BLOODBORNE PATHOGENS PROGRAM
EXPOSURE CONTROL PLAN

UNIVERSITY of CALIFORNIA, SANTA CRUZ

PURPOSE

The purpose of the Bloodborne Pathogens Program Exposure Control Plan (ECP) is to reduce or eliminate the risk of University of California, Santa Cruz (UCSC) employee exposure to human bloodborne pathogens in research, teaching, and administrative units, and to provide guidelines for monitoring and documenting the effectiveness of this plan. This ECP is designed to comply with the current Cal/OSHA Bloodborne Pathogens Standard.

REFERENCES

Cal/OSHA Bloodborne Pathogens Standard, Title 8, General Industry Safety Orders, Section 5193, Bloodborne Pathogens/Sharps Injury Prevention, effective July 30, 1999

Center for Disease Control, Statement of Universal Precautions

UC Santa Cruz Injury and Illness Prevention Program (IIPP)

Appendix A – OSHA Bloodborne Pathogens Standard Exposure Control Plan Template

Appendix B – Sharps Injury Log Form

Appendix C – UCSC Incident Report Form
(http://risk.ucsc.edu/forms/RiskIncidentReportFormFill.pdf)

Authorization for Medical Treatment
(http://risk.ucsc.edu/forms/AuthorizeWCMedical.pdf)

Supervisor's Incident Investigation & Report of Occupational Injury
(http://risk.ucsc.edu/forms/IncidentInvestigation.pdf)

SCOPE

The scope of this plan covers all UCSC employees who may be exposed to the following materials as a result of their job duties:

1. Human blood, blood components, or blood products.
2. Other Potentially Infectious Materials (OPIM), such as:
   a) Certain human body fluids as defined in 8CCR§5193 Subsection (b), including amniotic fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, vaginal secretions, semen, saliva in dental procedures, body fluids contaminated with blood (e.g., saliva or vomitus), and all body fluids where it is difficult to differentiate between fluids.
   b) Unfixed human tissues and organs.
   c) Materials that may be infected with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). These include, but are not limited to:
      1. Blood, organs, and tissues from experimental animals;
      2. Culture growth media and other solutions;
      3. Cell/tissue/organ cultures from humans or experimental animals.

RESPONSIBILITIES

The UCSC employees determined to be at risk of exposure to human bloodborne pathogens shall:

1. Comply with the training requirements specified in each work area.
2. Provide their supervisor with a record of HBV vaccination, or sign the HBV Declination Statement (if choosing not to be vaccinated).
3. Notify their supervisor immediately after any sharps injury or any exposure incident involving human blood or OPIM.
4. Fill out and submit a UCSC Incident Report Form found at http://risk.ucsc.edu/forms/RiskIncidentReportFormFill.pdf . For assistance completing the form go to http://risk.ucsc.edu/workerscomp/index.html .
5. If exposure resulted from a sharps injury, fill out applicable portions of the Sharps Injury Log Form as required (see Appendix B).

The Principal Investigators (PIs) in each academic laboratory or the Department / Unit Managers shall:

1. Ensure that all employees under their direction receive training to minimize or prevent exposure to bloodborne pathogens in compliance with the ECP and IIPP (Assistance from EH&S is available to develop employee training).
2. Document employee training according to the requirements of this policy.
3. Ensure that all employees under their direction are offered HBV vaccinations, as recommended, and ensure that employees who decline to receive the vaccination have signed the HBV Declination Statement.
4. Ensure that all training records and HBV vaccination records (or HBV Declination Statements) are current and maintained for a minimum of three years.
5. Ensure that employees know to report exposures *immediately* to their supervisor as well as by completing the UCSC Incident Report Form found at http://risk.ucsc.edu/forms/RiskIncidentReportFormFill.pdf
6. Ensure that employees receive a medical evaluation immediately after an exposure incident or sharps injury (including nights, weekends and holidays).
7. Investigate and document all exposure incidents immediately; record all sharps injuries on the Sharps Injury Log Form (see Appendix B), and report them to EH&S within 14 days.
8. Investigate and document all exposure incidents and sharps injuries immediately on an Supervisor's Incident Investigation and Report of Occupational Injury Form at http://risk.ucsc.edu/forms/IncidentInvestigation.pdf (see Appendix C) within 24 hours of the incident. For assistance completing the form go to http://risk.ucsc.edu/workerscomp/index.html .
9. Determine employee exposure risks for potential contact with human bloodborne pathogens that are associated with all job positions under their direction.
10. Document the exposure risks of employees, job descriptions, and work practices under their direction.
11. Develop a written ECP specific for the units under their direction.

