This Program applies to all occupational exposures not related to research activities, in compliance with the 29 CFR OSHA 1910.1030 Bloodborne Pathogens Standard Exposure Control Plan requirements.
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Subject Matter Experts
Non-Research Activities:
Brandi E. Kissel
bek66@cornell.edu
607-882-5273

Research and Laboratories:
EHS Biological Safety
ehbsafety@cornell.edu
607-255-8200

Biosafety Officer:
Alexis Brubaker
Ab2324@cornell.edu
607-254-8475

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1.0 INTRODUCTION

1.1 Occupational Exposure to Bloodborne Pathogens Program is to protect Cornell University employees from the health hazards associated with occupational exposure to pathogenic organisms present in human blood and other potentially infectious materials (OPIM).


1.2.1. The intent of this regulation and program is to minimize or prevent the transmission of bloodborne pathogens including, but not limited to: Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

1.3 The regulation requires the development of a written Exposure Control Plan (ECP) to eliminate or minimize exposure to blood and other potentially infectious materials (OPIM).

2.0 OBJECTIVES AND METRICS

2.1 Cornell Environmental Health and Safety (EHS) has developed this Bloodborne Pathogens Program for all areas that have the potential for an occupational exposure to Bloodborne Pathogens (BBP).

2.2 All departments with job classifications and/or tasks that pose a risk of occupational exposure will develop Standard Operating Procedures (SOP) which address exposure determination and specific methods of compliance with assistance from EHS, as needed.

2.3 This Program and the department SOP(s) complement each other, and therefore, all individuals that conduct tasks that have a potential exposure will have access to their departments SOPs. Together, this program and the department’s SOP fulfill the OSHA requirements for an Exposure Control Plan to eliminate or minimize exposure to human blood and OPIM.

3.0 SCOPE

3.1 Applies to all non-research related job tasks with potential exposure to blood and OPIM.

3.2 Applies to all Cornell locations except Cornell Weill Medical College.

4.0 ROLES AND RESPONSIBILITIES

4.1 Environmental Health and Safety (EHS)

4.1.1 Maintain the Bloodborne Pathogens Program

4.1.2 Determine which job classifications and tasks/procedures are at risk of exposure

4.1.3 Assist each affected department at Cornell University to determine if there are certain work tasks or job classifications that can result in occupational exposure to bloodborne pathogens and assist with building a department specific SOP

4.1.4 Provide initial and annual refresher training

4.1.5 Routinely evaluate safer devices to determine effectiveness and appropriateness in the workplace

4.1.6 Maintain training records

4.1.7 Review this program annually

4.1.8 Investigate exposure incidents
4.2 Department/Unit/Group
   4.2.1 Comply with the contents of this program
   4.2.2 Develop SOP(s), with EHS assistance as needed, for affected personnel, tasks and procedures that have the potential for exposure, minimizing the risk to personnel
   4.2.3 Fund affected employee vaccinations
   4.2.4 Solicit input from personnel with risk of occupational related exposure in the process of identifying, evaluating, and selecting effective engineering and work practice controls.
   4.2.5 Require affected personnel to receive initial and refresher training during working hours
   4.2.6 Provide appropriate personal protective equipment in the appropriate sizes to personnel.

4.3 Principal Investigator (PI)
   4.3.1 Refer to Research Laboratory Exposure Control Plan

4.4 Supervisor
   4.4.1 Support EHS in identifying which job classifications and tasks/procedures are at risk of occupational related exposure to bloodborne pathogens.
   4.4.2 Schedule personnel with occupational related exposure to participate in the initial and refresher bloodborne pathogens training
   4.4.3 Train personnel on how to access to this Program and department specific SOP(s)
   4.4.4 Provide adequate and appropriate engineering controls, personal protective equipment, and disinfectant that is approved and supplied
   4.4.5 Complete Cornell University Injury and Illness report form, along with individual after an exposure

4.5 Affected Individual (Employee who performs task with potential exposure)
   4.5.1 Attend required initial and annual refresher training
   4.5.2 Read and understand the content of this Program and their departmental specific SOP
   4.5.3 Utilize the appropriate engineering controls, work practices, and personal protective equipment when working with blood, bodily fluid and OPIM
   4.5.4 Consider the hepatitis B vaccination, by completing the Hepatitis B Status Form (HS22F_001)
      a. The form is to be completed and filed even if the decision is made to decline the vaccine
   4.5.5 Report any exposures to the supervisor and seek medical evaluation

