

**EASTERN MICHIGAN UNIVERSITY
BLOODBORNE PATHOGEN PROGRAM
EXPOSURE CONTROL PLAN**



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EASTERN MICHIGAN UNIVERSITY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

TABLE OF CONTENTS

ITEM	PAGE
Purpose	4
Scope and Application	4
Policy	4
Responsibilities	
Deans, Directors and Department Heads	5
Supervisors, Managers and Faculty	5
Employees	6
Health and Safety	6
Risk Management	6
Health Care Providers	
University Health Services	6
Business Health Services/St. Joseph Mercy Hospital	6
Completion of this Exposure Control Plan	7
Departmental Customization of the ECP	7
Exposure Determination	7
Category A	8
Category B	8
Universal Precautions	8
Engineering Controls	8
Work Place Practices	9
Personal Protective Equipment	11
Housekeeping	12
Regulated Waste Disposal	14
Medical Waste Disposal	15
Vaccinations and Postexposure Follow-ups	16
Laundry	17
HIV and HBV Research Laboratories	17
Communication of Hazards to Employees	17
Record Keeping	18
Training of Employees	18
SOP's for Exposure Prone Tasks	20
Individual Exposure Determination Classification Form-Category 'A'	21
Individual Exposure Determination Classification Form-Category 'B'	22
Category 'A' Job Classifications	23

Personal Protective Equipment- Guide to Hazard Sources	24
Personal Protective Equipment Worksheet	25
Personal Protective Equipment Hazard Assessment	27
PPE Training Certificate	28
Certification of Safety-Related PPE Hazard Assessment	29
Recommended Disinfectants	30
Equipment Decontamination Form	31
Hepatitis B Vaccination Declination Form	32
Bloodborne Pathogens Training Attendance Sheet	33

EASTERN MICHIGAN UNIVERSITY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

PURPOSE

This Exposure Control Plan (ECP) is designed to minimize or eliminate occupational exposures to blood, blood products or other potentially infectious materials. This plan has been developed to comply with the Federal Occupational Exposure to Bloodborne Pathogens Standard and the Michigan Bloodborne Infectious Diseases Standard. This plan also includes Eastern Michigan University's general laboratory safety rules regarding potential exposure to bloodborne pathogens and is designed to provide the minimum requirements for a safe work environment.

SCOPE AND APPLICATION

All Eastern Michigan University departments working with or having the potential for contact with blood, blood products or other potentially infectious materials are required to comply with the Exposure Control Plan (ECP). This plan applies to all employees (faculty, staff, lab or teaching assistants and student employees) who may be exposed to blood, blood products or other potentially infectious material during the course of their routine work or in an emergency.

POLICY

Each department with employees having the potential for contact with blood, blood products or other potentially infectious material shall ensure the requirements of the ECP are followed. These requirements include but are not limited to:

- Conduct exposure determinations of routine and reasonably anticipated procedures and categorize employees into either Category A or B.
- Implement each of the applicable rules of the ECP.
- Enforce all control measures to minimize exposures including universal precautions, engineering controls, workplace practices and personal protective equipment (PPE).
- Investigate and document all exposure incidents. Implement corrective actions for prevention of future incidents.
- Develop written Standard Operating Procedures (SOPs) for potentially infectious procedures.
- Provide Hepatitis B vaccinations to potentially exposed employees.

- Ensure postexposure evaluation and follow-up for exposed employees.
- Ensure proper waste handling procedures are in place and practiced.
- Provide training on the ECP and its requirements to affected employees.
- Maintain training records
- ECP shall be readily available to all employees.
- The Health and Safety Office shall review the ECP at least annually and update it accordingly when the state standard is modified.

RESPONSIBILITIES

DEANS, DIRECTORS and DEPARTMENT HEADS

- Provide leadership and the management systems necessary to ensure safe working conditions are maintained in their Colleges and Departments.
- Implement the ECP in their department.
- Motivate and assist supervisors with ECP compliance.
- Provide the necessary resources to maintain a safe work environment.
- Require faculty and staff to attend all applicable training sessions.
- Ensure graduate assistants and student employees receive bloodborne pathogen training, as necessary.
- Enforce disciplinary actions for employees violating safety rules.

