

# RESEARCH-EXPOSURE CONTROL PLAN

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Biosafety | 706-542-5300 | <http://research.uga.edu/biosafety/>

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**PURPOSE**

The University of Georgia's Research Exposure Control Plan (R-ECP) was written to eliminate or minimize employee exposure to blood-borne pathogens of human origin in the research environment and to assist the institution with compliance to the OSHA Blood-borne Pathogens Standard (29 CFR 1910.1030).

**POLICY**

All employees of the University of Georgia (UGA) performing research related activities shall comply with the UGA R-ECP. This written plan is available by contacting the University Office of Biosafety or can be accessed online in the Institutional Biosafety Manual, <http://research.uga.edu/biosafety/>.

**UNIVERSITY OF GEORGIA ADMINISTRATIVE ROLES/ RESPONSIBILITIES****The Office of Biosafety:**

- maintains, reviews and updates the UGA R-ECP annually
- ensures that adequate training is available to employees in research positions at UGA
- ensures that the written R-ECP plan is available to employees

**Principle Investigators (PIs)/Lab Supervisors:**

- ensure implementation of the R-ECP in their work units
- ensure that the R-ECP is available to employees during their work shifts
- ensure that all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and biosafety bags are provided and maintained as required by the OSHA standard
- ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes
- ensure that all occupational medical actions required are taken and that occupational health records are maintained
- ensure that all staff who have occupational exposure to blood or other potentially infectious materials (OPIM) receive appropriate training. To remain compliant with the University System of Georgia records retention policy (#0472-13-027), these training records must be maintained by the lab supervisor for a 30 years after separation of the employee.
- ensure that sharps disposal containers are routinely inspected and maintained or replaced when necessary to prevent overfilling and that employees know how to use them and where they are located
- establish procedures for laundering contaminated articles
- ensure that exposure risk assessments have been performed for all of their workers regardless of the types of PPE provided for their work tasks.

**University employees:**

- who have occupational exposure to blood or other potentially infectious materials (OPIMs) in the research setting are required to follow the procedures and work practices outlined in this R-ECP.

### **Occupational Exposure Risk Determination**

An occupational exposure risk is defined as reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with human blood or other potentially infectious materials (OPIMs) that might result from the performance of an employee's duty.

Exposure risk is determined by reviewing employee responsibilities for the risk of occupational exposure to human blood, human body fluids, or OPIMs. OPIMs are defined as any unfixed tissue or organ (other than intact skin) from a human (living or dead). This includes primary and established human cell lines, HIV-containing cell or tissue cultures, organ culture media or other solutions, and blood, organs, and tissues from animals experimentally infected with HIV, HBV, or HCV.

All employees will be assessed using the following criteria to determine occupational exposure risk:

- Do they process or handle human blood, body fluids, unfixed tissues or organs?
- Do they process or handle equipment, materials, or waste that may have been contaminated with human blood, body fluids, or OPIMs?
- Do they routinely administer first aid?
- Do they process or handle primary or established human cell lines?
- Do they process or handle blood, body fluids, unfixed tissues or organs from animals experimentally infected with HIV, HBV, HCV or other known blood-borne pathogens?

### **Exposure Control Plan and Training**

All employees covered by the blood-borne pathogens (BBP) standard will receive an explanation of the R-ECP during their initial BBP training. This training will be given before the employee has exposure to work that involves blood or OPIMs. The R-ECP will be reviewed annually or more often if new tasks or procedures affect the employee's potential occupational exposure.

