



Safety and Risk
Management

Bloodborne Pathogens Exposure Control Plan

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Forward

The Bloodborne Pathogens Exposure Control Plan is designed to help supervisors and/or designated department representatives understand and meet the provisions for university workers who may have exposure to human blood, blood products, tissues, or cells. Examples of potential employee exposure include, but are not limited to:

- Staff with job duties that require them to protect others by immediately cleaning up small blood spills or confine large spills for proper clean-up.
- Housekeeping staff with duties that require them to otherwise come into contact with blood or other potentially infectious materials.
- Employees who are First Responders (public safety, EMS, etc.).
- Laboratory workers handling human blood, tissue, established human cell lines, or waste from such procedures.
- Designated emergency teams that perform spill clean-up response.
- Human health care providers (i.e. Health Services, Athletics)
- Employees with job duties that require them to handle the following items: biohazard waste, sewage, lab equipment or materials labeled with the biohazard warning label.

The hazards we are concerned about in this document are called “bloodborne pathogens.” These pathogens can enter your blood, mostly by puncturing your skin with contaminated material, and cause illness. The potential for exposure to bloodborne pathogens may exist when encountering spilled human blood and body fluids, contaminated sharps, as well as materials or waste from certain laboratories on campus. Some locations are more likely than others to have contaminated equipment or materials, a fact that supervisors must remain vigilant of.

This Exposure Control Plan addresses all provisions of the Occupational Safety and Health Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens Standard (29CFR 1910.1030) and is implemented by the Office of Safety and Risk Management. To be compliant with the Standard requirements at Western Carolina University, the supervisor or department representative must complete the following:

- Provide the employee with access to this Bloodborne Pathogens Exposure Control Plan. A copy of the ECP is available on the [Safety and Risk Management](#) website.
- Provide the employee with the option for a free Hepatitis B Vaccination.
- Ensure that the employee completes the required safety training.

Section 1: Responsibilities

Safety and Risk Management Office

- Develop, implement, and evaluate the BBP Exposure Control Plan for the University.
- Assist departments in the identification of employees/students that have potential exposure to bloodborne pathogens.

- Provide information regarding the free Hepatitis B vaccination program to personnel with potential exposure to bloodborne pathogens.
- Maintain the Hepatitis B consent or declination forms and the Exposure Risk Determination database.
- Promote practices, procedures, and methods that conform to the concept of universal precautions.
- Ensure that universal precautions are observed by employees/students with potential exposure to bloodborne pathogens.
- Assist PI/Supervisors in the selection of appropriate safety control requirements, which include laboratory practices, housekeeping methods, personal protective equipment, engineering controls, and training.
- Provide technical consultation and investigation, as appropriate, for accidents and injuries.
- Maintain the Sharps Injury Log.
- Provide direction for a confidential post-exposure medical evaluation and follow-up.
- Coordinate the proper management and disposal of regulated waste; disposal bags and containers must be procured by each department.
- Assist departments with BBP exposure control issues, upon request.
- Provide a means for suggestions, complaints, and concerns regarding the Exposure Control Plan.

Department Heads or Directors

- Ensure compliance with the Bloodborne Pathogen Exposure Control Plan within their respective departments.
- Provide direction on the departmental approach to development and implementation of the Exposure Control Plan and the Hepatitis B Vaccination Program.

Principal Investigators or Supervisors

- Provide all affected personnel with access to the BBP Exposure Control Plan.
- Work with the employee to complete the “Hazard Assessment Training Determination Form” to identify their potential for exposure to bloodborne pathogens and document their safety training requirements. Submit the completed form to the Safety and Risk Management Office.
- Ensure that all personnel complete the Bloodborne Pathogens training initially as well as the annual renewal course.
- Train personnel he/she supervises to work safely with potentially infectious materials and operations and maintain records of training provided locally.
- Ensure that universal precautions are understood and executed by all personnel with possible exposure to bloodborne pathogens.
- Promote practices, procedures, and methods that conform to the concept of universal precautions.
- Identify conditions with potential exposure to bloodborne pathogens, determine safe procedures and controls, and enforce standard safety procedures.
- Provide and maintain in functional working order appropriate personal protective equipment (e.g., gloves, goggles, lab coats).