4.6 Cornell Health Occupational Medicine Department
   4.6.1 Provide Hepatitis B vaccination
   4.6.2 Provide post-exposure evaluation and medical treatment if necessary
   4.6.3 Provide medical surveillance and follow-up for exposures
   4.6.4 Provide exposed individual with health care professional’s written opinion
   4.6.5 Provide treating health care professional with information regarding patient and exposure incident

5.0 EXPOSURE DETERMINATION

5.1 Exposure determination will be made without regard to the use of personal protective equipment. Refer to Appendix A: Exposure Determination Process.
6.0 METHODS OF CONTROL AND PREVENTION OF EXPOSURES

6.1 Work Place Practices

6.1.1 Training will be given by departments on department specific SOP(s)

6.1.2 Universal Precautions
   a. The application of safeguards or barriers to minimize or prevent contact with human blood or OPIM.

6.1.3 Adequate hand washing facilities with soap and water will be made available.
   a. When soap and water are not available, use an appropriate antiseptic hand cleanser or antiseptic wipes. However, employees should wash their hands as soon as possible with soap and running water.

6.1.4 Use emergency showers and eyewashes for full body exposures, exposures to the face or mucous membranes.

6.1.5 Do not eat, drink, smoke, apply cosmetics, lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to human blood, bodily fluid, or OPIM

6.1.6 Do not keep food and drink in refrigerators, freezers, shelves, or bench tops where human blood, bodily fluid or OPIM are present.

6.1.7 Minimize splashing, spraying, spattering, and generation of droplets when performing all procedures involving human blood or OPIM.

6.1.8 Clean and decontaminate surfaces and equipment that have been contaminated with blood, bodily fluid or OPIM, with approved and supplied disinfectant.

6.1.9 Clean and disinfect with cleaners/disinfectants that are available within the facility(s). Dispose of red bagged material according to EHS protocol.
   a. Secure in locked location
   b. Arrange for pickup with EHS Hazardous Waste Group

6.1.10 Contaminated needles and other contaminated sharps need to be disposed of in labeled sharps containers. If a sharps container is not available, you will contact your supervisor/department for department specific procedures.

6.1.11 Place items that are contaminated with blood, bodily fluid or OPIM in containers lined with red biohazard bag. Items such as gloves, paper towels, bench paper, plastic ware, etc.

6.1.12 Place all appropriately labeled containers containing blood, body fluids, or OPIM in well-constructed containers to prevent leaking during collection, handling, processing, storage, and transport.

6.2 Engineering Controls

6.2.1 Examine, maintain or replace these controls on a regular schedule to maintain their effectiveness.

6.2.2 Engineered Sharps Injury Protection (ESIP)
   a. In addition to engineering controls, such as sharps containers, OSHA mandates the use of needleless and ESIP systems to further isolate or remove the bloodborne pathogens hazards. These systems will be considered when using a device to access a vein or artery, to withdraw blood or body fluids, and administer medications.

6.3 Personal Protective Equipment (PPE)

6.3.1 Appropriate PPE will be provided based on the anticipated exposure.
a. Refer to department specific training and SOP(s) for various tasks.

6.3.2 Wear the PPE provided and described in department specific trainings and SOP(s)
   a. PPE that becomes saturated with blood, bodily fluid or OPIM will be removed immediately or as soon as feasible.
      - These items are to be disposed of in accordance with 6.4.2 and the department SOP.

6.3.3 Remove all personal protective equipment before leaving the work area and properly secure these materials for storage, washing, decontamination, or disposal.

6.4 Housekeeping/Waste/Laundry

6.4.1 Housekeeping
   a. Decontaminate work surfaces with an approved and provided disinfectant:
      - After completion of procedures/tasks
      - Immediately when overtly contaminated
      - After any spill of blood, bodily fluid or OPIM
      - At the end of the work day when surfaces have become contaminated.
   b. Clean and disinfect contaminated surface with an approved and provided disinfectant by following training and SOP(s) provided by the department.
   c. Place contaminated material in red biohazard bag and schedule for EHS hazardous waste pick up utilizing the EHS Hazardous Waste Group Web-form
   d. Inspect and decontaminate reusable biohazard waste receptacles such as bins, pails, and cans on a regular basis.
   e. Use a mechanical device such as tongs, forceps, a brush and dust pan, or even two pieces of cardboard to pick up contaminated broken glassware. Do not pick up sharps items with your hands, even if wearing gloves. Store or process any reusable sharps in a way that maintains safe handling practices.

