EXPOSURE CONTROL PLAN TEMPLATE FOR UAB POLICE DEPARTMENT

PURPOSE

The purpose of this Exposure Control Plan (ECP) is to communicate the risks associated with exposure to human blood or other potentially infectious materials, to identify personnel who may be at risk for such exposures, to provide an explanation of controls in place to mitigate exposure risk, and to provide response and reporting procedures in the event of an exposure. In doing so, this document also ensures compliance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) and the Respiratory Protection Standard (29 CFR 1910.134).

RESPONSIBILITIES

I,_____, as the Department/Unit Director or safety authority, recognize my responsibility to implement and monitor this exposure control plan.

The Manager, and/or Supervisor will ensure that employees receive information and specific training on the department's procedures and techniques to be followed as well as information included in this document as required by the Bloodborne Pathogens Standard. **Documented training must occur prior to the start of work with human or primate specimens, and at least annually thereafter and when new or modified tasks or procedures affect a worker's occupational exposure.** Records must be maintained by the department/Unit for at least 3 years.

SCOPE

Each Department/Unit deemed to have employees who are at risk for bloodborne pathogen (BBP) exposure must include an ECP in their safety documents. This manual should be available to for all employees who may have occupational exposure to human bloodborne pathogens.

The following plan may serve as a guide, but each Department/Unit should customize their ECP to identify the specific BBP exposure hazards present in their work setting.

A Department/Unit designee is responsible for implementation and review of this plan, updating it annually, or whenever the exposure risks, or personnel at risk for exposure, significantly change.

DEFINITIONS

- **Bloodborne Pathogens** – disease-causing organisms carried in the blood, including Hepatitis B Virus (HBV), Hepatitis C Virus, Human Immunodeficiency Virus (HIV), human T-lymphotropic virus type 1 (HTLV-1), and others.
- **Other Potentially Infectious Materials (OPIM)** – refers to semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids, or tissue. 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) is considered OPIM. 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 are also included.
- **Universal Precautions (UP)** – an approach to infection control in which all human blood and certain human body fluids (OPIM) are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community has adopted Standard Precautions to

account for other infectious body fluids (e.g., urine, saliva, feces, vomit, breast milk).

Standard Precautions – is an approach to infection control. According to the concept of Standard Precautions, all human blood and body fluids (except sweat) are treated as if known to be infectious. Wearing proper PPE is one such precaution.

- **Exposure Incident** – means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- **Regulated Medical Waste** – any 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 material – including liquid, semi-liquid, or solid material.
- **Engineering Controls –** controls that isolate or remove the bloodborne pathogen hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered injury protections and needless systems)
- **Sharps with Engineered Sharps Injury Protections –** a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- **Needleless Systems** – a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medication or fluids; or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

EXPOSURE DETERMINIATION

The supervisor or designated safety officer will identify employees and situations/procedures in the workplace that present the possibility of an occupational exposure to bloodborne pathogens and/or OPIM. This determination is based on the risk that would be anticipated in performing work-related tasks without the use of personal protective equipment.

The material/items that may be associated with potential exposure to human or bloodborne pathogens include the following:

☐ Human blood or OPIM spilled in UAB research or clinical areas

☐ Human blood or OPIM released and present during response to an accident/incident,

☐ Human blood or OPIM released during apprehension or rescue of subjects in the community

☐ Exposure to contaminated sharps (e.g., used needles and syringes associate with drug paraphernalia or medical waste)

☐ Other (specify): ☐

The job classifications within UABPD considered to have an occupational exposure risk to human pathogens or OPIM include:

The tasks and procedures used in this work setting that may pose risk of exposure to human or primate bloodborne pathogens may include:

- ☐ Apprehension of suspects requiring physical altercations.
- ☐ Frisking/pat-downs of suspects harboring contaminated sharps.
- ☐ Life-preserving medical interventions.
- ☐ Responding to spills or incidents in medical research laboratories.

CONTAINMENT CONTROLS

The methods, practices, procedures, facilities, and equipment used to safely manage biohazardous materials. The purpose of **containment** is to reduce or eliminate exposure of people or the environment to potentially hazardous agents.

Engineering Controls

Since the duties that put police officers at risk for BBP exposure primarily entail field work, the facility-specific controls officers encounter will primarily exist in laboratories they may enter in response to a call. In this regard, officers should be aware of the role engineering controls play in containment control.

Workplace Practices

- **Attention to signage:** Laboratory-specific requirements for entry are posted at the door. If in doubt, call the responsible person listed as the laboratory contact at the entrance. Infectious aerosols should not be a risk you encounter when making entry into a properly-functioning laboratory. In this regard, the primary risk is through contact with contaminated surfaces. Due to the nature of BBP transmission requirements, that would require a splash or transfer to an open wound or mucous membrane, or a skin puncture from a contaminated object.
- **Hand washing:** Hands are washed after removing gloves, before exiting the area, and before eating, drinking, smoking, handling contact lenses or other activities that may result in hand contact to a mucous membrane.
- **Sharps:** Needles shall not be recapped, removed from disposable syringes, purposefully bent or otherwise manipulated. When there is no alternative for recapping or removal of needles, the recapping or removal will be accomplished by a mechanical device (e.g. a needle block or holder). Mechanical devices will be disinfected as they become contaminated.

- **Sharps Containers:** Only approved sharps containers are to be used for sharps disposal (see UAB Medical Waste Management Plan).Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately.