The Exposure Control Plan (ECP) cannot be effective without the ability to ensure compliance. The integrity of the ECP is compromised if employees violate the standards and no actions are taken by the departments. Subject to the provisions of the specific collective bargaining agreement for the employee, Eastern Michigan University supports the following recommendations for disciplinary actions:

First Offense:	Verbal Warning
Second Offense:	Written Warning
Third Offense:	Written Warning and 3-day suspension without pay
Fourth Offense:	Written Warning and 5-day suspension without pay
Fifth Offense:	Termination

SUPERVISORS, MANAGERS and FACULTY

- Develop SOPs for each procedure involving potential contact with blood, blood products or other potentially infectious material.
- Enforce the rules and requirements of the ECP.
- Ensure appropriate training is provided to all employees who might contact blood, blood products or other potentially infectious material.
- Conduct and document safety inspections and required training.

- Correct safety deficiencies in a timely manner.
- Copies of the ECP shall be readily available to all departmental employees.
- Update departmental ECP whenever new or modified tasks and procedures are implemented.
- Follow-up with Risk Management and/or the Health Care Providers regarding possible exposures, known exposures, accidents or near misses.

EMPLOYEES

- Follow the ECP, SOPs and safety rules provided by your department.
- Use all required personal protective equipment (PPE).
- Report any defects in PPE and possible safety hazards to your supervisor.
- Report possible exposures, known exposures, accidents, near misses and needle sticks to your supervisor.
- Attend all required safety training sessions.

HEALTH AND SAFETY

- Administer and update the Bloodborne Pathogen Program.
- Conduct training on the Bloodborne Pathogen Program, as necessary.
- Coordinate biohazardous waste disposal.

RISK MANAGEMENT

- Shall maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps.
- The information in the sharps injury log shall be recorded and maintained in such a manner to protect the confidentiality of the injured employee.

HEALTH CARE PROVIDERS

UNIVERSITY HEALTH SERVICES

- Provide physical examinations as required.
- Provide first aid when needed.
- Provide hepatitis B vaccinations to all employees who are potentially exposed to bloodborne pathogens.

BUSINESS HEALTH SERVICES/ST. JOSEPH MERCY HOSPITAL

- Provide medical evaluations as required.
- Provide first aid when needed.
- Provide post exposure evaluation and follow-up.

- Maintain employee medical records.

COMPLETION OF THIS EXPOSURE CONTROL PLAN

This exposure control plan provides most of the procedures necessary for compliance with the Bloodborne Pathogen Standard. **It is the responsibility of each department or laboratory to customize the ECP where indicated, for the specific procedures conducted in their laboratories or work places. This ECP is not complete without these additions.**

DEPARTMENTAL CUSTOMIZATION OF THE ECP

The work place specific Standard Operating Procedures must include the following:

- Each procedure must have its own SOP. Similar procedures may be grouped together under one SOP.
- Each procedure conducted must include the required PPE, engineering controls and workplace practices.
- Waste disposal information must include for all chemical, radiological and biohazardous waste generated by the procedure.
- An example SOP format can be found on page 18.

Processes involving highly hazardous materials or procedures shall require special approval and/or a peer group review. Please contact the Health and Safety Office at 7-0794 if you have questions regarding this provision.

EXPOSURE DETERMINATION

A qualified representative of the department shall evaluate routine and reasonably anticipated tasks in the work area to determine whether there is actual or reasonably anticipated employee exposure to blood, blood products or other potentially infectious material. A qualified representative is someone who has adequate knowledge of workplace procedures or tasks and the specific requirements of the Bloodborne Pathogen Standard. Based on this evaluation, all employees shall be categorized into either category A or B as defined below. Classification and assessment forms are provided on pages 19-21. The classifications can be made based on job classification or position. Identified exposed employees can be listed by name.