6.4.2 Waste
   a. Regulated medical waste is to not enter the regular solid waste stream at any time.
      - Sharps and non-sharp items contaminated with blood or OPIM are regulated medical waste.
      - Properly segregate all regulated medical waste in either biohazard sharps containers or red biohazard plastics bags. Biohazard plastic bags are not to be used in a manner that they may become unsecure.
   b. Each container or bag will be labeled at minimum with a name and phone number for contact person. Additional information such as lab and building identification is helpful for waste managing staff. The use of computer printed labels is recommended for clarity of information. (Figure 1)

   ![Figure 1](image)

   **Figure 1 – Example of labels that will be used on RMW bags and bins**

   c. EHS Hazardous Waste staff will pick up regulated medical waste on campus and deliver the waste to the College of Veterinary Medicine (CVM) Waste Management Facility (WMF).
      i. At CVM, laboratory personnel/designated department staff will transport RMW to the CVM WMF located in Schurman Hall.
   d. Remote locations are to consult with EHS Hazardous Waste Staff for procedures on following Federal and State Guidelines for RMW
6.4.3 Laundry  
   a. Isolate contaminated laundry in an appropriate bag or container and handle as little as possible.  
   b. Roll linen away from body and bag separately from uncontaminated linen.  
   c. Follow department specific SOP for a detailed process pertaining to contaminated laundry. 

6.5 Hepatitis B Vaccination  
6.5.1 Individuals determined to have a potential exposure to BBP will be offered the Hepatitis B vaccination at the time of initial training. Individuals will complete the Hepatitis B Vaccination Status Form (HS22F_001) whether they chose to accept or decline the vaccination.  
6.5.2 The Hepatitis B vaccination is provided at no cost for personnel determined to have a potential exposure and wish to receive the vaccination.  
6.5.3 Individuals who decline the vaccine initially may choose to receive the vaccine at a later date at no charge as long as they are still performing tasks that have been determined to have an exposure 

6.6 Post-Exposure Response  
6.6.1 Exposure Incident  
   a. Following an exposure to blood, bodily fluid, or OPIM the employee should thoroughly wash the exposed skin area well with soap and water or flush mucous membranes with copious amounts of water, for example, in an eyewash.  
   b. Employees need to report their exposure to the supervisor. Additionally, employees should report to the Cornell Health Occupational Medicine Department or physician of their choice for a confidential medical evaluation by or under the supervision of a licensed physician.  
   c. The supervisor and the employee will complete an Injury/Illness report through the online Cornell EHS Injury, Illness, and Exposure Reporting system. 

6.7 Post Exposure Evaluation  
6.7.1 The medical evaluation will include at the following:  
   a. Documentation of the route(s) of exposure  
   b. Circumstances under which the exposure incident occurred  
   c. Relevant information about the material involved in the exposure, such as the presence of known viruses or bacteria, the status of the source individual, in the case of human blood or OPIM, if known, and unless prohibited by state or local law  
   d. Immunization status of the exposed individual  
   e. Collection of blood for baseline testing  
      i. If the person consents to baseline blood collection after an exposure incident, but does not give consent at that time for HIV serologic testing, the sample will be frozen for at least 90 days.  
      f. If, within 90 days of the exposure incident the person elects to have the baseline sample tested, such testing will be done. Otherwise the blood sample will be discarded. All testing will be conducted at no cost to the employee. 

6.7.2 The person will receive post-exposure prophylaxis when medically indicated and as recommended by the Center for Disease Control (CDC); counseling concerning precautions to take and information about signs and symptoms of potential illnesses of which to be aware.
6.8 Post Exposure Follow-up

6.8.1 Cornell Health Occupational Medicine Department, will provide the individual with a copy of the evaluating healthcare professional’s written opinion within 15 days after the evaluation is complete. Information to be included:
   a. Whether the hepatitis B vaccination is indicated for the individual, and if the individual has received such vaccination.
   b. Results of the evaluation.
   c. Any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.
      i. If an individual is treated at any medical center other than Cornell Health, in regard to any aspect of this program, the individual should notify Cornell Health Occupational Medicine Department that care was obtained elsewhere.

