



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR HOUSEKEEPERS

Emergency Contact Numbers:

UEOHC: 919-966-9119	Healthlink	919-966-7890
EHS: 919-962-5507	EHS 24hr pager	919-969-0785

Emergency: 911

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SECTION 1: REGULATION

The mission of the Occupational Safety and Health Administration (OSHA) is to save lives, prevent injuries, and protect the health of America's workers. As part of the Department of Labor, OSHA promotes worker safety and health in every workplace in the United States. On March 6, 1992, OSHA created the Bloodborne Pathogen (BBP) Standard to protect employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials (OPIM). A copy of the full text "Bloodborne Pathogens Standard" is available at the OSHA website (www.osha.gov) or by contacting the EHS Biosafety Unit. OSHA regulations require employers to develop a written Exposure Control Plan (ECP) that covers the University's policies and procedures to protect the health and safety of their workers.

The University of North Carolina at Chapel Hill (UNC) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following ECP is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." This plan was developed for members of the Housekeeping department who are at risk of exposures with blood or OPIM. All UNC employees identified for occupational exposure must: 1) be familiar with the ECP; 2) know its location; 3) as a condition of employment, comply with the ECP by completing bloodborne pathogens training every year; and 4) obtain or decline the Hepatitis B vaccination.

SECTION 2: RESPONSIBILITY

Department of Environment, Health & Safety (EHS)

1. Implement, maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures
2. Identify list of job classifications with occupational exposure
3. Training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives
4. Assist with investigations when an employee reports a potential bloodborne pathogen exposure incident
5. Complete training records and maintain for at least three years

University Employee Occupational Health Clinic (UEOHC)

1. Ensure all medical actions required by the BBP Standard are performed and that appropriate employee health and OSHA records are maintained
2. Review and continue to implement the Hepatitis B Immunization Program
3. Review and continue post-exposure follow-up



Zone Managers and Supervisors

1. Annually review list of all job classifications and identify job classifications in which employees in those positions have reasonably anticipated occupational exposure
2. Ensure and document employee orientation and annual training
3. Ensure personal protective equipment (PPE) and other necessary supplies are available in accessible locations to all of their employees
4. Evaluate the circumstances surrounding exposure incidents including an evaluation of “failures of control” at the time of the exposure incident and submit this information to EHS via a Supervisor’s Incident Form (Appendix A)

Employees

1. Know what tasks they perform that may lead to occupational exposure
2. Participate in the bloodborne pathogens training annually
3. Plan and conduct all operations in accordance with this ECP’s procedures and work practices
4. Employees who sustain an exposure incident must report the incident immediately to their supervisor and follow up with the UEOHC as soon as feasible
5. Fill out and submit Employee Incident Form (Appendix B), and Employer's Report of Injury to Employee, Form 19 (Appendix C)

SECTION 3: EMPLOYEE EXPOSURE DETERMINATION

The Department of Environment, Health & Safety, in cooperation with Housekeeping Zone Managers, identify and track the status of occupational exposure to bloodborne pathogens according to the OSHA Standard (29 CFR 1910.130) for all housekeeping employees according to job duties and/or location. Each determination must be made without regard to use of personal protective equipment. The Zone Manager enrolls the worker in the UNC Bloodborne Pathogens program if any of the following conditions apply:

1. The housekeeping staff member works in any of the zones with buildings containing biological laboratories, clinics, or morgues. See Appendix D for Zone listing.
2. The housekeeping staff member works as part of a spill clean-up crew responsible for responding to spills of blood or other potentially infectious materials.
3. The job duties of the employee require them to otherwise come into contact with blood or other potentially infectious materials. For questions about making an Exposure Control Determination, contact EHS Biosafety at 962-5507.



As a housekeeping staff member, if you have concerns about your exposure to bloodborne pathogens, you should discuss them with your supervisor and EHS. Your supervisor and EHS can help determine ways to make your job safer.

Note: Part-time, temporary, contract and per diem employees are covered by the BBP Standard as if their job position is a full-time position.

SECTION 4: EPIDEMIOLOGY

Many diseases are linked to bloodborne pathogens, but few bloodborne pathogens are frequently responsible for infections in the workplace. Diseases associated with occupational exposure to bloodborne pathogens include hepatitis B, hepatitis C and AIDS. Historically, work-related exposure incidents occur much more often in occupations that require direct contact with patient samples, however, instances have occurred where an infection was acquired while cleaning up a spill of potentially infectious material. Only workers with documented training in bloodborne pathogens should handle the clean-up of this type of spill. As part of this training, the worker should know some basic concepts about these diseases so that they can discuss them with a supervisor, family members, and a doctor.

Other Potentially Infectious Material (OPIM):

OPIM is defined as human body fluids capable of transmitting disease. These include: semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), laboratory cell or tissue cultures, or other tissues from experimental animals infected with HIV or HBV.

Hepatitis B virus (HBV):

Infection with HBV can be prevented by receiving a vaccination (see Section 6). Hepatitis B can range from a mild illness lasting a few weeks to a serious, lifelong illness. HBV is spread when blood, semen, or other body fluid infected with HBV enters the body of a person who is not infected. People can become infected with the virus from: birth (spread from an infected mother to her baby during birth); sex with an infected partner; sharing needles, syringes, or drug preparation equipment; sharing items such as toothbrushes, razors or medical equipment such as a glucose monitor with an infected person; direct contact with the blood or open sores of an infected person; exposure to blood from needlesticks or other sharp instruments of an infected person.