- An exposure determination shall be made without regard to the use of personal protective clothing and equipment.
- The person conducting the assessment shall determine and document a rationale for an exposure determination.
- Departments shall maintain a list of all job classifications which are determined to be category A. This form can be found on page 21.

Category A:

Consists of procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood, blood products or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment.

Category B:

Consists of procedures or other occupation-related tasks that **do not** involve exposure to blood, blood products or other potentially infectious material. Employees in this category do not perform or assist in emergency medical care or first aid and are not reasonably anticipated to be exposed in any other way.

UNIVERSAL PRECAUTIONS

All human blood, blood products, unfixed human tissues and cells, body fluids and any potentially infectious materials shall be treated as if known to be infected with bloodborne pathogens. Universal precautions shall be observed to prevent contact with blood, blood products and other potentially infectious material, unless the use of precautions would interfere with the proper delivery of health care or public safety services.

ENGINEERING CONTROLS

Engineering controls are technology and devices used to isolate or remove hazards from the worker. Examples of engineering controls include: puncture-resistant sharps containers, splash guards, pipettors, needleless systems and self-sheathing needles. Engineering controls shall be used in combination with work place practices and personal protective equipment (PPE) to reduce or eliminate the possibility of employee exposure to blood, blood products and potentially infectious material.

- Engineering controls shall be examined and maintained or replaced when needed to ensure their effectiveness.
- Hand-washing facilities should be readily accessible and stocked with appropriate supplies. When this is not feasible, appropriate antiseptic hand cleanser with paper towels or antiseptic towelettes shall be provided.
- All departments who have employees with occupational exposure to bloodborne pathogens shall consider, where appropriate, the use of safer medical devices in order to reduce the risk of injury from needlesticks and from other sharp medical instrument. Safer medical devices include, but are not limited to the following:
 1. Sharps with Engineered Sharps Injury Protections- a nonneedle sharp or a needle device used for withdrawing body fluids, or administering medications, with a built in safety feature or mechanism that effectively

reduces the risk of an exposure incident.

2. Needleless Systems- a device that does not use needles for the collection or withdrawal of body fluids, administration of medication or fluids.

- Departments shall obtain employee input in the identification, evaluation and selection of engineering controls and/or devices.

WORK PLACE PRACTICES

After appropriate engineering controls have been established, the likelihood of exposure to blood, blood products and potentially infectious material shall further be reduced by developing and implementing work place practices. This may require certain tasks to be altered in an attempt to reduce the likelihood of a worker's exposure to blood, blood products or other potentially infectious materials. At a minimum, the following work place practices should be followed. **Additional work place practices should be added for procedures conducted in your department/ laboratory.**

- All personal protective equipment (PPE) shall be removed before leaving the work area. If the equipment is overtly contaminated, immediately place all contaminated equipment in the appropriate designated container for storage, washing, decontamination or disposal.
- If a garment is penetrated by blood, blood products or other potentially infectious material, the garment shall be removed immediately.
- An employee shall wash his/her hands immediately with warm water and soap or antiseptic cleanser after removing gloves or other protective clothing, immediately after hand contact with blood, blood products or other potentially infectious material, and before leaving the work area.
- When hand washing facilities are not available, hands shall be washed with waterless antiseptic hand cleansers or antiseptic towelettes. Hands shall then be washed with warm water and soap or antiseptic cleanser as soon as feasible.
- Supervisors shall ensure employees are following proper hand washing practices and procedures.
- Used needles or other contaminated sharps shall not be sheared, bent or broken and shall not be recapped, resheathed or removed.
- All needles and sharps shall be disposed of in appropriate sharps containers.
- Eating, drinking, applying cosmetics or lip balm, or handling of contact lenses is strictly prohibited in laboratories or work areas where blood, blood products or other potentially infectious materials are being handled.
- Measures must be taken to minimize contamination of the work area. Gloves shall be removed prior to answering telephones, using computers, etc.
- Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood, blood products or other potentially infectious materials are present. This also includes other areas of possible contamination.
- Procedures shall be in place to minimize the potential for splashing or spraying

- of blood, blood products or other potentially infectious material.
Mouth pipetting or suctioning is strictly prohibited.

