Exposure Control Plan

Developed by:

Department of Environmental Health & Safety

March 2016 (Rev. 2025)

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Introduction

The Occupational Safety & Administration (OSHA) promulgated a standard entitled Occupational Exposure to Bloodborne Pathogens in December 1991. It was published in the Federal Register as 29 CFR 1910.1030. The intent of this standard is to reduce occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), and other blood borne pathogens employees may come in contact with in the workplace.

Program Scope

In consideration of the health and safety of its employees, Slippery Rock University (SRU) has developed and implemented this Exposure Control Plan to comply with the elements of the OSHA Bloodborne Pathogen Standard. Elements of this Exposure Control Plan include measures to provide employee protection from health hazards that may be associated with exposure to bloodborne pathogens, and also to provide for any necessary treatment and counseling that would be medically indicated in the event of an exposure incident. SRU also has identified precautions to be followed by all employees who may come into contact with blood or other potentially infectious materials, including Hepatitis C.

Slippery Rock University (SRU) departments with employees who may be exposed to blood or other potentially infectious material (OPIM) as a function of their job duties include but are not limited to the College of Health Sciences and the Environment, Campus Recreation, Athletics, University Police and Environmental & Health & Safety/Emergency Management (EHS/EM).

Program Administration

The Department of Environmental Health and Safety/Emergency Management

The Department of Environmental Health and Safety/Emergency Management (EHS/EM) is responsible for program development, oversight and implementation. The EHS/EM Executive Director shall serve as the University's Exposure Control Officer and facilitate the following components of the Exposure Control Program:

(1) Research and maintain safety and health information on bloodborne pathogens

(2) Facilitate employee training applicable to their job tasks

(3) Perform annual audit and review of Program, and make any changes and updates as needed

(4) Documentation of exposure events in collaboration with Student Health Services

(5) Submit a claim on behalf of SRU employees to the worker's compensation third-party administrator, and manage the claims process.

Departmental Supervisors

Departmental supervisors, chairpersons, managers, etc. are responsible for facilitating the components of exposure control in each of their respective areas. They interact directly with the Exposure Control Officer or/his/her designee, and their employees to ensure proper exposure control procedures are adhered to.

Affected Employees

Those employees whose job descriptions require they perform work activities that may result in a potential exposure to blood or OPIM the following responsibilities:

*Knowing what tasks they perform that have the potential for exposure

*Planning and conducting work activities in accordance with the principles of standard precautions and use work practice and engineering controls

*Developing acceptable personal hygiene behaviors

*Attending Bloodborne Pathogen Training Sessions

Applicability to Students

This Exposure Control Plan was developed for and is applicable to SRU employees in the performance of their job duties. **Students are not covered by this Exposure Control Plan (unless they are student employees),**

Emergency Contact

Employees may contact the Exposure Control Officer/Executive Director of Environmental Health and Safety, or designee as follows:

Call SRU Police at 724-738-3333.

REMEMBER: CALL UNIVERSITY POLICE AT 724-738-3333 FOR ALL CAMPUS EMERGENCIES

(POLICE, FIRE, MEDICAL)

General Precautions

All employees are to adhere to the following "General Precautions":

*Minimizing exposure to blood and all other potentially infectious materials

*Always consider blood or other potentially infectious material, or human bodily fluids whose identity is in question, as infectious

*Should the potential exist for an employee to become exposed to blood or other potentially infectious materials in the course of performing their job tasks, they shall implement work practice controls and employ the use of engineering controls to minimize risk of exposure.

Program Availability

The SRU Exposure Control Plan is available to employees at the following locations:

*Athletics
Morrow Field House, Room P005

*Biology
Vincent Science Hall, Room 300

*Campus Recreation
Aebersold Recreation Center, Room 117

*Chemistry
Advanced Technology & Science Hall, Room 272

*Environmental Health and Safety
Maintenance Center Room 200

*University Police
University Police Station, Central Dispatch

The Exposure Control Plan is also accessible on the EHS website at:

https://www.sru.edu/offices/environmental-health-and-safety/environmental-programs

Exposure Determination

This Exposure Control Plan sets forth the following job titles for employees whom occupational exposure to blood or other potentially infectious material may occur. The Plan also identifies tasks and/or procedures where occupational exposure to blood or other potentially infectious material may occur.