HBV is not spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, hand holding, coughing, or sneezing.



Acute hepatitis B is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. An acute infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear the virus without treatment. People who clear the virus become immune and cannot get infected with HBV again. Acute infection can — but does not always — lead to chronic infection. The younger a person is when infected with HBV, the greater the chance of developing a chronic infection. About 95% of adults recover completely and do not become chronically infected.

Symptoms of acute hepatitis B can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, jaundice (yellow color in the skin or the eyes). If symptoms occur, they begin an average of 90 days (or 3 months) after exposure, but they can appear any time between 8 weeks and 5 months after exposure. If symptoms occur, they usually last several weeks, but some people can be ill for as long as 6 months. Many people with acute or chronic hepatitis B have no symptoms but can still spread the virus.

There is no medication available to treat acute hepatitis B. During this short-term infection, doctors usually recommend rest, adequate nutrition, and fluids, although some people may need to be hospitalized.

Chronic hepatitis B is a lifelong infection with the hepatitis B virus. Over time, chronic hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death. In the United States, an estimated 850,000 people have chronic hepatitis B, but the number may be as high as 2.2 million.

Most individuals with chronic hepatitis B do not have any symptoms, do not feel ill, and can remain symptom free for decades. When and if symptoms do appear, they are similar to the symptoms of acute infection, but can be a sign of advanced liver disease. About 1 in 4 people who become chronically infected during childhood and about 15% of those who become chronically infected after childhood will eventually die from serious liver conditions, such as cirrhosis (scarring of the liver) or liver cancer. Even as the liver becomes diseased, some people still do not have symptoms, although certain blood tests for liver function might begin to show some abnormalities.

People with chronic hepatitis B should seek the care or consultation of a doctor with experience treating hepatitis B. People with chronic hepatitis B should be monitored regularly for signs of liver disease and evaluated for possible treatment. Several medications have been approved for hepatitis B treatment, and new drugs are in development. However, not every person with chronic hepatitis B needs to be on medication, and the drugs may cause side effects in some patients. Once a person starts treatment, he or she will need to take medication for life.



Hepatitis C virus (HCV):

Hepatitis C is a liver infection caused by the hepatitis C virus. Hepatitis C can range from a mild illness lasting a few weeks to a serious, lifelong illness. Approximately 15%–25% of people who are infected with the HCV clear it from their bodies without treatment and do not develop chronic infection. Experts do not fully understand why this happens for some people.

Hepatitis C is usually spread when blood from a person infected with HCV enters the body of someone who is not infected. People can become infected with HCV during such activities as: sharing needles, syringes, or other equipment to prepare or inject drugs; needlestick injuries; being born to a mother who has hepatitis C. Less commonly, a person can also get HCV through sharing personal care items that may have come in contact with another person's blood, such as razors or toothbrushes; having sexual contact with a person infected with HCV.

Acute hepatitis C occurs within the first 6 months after someone is exposed to HCV. Hepatitis C can be a short-term illness, but for most people, acute infection leads to chronic infection.

People with new (acute) HCV infection usually do not have symptoms or have mild symptoms. When symptoms do occur, they can include: fever; fatigue; dark urine; clay-colored bowel movements; abdominal pain; loss of appetite; nausea; vomiting; joint pain; jaundice (yellow color in the skin or eyes).

In those people who develop symptoms from acute infection, the average time from exposure to symptoms ranges from 2 to 12 weeks. However, most people who are infected with HCV do not develop symptoms. People who are infected with the HCV may not know they are infected because they do not look or feel sick and can pass it on to others.

Chronic hepatitis C can be a lifelong infection with HCV if left untreated. Left untreated, chronic hepatitis C can cause serious health problems, including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death. Approximately 75%–85% of people who become infected with HCV will develop a chronic infection. In 2016, there were an estimated 2.4 million people living with hepatitis C in the United States.

Most people with chronic hepatitis C infection do not have any symptoms or have general, or common symptoms such as chronic fatigue and depression. Many people eventually develop chronic liver disease, which can range from mild to severe, including cirrhosis (scarring of the liver) and liver cancer. Chronic liver disease in people with hepatitis C usually happens slowly, without any signs or symptoms, over several decades. Chronic hepatitis C infection is often not recognized until people are screened for blood donation or from an abnormal blood test found during a routine.



Human immunodeficiency virus (HIV):

HIV is the virus that can lead to acquired immunodeficiency syndrome (AIDS) if not treated. Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. Once you get HIV, you have it for life.

HIV attacks the body's immune system, which fights off infections. Untreated, HIV weakens the immune system making the person more likely to get other infections or infection-related cancers. Over time, HIV can weaken the immune system so much that the body can't fight off infections and diseases. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

There is currently no vaccine that will prevent HIV infection or treat those who have it. An estimated 1.1 million people in the United States had HIV at the end of 2016, the most recent year for which this information is available. Of those people, about 14%, or 1 in 7, did not know they had HIV. No effective cure currently exists, but with proper medical care, HIV can be controlled with antiretroviral therapy (ART). allowing people with HIV to live long, healthy lives and have minimal risk of transmitting HIV to their partner through sex.

