UCONN

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Environmental Health and Safety
3102 Horsebarn Hill Road, U-4097
Storrs, CT 06269
860-486-3613
ehs@uconn.edu

Program Title:	**Bloodborne Pathogens Exposure Control Plan**
Last Reviewed Date:	08-13-2026
Last Revised Date:	08-13-2026
Effective Date:	01-31-1992
Applies To:	Employees, Faculty, Students, Others
Contact:	EHS Biological Health and Safety 860-486-3613 I ehs@uconn.edu

Table of Contents

1 PURPOSE 1
2 APPLIES TO 1
3 DEFINITIONS 1
4 POLICY STATEMENT 2
5 ENFORCEMENT 2
6 RESPONSIBILITIES 2
6.1 Deans, Directors, and Department Heads 3
6.2 Supervisors 3
6.3 Employees 3
6.4 Environmental Health and Safety 4
7 EXPOSURE DETERMINATION 4
7.1 Classifications in Which All Employees are Covered 4
7.2 Classifications in Which Some Employees are Covered 5
8 PROCEDURES 7
8.1 Work Practice Controls 7
8.2 Personal Protective Equipment (PPE) 9
8.3 Housekeeping 10
8.4 Regulated Waste 10
8.5 HIV and HBV Research Labs 11
8.6 Hepatitis B Vaccination and Post Exposure Evaluation 13
8.6.1 All covered employees shall be offered immunization against Hepatitis B Virus (HBV). 13
8.6.2 All covered student employees shall be offered immunization against Hepatitis B Virus (HBV). 13
8.6.3 Post Exposure Incident Evaluation and Follow-up (student or non-student) 14
8.7 Hazard Communication and Training 15
8.7.1 Labels and signs: 15
8.7.2 Training 16
8.8 Record Keeping 16
8.9 Specific Protocol for Infection Control and Housekeeping 17

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

1 PURPOSE

The OSHA Bloodborne Pathogens standard 29 CFR 1910.1030(c) (1), requires that each employer having an employee(s) with occupational exposure as defined by the standard shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

2 APPLIES TO

All University of Connecticut Storrs, Avery Point, Hartford, Stamford and Waterbury campus workforce members who, by the nature of their job required tasks have occupational exposure to human blood or other potentially infectious materials.

3 DEFINITIONS

Blood means human blood, human blood components and products made from human blood

Bloodborne Pathogens means pathogenic microorganisms that are or may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Engineering Controls means controls (e.g.: sharps disposal containers and self- sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

OPIM (**Other Potentially Infectious Materials**) means:

- the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids,
- any unfixed tissue or organ (other than intact skin) from a human (living or dead), and

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

OSHA means Occupational Safety and Health Administration

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

Personal Protective Equipment (PPE) means specialized clothing or equipment worn by an employee for protection against a hazard (e.g.: gloves, face protection, masks, gowns, etc.). General work clothes (uniforms) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Workforce Member means employees, volunteers, trainees and other persons whose conduct, in the performance of work for the University, is under the direct control of the University, whether or not they are paid by the University.

4 POLICY STATEMENT

All UConn workforce members and visitors working in laboratories with human blood or other potentially infectious materials must comply with the requirements of the standard and this plan.

5 ENFORCEMENT

Violations of this policy and any related procedures may result in appropriate disciplinary measures in accordance with University Laws and By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, and the University of Connecticut Student Conduct Code.

6 RESPONSIBILITIES

All individuals must carry out their responsibilities and comply with the requirements in the Exposure Control Plan. The responsibilities of each group are listed below:

6.1 Deans, Directors, and Department Heads

- Ensure institutional compliance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030).
- Ensure all covered employees are reported to Environmental Health and Safety (EHS), including newly hired employees and those whose job duties change to include occupational exposure.
- Ensure employees receive all required compliance resources at no cost, including training, personal protective equipment (PPE), engineering controls, recordkeeping, supplies, and required testing.
- Ensure covered employees are offered the Hepatitis B vaccination and any other job-related immunizations.
- Maintain safe and healthy work environments in collaboration with other responsible parties.
- Ensure workplace cleaning and decontamination schedules are established, documented, and incorporated into any site-specific Exposure Control Plan.