- **Personal Protective Equipment**
  Personal protective equipment (PPE) and clothing is used by the department to minimize or eliminate exposure to human bloodborne pathogens. The supervisor or department is responsible for supplying personal protective equipment and arranging for replacement or cleaning, as needed. Appropriate gloves are to be worn when exposure to blood or OPIM is probable. PPE must be replaced frequently and immediately if they become contaminated or damaged in any way.

- PPE is typically used in conjunction with engineering controls, but it can also serve as a primary barrier in specific cases. The department's safety manual should define the safety equipment needed for specific procedures or agents, including the PPE required for response.

- PPE training is provided by_____. This includes instructions on the type of PPE to use for distinct tasks, and how to use, care, and dispose of PPE used for the tasks or procedures the employees will perform.

- The types of PPE available to employees are as follows:

- PPE locations:

- The person responsible for ordering and distribution of PPE is:

- PPE must be removed after it becomes contaminated, and before leaving the work area.

- UAB employees must wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated materials or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

- When making entry into a laboratory, officers may request laboratory staff to provide gloves. Unless visibly contaminated, gloves should be discarded in the normal trash, and hands should be washed just prior to exiting the laboratory.

EMPLOYEE HEALTH PROGRAM
The supervisor or department is responsible for arranging for Employee Health medicine services **before an exposure** event occurs.

Hepatitis B Vaccination: The Supervisor will ensure that all persons determined to have occupational exposure to human bloodborne pathogens are offered Hepatitis B vaccination within ten days of starting work. Medical records are confidential and are to be maintained by the UAB Employee Health Program or healthcare provider for at least 30 years post- employment. Hepatitis B Vaccination Declaration/Declination Forms are available by request to Employee Health at ehocchealth@uab.edu.

Post-Exposure Evaluation and Follow-up: See the "UAB Exposure Response Plans" flow chart on the last page of this document for broad exposure response procedures.

A bloodborne pathogen exposure event is any situation, such as a spill, splash, needlestick, ingestion, or accident in which you have direct, unprotected contact with human or primate blood or OPIM. If this happens immediately flush the body part with water for 15 minutes, notify your manager or supervisor, **and contact the Employee Health Needlestick and Exposure Team. Timing is of the essence, as treatment may only be effective if received within hours of an exposure.**

- **Needlestick and Exposure Team: (205) 934-3411**

Prior to receiving treatment for an exposure, an UAB On-The-Job-Injury Initial Medical Evaluation Authorization Form may be required. In all cases, an Incident Report Form must be completed. Your supervisor/colleagues can help to fill out OJI forms, and ensure spilled materials are contained and decontaminated. Additional information on UAB Instructions and Forms for OJI can be found on the UAB HR website.
Every individual handling material with potential bloodborne pathogens has the responsibility to report any exposure to these materials to their supervisor.

The Supervisor should report the incident to UAB Biosafety (Biosafety@uab.edu). Biosafety team members will investigate the circumstances surrounding the exposure, and work with the staff to modify work practices and/or develop additional prevention strategies.

EH&S and EMPLOYEE HEALTH CONTACTS

Please contact us at EH&S for any questions, concerns, or advice for keeping your team safe. Our team is listed below:

Specialty	Contact Name	Email
Research Safety & Biosafety	Justin Roth, PhD	jcroth@uab.edu
	Brian LaGory	blagory@uab.edu
Employee Health	Julie Allen, CRNP	jsallen@uabmc.edu
	Kathy Jo Baker	kbaker@uabmc.edu
Lab Safety	Julie Gray	grayj@uab.edu
Medical/Biohazardous Waste	Laura Caltrider	parkelk@uab.edu

RESOURCES/REFERENCES

1. Centers for Disease Control and Prevention. Recommendations for prevention of HIV transmission in health-care settings. *MMWR* 1987; 369 (suppl no 2S).

2. McCunney, Robert J. ed. *Medical Center Occupational Health and Safety*. Philadelphia, PA: Lippencott Williams & Wilkins, 1999.

3. Risk and Management of Bloodborne Infections in Health Care Workers. Clin. Micro. Rev. July 2000.

4. UAB Campus Medical Waste Management Plan, Appendix 4.2, UAB Biosafety Manual 4th Edition, Apr 2025.

5. US Department of Labor/Occupational Safety and Health Administration. 1991. Occupational exposure to bloodborne pathogens; final rule. 29CFR part 1910.1030. *Federal Register*, 56:64175-64182.

6. US Department of Health and Human Services/Department of Labor. Respiratory Protective Devices; final rule, 1995. 42CFR Part 84 . *Federal Register,* 60:30336-30404.

7. US Department of Labor/Occupational Safety and Health Administration. 2006. Respiratory Protection 29 CFR 1910.134.

8. US Department of Health and Human Services, National Institute for Occupational Health and Safety *Latex Allergy* A Prevention Guide, 1999. DHHS (NIOSH) Publication No. 98-113.

9. For more information about the Bloodborne Pathogens Standard, the written Exposure Control Plan, and the Respiratory Protection Standard or for assistance in compliance, please contact your supervisor or call EH&S Biosafety at 205-934-2487. Copies of the standards and guidelines are available from the EH&S website.

REVIEW SCHEDULE

This plan was implemented by:

Name of Manager or Supervisor:	
Date:	

Use the table below to track required annual reviews or edits of this document.

Reviewed (Yes or No)	**Updated** (Yes or No)	**Date**	**Manager or Supervisor Signature**