DEPARTMENT/LABORATORY SPECIFIC WORK PLACE PRACTICES

PERSONAL PROTECTIVE EQUIPMENT

Appropriate personal protective equipment (PPE) shall be provided by each department to any employee who has the potential for exposure to blood, blood products or any other potentially infectious material. A workplace assessment shall be performed to determine if hazards requiring the use of PPE are present. Examples of workplace hazard assessment forms can be found on pages 23-25. If potential hazards are present in the work place setting, the following shall be implemented:

- Identify each hazard and the source.
- Determine which body parts are effected.
- Select appropriate personal protective equipment against the hazard.
- Train each employee on the hazards present and when PPE should be worn.
- Train employees on the proper use, maintenance and limitations of each PPE device used.
- Maintain records within the department. A copy of the training record form can be found on page 26.
- Complete and maintain the workplace assessment certification form for each required task or process performed in the work place setting. This form can be found on page 27.

Note: The workplace assessment forms (pages 22-27) have been provided by the Department of Consumer and Industry Services, Safety Education and Training Division.

Personal Protective Equipment alone should not be relied upon to completely protect against hazards, but should be used together with effective engineering controls and workplace practices to minimize hazards in the workplace. PPE shall be supplied at no cost to the employee. PPE is described as but not limited to:

- Gloves
- Gowns, fluid-proof aprons and laboratory coats
- Head and foot coverings
- Face shields or mask and eye protection
- Mouthpieces, resuscitation bags, pocket masks or other ventilation devices

Personal protective equipment will be considered appropriate only if it does not allow blood, blood products or other potentially infectious material to pass through to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other

mucous membranes under normal conditions of use. This extends for the duration of time the protective equipment will be used.

- The area supervisor shall ensure employees use appropriate PPE.
- Where splashes can be reasonably anticipated, face shields or protective eyewear and masks shall be worn.
- Where clothing is likely to become blood soaked, protective outer garments, such as imperious gowns shall be worn.
- Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to employees who are allergic to the gloves normally provided.
- Each department shall provide for the cleaning, laundering, or disposing of PPE.
- Each department shall repair or replace required PPE as needed to maintain their effectiveness.
- Employees shall replace disposable gloves when they are visibly soiled, torn, punctured or when they are ineffective as barriers.
- Disposable gloves shall not be washed or decontaminated for reuse.
- Gloves shall be changed between patient contacts.

NOTE: An employee may temporarily and briefly decline to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance the use of PPE would have prevented the delivery of health care or public safety services or would have posed an increase hazard to the safety of the worker or coworker. When the employee makes this judgement, the circumstances shall be investigated and documented to determine if changes can be made to prevent future occurrences.

HOUSEKEEPING

Each department shall ensure the work site is maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and decontamination shall be determined based on the following:

- Location within a facility
- Type of surface to be cleaned
- Type of contamination present
- Tasks or procedures being performed

Work surfaces:

Work surfaces shall be cleaned and decontaminated with an appropriate disinfectant in all of the following instances. Refer to the chart on page 28 for appropriate disinfectants.

- After completion of procedures
- When surfaces are overtly contaminated or suspected of contamination
- Immediately when blood, blood products or other potentially infectious material is spilled
- At the end of each work shift

Protective coverings:

Protective coverings such as plastic wrap, aluminum foil, or plastic-backed absorbent paper may be used to cover equipment, work and environmental surfaces. These coverings should be removed and replaced at the end of the work shift or as soon as feasible when they become contaminated. These materials shall be treated as infectious waste and disposed of in a biohazard bag.

Equipment servicing and decontamination:

Equipment that may become contaminated with blood, blood products or other potentially infectious material shall be examined before being serviced or shipped and shall be decontaminated as necessary. If the equipment cannot be decontaminated, label the equipment as contaminated. An equipment decontamination form can be found on page 29.