- Maintain a clean and sanitary work environment. Develop cleaning schedules as deemed appropriate for the types of activities involved.
- Inform personnel about the free Hepatitis B vaccination program.
- Inform personnel about the confidential medical evaluation available following an exposure incident.
- Promptly report exposure incidents to the Office of Safety and Risk Management.
- Abide by University policies regarding biohazardous and regulated waste.
- Affix appropriate labels to containers of regulated waste and equipment containing blood or other potentially infectious materials.
- Inform facilities personnel, other non-laboratory, and any outside contractors of potential lab-related hazards when they are required to work in the laboratory environment. Identified potential hazards should be minimized to provide a safe environment for repairs and renovations.

Laboratory Personnel (employees and students)

- Read, understand, and comply with the requirements of the BBP Exposure Control Plan.
- Complete the Bloodborne Pathogens safety training course initially upon hire as well as an annual renewal course.
- Notify your supervisor if job tasks and responsibilities present occupational exposure concerns that have not been previously identified.
- Follow universal precautions when handling blood or other potentially infectious materials.
- Follow established work practice controls to eliminate or minimize occupational exposure.
- Be aware of engineering controls and the proper use of those controls.
- Use appropriate PPE and be aware of the proper use and limitations of PPE.
- Follow established controls for the safe handling and disposal of sharps.
- Maintain a clean and sanitary work area.
- Complete either the consent or declination form for the free Hepatitis B vaccination and submit to the Office of Safety and Risk Management.
- Following an exposure incident immediately wash the affected area and report the exposure incident to your supervisor. Proceed to Health Services for a confidential medical evaluation.

University Health Services

- Assist in identifying and documenting personnel with possible exposure to bloodborne pathogens and provide this information to the Office of Safety and Risk management.
- Make available the Hepatitis B vaccination to personnel identified as having potential occupational exposure to bloodborne pathogens.
- Provide confidential medical evaluation and follow-up to an exposed individual following an exposure incident.
- Report exposure incidents to the Office of Safety and Risk Management.
- Maintain confidential medical records in accordance with HIPAA compliance and OSHA mandates for exposure incidents.

Section 2: Exposure Risk Determination

Exposure risk is determined by reviewing employee positions for reasonably anticipated risk of occupational exposure to human blood, body fluids, or other potentially infectious materials (OPIMs) as defined by the Bloodborne Pathogens Standard and OSHA interpretations as follows:

- Occupational Exposure Risk is “reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee’s duties.”
- Other Potentially Infectious Materials are any unfixed tissue or organ (other than intact skin) from a human (living or dead); including primary and established human cell lines and HIV-containing cell or tissue cultures, organ culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

The exposure determination is made without regard to the use of personal protective equipment meaning employees are considered to be exposed even if they wear personal protective equipment. All employee positions will be assessed via their supervisors/PIs, using the Hazard Assessment Training Determination Form (available from Safety Office). The Safety Office will assist in hazard assessments as requested and shall maintain a complete database of the exposure risk determinations.

At WCU, job classifications in which employees may be expected to incur such occupational exposure, and associated tasks for these categories are listed in [Appendix B](#) of this manual. If a supervisor has an employee who has a reasonably anticipated risk of bloodborne pathogen exposure, but the employee’s job classification is not listed in Appendix B, the supervisor should notify the Safety and Risk Management Office (safety@wcu.edu or 828-227-7443).

Section 3: Universal Precautions

Blood and body fluid precautions must be used by all employees who come in contact with any human blood, body fluid, or other potentially infectious materials (OPIMs).

According to OSHA, Universal Precautions are defined as the infection control practices in which ALL human blood and certain human body fluids are treated as though they are known to be infectious for bloodborne pathogens. The Universal Precaution approach is based on the premise that many people do not know that they are infected and that medical history and examination cannot reliably identify all people infected with bloodborne pathogens. OSHA mandates that Universal Precautions be observed to prevent contact with blood or other potentially infectious materials.

