1. Applicability

The Bloodborne Pathogens Standard, administered by the Oregon Occupational Safety and Health Administration (OR-OSHA), requires all employers with employees who may have occupational exposure to blood or other potentially infectious materials (OPIM) as defined by the Standard, to prepare, implement and maintain an Exposure Control Plan. An Exposure Control Plan is a document that sets forth procedures, control measures and equipment designed to eliminate or minimize employee risk from exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other bloodborne pathogens.

Environmental Health and Radiation Safety has prepared this Exposure Control Plan for the information and guidance of those who work or come into contact with bloodborne pathogens.

OHSU Departments must adapt the Plan elements to their specific operations and they are individually responsible for meeting the requirements of the Standard.

2. Scope and Purpose

This Plan pertains to all Oregon Health and Science University operations. Departments of the University may have supplemental requirements, some of which are referenced below:

- **Hospitals and Clinics:** [Hospitals and Clinics Infection Control Manual](#)
- **Research laboratories and West Campus:** OHSU's [Biosafety Manual](#) and [Laboratory Safety Manual](#)
- **School of Dentistry:** School of Dentistry Infection Control Manual (contact the SOD Office of Clinical Affairs at 503 494-4712)

It is the policy of OHSU to ensure the safety of all its employees. This exposure control plan has been developed for the purposes of:

- Protecting employees by eliminating or minimizing occupational exposures to blood and OPIM.

3. Evaluation and Review

This Plan will be reviewed and updated by Environmental Health and Radiation Safety:

• At least annually.
• Whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

4. Exposure Determination

Each department must evaluate employee job classifications to determine which of their employees may be "at risk" of occupational exposure to blood or OPIM. The following examples can be used as a guide when determining whether there is a risk of occupational exposure to HBV, HCV, HIV, and other bloodborne pathogens.

If the answer to any of the following questions is “yes,” then the employee is considered to be at risk to occupational exposure to HIV, HCV, HBV or other bloodborne pathogens. Does the employee ever:

• Work with animals that are (or could be) infected with HBV, HCV, HIV, or other bloodborne pathogens OR perform tasks where such animals are housed?
• Work with HBV, HCV, HIV or other bloodborne pathogens or with preparations, such as liquid solutions or powders containing HBV, HCV or HIV?
• Handle human blood products such as whole blood, plasma, serum, platelets, or white cells?
• Handle potentially infected human body fluids (semen, cerebrospinal fluid, vaginal secretions, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid) or human body fluids visibly contaminated with human blood?
• Handle unfixed human tissue or organs? (Tissues and organs soaked in chemical preservatives such as alcohol or formaldehyde are “fixed.”)
• Handle blood, blood products, body fluids or unfixed tissues or organs of animals infected with the HBV, HCV, HIV or other bloodborne pathogens?
• Handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or OPIM to include human organs, tissues or body fluids OR used by others working with similar body parts and fluids from animals infected with HBV, HCV, HIV or other bloodborne pathogens?
• Enter areas where other individuals work with human or animal blood, body fluid, tissues, or organs which are infected with HBV, HCV, HIV or
other bloodborne pathogens AND perform tasks where any of the aforementioned body substances may come in contact with the worker’s skin, broken skin, or mucus membranes?

- Perform tasks, which may potentially result in the workers’ exposed skin or mucous membranes coming in contact with human or animal blood, body fluids, organs, or tissues that are infected with HBV, HCV, HIV or other bloodborne pathogens?
- Clean clinical areas or equipment?
- Dispose of medical waste or soiled laundry?
- Perform first aid where exposure to human blood or OPIM is possible?
- Clean up spills of human blood or OPIM?

Tasks that include potential for exposure to bloodborne pathogens shall be listed in the employees’ job description. OHSU Employee Health must be notified of all employees who are at risk of potential exposure. This exposure determination shall be made without regard to the use of personal protective equipment (PPE). An example of the exposure determination is found in Appendix A.

5. Methods of Compliance

A. Standard Precautions

It is recognized that the most effective mechanism for prevention of infection with bloodborne pathogens is to minimize occupational exposure by minimizing potential contact with contaminated materials. Standard Precautions shall be practiced at OHSU at all times to prevent contact with blood or OPIM by those persons designated to be "at-risk".