These are further delineated as follows:

JOB TITLE	DEPARTMENT	WORK ACTIVITIES

First Aid
Laboratory Work
Suspect Arrest/Apprehension
Patient Care
Blood Spill Cleanups

Methods of Compliance

The following represent elements of compliance with the Bloodborne pathogen standard: Standard Precautions, Engineering Controls, Work Practice Controls, Personal Protective Equipment, and Housekeeping Procedures

Standard Precautions

In adherence to the principles of Standard Precautions, all human blood and other potentially infectious materials is treated as though it is known to be infectious, regardless of the perceived state of the source individual.

Engineering Controls

Using physical equipment to eliminate or minimize employee exposure to blood borne pathogen is considered employing engineering controls. Such equipment includes, but is not limited to:

Hand Washing facilities

Hand washing facilities are provided for employee use and are readily accessible throughout the facilities. If for some reason these facilities are not readily accessible, an alternate form of hand cleansing shall be provided (antiseptic hand cleanser and clean paper towels or antiseptic towelettes).

Sharps Containers

Puncture-resistant, closeable sharps containers are provided that are color-coded or labeled with the universal biohazard warning symbol, and are leak-proof on the bottom and sides. All such containers are considered disposable and are not to be emptied and re-used. Sharps containers are to be closed prior to removal.

Other Containers

Containers for use with contaminated material, other than sharps, are color-coded or labeled with the universal biohazard symbol

Specimen Containers

Specimen containers are provided that are leak-proof, color-coded or labeled with the universal biohazard symbol, and where applicable, are puncture-resistant.

Bloodborne Pathogen Kits

Blood spill and surface clean-up kits (bloodborne pathogen kits) are provided in the areas identified below where there is a potential risk of occupational exposure to blood borne pathogens or other potentially infectious material.

*Athletics
Morrow Field House, Room P005

*Biology
Vincent Science Hall, Room 319

*Campus Recreation
Aebersold Recreation Center, 121

*Chemistry
Advanced Technology & Science Hall, Room 223

*Environmental Health and Safety
Maintenance Center, Room 101

*University Police
University Police Station, Central Dispatch
Police Vehicles

Work Practice Controls

The following work practice controls have been implemented and are used to minimize occupational exposure to blood or other potentially infectious materials:

1. Employees shall wash their hands immediately, or as soon as feasible, using soap and water after the removal of potentially contaminated gloves or other personal protective equipment.

2. Needles and other contaminated sharps are not bent, removed, or recapped unless the action is required by a specific medical procedure. If this is necessary, recapping or needle removal is accomplished through the use of a mechanical device.

3. Sharps will be placed in sharps containers as soon as possible following use. Sharps containers will not be filled greater three quarters full (3/4).

4. Medical supplies, laboratory equipment and other related items shall be disposable. Any contaminated or potentially contaminated broken glassware will be handled using mechanical equipment, not by hand, and placed into sharps containers for disposal.

5. Only mechanical pipettors are permitted to be used – mouth pipetting is expressly forbidden.

6. Where there is a potential for occupational exposure to occur, eating, drinking, smoking, chewing any material for whatever purpose, handling contact lens or applying cosmetics are prohibited in the area.

7. No food or beverage is to be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.

8. Procedures shall be employed that minimize splashing, spraying or any other action that may generate droplets of blood or other potentially infectious materials.

9. Blood specimens are placed in properly labeled, leak-proof containers designated for such use, handling and storage. If any specimen containers could potentially be punctured, they will be placed within a secondary container that is puncture resistant.

10. All biohazardous material storage containers and locations, including "sharps" containers shall be properly labeled with the international biohazard symbol (See Labeling & Signage Section).

11. Equipment that becomes contaminated may be decontaminated unless circumstances demonstrate decontamination is not feasible. If this is the case, a biohazard label will be affixed to the equipment, and notice provided to all affected employees, equipment manufacturer and service representatives prior to handling, servicing or shipping.