A link to on-line BBP training is available on the Office of Biosafety website. Based on typical educational levels of research personnel, on-line training is considered generally appropriate. For any BBP training program, minimal content will include:

- An explanation of the OSHA blood-borne pathogens standard and the UGA R-ECP and how to obtain a copy
- General explanation of the epidemiology, and symptoms of blood-borne diseases
- An explanation of recognition tasks and other activities that may involve exposure to blood, including what constitutes an exposure incident, modes of transmission, etc.
- An explanation of the basis for PPE selection with information on proper use, location, removal, handling, decontamination and disposal of such PPE.
- An explanation of the use and limitations of engineering controls, work practices, and disposal of PPE
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine will be available at no cost to the employee
- An explanation of the procedure to follow if an exposure incident occurs involving human blood or OPIMs, including the persons to contact, appropriate actions to take, method of reporting the incident and the medical follow-up that will be made available
- Information on post-exposure evaluation and follow-up that the employer is required to provide following an exposure incident

- An opportunity for interactive questions and answers with the Principle Investigator (PI), lab supervisor, and Office of Biosafety staff or other available persons involved with the employee's training process or session.
- An explanation of signage and labeling and/or color coding as required by the BBP standard

Additional Training Requirements for Lab and Production Facilities Working with HIV, HBV, or HCV include:

- The PI or lab supervisor will ensure that personnel demonstrate proficiency in standard microbiological practices and techniques. A form to document personnel proficiency is available on the Office of Biosafety website
- The PI or lab supervisor will ensure that personnel are proficient in specific lab/facility practices and operations involved in their work with HIV, HBV, or HCV or will ensure that personnel have prior experience in the handling of human pathogens or tissue culture before working with HIV, HBV, or HCV.

The R-ECP will be made available for review at any time during their work shifts (hard copies may be required in some work areas). An employee can obtain a copy of the R-ECP on the Office of Biosafety website at [www.ovpr.uga.edu/biosafety](http://www.ovpr.uga.edu/biosafety). It is available as an appendix in the Institutional Biosafety Manual.

## **Recordkeeping**

### ***Training Records***

To remain compliant with the University System of Georgia records retention policy (#0472-13-027), training records must be maintained by the lab supervisor for a 30 years after separation of the employee. Training records will include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names of persons conducting the training
- the names of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative. Requests for training records should be sent to the employee's supervisor or to the Office of Biosafety (<mailto:biosafety@uga.edu>).

### ***Medical Records***

Medical records are maintained for each employee in accordance with this plan in accordance with 29 CFR 1910.1020 with the Occupational Health Physician. The Office of Biosafety will maintain copies of employees OHSP questionnaire. These records will be kept for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone with written consent of the employee. Medical records will include:

- The name and UGA ID of the employee
- A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations provided by the OHSP medical practitioner and any relative records related to the employee's ability to receive vaccination
- The employer's copy of the OHSP practitioner's written opinion

- These records are kept confidential and not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by the OSHA BBP Standard or other applicable law.

### ***Sharps injury log***

All percutaneous injuries involving sharps will be reported to the Office of Biosafety following incident reporting protocols outlined in the Biosafety Manual. With this information, the Office of Biosafety maintains a sharps injury log for all percutaneous injuries from sharps in the *UGA Sharps Injury Log* (this is an internal document not posted online). The log will be maintained for a minimum of five years. The log is maintained in a manner to protect the confidentiality of the injured employee. If a copy of the log is requested by anyone, it must have any personal identifiers removed from the report. The log includes:

- date of injury
- type and brand of the device involved
- department or work area where the incident occurred
- explanation of how the incident occurred

## **METHODS OF EXPOSURE CONTROL**

### **Universal Precautions**

Universal Precautions are defined as the infection control practices in which all human blood and human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other blood-borne pathogens. Universal precautions "controls" include:

- Engineering and work practices
- Personal protective equipment
- Administrative controls

### ***Engineering Controls***

Engineering controls will be maintained or replaced on a regular schedule to ensure their effectiveness.

Examples of engineering controls include:

- Non-glass capillary tubes
- Safety engineered sharps
- needleless systems
- sharps containers
- sinks near exits

The PI or lab supervisor is responsible for ensuring that changes in engineering controls are identified as needed. This may be done by employee suggestions or changes in work place standards, for example. New procedures and new products should be evaluated regularly through literature reviews, supplier information, new product advertising and/or committee comments.