Standard Precautions apply to human or animal:

- blood
- tissues and organs (prior to fixation)
- body fluids containing visible blood (e.g. saliva in dental procedures)
- OPIM regardless of visible blood contamination (i.e., semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids)

Typically, Standard Precautions do not apply to the following body substances unless they contain visible blood:

- feces
- nasal secretions
- sputum
- sweat
- tears
- urine
- vomitus
- saliva
B. Engineering and Work Practice Controls
Supervisory personnel will evaluate all tasks for exposure potential and will institute the use of engineering and work practice controls whenever possible to eliminate or minimize employee exposure. If there is a reasonable expectation of occupational exposure after initiation of these controls, then the department will provide and assure that its employees use appropriate personal protective equipment (PPE) as supplemental protection.

Engineering Controls
Supervisors on a regular basis shall inspect engineering controls that are used to reduce or eliminate potential exposures. Supervisors will maintain a written record of the maintenance schedule, the results of inspections and corrective action taken. Maintenance will be performed when recommended by the manufacturer, and when examination indicates the need. Engineering controls will be replaced or modified as necessary to maintain safe working conditions.

Engineering controls include but are not limited to:

- self-sheathing needles
- biological safety cabinets (Class II)
- splashguards
- sharps disposal containers
- mechanical pipetting devices
- contained centrifuge enclosures
- screw top centrifuge bottles or tubes

NOTE: Biological safety cabinets used to prevent harmful exposure from biohazard agents or biohazardous materials must be certified when installed, annually, and whenever they are moved or undergo major servicing (HEPA filter replacement, motor repairs, etc.) Records of tests performed must be retained for at least 5 years.

In addition, every employer with employees that use medical sharps in direct patient care must, at least annually, identify, evaluate, and select engineering and work practice controls, including safer medical devices. Employee Health is involved in efforts to investigate, pilot, identify and encourage the use of safety sharps devices.

Work Practice Controls
Work practice controls are meant to reduce the likelihood of exposure through alteration of the manner in which a task is performed. Therefore, supervisors will be responsible for documenting and instituting work practices or laboratory procedures that will minimize potential exposure and will be responsible also for

- breast milk
evaluating these on a regular basis to ensure their effectiveness. Appropriate work practices will be reviewed with each employee, and the employee will be expected to follow the designated work practice controls.

C. Employee Personal Actions

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting or suctioning of blood or OPIM is prohibited.

D. Hand Washing

1. Hand washing and hand antisepsis with an alcohol based product are the most effective techniques for preventing the spread of infection. Therefore, employees must have the ability to easily cleanse their hands. Hands are to be washed thoroughly with soap and water when visibly soiled or when sanitizer product “build up” is noted. This is to be done:
   - Before and after contact with blood or OPIM.
   - Before and after any patient or (human research subject) contact
   - After contact with any source of microorganisms (research animals, blood, body fluids or substances, mucous membranes, non-intact skin, objects or surfaces that are likely to be contaminated with microorganisms)
   - After removing gloves

2. Employees shall flush mucous membranes or eyes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

E. Handling of Disposable Needles and Other Sharp Instruments

Contaminated needles and other contaminated sharps should not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.

- If the employer demonstrates that no alternative to bending, recapping or needle removal is feasible or that such action is required by a specific medical or dental procedure, the action must be accomplished through the use of a mechanical device or a one-handed technique.

F. Handling of Reusable Sharp Instruments (e.g., lancets, scalpels, etc.)

- Contaminated reusable sharps shall be placed in appropriate containers immediately or as soon as possible after use until properly reprocessed. These containers shall be puncture resistant, properly labeled “Biohazard”, and leak proof on the sides and bottom.
• Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

G. Handling of Specimens
Specimens of blood or OPIM shall be placed in a properly labeled (including a biohazard symbol), closed container that prevents leakage during collection, handling, processing, storage, transport or shipping. If the specimen could puncture the primary container, the primary container shall be placed within a properly labeled, leak proof, puncture-resistant secondary container.

H. Handling of Contaminated Equipment
• Equipment contaminated with blood or OPIM shall be decontaminated as necessary before servicing or shipping unless decontamination of the equipment or portions of it is not feasible.
• A readily observable label (with biohazard symbol) shall be attached to the equipment stating which portions remain contaminated.
• This information shall be conveyed to all affected employees, servicing representative and/or manufacturer, as appropriate, and prior to handling, servicing or shipping so that appropriate precautions will be taken.

