workers, including Resident Advisors and maintenance personnel assigned to Residence Life.
9. Maintenance Worker – Cleaning up after accidents and working around sharp objects and tools.
10. All workers and students providing emergency first aid assistance in connection with job responsibilities.
11. Other workers who perform duties included above, regardless of position/title.

EXPOSURE/MATERIALS

The following are potential sources of exposure:

1. All moist body substances, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations, such as emergency response, where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed human or primate tissue or organ, whether living or dead, including primary and established cell lines of human origin, if the cells can propagate bloodborne pathogens, and are not certified by commercial source as free from viral contamination. Screening methods may include PCR, antigenic screening, or co-cultivation with various indicator cells. Human-derived cell lines shall be treated as potentially infectious unless documented otherwise through reliable characterization and risk assessment.

3. Any HIV, HBV, HCV-containing cell or tissue culture, organ cultures, and medium, and other solutions, and blood, organs, or other tissues from experimental animals containing HIV, HBV, or HCV.

EXPOSURE CONTROLS

The following practices will be implemented to reduce the potential for occupational exposure to bloodborne pathogens. Additional exposure control procedures will be developed by clinic or laboratory supervisors as needed for specialty work environments. Supervisors are responsible for ensuring that workers implement exposure control measures and are trained to use required personal protective equipment (PPE). Workers who fail to implement exposure control measures or utilize PPE as required are subject to corrective action.

Universal Precautions

Universal precautions require that all blood and body fluids be treated as if they are infected with HBV, HCV, HIV or other pathogens. If the nature of the task requires direct contact with potentially infectious materials, PPE shall be available and worn. If an activity is performed without blood exposure, but exposure could occur in an emergency, PPE shall be available.

Universal precautions are intended to supplement, not replace, work practice controls. Workers must:

1. Utilize protective equipment in occupational exposure situations.

2. Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.

3. Replace all garments that are torn or punctured, or that lose their ability to function as a barrier

to Bloodborne pathogens.

4. Remove all personal protective equipment before leaving the work area.

5. Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

Research Involving HBV, HCV, or HIV

Research involving HBV, HCV, or HIV must be reviewed by the Institutional Biosafety Committee (IBC) and/or the Biological Safety Officer (BSO) prior to the start of work. Any research involving these viruses must be at a Biological Safety-2 level as per NIH guidelines. Additional administrative controls, protective equipment and training may be required. The hepatitis B vaccine should also be recommended for all research personnel who may be at occupational risk for exposure to HBV.

Research Involving Human-derived materials

Research involving human-derived materials must be reviewed by the Institutional Biosafety Committee (IBC) and/or the Biological Safety Officer (BSO) before work begins. This requirement applies to research involving human blood, human tissues, human-derived cell lines, and select pathogens or other potentially infectious human materials. All personnel who work with potentially infectious human materials should be evaluated for Hepatitis B vaccination eligibility and strongly encouraged to receive the vaccine unless a documented declination or medical contraindication exists.

Engineering and Work Practice Controls

Universal precautions as well as engineering and work practice controls will be observed by all people to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Safe practices shall include:

1. **Security and Isolation:**
    a. Keep laboratory doors closed when work is performed with bloodborne pathogens. The area must be identified by placing a biohazard sign on entrance doors.
    b. Lock any biohazard work areas when unattended.
2. **Hand and General Washing Hygiene:**
    a. Personnel must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick).
    b. Personnel must wash their hands immediately, or as soon as feasible after removal of gloves or other personal protective equipment and upon any contact with potential BBP materials.
    c. Personnel shall familiarize themselves with the nearest hand-washing facilities for the buildings in which they work. All research areas, medical areas, and laboratories will have hand washing sinks /faucets available.
    d. Because most Chapman University buildings are public access, they will have available hand washing facilities in public restrooms and custodial/janitorial closets. (If hand washing facilities are not available, the Facilities Department will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.*)*