6.8.2 Environmental, Health, and Safety will conduct an accident investigation, as necessary.

7.0 LABELS AND SIGNS

7.1 Labels

7.1.1 Include the word “BIOHAZARD”, and the universal biohazard symbol (Figure 2), will be affixed to:
   a. Containers of regulated waste
   b. Containers used for storage or transport of blood or OPIM
      i. Containers of blood, bodily fluid or OPIM placed in labeled containers for storage or transport do not need to be individually labeled.

Figure 2 – Universal BIOHAZARD symbol

7.2 Signs

7.2.1 Include the word “BIOHAZARD”, and the universal biohazard symbol, will be affixed to:
   a. Doors leading to areas where work is conducted with blood, bodily fluid or OPIM
   b. Refrigerators, freezers, incubators, etc. used for storage or transport of blood, bodily fluid or OPIM

7.2.2 Hazard Assessment Signage Program (HASP) signage will indicate “Access Restrictions” if there is a bloodborne pathogen risk

8.0 TRAINING

8.1 Employees who are determined to be at risk of occupational exposure will participate in a training program.

8.2 The training program will contain the following elements:

8.2.1 A discussion of the department specific SOP and this program

8.2.2 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood

8.2.3 A general explanation of the epidemiology and symptoms of bloodborne diseases and the
modes of transmission

8.2.4 An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment

8.2.5 Information on the types and the basis for selection of personal protective equipment, their proper use, and disposal

8.2.6 Information on the efficacy, safety, and benefits of the Hepatitis B vaccine

8.2.7 Whom to contact and procedures to follow after an exposure incident

8.2.8 Information on the post exposure evaluation and the available medical follow-up

8.2.9 For Initial Training ONLY: An opportunity for a question and answer period with the trainer

8.2.10 Department Training Coordinator and/or Department Supervisors are responsible for providing task-specific training

8.3 Initial training will be conducted in a classroom setting by an individual who is knowledgeable in the subject matter (EHS) during working hours at no cost to the employee

8.3.1 Initial training will be provided to all employees at the time of assignment to tasks where occupational exposure may take place.

8.4 Annual and awareness training will be provided through web-based training or in a classroom, when requested

8.4.1 Annual training is provided within one year of previous training during working hours at no cost to the employee

8.5 Courses Available

8.5.1 Web based training is available on CU Learn

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>Users</th>
<th>Availability</th>
<th>Reoccurrence</th>
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<tr>
<td>1072</td>
<td>Bloodborne Pathogens Awareness</td>
<td>General Awareness and Safety</td>
<td>Web</td>
<td>3 year review</td>
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<td>1073</td>
<td>Bloodborne Pathogens Initial – Non Research Laboratories</td>
<td>Those identified by their department specific SOP, as having a potential exposure</td>
<td>Classroom</td>
<td>Once</td>
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<tr>
<td>1074</td>
<td>Bloodborne Pathogens Initial – Research Laboratories and Diagnostic Laboratories</td>
<td>Those who work under an MUA or within a Diagnostic laboratory</td>
<td>Classroom</td>
<td>Once</td>
</tr>
<tr>
<td>1875</td>
<td>Bloodborne Pathogens Refresher – Research Laboratories and Diagnostic Settings</td>
<td>Required for all those who take 1074</td>
<td>Web</td>
<td>Annually after Initial</td>
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<tr>
<td>1876</td>
<td>Bloodborne Pathogens Refresher – Non Research Laboratories</td>
<td>Required for all those who take 1073</td>
<td>Web; Classroom as requested</td>
<td>Annually after Initial</td>
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</tbody>
</table>

9.0 RECORDS AND DOCUMENT CONTROL

9.1 Medical Records

9.1.1 The medical records for an exposed individual will be maintained at Cornell Health and will include:
a. The name and Cornell University ID number of the affected individual
b. A copy of the employee’s Hepatitis B vaccination status
c. A copy of all results of examinations, medical testing, and the follow-up procedures after an exposure incident
d. A copy of the health-care professional’s written opinion
e. A copy of the information provided to the healthcare professional

9.1.2 If an employee is treated at any medical center other than the Cornell Health, in regard to any aspect of this standard, it is the responsibility of the employee to see that the appropriate medical records are transferred to Cornell Health.