HIV is a fragile virus. It cannot live for very long outside the body. Reports dealing with HIV infection indicate that the risk of bloodborne transmission from inadvertent exposure is considerably less for HIV than for HBV infection. HIV can enter the bloodstream the same as HBV: if potentially infectious materials (like blood) come into contact with an unprotected break in your skin such as an open wound, acne, rash, etc. or if you experience a splash into your eyes and/or nose. The occupational risk of acquiring HIV like this is 1 in 200 compared with 1 in 33 for HBV.

As a properly trained UNC employee, when you handle any material that you suspect is infected with bloodborne pathogens, keep this information in mind. It will help you understand the importance of the following sections in this document.

SECTION 5: METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions:

"Universal precautions" is an approach to infection control to prevent contact with blood or "other potentially infectious materials". Under Universal Precautions, personal protective equipment (PPE) is required when there is reasonable expectation that you may come into contact with blood, blood products, certain body fluids and any body fluid visibly contaminated with blood. The specific precautions necessary for housekeepers are described below.



Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by visiting the EHS website at <https://ehs.unc.edu/biological/bbp/>.

General Housekeeping Requirements

Often, biohazard waste and sharps are generated and collected in research labs on UNC campus. Researchers are responsible for properly treating this waste according to procedures outlined in the UNC Biological Waste Disposal Policy. Most researchers treat their waste in an autoclave, a machine that uses steam to sterilize the waste.

Autoclaving is a dependable procedure for the destruction of most infectious materials, including bloodborne pathogens. Prior to autoclaving, autoclave tape is placed over the biohazard symbol in an “X” pattern. This special tape initially looks like masking tape but after it has been exposed to heat and moisture, black stripes appear on the tape to indicate that treatment has occurred.

Housekeeping staff are often required to transfer waste from autoclave decontamination areas to dumpsters external to the building. It is UNC’s policy that housekeepers never handle biohazard waste from a laboratory that has not yet been treated by the lab workers. Treated biohazard waste is placed in the large, plastic bins in the autoclave area to indicate it is safe for removal by housekeeping staff. If these bins are not present or treated biohazard waste is not properly located in the bins, notify your supervisor and contact EHS for assistance.

Engineering Controls

Engineering Controls specifically isolate or remove a hazard from the workplace. Engineering controls used at UNC include sharps disposal containers, safer needle devices, and biological safety cabinets.

Sharps disposal containers: Some waste discarded in laboratories, clinics, or dental buildings have a high risk for puncturing the skin. Because skin puncture can lead to infection from bloodborne pathogens, items likely to cause skin puncture must be disposed of in appropriate puncture-resistant, leak-proof containers. Employees in these areas use EHS approved sharps containers to collect discarded needles, razor blades, broken glass and other items likely to cause a puncture. If the items in the container are likely to be contaminated with bloodborne pathogens or other potentially infectious material, the container will display a BIOHAZARD label.



Biological safety cabinets: Biological Safety Cabinets (BSCs) are often used by laboratory and clinical workers when a procedure could create aerosols or splashes of materials containing infectious material. If infectious materials are worked with inside a BSC, a BIOHAZARD warning label will be posted on the outside of the cabinet. Always check with lab occupants, your supervisor, or EHS if you are requested to work near this type of cabinet.

Work Practice Controls

Work practice controls specifically reduce the likelihood of exposure by altering the manner in which a task is performed.

Hand washing: Hands are to be thoroughly washed with soap and water immediately, or as soon as feasible, after removal of gloves or other personal protective equipment following contact with blood or OPIM. Use a utility or restroom sink for hand washing. Do not use sinks in food preparation areas. If hand washing facilities are not immediately available, use antiseptic hand cleanser and/or disposable wipes. Wash your hands as soon as hand washing facilities are available.

Sharps Precautions: Disposing of sharps in the proper container helps keep yourself and others safe. Remember, any contaminated object that can penetrate the skin, including needles, scalpels and glass objects requires extra attention. Sharps which may be contaminated with human blood or OPIM should not be collected directly with the hands. Wear gloves and use tongs or a brush and dust pan

- 1) Contaminated needles are not to be bent, broken, recapped, or removed from the syringe. If you have no way of knowing if a needle is contaminated, use Universal Precautions: assume the needle is contaminated. If contaminated needles are found during job duties, place them in the red, plastic sharps containers with the biohazard label. Needles should never be discarded in regular trash. If needles are found in the regular trash, do not remove them and contact your supervisor immediately. Supervisors will take pictures and contact EHS to investigate the incident.
- 2) Broken glass - While small shards of contaminated broken glass can be placed into the sharp's cans identified above, large contaminated broken glass items must be placed separately in a hard-walled container (such as a cardboard box).

Prevent Ingestion: Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, and using cell phones are prohibited during duties where there is reasonable likelihood of occupational exposure to blood or other potentially infectious material or if working in BSL-2 areas. Storage of food and drink is prohibited in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.



Minimize Splashing: A good approach to cleaning a spill of material that minimizes spread by airborne droplets is to: (1) place paper towels over the spill site, and then (2) douse the area with disinfectant. This will reduce further splashing any potentially infectious material.

Labels: BIOHAZARD warning labels are posted when infectious materials, including bloodborne pathogens, may be present. Common places these labels are found are on freezers, incubators, centrifuges, biological safety cabinets, waste containers, etc. which are used with blood or OPIM; and other containers used to store, transport or ship blood or OPIM. According to OSHA, BIOHAZARD warning labels must include the following legend: Universal Biohazard Symbol, and be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Labels are affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. In some cases, orange/red bags or orange/red containers may be substituted for labels, so be aware of these also. Employees are to notify EHS Biosafety if they discover regulated waste containers, refrigerators containing blood or OPIM, containment equipment, etc., without proper labels.

