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Bloodborne Pathogens Exposure Control Plan

UNC CHARLOTTE

9201 UNIVERSITY CITY BLVD. CHARLOTTE, NC 28223

Table of Contents

I. Purpose	3
II. Scope	3
III. Definitions	3
IV. Program Responsibilities	5
V. Exposure Determination	6
VI. Methods of Compliance	6
VII. Hepatitis B Vaccination	12
VIII. Post Exposure Incident	13
IX. Communication of Hazards to Employees	14
X. Record Keeping	16
Appendices	17
Appendix I: Job Classifications for Employees Who May Have Occupational Exposure.....	18
Appendix II: New Employee Hepatitis B Vaccination Information.....	24
Appendix III: Information to be Provided to Healthcare Professional.....	29
Appendix IV: Housekeeping Bloodborne Pathogens Clean-Up Standard Operating Procedure.....	30

I. Purpose

The purpose of this plan is to eliminate or minimize occupational exposure to bloodborne pathogens and to assure compliance with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030).

II. Scope

This Exposure Control Plan (ECP) is designed to eliminate or minimize employee exposure to bloodborne pathogens. This ECP is applicable to UNC Charlotte employees who are exposed to bloodborne pathogens during the normal scope of their job duties.

III. Definitions

A. Blood

Human blood, human blood components, and products made from human blood

B. Bloodborne Pathogens

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)

C. Contaminated

The presence or the reasonably anticipated presence of blood or other infectious materials on an item or surface

D. Contaminated Laundry

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

E. Contaminated Sharps

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

F. 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 or item is rendered safe for handling, use, or disposal.

G. Exposure Incident

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.

H. Handwashing Facilities

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

I. Hepatitis B virus (HBV)

Pathogen causing viral infection of Hepatitis B

J. Human immunodeficiency virus (HIV)

Pathogen that can lead to acquired immunodeficiency syndrome (AIDS)

K. Occupational Exposure

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.

L. Other potentially infectious material (OPIM)

Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human.

Human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV-or hepatitis B virus (HBV)-containing culture medium.

Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

M. Parenteral

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

N. Personal Protective Equipment (PPE)

Specialized clothing or equipment worn by an employee for protection against a hazard.

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

P. Source Individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Q. Universal Precautions

An approach to infection control – all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

R. Work Practice Controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

IV. Program Responsibilities

A. Executive Leadership

The University of North Carolina at Charlotte (UNC Charlotte) has the responsibility to ensure compliance with OSHA regulations.

B. Program Administrator

The Office of Environmental Health and Safety (EHS) shall administer this plan and assist departments with implementation.

C. Departmental Management

The department shall supply appropriate equipment, training and enforcement of environmental, health and safety regulatory compliance programs and plans.

D. Employee

The employees shall adhere to all environmental, health, and safety requirements while performing his/her job duties.

E. Contractors/Vendors

Contractors and vendors are required to develop their OSHA compliance program and adhere to compliance regulations.

V. Exposure Determination

The exposure determination consists of a listing of all job classifications in which all employees have occupational exposures; a listing of job classifications in which some employees have exposures; and a listing of those tasks and procedures involved (See Appendix I – Job Classifications).

EHS assists Departmental Management in making exposure determinations. In addition, EHS solicits input from non-managerial employee who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

Adjustments to the exposure listings will be made for:

- A.** New or modified tasks and procedures.
- B.** New or revised employee positions.

VI. Methods of Compliance

- A.** Universal precautions shall be observed to prevent contact with blood and OPIM.

B. Engineering and Work Practice Controls shall be used to eliminate or minimize exposure (See Appendix IV – Building Custodial Services Bloodborne Pathogens Clean Up Standard Operating Procedure).

a. Handwashing facilities shall be readily accessible or where not feasible, antiseptic hand cleanser and clean towels provided. Hands shall be washed as soon as feasible after using alternate cleaning methods.

b. Hands shall be washed as soon as feasible after removal of gloves or other personal protective equipment (PPE).

c. Hands and other skin shall be washed with soap and water immediately after contact with blood or OPIM.

d. Mucous membranes shall be flushed with water immediately after contact with blood or OPIM.

e. Contaminated needles and other sharps

1) Contaminated needles and other sharps shall not be broken, sheared, bent, recapped, or removed.

