



Bloodborne Pathogens Exposure Control Program

Effective 2025

Revision 1.4

RECORD OF AMENDMENTS

Date	Section	Amendment	Initial
08/26/16	All	Replace references to Chemical Hygiene & Biological Safety Officer	LKJ
08/17/17	All	No changes made.	LKJ
06/29/18	All	Added additional job classifications & update document to reflect additional departments	LKJ
11/15/23	All	Change UT program administrator and verify link unbroken	LKJ
10/29/25	All	Include expanded Housekeeping Roles- verify links	LKJ

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1. PURPOSE AND SCOPE

The major goal of the Occupational Safety and Health Administration (OSHA) is to promote safe work practices to minimize the incidence of illness and injury experienced by employees. OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to bloodborne pathogens that employees may encounter in their workplace. OSHA requires that employers institute an Exposure Control Plan for employees that includes the following basic objectives:

- Protecting employees from the health hazards associated with bloodborne pathogens.
- Providing appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

All personnel at the University of Tampa who may encounter bodily fluids during educational research, teaching, or institutional support roles should be trained as set forth in this safety program. This Bloodborne Pathogen Exposure Control Program became effective following review and approval from Chemical Safety Officer [CSO].

1.1 REGULATORY STANDARD

RELATED DOCUMENTS

OSHA CODE OF FEDERAL REGULATIONS

Number Title

29 CFR 1910.1030 Bloodborne Pathogens

1.2 ACRONYMS / DEFINITIONS

Blood - human blood, human blood components, and products made from human blood.



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Bloodborne Pathogens – are 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).

Clinical Laboratory - is a workplace where diagnostic or other screening procedures are performed on blood or other potential infectious materials.

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

Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or that may contain sharps.

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

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

Engineering Controls - controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazards from the workplace.

Exposure Incident - a specific eye, mouth, other mucous membrane; non-intact skin; or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand Washing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

Licensed Healthcare Professional - is a person whose legally permitted scope of work allows him or her to independently perform the activities required by 1910.1030, paragraph (f), Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up.

HBV - hepatitis B virus.



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HIV - human immunodeficiency virus.

HPV – human papillomavirus

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

Other Potentially Infectious Materials - include:

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;

Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

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

Parenteral - piercing mucous membranes or the skin barrier (intravenous or intramuscular) through such events as needle sticks, human bites, cuts, and abrasions.

PLHCP – Physician or other Licensed Health Care Professional

Personal Protective Equipment - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) are not considered personal protective equipment.

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and can release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.



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Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

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 they are known to be infectious for HIV, HBV, and other bloodborne pathogens.

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

2. EXPOSURE CONTROL PLAN

This Bloodborne Pathogen Exposure Control Plan establishes the University requirements for controlling occupational exposure to bloodborne pathogens. The Exposure Control Plan applies to any occurrence of occupational exposures to bloodborne pathogens. This Exposure Control Plan provides recommended work plans and procedures to eliminate or minimize occupational exposures to blood and other potentially infectious materials.

This Exposure Control Plan will be reviewed and updated annually to consider new or modified procedures that may improve response procedures or incorporate new or revised employee positions that are identified with potential for occupational exposure to bloodborne pathogens.

The primary responsibility for the overall management and support of this University Policy in compliance with the Bloodborne Pathogen Standard will be directed by the CSO.



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An official copy of the University Policy and OSHA standard are available for review online at <http://ut.edu/ehs>. This Exposure Control Plan shall also be made available to regulatory officials upon request.

3. EXPOSURE DETERMINATION

Employees who may be exposed to blood or other potentially infectious materials are considered to have the potential for occupational exposure. All employees designated in this document shall take necessary precautions to avoid direct contact with potentially infectious materials, specifically those instructions identified in this University of Tampa [UT] Exposure Control Plan.

Contracted employees who may encounter bodily fluids containing blood must meet the OSHA standard for training by their employer. A subcontractor's Bloodborne Exposure Control Plan must meet the minimum OSHA standards as outlined in the UT Bloodborne Exposure Control Plan or be directly included in this plan.