WCU employees should consider all human blood and body fluids as potentially infectious and must employ appropriate protective measures to prevent possible exposures. All body fluids are included, not just those that appear bloody. Blood is not always visible in body fluids or is not recognized until an exposure has occurred.

Section 4: Work Practice Controls

Where possible, engineering and work practice controls shall be used to eliminate or minimize employee exposures.

Standard Safe Work Practices

- Universal precautions will be observed to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.
- Eating, drinking, smoking (including electronic cigarettes), applying cosmetics, and handling contact lenses are prohibited in work areas where there is potential for occupational exposure to blood or OPIM.
- Food and drink shall not be stored in work areas where blood or OPIM are present.
- Procedures involving blood or OPIM should be performed in a manner to minimize splashing, spraying, spattering, and droplet generation.
- Mouth pipetting is prohibited. Always use mechanical means to pipette.

Handling and Disposal of Sharps

- All employees must take precautions to prevent injuries when using sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles and sharps, and when handling sharp instruments after procedures.
- All employees must be trained on the availability and use of approved safety devices where appropriate for their work responsibilities.
- Needles must not be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand. Exceptions (such as when needles must be recapped for sterility, i.e., re-use of needle on the same patient) for specific procedures must be approved by the Safety Office. Any approved recapping procedures must be done either by using a recapping device or a one-handed scoop method for recapping. The one-handed scoop technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. The cap may also be held with tongs or forceps and placed over the needle. Immediately after use, these sharps must be placed into appropriate containers.
- Where feasible, sharps with engineered sharps injury protection, such as self-sheathing needles, retractable needles, or needleless systems will be used. A detailed description of safer sharps handling and the types of safety devices currently available (including animations of how they work) can be found on the [OSHA website](#).
- Broken, contaminated glassware must not be handled directly with hands, but must be cleaned up by mechanical devices such as a dustpan, cardboard, or tongs.
- After use, disposable syringes and needles, scalpel blades, scissors, slides, any activated or inactivated safety devices, and other sharp items must immediately be placed in puncture-resistant containers for disposal by the sharps user.
- The puncture-resistant containers must be located as close as practical to areas where disposable needles or sharps are used. The needle disposal containers must be replaced before they become $\frac{3}{4}$ full or below the indicated fill line.

Hand/Skin Washing

- Hands and other skin surfaces must be washed as soon as possible if they become contaminated with blood or OPIMs.
- Hands must be washed immediately after removing gloves and before leaving the laboratory/work area.
- If handwashing facilities are not feasible, antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes must be made available. If these alternatives are used, washing with soap and running water must be done as soon as possible.

Specimens

- Specimens of blood or OPIM will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
- The container used for this purpose will be labeled to be recognizable as containing specimens.
- A secondary container must be used if there is a risk that the primary container could puncture and leak.

Laundry

- PPE will be cleaned, laundered, and/or disposed of by the employer at no cost to employees.
- Soiled linen or reusable protective clothing must be handled as little as possible.
- All used laundry should be considered potentially infectious and should be placed in the standard laundry bags which have been chemically treated to minimize fluid leakage.
- If linen is soaked with blood or body fluids and is likely to leak through a single bag, "double-bags" must be used.
- Laundry is to be processed via an outside contractor. Do not take laundry home with you.

Environmental Controls & Housekeeping

- Laboratories where blood or OPIM are being manipulated must be designed and run to meet BSL-2 guidelines.
- Work areas must be maintained in a clean and sanitary condition. Work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures or as soon as feasible when contaminated with blood or body fluids and after the work shift.
- Blood or body fluid spills must be decontaminated as soon as feasible. Spills should be soaked up with absorbent material (i.e., paper towels), and disinfected with an EPA-approved tuberculocidal disinfectant or a freshly prepared diluted bleach solution (1:10 bleach: water). Employees must be trained in the proper use of disinfectant and adhere to the instructions on the label. Fresh bleach solutions must be prepared daily (every 24 hours) as they quickly deteriorate and become ineffective.
- Disposable, contaminated items (dressings, disposable gloves, gauze, etc.) should be placed in a sturdy, leak-proof plastic bag and tightly closed for transport. Double bagging may be necessary if hard edges might perforate a single bag.