2) Where recapping or needle removal is medically required, a one-handed technique or mechanical device shall be used.

3) Where applicable needles and/or sharps shall be substituted with a safer device (e.g. plastic transfer pipets for Pasteur pipets, blunt needles for hypodermic needles for syringe filtration, disposable scalpels, etc.).

f. Immediately after use, contaminated reusable and disposable sharps must be placed in appropriate containers which are puncture resistant, leak-proof, biohazard labeled, color coded with standard, and which do not require hand retrieval from inside the container.

g. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lens are prohibited in exposure areas.

h. Food or drink shall not be stored or kept where blood or OPIM are present.

i. Blood and OPIM shall be handled in such a manner as to minimize splashing, spraying, spattering, or generation of droplets.

- j. Mouth pipetting/suctioning is prohibited.
- k. Blood and OPIM specimen containers for storage or transport shall be leak-proof, properly closed, and biohazard labeled.
- l. Secondary containers are required if the primary container becomes contaminated or could punctured.
- m. Equipment which may become contaminated shall:
 - 1) Be examined before servicing or shipping.
 - 2) Be decontaminated as necessary.
 - 3) Be labeled stating which portions remain contaminated.
 - 4) Have appropriate information conveyed to affected employees and servicing personnel before allowing handling.

C. Personal Protective Equipment (PPE)

a. Provisions

When there is an anticipated risk of occupational exposure, the appropriate department shall provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, lab coats, face shield or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

b. Use

PPE shall be worn unless under rare and extraordinary circumstances, in the employee's professional judgment it would pose an increased hazard to the delivery of health care, public safety services, and/or would pose an increased hazard to the employee or to co-workers. In those circumstances, a thorough investigation shall be made to document whether changes must be made to prevent any recurrences.

c. Accessibility

Each Department with a job classification listed in Appendix I is responsible for ensuring that appropriate PPE in the appropriate sizes is readily available on site or is issued to their employees. Hypo-allergic gloves, glove liners, powder less gloves or other similar alternatives shall be readily accessible to those individuals who are allergic to the gloves normally provided.

d. Cleaning, Laundering, and Disposal

All contaminated items shall be red bagged and placed in a leak proof red biohazard container. Departments should follow standard operating procedures for proper disposal of biohazard waste.

- 1) If garments are penetrated by blood or potentially infectious material, the garment shall be removed as soon as feasible.
- 2) All PPE shall be removed prior to leaving the work area. Care must be used not to expose the wearer to contaminations from the equipment itself.
- 3) When PPE is removed, it shall be placed in an appropriate designated area or container for disposal, cleaning, decontamination or storage.
- 4) In laboratories where specific PPE is required, the disposal container needs to be present at the degown site (doorway, out of the room, etc.). Potentially contaminated lab coats should not be worn outside the immediate use area.

e. Gloves shall be worn when hand contact with blood, OPIM, mucous membranes, or non-intact skin can be reasonably anticipated; when performing vascular access procedures; and when touching contaminated items or surfaces.

- 1) Disposable gloves shall be replaced as soon as practical after contamination and soon as feasible if torn, punctured, or compromised.
- 2) Wash hands with soap and water.
- 3) Disposable gloves shall not be washed or decontaminated for re-use.

- 4) Utility gloves may be decontaminated for re-use if the gloves integrity is not compromised.
- 5) Masks with eye protection shall be worn whenever splashes, spray, splatter or droplets may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
- 6) Gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in exposure situations (with the type depending on the task and quantity of exposure).
- 7) Surgical caps/hoods and shoe covers/boots shall be worn when gross contamination can reasonably be anticipated.