6.2 Supervisors

- Ensure that employees under their direction work in a safe and healthy environment.
- Ensure employees understand the hazards associated with their assigned duties.
- Maintain worksites in a clean and sanitary condition by implementing and enforcing written cleaning and decontamination schedules appropriate to the work area, contaminants, and procedures being performed.
- Ensure that equipment and work surfaces are properly cleaned and decontaminated after contact with blood or other potentially infectious materials (OPIM).
- Inform non-employee students engaged in potentially hazardous learning activities of associated risks, safe work practices, and the availability of Hepatitis B vaccination through their personal healthcare providers or health plans.
- Fulfill any additional responsibilities identified under the Procedures section.

6.3 Employees

- Attend training at the time of initial assignment, prior to performing tasks that may involve occupational exposure, annually as a refresher, and whenever occupational exposure is affected by a modification in job duties.
- Learn the information presented during training and apply it in the workplace.
- Ensure personal protective equipment (PPE) and engineering controls are inspected periodically and function properly.

- Implement work practice controls appropriate to their work location.
- Perform housekeeping duties appropriate to their work location.
- Report exposure incidents to their supervisors.
- Fulfill any additional responsibilities identified under the Procedures section.

6.4 Environmental Health and Safety

- Develops and updates the University Exposure Control Plan in accordance with federal and state regulations and standards.
- Develops, updates, and provides bloodborne pathogens training.
- Provides consultation on classifications, risk assessments, agent handling, engineering controls, and personal protective equipment.
- Provides oversight of a training database and verifies training compliance.
- Conducts laboratory inspections to ensure compliance with applicable regulations and standards.
- Disposes of biomedical waste generated from labs and other work areas according to state regulations.

7 EXPOSURE DETERMINATION

Two categories of exposures have been determined based on the diverse nature of the work in academic and non-academic operations departments. These are departmental job classifications in which all employees are covered and departmental job classifications in which some employees may be covered. Representative job tasks are listed for each classification. Any department, center or institute not listed in which workforce members are engaged in activities which manipulate or use human blood, human cell cultures or other materials of human origin not certified free of bloodborne pathogens will be covered by this plan.

7.1 Classifications in Which All Employees are Covered

Division of Athletics:

- Physician-immediate care of sports injury (stabilize victim or dress minor wound).
- Trainer-immediate care of sports injury
- Graduate Assistant Trainer-immediate care of sports injury

Fire Department:

- Chief, Deputy Chief, Firefighter/EMT - Emergency first aid, stabilize for transport

Police Department:

- Chief, Major, Captain, Lieutenant, Sergeant, Detective, Police Officer-assist accident victims, investigate accident/crime scenes, stop altercations, apprehend suspects.

Student Health and Wellness Medical Care:

- Physician/APRN-Direct patient care, Point of Care (POC) testing with potential exposure to blood and OPIM.
- RN-Direct patient care, POC testing with potential exposure to blood and OPIM.
- Phlebotomist-venipuncture and specimen processing.
- Radiology Technologist-positioning person with open wound for X-ray.
- Student Employees-POC testing with potential exposure to OPIM.
- Custodial/Housekeeping Staff-routine clean-up of areas where blood or OPIM may be encountered, handling laundry soiled with blood and OPIM, disposal of contaminated waste.

7.2 Classifications in Which Some Employees are Covered

Department of Allied Health Sciences:

- Professor, Associate Professor, Assistant Professor, Graduate Assistant, Lecturer-venipuncture, analysis of blood and OPIM

Department of Molecular & Cell Biology:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-analysis involving materials of human origin.

Center for Environmental Sciences and Engineering:

- Professor, Associate Professor, Assistant Professor, Graduate Assistant, Academic Assistant, Technician- analysis involving materials of human origin.

School of Nursing:

- Professor, Associate Professor, Assistant Professor, Lecturer, Graduate Assistant-venipuncture, analysis of blood and OPIM

Department of Nutritional Sciences:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-venipuncture, analysis of materials of human origin.

Department of Kinesiology:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-venipuncture, analysis of materials of human origin, physical therapy (possible open wound on patient).