3. **Sharps:** Needles and broken glass shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available, contact EH&S, and dispose of the sharps in an appropriate, labeled sharps container. Workers who encounter improperly disposed sharps which includes needles, razors, pipettes, scalpel blades, etc. shall notify EH&S of the location of the sharps. Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager).
    a. Sharps (needles or broken glass) may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
    b. Any broken glassware must not be directly handled with a gloved or bare hand. Use a mechanical tool (tongs, dustpan and broom) to collect the pieces into a hard-sided container. Contaminated broken glass must be placed in a puncture-resistant hard sided container (marked as biohazard) and disposed of as biohazardous waste.
    c. Used needles and other sharps are not to be sheared, bent, broken, recapped, or resheathed by hand.
    d. Do not bend, recap or remove sharps from devices unless a mechanical device or a one- handed technique is used, and the employer can demonstrate that no alternative is available.
    e. Used needles are not to be removed from disposable syringes. Disposable sharps must not be reused.
    f. All sharps contaminated or not, shall be disposed of in a puncture-resistant hard sided, labeled sharps container.
    g. The CAL-OSHA BBP Standard requires any laboratory using human or primate blood, blood products, cell lines, tissues or OPIM to use Needleless Systems and/or engineered sharps unless such devices prove to be more hazardous to the user. Needleless systems are devices that do not use needles (1) for the withdrawal of body fluids after initial venous or arterial access is established; (2) for administration of medication or fluids; and (3) for performance of any other procedure involving the potential for an exposure incident. Engineered sharps include items with either (1) a physical attribute built into a needle device such as barrier creation, blunting, encapsulation, withdrawal or (2) a physical mechanism which effectively reduces the risk of an exposure incident. If the PI/supervisor decides that a non-compliant “sharp” is necessary for a certain procedure, the reason must be documented.

4. **Food:** Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas where there is a reasonable likelihood of exposure to bloodborne pathogens.

5. **Exposure Areas:** No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on countertops or bench tops where blood or OPIM are present.

6. **Safe Practices**: Workers must perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances. Never pipette by mouth.

7. **Specimens:** Place specimens of blood or OPIM in an appropriate leakproof container with correct labels.

8. **Minimization of Aerosols:** All procedures must be performed carefully to minimize the creation of aerosols. Biological safety cabinets (Class I or II) or other physical containment devices must be used whenever possible while performing operations capable of creating aerosols, including but not limited to:
    1. centrifugation
    2. blending
    3. homogenization
    4. opening pressurized containers.

   Class II biological safety cabinets shall be certified at installation, after relocation or repair,

and at least annually

If a biological safety cabinet cannot be used, the most effective means of minimizing exposure to aerosols is to contain them by using closed containers (centrifuge tubes, sealed centrifuge rotors, capped test tubes, etc.).

9. **Disinfection of work area and spill cleanups:** Blood and blood products shall be handled in an area that can be readily decontaminated. The work area must be disinfected before and after handling microorganisms**.** Non-authorized personnel should not handle equipment that has been used with potential BBP's. Any potentially contaminated equipment must be appropriately decontaminated. All spills must be cleaned up immediately and disinfected with a germicide by appropriate decontamination procedures as determined by the laboratory supervisor and/or EH&S. Clean-up, including transportation and disposal must be done in a manner that is in compliance with the Housekeeping and Waste Disposal practices described in this Plan and all applicable rules and regulations. The laboratory supervisor or other laboratory personnel must immediately report laboratory accidents (major spills, injuries, illnesses) to EH&S. Any injuries to workers or students must be immediately reported to EH&S via the online incident report form.

10. **Labeling:** A biohazard warning sign incorporating the universal biohazard symbol shall be posted on the access door to the laboratory work area. All human tissue, body fluid, or OPIM must be stored in a container labeled with a biohazard symbol. Refrigerators, freezers, incubators, and other pieces of equipment where potentially infectious materials are stored or handled must also be labeled with the biohazard symbol. All signs are available from EH&S.

11. **Limited Access:** Access to a laboratory is limited or restricted by the laboratory supervisor when work is in progress. When work with blood or blood products is being performed, non-laboratory personnel (maintenance, administrative personnel) and non-Chapman University personnel should not enter the area. Maintenance and building services personnel may be unfamiliar with the potential hazards present in a laboratory and must be fully instructed and carefully supervised by laboratory personnel when working in areas where human blood and blood products are handled.

12. **Transportation on Campus:** Specimens of blood or OPIM shall be placed in a primary container that prevents leakage (capped test tube, centrifuge tube, etc.) during collection, handling, and storage. If the specimens are transported through hallways, the primary containers must be placed in a secondary container (bucket, beaker, cooler, etc.) which would contain the contents if the primary container were to leak or break. EH&S should be contacted to assist in the transportation of any such specimens on campus.