D. Housekeeping

- a. Work areas with risk for employee exposure shall be routinely cleaned and decontaminated after contact with blood or OPIM. The department shall determine and implement a written schedule for cleaning and method of decontamination of determined areas.
- b. All work areas and equipment shall be cleaned and decontaminated:
 - 1) After completion of procedures;
 - 2) Immediately after overt contamination or spills;
 - 3) At the end of the work shift, or daily, if potentially contaminated.
- c. Contaminated disposable coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper, shall be replaced as soon as feasible when they become overtly contaminated or at the end of the work shift.
- d. Contaminated reusable containers shall be decontaminated as soon as feasible.

e. Contaminated broken glassware and sharps shall not be picked up directly by hand. It shall be removed using mechanical means, such as a brush, dust pan, tongs, forceps etc.

f. Contaminated sharps may not be stored or processed in a manner requiring reaching by hand into containers.

E. Regulated Waste

a. Contaminated sharps

1) Contaminated sharps shall be discarded as soon as feasible into containers which are closable, puncture resistant, leak-proof, and labeled or color-coded in accordance with the biohazard label.

2) Containers shall be located as close as feasible to the immediate area of use, be kept upright, and not overfilled.

3) When moved from the area of use, containers shall be:

(a) Closed prior to removal to prevent spillage.

(b) Placed in secondary containers (closable, leak proof, labeled/color-coded, closed prior to removal) if leaks are possible.

(c) Reusable disposal containers shall not be opened, cleaned, or emptied by hand or in any manner which could expose the employee to risk of percutaneous injury.

b. Other Regulated Waste

1) Regulated waste shall be placed in containers which are closable, constructed to prevent leaks, labeled, and closed prior to removal.

2) If outside contamination occurs, the container shall be placed in a second container (closable, leak proof, labeled/color-coded, closed prior to removal).

c. Disposal of regulated waste shall be in compliance with all applicable regulations.

F. Laundry

a. Contaminated laundry

- 1) Shall be handled as little as possible with minimal agitation.
- 2) Shall be bagged or containerized at the location of use and properly labeled.
- 3) Shall not be sorted or rinsed at the location of use.
- 4) Shall be placed in leak-proof containers when wet.
- 5) Employees having contact with contaminated laundry shall wear protective gloves and other appropriate protective equipment.

G. HIV and HBV Research Laboratories and Production Facilities

Research Laboratories engaged in the culture, production, concentration, experimentation, and manipulation of HIV or HBV require a specific review and control strategy. The UNC Charlotte Division of Research should be contacted for biosafety risk assessments, protocol submission, policy and training.

VII. Hepatitis B Vaccination

Hepatitis B vaccinations shall be available at no cost to all employees who have occupational exposure. The New Employee Hepatitis B Vaccination Information (Appendix II) provides detailed information on how to obtain the Hepatitis B vaccination.

- A.** Vaccinations shall be available within 10 working days of initial assignment and after appropriate training.
- B.** Vaccinations may be omitted for employees who have previously received the complete series, who test immune, or where the vaccine is medically contraindicated
 - C.** If an employee initially declines the hepatitis B vaccination, but at a later date while employed by the University decides to accept the vaccination, the University shall make available the hepatitis B vaccination at that time.
 - D.** University employees who decline the hepatitis B vaccination must complete the Hepatitis B Declination Form (See Appendix II).

E. University employees who consent to the vaccination will complete the consent portion of the form and schedule the vaccination series with the Student Health Center.

F. Future recommendations by the U.S. Public Health Service regarding booster dose(s) of the hepatitis B vaccine shall be followed.

VIII. Post Exposure Incident

Following an exposure incident, a confidential medical evaluation and follow-up shall be provided, including at the least the following elements:

- A.** Notify EHS (704-687-1111) immediately.
- B.** Document of route(s) of exposure and the circumstances under which the exposure incident occurred.
- C.** Identify the source individual where feasible.
 - A.** After consent, the source individual's blood shall be tested as soon as feasible for HBV and HIV infectivity.
 - B.** If consent is not obtained, but not required by law, the source individual blood, if available, shall be tested.
 - C.** Results of the test shall be made available to the exposed employee along with applicable laws concerning disclosure of the identity and status of the source individual.
- D.** After consent, the exposed employee's blood shall be collected as soon as feasible and tested for HBV and HIV serological status.
- A.** If the exposed employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days to allow for future testing
- E.** Post-exposure prophylaxis, when medically indicated, shall comply with U.S. Public Health Service recommendations.
- F.** Counseling and evaluation of reported illnesses shall be offered.