12. Infectious waste shall be properly labeled as described above. The Department of Environmental Health and Safety manages infectious waste disposal on campus. For disposal follow procedures established in the University's Infectious Waste Contingency Plan.

Personal Protective Equipment

Should risk of employee exposure remain in spite of employing the use of work practice and/or engineering controls, personal protective equipment should be used. The University shall provide, at no cost to employees, personal protective equipment necessary to protect employees against exposure.

Personal protective equipment includes, but is not limited to: gloves, goggles, face shields/masks, safety glasses, respirators, and disposable gowns. The amount and type of personal protective equipment required for each task will depend on the degree of exposure anticipated to blood or

other potentially infectious materials. Employees are provided training on the proper use of personal protective equipment. Personal protective equipment is to be inspected prior to use, and replaced if necessary. Employees are to remove personal protective equipment that becomes contaminated as soon as possible, prior to leaving their respective work area, and place the used personal protective equipment into biohazard disposal bags.

Garments worn over an employees clothes shall be disposable (cloth outer garments such as lab coats may be worn by Student Health Services personnel).

Disposable gloves are discarded immediately following contamination, or if they become torn, punctured or otherwise visually appear to be unable to function as an appropriate barrier to exposure. Masks and eye protection (goggles & face shields) are employed whenever splashes or sprays may generate droplets of infectious materials. Protective clothing (disposable coat) is worn whenever potential exposure is anticipated

Housekeeping

All efforts will be taken to maintain facilities in a clean and sanitary condition. Responsibility for sanitation and cleanliness in laboratory and research areas where work with blood or infectious materials takes place is the responsibility of the laboratory supervisor. Any surface or equipment that should become contaminated with blood or other potentially infectious materials are to be cleaned immediately, or as soon as possible with an EPA approved disinfectant (for purposes of this plan, the Bloodborne Pathogen Standard has approved a 10% solution of household bleach, made fresh before every use, for use in disinfection of surfaces).

Work surfaces that become contaminated during a shift shall be cleaned and decontaminated immediately following discovery.

Waste containers for infectious waste are available in appropriate locations within laboratories or other areas where infectious materials are in use, and are maintained in an upright position and are not to be overfilled. Labels with the universal biohazard symbol shall be affixed to all biohazard waste containers.

All regulated waste will be disposed of in accordance with applicable federal, state and local regulations, as well as other established SRU Programs addressing hazardous and/or infectious waste procedures. EHS manages infectious regulated waste on campus – contact EHS for additional questions/details.

NOTE: SRU Facilities Maintenance and Custodial personnel shall NOT clean contaminated floors or other work surfaces and are not part of this Exposure Control Plan. This employee group is provided awareness training and instructed to not handle blood or other potentially infectious materials.

Furthermore, outside contracted employees providing housekeeping services to the University are not part of this Exposure Control Plan. Outside contracted firm(s), are

responsible for compliance with all elements of the Bloodborne Pathogen standard on behalf of their employees.

Hepatitis B Immunization

All employees identified as potentially having occupational exposure to blood or other potentially infectious materials shall be offered the Hepatitis B immunization. There is no immunization against the Hepatitis C or Human Immunodeficiency Viruses. A list of affected employees' job titles is provided in Appendix B. This immunization is available to employees at no cost. Employees may choose to decline the immunization series, but will be required to sign a Hepatitis B Declination Form (Appendix C). If an employee declines the immunization series, but at any later time express the desire to accept the vaccine, it will be provided to them at no cost. Each department identified in this Exposure Control Plan will be responsible for providing funding to cover cost of immunization(s) for their respective employees.

Hepatitis B immunization consists of a series of three inoculations administered over a six (6) month period. Employees receive information regarding efficacy, safety and method of administration of Hepatitis B immunization as part of blood borne pathogen training. Immunization will not be offered in the event:

1. Evidence submitted by the affected employee documenting the complete Hepatitis B immunization series has been previously completed; or

2. Evidence submitted by the affected employee that, through clinical testing, they demonstrate immunity to Hepatitis B; or

3. Evidence submitted by the affected employee that receiving the Hepatitis B immunization series is medically contraindicated

Immunization shall be performed by a licensed healthcare professional. Guidelines set forth by the Center for Disease Control and Prevention and current as of the date of vaccine administration shall be followed. In the event future recommendations by the Center for Disease Control and Prevention or the United States Public Health Service publish changes in existing guidelines pertaining to Hepatitis B vaccine boosters, those recommendations will be adopted at that time.