The Environmental Health & Safety (EH&S) office shall:

1. Implement the UCSC Bloodborne Pathogens Program and monitor its effectiveness.
2. Develop and monitor ongoing training programs to ensure that all affected UCSC employees are informed of procedures to prevent and control exposure to bloodborne pathogens.
3. Develop the ECP Template to document UC Santa Cruz employee exposure risks to bloodborne pathogens and the engineering controls used to minimize and prevent sharps injuries (see Appendix A).
4. Provide guidance and information to University staff in determining and documenting the employee exposure risks within their areas of responsibility.
5. Provide guidance to University staff in complying with the Bloodborne Pathogens Program ECP.
6. Audit UCSC departments for compliance with 8CCR§5193 periodically.
7. Review this policy document annually and update it as needed.

The Santa Cruz Occupational Medical Center (SCOMC) shall:

1. Maintain policies and procedures for immunization and post-exposure care.
2. Administer hepatitis B vaccine.
3. Provide appropriate post-exposure testing and treatment consistent with current USPHS recommendations.
4. Provide general post-exposure information to university personnel referred for post-exposure followup.
5. Maintain complete and confidential medical records.

EXPOSURE CONTROL PLAN IMPLEMENTATION

In compliance with 8CCR§5193, Subsection (c)(1)(B), UC Santa Cruz's Bloodborne Pathogen ECP consists of the following basic elements:

1. A system for determining and documenting the potential exposure risks of employees to human bloodborne pathogens (exposure determination).
2. Systems in each workplace for minimizing risks and safeguarding employees from exposure to human bloodborne pathogens.
3. A system for evaluating engineering controls that can minimize sharps injuries and employee exposure to human bloodborne pathogens. This system includes documenting engineering controls used and/or reasons that available engineering controls are not used.
4. A central system for documenting and monitoring exposure incidents involving the use of a sharp and a system for obtaining and documenting post-exposure evaluation and follow-up by healthcare professionals
5. Effective procedures for obtaining active involvement of employees in reviewing and updating the ECP to reflect and encompass the exposure issues in their work areas or departments.
6. A system for controlling the HIV, HBV, and HCV research laboratory facilities.
7. A vaccination program for employees who may be exposed to HBV in their job duties.

8. Systems for communicating work hazards to employees by providing necessary information and training, by labeling contaminated materials, containers, and equipment, and by posting signs in biohazardous work areas as needed.

EH&S reviews the ECP policy and supporting documents annually to determine if revisions are needed to improve existing policies and procedures. This review may also be initiated as a result of any revision to 8CCR§5193, any changes or additional work tasks and procedures that affect employee exposure, or an unprecedented employee exposure incident that merits further review.

All necessary revisions to the ECP are drafted by EH&S in collaboration with the Institutional Biosafety Committee (IBC). The revised ECP draft is routed to the appropriate reviewers, and additional changes are incorporated as needed prior to final approval. Upon approval, EH&S will issue the revised ECP with a new effective date and ensure that copies are distributed to all applicable supervisors.

The approved ECP is available to University employees on the EH&S publication website or on hard copy by contacting EH&S. The approved ECP is also available to representatives of Cal/OSHA upon request.

EH&S staff (or their designates) arrange to conduct Bloodborne Pathogen ECP training sessions for University employees annually and whenever the ECP policy or ECP template is revised. For specific details, refer to the Communication of Hazards to Employees Section of this policy.

SHARPS INJURY LOG SYSTEM

In compliance with 8CCR§5193, *Subsection (c)(2)*, EH&S maintains a central Sharps Injury Log system to record and track human bloodborne pathogen exposure incidents involving the use of sharps. Sharps are devices or objects that may penetrate the skin. Examples of sharps include, but are not limited to, hypodermic needles, scalpels, razor blades, X-acto® blades, and broken glass items (e.g., Pasteur pipettes, microscope slides, thermometers).

Whenever UCSC employees are injured with a sharp and/or exposed to human bloodborne pathogens, they are responsible for reporting the incident to their supervisor, immediately or as soon as possible after the injury.