- G. Healthcare professionals providing hepatitis B vaccinations and post-exposure care shall be provided relevant information (See Appendix III).
- H. The healthcare professionals' written opinion shall be provided to the employee within 15 days of the completion of the evaluation (See Appendix III).

IX. Communication of Hazards to Employees

A. Labels and Signs

- A. Warning labels should be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store or transport such materials.
- B. Labels shall include the standard BIOHAZARD symbol.



- C. Red bags or red containers may be substituted for labels.
- D. Labels shall be florescent orange or orange-red with letters and symbols in a contrasting color.
- E. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

B. Information and Training

- A. Bloodborne Pathogens training is required as follows for all employees potentially exposed to blood or OPIM:
 - a. At the time of initial assignment to task where occupational exposure may take place;
 - b. When new or modified occupational exposures are identified;

- c. Annually.
- B. A copy of the ECP shall be accessible to employees in the appropriate department. The ECP can be found on the EHS website.
- C. The training program shall consist of the following elements:
- a) A copy of the OSHA Bloodborne Pathogens Regulatory text standard 1910.1030.
 - b) A general explanation of the epidemiology and symptoms of bloodborne disease.
 - c) An explanation of the modes of transmission of bloodborne pathogens.
 - d) An explanation of the University ECP.
 - e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
 - f) An explanation of the use and limitations of methods that will prevent or reduce exposure.
 - g) Information on types, proper use, location, removal, handling, decontamination and disposal of PPE.
 - h) An explanation on the basis for selection of PPE.
 - i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine is offered free of charge.
 - j) Information on the appropriate action to take and persons to contact in an emergency involving blood or OPIM.
 - k) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up.
 - l) Information on the post-exposure evaluation and follow-up.

- m) An explanation of the signs and labels and/or color-coding.
- n) An opportunity for interactive questions and answers with the person conducting the training session.
- o) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in this training program as it relates to the workplace.

X. Record Keeping

- A.** Medical records shall be maintained for each employee with occupational exposure in accordance with the OSHA Medical Records Access Standards.
- B.** Medical records shall be kept confidential except as required by this standard or as required by law.
- C.** Training records shall be maintained for 3 years from the date of training.
- D.** The availability and transfer of records shall be completed in accordance with OSHA Medical Records Access Standards.
- E.** Sharps injury log shall be maintained to record percutaneous injuries from contaminated sharps. The sharps injury log shall be retained by EHS for a period of 5 years.
- F.** Sharps injuries are required to be recorded as an occupational injury in the university injury reporting process.

APPENDICES

APPENDIX I – Job Classifications for Employees Who May Have Occupational Exposure

Athletics	
Job Classification	Occupational Exposure Task(s)
1. Full-Time Athletic Trainer 2. Part-Time Athletic Trainer	Delivering first aid services and medical treatment

Police & Public Safety	
Job Classification	Occupational Exposure Task(s)
A. Public Safety Officer B. Public Safety Supervisor C. Public Safety Deputy Director D. Public Chief/Director	Performing enforcement and emergency response duties such as, arrest, evidence collections, first aid and CPR

Atkins Library	
Job Classification	Occupational Exposure Task(s)
1. Security Officer 2. Property Security Guard 3. Property Security Supervisor	Performing protective, security, enforcement and public contact work in support of campus operations, delivering first aid services