9.1.3 Cornell Health will keep employee medical records confidential and will not disclose without the employee’s express written consent. Except as required by law.

9.2 Training Records

9.2.1 Training records will be maintained by EHS

9.3 Forms

<table>
<thead>
<tr>
<th>Form Name / Number</th>
<th>Maintain Location</th>
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<tr>
<td>Hepatitis B Vaccination Form – Occupational</td>
<td>Cornell Health</td>
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<tr>
<td>HS22F_001_HBVForm</td>
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10.0 DEFINITIONS

10.1 **Affected Individual**: Persons whom are at risk for potential exposure to blood borne pathogens while performing tasks within their job category. This includes employees and/or students on campus who perform tasks that may put them at risk for exposure to BBP.

10.2 **Blood**: Human blood, its derived components, and products that are made from human blood.

10.3 **Bloodborne Pathogens**: Pathogenic microorganisms including, but not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV), which may be present in human blood or bodily fluid and can cause disease in humans.

10.4 **Engineering Controls**: Equipment, work stations, devices, or any other relevant aspect of the work environment that isolate or reduce bloodborne pathogen hazards from blood and other potentially infectious materials.

10.5 **Engineered Sharps Injury Protection (ESIP) Systems**: means a non-needle (e.g., scalpel, razor blade) 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.

10.6 **Exposure Control Plan (ECP)**: OSHA Regulatory document required by each employer having an employee(s) with occupational exposure as defined in 29 CFR 1910.1030 designed to eliminate or minimize employee exposure to blood, bodily fluid and OPIM

10.7 **Exposure Determination**: EHS categorization of whether an individual may be exposed to blood or other potentially infectious materials during the course of their job tasks

10.8 **Exposure Incident**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, bodily fluid or OPIM that results from the performance of an individual’s duties.

10.9 **Needleless Systems**: Devices that do not use needles for: (1) the collection or withdrawal of bodily fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for research-related exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
10.10 **Occupational Safety and Health Administration (OSHA):** an agency of the US government under the Department of Labor with the responsibility of ensuring safety at work and a healthful work environment.

10.11 **Other Potentially Infectious Materials (OPIM):** include, but are not limited to:
- Unfixed human tissue or organs (other than intact skin in a living human being);
- Human cell, tissue or organ cultures;
- Blood, organs, and tissues from animals experimentally infected with human pathogens (such as HIV or HBV) or inoculated with human cells;
- Body cavity fluids such as cerebrospinal, synovial, pericardial, pleural, amniotic, semen and vaginal secretions, saliva and blood from injuries to the mouth or dental procedures, other body fluids, and any body fluid that is visibly contaminated with blood.
- Blood, cell lines, and other materials derived from non-human primates

10.12 **Personal Protective Equipment (PPE):** reusable or disposable protective gear worn to protect the body from exposures or injuries, including mucous membrane protection (face shields, eye protection, surgical masks), laboratory coats, disposable gowns, dedicated clothing, gloves, and closed-toed shoes

10.13 **Regulated Medical Waste (RMW):** classify certain waste materials that pose a danger of infection if disposed of improperly some items include:
- Waste liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials 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
- Pathological wastes containing blood or other potentially infectious materials.

10.14 **Research-related exposure:** Described as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, bodily fluid or OPIM (body fluids, unfixed tissues and organs, cell lines, etc.) that could result from the performance of an individual's duties. Refer to [Research Laboratories Exposure Control Plan](https://securepublish.ehs.cornell.edu:8499/LabSafety/biological-safety/bloodborne-)

10.15 **Sharps:** Needles, syringes, syringes with needles attached, scalpels, razor blades, glass Pasteur pipettes, glass blood vials, glass slides, glass cover slips, and broken glass. Other items that have the ability to puncture a plastic waste containing bag (e.g., micropipette tips, serological pipettes, broken plastic containers, etc.) need to be considered sharps when used with blood or OPIM.