Personal Protective Equipment

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (including uniforms) are not considered PPE. It is UNC's responsibility as an employer to provide task-specific PPE, at no cost to the employee, in the appropriate sizes that is readily accessible to your worksite or issued to you as a properly trained employee.

Wear appropriate gloves (e.g. nitrile, latex) when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised. DO NOT wear gloves on elevators or use them to open doors or touch equipment (i.e. phones, computers) that others will be handling without gloves. Remember to always wash your hands with soap and water after removing your gloves.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. If a garment(s) is penetrated by blood or OPIM, the garment(s) must be removed immediately or as soon as feasible.

Spill Clean-up of Blood & Body Fluids

Spills may occur when containers of blood or OPIM are dropped in the clinic or laboratory, autoclave rooms or may occur when an injured person drips blood or OPIM on the floor. If you are present when the spill occurs, evacuate the area and allow 30 minutes for aerosols to dissipate prior to spill cleanup. The following procedures are used by trained housekeeping employees for clean-up of blood or OPIM spills at UNC.



Small spill (less than 1 cup or ¼ liter):

1. Open the Bodily Fluid Clean up Kit (instructions are included in the bag)
2. Put on disposable gloves and appropriate protective clothing (face mask, disposable apron)
3. Sprinkle Red-Z over spilled area. Allow liquid to congeal for safer handling and transport.
4. Remove gelled material with scoop and scraper. Carefully place in red biohazard bag.
5. Disinfect contaminated surface area with disinfectant solution and wipe up with towel.
6. Place all contaminated materials (including gloves) in red biohazard bag. Seal and dispose of bag in biohazard trash container or give to Zone Manager for EHS pickup.
7. Wipe hands with antimicrobial hand wipe. Wash with soap and running water as soon as possible.

Large spill (greater than 1 cup or ¼ liter):

Follow the instructions above using several pouches or bulk Red-Z to clean up the spill. If the spill exceeds available clean-up equipment or personnel capabilities, contact EHS to dispatch the Emergency Response Team for spill clean-up. Call the office during normal business hours at 919-962-5507 or the 24 hr after hours pager at 919-969-0785 for assistance.

Waste Disposal

Never throw untreated biohazard waste in the regular trash. The disposal of this waste generated on UNC campus is subject to federal and state regulations, local requirements, and University policies. After spill clean-up is complete, make sure the biohazard bag is securely closed with a twist tie or tape to prevent leakage. If inside of a laboratory, dispose of the biological waste in the marked red containers. If a biohazard container is not available, place the biohazard bag in a low traffic area and contact the Zone Manager. The Zone Manager is responsible for contacting EHS for pickup and proper disposal.

Laundry

Although soiled clothing or uniforms may contain organisms that cause disease, the risk of actual disease transmission is low. Therefore, these safe and simple measures for handling and washing linens are recommended: 1) Handle uniforms soiled with blood as little as possible, using gloves and appropriate protective clothing, 2) Place uniforms soiled with blood in bags that prevent leakage, 3) Contaminated uniforms cannot be taken home for cleaning. Housekeeping employees should contact their supervisor so that arrangements can be made for laundering.



SECTION 6: HEPATITIS B VACCINATION

If you have never had HBV, you may elect to receive a vaccination to prevent it.

UNC must offer the HBV vaccination at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the Employee Exposure Determination section of this plan (see section 3). Refer to this section to determine if your job duties are likely to cause contact with skin, eyes, nose, mouth or parenteral contact (cuts or sticks through the skin) with blood or OPIM.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

The HBV vaccination involves a series of three injections: 1) your initial visit; 2) the second administered one month later; and 3) the third administered five months following the second injection. If an employee terminates his/her employment before finishing all three injections, the University is not responsible for providing the remaining injections

Procedures for Requesting a Vaccination.

Employees who have the potential for occupational exposures are to obtain their vaccine through the University Employee Occupational Health Clinic (UEOHC). The employee should call the UEOHC (966-9119) to schedule the first appointment. The UEOHC will schedule subsequent appointments to complete the vaccination series. Be sure and let your supervisor know. Employees must sign a Hepatitis B vaccination consent form at the UEOHC. A copy of this form can be found in Appendix E and online at <https://ehs.unc.edu/biological/hepatitis-b-vaccination-requirement/>.

Declining the Vaccination

Employees may decline to accept the HBV vaccination. However, they must sign the declination statement provided at the UEOHC. If you decline the vaccination, you may be vaccinated at a later date, free of charge. A copy of this form can be found in Appendix F and online at <https://ehs.unc.edu/biological/hepatitis-b-vaccination-requirement/>.

SECTION 7: POST-EXPOSURE EVALUATION AND FOLLOW-UP

An important part of this training program is to ensure all employees know (1) if they have an exposure incident and (2) what to do after they have an exposure incident.

An exposure incident could happen in a number of ways, with the following being the most common routes of exposure:



1. When blood or other potentially infectious material (OPIM) gets onto an unprotected break in your skin such as an open wound, acne, rash, etc.
2. When blood or OPIM splashes or otherwise gets into your eyes, nose, or mouth
3. If you are cut or stuck by an object (it must break the skin) that is contaminated with blood or OPIM.