Students are not explicitly mentioned in this Exposure Control program, but they will be educated on the University BBP Exposure Control Program and the OSHA Bloodborne Pathogen standard as part of their educational curriculum.

3.1 JOB CLASSIFICATIONS WITH POTENTIAL OCCUPATIONAL EXPOSURE

Careful consideration and review of University job descriptions have identified the following job classifications to have potential occupational exposure to bloodborne pathogens:

Athletics Equipment Manager - Full-time employee providing laundry services may encounter bodily fluids containing blood.

Athletic Training Clinical Staff – may encounter bloodborne pathogens during treatment activities.

Athletic Training Faculty - may encounter pathogens during hands-on teaching labs or demonstrative classroom techniques.

Athletics Team Physicians - may encounter bloodborne pathogens during treatment activities.



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Employed Students – Undergrad or graduate students employed under student employment budgets and having potential exposure in some departments will be trained in accordance with this program.

Faculty Research Scientists – may be exposed to potentially infectious materials through the course of their research.

Graduate Assistants - may encounter pathogens during hands-on teaching labs or demonstrative classroom techniques or may be exposed to potentially infectious materials through the course of their research.

Health Center Workers – may encounter bloodborne pathogens during treatment activities.

Housekeeping Contractors – Full-time contracted employees providing cleaning and maintenance services to this University may encounter bodily fluids containing blood.

Nursing Faculty – may encounter pathogens during hands-on teaching labs or demonstrative classroom techniques.

Physician Assistant Medicine Faculty - may encounter pathogens during hands-on teaching labs or demonstrative classroom techniques.

Principals and/or Co-Investigators - New faculty proposals submitted to the Institutional Review Board [IRB] will be screened for contact with human body fluids to ensure they are directed to follow this program and be trained accordingly.

Recreational Staff - Recreation events including intramurals, aquatics, fitness center, and Leadership Challenge Course are areas with increased risk of physical injury and therefore elevated risk for BBP exposure.

Volunteer Research Assistants – may be included in this program based upon exposure risk factors and will be determined on a case-by-case basis.

3.2 EXPOSURE AND RISK

Exposure to bloodborne pathogens may occur when there is contact [eye; mouth, other mucous membrane; non-intact skin; or parenteral] with blood or other potentially infectious materials, resulting from the performance of routine activity



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or decontamination effort. Employees incur risk each time they are exposed to bloodborne pathogens. Any exposure incident may result in infection and subsequent illness. Exposure incidents must be prevented whenever possible as it is possible to become infected from a single exposure incident.

3.3 PRE-EXPOSURE VACCINATION PROGRAM

A pre-exposure vaccination program will be made available to all University employees and full-time contracted employees with potential occupational exposure to bloodborne pathogens that have a known and government approved vaccine process. The pre-exposure vaccination series will be made available after the employee has received the required training and before the employee is eligible to actively participate in the research program or perform cleanup of suspect areas. The vaccination process will be at no charge to the employee and conducted at a reasonable time during normal working hours.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. Employees who have declined to take part in the University's vaccination program must sign the "Vaccine Declination" form prior to working with potential pathogens. This form is presented as Form A. If the employee initially declines, but later decides to accept the vaccination series, the University must make it available at that later time.

4. METHODS OF COMPLIANCE

Employees are required to rigorously follow the University adopted requirements of OSHA's Bloodborne Pathogens Standard to eliminate or minimize occupational exposures to bloodborne pathogens.

4.1 UNIVERSAL PRECAUTIONS

The practice of "Universal Precautions" is to treat all human blood, blood components, and body fluids as if they are known to be infectious with bloodborne pathogens. Universal precautions will be practiced preventing direct contact with blood cells or potentially infectious materials.

Note: Universal precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine, and vomit, unless they contain visible blood.