The supervisor must immediately notify EH&S, Risk Services and Santa Cruz Occupational Medical Center (or Dominican Hospital Emergency Department if SCOMC is closed) of the incident. The supervisor must immediately provide the employee with a UCSC Incident Report Form and an Authorization for Medical Treatment form. The supervisor must also fill out a Supervisor's Incident Investigation and Report of Occupational Injury form ***within 24 hours*** of the incident. Failure to fill out the required forms within the specified time frames may result in legal and financial consequences. Supervisors shall retain copies of the completed forms for their department records and forward the original to the Office of Risk Services in accordance with the campus *Workers' Compensation Handbooks*.

Working with the injured employee and EH&S, the supervisor will also fill out a Sharps Injury Log Form ***within 14 working days*** of the incident (refer to Appendix B). Failure to fill out the form within the specified time frame may result in legal and financial consequences. The information to record includes the following (if reasonably available):

1. Injured employee name
2. Job classification/title
3. Employee's supervisor name
4. Date/time of the exposure incident
5. Type/brand name of sharp involved
6. Department or work area
7. Type of procedure being performed at the time of the exposure incident
8. Details describing how the exposure incident occurred
9. Part of body injured during the exposure incident
10. Whether or not injury protection controls were activated on sharps possessing such controls
11. Whether or not the sharps injury occurred before, during, or after activation of any injury protection controls (if applicable)
12. The injured employee's opinion as to whether and how an injury protection control could have prevented the injury
13. The injured employee's opinion about whether any engineering, administrative, or work practice control could have prevented the injury

The supervisor will give the injured employee a copy of the completed Sharps Injury Form and keep a copy for the department's records. The supervisor will forward the original form to EH&S for review and monitoring. EH&S will investigate the circumstances of the incident, working with Santa Cruz Occupational Medical Center (SCOMC) staff if applicable. SCOMC staff will evaluate the incident and make any necessary recommendations for medical follow-up. EH&S staff will work with the supervisor to identify ways to modify work practices to prevent additional occurrences.

EH&S will prepare annual reports summarizing the sharps injury data and any recommendations for work practice modification. These reports will be distributed to the IBC.

EXPOSURE DETERMINATION SYSTEM

EH&S will send an annual memo reminding all affected supervisors to review their Bloodborne Pathogens Standard ECP Templates (hereafter referred to as "the Template"). For new departments or laboratories, supervisors will be directed to review the new work area(s) and fill out the Template for the first time. EH&S will provide blank copies of the Template as needed or upon request. Alternatively, EH&S may provide instructions on how to access electronic blank copies of the Template for completion. Refer to Appendix B for a copy of the Template.

Supervisors will review their files to determine if the information in the most recent completed Template(s) is current and complete. If no changes have occurred for the areas under review, the supervisor will indicate this by checking the appropriate boxes on the memo, providing any requested information, and returning the completed memo to EH&S for filing. Supervisors will retain a copy of the EH&S memo for their department records.

If changes have occurred for the areas under review, the supervisors will complete new Templates. The completed Template original is forwarded to EH&S for central filing and monitoring, and copies are retained in the department files for future reference.

The exposure determination information to be provided includes, but is not limited to, the following:

1. A list of the types of materials in the work area that are a source of human bloodborne pathogens.
2. A list of job titles/classifications in which all employees are exposed to human bloodborne pathogens.
3. A list of job titles/classifications in which some of the employees are exposed to human bloodborne pathogens.
4. A list of the types of sharps used in the work area.
5. A list of the tasks and procedures performed in the work area.
6. A list of the engineering controls used in the work area to minimize or prevent exposure to human bloodborne pathogens.
7. Documentation of why engineering controls are not used (if applicable).
8. A list of work practice controls used in the work to prevent or minimize exposure to human bloodborne pathogens.
9. A list of all containment equipment used to conduct work and/or prevent exposure to blood, animals, and OPIM containing human bloodborne pathogens.
10. A list of personal protective equipment used to prevent or minimize exposure to human bloodborne pathogens.

METHODS OF COMPLIANCE

In compliance with 8CCR§5193, Subsection (d), UCSC has established systems in each work area that are designed to minimize risks and safeguard employees from exposure to human bloodborne pathogens (Methods of Compliance). These systems include, but are not limited to:

1. Observing *Universal Precautions* in the work area as a method of infection control to prevent contact with blood or OPIM. *Universal Precautions* assumes that all human blood, tissue, and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
2. Performing procedures that involve blood or OPIM in a manner that minimizes splashing, spraying, spattering, and generation of droplets.
3. Using work practice controls and engineering controls to eliminate or minimize employee exposure to human bloodborne pathogens.
4. Using personal protective equipment as appropriate to eliminate or minimize employee exposure to human bloodborne pathogens.