Department of Environmental Health & Safety:

- Managers, Specialists-pick up and transportation of medical waste, access to and inspection of areas where blood and OPIM are stored or used

Department of Chemistry:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-chemical analysis of materials of human origin.

Department of Pathobiology and Veterinary Science:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician, Diagnostic Laboratory Staff-analysis or handling of known bloodborne agents and/or analysis of human blood and OPIM

Facilities Operations:

- Supervising Custodian, Lead Custodian, Custodian, University Arborist, Master Gardener, Maintenance Supervisor, Grounds-All university personnel who are expected to clean up blood or OPIM spills shall be trained. The clean-up of blood and OPIM is a collateral duty and the University does not expect it to be a frequent occurrence.

Department of Dining Services:

- Manager, Assistant Manager, Area Manager, Assistant Area Manager-All university personnel who are expected to clean up blood or OPIM spills shall be trained. The clean-up of blood and OPIM is a collateral duty and the University does not expect it to be a frequent occurrence.

Student Union:

- Building Superintendent, Lead Custodian, Custodian, General Trades Worker, Skilled Maintainer-All university personnel who are expected to clean up blood or OPIM spills shall be trained. The clean-up of blood and OPIM is a collateral duty and the University does not expect it to be a frequent occurrence.

Child Development Center:

- Master Teacher-Master teachers will all be trained. Student teachers and/or support staff will receive bloodborne pathogen awareness training and are not designated as occupationally exposed.

School of Pharmacy:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-analysis involving materials of human origin.

School of Engineering:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-manipulation of human body fluids or equipment contaminated with materials of human origin.

Physiology and Neurobiology Department:

- Professor, Associate Professor, Assistant Professor, Post-Doctoral Fellow, Graduate Assistant, Technician-analysis involving materials of human origin.

Animal Care Services:

- Director, Associate Director, Manager, Specialist, Technician-handling and care of animals hosting materials of human origin

UConn Recreation:

- Associate Program Director, Assistant Program Director, Coordinator, Athletic Trainer-immediate care of sports injury, first aid.

8 PROCEDURES

Standard (Universal) precautions to prevent contact with blood or other potentially infectious materials shall be observed.

8.1 WORK PRACTICE CONTROLS

- Hand washing facilities or effective portable decontamination materials shall be readily available in areas where exposure to blood or other potentially infectious materials is likely.
- Employees shall wash their hands after removing gloves and/or other personal protective equipment.

- Employees shall wash their hands and other skin areas with soap and water for at least 20 seconds or flush mucous membranes with water for 15 minutes immediately or as soon as feasible following contact with blood or other potentially infectious materials.
- If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible (refer to above).
- All personal protective equipment must be removed prior to leaving the work area. If gloves must be worn when leaving one work area to access another, the one glove on-one glove off rule shall be followed.
- Reusable personal protective equipment, if contaminated, shall be decontaminated and inspected prior to reuse.
- Contaminated needles and other sharps shall not be bent, sheared or broken. Recapping or removing needles is prohibited unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. If recapping or removal of needles is required, a justification letter must be submitted to EHS/Biosafety for review/approval prior to implementing the procedure. The recapping or removal, if done, must be accomplished through the use of a mechanical device or a one-handed technique.
- Approved sharps disposal containers must be available as close to the work site as practical. The Department of Environmental Health and Safety provides sharps containers.
- In healthcare settings, the use of needleless systems or engineered sharps injury protection devices shall be incorporated where practical as required by 29CFR Part 1910, Needlesticks and Other Sharps Injuries, January 18, 2001, final rule. The use of safer medical devices must be considered as technology changes.
- In healthcare settings, the use of sharps and engineered sharps injury protection devices should be reviewed annuallyor more often as needed to consider changes in technology.
- Consideration should be given to reduce or eliminate occupational exposure to needles.
- Solicitation of input from non-managerial employees responsible for direct patient care who are potentially exposed to sharps should be sought as to evaluation and selection of effective engineering controls and work practice controls.
- Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled and contain an appropriate disinfectant solution.
- Eating drinking, smoking, vaping, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Hand cream is not considered a "cosmetic" and is permitted. However, some petroleum-based hand creams can adversely affect glove integrity.