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The Centers for Disease Control [CDC] and OSHA have published recommendations promoting the use of universal precautions for everyone's protection. The University recommends that affected employees use all or any combination of the following Universal Precautions, when possible, exposure to human blood or bodily fluids exists during the performance of one's job tasks:

4.1.1 PERSONAL PROTECTIVE EQUIPMENT

All employees will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is possible.

GLOVES - Wear latex or similar fluid impenetrable gloves when hands are likely to be in contact with blood or body substances. Immediately wash hands if they become contaminated with blood or body fluids. Routinely wash hands before and after all activities in potential exposure areas.

APRON - Wear a fluid-resistant disposable gown or apron when soiling of clothing is likely to occur.

MASK – A barrier mask to prevent oral or nasal contact with bodily fluids that may become airborne.

FACE SHIELD - Wear a face shield or other protective eye wear when it is likely that eyes or mucous membranes will be splashed with blood or body fluids.

Suggested examples of task-specific personal protective equipment for protection against Bloodborne Pathogen Transmissions are included in the following table:

TASK	GLOVES	APRON	MASK	EYEWEAR
Manipulating Cell Cultures in Lab Environments	X	X	X	X
Bleeding control with minimal bleeding	X			
Cleaning Spills of Bodily Fluids	X			X



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TASK	GLOVES	APRON	MASK	EYEWEAR
Withdrawing blood for educational research or teaching demonstrations	X			X
Manipulating limbs or body positions following sports related open wound injuries	X			X
Clinical practice post-operation wound management	X	X	X	X
Clinical practice injection, IV insertion, I & D, suturing	X			X
Joint aspirations and injections	X	X	X	X
Prepared for unanticipated encounter with undiagnosed ill patients	X	X	X	X

4.1.2 INFECTIOUS WASTES

Discard infectious waste, which includes material saturated or heavily contaminated with human blood or bodily fluids, into infectious waste pre-labeled containers. Disposal of infectious waste is included in Section 6.13 of this plan.

4.1.3 APPROVED DISINFECTANTS

Use appropriate germicides, disinfectants, or sterilizers when cleaning spills or equipment that have become contaminated with human blood or bodily fluids. A 10% solution [1/4 cup bleach to one gallon of water] of household bleach and water works as an effective disinfectant.



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Consult with the most current listing of EPA registered disinfectants before using a commercial product to ensure that the active ingredient can neutralize the contaminant of concern.

Link: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

4.2 REPORTING OF INCIDENTS TO CSO

Remember to report all cuts and mucous membrane exposures involving human blood or bodily fluids to the CSO, so that appropriate follow-up testing can be initiated.

4.3 ENGINEERING AND WORK PLAN CONTROLS

4.3.1 EMPLOYEE EXPOSURE MINIMIZATION

Engineering and work plan controls will be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

Control Review and Update: Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. For example, Biosafety cabinets will be inspected annually and certified prior to use.

Hand washing: Provisions for hand washing are made available within restrooms and/or locker room facilities that are readily accessible to all employees. Antiseptic hand cleansers or single use towelettes may be used to clean up after an exposure incident. Hands should still be washed with soap and running water immediately thereafter, or as soon as feasible.

Removal of Personal Protective Equipment: Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Hand Washing Application: Employees will wash their hands and any other potentially exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.



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4.3.2 PERSONAL ACTIVITIES

Remove Personal Protective Equipment upon Leaving the Treatment Area: All personal protective equipment will be removed immediately on leaving the work area and placed in an appropriately designated container for storage, washing, decontamination, or disposal.

Prohibited Activities: The following activities are prohibited immediately following contact with biological pathogens activities:

- Eating
- Drinking
- Smoking
- Applying cosmetics or lip balm, and
- Handling contact lenses.

4.3.3 DECONTAMINATION

Only currently trained faculty members can be expected to perform disinfecting/decontamination procedures.

Personal Protective Equipment (Gloves): Disposable gloves and eye protection will be worn before beginning any cleaning or decontamination procedure.