Contaminated receptacles:

Bins, pails, cans and similar receptacles which are intended for reuse and which have a likelihood of becoming contaminated shall be inspected and decontaminated on a regularly scheduled basis. Scheduled decontaminations shall be determined by each department based on utilization. Containers shall be cleaned and decontaminated immediately, or as soon as possible, upon visible contamination.

Broken glassware:

Broken glassware shall not be picked up directly with the hands. Mechanical means, such as a brush and dust pan, tongs or forceps should be used. If mechanical means are used to aid in the cleanup of potentially contaminated broken glass, the following should be followed:

- Decontaminate all brushes, dust pans, tongs or forceps used to pick up broken glass before replacing them for reuse.
- Dispose of contaminated glass in a sturdy box, labeled "glass or broken glass" and then place in a red biohazard waste container, or in a sharps container.
- Clean, uncontaminated broken glassware should be placed in yellow broken glassware buckets. These are available from the Physical Plant.

Leakproof containers:

Specimens of blood, blood products or other potentially infectious materials shall be placed in a closable leakproof container during collection, handling, processing, storing, transporting or shipping. If the outside of the primary container is likely to become contaminated, it shall be placed into a secondary container. If puncture of the primary container is likely, it shall be placed into a puncture-resistant secondary container. **All containers shall be properly labeled with the biohazard symbol.**

Reusable items:

Reusable items, including reusable sharps, shall be washed and decontaminated before reuse. Washing and decontamination shall be performed to minimize exposure of blood, blood products or other potentially infectious materials. Reusable sharps shall not be stored or processed in a manner that requires reaching by hand into containers where sharps have been placed. **Reusable sharps DO NOT include needles.**

REGULATED WASTE DISPOSAL

Regulated waste refers to any of the following:

- Liquid or semi-liquid blood or other potentially infectious material.
- Contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed.
- Items which are caked with dried blood or other potentially infectious material and which are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological waste that contains blood, blood products or other potentially infectious material.

Regulated waste for disposal shall be placed in closable, leakproof containers or bags that are properly color-coded or labeled. If the outside of the primary container is likely to become contaminated, a second leakproof container or bag shall be placed over the primary container and sealed to prevent leakage. The secondary container must also be properly color coded or labeled. For disposal of sharps, a leakproof, puncture-resistant container shall be used for both the primary and secondary containers.

- Contaminated disposable PPE shall be placed in biohazard waste bags.
- Solid waste shall be placed in properly labeled, closeable, leak-proof containers or color-coded bags. These containers should not be filled more than 2/3 full.
- Liquid waste (blood, blood products and body fluids) that is not hazardous may be disposed of in the sanitary sewer system.

Sharps

- Sharps such as needles, contaminated broken glass and scalpels shall be placed in labeled, puncture proof sharp containers.
- Sharps containers shall not be filled more than 2/3 full.
- Sharps must be disposed of as hazardous waste.
- Sharps containers shall be readily accessible in the area of use.

MEDICAL WASTE DISPOSAL

Medical Waste is separated into five types. Each is defined as follows:

- **Type 1:** Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production waste, discarded live and attenuated vaccines, culture dishes, and related devices.
- **Type 2:** Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.
- **Type 3:** "Pathological Waste" such as human organs, tissues, body parts other than teeth, products of conception, and fluids removed by trauma or during surgery of autopsy or other medical procedure. This does not include animal parts.
- **Type 4:** "Sharps" such as needles, syringes, scalpels, and intravenous tubing with needles attached.
- **Type 5:** Contaminated wastes from animals that have been exposed to agents infectious to humans.

- Types 1,2 and 3 shall be separately placed into orange plastic bags clearly marked with the biohazard symbol and the word "Biohazard." These bags shall not be filled more than 2/3 full. Only small quantities of liquid biohazardous waste in sealed containers (<20ml) can be disposed of in biohazard bags. For large quantity liquid disposal, contact the Health and Safety Office.
- Type 4 shall be placed into proper metal or plastic cans labeled with the biohazard symbol and the words "Biohazard" and Sharps." These containers shall not be filled more than 2/3 full.
- Type 5 shall be disposed of into sturdy plastic barrels labeled with the biohazard symbol and the words "Medical Waste"

Biohazardous waste disposal is coordinated by the Health & Safety Office.