Health & Wellbeing	
Student Health Center	
Job Classification	Occupational Exposure Task(s)
1. Medical Laboratory Technician 2. Medical Laboratory Supervisor	Support or perform laboratory tests that are used in the diagnosis and treatment of patients
3. License Practical Nurse 4. Medical Nursing Assistant 5. Nurse Clinician 6. Nurse Director 7. Nurse Practitioner 8. Nurse Supervisor 9. Physician 10. Physician Assistant 11. Professional Nurse	Performing patient care tasks, such as first aid and medical treatment
University Recreation (UREC)	
Job Classification	Occupational Exposure Task(s)
1. Building Environmental Technician	Responding to emergency spills and accidents to clean up potentially infectious materials
2. Building Environmental Supervisor	Responding to emergency spills and accidents to clean up potentially infectious materials Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur
3. Facilities Maintenance Technician 4. Facilities Maintenance Supervisor	Part of labor pool that repairs and maintains toilets or sewer systems
5. Personal Trainer 6. Group Fitness Instructor 7. Fitness Assistant	Delivering first aid services
8. Lifeguard 9. Intramural Supervisor	Delivering first aid services

Facilities Management (FM)	
Job Classification	Occupational Exposure Task(s)
1. Building Environmental Technician	Responding to emergency spills and accidents to clean up potentially infectious materials
2. Building Environmental Supervisor	Responding to emergency spills and accidents to clean up potentially infectious materials Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur
3. Facilities Maintenance Technician 4. Facilities Maintenance Supervisor	Part of the labor pool that repairs and maintains toilets or sewer systems
5. Grounds Technician	Cleaning of parking decks and parking lot areas where possible contact with infectious materials is likely to occur

Housing & Residence Life (HRL)	
Job Classification	Occupational Exposure Task(s)
1. Housekeeping Assistant	Responding to emergency spills and accidents to clean up potentially infectious materials
2. Housekeeping Supervisor	Responding to emergency spills and accidents to clean up potentially infectious materials Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur
3. Plumber 4. Plumber Supervisor	Part of labor pool that repairs and maintains toilets or sewer systems
5. Conference Assistant	Handling laundry items that may contain infectious materials
6. Property Security Guard 7. Property Security Supervisor	Performing protective, security, enforcement and public contact work in support of campus operations, delivering first aid services

Student Venues & Engagement (SVE)	
Cone University Center	
Job Classification	Occupational Exposure Task(s)
1. Building Environmental Technician	<p>Responding to emergency spills and accidents to clean up potentially infectious materials</p> <p>Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur</p>
2. Building Environmental Supervisor	<p>Responding to emergency spills and accidents to clean up potentially infectious materials</p> <p>Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur</p>
3. Facilities Maintenance Technician 4. Facilities Maintenance Supervisor	Part of labor pool that repairs and maintains toilets or sewer systems
Student Union	
Job Classification	Occupational Exposure Task(s)
1. Building Environmental Technician	<p>Responding to emergency spills and accidents to clean up potentially infectious materials</p> <p>Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur</p>
2. Building Environmental Supervisor	<p>Responding to emergency spills and accidents to clean up potentially infectious materials</p> <p>Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur</p>
3. Maintenance Technician 4. Maintenance Supervisor	Part of labor pool that repairs and maintains toilets or sewer systems

Student Venues & Engagement (SVE)	
Student Activity Center & Venue Management (SACVM)	
Job Classification	Occupational Exposure Task(s)
1. Building Environmental Technician	Responding to emergency spills and accidents to clean up potentially infectious materials
2. Building Environmental Supervisor	Responding to emergency spills and accidents to clean up potentially infectious materials Supervising the cleaning of restrooms and public areas where possible contact with infectious materials is likely to occur
3. Facilities Maintenance Technician 4. Facilities Maintenance Supervisor	Part of labor pool that repairs and maintains toilets or sewer systems
Venture	
Job Classification	Occupational Exposure Task(s)
1. Director 2. Associate Director 3. Assistant Director, Programs 4. Assistant Director, Trips 5. Graduate Assistant 6. Temporary Outdoor Program Assistant 7. Trip Leader (Student) 8. Senior Trip Leader (Student) 9. Challenge Course Instructor (Student)	Delivering first aid services

School of Nursing	
Job Classification	Occupational Exposure Task(s)
1. Adjunct Lecturer 2. Assistant Professor 3. Associate Director 4. Associate Professor 5. Director 6. Lecturer 7. Professor 8. Senior Lecturer	Direct patient care, exposure to contaminated equipment, and human body fluids
9. Graduate Research Assistant	Direct patient care, exposure to contaminated equipment, and human body fluids
10. Graduate Teaching Assistant	Direct patient care, exposure to contaminated equipment, and human body fluids
11. Work Study Students	Handling contaminated equipment in laboratories