Remove Gross Contamination Before Disinfecting: Equipment or instruments that require sterilization or disinfecting should be thoroughly cleaned (remove visible material) before being exposed to germicide.

Decontamination Procedures:

1. Visibly soiled personal protective equipment shall be placed in the University approved biohazardous waste bag.
2. Immediately wash exposed areas (hands, arms, etc.) with antibacterial soap.
3. Don new personal protective equipment for the cleanup process.
4. Treat all pathogens and items soiled with human body fluids (blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, as if contaminated with bloodborne pathogens.



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5. Any spills of body fluid will be presoaked (sprayed on the affected area) with antibacterial/viral solution for 10 minutes before being removed.
6. Clean exposed surfaces and equipment with a minimum of 10% chlorine-water solution ($\frac{1}{4}$ cup sodium hypochlorite to one-gallon tap water) or University-approved antibacterial/germicidal/viricide solution.
7. Following decontamination all wash water can be safely disposed of in the sanitary sewer as ordinary waste. Solid objects that are not sufficiently decontaminated shall be placed inside the biohazardous waste bag and prepared for collection and disposal at a University-approved disposal site.
8. Wash hands and exposed areas with antibacterial soap.
9. Caution: Sharp objects (broken glass, plastic shards, etc.) should not be handled by hand to prevent accidental punctures and lacerations during decontamination.

Handling of Contaminated Equipment: Equipment that may become contaminated with blood and other potentially infectious materials will be checked routinely and decontaminated as necessary both inside and outside before servicing or shipping. If decontamination is not feasible, a readily observable label will be attached stating which portions remain contaminated. Before handling or shipping, this information will be conveyed to all affected employees, the servicing representative, and others who need to know.

Label Contaminated Equipment: Labels that are fluorescent orange or orange-red, with lettering or symbols for biohazard in a contrasting color should be affixed to the article in such a manner that prevents their loss or unintentional removal.

Further Information on Disinfectant: Information on specific label claims of commercial germicides can be obtained by calling the: Antimicrobial Program Branch, Registration Division, U.S. Environmental Protection Agency [EPA] at (703) 305-7443.

EPA Registered Germicides: Chemical germicides that are registered with the U.S. EPA as "sterile" may be used either for sterilization or high-level disinfecting, depending on contact time.

4.4 WORK PRACTICE CONTROLS



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The following Work Practice Controls are intended to further minimize exposure and will be followed as part of the University's Bloodborne Pathogens Compliance Program:

- Employees must wash their hands immediately or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposure with soap and water as soon as possible. Contact with the eyes or other mucous membranes must be rinsed with copious amounts of water or saline solution.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Splashing, spraying or other actions generating aerosolized droplets of blood or other infectious materials are to be minimized.
- Protect any open wounds (cuts, dermatitis, eczema, etc.) with adequate personal protective equipment prior to engaging in activities with risk of exposure.
- Sufficiently protect open wounds prior to engaging in decontaminating or cleaning any suspect area.
- Equipment must be decontaminated with an approved disinfectant following an injury that produced contact with bodily fluids. Cloths used to wipe contaminated equipment can be discarded as refuse unless they are supersaturated with potential pathogens and disinfectant action is not anticipated to effectively eliminate the hazard. In this condition, all contaminated materials are to be considered regulated biohazardous waste and disposed of in accordance with Section 6.13
- If equipment decontamination is not feasible then the following action must be taken:
 - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
 - Information regarding the contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing, or shipping.



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4.5 PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) and first aid kits will be provided by the CSO or Department Chair.

Cleaning, Laundering and Disposal: At no cost to the employee, the University will clean, launder, and dispose of contaminated articles of clothing following unexpected events.

Repair and Replacement: University will repair or replace PPE as needed to maintain its effectiveness, at no cost to employees.