I. Personal Protective Equipment (PPE)
Provision
Supervisors will determine and document the requirement for specific personal protective equipment for their employees based on anticipated employee exposure to blood or OPIM. Personnel will be provided, at no cost to the employee, with appropriate PPE for performing tasks that may result in exposure. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees clothing, skin, eyes, mouth or other mucous membranes under the normal conditions of use and for the duration of time that the protective equipment will be used. Personal protective equipment includes but is not limited to: masks, gloves, face shields, eye protection, mouthpieces, resuscitation bags, or other ventilation devices.

Use
The employer shall ensure that employees use appropriate PPE as necessitated by their work tasks. It is supervisors’ responsibility to ensure appropriate PPE is worn. However, under rare and extraordinary circumstances, employees may decline to use PPE if, in their professional opinion, its use would prevent the delivery of health care or would pose an increased safety hazard to themselves or to their co-workers. In this case, the employee is responsible to inform his or her manager or supervisor before performing work without PPE. Should this happen, then the employer shall investigate and document all of the circumstances involved in order to determine if education, work practice changes or other alterations can be made to allow for the use of PPE and/or to avoid future recurrence.
Accessibility
The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Reasonable accommodation will be made, in consultation with the employee, their medical provider, Employee Health and/or Risk Management, for employees who have allergic or other medical contraindications to gloves or other PPE normally provided.

Cleaning, Laundering and Disposal
The employer must clean/launder, repair, replace or dispose of any PPE when necessary at no cost to the employee. All garments penetrated by blood or OPIM shall be removed immediately or as soon as possible. PPE is to be worn only when needed for protection and is to be removed prior to leaving the work area. When PPE is removed, it is to be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves
Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and other non-intact skin; when handling or touching contaminated items or surfaces; or when performing vascular access procedures. Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they become contaminated, or if they are damaged in any way that compromises their ability to function as a barrier. Utility gloves may be decontaminated for re-use unless they show any signs of deterioration or when their ability to function as a barrier has been compromised, (cracked, peeling, torn, punctured) in which case they must be discarded.

Masks, Eye Protection and Face Shields
Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

NOTE: Although surgical masks may be considered PPE for protection of mucous membranes from potential splash of infectious agents or OPIM, they are not considered by the Standard to be respiratory protection.

Gowns, Aprons and Other Protective Body Clothing
Appropriate protective clothing (such as, but not limited to, gowns, aprons or similar outer garments) shall be worn in potential exposure situations. The specific type will depend upon the task and degree of exposure anticipated. When gross contamination can be reasonably anticipated (such as autopsies and orthopedic surgery), surgical caps or hoods and/or shoe covers or boots shall be worn in addition to other PPE.
J. Housekeeping
Department supervisors are responsible (in conjunction with OHSU Environmental Services or appropriate contract agency) for ensuring that:

- Worksites are maintained in a clean and sanitary condition.
- The supervisor of a worksite determines, implements and maintains an appropriate written schedule for cleaning and method of decontamination based upon the location within the worksite, type of surface, type of soil present, and tasks or procedures performed in the area.
- All equipment, environmental and working surfaces are cleaned and decontaminated after contact with blood or OPIM as soon as feasible using an appropriate disinfectant; whenever there is overt contamination; after any spill of blood or OPIM; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- Any protective coverings (such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper) used to cover equipment, environmental and working surfaces are removed and replaced as soon as feasible when contaminated.
- All bins, pails, cans and similar receptacles intended for reuse which may be contaminated are inspected and decontaminated on a regularly scheduled basis.
- Broken glassware which may be contaminated is picked up using mechanical means (brush, dust pan, tongs or forceps) and not by hand.
- Employees never reach into containers by hand to retrieve reusable contaminated sharps.

K. Laundry Procedures
The following provisions are specified by the Standard in order to minimize exposures when handling contaminated laundry. Note: The vast majority of PPE is disposable and should be discarded, but any re-usable PPE in use is included in this laundry procedure. Note also: lab coats are not considered PPE.