- Contaminated, reusable equipment must be either decontaminated on-site or covered (i.e., placed in a plastic bag) and labeled with a biohazard warning sign to prevent exposures during transport.
- Biohazard warning signs must be affixed to containers of regulated medical waste, refrigerators and freezers containing blood or OPIM, and other containers or bags used to store or transport contaminated materials, needles and sharps.

Regulated Waste

- Disposal of all regulated waste shall be in accordance with all applicable federal, state, and local regulations.
- Bulk blood or body fluids (greater than 20 mL) or materials contaminated with blood or OPIM (large volumes) are regulated medical waste and must be placed in "biohazard" boxes lined with plastic bags for proper disposal. Non-regulated biowaste is handled according to WCU Waste Management Guidelines.
- All contaminated sharps shall be placed immediately in containers that are closable, puncture resistant, leak proof, and labeled or color-coded. The containers shall be closed prior to removal to prevent spillage during handling, storage, transport, or shipping.
- Other regulated waste shall be placed in containers that are closeable and constructed to contain all contents and prevent leakage.

Personal Protective Equipment (PPE)

- Employees must use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with any blood or other body fluids is anticipated. Each department must assess the exposure potential from procedures performed by their employees and identify all procedures which necessitate routine use of personal protective equipment. In addition, each employee should critically review their work responsibilities to make informed decisions regarding the appropriate use of personal protective equipment.
- Appropriate PPE in a range of sizes must be readily accessible at the work site or issued (without cost) to employees.
- Gloves must be worn when touching blood or body fluids, mucous membranes, non-intact skin of all patients, while handling items or surfaces soiled with blood and body fluids, and while performing venipuncture and other vascular access procedures.
- Masks and protective eyewear or face shields must be worn to prevent exposure of mucous membranes of the mouth, nose, and eyes during procedures that are likely to generate splashes or splatters of blood or other body fluids.
- Appropriate protective gowns or aprons must be worn during procedures that are likely to generate splashes of blood or other body fluids. For procedures during which you anticipate your clothing will be soaked, fluid resistant aprons or gowns must be worn.
- Shoe covers or boots must be worn in instances where gross contamination with blood/body fluids is reasonably anticipated (i.e. sewage spill).

- All garments that are penetrated by blood or OPIM shall be removed immediately, or as soon as feasible. All PPE shall be removed before leaving the work area and stored in the designated area.

Biohazard Labels & Signs

Biohazard warning signs must be affixed to containers of regulated medical wastes, refrigerators, freezers, and incubators containing blood, body fluids, or OPIMs as well as other containers or bags used to store or transport contaminated equipment, materials, needles and sharps. The universal biohazard symbol shall be used. Labels shall be fluorescent orange or orange-red and shall be affixed as close as feasible to the container by a method which prevents loss or unintentional removal. Red biohazard bags or containers may be substituted for labels. Labels for contaminated equipment shall state which portions of the equipment are contaminated.

Section 5: Compliance Monitoring

The Safety and Risk Management Office will conduct site audits and investigate reasons for non-compliance with the policy as identified through complaints or reported exposures. Following investigation, the Safety Office will make suggestions to modify procedures based on an investigation of the problem and will provide additional education as needed. Department heads, managers, and supervisors/PIs are responsible for ensuring compliance and monitoring adherence to this safety policy. Specifically, they must ensure that all personnel working under their supervision:

- Understand and comply with practices/procedures identified in the Exposure Control Plan (ECP) and other relevant safety procedures.
- Have access to appropriate and necessary personal protective equipment.
- Receive training, as required by this ECP.

Employees who are potentially exposed to injuries from contaminated sharps are encouraged to provide input to aid in the identification, evaluation, and selection of effective engineering and work practice controls. This information can be provided directly to the Safety and Risk Management Office (828-227-7443).