Garment Penetration: If any garment is penetrated by potentially infectious material, it will be removed immediately or as soon as feasible and placed in a bag designated for contaminated laundry. A red-colored bag labeled with the biohazard symbol will be used for this purpose.

Containerization of PPE: When PPE is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves: Gloves will be worn when the employee has potential for direct skin contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin of a patient.

Surgical or examination gloves will not be washed or disinfected for reuse. They will not be used when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated and reused, but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration or if their ability to function as a barrier is compromised.

Hypoallergenic gloves, glove liners, and similar alternatives will be made readily available to employees who are allergic to latex gloves. These allergic dermatitis reactions may be due to latex, proteins, and/or powder.

Protection Against Splashing: Face masks, shields, and eye protection will be worn whenever splashes, spray, splatters, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is potential for eye, nose, and/or mouth contamination.



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Clothing: Appropriate clothing will be worn when the employee has potential for exposure to blood and other potentially infectious materials. Clothing type and characteristics will depend on the task and degree of exposure anticipated. All clothing selected will form an effective barrier so as not to permit potentially infectious materials to pass through or reach the employee's work clothes, uniforms, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment and clothing will be used.

Lab coats, aprons, or similar clothing will be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.

To ensure that Personal Protective Equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, all affected employees must adhere to the following practices:

- All Personal Protective Equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable Personal Protective Equipment will be limited to items that are easily decontaminated.
- Single-use Personal Protective Equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of according to procedures outlined Section 6.13

To make sure that Personal Protective Equipment is used as effectively as possible, employees must adhere to the following practices:

Any garments penetrated by blood or other infectious materials need to be removed immediately, or as soon as feasible.

All personal protective equipment is removed prior to leaving the work area.

- Gloves are worn in the following circumstances:
 - Whenever employees anticipate hand contact with potentially infectious materials.
 - When handling or touching contaminated items or surfaces.



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- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as a protective exposure barrier.
- Masks and eye protection (such as goggles, face shields, etc.) are to be used whenever splashes or sprays of infectious materials are anticipated.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instance where gross contamination is anticipated.

4.6 HOUSEKEEPING

Elements of a good housekeeping program should ensure that all equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials. Potentially contaminated broken glass, or other sharp objects must be picked up using mechanical means (such as dustpan and brush) to avoid sustaining cuts and injuries.

Employees responsible for cleaning up any potentially infectious materials must have received bloodborne pathogens training per 29 CFR 1910.1030 and/or instruction in the techniques of Universal Precautions as defined by the CDC. The following guidelines apply to employees responsible for cleaning an area following a medical injury that resulted in the release of bodily fluids.

Equipment and Work Surfaces: Equipment and work surfaces must be thoroughly cleaned and disinfected after contact with blood or other potentially infectious materials.

Disinfectants: A mixture of one-quarter cup chlorine (household bleach) per one-gallon of tap water is an effective disinfectant solution. In addition, University approved commercially available chemical disinfectants may be used for sterilization of equipment or work surfaces.

Small Volume Spills: Small volume spills of potentially infectious materials may be handled in the following manner:

1. Wear appropriate personal protective equipment and gloves.
2. Absorb the spill using absorbent cloths or solidifying agent.



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3. Disinfect the spill with 10% Chlorine-Tap Water Mixture or other approved University-approved disinfectant.
4. Clean up the spill/absorbing materials using caution to avoid direct contact or by using disposable pick-up tools.
5. Dispose of infectious waste in red-colored bags labeled with the biohazard symbol and OSHA required wording.

Broken Glassware: Broken glassware that may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical devices such as a brush and dustpan, vacuum cleaner, tongs, cotton swabs, and/or forceps. These materials will be disposed of in containers that are:

- Color-coded in red,
- Sealable,
- Puncture-resistant,
- Leak-proof on the sides and bottom, and
- Labeled with the biohazard symbol.