Post-exposure steps

1. For cuts, needlesticks, or splashes to the skin- wash the injured/exposed area thoroughly for at least 5 minutes with soap and water. Allow the wound to bleed freely for a minute, if appropriate. For splashes to eyes or mucous membranes- rinse the area with continuous clean running water for at least 5 minutes using an emergency eye wash station, if available.
2. Apply sterile gauze or bandage to any wounds, if necessary.
3. Remove any PPE or contaminated clothing.
4. Notify your supervisor and report for medical care as soon as feasible.

During daytime hours (8:30 a.m. - 4:30 p.m., M-F), go to the UEOHC for treatment, consultation, assessment and documentation of exposure.

After-hours: Call Healthlink (919-966-7890) to report the bloodborne pathogen exposure and request that the MD on-call for UEOHC after-hours bloodborne pathogen exposures be called. The on-call MD will determine the need for immediate treatment and if needed, direct the worker to meet them in the ER or otherwise arrange for appropriate blood tests to be drawn and medications to be dispensed.

Emergency care: For a life-threatening injury or illness, go directly to the UNC Emergency Department located in the Neurosciences Hospital on Manning Drive or to the nearest Emergency Facility.

Note: If the exposure incident occurred after hours, the employee is required to report to the UEOHC the following day regardless if they were seen elsewhere for medical care.

5. Forms: Supervisors must fill out the Supervisor's Incident Investigation Form. Employees must fill out the Employee Incident Report Form. Both Supervisor and Employee must fill out the Form 19 "Employer's Report of Injury to Employee"

Forms can be found on the EHS website at <https://ehs.unc.edu/workplace-safety/worker-comp/forms/> and in Appendices A-C.



Evaluation

The post-exposure confidential medical evaluation and follow-up will be conducted at the UEOHC. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Blood tests for HIV, HBV, and HCV with consent from employee
- Post exposure prophylaxis and counseling
- Form 19, the Employer's Report of Injury to Employee form, must be completed by the employee either before or at the UEOHC. (Appendix C)

The supervisor and EHS must be notified of all exposures. OSHA regulations require that Form 19 be filed with EHS within 48 hours of the incident.

Billing

The employee is not billed for injuries or illnesses that have occurred during the course of normal job duties. Charges for these services will be billed to EHS and paid from the University's workers' compensation account. Workers' compensation will also pay for any necessary follow-up.

SECTION 8: PROCEDURES FOR EVALUATING AN EXPOSURE EVENT

The University of North Carolina at Chapel Hill is committed to correcting an unsafe and/or unhealthy work environment. In order to do so, it is imperative incident investigations are conducted immediately to ensure that workplaces and equipment are safe and well maintained and safe and health work practices/procedures are clearly communicated and understood by employees. Prompt investigations demonstrate the University's level of dedication and concern for safety and the well-being of employees.

EHS will investigate the circumstances of the exposure incident to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training



A report will be made regarding the incident, and recommendations will be made to avoid further exposure incidents. If revisions to this ECP are necessary, EHS will ensure that appropriate changes are made.

SECTION 9: EMPLOYEE TRAINING

The OSHA BBP Standard requires that all this information is provided to all employees with occupational exposure within 10 days of hire and annually thereafter. This annual training requirement is, therefore, a condition for employment for all employees with occupational exposures. BBP training for housekeeping employees is not currently provided online. Instructor-led training is arranged through Facilities Services administrators on a regular basis and individualized sessions on an as-needed basis. This training provides an explanation of the requirements listed within this Exposure Control Plan.

SECTION 10: RECORDS

Training Records

Training records are completed for each employee upon completion of training. These documents are recorded and maintained in Hasmis regardless of online or in-person training. The records include date(s) of training, test scores, instructor name (or self-study), name and job title of persons attending the training sessions. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Biosafety Unit.

Medical Records

Medical records will be kept in confidentiality at the UEOHC. Records are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as may be required by law. Employee medical records are kept for at least the duration of employment plus 30 years.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Workers' Compensation Coordinator, EHS Workplace Safety.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. This log is kept at the UEOHC, reviewed annually, and kept for at least 5 years.



UNC-CH SUPERVISOR'S INCIDENT REPORT FORM

This form is to be completed by the Supervisor and forwarded to the Department of Environment, Health and Safety along with a copy of the North Carolina Industrial Commission Form 19 (Workers' Compensation Form) as soon as practicable. All incidents involving serious bodily injury or death must be reported to the Department of Environment, Health and Safety immediately.

General Info.	Injury/Illness Near Miss		Location of Incident			
	Time of Incident : AM PM		Date Incident Occurred / /		Date Incident Reported / /	
Personnel Info	Name: (Last) (First) (MI)			Occupation of Injured Worker		
	Length of Employment Years Months		Length in Present Job Years Months		Shift 1 st 2 nd 3 rd	
Incident Description	Injury Type (i.e. cut/strain)		Body Part Affected		Cause of injury	
	Describe events leading to incident:					
Witnesses	Name of Witness		Phone #		Before/During/Afterwards	
Immediate Cause	What acts or conditions contributed directly to the incident?					
Basic Cause	What personal and/or job factors contributed to the incident?					
PPE	What Personal Protective Equipment was required for this job? Was it in use? ___ yes ___ no					
Risk Assmnt.	Probability of event recurring Likely Possible Unlikely		Severity Potential Major Serious Minor		Exposure Frequency Frequent Occasional Rare	
Prevention	Temporary Fix – What immediate corrective action has been taken to prevent a recurrence?			Permanent Solution – What correction action has been or will be taken to eliminate the basic causes?		
Treatment Data	Medical Treatment None UEOHC ER (life threatening)			Treatment Status None Medical only Lost Time (medical note)		
Investigated by	Name		Date of Investigation			
	Signature					