13. **Shipping of samples:** Specimens of blood or OPIM that will be shipped to or from Chapman University must be clearly identified as human blood or blood products. The material shall be placed in a closed primary container and a leak proof secondary container prior to shipment. Personnel involved with shipping of biohazardous agents or potential BBPs must have documented training prior to shipping. Contact the EH&S for more detailed guidelines and training prior to any shipping of samples or specimens.

14. **Blood Collection -** All human blood collection within Chapman University shall be performed in accordance with established phlebotomy procedures.

EXCEPTIONS: Engineering controls are not required if they are not available in the marketplace or if a licensed healthcare professional, directly involved in a patient's care, determines that the use of the engineering control will jeopardize the patient's safety or the success of a medical procedure. Engineering controls are not required if the employer can demonstrate by means of objective product evaluation criteria that the control is no more effective in preventing exposure incidents than the alternative used by the employer. The justification for safety and product evaluation determinations must be documented in writing.

HOUSEKEEPING:

After contact with potentially infectious material, all equipment and work surfaces shall be promptly cleaned with a disinfectant, capable of killing HIV and hepatitis viruses consistent with the guidelines of the Center for Disease Control and Prevention (CDC). EPA-registered disinfectants effective against HBV, HCV, HIV, and emerging viral pathogens shall be used according to manufacturer label instructions. A 1:10 hypochlorite solution is effective for decontamination and can be prepared by slowly adding 1 part household bleach to 9 parts cold water in a plastic container. Gloves and goggles should be worn. The solution should be stored out of direct sunlight in a cool location.

- Decontamination can also be accomplished by utilizing other EPA-registered disinfectants. https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants
- Any other disinfectant with a label stating that it is effective in killing HIV and hepatitis virus may also be used.
- Clean up and decontamination should only be conducted by persons who have completed bloodborne pathogen exposure control training and who understand the hazards of the contaminant.
- Use housekeeping or nitrile gloves as a physical barrier during decontamination. They should not be washed or reused. Additional PPE should be worn if splash hazards exist.
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 15 minutes before cleaning.
- Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use. This must be documented.
- Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan. All equipment used in the cleanup must also be decontaminated afterwards
- Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If the sharps container is not pre-labeled, biohazard labels are available through the EH&S.
- When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose anyone to the risk of percutaneous injury.

LAUNDRY PROCEDURES:

- Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.
- Contaminated laundry shall be placed and transported in (plastic or other non-porous) bags labeled biohazardous.

WASTE DISPOSAL:

- Place all sharps waste in rigid, red containers labeled *"*Biohazard*."* Proper procedure requires that all sharps be disposed of this way, (including contaminated and non-contaminated sharps) immediately following use. Use a mechanical means such as tongs, brush or forceps to pick up contaminated broken glassware. Never attempt to access items inside a sharps containers. Cease using a sharps container when the container is 3/4 full. Never force sharps into a full container. Workers may contact Chapman University Student Health Services (CUSH) or EH&S for information on disposal of sharps on campus.

- Sharps containers may be used for as long as it takes to reach capacity of the container**.** If the container contains organic putrefying material, the retention time period is 7 days unless stored in a freezer.

- Biohazard containers must be closed when moved to prevent spillage or sharp protrusion. Use a rigid secondary container to prevent leakage during handling and transport. The secondary container must bear the biohazard label.

- The waste must be labeled and closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport.

- Incineration of biohazardous waste shall be handled by a biological waste destructor. This shall be coordinated through the EHS and your department.

- Chapman University contracts with appropriate waste disposal and transportation contractors for regular pickup of and other biohazardous waste.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

Personnel must wear gloves, lab coat, and safety glasses whenever handling human or primate blood, fluids, or tissue. In addition to above items, personnel must wear any additional PPE (apron, booties, face shield, etc.) that is needed to prevent blood or OPIM from contaminating their street clothes, skin, eyes, mouth, or other mucous membranes under normal conditions.

Personal protective equipment (PPE) will be provided at no cost to all individuals who are at risk of occupational exposure to bloodborne pathogens**.** For university employees, PPE will be supplied directly by Chapman University. Students participating in off-site placements will receive PPE from the host organization, also at no cost to the student. All PPE must be inspected, cleaned, or replaced as needed at no cost to personnel. PPE will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the individual's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All PPE must be selected with the goal of providing protection from a hazard. Selection of alternate choices of PPE should be considered if the user is at risk of physiological discomfort (such as contact dermatitis from latex gloves or asthma from wearing certain face masks). Proper training on the wearing and function of personal protective equipment is required prior to using PPE. Consultation or advice on PPE is provided by EH&S.