VACCINATIONS AND POSTEXPOSURE FOLLOW-UPS

All employees whose jobs involve the risk of directly contacting blood or other potentially infectious materials shall be offered hepatitis B vaccinations (HBV). Hepatitis B vaccinations are offered through University Health Services for all employees who may contact human blood, serum, body fluids or unfixed tissues. This is a free service to the employee. Each individual department shall be responsible for the cost of the vaccinations. Although this program is voluntary, it is **highly recommended** all employees who handle blood or blood products take advantage of the vaccination program. All vaccination records shall be confidentially kept by University Health Services.

- Departments shall offer category A employees the vaccine within 10 days of their initial work assignment involving the potential for occupational exposure to human blood or other potentially infectious materials.
- The vaccination must be offered at no cost to the employee.
- Employees shall notify their department if they would like to receive the vaccination. The Department shall make arrangements with University Health Services for the employee to receive the vaccination.
- A consent form must be signed and then the three-shot series will be administered over the next 6-9 months.
- Vaccinated employees must report any side effect from the vaccinations to University Health Services.
- Employees who decline to accept the vaccination shall be required to sign a statement of declination. Employees may change their mind to have the vaccination at a later time. A declination form can be found on page 30.
- Each department shall maintain vaccination and declination records on their employees.

Following an exposure incident, the employee will be referred to Business Health Services for a confidential medical evaluation and follow-up. The follow-up shall include counseling and medical evaluation of any acute illness that occurs within twelve (12) weeks after exposure.

The follow-up shall also include:

- Documentation of the route or routes of exposure and the circumstances which the exposure occurred.
- Identification and documentation of the source individual, if feasible and permitted by state or local law.
- Collection and testing of blood from the exposed employee.
- A written medical evaluation from the Health Care provider shall be given to the employee within 15 working days of the completion of the medical evaluation.

The Health Care Professional's written opinion shall be limited to the following information:

- Recommended limitations upon the employee's use of personal protective clothing or equipment.
- Whether hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination.
- A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions which have resulted from exposure to blood or other potentially infectious material which would require further evaluation or treatment.

LAUNDRY

Currently, Eastern Michigan University does not have laundry facilities to wash clothing contaminated with blood or other potentially infectious material. This clothing shall be placed in a leak-proof biohazardous bag at the location where it was used. Employees handling contaminated laundry shall wear protective gloves and other appropriate personal protective clothing. It is each department's responsibility to make their own arrangements for special laundry services.

HIV AND HBV RESEARCH LABORATORIES

Large research facilities using HIV and HBV materials require a Biosafety Level 3 containment facility. Eastern Michigan University currently does not have a Level 3 facility. Please contact the Health and Safety Office at 7-0794 for further information.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Each department shall communicate biohazardous areas to their employees by posting appropriate signs where blood, blood products or other potentially infectious materials are being used or stored.

- A laboratory door sign with the biohazard symbol shall be posted at the entrance of work areas where blood, blood products or other potentially infectious materials are being used. Door signs are available from the Health and Safety Office.
- Biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood, blood products or other potentially infectious material.
- Decontaminated regulated waste must be labeled accordingly.

RECORD KEEPING

Health Care Providers shall establish and maintain medical records for each category A employee. Medical records shall contain, at a minimum, all of the following information:

- The name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status, including the dates administered and medical records relating to the employee's ability to receive a vaccination as required.
- A copy of the medical history and all results of physical examinations, medical testing, and follow-up procedures as they relate to either the employee's ability to wear protective clothing and equipment and receive vaccination or postexposure evaluation after an occupational exposure incident.
- The employer's copy of the Health Care Professional's written opinion regarding any follow-up examination/s.
- The employer shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace.
- The employer shall maintain employee medical records for not less than the duration of employment plus 30 years.