The following sections of this policy provide details about the specific engineering controls, work practice controls, containment equipment, and personal protective equipment that are used to safeguard University employees.

ENGINEERING CONTROLS

Whenever possible, laboratory and medical employees will use the following engineering controls in order to prevent or minimize the occurrence of sharps injury:

1. Needle-free systems to withdraw body fluids after initial venous/arterial access is established, to administer medications or fluids, or to perform any other procedure involving possible exposure incidents for which a needle-free system can be used instead of a needle device.
2. Needle devices with engineered sharps injury protection to withdraw body fluids, access a vein/artery, or administer medications/fluids.
3. Non-needle sharps with engineered sharps injury protection.

If engineering controls are not used in a specific work area that may expose employees to human bloodborne pathogens, the reasons will be documented on the ECP Template [per the allowable exceptions listed in 8CCR§5193, Subsection (d)(3)(A)(4)].

WORK PRACTICE CONTROLS

1. Effective patient handling techniques must be employed when sharps are used to access/withdraw blood and body fluids, and when they are used to administer vaccines, medications or fluids.
2. Shearing or breaking contaminated sharps is strictly prohibited.
3. Contaminated sharps must not be recapped or removed from devices. The only exceptions to this occur when:
    a) The procedure is performed using a mechanical device or a one-handed technique.
    b) Department management demonstrates that no alternative is feasible.
    c) The procedure is required by a specific medical or dental procedure.
4. Disposable sharps cannot be reused.
5. Contaminated sharps must be placed in appropriate sharps containers *immediately or as soon as possible* after use.
6. Sharps containers must be rigid, puncture-resistant, leak-proof on the sides and bottom, portable, and labeled per the requirements in 8CCR§5193, Subsection (g)(1)(A)(2). If the containers are used for disposable sharps, they must be leak-resistant and difficult to reopen when closed and sealed.
7. At all times, sharps containers must be easily accessible to employees and located in the immediate areas where they are used or may be found.
8. Sharps containers must be maintained upright where feasible and replaced as often as needed to avoid overfilling.
9. Contaminated sharps must not be stored or processed in a manner that requires employees to put their hands into the sharps containers.
10. Sharps containers must not be opened, emptied, or cleaned in any manner that exposes employees to sharps injury risk.

11. The contaminated sharps must not be removed until the sharps containers have been properly decontaminated or reprocessed.
12. Before sharps containers are removed from the work area, they must be closed or sealed to prevent spillage or exposure of contaminated sharps. If leakage is possible, they must be placed into a second leak-resistant container before further handling, labeling, storage, or transport.
13. Protective gloves and other necessary personal protective equipment (PPE) must be worn when handling specimens of blood or OPIM, when removing contaminated laundry, and when handling contaminated items and surfaces. Protective gloves must also be worn when there may be hand contact with mucous membranes or non-intact skin, and when performing vascular access procedures. For specific details, refer to the Protective Personal Equipment Section of this policy (page 10).
14. Blood/OPIM specimens and contaminated laundry being removed must be placed into leak-resistant containers before further handling, labeling, storage, and transport.
15. Contaminated broken glassware must not be picked up by hand. Use mechanical means such as forceps or tongs, or sweep up glassware with a brush and dustpan.
16. Mouth-pipeting or mouth-suctioning procedures are strictly prohibited.
17. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas. Employees must not put anything into their mouths (pens, pencils, pipettes, pins).
18. Food and drink are not allowed in refrigerators, freezers, shelves, cabinets, bench tops, ovens, or microwave ovens where blood or OPIM are present.
19. Employees must wash their hands frequently while working with biohazardous agents and immediately after removing gloves (or other personal protective equipment). Immediately after contact with blood or OPIM, employees must also wash their hands or any other contact skin with soap and water and, if necessary, flush mucous membranes with water.
20. Work areas, work surfaces, equipment, and receptacles must be kept clean and sanitary using cleaning/sanitization procedures that are effective for the areas and types of contaminants present. There are written schedules for cleaning and decontaminating work areas/surfaces/equipment after general use and after contamination with blood and OPIM.
21. All equipment is examined before servicing or shipping and is decontaminated as necessary. If the equipment (or portions of the equipment) cannot be decontaminated, it will be labeled with the following:
    a) The word “Biohazard”
    b) The Biohazard Symbol
    c) A statement indicating which portions remain contaminated