- Food and drink must not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of aerosols or droplets of these substances.
- Where practical, physical barriers (engineering controls) shall be instituted and maintained to protect employees from exposure.
- Mouth pipetting is prohibited.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.
- Labels that incorporate the universal “Biohazard Symbol" shall be used where required (see Hazard Communication).
- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination is shown to be not feasible. If complete decontamination is not accomplished, a readily observable label shall be attached to the equipment stating which portions remain contaminated.

8.2 Personal Protective Equipment (PPE)

- When there is occupational exposure, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection and ventilation devices shall be supplied.
- The personal protective equipment, in appropriate sizes, must be readily accessible at the worksite or issued to the employee.
- Laundry service, cleaning materials and disposal service for the maintenance or disposal of personal protective equipment shall be supplied by the employer.
- Personal protective equipment shall be repaired or replaced by the employer as needed to maintain its effectiveness.
- Each supervisor is responsible for assuring that employees under their control avail themselves of appropriate personal protective equipment.
- Standard (Universal) precautions to prevent contact with blood or other potentially infectious materials shall be observed.

8.3 HOUSEKEEPING

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- An appropriate disinfectant is defined as one that is approved by the U.S. Environmental Protection Agency for the intended use (e.g. tuberculocidal) and mixed to the appropriate strength (e.g. a 1:10 solution of 5.25% sodium hypochlorite, regular strength household bleach, and water). The disinfectant must be readily available to the work site, maintained at the necessary strength and afforded adequate contact time to accomplish the goal.
- Protective coverings, such as plastic wrap, aluminum foil, imperviously- backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift. If these coverings are compromised causing contamination of a work surface, see above.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected each time before being put into service and decontaminated after use.
- Broken glassware which may be contaminated with human bodily fluids shall not be picked up directly with the hands. It shall be handled using mechanical means, such as a brush and dustpan, tongs or forceps. The contaminated broken glassware shall be placed in a puncture resistant container and disposed of as medical waste. Decontamination of the broken glassware by autoclave or chemical means may be necessary to protect subsequent handlers of the waste.
- Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires personnel to reach by hand into containers holding these sharps until decontamination has been completed and documented.

8.4 REGULATED WASTE

All regulated waste (medical/biological, chemical and radioactive) shall be disposed of in compliance with established University policy.

8.5 HIV AND HBV RESEARCH LABS

There are currently no HIV research laboratories or production facilities covered by this plan. The Principal Investigator or laboratory supervisor of an HBV research laboratory must ensure the following criteria are met.

- Access to the work area must be limited to authorized individuals. Written policies and procedures must be established by the Principal Investigator whereby only individuals who have been advised of the potential biohazard, who meet specific entry requirements and who comply with all entry and exit procedures will be allowed to enter the work areas and animal rooms.
- A sign containing the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in a contrasting color must be posted at all entrances to work areas covered under this Section. The sign must read "BIOHAZARD" and include: 1) name of infectious agent, 2) special requirements for entering the area and 3) name and telephone number of the laboratory director or another responsible person(s).
- All activities involving potentially infectious materials must be conducted in biosafety cabinets and not on open counters or benches. The biosafety cabinet must have a current (annual) inspection certificate. Biosafety cabinets must be certified when originally installed, following repairs or when moved.
- Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors and containment caging for animals, will be used for all activities with "other potentially infectious materials" that pose a threat of exposure to droplets, splashes, spills or aerosols.
- Supervisory personnel must strictly enforce the use of personal protective equipment, including but not limited to protective clothing, by all individuals in the work area. Laboratory coats, gowns, smocks, uniforms or other appropriate protective clothing must be worn. Special care must be taken to avoid skin contact with potentially infectious materials. Gloves must be worn when handling infected animals and when making hand contact with potentially infectious materials is unavoidable. Under no circumstances will personnel be allowed to leave the work area prior to removal or decontamination of protective clothing.
- All spills must be immediately or as soon as feasible cleaned up by laboratory staff properly trained and equipped to work with concentrated infectious materials. A spill or accident that results in an "exposure incident" must be immediately reported to the laboratory supervisor.