Section 6: Hepatitis B Vaccination Program

- Employees with occupational exposure to blood or body fluids must be offered and should be encouraged to participate in the free hepatitis B vaccination program.
- Employee compliance with hepatitis B vaccine provisions is monitored by the Safety and Risk Management Office.
- The vaccine is administered by University Health Services.
- Employees must read the Hepatitis B Information Sheet and then sign **EITHER** the Hepatitis B Vaccination Consent Form **OR** the Hepatitis B Declination Form and return it to the Safety and Risk Management Office. The forms are available on the [Safety & Risk Management](#) website.

- Supervisors must ensure that new employees meeting the criteria for occupational exposure risk receive the required training and submit the Hepatitis B vaccination consent or declination form to the Safety Office within 10 working days of initial assignment.

Section 7: Post-Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. Significant exposure includes contamination by blood or other body fluids or high titers of cell-associated or free virus via:

- percutaneous, e.g., needle stick, scalpel;
- permucosal, e.g., splash in the eye or mouth; or
- cutaneous exposure, e.g., non-intact skin, or involving large amounts of blood or prolonged contact with blood, especially when exposed skin is chapped, abraded, or afflicted with dermatitis.

Response to an exposure incident

1. Rinse the wound and flood the injury with water.
2. If the potential route of transmission is a cut or stick, clean the area with soap and water.
3. Disinfect the area that was exposed to the potential pathogen, for example, an antiseptic disinfectant for skin or a disinfecting mouthwash for the mouth.
4. Report the incident to the appropriate parties:
 - a. Contact University Health Services for a confidential medical evaluation. Following an exposure incident, the exposed employee shall immediately receive (at no cost to the employee) a confidential medical evaluation and follow-up, to include the following elements:
 - i. Documentation of the route of exposure and the circumstances under which the exposure incident occurred. If the incident involves percutaneous injury from a contaminated sharp, appropriate information shall be entered into the sharps injury log.
 - ii. Identification and documentation of the source individual unless this is infeasible or prohibited by law. The source individual's blood shall be tested as soon as feasible, and after consent is obtained, in order to determine HBV and HIV infectivity.
 - iii. The exposed employee's blood shall be collected and tested as soon as feasible, and after consent is obtained.
 - iv. If the employee does not give consent to HIV serological testing, during the baseline blood is collected, the blood sample should be preserved for 90 days in case the employee elects to have the sample tested during this waiting period.
 - v. The exposed employee shall have the opportunity to receive post-exposure prophylaxis (HBV vaccination, etc.) as recommended by the U.S. Public Health Service and/or CDC.
 - b. Contact your supervisor as soon as possible to report the incident.

- c. Fill out an Incident Report Form with the WCU Safety Office (available on the Safety Office website and in Appendix D of this document) within 24 hours of the exposure.

After all parties have been notified and the medical consultation is complete, the employee can participate in a follow-up counseling appointment to provide information about the results of the test as well as medical interpretations. Continued follow-ups, blood tests, vaccines, and/or medical monitoring may be required.

Procedures for evaluating the circumstances surrounding an exposure incident

Supervisors must notify the Safety and Risk Management Office and provide details about the incident within 24 hours. The Safety and Risk Management Office will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time of the incident
- Work practices and procedures being performed when the incident occurred
- The type of device being used
- Protective equipment used at the time of exposure (gloves, eye shield, etc.)
- Location of the incident
- Employee's training status

The exposure will be reviewed. Hepatitis B virus (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) infection status of the source patient will be specifically investigated. The presence of other bloodborne diseases will be evaluated and appropriate protocols instituted, as needed.

Sharps Injury Log

An incident involving percutaneous injury from a contaminated sharp, must be documented in the Sharps Injury Log maintained by the Safety and Risk Management Office. Information collected includes the type, brand, and purpose of device involved in the incident (if known), the location where the incident occurred, the occupation of the injured employee, an explanation of how the injury occurred, and the source material's infection status (if available). The Safety Office will review the exposure. Other blood or body fluid exposure protocols will be instituted, as indicated.