Where occupational exposure remains after institution of engineering and work controls, PPE shall also be utilized. Department managers will be responsible for providing PPE appropriate to the tasks and type of exposure potential within their department at no cost to their workers. They will replace or repair PPE as necessary at no cost to workers.

All PPE shall be removed prior to leaving the work areas and placed in designated areas for disinfection or disposal. At no time will personnel be permitted to take home any PPE, including lab coats, for laundering or cleaning.

Information on specific use of PPE is as follows:

Eye protection
Protective eye wear must be worn in the laboratory or any other environment when it is reasonably anticipated that blood or OPIM may make contact with the mucous membranes of the eye. Wear masks, goggles, glasses with side shields, or chin-length face shields, singularly or in combination, whenever splashes, sprays, splatters, aerosols or droplets of potentially infectious material may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Lab coats and uniforms
Wear protective clothing, such as aprons, lab coats or gowns if the potential for soiling the worker's street clothing exists. Closed toe shoes are required as part of the protective clothing ensemble. If blood or OPIM penetrates a garment, it should be removed immediately. Keep reusable PPE such as lab coats and household gloves clean. Store them in the work area. (*Do not wear them outside of the work area).*

Laboratory coats, gowns, smocks, aprons, or uniforms must be worn while in the laboratory; long sleeves are required. Before leaving the laboratory for non-laboratory areas (e.g., cafeteria, library, administrative offices), this protective clothing must be removed and left in the laboratory. Sandals and open-toed shoes are not permitted.

Gloves
All personnel engaged in activities that may involve skin contact with blood, OPIM mucous membranes or tissues must wear gloves.

Ensure the correct glove is chosen for the specific task. Safety Data Sheets (SDS) and Standard Operating Procedures (SOP) should be consulted when determining the type of glove to be worn.

Hand washing with soap and water must be standard practice immediately after direct contact with potentially infectious materials and on completion of work, even when gloves are worn.

Gloves should be removed before touching common equipment (phone, computer, appropriate laboratory equipment) to prevent contamination.

Gloves must be replaced frequently and immediately if they become contaminated or damaged in any way. Do not wash or disinfect examination gloves for reuse. Properly dispose of all such gloves (in labeled Biohazard receptacles).

BIOLOGICAL WASTE DISPOSAL

Disposal of potentially hazardous biological materials shall be performed with appropriate consideration for the personnel involved in the handling of laboratory waste, as well as federal, state and local laws concerning the disposal of such materials. In accordance with the California Medical Waste Management Act, Health and Safety Code, Chapter 6.1, medical waste includes but is not limited to:

- Human or animal specimens or infectious cultures
- Sharps, including needles and syringes
- Cultures and stocks of infectious agents
- Wastes from the production of bacteria, viruses, or-other microbes, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix

cultures

- Animal parts, tissues, fluids, cell lines or carcasses suspected of being contaminated with infectious agents contagious to humans
- Waste which contains recognizable blood, fluid blood products, containers or equipment containing blood, or blood from animals known to be infected with diseases which are communicable to humans. Specific procedures for the disposal of biological materials are available from EH&S.

HEPATITIS B VACCINE

All Workers shall be advised of the importance of the Hepatitis B vaccination after the worker has received the training in bloodborne pathogen occupational exposure and within 10 working days of initial assignment. For employees of the University the hepatitis vaccine will be provided at no cost to the employee. For non-employee workers, this will be at their cost.

The Hepatitis B Vaccine is indicated for all workers whose work responsibilities present any exposure to hepatitis. If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be secured. For employees of the University this will be provided at no cost to the employee. For non-employee workers, this will be at their cost.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is a specific eye, mouth, mucous membrane or non-intact skin penetration by blood or OPIM. Post-exposure prophylaxis evaluation should occur as soon as possible following exposure, ideally within hours of the incident, because effectiveness decreases significantly with delay. This is especially important for HIV exposure management.

Immediately after contact with blood or OPIM, wash skin with soap and water or flush mucous membranes with copious amounts of water for a minimum 15 min. Promptly report any exposure incidents to the supervisor and initiate referral to an appropriate source of medical care. The worker's immediate supervisor another responsible management representative or the student will complete the Report of Accident Form (https://www.chapman.edu/faculty-staff/risk-management/reporting.aspx) and refer the worker for immediate treatment and/or referral. If the exposure resulted from the delivery of first aid, the Report of Accident Form should include a list of all other persons who were involved in providing first aid.