[Supervisor's Incident Investigation Form](#)



EMPLOYEE'S ACCIDENT REPORT FORM
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE AND FORWARDED TO THE HEALTH AND SAFETY OFFICE AS SOON AS PRACTICABLE AFTER THE INJURY. (SEE HUMAN RESOURCES MANUAL)

ACCIDENT DATE

1. NAME OF EMPLOYEE:

2. DATE AND TIME OF INJURY:

3. DESCRIBE HOW THE INJURY OCCURRED:

4. DESCRIBE WHAT JOB DUTY YOU WERE DOING AT THE TIME OF YOUR INJURY:

5. DESCRIBE WHAT PART OF YOUR BODY WAS INJURED:

6. DESCRIBE WHAT YOU WOULD RECOMMEND TO PREVENT A REOCCURRENCE:

7. FURTHER INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR INJURY:

EMPLOYEE SIGNATURE

DATE



UNC Housekeeping Services
Bloodborne Pathogens Exposure Control Plan

APPENDIX C

North Carolina Industrial Commission

Emp. code	Fund	Dept.
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IC File # _____

*Emp. Code # 0006020

*Carrier Code # Self

Employer FEIN _____

Carrier File # _____

***Required Information.**

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

**EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR
OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION**

To the Employer:

A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee's obligation to file a claim. **The filing of this report is required by law.** This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

To the Employee:

This Form 19 is not your claim for workers' compensation benefits. To make a claim, you must complete and sign the enclosed Form 18 and mail it to Claims Administration, N.C. Industrial Commission, 4335 Mail Service Center, Raleigh, NC 27699-4334 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

The use of this form is required under the provisions of the Workers' Compensation Act

Employee's Name	University of North Carolina at Chapel Hill	(919) 962-5507
Address	1120 Estes Drive Extension CB: 1650 Chapel Hill NC 27599	
City	State	Zip
Home Telephone	Work Telephone	Carrier's Address
Social Security Number	Sex	Date of Birth

Employer	1. Give nature of employer's business
	2. Location of plant where injury occurred County _____ Department _____ State if employer's premises _____
	3. Date of injury / / 4. Day of week _____ Hour of day : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. 5. Was employee paid for entire day <input type="checkbox"/> 6. Date disability began / / <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. 7. Date you or the supervisor first knew of injury / / 8. Name of supervisor _____
Person Injured	9. Occupation when injured _____
	10. (a) Time employed by you _____ (b) Wages per hour \$ _____ 11. (a) No. hours worked per day _____ (b) Wages per day \$ _____ (c) No. of days worked per week _____ (d) Avg. weekly wages w/ overtime \$ _____ (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month. \$ _____ per _____
Cause And Nature Of Injury	12. Describe fully how injury occurred and what employee was doing when injured _____ (Statement made without prejudice and without vouching for correctness of information)
	13. List all injuries and specify body part involved (e.g. right hand or left hand) _____
	14. Date & hour returned to work / / at : .M. 15. If so, at what wages \$ _____ per _____ 16. At what occupation _____ 17. Employee's salary continued in full? _____
	18. Was employee treated by a physician _____
Fatal Cases	19. Has injured employee died <input type="checkbox"/> 20. If so, give date of death (Submit Form 29) / / _____

Employer name _____ Signed by _____ Official Title _____ Date Completed / / _____

OSHA 301 Information:

Case Number from Log: _____	Date Hired: / / _____	Time Employee began work on date of incident: _____ : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	If off-site medical treatment provided, answer entire next line.
Name of facility: _____	Address: Street/City/Zip/Telephone _____	ER visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

FORM 19
8/1/08
PAGE 1 OF 2

FOR IC USE ONLY
RESEARCHER: _____
CC: _____
EC: _____
DATA ENTRY: _____

FORM 19

SELF-INJURED EMPLOYER OR CARRIER MAIL TO:
NCIC - CLAIMS ADMINISTRATION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4334
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEB SITE: HTTP://WWW.COMP.STATE.NC.US/



UNC Housekeeping Services Bloodborne Pathogens Exposure Control Plan

APPENDIX C (continued)

IMPORTANT INFORMATION FOR EMPLOYER

Employer must furnish a copy of this form, as completed, to the employee or the employee's representative when submitted to the Insurance Carrier or Claims Administrator for transmission to the Commission. Every question must be answered. This Form 19 must be transmitted to the Commission through your insurance carrier/claims administrator, and is required by law to be filed within 5 days after knowledge of accident. Employer must also give employee a blank Form 18.

IMPORTANT INFORMATION FOR EMPLOYEE

Reporting an Injury

If you do not agree with the description or time of the accident given on this form, you should make a written report of injury to the employer within thirty (30) days of the injury.

Making A Claim

To be sure you have filed a claim, complete a Form 18, Notice of Accident, within two years of the date of the injury and send a copy to the Industrial Commission and to your employer. The employer is required by law to file this Form 19, but the filing of the Form 19 does not satisfy the employee's obligation to file a claim. The employee must file a Form 18 even though the employer may be paying compensation without an agreement, or the Commission may have opened a file on this claim. A claim may also be made by a letter describing the date and nature of the injury or occupational disease. This letter must be signed and sent to the Industrial Commission and to your employer.