Section 8: Bloodborne Pathogens Training Program

Employee training is provided by the Safety and Risk Management Office as an online training module and "in-person" upon request. The Office of Safety and Risk Management may be contacted at 828-227-7443 for assistance in implementing procedures or to provide training for employees in Universal Precautions and the Bloodborne Pathogens Exposure Control Plan.

Target Population: All employees with routine, anticipated exposure to blood, body fluids, and other potentially infectious materials (OPIMs).

Training Objectives:

- Understand the modes of transmission of bloodborne pathogens, and the philosophy behind **Universal Precautions**.
- Have a general understanding of the epidemiology and symptoms of bloodborne diseases.
- Be familiar with the Western Carolina University Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- Know the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
- Be familiar with the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Know the types, basis for selection, and proper use of personal protective equipment.
- Be informed about hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccination will be offered free of charge to affected personnel.
- Be informed of the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- Know the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Be informed on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- Know the signs and labels and/or color-coding required by the standard.
- Be familiar with waste management, laundry, and housekeeping practices specific for Western Carolina University.
- Understand their role and the University's role in the standard.

Training Requirements

- Training is required for all employees with reasonable exposure risk within 10 working days of initial assignment to the work area involving exposure prone tasks and at least annually thereafter, or when changes in tasks/procedures result in a change of the exposure potential.
- Departments who wish to provide area-specific or departmental training may do so upon approval of training material by the Safety and Risk Management Office.

Training Records

- Institutional employee training records will be maintained by the Safety and Risk Management Office.
- Supervisors, training coordinators, and other persons responsible for providing training to students should retain copies and have documentation available during a site audit.
- Records will be maintained for 3 years from the date of training.
- Training records will contain the following: Date of training session, contents or a summary of the training session, name and qualifications of the trainer, and name and 92# of all persons attending the session.

Section 9: Exposure Control Plan Review

The Exposure Control Plan will be reviewed by the Safety and Risk Management Office at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans shall:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and ensure that safety medical devices are available to employees, such as needleless systems or sharps with engineered sharps injury protection
- Document annually the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure (information on safer sharps devices is available on the [OSHA website](#)).

Affected employees will be trained regarding these modifications following approval either through the annual update training or through department-specific training.

An annual Sharps Safety Survey will be administered to employees with direct patient care who are potentially exposed to injuries from contaminated sharps to determine the effectiveness of engineering and work practice controls being used in the workplace.

Appendix A: Emergency Contacts

Emergencies

In the event of an emergency affecting campus, the [Campus Emergencies](#) webpage is the official source for WCU emergency related information.

Emergency Telephone Numbers

	Normal Business Hours	Evenings/Weekends
EMERGENCY Fire/Police/Medical	828-227-8911 or 911	828-227-8911 or 911
University Police Department NON-EMERGENCY	828-227-7301	828-227-7301
Safety and Risk Management	828-227-7443	828-227-7443
Chemical Spill	828-227-7443	828-227-7443
Biological Spill	828-227-7443	828-227-7443

Radiation Exposure	828-227-7443	828-227-7443
Workers' Compensation	828-227-7443	828-227-7443
NC Poison Control Center	1-800-84 TOXIN (1-800-848-6946)	1-800-84 TOXIN (1-800-848-6946)
N.C. Radiation Protection Section	919-814-2250	800-858-0368 Emergency after hours
Jackson County Department of Public Health	828-586-8994	8:00am - 5:00pm Monday-Friday
Work Management Centers		
Facilities Management	828-227-7442	828-227-7224
WCU Health Services	828-227-7640	828-227-8911 EMS

Appendix B: Exposure Risk Determination for Occupational Exposure to Bloodborne Pathogens

If a supervisor has an employee who has a reasonably anticipated risk of bloodborne pathogen exposure but the employee’s job classification is not listed in Appendix B, the supervisor should notify the Safety and Risk Management Office (safety@wcu.edu or 828-227-7443).

Category 1: *All* employees in this category may be expected to incur such occupational exposure to blood and other potentially infectious materials, without regard to the use of PPE.