PERSONAL PROTECTIVE EQUIPMENT CONTROLS

1. In addition to engineering controls and work practice controls, the supervisor must provide all appropriate PPE at no cost to the employees. Under normal conditions of use, "appropriate" PPE controls do not permit blood or OPIM to reach or pass through to employee work clothing, street clothing, undergarments, skin, eyes, mouth, or other mucous membranes. Examples of appropriate PPE include, but are not limited to, the following:

   a) Gloves, shoe covers, hair covering, gowns, and laboratory coats (including disposable types)

   b) Face shields, face masks, eye protection (e.g., goggles and safety glasses), and mouthpieces

   c) Resuscitation bags, pocket masks, or other ventilation devices

2. Employees are required to use appropriate PPE when performing tasks that involve exposure to blood, OPIM, and human bloodborne pathogens. Employees may only decline to use PPE under the rare and extraordinary circumstance when they determine (using their best professional judgment) that the PPE increases safety hazards or prevents the delivery of necessary health care or public safety services. Employees should always report these events to EH&S without concern for any reprisal. EH&S will make every effort to investigate these events to determine if procedure changes can be implemented to avoid future occurrences of not using available PPE.

3. PPE are readily accessible to employees in the work areas and are available in appropriate sizes. For employees who are allergic to standard gloves, hypoallergenic gloves, glove liners, or powderless gloves are provided as alternatives to ensure adequate protection. The department provides appropriate cleaning, laundering, or disposal of PPE, and also provides repair or replacement of PPE whenever necessary to maintain their effectiveness.

4. Employees must remove PPE before leaving their work areas. PPE contaminated with blood, OPIM, or other human bloodborne pathogens must be removed immediately or as soon as possible. PPE must be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

5. Single-use, disposable gloves must be replaced as soon as possible whenever they become contaminated, torn, punctured or otherwise compromised in functioning as a protective barrier. They must not be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use as long as the integrity of the glove is not compromised. They must be discarded if they are cracked, torn, punctured, or show other signs of deterioration.

6. Employees performing routine phlebotomy are encouraged to wear disposable gloves during their procedures. Employees *must wear* disposable gloves if they have cuts, scratches, or other breaks in their skin, if they are receiving phlebotomy training, and if they are performing phlebotomy procedures during risky situations (e.g., working with uncooperative patients).

7. Employees must wear masks or chin-length face shields combined with eye protection gear (e.g., goggles, safety glasses with side shields) if they can reasonably expect to encounter splashes, spray, spatter or droplets of blood, OPIM, or other human bloodborne pathogens in their work areas.

8. Protective body clothing (e.g., gowns, aprons, and laboratory coats) must be worn as needed in work exposure situations depending on the level of exposure anticipated. Surgical caps and shoe covers must be worn if work procedures (e.g., autopsies, orthopedic surgery) involve possible exposure to gross contamination.

CONTAINMENT EQUIPMENT CONTROLS

1. Containment equipment must be used in work areas that pose a threat of exposure to droplets, splashes, spills, or aerosols of blood/OPIM. Examples of containment equipment include but are not limited to:
   a) Certified biological safety cabinets
   b) Respirators
   c) Centrifuge safety cups
   d) Sealed centrifuge rotors
   e) Containment caging for animals
2. Biological safety cabinets must be checked for proper functioning each time they are used. Laboratory personnel will check them for proper functioning every week/month according to manufacturer recommendations and CDC guidelines. Biological safety cabinets must be certified upon installation, upon being moved, and once a year. Inspection records are kept by the supervisor.

HIV, HBV, HCV RESEARCH LABORATORY POLICIES

The HIV, HBV, or HCV Research Laboratory must meet the requirements specified in 8CCR§5193, Subsection (e). A separate Special Pathogens ECP outlines the requirements for exposure determination, engineering and work practice controls, containment equipment controls, facility design controls, and employee training. These procedures are reviewed annually in compliance with UC Santa Cruz's ECP.

HEPATITIS B VACCINATION PROGRAM

Vaccination is an effective preventive measure against hepatitis B infection (a serious disease that can lead to liver cancer and death). The Santa Cruz Occupational Medical Center provides HBV vaccination at no cost to all employees who have occupational exposure to human bloodborne pathogens. Vaccination costs are charged to the employee's department or principal investigator.