For labs working with HIV, HBV, HCV or other known blood-borne pathogens, biological safety cabinets (BSCs) or other appropriate combinations of PPE or containment equipment, such as respirators, lab coats, centrifuge safety cups and rotors, ventilated HEPA filtered animal caging, etc., will be used for activities with such materials when there is a risk of exposure to aerosols, splashes, spills, etc. BSCs will be used and maintained as outlined in the UGA Biosafety Manual.

Handwashing facilities will be readily accessible to employees. If they are not feasible, the PI or lab supervisor will provide an appropriate antiseptic hand cleanser with clean paper or cloth towels or antiseptic towelettes. If antiseptic hand cleansers are in use, employees will be directed to wash hands with soap and water as soon as possible. For routine work, employees will wash their hands routinely following glove removal and removal of other PPE.

For labs working with HIV, HBV, HCV or other known blood-borne pathogens, a handwashing sink is required as well as an eye wash station. An autoclave must be available for such work or arrangements made to have waste collected by a reputable biohazardous waste vendor. All infectious waste must be sterilized prior to its final disposition. HIV, HBV, or HCV production facilities will require additional facility engineering controls. Contact the Office of Biosafety if there is a need to establish such a facility at UGA.

*Safe sharps protocols will be maintained.*

Do not bend, recap, remove, shear or break any contaminated needles or other contaminated sharps unless the supervisor can demonstrate that it is required for a medical or dental procedure. If there is a true medical need for bending, recapping or needle removal, it must be accomplished through the use of mechanical devices or a one-handed technique. As soon as possible, contaminated reusable sharps will be placed in appropriate containers until they are properly reprocessed. These containers will be puncture resistant, appropriately labeled, and leak proof. Movement of sharps that have been in contact with blood or OPIMs will only be done in appropriate containers that are closed and transferred in a secondary container. Broken glassware that may be contaminated is only picked up using mechanical means such as a brush and dustpan, tongs, etc. Small pieces of contaminated broken glass may be disposed of into a sharps container. Large amounts of contaminated broken glass can be disposed of in a big sharps container, or decontaminated via appropriate liquid disinfection or through autoclaving. Non-contaminated glass (broken or intact) should be placed in a solid cardboard box, lined with a strong plastic bag (do not utilize biohazard bags since the glass should be decontaminated and free from any biological material). Once filled, seal up the cardboard box well to ensure it will not open in transport. Label all sides to indicate it CONTAINS GLASS or CONTAINS BROKEN GLASS. This box can then be placed into the regular solid waste stream and go out to the building's dumpster. It is the responsibility of individual laboratories to safely maintain sharps filled containers and to properly dispose of sharps generated in the lab.

For labs working with HIV, HBV, HCV or other known blood-borne pathogens, hypodermic needles and syringes will only be used for parenteral injection and aspiration of fluids from lab animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e. the needle is integral to the syringe) will be used for the injection or aspiration of OPIMs. Extreme caution will be used when handling needles and syringes. Needles will not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe will be promptly placed in a puncture-resistant sharps container and sterilized prior to final disposition, see Biosafety Manual for additional information.

**Work Practices**

Eating, drinking, food or drink storage, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is a reasonable potential for occupational exposure.

Work will be performed to minimize or eliminate the potential for splashing, spraying, or generating aerosol droplets of BBPs. Mouth pipetting of blood or OPIM is prohibited.

Specimens of blood or OPIM will be placed in an appropriate container that prevents leakage during collection, handling, processing, storage, transport or shipping.

Containers for storage, transport, or shipping of blood or OPIM will be closed and appropriately sealed prior to storage, transport or shipment. Primary containers will be placed in leak-proof secondary containers and appropriately labeled prior to transport or shipping and as necessary when handling, processing and storing. If necessary, the secondary container will be puncture proof as well.

Equipment which may become contaminated with blood or OPIMs will be examined prior to servicing and decontaminated appropriately as needed following a risk assessment. Equipment which is known to be contaminated will be labeled as such by the PI or lab supervisor to ensure effective communication for personnel that may need to work on it in the future. Decontamination label templates can be found on the Office of Biosafety website. If the equipment cannot be readily decontaminated, the PI or lab supervisor will inform any affected persons servicing the equipment prior to handling, servicing or shipping so that appropriate precautions can be taken.