10.16 **Universal Precautions:** the application of safeguards or barriers to minimize or prevent contact with human blood or OPIM, regardless of the perceived health status of the source individual or material (i.e., treating all human blood and bodily fluids as potentially infectious).

11.0 REFERENCES

29 CFR OSHA 1910.1030

Cornell University Research Laboratory Exposure Control Plan

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Cornell University Biosafety Manuals
https://sp.ehs.cornell.edu/lab-research-safety/bios/biological-safety-manuals/Pages/default.aspx

Cornell University Safe Handling of Needles and Sharps
https://sp.ehs.cornell.edu/lab-research-safety/sharps/Pages/default.aspx

Cornell University Injury, Illness and Exposure Reporting System
https://rmps-prod.hosting.cornell.edu/accinj/

Cornell University Environmental Health and Safety Chemical (Hazardous) Waste
https://sp.ehs.cornell.edu/lab-research-safety/waste/Pages/default.aspx

12.0 DOCUMENT HISTORY

EHS is responsible for reviewing and updating this Program annually to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, or when updated regulations or policies require changes. This Program, along with department specific SOP(s) will be readily available and accessible for individuals who have an occupational exposure.

<table>
<thead>
<tr>
<th>Date</th>
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<th>Purpose of Revision</th>
<th>Explanation of Revisions</th>
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<tr>
<td>2/1/2016</td>
<td>1</td>
<td>Creation of Exposure Control Plan for all Non-Research areas and tasks</td>
<td>New</td>
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<tr>
<td>10/3/2016</td>
<td>2</td>
<td>Removal “bodily fluids from statement: …blood, bodily fluids, and other potentially infectious materials.”</td>
<td>Matches OSHA 1910.1030</td>
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<tr>
<td>3/27/2017</td>
<td>3</td>
<td>Gannett Health Services Change to Cornell Health</td>
<td>Department Name Change</td>
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<tr>
<td>9/21/2017</td>
<td>4</td>
<td>Removed Alan Bitar, as contact for Research and laboratory Personnel. Added Generic Biosafety E-mail for contact</td>
<td>Alan resigned from EHS</td>
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Appendix A: Exposure Determination Process

Categories of exposure include:

A. Job related tasks or procedures that have the potential to involve contact or mucous membrane exposure with blood, bodily fluid or OPIM, or the potential for spills or splashes. This can include research, teaching, and clinical activities that involve the use of human blood, bodily fluid or OPIM.
   - Some relevant job categories include physicians, nurses, emergency responders, police officers, athletic trainers, and laboratory workers

B. Tasks that do not normally involve planned exposure to human blood, or other potentially infectious materials, but potential exposure may result from unplanned tasks, and be a condition of employment.
   - Some relevant job categories include custodial staff, plumbers, and environmental health staff

C. Tasks that do not involve exposure to human blood, bodily fluids or OPIM.
   - The list can include office staff, grounds personnel, and maintenance staff

However, occupational exposure in this category, may result from “Good Samaritan Acts”, such as helping a coworker with managing a cut or nosebleed. This is not considered official duties and is not covered under this plan.
Appendix B: Exposure Response Quick Reference Guide

In the event of an exposure to blood or other potentially infectious materials:

1. **Immediately wash** the exposed skin area thoroughly with soap and water, or **flush** mucous membranes with copious amounts of water.
   Call 255-1111 if you need assistance.

2. **Communicate** the exposure incident to supervisor.

3. **Seek medical evaluation** as soon as possible, within 2 hours of exposure:
   a) **Cornell Health** (phone: 607-255-5155)
      Main entrance is on Ho Plaza, just south of Willard Straight Hall and The Cornell Store.
   b) **Cayuga Medical Center**, Emergency Room (phone: 607-274-4411)
      101 Dates Drive, off of Route 96 North, Ithaca
   c) **Five Star Urgent Care**, (phone: 607-319-4563)
      740 South Meadow Street, Ithaca
   d) **Convenient Care at Ithaca**, Urgent Care (phone: 607-274-4150)
      10 Arrowwood Drive, Ithaca (Near intersection of Route 13 and Warren Road)
   e) **Or other Healthcare Provider**

4. After medical evaluation, **complete** the Cornell EHS Online Injury/Illness Report with assistance from your supervisor