In accordance with the Bloodborne Pathogen Standard and set forth by the Center for Disease Control and Prevention recommendations, titer checks will be made available to employees upon written request following completion of the immunization series. Should an adequate titer not be demonstrated by an employee, they may be provided with one (1) additional immunization series upon request, as determined by a licensed healthcare professional.

Post Exposure Evaluation and Follow-Up

In the event an exposure incident is suspected of having occurred, an investigation into the circumstances surrounding the incident will take place. The affected employee shall complete an Employee Exposure Event Incident Form (Appendix D) as soon as possible. Following receipt of the reported exposure incident, a medical evaluation and follow-up will be immediately made available to the potentially exposed employee with a qualified healthcare professional. (**The University has identified Grove City Hospital (Emergency Room), 631 N. Broad Street Extension, Grove City, PA 16127, 724-450-7000 for providing the services of a qualified health care professional for purposes of this Exposure Control Program**.) All information obtained and determined during the course of the follow-up process will remain confidential in order to protect the privacy of those involved.

The Exposure Control Officer, or designee, will conduct an investigation as soon as possible following receipt of an Exposure Event Incident Form as a follow-up activity. This investigation will include, but not limited to, documentation of the following information:

*Date and Time of Incident

*Location of Incident

*Type of potentially infectious material(s) involved

*Route(s) of exposure

*Circumstances surrounding the incident (What happened)

*Personal protective equipment in use

*Actions taken as a result of the incident

The above information shall be provided on the Exposure Incident Investigation Form (Appendix E)

In addition to the medical evaluation and investigation, follow-up shall include identification and documentation of the source individual, unless not feasible or prohibited by law. If available and feasible, the source individual's blood shall be tested as soon as possible upon receipt of appropriate consent. Instances where consent is not obtained, documentation shall be made of such. If the source individual's infectivity status has already been established, source testing of an individual's blood is not indicated. Results of the source individual's testing for HIV, HBV and HCV serology shall be made available to the exposed employee, along with information regarding any applicable laws and regulations concerning disclosure of the source identity and infection status.

Upon receipt of consent, the exposed employee's blood shall be collected and tested as soon as possible for HIV, HBV and HCV serologic status. In the event the exposed employee consents to baseline blood sample collection, but not consent to HIV serologic testing, the blood sample shall be preserved for at least ninety (90) days. If at any time during the ninety (90) days following the exposure incident the exposed employee elects to have baseline blood testing done, it shall be performed as soon as is feasible.

Post exposure prophylaxis as medically indicated and recommended by the U.S. Public Health Service will be offered to the exposed employee. Appropriate counseling shall be offered to the exposed employee concerning infection status, results and interpretation of all tests, and assisting employee in understanding the potential risk of infection. Other counseling shall be offered as needed by the University.

The qualified health care professional who will evaluate the exposure incident shall be provided with the following:

*A copy of the OSHA Blood Borne Pathogen Standard (29 CFR Part 1910.1030)

*Description of the exposed employee's job duties in relation to the exposure incident

*Documentation identifying circumstances surrounding the exposure incident and route(s) of exposure

*Exposed employee's relevant medical records and results of the source individual's blood testing, if available.

*Any other pertinent information requested by the health care professional

Following consultation and examination of the above information, the health care professional shall provide the University with a written opinion, within fifteen (15) days of the initial evaluation of exposed employee's situation. This written opinion shall indicate:

*Whether HBV immunization series is indicated for the exposed employee

*Whether the exposed employee has received HBV immunization and confirmation that the exposed employee has received information as to the results of the evaluation

*Confirmation that the exposed employee has been informed as to any medical conditions resulting from the exposure incident which may require further medical evaluation or treatment.

All tests, evaluations and follow-up activities set forth above are performed as a service with no cost to the employees.