Research and Teaching Laboratories	
Job Classification	Occupational Exposure Task(s)
1. Faculty 2. Laboratory Technician 3. Research Assistant 4. Teaching Assistant	Instructing and supervising research that involves the use of human blood, unfixed tissue, human cell lines and handles laboratory instruments, utensils, etc. that may be contaminated with infectious materials

APPENDIX II – New Employee Hepatitis B Vaccination Information

Welcome to UNC Charlotte!

Your job classification has been identified as having a potential occupational exposure to blood or other potentially infectious materials (OPIM). Job tasks you may be asked to perform that constitute as occupational exposure are outlined in UNC Charlotte's Bloodborne Pathogens Exposure Control Plan. This document outlines how the University minimizes your exposure, as well as your responsibilities related to bloodborne pathogens. The Bloodborne Pathogens Exposure Control Plan is managed by Environmental Health and Safety (EHS) in accordance with the [Occupational Safety and Health Administration \(OSHA\) Bloodborne Pathogens standard](#). The UNC Charlotte Bloodborne Pathogens Exposure Control Plan is available and located on the [Environmental Health and Safety](#) website.

By being enrolled in the Bloodborne Pathogens Exposure Control Plan, you must do the following:

1. Complete Bloodborne Pathogens training. You will be assigned Bloodborne Pathogens training from one of the following online modules. Contact EHS with any questions you may have regarding training content or the Bloodborne Pathogens Exposure Control Plan.
 - a. University New Employees: To access training, log in to the [Learning and Development Portal](#) training system using your NinerNet credentials. Click "Assigned Training" and complete the training. If you do not see the Bloodborne Pathogens training, there may be a 24-hour delay in the system.
 - b. Research and Laboratory Employees: The CITI Bloodborne Pathogens training will be assigned by the Research and Economic Development Department.
2. Decide whether to consent or decline receiving the Hepatitis B vaccination and complete each section of the form.
 - a. If you decide to consent to receiving the vaccination, please contact the Student Health Center to schedule an appointment.
 - b. If you decide to decline receiving the Hepatitis B vaccination, please complete the Hepatitis B Vaccination Declination form.
3. Review the [Hepatitis B virus and vaccination information](#).

Please complete the Hep B form electronically via DocuSign or print and submit the 3rd page of the attached Hep B Consent / Declination form to the Environmental Health and Safety Office by XX-XX-XXXX.

Questions regarding the Bloodborne Pathogens Exposure Control Plan should be referred to EHS. You may reach the office via phone (704-687-1111) or email (ehsoffice@charlotte.edu).

Information on Hepatitis B Virus and Vaccination

Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV). It is transmitted via exposure to contaminated human blood or other potentially infectious materials (OPIM). HBV infection can result in severe liver disease with symptoms of jaundice, dark urine, extreme fatigue, anorexia, nausea, abdominal pain, and occasionally rash and pain in the joints. Hospitalization is required in about 20% of the more severe cases of HBV infection. Most people with Hepatitis B recover completely, but approximately 5% to 10% of infected individuals become carriers of the virus throughout their lifetime. However, they run a risk of developing liver cirrhosis or cancer, both of which can be fatal. Pregnant carriers may transmit the HBV through the placenta with approximately 90% of infected infants becoming carriers.

Immunization for Hepatitis B is available, at no cost, to employees whose job duties place them at risk of exposure to human blood or OPIM. These job classifications and duties are outlined in the Exposure Control Plan. The Hepatitis B vaccine is a noninfectious yeast-based vaccine. Since the vaccine is prepared from yeast, there is no risk of contamination from human blood or plasma, so it cannot cause infection. No serious adverse reactions have been attributed to the vaccine. As with any vaccine, there is the possibility that the vaccine could reveal rare adverse reactions not observed in the clinical trials. Reported potential reactions include:

- Injection site soreness, swelling, warmth, itching, redness, bruising, nodule formation
- Low grade fever (less than 101°F), potentially within 48 hours following vaccination
- Tiredness/weakness
- Headache
- Nausea and/or diarrhea
- Sore throat and/or upper respiratory infection
- Dizziness
- Muscle aches
- Joint pain

Immunization for Hepatitis B consists of intramuscular vaccinations. The doses and frequency are determined by the manufacturer. The dose schedule information will be provided by the Student Health Center prior to the first dose.