Access to labs or work areas where HIV, HBV, HCV or other known blood-borne pathogens are handled is limited to authorized persons who have been advised of the potential hazards, who meet the specific requirements for access, and who comply with required entry and exit protocols for the lab or animal rooms they work in. Lab doors will be closed when work with HIV, HBV or other known blood-borne pathogens is in progress. UGA Lab Door CAUTION signs will indicate the biosafety level as described in the UGA Biosafety Manual.

Vacuum lines will be protected with liquid disinfectant traps and in-line HEPA filters (or equivalent). Traps and filters will be maintained and replaced as necessary.

### ***Personal Protective Equipment (PPE)***

Appropriate PPE is provided to University employees at no cost to them. Training in the use of such PPE for specific tasks and procedures is provided by the PI or lab supervisor or other designated departmental official.

Types of PPE available to employees will include but is not limited to gloves, eye protection, face protection, and a lab coat. PPE is “appropriate” if it does not permit blood or OPIMs to pass through to or reach the employees clothes, undergarments, skin, eyes, or other mucous membranes under normal conditions of use. The location of PPE must be described to the employee by their supervisor. Hypoallergenic gloves, glove liners, powderless gloves, or other alternatives will be readily provided and accessible to employees who are allergic to gloves normally provided.

When work with blood or OPIM poses a splash, spray or droplet risk to the eyes, nose, or mouth, masks, eye protection, and/or face shields will be worn as necessary. Masks may be worn in combination with other eye protection devices based on the risk assessment. Surgical caps, hoods and/or shoe covers or boots will be worn when gross contamination is reasonably anticipated.

All employees using PPE must observe the following precautions:

- wash hands immediately or as soon as feasible after removing gloves and PPE
- remove PPE after it becomes contaminated and before leaving the work area
- used PPE must be disposed in appropriate containers for storage, laundering, decontamination or disposal (should be workplace defined). Never wash or decontaminate disposable gloves for reuse.
- wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces
- labs working with HIV, HBV, HCV or other known blood-borne pathogens will have personnel in the area wear lab coats, or other appropriate protective clothing when in the work area or animal room. For such labs, gloves will be worn when handling other infected animals and when there is hand contact with other potentially infectious materials.
- replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
- do not wash or decontaminate disposable (single use) gloves for re-use
- remove immediately or as soon as feasible any garment contaminated with blood or OPIM, in such a way as to avoid contact with the outer surface
- procedures for handling used PPE will be established internally for each work area. It is the responsibility of the PI or lab supervisor to establish such procedures.

### ***Housekeeping***

The work area where blood or OPIMs are handled will be maintained in a clean and sanitary condition. Equipment and work surfaces will be cleaned and decontaminated with an appropriate disinfectant after contact with blood or OPIM. Standard microbiological practices include cleaning and disinfecting surfaces and equipment following use with potentially infectious materials.

Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.

### ***Spills***

Spill clean up and disinfection is an extension of daily disinfection and decontamination processes. All spills will be immediately contained and cleaned up by appropriate personnel who are trained in working with potential infectious materials in concentrated forms. Spills or accidents that result in a personnel exposure will be immediately reported to the PI, lab supervisor or other responsible person such as Office of Biosafety staff. Any release of known blood-borne pathogens will be reported to the Office of Biosafety as soon as feasibly possible per the UGA Biosafety Manual's incident response protocols.

#### ***Procedure for cleaning up a spill of human blood or OPIM:***

1. Quickly place paper towels or absorbent pads on the spill area and carefully flood with an appropriate liquid disinfectant.
2. Remove PPE and potentially contaminated clothing, place in biohazard bag and wash any apparently contaminated body parts with soap and water before leaving the laboratory.
3. Post warning signs and/or a sentry to keep anyone from entering the spill area. Do not allow anyone entry to the area unless cleared to do so by the PI or lab supervisor. Leave the area as necessary, following standard exit protocols.
4. Report the incident (lab supervisor, PI or Office of Biosafety).
5. Allow at least 20 minutes for any potential aerosols to settle and appropriate contact time for liquid disinfectant to work.