TRAINING OF EMPLOYEES

- Training records shall be maintained by the department and a copy sent to the Health and Safety Office. Training records must include the date of the training, contents or summary of the training, qualifications of the person who conducted the training, names and job titles of all persons who attend the training session. An attendance sheet is provided on page 31.
- Supervisors shall ensure all employees participate in appropriate training programs.
- Copies of the federal and state standards are available from the Health and Safety Office.

Training shall include the following information:

- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes and transmission of bloodborne pathogens.
- An explanation of the University's exposure control plan, including the standard operating procedures, and how an employee can access the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities involving exposure to blood, blood products and other potentially

infectious material.

- An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work place practices, and personal protective equipment.
- Information on personal protective clothing and equipment regarding types, proper use, limitations, location, removal, handling, decontamination and disposal.
- An explanation of the basis for selecting protective clothing and equipment.
- Information on the hepatitis B vaccine and postexposure prophylaxis, including the availability, efficacy, safety, benefits of being vaccinated and method of administration.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood, blood products or other potentially infectious material.
- An explanation of the signs and labels posted in work areas.
- All category A employees shall receive initial training at the time of the job assignment and annual retraining.

The Health and Safety Office provides generic bloodborne pathogen training. It is each individual department's responsibility to provide supplemental training for the hazards present in their immediate work area. A training record form can be found on page 31.

**SOP'S FOR EXPOSURE PRONE TASKS
RECOMMENDED WORKPLACE PRACTICES FOR PREVENTING EXPOSURE**

DEPARTMENT: _____ DATE PREPARED: _____

EXPOSURE-PRONE TASK	WORKPLACE PRACTICES ENGINEERING CONTROLS & PPE REQUIRED	WASTE DISPOSAL

CATEGORY 'A' JOB CLASSIFICATIONS

DEPARTMENT: _____

JOB CLASSIFICATION/TITLE: _____

MAJOR RESPONSIBILITIES: _____

JOB CLASSIFICATION/TITLE: _____

MAJOR RESPONSIBILITIES: _____

JOB CLASSIFICATION/TITLE: _____

MAJOR RESPONSIBILITIES: _____

JOB CLASSIFICATION/TITLE: _____

MAJOR RESPONSIBILITIES: _____

Personal Protective Equipment Guide to Hazard Sources

Source	Type of Hazard	Protection
<i>IMPACT:</i> Chipping, grinding, machining, woodworking, sawing, masonry work, drilling, turning, chiseling, sanding, etc.	Flying fragments, objects, chips, turnings, particles, grinding fines	Safety glasses, side shields, face shields
<i>LIGHT OR RADIATION:</i> Welding, cutting, brazing, torch soldering	Optical Radiation	Welding goggles/shields w/ shades as outlined in MIOSHA Part 33 (check on this)
<i>HEAT:</i> Furnace operations	High temperature, hot sparks, molten metal	Faceshields (reflective), arm sleeves, gloves, coat, leggings
<i>CHEMICALS:</i> Acid and chemical handling, fumes, degreasing, dipping, plating	Splash, irritating mists, direct contact	Gloves, chemical goggles, faceshields, aprons, special shoes/boots
<i>FALLING OBJECTS:</i> Working in areas where potential for falling objects exists or bumping hazards	Steel receiving, heavy parts transfer, overhead conveyers for parts movement, or low ceilings or mechanisms	Hard hat, bump caps, safety shoes
<i>SHARP OBJECTS:</i> Handling sharp edged parts, clearing turnings, objects which may pierce a foot or hand	Deburring, removing turnings, assembling sharp parts	Special cut resistant gloves, penetration resistant shoes
<i>ELECTRICAL:</i> Direct or indirect contact with electricity	Electricity	Non-conductive safety shoes, hard hats, safety glasses, and gloves designed to reduce electrical shock and protect from sparks