While most everyone can safely receive Hepatitis B vaccine, the following persons may want to consult their usual medical provider before vaccination: females who are pregnant or nursing, persons with known cardio-pulmonary compromise, persons with history of allergic reactions to yeast, thimerosal, or formaldehyde, or persons who are currently ill with a fever.

Although the vaccine protects against Hepatitis B, it does not protect against other infections (such as Hepatitis A, Hepatitis C, or HIV).

UNC Charlotte

Hepatitis B Vaccination Declination

I understand that due to my occupational 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 the 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 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 Name (Printed)	Employee Signature	UNCC ID Number
_____	_____	
Department	Signature Date	

Please answer the following question that applies to you by selecting Yes or No.

- Yes No Are you declining because you do not wish to receive the HBV vaccine at this time?
- Yes No Are you declining because you have already received the HBV vaccine?

DocuSign Process

PowerForm Signer Information

Thank you for initiating this UNC Charlotte Hepatitis B Packet.
Please fill in your name and NinerNet email (not an alias) below.

Please enter your name and email to begin the signing process.

Employee

Your Name: *

Your Email: *

BEGIN SIGNING

UNC Charlotte



Consent for Hepatitis B Vaccination

I have read and understand the information on the Hepatitis B virus and vaccination. I have discussed any concerns or questions with the clinic personnel. I understand that there is no guarantee that vaccination will be effective or that the vaccine will be free of side effects. I understand that my participation in the Hepatitis B vaccination program is entirely voluntary, although recommended for me, because I work in an environment at UNC Charlotte which presents a reasonable anticipation of my exposure to potentially infectious materials. I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series.

I have opted to receive the Hepatitis B vaccination. **I hereby consent to the administration of the Hepatitis B vaccine at the Student Health Center.**

Sign
↓

Employee Name (Printed) Optional Employee Signature UNCC ID Number

Department Signature Date

UNC Charlotte

Hepatitis B Vaccination Declination

I understand that due to my occupational 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 the 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 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.

Sign
↓

Employee Name (Printed) Optional Employee Signature UNCC ID Number

Department Signature Date

Please answer the following question that applies to you by selecting Yes or No.

- Yes No Are you declining because you do not wish to receive the HBV vaccine at this time?
- Yes No Are you declining because you have already received the HBV vaccine?

APPENDIX III – Information to be provided to Healthcare Professional

A. For Hepatitis B Vaccination

1. Information provided to Healthcare Professional:
 - Copy of the Bloodborne Pathogen Standard

2. Healthcare Professionals' written response is limited to:
 - Whether vaccination is indicated for employee
 - Whether employee has received vaccination

B. For Post-Exposure Incident Evaluation

1. Information provided to Healthcare Professional:
 - Copy of Bloodborne Pathogen Standard
 - Description of employee's duties related to exposure
 - Documentation of route of exposure and circumstances
 - Results of source individual's blood testing
 - All relevant medical records including vaccination status

2. Healthcare Professionals' written response is limited to the following:
 - The employee has been informed of the results of the evaluation
 - The employee has been made aware of any medical conditions resulting from the exposure that require further evaluation or treatment
 - Other findings or diagnoses shall remain confidential and shall not be included in the written report

APPENDIX IV - Building Custodial Services Bloodborne Pathogens Clean Up Standard Operating Procedure

Building Custodial Services Bloodborne Pathogens Clean Up Standard Operating

The Clean-Up Procedures below are to be used on **Solid Surfaces** only. If blood or OPIM are found on carpet or fabric, please consult EHS, 7-1111, for proper instructions.