6. Once any potential aerosol has settled, don appropriate PPE for entry (double gloves are recommended).
7. Further soak absorbent material with freshly prepared disinfectant. Work from outside the absorbent material to the center being careful to minimize splashing or potential formation of aerosols. Allow for appropriate contact time.
8. Collect disinfected materials placed on the spill area in a biohazard bag. Utilize tools such as tongs to pick up those materials. Broken glass and sharps should be placed in a sharps container.
9. Wipe up the general area surrounding the spill with disinfectant soaked paper towels – including walls, work surfaces, and equipment.
10. Remove gloves and other contaminated clothing, according to standard procedures. Place in biohazard bag for autoclaving. Place all contaminated PPE in biohazard bag and autoclave with all contaminated material.
11. Record the spill and clean up procedures.

### ***Laundry***

Appropriate cleaning, laundering and disposal options are provided by the PI or lab supervisor at no cost to the employee.

Contaminated articles will be handled as little as possible, with minimal agitation. Wet contaminated laundry must be placed in a leak-proof, labeled, or color-coded container before transport. Bags must be marked with the biohazard symbol. Wear appropriate PPE when handling and/or sorting contaminated laundry.

Personnel handling contaminated laundry will utilize universal precautions as well, such as wearing protective gloves and/or other PPE.

### ***Labels and Signage***

University facilities must have labels with the biohazard symbol on any material containing blood or OPIM. PIs or lab supervisors are responsible for ensuring that warning labels are affixed if regulated waste or contaminated equipment (refrigerators; freezers; containers for storing, transporting, shipping blood, etc.) is brought into any University facility. Employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.



The label to the left is an example of appropriate labeling which includes the biohazard symbol and text “Biohazard”. Labels are fluorescent orange or orange-red with lettering and symbols in contrasting color. Labels are placed on containers as close as feasibly possible by string, wire, adhesive, or other method to prevent loss or unintentional removal. Red bags or red containers may be used to substitute for labels. Regulated waste that has been decontaminated does not need to be labeled or colored.

### ***Labeling Exemptions:***

Containers with blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from labeling requirements listed above. Individual containers of blood or OPIMs placed in a labeled container during storage, transport, shipment and disposal are exempt from the labeling requirements listed above.

For laboratories working with HIV, HBV, or HCV the lab door entry will have signage indicating “HIV”, “HBV”, and/or “HCV”. The work area or lab entry will have the Biohazard symbol similar to the graphic demonstrated in the above paragraph. The door signage will indicate 1) the name of the infectious agent, 2) special requirements for entering the area (occupational health, PPE, etc.), 3 the name and telephone number of the PI or unit supervisor responsible for the work area.

### ***Hepatitis B Vaccination***

For personnel who will have an occupational exposure risk to HBV, University departments will offer the Hepatitis B vaccination series, and post-exposure evaluation and follow-up available to such staff at not cost to the employee. For personnel working with HBV, blood or OPIMs, the HBV vaccination series should be offered within 10 days of initial assignment. University departments are responsible for vaccination costs. University departments will provide training to employees on Hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration and availability.

Vaccinations and medical evaluations will be provided by the department through the UGA Occupational Health and Safety Program’s (OHSP) occupational care provider (Piedmont Regional First Care). Enrollment information is available on the OVPR OHSP website (<http://research.uga.edu/ohsp/>).

Vaccination is encouraged unless:

- documentation exists that the employee has previously received the series
- antibody testing reveals that the employee is immune or
- medical evaluation shows that vaccination is contraindicated

Following the medical evaluation, a copy of the health care professional’s written opinion will be obtained and provided to the employee. Documentation will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Vaccination processes including booster routines will follow US Public Health Service (USPHS) recommendations.

If an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee’s departmental personnel file.