- Where vacuum lines are used, they must be equipped with liquid disinfectant traps and high efficiency particulate air (HEPA) filters. The tubing, vacuum connections, and HEPA filters should be checked and maintained routinely.
- Hypodermic needles and syringes must be used only for parenteral injections and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe- needle units (i.e. the needle is integral to the syringe) will be used for the injection or aspiration of "other potentially infectious materials". Extreme caution must be used when handling needles and syringes. A needle must not be re-capped, bent, sheared, replaced in the sheath or guard or removed from the syringe following use. The needle and the syringe must be promptly placed in a puncture-resistant sharps container and autoclaved or decontaminated before disposal.
- Handwashing and eyewash facilities must be installed in each laboratory, within the work area, so these are readily available to the occupants.
- Autoclave facilities must be available for decontamination of regulated waste. Before disposal, all waste from work areas and from animal rooms must be decontaminated by a method (such as autoclaving) known to effectively destroy bloodborne pathogens. Contaminated materials that are to be decontaminated at a site away from the work area must be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
- Within each laboratory there must be accessible and readily available copies of the following documents: 1) this Exposure Control Plan and the OSHA Bloodborne Pathogens Standard; 2) the current edition of the CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories" and 3) Biomedical Waste Management Guide. In addition, a laboratory-specific biosafety manual must be prepared, periodically reviewed and updated at least annually. This manual will contain any additional procedures that are necessary to protect employees in situations unique to a HIV or HBV research facility. Personnel must be advised of potential hazards, must be required to read instructions on practices and procedures, and must be required to follow them. Each Principal Investigator or immediate supervisor will ensure that research employees: 1) demonstrate proficiency in standard microbiological practices and techniques, and in the practices and operations specific to the facility before being allowed to work with HIV or HBV and 2) have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.
- Each Principal Investigator must provide a training program to research employees who have no prior experience handling human pathogens. Initial work activities must not include the handling of infectious agents. A progression of work activities must be assigned as techniques are learned and proficiency is developed. The Principal Investigator will ensure

that research employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

- Production of HIV or HBV is specifically prohibited.

8.6 Hepatitis B Vaccination and Post Exposure Evaluation

8.6.1 All covered employees shall be offered immunization against Hepatitis B Virus (HBV).

- The prescreening, hepatitis B vaccinations, post screening and necessary boosters are currently administered by CorpCare Occupational Health in compliance with current recommendations.
- Employees who refuse to participate in a prescreening program will not be excluded from the program.
- Employees, who initially decline hepatitis B vaccination but at a later date, while still covered under the standard, decide to accept the vaccination shall be given such in a timely manner.
- Covered employees who decline to accept hepatitis B vaccination when offered, shall sign the Hepatitis B Notification form. The Notification form is provided during Initial Bloodborne Training.
- If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available to all covered employees.

8.6.2 All covered student employees shall be offered immunization against Hepatitis B Virus (HBV).

- The prescreening, hepatitis B vaccinations, post screening and necessary boosters will be administered by Student Health and Wellness Medical Care in compliance with current recommendations.
- Student employees who refuse to participate in a prescreening program will not be excluded from the program.
- Student employees, who initially decline hepatitis B vaccination but at a later date, while still covered under the standard, decide to accept the vaccination shall be given such in a timely manner.
- Covered student employees who decline to accept hepatitis B vaccination when offered, shall sign the Hepatitis B Notification form. The Notification form is provided during Initial Bloodborne Training.
- If a routine booster dose(s) of hepatitis B vaccine is recommended by the

- U.S. Public Health Service at a future date, such booster dose(s) shall be made available to all covered employees.

8.6.3 Post Exposure Incident Evaluation and Follow-up (student or non-student)

- An exposure incident shall be reported by the employee to the supervisor, manager, director or dean who shall complete the "First Report of Injury" form DAS WC-207 available on the HR and EHS websites.