EHS manages the University Workers' Compensation Program, and will facilitate a claim on behalf of University employees

Labels and Signage

Warning labels used as part of this Exposure Control Plan, and in any other program where infectious materials are used shall include the following or similar graphic:

Universal Biohazard Symbol

Such labels shall be affixed to any containers of regulated waste, sharps containers, refrigerators, freezers or rooms where blood or other potentially infectious materials are present, and on any other containers that are used to store, transport or ship blood or other potentially infectious materials.

Biohazard signage shall be posted at entrances to research laboratories or other lab types where blood or other potentially infectious materials are present.

Medical Recordkeeping

Medical records for any employee with an occupational exposure shall be maintained in confidence. Such records shall include:

*Employee name

*Social Security and/or SRU Employee Identification Number

*Copies of employee's HBV vaccination status, including dates of any vaccinations and medical records related to the employee's ability to receive vaccination series

*Copies of results of examinations, medical testing and follow-up procedures that were provided as a result of an employee's exposure to blood borne pathogens

*Copies of information provided to consulting qualified health care professional as a result of any exposure to blood borne pathogens

Employee records shall not be reported, disclosed, released, or copied without written consent from the employee except as required by law. These records shall be maintained for the duration of employment plus thirty (30) years.

Employee Training

Any employee whose job duties provide a risk of occupational exposure to blood or other potentially infectious materials shall be provided training on bloodborne pathogens. Training shall occur upon initial employment, if any modification of the contents of this plan or OSHA regulations takes place, or if any change occurs to an employee's job description or duties. Annual refresher training is required. Training topics shall include, but not be limited to:

*Bloodborne Pathogen Standard (OSHA – 29 CFR 1910.1030)

*Epidemiology and symptoms of bloodborne diseases, including HIV, HBV and HCV and modes of transmission

*University Exposure Control Plan and locations

*Appropriate methods for recognition of tasks and activities that may involve exposure to blood or other potentially infectious materials

*Explanation of engineering controls, work practice controls, personal protective equipment use and selection, and housekeeping practices

*Biohazard warning signage and labels

*Explanation of the Hepatitis B vaccination series including efficacy, safety, methods of administration, and benefits and limitations

*Information on the post exposure evaluation and follow-up the University is required to provide following an occupational exposure incident

*Emergency response procedure and actions employees should take following an occupational exposure incident, including reporting

*Proper disposal methods for blood or other potentially infectious materials

The Exposure Control Officer, or designee shall conduct the employee bloodborne pathogen training sessions on elements of the SRU Exposure Control Plan. The employee shall be allotted time at the conclusion of the training sessions to ask questions regarding any aspect of the Exposure Control Plan.

Documentation of training sessions held shall be maintained. Employees will be provided with certificates of completion.

Annual Review and Evaluation

This program will be reviewed by the Exposure Control Officer, in collaboration with the medical professionals from Student Health Services at least on an annual basis. In addition, circumstances that would initiate a review and possible revision include, but are not limited to:

*New or modified job tasks are implemented which affect occupational exposure of the employees

*Establishment of new positions that may involve exposure to blood borne pathogens

References

29 CFR 1910.1030 – Bloodborne Pathogens Standard

Appendix A

Definitions

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

Bloodborne 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).

Clinical Laboratory- means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

Contaminated- means the presence or 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 and/or broken capillary tubes, and the exposed ends of 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 no longer are capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Director- means the Director of the National Institute of Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative

Engineering Controls- means controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or mitigate the blood borne pathogen's hazard from the workplace.

Exposure Control Officer- refers to the SRU administrator designated to develop, implement, manage and review the SRU Exposure Control Plan.

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

Facility/Facilities- means buildings at Slippery Rock University

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

HBV- means Hepatitis B Virus.

HCV- means Hepatitis C Virus.

HIV- means Human Immunodeficiency Virus.

Licensed Healthcare Professional- means a person whose legally permitted scope of practice allows him or her to independently perform the activities of Hepatitis B vaccination and post-exposure follow-up as outlined in this Exposure Control Plan

Occupational Exposure- means reasonable 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 means:

(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 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.

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

Regulated Waste- means 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 are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual- means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Standard Precautions- means the approach of treating all blood and certain human body fluids as if they were known to be infectious for HBV, HIV and other bloodborne pathogens.