### **Waste Management**

All regulated waste will be decontaminated by a method sufficient to destroy blood-borne pathogens. Appropriate methods of destruction will follow the State of Georgia Biomedical Waste [rules](#) which include steam sterilization (autoclave), appropriate chemical decontamination methods, and incineration. Other suitable methods may be applicable per the Director of the State Department of Natural Resources (DNR). Contact the Office of Biosafety if your facility has plans to utilize a different method of decontamination not indicated in this paragraph, to plan and apply to the State DNR for authorization for the alternative method.

Contaminated materials that will be decontaminated away from the work area will be placed in leak-proof, appropriate labeled containers before removing them from the work area or lab.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.

*Procedures for disposing of sharps disposal containers and other regulated biomedical waste are defined by the Office of Biosafety in the University of Georgia Biosafety Manual ([sharps disposal](#)) and the State of Georgia Biomedical Waste Rule.*

### **Employee Exposure Incident**

If there is exposure to skin or mucous membranes with blood or other potentially infectious materials, employees will immediately wash their hands and any other skin with soap and water OR flush mucous membranes with water immediately for 15 minutes. If a garment is penetrated by blood or OPIMs, the garment will be removed immediately or as soon as feasible.

For any exposure to human blood or OPIMs, contact the Office of Biosafety and Piedmont Regional FirstCare's Occupational Health Service (located on Hwy 29 across from Athens Tech, 706.353.6000) to make an appointment to see an occupational health physician. An immediate, confidential, medical evaluation and follow-up will be conducted by Piedmont Regional FirstCare Occupational Health Services.

Following a report of an exposure incident, the employer will immediately make available to the employee a confidential medical evaluation and follow up.

### **Post-Exposure Evaluation and Follow-Up**

The PI or lab supervisor will make sure that the health care professional evaluating an employee after an exposure incident receives the following information:

- a copy of the OSHA BBP Standard
- description of the employee's job duties relevant to the incident
- route(s) of exposure
- circumstances of exposure
- identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law
- if possible, results of the source individual's blood test  
*(NOTE: The source individual will be tested as soon as feasible and after consent is obtained. However, if consent is not obtained, the employer shall establish that legally required consent can not be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and results documented. Results of the source individual's testing may be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.)*
- relevant employee medical records, including vaccination status, which are the employer's responsibility to maintain.

The exposed employee's blood should be collected as soon as feasible and tested after consent is obtained. If the employee consents to a baseline blood collection, but does not give consent at that time for HIV serological 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.

Post-exposure prophylaxis, when medically indicated, will be provided with counseling, and evaluation of reported illness.

The employee will be provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation. The health care professional's written opinion for Hepatitis B vaccination will be limited to whether HBV vaccination for an employee is indicated and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow up will be limited to the following information:

- that the employee has been informed of the results of the evaluation,
- that the employee has been told about any medical conditions resulting from exposure to blood or OPIMs which require further evaluation or treatment
- all other findings or diagnosis remain confidential and will not be included in the report.

#### **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

The PI or lab supervisor and Office of Biosafety will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used
- PPE or clothing that was used at the time of the exposure incident
- location of the incident
- procedure(s) being performed when the incident occurred
- employee's training history

#### **Definitions**

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

**Blood-borne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the blood-borne pathogens hazard from the workplace.

**Other Potentially Infectious Materials (OPIMs)** are (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

# HEPATITIS B VACCINE DECLINATION FORM

**NOTE:** *Personnel declining HBV Vaccination are required to fill in this form, sign it and submit a copy for their OHSP file.*

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

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccine 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 HBV, 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.

Department Name (Print): \_\_\_\_\_

Employee's Name (Print): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Research Animal Resources / Biosafety Occupational Health and Safety Program  
706-542-5300 | <http://research.uga.edu/biosafety/>

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Date	Page #	Description of Revisions	Revised by	Reason for revisions
10/25/2016	all	Update material	Andrea Ferrero Perez Patrick Stockton Nancy Mead	Document was due for updating information and policies for PIs and lab supervisors.