FOR ASSISTANCE OR TO OBTAIN A FORM 18 FROM THE INDUSTRIAL COMMISSION, YOU MAY CALL (800) 688-8349

USE YOUR I.C. FILE NUMBER (IF KNOWN) OR SOCIAL SECURITY NUMBER ON ALL FUTURE CORRESPONDENCE WITH THE COMMISSION

[SPANISH TRANSLATION]

INFORMACIÓN IMPORTANTE PARA LOS EMPLEADOS

Reporte de una Lesión (Reporting an Injury)

Si usted no está de acuerdo con la descripción o la hora del accidente que aparece en el formulario, debe hacer un reporte de la lesión por escrito y dárselo a su empleador dentro de un período de treinta (30) días a partir de la fecha de la lesión.

Cómo Presentar una Reclamación (Making a Claim)

Para cerciorarse de que ha presentado una reclamación, complete el Formulario 18 Notificación de Accidente dentro de un período de dos años a partir de la fecha de la lesión y envíe una copia a la Comisión Industrial y una copia a su empleador. Por ley, el empleador debe presentar el Formulario 19, sin embargo, el presentar el Formulario 19 no cumple con la obligación que tiene el empleado de presentar una reclamación. El empleado debe presentar el Formulario 18 aunque el empleador esté pagando compensación sin tener un acuerdo o si la Comisión ha creado un expediente con respecto a esta reclamación. También se puede presentar una reclamación por medio de una carta explicando la fecha y la naturaleza de la lesión o la enfermedad ocupacional. Esta carta se debe firmar y enviar a la Comisión Industrial así como al empleador.

PARA RECIBIR ASISTENCIA O PARA OBTENER EL FORMULARIO 18 DE LA COMISIÓN INDUSTRIAL, USTED PUEDE HABLAR AL (800) 688-8349

EN TODA LA CORRESPONDENCIA QUE ENVÍE A LA COMISIÓN INDUSTRIAL POR FAVOR ESCRIBA EL NÚMERO DE CASO DESIGNADO POR LA COMISIÓN (SI LO SABE) O SU NÚMERO DE SEGURO SOCIAL.

Employee Signature: _____ Date: / /



EXPOSURE DETERMINATION BY HOUSEKEEPER ZONE

The following is a list of housekeeping zones in which some employees have **reasonably anticipated** occupational exposure. Due to the potential for an employee to substitute in another building not normally assigned, any zone that has laboratories, clinics, or a morgue must enroll the entire zone in the UNC Bloodborne Pathogens program.

Zone	Building(s) in zone	Shift	Zone Manager
201	Davie Hall Howell Hall	3 rd	Dorian White
207	Caudill Labs Chapman Hall Kenan Labs Phillips Hall	3 rd	Derek Moore
208	Mary Ellen Jones Lineberger Cancer Res Center Thurston-Bowles	2 nd	Stephen Goulart
210	Berryhill Hall Brinkous-Bullitt Burnett-Womack MacNider Hall	2 nd	Samual Gbassagee
211	Hooker Kerr Hall McGavran-Greenburg Rosenau	3 rd	Isaac Hayes
215*	Brauer Hall First Dental Koury Oral Health Tarrson Hall	3 rd	Sharon Stephens
216	Med Research B MBRB Glaxo Neuroscience Res Bldg Taylor Hall	2 nd	Timothy Carville
217*	All buildings	2 nd	Mark Platou
219	Genome Sciences Med School Wings	3 rd	Henry Black III
222*	Aycock Family Medicine	3 rd	Lay Blade
225	Carrington Hall Fordham Hall Wilson Hall	3 rd	Joesph Chetelat
226	Genetic Medicine Res Bldg Marsico Hall	2 nd	Jewel Golson-Roberts

*Denotes a zone in/with a healthcare facility



University Employee Occupational Health Clinic
CB # 1649, UNC-CH
919-966-919

Consent for Hepatitis B Vaccination

Employee information

Information on Hepatitis B and Hepatitis B Vaccination:

Hepatitis B is a major infectious occupational health hazard. It is transmitted via exposure to contaminated human blood by contaminated needles, by intimate contact with an infected person, and by blood transfusions. Health care professionals are at increased risk for acquiring this infection. Hepatitis B can result in severe liver disease with symptoms of jaundice, dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and occasionally rash and pain in the joints. The seriousness of hepatitis B infection is demonstrated by the following: hospitalization is required in about 20% of the more severe cases, about 10% of infected persons never recover but become carriers of the virus throughout their lifetime, and those who become carriers can develop cirrhosis or cancer of the liver, both of which can be fatal.

Immunization for Hepatitis B is available, at no cost, to employees whose job duties place them at risk of exposure to human blood. The Hepatitis B vaccine is synthetic and well tolerated. No serious adverse reactions have been attributed to the vaccine. As with any vaccine, there is the possibility that the vaccine could reveal rare adverse reactions not observed in the clinical trials. Of the reported reactions, approximately half were injection site soreness. Low grade fever, less than 101° F, occur occasionally and is usually confined to the 48-hour period following vaccination. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, myalgia, and arthralgia are infrequent and have been limited to the first few days following vaccination.

Immunization for Hepatitis B consists of 3 intramuscular vaccinations (1ml dose in the deltoid muscle). The first dose is given at the elected date, the second dose is given one month later, and the third dose is given six months after the first dose. Laboratory testing (blood work) 1-6 months after the last vaccination is recommended to make certain that an appropriate level of antibody was produced.