1. Supervisors must ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

2. Contaminated items of OHSU provided clothing or PPE shall not be taken home by employees to be laundered. Commercial laundry service will be provided.
   - Laundry items soiled or contaminated with infective material should be handled by employees wearing appropriate PPE.
   - Such articles should be placed directly into an appropriately labeled or color-coded, impervious plastic laundry bag at the location where it was used.
   - Bags should be closed and removed for transport to the laundering facility when 2/3 full.
• Soiled laundry should be handled as little as possible to prevent gross contamination of the environment and exposure of personnel handling the linen to organisms within the laundry. Do not sort or rinse before bagging
• Double bagging of laundry is not necessary unless the bag's integrity has been altered or the outer bag has become soiled with blood or body fluids
• Contaminated laundry that is wet and will soak through the bag or cause leakage from the bag or container must be placed and transported in bags or containers that prevent soak through or leakage

3. Employees may take personal clothing that is accidentally contaminated home for laundering:
   • Glove and remove clothing immediately. Handle clothing as little as possible.
   • Do not rinse clothing.
   • Wash contaminated skin with soap and water before redressing.
   • Put soiled personal clothing in a plastic bag, seal immediately and label for transport home. Once home, place any OHSU furnished replacement clothing in a plastic bag and return to OHSU for laundering.
   • At home, wash soiled personal clothing separately from other laundry using: 160°F (71°C) water and detergent or for water less than 160°F (71°C) use detergent and a bleach-containing product. Mechanical drying of the clothing is recommended.

L. Regulated Waste Disposal
At OHSU, the handling and disposal of regulated medical waste will be as follows:

1. Disposal of Contaminated Sharps
   • Contaminated sharps shall be discarded as soon as possible into sharps containers that are labeled with the words “Biohazardous Waste” or with the international biohazard symbol and the word “Biohazard” and are puncture resistant, leak proof and closeable to assure containment.
   • Such containers shall be easily accessible to personnel and shall be located as close as possible to the immediate area where sharps are being used or can be reasonably anticipated to be found.
   • Sharps containers shall be kept upright when being used, will not be overfilled and will be replaced routinely.
   • Sharps containers shall be closed immediately prior to their removal from the area of use or replacement to prevent spillage or
protrusion of contents during handling, storage, transport or shipping.

- A secondary container shall be used if leakage of the primary container is possible. The secondary container shall be properly labeled, closeable, leak proof and constructed to contain all contents during handling, storage, transport or shipping.
- Reusable containers shall not be opened, emptied or cleaned manually or in any other manner that would expose personnel to the risk of percutaneous injury.
- Employees may never reach into a sharps container to retrieve anything.

2. Other Regulated Waste

- Other regulated waste shall be placed in containers/bags that are closeable, constructed to contain all contents and prevent leakage during handling, storage, transport and shipping.
- Waste bags or containers must be labeled “Biohazardous Waste” or with the international biohazard symbol and the word “BIOHAZARD” and/or be color-coded red.
- Prior to removal, waste bags or containers shall be closed to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- If outside contamination occurs or is likely, the waste bags/containers must be placed in a second container that is closeable, leak proof, labeled and color-coded.

6. Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-Up

See Employee Health Guidelines: Employee Occupational Exposure Risk Assessment and Mandatory Immunizations and Screenings.

7. Labeling and Signage

The Standard requires that warning labels be affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store, transport or ship blood or OPIM. Required labels shall be fluorescent orange or orange-red in color with the international biohazard symbol with the legend BIOHAZARD in a contrasting color.

Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents the loss or unintentional removal.

Red bags or red containers may be substituted for labels.
Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from these labeling requirements.

Labels required for contaminated equipment must be in accordance with this section and must also state which portions of the equipment remain contaminated.

Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Because OHSU uses Standard Precautions in the handling of all waste, the labeling/color-coding of waste is not necessary provided the containers are recognizable as containing waste. This exemption only applies while such containers remain within the facility. Labeling or color-coding is required when such materials or containers leave the facility.

Regulated medical waste shall be placed in red bags or red rigid containers. Contaminated sharps shall be placed in sharps containers.

Signs must be posted at the entrance to areas where research on bloodborne pathogens such as HIV, HCV or HBV is being conducted. These signs must bear the international biohazard symbol with the legend “Biohazard” and must include the name of the infectious agent, special requirements for entering the area, name, telephone number of the laboratory director or other responsible person. These signs must be fluorescent orange-red or predominantly so with lettering and symbols in a contrasting color. Biohazard signs shall be used to signify the actual or potential presence of a biohazard and to identify equipment, containers, rooms, material, experimental animals, or combinations thereof, which contain or are contaminated with viable hazardous agents. “Biohazard” includes only those infectious agents presenting a risk or potential risk to the well being of man.