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

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).

Appendix B

Affected Employees

Job Title	Department

Appendix C

Hepatitis B Declination Form

Slippery Rock University

Hepatitis B Declination Form

I, _____, understand that due to my potential occupational
(Print Employee Name)
exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination 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 potential occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Employee Signature

Employee Social Security or
Employer Identification Number

_____ _____

Date

Signature of Witness

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Appendix D

Employee Exposure Event Incident Form

Slippery Rock University
Employee Exposure Incident Report Form
To Be Completed By Employee

Instructions for Report Completion:

If more than one person is involved in an exposure incident, each should fill out a separate form. Complete this form in its entirety within 24 hours, or as soon as feasible and submit to Exposure Control Officer/Executive Director of Environmental Health & Safety – Maintenance Center 200 – Phone 724-738-2465

Employee Name: _____ Date of Incident: _____

SRU Department: _____ Time of Incident: _____

SRU Identification Number: _____

Did exposure occur on SRU property? Circle one: YES NO

If no, indicate location of exposure incident_____

Describe employee activities leading up to the exposure incident, being as detailed as possible:

_____

_____

_____

_____

_____

_____

List any witnesses to the incident, including contact information:

_____

_____

_____

Was first aid provided at the time of the incident: Circle One: YES NO

If yes, indicate by whom: _____

Did an exposure incident, as defined by OSHA Standard found in 29 CFR 1910.1030 take place:
Circle One: YES NO

Identify the physician the exposed employee has seen/will see:

_____

_____

_____

_____

Treatment Refusal

Complete the following section only if the employee involved in the incident refuses to be seen by a physician or receive care and assistance from a qualified health care professional.

In refusing to see a physician, I understand that I am releasing Slippery Rock University from any liability that may result from this incident.

_____ _____
Employee Signature Date

_____ _____
Witness Signature Date

Form Completion

_____ _____
Employee Signature Date

_____ _____
Witness Signature Date

Appendix E

Slippery Rock University
Employee Incident Investigation Form

Completed by Exposure Control Officer

Employee Name: _____ Department: _____

Date/Time of Incident: _____ Witness Name: _____

Location: _____ Witness Phone: _____

Types of Potentially Infectious Materials Involved: Route(s) of Exposure:

_____ _____

_____ _____

_____ _____

Circumstances surrounding the incident – what transpired:

_____

_____

_____

_____

_____

Was personal protective equipment in use? Circle One: YES NO

If yes, what types? _____

Was medical evaluation accepted by the Employee? Circle One: YES NO

If yes, Physician/Hospital Name: _____

What action(s) will be taken to address the situation?:

_____

_____

_____

Was/Will Employee's Supervisor Be Notified of Above Actions?
Circle One: YES NO

If no, why not?: _____

_____

Name of Employee's Supervisor: _____

Phone Extension: _____

_____	_____
Exposure Control Officer (or Designee)	Date
_____	_____
Signature of Exposure Control Officer (or Designee)	Date
_____	_____
Employee Signature	Date

Revised March 2017

Appendix F

Standard Precautions – SRU Police Protocols

SRU Police personnel are included in the Exposure Control Plan and shall follow standard precautions to address the following situations:

1. Following suspect apprehension and/or arrest where blood or other potentially infectious body fluids may become released:

    a. Put on appropriate personal protective equipment including but not limited to gloves, safety glasses/face shield, and N95 mask.

    b. Apply an approved disinfectant to vehicle surfaces that have become contaminated with blood or other potentially infectious material. Allow to set for fifteen (15) minutes.

    c. Prepare a 10% solution of sodium hypochlorite by diluting one (1) part household bleach into nine (9) parts water. This is considered an approved disinfectant and may be used, provided it is made fresh immediately prior to use.

    d. Inspect surfaces and reapply the disinfectant as needed.

    e. Place materials used in cleanup in biohazard bag, including personal protective equipment

    f. Contact EHS/EM for disposal

*Note: Should police vehicles become contaminated with blood or other potentially infectious materials, University Police personnel shall properly disinfect the vehicles as soon as possible, or shall seek cleaning/disinfection services from an outside contracted firm.