Departments	Job Classification	Associated Activities
Campus Activities Campus Recreation and Wellness Facilities Management Health Services Highlands Biological Station Ramsey Center Residential Living	Bldg. & Env. Services Technician Bldg. & Env. Services Supervisor Bldg. & Env. Services Manager Housekeeping Agric./Horticultural Specialist Building Services	Clean up possibly infectious materials, restrooms and public areas where contact with infectious materials is likely to occur. Exposure to potentially infectious used needles and sharps.
Emergency Services University Police & Traffic Services Parking & Transportation	Public Safety Supervisor Public Safety Officer Police Officer Auxiliary Police Officer Bus/Shuttle Driver Property Security Officer	Respond to injuries and accidents that may involve contact with human blood or other potentially infectious bodily fluids. Exposure to potentially infectious used needles and sharps.
Facilities Management Residential Living	Fac. Maint Tech – Mech Trades (Plumbing) Fac. Maint Tech – Bldg Trades (Carpentry) Fac. Maint Supervisor	Repairs public facilities or sewer systems.
Facilities Management – Recycling Services	University Program Specialist	Exposure to potentially infectious used needles and sharps.
Safety & Risk Management	Director Environmental Health & Safety Professional	Respond to emergency spills and accidents to clean up possibly infectious materials. Manage the biohazard waste management disposal.

Departments	Job Classification	Associated Activities
Health Services	University Physician Professional Nurse Medical Lab Technician Nurse Practitioner Medical/Nursing Assistant	Provide direct clinical patient care. Respond to injuries and accidents that may involve contact with human blood or other potentially infectious bodily fluids. Exposure to potentially infectious used needles and sharps. Collect blood/fluids for diagnostic testing.

Category 2: Some employees in this category may be expected to incur such occupational exposure to blood and other potentially infectious materials, without regard to the use of PPE.

Department	Job Classification	Associated Activities
Biology Chemistry & Physics Forensic Anthropology Forensic Science Anthropology Geosciences & Natural Resources School of Art & Design School of Engineering & Tech School of Stage & Screen School of Health Sciences School of Nursing Physical Therapy	Dean Director, Department Head Professor Associate Professor Assistant Professor Adjunct Faculty Lecturer Instructor Research Assistant Graduate Students Work Study Students Postdoctoral Students Studio Tech/Instructor Lab Tech	Research involving human blood and other potentially infectious materials (human derived). May respond to injuries and accidents that involve contact with human blood or other potentially infectious bodily fluids. Taking of human blood samples (blood draws, blood glucose testing, etc.).
Campus Activities Campus Recreation and Wellness Athletic Programs	Director Associate Director Assistant Director Student Services Specialist Strength/Cond Coordinator Athletic Trainer Assistant Athletic Trainer Coach Assistant Coach	Respond to injuries and accidents that may involve contact with human blood or other potentially infectious bodily fluids.

Department	Job Classification	Associated Activities
Cat-Tran	Cat Tran Driver Vehicle Operator Shuttle Driver Bus/Shuttle Driver	May respond to injuries and accidents that involve contact with human blood or other potentially infectious bodily fluids.

Appendix C: Exposure Control Plan for Forensic Anthropology Personnel

This section outlines specific considerations for reducing BBP exposure risk with the manipulation of human remains as part of the activities associated with the Forensic Osteology Research Station (FOREST) and Western Carolina Human Identification Laboratory (WCHIL).

Unique considerations apply to employees and volunteers handling human and animal remains as part of the activities associated with forensic anthropology studies. The procedures carried out often involve significant manipulation of tissues and the use of sharp devices which provide increased risk for bloodborne pathogen exposure. It is essential that employees, volunteers, and collaborating investigators complete training in the unique handling procedures required for their research.

The persistence and viability of bloodborne pathogens in corpses or unfixed human tissues is minimized by field conditions and the decomposition process, but it is important to always follow universal precautions when handling tissues and corpses. Following the universal precautions detailed in this manual will not only minimize BBP exposure risk, but will also minimize risks from other infectious diseases or allergens that may be present in the field (i.e. Tetanus, fungi, microbial agents in scat, etc.).