- The employee or the supervisor should call 911 when assistance is required. If necessary, the employee will be transported to Windham Hospital or other approved ER for a confidential medical evaluation and follow-up. Ambulatory employees may report to UConn Health Urgent Care or another approved Mandatory Initial Treatment location. The healthcare provider should be informed that the exposure incident occurred at the University of Connecticut. The medical evaluation and follow-up shall include the following:
  - Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
  - Identification and documentation of the source individual, unless proven infeasible or prohibited by law;
  - The source individual's blood shall be tested as soon as feasible after consent is obtained for determining HIV and HBV status or documentation of refusal to test shall be obtained. If the source individual's consent is not required by law, the blood, if available, shall be tested and the results documented (note - if positive status of the source has already been established, retesting is not required);
  - Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of laws regulating the disclosure of the identity and infectious status of the source individual;
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
  - If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

- If circumstances cause the employee to report to Student Health and Wellness instead of a hospital emergency room, Student Health will provide triage and arrange to transport the employee to Windham Hospital or other approved ER.

- Any University of Connecticut student who is exposed to human blood or OPIM at a Clinical Internship site should seek immediate evaluation and care at their clinical site (as directed by their Clinical Advisor). This exposure incident should be reported to Student Health and Wellness within 24 hours for review and to arrange for post exposure follow-up testing.

- Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service will be offered to the exposed worker.
- Counseling of the exposed worker will cover the topics of symptomology, risk of disease transmission and behavior modification recommended for at risk individuals.
- Exposed employees are encouraged to report illness symptoms consistent with HIV, HBV and HCV infection for the six-month period immediately following exposure. The healthcare provider's written opinion shall be made available to the employee as soon as possible. The evaluation shall contain the following information:
    - Hepatitis B vaccination status of the employee and vaccination or booster advisability;

    - Statement that the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation. (All other findings or diagnoses shall remain confidential and shall not be included in the written report)

8.7 HAZARD COMMUNICATION AND TRAINING

8.7.1 Labels and signs:

- Warning labels shall be affixed to equipment used with, or containers used to store, transport or ship blood or other potentially infectious materials except as noted in e, f and g below. This includes containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, water baths, incubators and any other equipment used with human blood or OPIM.
- Labels required by this section shall include the universal biohazard symbol and the word BIOHAZARD.

- The labels shall be fluorescent orange or orange red with lettering and symbols of a contrasting color, usually black.

- Required labels shall be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.
- Containers of blood, blood products or blood components that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of H.1.a).
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated.
- Regulated medical waste shall be labeled in accordance with established University policy.
- Signs shall be posted at the entrance to work areas in accordance with the University's Biological Safety Manual

8.7.2 Training

- Will be provided at the time of initial assignment to tasks where occupational exposure may take place.
- Will be provided at least annually thereafter.

8.8 Record Keeping

- A sharps injury log must be maintained by each department in health care settings. The log shall contain the type and brand of device involved in the incident, the department or work area where incident occurred, and an explanation of how the incident occurred. Employee identification shall be kept confidential and not used as part of the log.
- The medical record for employees included in this plan shall contain the following:

- Name and University issued identification number of the employee;
- The employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by this rule;
- A copy of all results of examinations, medical testing, and follow-up procedures as required. The medical record shall be maintained by the University or designated agency for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

- Training records shall include the dates of the training sessions, contents or summary of the training session, name(s) and qualifications of the trainer(s) and names and job titles of all persons attending the sessions. The records shall be maintained for a minimum of 3 years from the date on which the training occurred.
- Availability of records:
  - All records shall be made available to Assistant Secretary of Labor and the Director of the Occupational Safety and Health Administration.
  - Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, and Occupational Health and Safety Administration personnel in accordance with 29 CFR 1910.20.
  - Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative and to the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
- The University shall comply with the requirements involving transfer of records set forth is 29 CFR 1910.20 (h).

8.9 Specific Protocol for Infection Control and Housekeeping

The University, by nature, is a diverse and dynamic institution. Therefore, an annual review of the Exposure Control Plan may not adequately address the changes that take place in some departments or departmental subdivisions. Each University department having employees covered by this standard shall review tasks and procedures that involve possible occupational

exposure when changes in the program or operation warrant this action. The Department of Environmental Health and Safety will assist in the development of a department specific exposure control protocol. The specific protocol shall be made available to the employees in those departments in addition to the overall Exposure Control Plan.