PERSONAL PROTECTIVE EQUIPMENT WORKSHEET

EMPLOYER:			
LOCATION:			
WORKPLACE ASSESSED/EVALUATED:			
DATE(S):		HAZARD(S) ASSESSED/EVALUATED BY:	
EYE HAZARDS?	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT - EYE
Frontal & Side Impact			
Electrical Arc			
Molten Metal			
Chemical Splash			
Injurious Light/Heat Radiation			
Suspended Particles			
Extreme Hot/Cold Splash			
Other:			
FACE HAZARDS?	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT-FACE
Projectile Impact			
Chemical Splash			
Hot/Cold Splash			
Electrical Arc			
Injurious Heat Radiation			
Other:			
FOOT HAZARDS	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT-FOOT
Falling Objects			
Rolling Objects			
Electrical Objects			
Sole Puncture			
Other:			

HAND HAZARDS	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT-HAND
Skin Absorption			
Sever Abrasions			
Severe Lacerations			
Chemical Burns			
Extreme Cold			
Puncture			
HEAD HAZARDS	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT-HEAD
Bump Contact			
Overhead Falling Objects			
Side Flying Projectiles			
Electrical Contact			
Hoods			
Hair Enclosures			
SPECIAL ELECTRICAL HAZARDS	YES	NO	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Insulating Blanket			
Hood			
Line Hose			
Barrier			
Matting			
Cover			
Gloves			
Sleeves			
FALL HAZARDS			
Safety Belts			
Lanyards			
Safety Harness			
Lifelines			

**Certification of
Safety-Related
Personal Protective Equipment
Hazard Assessment**

Employer: _____

Location: _____

*or type of work for employees not assigned to a fixed location.

Workplace
Assessed/
Evaluated: _____

Date(s): _____

Name of Person
Assessing: _____

This document certifies that the hazard assessment has been performed as required by MIOSHA General Industry Safety Standards, Part 33, Personal Protective Equipment.

Signature of _____
Person Certifying

RECOMMENDED DISINFECTANTS

CHEMICAL	EXAMPLE	DISINFECTANT LEVEL
ALCOHOLS	ISOPROPYL	LOW
PHENOLICS	MICRO-BAC	HIGH
IODOPHORS	WESCODYNE	LOW TO HIGH*
QUATERNARY AMMONIUM COMPOUNDS	MICRO-QUAT VIREX 128	LOW LOW
GLUTERALDEHYDES	CIDEX	LOW, HIGH OR STERILANT*
CHLORINE COMPOUNDS	BLEACH	HIGH

*Level of disinfection will depend on contact time and concentration.

Follow manufacturer's directions for contact time, solution temperature and proper dilution of disinfectant for best results.

Sterilant is a chemical which can be used to completely destroy all forms of microbial life.

High level disinfectants destroy all microorganisms including M. Tuberculosis, but not necessarily spores.

Low level disinfectants destroy most vegetative bacteria, some fungi, and some viruses but not necessarily M. Tuberculosis or spores.

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EASTERN MICHIGAN UNIVERISTY

EQUIPMENT DECONTAMINATION FORM

This form is to be used whenever equipment is in need of repair and has the potential for biological, chemical or radiological contamination. This form must be completed by the supervisor/employee requesting the equipment repair. The employee repairing the equipment must also sign off on this form.

Equipment (make, model & type): _____

Malfunction Reported: _____

Building & Room #: _____

Biological, chemical or radiological (circle one) materials the equipment has come in contact with.

Measures taken to remove the biological, chemical or radiological residue.

If complete decontamination is not possible, the equipment must be labeled/tagged as contaminated. Please list all precautionary measures required to safely service the equipment.

The above equipment has been thoroughly cleaned and decontaminated of all biological, chemical or radiological residues unless otherwise noted above.

Signature of supervisor/employee requesting repair: _____ Date: _____

Department of supervisor/employee requesting repair: _____ Date: _____

The above equipment appears to have been cleaned of all hazardous contamination.

Signature of employee repairing equipment: _____ Date: _____

EASTERN MICHIGAN UNIVERSITY

HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B 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.

Employee Name (print): _____

Employee Signature: _____

Dated the ____ day of the month of _____, 20__