Employees do not have to participate in any pre-screening program to become eligible for the vaccination. It is available after employees have received information and training about the vaccination and within ***10 working days*** of their initial assignment. Vaccination may not be appropriate if the employee has previously completed the HBV vaccination series, if voluntary antibody testing reveals that the employee is immune, or the vaccine is contraindicated for medical reasons.

If employees decline to accept the vaccination offered, the supervisor must ensure that they sign the appropriate form containing the HBV Vaccination Declination statement specified in 8CCR§5193, Appendix A.

Vaccination will be made available at any future date if employees initially decline to participate in the program but subsequently change their minds.

BLOODBORNE PATHOGEN POST-EXPOSURE EVALUATION AND FOLLOW-UP

As part of the approved ECP, UC Santa Cruz has systems in place to investigate, evaluate, and provide medical follow-up for all exposure incidents that are reported by employees. The University is committed to providing employees with complete medical evaluation and any necessary follow-up care in a manner that protects their privacy and ensures confidentiality of information.

All employees are responsible for immediately reporting any incident of exposure to human bloodborne pathogens to their supervisor. Examples include, but are not limited to, sharps injuries, research animal bites, contact with blood or OPIM on skin, eyes, or mucous membranes, and oral ingestion or inhalation of blood or OPIM.

Refer to the Sharps Injury Log System section of this policy for specific details on how to handle and document the investigation of bloodborne pathogen exposure from sharps injuries. In the case of all other exposure incidents, the following steps are taken to ensure complete evaluation and follow-up care.

1. The supervisor must immediately notify EH&S, Risk Services and Santa Cruz Occupational Medical Center (or Dominican Hospital Emergency Department if SCOMC is closed) of any exposure incident involving their employees. The supervisor is also responsible for ensuring that the employee receives a confidential medical evaluation as soon as possible after the incident (at no cost to the employee). The employees will be referred to the SCOMC for initial evaluation unless circumstances require that another health care provider be utilized.

2. The supervisor must provide the employee with a UCSC Incident Report form, Authorization for Medical Treatment form, and must also fill out an Supervisor's Incident Investigation form ***within 24 hours*** of the incident. To access these forms and obtain instructions on completing the appropriate information, go to http://risk.ucsc.edu/workerscomp/index.html. Failure to fill out the forms within the specified time frame may result in legal and financial consequences. The supervisor will make copies of the completed form to send to EH&S and to retain for their own department records. The original will be forwarded to the Office of Risk Services in accordance with the Campus *Workers' Compensation Handbook*.

3. The information to be included in the Supervisor's Incident Investigation and Report of Injury includes the following:

   a) Employee name, job title, department, and location.

   b) A description of the employee's duties as they relate to the exposure incident.

   c) Source of human bloodborne pathogen exposure (e.g., source individuals—under protection by law—laboratory animals, cell cultures, blood specimens, contaminated work surface).

   c) Documentation of the exposure incident including, date/time of the incident, circumstances leading to it, route(s) of exposure, description of exposure/injury.

   d) HBV vaccination status of the employee.

4. In the case of exposure incidents involving source individuals, blood samples (if available) will be tested for HIV, HBV, and HCV infectivity as soon as possible after legal consent is obtained or whenever legal consent is not required. If legal consent is required but not obtainable, the supervisor will document this in his/her exposure incident report.

5. If blood samples are tested, the exposed employee will be informed of the results as well as applicable laws and regulations regarding the identity/test status of the source individual. Testing is not required if the source individual is documented to be infected with HIV, HBV, or HCV.

6. Collection and testing of blood samples for HBV, HCV, and HIV serological status is available to the exposed employee immediately upon consent. The employee may choose to defer HIV serological testing of baseline blood samples collected. Under these circumstances, the samples will be preserved. If the employee requests HIV testing of the baseline sample, the testing will be performed as soon as possible.