When possible, employees of the University, including graduate student employees, will be offered post-exposure evaluation and follow-up through the University's designated occupational health provider, Concentra Urgent Care. Students who are not employed by the University are not covered as employees under this Exposure Control Plan and will be referred to Student Health Services or their personal healthcare provider, as appropriate.

Students who sustain an exposure while participating in clinical training, internships, practicums, or other activities at an external healthcare facility should be managed in accordance with the Bloodborne Pathogens Exposure Control Plan and post-exposure procedures established by the host institution. Such incidents should be evaluated and treated under the protocols of the facility where the exposure occurred rather than under Chapman's Program.

Concentra Urgent Care (15751 Rockfield Blvd, Irvine near the Rinker Campus or 1045 North Tustin,

Tustin near the Orange Campus) can provide a confidential medical evaluation and follow-up including antiretroviral medications for injuries potentially involving exposure to bloodborne pathogens. The evaluation shall include:

1. Documentation of the route(s) of exposure and the circumstances under which the incident occurred.
2. Determination whether an exposure incident occurred.
3. Identification and documentation of the source individual; and
4. Offer of HBV vaccination series to unvaccinated persons within 24 hours of the exposure.

Document any declination of the HBV vaccine series on the attached form. Baseline blood testing may be requested by the medical provider. The exposed worker's consent is required for HIV, HBV or HCV testing. The treating physician must be provided with:

1. A copy of 8 CCR 5193;
2. Copies of any other required Chapman University policy, procedure, protocol;
3. A description of the exposed worker's duties;
4. A copy of the Report of Accident Form and
5. All medical records relevant to the appropriate treatment of the worker including vaccination status.

The treating physician must provide a written post-exposure report to the University within 15 days of completion of the exposure evaluation. The report should contain an opinion whether hepatitis B vaccination is indicated for the worker and if the worker has begun the vaccination series. The report should document that the worker has been informed of the results of the full evaluation, and that the worker has been informed about medical conditions that require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written post-exposure evaluation report. The physician's report should be completed using the attached form and submitted to the Chapman University EH&S department with a completed copy of the Report of Accident for the incident.

REPORTING AND DOCUMENTING INCIDENTS

All exposure incidents shall be reported, investigated, and documented. When a person incurs an exposure incident, it shall be reported immediately to their supervisor.

All sharps or non-sharps related injuries shall be reported immediately by completing a Chapman Report of Accident Form (within 14 days of the injury). The reports are maintained for at least five years by EH&S. The reports will be reviewed by EH&S and the Bloodborne Pathogen Committee to identify trends and take corrective action. Confidentiality of data will be maintained. The Chapman University Bloodborne Pathogen Committee will review reports of incidents annually or upon evidence of 2 or more injuries from the same identified device to evaluate the safety record of devices involved in causing injuries. EH&S shall maintain a confidential Sharps Injury Log in accordance with 8 CCR §5193. The log should include the type and brand of device involved, department/work area, and explanation of how the incident occurred.

Incident/Accident Investigation Report Form.
https://www.chapman.edu/faculty-staff/risk-management/reporting.aspx.

Medical records will be:

1. Stored by the Student Health Center, Concentra or other appropriate secured location in confidential files;
2. Available, during normal work hours, to the worker to whom the record pertains, to representatives of CAL/OSHA and to the worker's representative (with written consent from the subject worker); and

3. Maintained for the duration of the employment or Chapman attendance plus 30 years.

Following a report of an exposure incident, any exposed employee or student shall also report the incident to Human Resources for filing under the University Workers' Compensation program (https://www.chapman.edu/reporting/index.aspx). Workers should seek appropriate medical attention for a confidential medical evaluation and follow-up, including at least the following elements

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the person can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status.
5. Post-exposure treatment and follow-up for the employee, when medically indicated in according to current U.S. Public Health Service Policy.
6. Counseling will be provided at the time of any potential exposure, when test results are available, or as otherwise requested.
7. Evaluation of any reported illness.

The Healthcare professional evaluating individuals who are covered under this program will be provided with the following information, to the extent available, and necessary to the care of the individual:

1. A copy of this plan.
2. A copy of the Cal OSHA Bloodborne Pathogen regulations.
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the worker, including vaccination status.