For more detailed information for research laboratories, please refer to the Biosafety Manual.

8. Record Keeping

Training records will be kept by departments for a minimum of three years. Employee Health will keep records of reported occupational exposures, hepatitis B immunization and related laboratory assessments and follow-up for a minimum of 30 years after the employee termination date.

All injuries involving contaminated (or potentially contaminated) sharps or materials are to be reported to OHSU Risk Management for inclusion on the OSHA 300 Log.
9. Information and Training

Affected employees are required to participate in a training program covering the essential elements as stated in the OR-OSHA Bloodborne Pathogen Standard prior to initial assignment of duties where occupational exposure may occur, and at least annually thereafter.

Training programs will be tailored to the education and language level of the employee and offered during the work shift. Additional training will be provided for employees when there are any changes of assigned tasks or procedures that affect the employee’s list of potential occupational exposures to BBF or OPIM.

A copy of the OR-OSHA Bloodborne Pathogen Standard is available to all employees through the Employee Health, Environmental Health and Radiation Safety, and Infection Control departments.

10. Special Requirements for HIV and HBV, HCV Research Laboratories

All OHSU laboratories engaged in the culture, concentration, experimentation, and manipulation of HIV, HCV and HBV are required to comply with some special provisions, in addition to the other requirements in this Plan, and guidelines established by the National Institutes of Health and the Centers for Disease Control (refer to Biosafety Level 3 facility and practices, or Biosafety Level 2 facility with Biosafety Level 3 practices as printed in the NIH/CDC Guidelines titled "Biosafety in Microbiological and Biomedical Laboratories").

These special provisions do not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissue or organs.

A. Special Practices

- Personnel shall be advised by their supervisor of potential hazards and shall be required to follow the written practices and procedures as detailed in the Biosafety Manual.
- Laboratory doors must be kept closed when work with HIV, HCV or HBV is in progress.
- Access to the work area must be limited to authorized persons who have been advised of the potential biohazard, who meet any specific entry requirements (vaccination, PPE, etc.), and who comply with all entry and exit procedures.
- All regulated waste must be incinerated or decontaminated by a method known to effectively destroy bloodborne pathogens (e.g., autoclaving).
- Contaminated materials must be placed in durable, leak proof, labeled or color-coded containers that are closed before being removed from the work area for decontamination.
• Before disposal, all potentially contaminated or infected waste from work areas and from animal rooms must be incinerated or decontaminated.
• No work with materials potentially infected or contaminated with HIV, HCV or HBV is to be conducted on an open bench. Use biological safety cabinets or other physical containment devices for manipulations.
• Laboratory coats, gowns, smocks, uniforms, or other appropriate clothing must be used in the work areas and animal rooms.
• PPE must not be worn outside of the work area.
• Avoid skin contact with materials or animals with the potential of HIV, HCV or HBV. Gloves must be worn when handling infected animals and when making hand contact with OPIM is unavoidable.
• Vacuum lines must be protected with liquid disinfectant traps and HEPA filters or similar quality filters. Check traps and filters routinely. Replace as necessary.
• Needles must not be bent, sheared, recapped, or removed from syringes after use.
• After use, needles and syringes must be placed promptly in puncture-resistant containers and autoclaved or decontaminated before disposal.
• All spills must be immediately contained and cleaned up by properly trained and equipped personnel.
• A spill or accident that results in an exposure incident must be reported immediately to the laboratory director (Principal Investigator) or other responsible supervisor. All exposure incidents must also be reported to OHSU Risk Management (via WSIRS system available on the O-zone). Exposed employees are encouraged to report to the OHSU Employee Health Program or other medical provider within two hours for prompt medical evaluation and treatment.

B. Containment Equipment
• Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices (e.g., special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals) shall be used for all activities with potentially infectious materials.
• Biological safety cabinets shall be certified when installed, annually, and whenever they are moved or undergo major servicing (HEPA filter replacement, motor repairs, etc.). Records of tests performed must be retained for at least 5 years.