7. The health care professional who performs the medical evaluation will be provided with the following information:
   a) A copy of the Cal/OSHA Bloodborne Pathogens Standard (8CCR§5193).
   b) A description of the employee's duties as they relate to the exposure incident.
   c) Documentation regarding the exposure incident (circumstances, routes of exposure).
   d) Blood test results of the source individual (if available and applicable).
   e) Relevant medical records including the employee's HBV vaccination status.
8. If post-exposure prophylaxis is recommended during the medical evaluation, it will be provided to the employee at no cost. The University will also provide any necessary counseling and evaluation of reported illnesses.
9. Santa Cruz Occupational Medical Center (or the alternate health care professional) will document the results of the medical evaluation per their internal procedures and will provide limited information to EH&S, Risk Services and the supervisor ***within 10 days of completion***. The supervisor will provide the employee with a copy of the health care professional's medical evaluation ***within 15 days of its completion***.
10. All post-exposure evaluation and follow-up will be documented per SCOMC internal procedures. The documentation forwarded to EH&S, Risk Services and the supervisor will be limited to statements that the employee has been informed of the evaluation results and of any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment. All other information will remain confidential.
11. Prophylactic laboratory testing costs and prophylactic treatment are the responsibility of the employee's department. There is no charge to the employee for clinic services. The Workers' Compensation Program may cover some or all of the costs for post-exposure care.

COMMUNICATION OF HAZARDS TO UC SANTA CRUZ EMPLOYEES

UC Santa Cruz is committed to ensuring that all employees are made aware of the current Cal/OSHA Bloodborne Pathogen Standard regulations (hereafter referred to as the Standard) and the systems in place for complying with them. UC Santa Cruz is also committed to keeping employees informed of possible biohazards in their work areas and of procedures to prevent and control exposure to bloodborne pathogens (i.e., the ECP). Employees are informed of the standard regulations, work-related biohazards, and the ECP through a combination of training programs (by qualified knowledgeable trainers), distributed written materials, and the use of applicable alert labels and signs within the work area itself.

TRAINING

EH&S coordinates the development of training programs to educate UC Santa Cruz employees about the Standard and the campus ECP. This training may also include information from the Injury and Illness Prevention Program (IIPP) as needed. The supervisors are responsible for developing specific on-the-job training for safe laboratory practices and types of biohazards present within their department.

New University employees must receive training on the Standard and ECP before they begin performing work procedures with occupational exposure. The responsible supervisors will either conduct and document the training or arrange with EH&S staff to coordinate an appropriate training session. Thereafter, all University employees with exposure to human bloodborne pathogens must receive ongoing training annually as well as whenever new regulations or procedures are introduced or existing ones are revised.

The annual training will include the following subjects:

1. A copy of the Standard and training on the specific regulations
2. Epidemiology/symptoms of bloodborne diseases and their modes of transmission
3. Methods for recognizing tasks and activities that involve exposure to blood and OPIM
4. The ECP and methods of compliance
5. Personal protective equipment, including their decontamination and disposal
6. The HBV vaccination program
7. Emergency procedure information, including persons to contact during an emergency involving blood or OPIM
8. Handling exposure incidents, including sharps injuries
9. Post-exposure evaluation and follow-up procedures
10. Signs and labels used to alert employees of biohazards

LABELS AND SIGNS

Warning labels must be securely affixed to containers of regulated waste, refrigerators/freezers containing blood/OPIM, and other containers used to store, transport, or ship blood/OPIM.

Blood bags for transfusion or other clinical use are exempted from this requirement. Individual containers of blood/OPIM that are placed in labeled containers for storage, transport, shipment or disposal are also exempted from this labeling requirement.

The warning labels used must list the word "Biohazard" and display the universal biohazard symbol. (The labels are fluorescent orange/red with contrasting letters/symbols.) Red bags or containers may be substituted for labels except for sharps containers or regulated waste red bags.

Contaminated equipment must also be labeled with the "Biohazard" label. Additionally, the label must state which portions of the equipment remain contaminated.

The HIV, HBV, HCV Research Laboratory must post signs at the entrance to the work area that list the Biohazard symbol, the name of the infectious agent used in the facility, special requirements for entering the facility, and the name/phone number of the responsible supervisor.

RECORD KEEPING

UC Santa Cruz maintains or causes to be maintained records for employees with occupational exposure to human bloodborne pathogens. The types of records include employee training records, employee medical records (including Employer's Report of Injury), and the Sharps Injury Log records. The University will maintain these records for the following periods of time:

1. Employee Training Records – 3 years from the date of training
2. Employee Medical Records – duration of employment + 30 years
3. Sharps Injury Log records – 5 years from the date of the exposure incident

These records are available upon request for review and copying to the affected employee, to any person with the employee's written consent, and to appropriate representatives of Cal/OSHA.