The worker will receive a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination is limited to the following: (1) whether the worker needs Hepatitis B vaccination; (2) whether the worker has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the worker was informed of the results of the evaluation.
2. That the worker was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193.

Situation	**Contact**
Life-threatening emergency	911
Campus Public Safety	(714) 997-6763
Student Health Center	(714) 997-6851
EH&S	714) 628-2888
After-hours exposure	Concentra

TRAINING AND RECORD KEEPING

All workers identified in “exposure determination” job categories described in this Plan shall participate in a training program. Each department head will ensure that the occupationally exposed workers under their supervision receive training prior to performing an initial assignment and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the workers’ occupational exposure.

BBP safety training records are recorded and stored in LearnUpon. If there is a change in tasks or procedures that affects the worker's occupational exposure, additional training will be provided by the Supervisor who will also maintain training records.

Basic Bloodborne Pathogen training will include the following:

1. An accessible copy of the regulatory text of Cal OSHA Bloodborne Pathogens Standard 8 CCR 5193 and an explanation of its contents;
2. An explanation of the Chapman University Bloodborne Pathogen Exposure Control Plan and the means by which the worker can obtain a copy of the written plan and an opportunity to present questions;
3. A general explanation of the epidemiology and symptoms of Bloodborne diseases;
4. An explanation of the modes of transmission of Bloodborne pathogens;
5. An explanation of the appropriate methods for recognizing tasks which may involve exposure to potentially infectious materials;
6. An explanation of the use and limitations of exposure control including appropriate engineering controls, work practices and personal protective equipment (PPE);
7. An explanation of the basis for selection of personal protective equipment (PPE);
8. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
9. Information on the efficacy, safety, method of administration and benefits of the hepatitis B vaccine;
10. Information on the actions to take in the event of an emergency involving blood or OPIM.
11. An explanation of the procedure to follow if an exposure incident occurs;
12. Information on the post-exposure evaluation and follow-up;
13. An explanation of the signs, labels and color coding used by the University to identify biohazardous areas and materials; and
14. Additional department-specific information will be provided for, including the location of and availability of needed PPE, cleaning materials, disposal containers, labels, etc.

PROGRAM REVIEW

Environmental Health and Safety staff will coordinate annual review of the Bloodborne Pathogen exposure control plan to evaluate the program’s effectiveness and regulatory compliance. The Chapman University Bloodborne Pathogen Control Committee and other affected parties will participate in the program review. The Exposure Control Plan will be revised as necessary to include new or modified tasks.

Accident Investigation Report

https://web.chapman.edu/incidentreporting/IncidentForm.aspx

1. Date and Time of Incident

2. Department Making this Report

3. Person Making this Report
   - Name:
   - Title:
   - Phone number:
   - Email Address:

4. Type of Incident
   - Auto Accident
   - Concussion
   - Property Damage
   - Personal Injury
   - Theft
   - Other

5. Details of Incident/Accident (Who, What, Where, When, Why, How)

6. Where there any witnesses and/or other persons involved in the Incident?

7. Identify any injured persons. Check all that apply.
   - Employee
   - Student
   - Visitor
   - Other

8. Was there any exposure to blood or other potentially infectious materials (OPIM)?
   - If yes describe.

9. Did this incident involve a Sharps injury?
   - If yes, describe.

10. Was First Aid or Other Medical Care Rendered?
    - If yes, describe.

11. Was an AED Activated for Use?
    - If yes, describe.

12. Was there any damage to University property?
    - If yes, describe.

13. Was there any damage to the property of others?
    - If yes, describe.

14. Did any Chapman University Internal Departments and/or Persons respond?
    If yes, describe.

15. Did any external public safety (police/fire) agencies respond?
    If yes, describe.

16. Are affected areas/equipment currently out-of-service?
    If yes, describe.

17. Could this incident/accident have been prevented?
    If yes, describe.

18. Was there any Unsafe Condition Not Described Above?
    If yes, describe.

19. Are there any Unsafe Conditions that need to be addressed?
    If yes, describe.

20. Do you know of Other Areas at Chapman where other similar incidents might occur?
    If yes, describe.

21. Other Comments?

File Upload

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

_____ _____

(name of exposed individual) (status or position)

_____ _____

(date) (signature)

_____

(department name)