

- 17) Where practical, physical barriers (engineering controls) shall be instituted and maintained to protect employees from exposure.
- 18) Mouth pipetting is prohibited.
- 19) 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.
- 20) Labels that incorporate the universal "Biohazard Symbol" shall be used where required (see Hazard Communication).
- 21) 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 (see sample label A).

Housekeeping, General:

- ☑ 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 (☑☑☑Tuberculocidal) and mixed to the appropriate strength ☑☑☑ 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 body 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 as medical waste. Decontamination of the broken glassware by autoclave or chemical means may be necessary to protect subsequent handlers of the waste.

- 6) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires persons to reach by hand into the containers where these sharps have been placed until after decontamination has been completed and documented.

D) Regulated waste:

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

E) HIV and HBV Research Labs: There are currently no HIV and HBV research laboratories or production facilities.

F) Hepatitis B vaccination and post exposure evaluation:

- 1) All covered state of Connecticut employees shall be offered immunization against Hepatitis B Virus (HBV).
 - a) The prescreening, hepatitis B vaccinations, post screening and necessary boosters is currently administered by CorpCare Occupational Health in compliance with current recommendations.
 - b) Employees who refuse to participate in a prescreening program will not be excluded from the program.
 - c) 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.
 - d) Covered employees who decline to accept hepatitis B vaccination when offered, shall sign the Hepatitis B Notification form. The Notification form is given out during Initial Bloodborne Training.
 - e) 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.

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- 2) All covered student employees shall be offered immunization against Hepatitis B Virus (HBV).
 - a) The prescreening, hepatitis B vaccinations, post screening and necessary boosters will be administered by the Student Health Service in compliance with current recommendations.
 - b) Student employees who refuse to participate in a prescreening program will not be excluded from the program.
 - c) 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.
 - d) Covered student employees who decline to accept hepatitis B vaccination when offered, shall sign the Hepatitis B Notification form. The Notification form is given out during Initial Bloodborne Training.
 - e) 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.

 - G) Post exposure incident evaluation and follow-up (student or non-student):**
 - 1) 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) found at <http://web2.uconn.edu/hrnew/docs/WC207.pdf>.
 - 2) The employee or the supervisor should call 911. University ambulance will transport the injured employee to Windham Hospital or other approved ER for a confidential medical evaluation and follow-up. Ambulatory employees may report to UConn Health Urgent Care at Storrs Center. 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:
 - a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - b) Identification and documentation of the source individual, unless proven infeasible or prohibited by law;
 - c) 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);

- d) 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;
 - e) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
 - f) 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.
 - g) If circumstances cause the employee to report to Student Health Services instead of a hospital emergency room, Student Health Services will provide triage and arrange for University ambulance to transport the employee to Windham Hospital or other approved ER.
 - h) 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 Services within 24 hours for review and to arrange for post exposure follow-up testing.
- 3) Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service will be offered to the exposed worker.
 - 4) Counseling of the exposed worker will cover the topics of symptomology, risk of disease transmission and behavior modification recommended for at risk individuals.
 - 5) 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:
 - a) Hepatitis B vaccination status of the employee and vaccination or booster advisability;
 - b) 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)

H) Hazard Communication and Training:

- 1) Labels and signs:
 - a) 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.
 - b) Labels required by this section shall include the universal biohazard symbol and the word BIOHAZARD.
 - c) The labels shall be fluorescent orange or orange-red with lettering and symbols of a contrasting color, usually black.



- d) 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.
 - e) Red bags or red containers may be substituted for labels.
 - f) 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).
 - g) 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.
 - h) Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated.
 - i) Regulated medical waste shall be accumulated, stored and disposed of in accordance with established University policy.
 - j) Signs shall be posted at the entrance to work areas in accordance with the University's Biological Safety Policy.
- 2) Training required by the standard shall be provided as follows:
 - a) At the time of initial assignment to tasks where occupational exposure may take place;

b) At least annually thereafter.

I) Record Keeping:

- 1) 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.
- 2) The medical record for employees included in this plan shall contain the following:
 - a) Name and University issued identification number of the employee;
 - b) 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;
 - c) 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.
- 3) 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.
- 4) Availability of records:
 - a) All records shall be made available to Assistant Secretary of Labor and the Director of the Occupational Safety and Health Administration.
 - b) 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.
 - c) 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.
- 5) The University shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20 (h).

J) 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 workers 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.