Person(s) Responsible for Spill Clean-up: Any person who has received bloodborne pathogens training per 29 CFR 1910.1030 including instruction in the techniques of Universal Precautions as defined by the Centers for Disease Control (CDC) may be permitted to clean up any spills of blood and other potentially infectious materials.

4.7 POST-EXPOSURE EVALUATION AND FOLLOW-UP

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, the Supervisor should initiate the following actions:

1. Assurance that the employee receives medical consultation and treatment (if required) as expeditiously as possible.
2. Investigation of the circumstances surrounding the exposure incident and preparation of a report of findings.
3. Vaccination Option: If there is no information on the source individual or the test is negative, and the employee has not been vaccinated or does not have immunity, then he/she may receive the vaccine at his/her personal request.
4. Counseling and Evaluation: In addition to counseling the employee, the licensed health-care provider will provide a written report to the CSO within 15 days of his/her evaluation of the exposure incident.



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5. Report Content: The content of the written report is limited to whether a vaccine was recommended and received by the employee.
6. Further Evaluation and Treatment: The employee will be told of any medical conditions resulting from exposure to blood that may require further evaluation or treatment.
7. Confidentiality: All other findings will be kept confidential and not included in the written report.

The CSO or his/her designate will investigate every exposure incident that occurs on University premises as well as off-site exposure incidents involving UT coordinated events. This investigation is initiated immediately after the incident occurs and involves gathering the following information for their report:

1. Date and time incident occurred:
2. Specific location of incident:
3. Description of potentially infectious materials involved in the incident:
4. Specific source of the material:
5. Description of the circumstances preceding the incident:
6. Type of work being performed:
7. How the incident was caused:
8. List of unusual circumstances (such as equipment malfunction, power outage, etc.):
9. Personal protective equipment being used at the time of the incident:
10. Actions taken because of the incident, including individuals who responded:
11. Notifications made:

After this information is gathered, it is evaluated for completeness and a written summary of the incident, and its causes are prepared which include recommendations for avoiding similar incidents in the future.

Immediately upon completion of the report, the CSO shall provide a copy of the report to the University appointed Physician or Licensed Health Care Professional [PLHCP] to determine follow-up procedures for the exposed employee and to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment. The physician is instructed to provide a written opinion to the employee and supervisor that will become a part of the employee's confidential medical record.



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Information involved in the post-exposure process is strictly maintained in confidential files. Information is not disclosed or reported to anyone without the employee's written consent. Records are maintained for 30 years beyond the employee's last date of employment.

At a minimum, the employee confidential medical files will contain:

1. Name and last four digits of the employee's Social Security number.
2. A copy of the employee's Vaccination status.
3. Date of any vaccinations.
4. Medical records relative to the employee's ability to receive vaccination.
5. Copies of the results of the examinations, medical testing and follow-up procedures that took place because of an employee's exposure to bloodborne pathogens.
6. A copy of the information provided to the consulting healthcare professional because of any exposure to bloodborne pathogens.

4.8 COMMUNICATION OF HAZARDS TO EMPLOYEES

4.8.1 LABELS AND SIGNS

The most obvious warning of exposure to bloodborne pathogens is a biohazard label. A comprehensive biohazard warning labeling program includes using labels, or when appropriate, red "color-coded" containers.

This Plan requires that the following items be labeled:

- Containers of Spill Clean-up materials and personal protective equipment designated as regulated biohazardous waste.
- Contaminated equipment (on labels affixed to contaminated equipment, indicate which portions of the equipment are contaminated).



Example of Biohazardous Containers



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4.9 INFORMATION AND TRAINING

Having well-informed and educated employees is particularly important when attempting to eliminate or minimize exposure to bloodborne pathogens. All employees who have the potential for exposure to bloodborne pathogens must receive an initial orientation and annual retraining.

OSHA requires that employees be re-trained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given additional training in their new positions by their immediate supervisor or designee. Training will be conducted at no cost to the employee and during routine working hours.