Procedures to reduce exposure in the field

Proper training and strict adherence to procedures outlined by the director, coordinator, and supervisor are critical to performing safe procedures that will minimize exposure risks. In the field, adhere to the following exposure control procedures:

- Ensure that you have been properly trained to carry out the procedure. If you haven't been given permission to do a procedure, then do not do it.
- Know where the closest running water source or potable water supply is located in case you sustain an exposure and need to immediately flush the exposed site.
- Do not eat, drink, smoke, or apply cosmetics where bodies, tissues, or biological contamination are present.
- Avoid performing procedures in adverse weather conditions, especially rain, as these conditions can make it difficult to handle bodies and tools and increase the risk of wounds and exposure.
- Always wear fluid-resistant gloves when handling bodies and tissues and puncture-resistant gloves when performing cutting procedures.
- Wear safety glasses when actively disturbing the soil to prevent flying debris from entering the eyes.
- Wear disposable fluid-resistant body coverings that adequately cover skin & clothing when carrying out procedures that require you to get on the ground or come in close contact with the bodies.
- Ensure that you have enough assistance to move bodies without straining yourself or exerting excessive force as you may be setting the stage for contaminated tools to slip and cause an exposure risk.

- Take a sharps container into the field so you can immediately dispose of any sharp devices used (scalpels, knives, cleaning instruments, etc.). The container must be solid walled with a secure lid for storage and transport.
- Transport samples in leak-proof containers labeled with a description of the contents, contact information, and the biohazard symbol.
- Thoroughly wash your hands with soap and water after glove removal or contact with contamination. Waterless hand cleaners may be used in the field if running water isn't available, but proper handwashing should be done at the first available opportunity.

Processing remains to reduce exposure

You must be properly trained in cleaning procedures and adhere to the following to reduce exposure:

- Wear safety glasses when performing cleaning procedures.
- Wear fluid-resistant gloves and body coverings to adequately cover skin and clothing that is likely to get contaminated.
- Apply low running water to minimize splashes.
- Avoid excessive force when using cleaning tools and stop the procedure if a device breaks, snaps, or slips.

BBP Exposure Incident Response

A BBP occupational exposure incident occurs when human blood or other potentially infectious material (OPIM) enters your bloodstream through:

- Splash to the eyes, nose, or mouth
- Puncture wound with contaminated item,
- Contact with broken skin or prolonged contact (more than 5 minutes) with intact skin

If an exposure incident occurs, take the following actions immediately:

- Flush the exposure site with running water for 15 minutes.
- Notify your supervisor.
- Report to campus Health Services (supervisor should escort the exposed individual if possible).
- If you are working after hours and cannot report to campus Health Services, you should report to the closest medical emergency care facility.
- The supervisor must report the incident to the Safety and Risk Management Office within 24 hours (828-227-7443).

Appendix D: Bloodborne Pathogens Post Exposure Incident Report Form

This form must be completed by the exposed employee and their supervisor and returned to the Office of Safety & Risk Management (safety@wcu.edu) within 24 hours from the time of occupational exposure.

Instructions: Fill out this form for any occupational exposure to blood, body fluids, or high titers of cell-associated or free virus via:

1. Percutaneous exposure, i.e. needle stick or another sharp device
2. Permucosal exposure, i.e. splash in the eye or mouth
3. Cutaneous exposure, i.e. non-intact skin, or involving large amounts of blood or prolonged contact with blood, especially when exposed skin is chapped, abraded, or afflicted with dermatitis.

Employee Name: _____ **Employee 92#** _____

Job Title: _____ **Department:** _____

Date of Incident: _____ **Time of Incident:** _____ **Location:** _____

Detailed Description, including the potentially infectious material (blood, body fluid, etc.), route of exposure (#1-3 listed above), circumstances surrounding the exposure, the sharps device & brand (if applicable), and personal protective equipment being used.

Supervisor Name: _____ **Email:** _____

Supervisor Statement: Include a description of the employee's duties as they relate to the exposure and any additional information about the exposure incident.