While most everyone can safely receive Hepatitis B vaccine, the following persons may want to consult their usual medical provider before vaccination: females who are pregnant or nursing, persons with known cardio-pulmonary compromise, persons with history of allergic reactions to yeast, thimerosal, or formaldehyde, or persons who are currently ill with a fever.

Although the vaccine protects against Hepatitis B, it does not protect against other infections (such as Hepatitis A, Hepatitis C, or HIV).

Consent for Hepatitis B Vaccination:

Please answer the following questions:

- 1) Are you pregnant or nursing? yes no
- 2) Do you have any cardio-pulmonary compromise? yes no
- 3) Do you have an active infection or a fever? yes no
- 4) Are you allergic to yeast, thimerosal, or formaldehyde? yes no

I have read and understand the information on Hepatitis B and Hepatitis B vaccination. I have discussed any concerns or questions with the clinic personnel. I understand that there is no guarantee that vaccination will be effective or that the vaccine will be free of side effects.

I voluntarily agree to receive the Hepatitis B Vaccine. I hereby consent to the administration of the Hepatitis B Vaccine in 3 doses over the next 6 months.

Employee signature: _____ Work phone or pager: _____

Clinic personnel signature: _____ Today's date: _____

SKB Vaccine #1 Date: Lot #: Exp date: Site: <input type="checkbox"/> R deltoid <input type="checkbox"/> L deltoid Given by:	SKB Vaccine #2 Date: Lot #: Exp date: Site: <input type="checkbox"/> R deltoid <input type="checkbox"/> L deltoid Given by:	SKB Vaccine #3 Date: Lot #: Exp date: Site: <input type="checkbox"/> R deltoid <input type="checkbox"/> L deltoid Given by:
--	--	--



University Employee Occupational Health Clinic
University of North Carolina at Chapel Hill
145 N. Medical Drive CB # 1649
Phone 919-966-9119 Fax 919-966-6337

Hepatitis B Vaccine Declination

DIRECTIONS:

Please complete the following if you have previously received the Hepatitis B Vaccination series or if you are declining the Hepatitis B Vaccination series. After printing and completing the form, you can place it in campus mail to the University Employee Occupational Health Clinic at CB #1649. It will be reviewed by a clinic provider and you will be contacted if any further information is required. If you have any questions please call the clinic at 919-966-9119.

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 infection.

Please initial one of the following:

_____ I received the complete series of Hepatitis B Vaccine in _____ (year of vaccination). I do not have original documentation.

_____ I have been given the opportunity to be vaccinated or complete the series of Hepatitis B vaccines, at no charge to myself; however, I decline Hepatitis B vaccinations at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____	_____
Employee Printed Name	Date
_____	_____
Employee Signature	PID
_____	_____
Department /Job title	CB #
	Work phone or pager

To be completed by the UEOHC

_____	_____
Signature of UEOHC Provider	Date reviewed

[Hepatitis B Vaccine Declination form](#)



DEFINITIONS

Biohazard Symbol	Warning label. Use caution; there is a chance that infectious materials that cause illness to humans, including bloodborne pathogens, may be present
Biohazard Waste	Biohazard waste is waste that could contain infectious materials, including bloodborne pathogens. Certain types of biohazard waste such as medical waste and laboratory waste are heavily regulated on federal, state, and local levels.
Biological Safety Level 2 (BSL-2)	For the purposes of this document, posted BSL-2 areas are defined as laboratories designated to work with bloodborne pathogens or with infectious material that may cause illness to humans, including bloodborne pathogens, to live and grow. These laboratories are labeled with a BIOHAZARD symbol at the entryway. It is safe to enter areas that are labeled with a BIOHAZARD symbol.
Blood	Human blood, human blood components, and products made from human blood. Most bloodborne pathogens need this human material to stay alive or to grow
Bloodborne pathogens	Microorganisms in human blood that can cause disease in other humans. They live and grow best in human blood. Some common diseases caused by these microorganisms are hepatitis (liver infection) and AIDS. Bloodborne pathogens must enter your body through a puncture in your skin or (less often) through the moist areas of your eyes, nose, or mouth.
Engineering Controls	specifically isolate or remove a hazard from the workplace.
Epidemiology	method used to find the causes of health outcomes and diseases in populations
Occupational Exposure	An expectation that certain job duties are likely to cause contact with skin, eyes, nose, or mouth or parenteral contact (cuts or sticks through the skin) with blood or "other potentially infectious materials" (defined below).
Other Potentially Infectious Materials (OPIM)	OPIM is defined as human body fluids capable of transmitting disease. These include: semen, vaginal secretions, saliva in dental procedures, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ (other than intact skin) from a human (living or dead), laboratory cell or tissue cultures, or other tissues from experimental animals infected with HIV or HBV.
Work Practice Controls	specifically reduce the likelihood of exposure by altering the manner in which a task is performed



ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BBP	Bloodborne Pathogens
BSL-2	Biological Safety Level 2
BSL-3	Biological Safety Level 3
CFR	The Code of Federal Regulations
ECP	Exposure Control Plan
EHS	Environment, Health & Safety
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
NIOSH	National Institute for Occupational Safety and Health
OPIM	Other Potentially Infectious Material
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
UEOHC	University Employee Occupational Health Clinic
UNC	University of North Carolina at Chapel Hill



HISTORY OF REVISIONS

Change	Reason	Initials/Date	Version