The training requirements will comply with those stated in the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and include at a minimum the following elements:

- A copy and an explanation of OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030.
- A general explanation of the epidemiology and symptoms of bloodborne diseases and their modes of transmission.
- An explanation of the University Exposure Control Plan and how the employee can obtain a written copy of the Plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to other potentially infectious materials.
- Discussions of appropriate engineering controls and work plan procedures.
- Information on the selection, types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information on vaccination programs.
- Information on appropriate actions to be taken during an emergency involving blood and/or other potentially infectious materials.
- Information on exposure incident-reporting procedures and medical follow-up.
- Information on post-exposure evaluations
- An explanation of the signs and labels, the biohazard legend, and specific color-coding requirements.
- Information on proper procedures for handling and disposal of infectious medical waste.



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4.10 INFECTIOUS WASTE DISPOSAL

Materials generated during first-aid procedures that cannot be adequately decontaminated will be placed in red bags labeled with the biohazard symbol and disposed of in accordance with applicable federal, state, and local regulations for infectious medical wastes.

Containerize Infectious Materials: Specimens of blood or other potentially infectious materials will be placed in sealable leak-proof containers and labeled or color-coded before being stored or transported. Waste receptacles shall not be reused.

Transportation: Only University-authorized vendors can pick up waste for proper disposal.

4.11 RECORD KEEPING

To document the training process, the CSO will maintain training records containing the following information:

- Dates of all training sessions.
- Contents and summary of the training sessions.
- Names of the instructors.
- Names and signatures of employees attending the training sessions.

OSHA requires that all the training records be made available to its office upon request.

Medical records will be maintained by the Human Resources Department in accordance with 29 CFR 1910.20 (Access to Employee Medical and Exposure Records) for a period of employment plus 30 years. The records will include the employee's name and social security number; dates of hepatitis B vaccination; and if an exposure incident(s) has occurred - a copy of medical examinations, testing, follow-up procedures, written opinions, and copies of information provided to outside health-care providers, if applicable.

5. STUDENT EXPOSURE GUIDELINES

Students in Professional Programs or Involved in Research



BloodBorne Pathogens Exposure Control Program *Effective June 2025*

While the University recognizes that students are not employees, students in University sponsored professional health care programs or who fall into one of the categories identified in section 3.1 are to follow similar procedures to those listed in section 4.7 with the following stipulations:

1. Inform the clinical site preceptor or faculty supervisor and complete the University Bloodborne Pathogen Exposure Incident Form and/or any other necessary documentation for the site.
2. Contact the Clinical Education Coordinator or faculty supervisor as soon as possible but no longer than 24 hours after exposure.
3. The Clinical Education Coordinator or faculty supervisor must contact UT's CSO either the same or next business day to report the exposure.
4. Determine (through your medical records) your Hepatitis B immunization status to take to your healthcare provider.
5. Make an immediate appointment with the Student Health Center. If during the weekend, seek attention from primary care physician or an urgent care facility. Contact the Student Health Center on Monday. Optimally, blood should be tested for HBV, HCV, and HIV as soon as it is feasible through your health care provider; within 72 hours of incident. Your healthcare provider will then assess the need for any post-exposure treatment, and you should follow up as requested.
6. Understand that your health insurance may or may not cover these expenses. However, it is for your benefit to follow through with the recommended procedures.



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FORM A BBP TRAINING AND VACCINATION FORM ACCEPTANCE/DECLINATION STATEMENT

I have received training on the risks of working with human blood or other potentially infectious materials as outlined in The University of Tampa's Bloodborne Pathogen Exposure Control Policy.

I understand that I am advised but not required to have pre-exposure vaccinations. I also understand that there are health risks associated with not accepting vaccinations.

In full recognition of above

I accept participation in the vaccination series.

OR

I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring infection. I have been given the opportunity to be vaccinated with approved vaccines, at no charge to myself. However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and a vaccine becomes available, I can receive the vaccination series at no charge to me.

OR

I have already received the vaccination series on:

Date

Location

Employee Signature

Date