C. Other HBV, HCV, and HIV Research Laboratory Requirements
• Each laboratory must include handwashing and eye wash facilities that are readily available within the work area.
• An autoclave for decontamination of regulated waste shall be available.
D. Additional Training Requirements  
Principal Investigators/Supervisors must ensure that prior to working with HCV, HBV or HIV, employees will:

- Demonstrate proficiency in standard microbiological practices and techniques, and in those practices and operations specific to their work site.
- Be experienced in handling human pathogens or tissue culture OR demonstrate proficiency in techniques in a progression of work activities, but without handling infectious agents, if there is no prior experience in human pathogen handling. Employees will be allowed to participate in work activities involving infectious agents only after proficiency has been demonstrated.

Reference:
- [Oregon OSHA](https://www.oregon.gov/OSHA) (OAR 437-002-0360)
- [Confidentiality of Health Information](#) (01-05-012)
- [Healthcare Infection Control Manual](#) (Clin 07)
- [Healthcare Administrative Policies: Environment of Care](#) (Adm 10)
- [Required Communicable Disease Screening and Immunizations](#)
- [Workers Compensation Claim Reporting](#) (03-30-100)

Related policies, procedures and forms:

- [OHSU Biosafety Manual – Research Laboratories](#)
- [Laboratory Safety Manual – Research Laboratories](#)

Responsible Office:

- [Environmental Health and Radiation Safety](#) – Consultation, technical guidance, and training.
APPENDIX A
The following is a list of the common job classifications with their related tasks or procedures in which employees may have the potential for occupational exposure to BBF or OPIM:

<table>
<thead>
<tr>
<th>Common Job Classification (with examples)</th>
<th>Examples of Task/Procedures of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical/Secretarial - Administrative Specialist, Medical Transcriptionist, Office Specialist, PAS workers, Accounting workers, Dispatcher</td>
<td>Handling, labeling or transporting specimens</td>
</tr>
<tr>
<td>Executive/Administrative e.g., President, Vice President, Dean, Assistant Dean, Provost</td>
<td>No risk associated specifically with this classification</td>
</tr>
<tr>
<td>Faculty and staff - Schools of Medicine, Nursing, Dentistry, Allied Health, etc.</td>
<td>Varied patient care activities</td>
</tr>
<tr>
<td>Professional Non-Faculty Administrators: these positions typically have a working title of director, manager or supervisor</td>
<td>Training employees to perform tasks with inherent risk of exposure, functioning in the role of an employee under the manager or director's supervision</td>
</tr>
<tr>
<td>Professional Non-Faculty Health Care Provider e.g., Audiologist, Nurse, Nurse Practitioner, Physician Assistant, Pharmacist, Physical or Occupational Therapist, Child Life Specialist, Medical Social Worker, specialized laboratory technicians, house staff physicians</td>
<td>Varied patient care or patient testing activities</td>
</tr>
<tr>
<td>Service/Maintenance - Property Specialist, Custodian, Grounds Maintenance, Laborer, Transporter, Campus Patrol or Security Officer, Food Service workers</td>
<td>Accessing or working on equipment in patient care areas, cleaning BBF or OPIM spills, transporting specimens, restraining patients or related security activities</td>
</tr>
<tr>
<td>Skilled Crafts - Press Operator, Electrician, Carpenter, Plumber, Mechanic</td>
<td>Access and/or work on plumbing systems where BBF or OPIM may have been discarded, accessing or working on equipment in patient care areas</td>
</tr>
<tr>
<td>Technical/Para-Professional - Buyer, accountant, Clinical Engineer, Computer specialists, Interpreters, Videographer/Photographer, Biomedical Equip. Tech, Industrial Hygienist</td>
<td>Presence close to surgical field for photography, cleaning or repairing patient care equipment, accessing computer or other equipment in patient care areas, close contact during invasive procedures and other patient care activities</td>
</tr>
<tr>
<td>Technical/Para-Professional Health Care Providers - EKG Tech, radiology workers, Phlebotomist, LPN, CNA, Dental Assistant, Dental Hygienist, Respiratory Care Practitioners, Lab Asst., Medical Lab Tech</td>
<td>Phlebotomy, dressing changes, wound care and many other patient care activities, preparing patients for testing procedures, handling used patient testing equipment, dental assisting and/or hygiene activities, clinical laboratory procedures and tests</td>
</tr>
<tr>
<td>Principal Investigators, Laboratory Assistants</td>
<td>Various activities involving pathogenic material.</td>
</tr>
</tbody>
</table>

Note: Not all of these employees are expected to incur exposure to BBF or OPIM.