

# **University of Illinois at Urbana-Champaign Bloodborne Pathogen Exposure Control Plan**

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# **Introduction**

## **Occupational Exposure to Bloodborne Pathogens**

Occupational Acquired Immunodeficiency Syndrome (AIDS) and hepatitis B are serious concerns for workers who are occupationally exposed to blood and other potentially infectious materials (OPIM) that may contain bloodborne pathogens such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). According to U.S. Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and public safety occupations are potentially exposed to these viruses.

Exposure to bloodborne pathogens may occur in many ways. Although needle-stick injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes (eyes, nose, mouth) and non-intact skin. Unlike most chemical and radiological hazards, a single exposure to a bloodborne pathogen may result in infection and a potentially life-threatening disease.

Recognizing the need for a regulation prescribing safeguards to protect workers against health hazards related to bloodborne pathogens, OSHA published the Occupational Exposure to Bloodborne Pathogens Standard in the Federal Register on December 6, 1991; it is codified at 29 CFR 1910.1030. The Illinois Department of Labor (IDOL) adopted this federal standard as a state regulation on January 29, 1993.

## **Campus-Wide Exposure Control Plan**

This campus-wide Exposure Control Plan outlines the University of Illinois at Urbana-Champaign's commitment to compliance with the Federal OSHA Bloodborne Pathogen Standard as adopted by the IDOL and provides guidance for determining more specific exposure control plans for individual units. The Division of Research Safety (DRS) is available to assist units in providing training for units and help them select the appropriate engineering controls, work practice controls, and personal protective equipment (PPE) required to comply with this standard. The ECP is required to include the determination of which employee job title classifications are occupationally exposed; the schedule and methodology of implementation for methods of compliance, hepatitis B vaccination and post-exposure evaluation, communication of hazards to employees, relevant recordkeeping, and the procedure for evaluating exposure incidents. The campus-wide ECP is a general compliance document and functions alongside your unit-specific ECP or, for laboratory workers, your laboratory safety plan.

## **Campus Safety Commitment**

The U of I is committed to the safety and wellbeing of its students, staff, and the public it serves and the administration, faculty, and staff are responsible for promoting health and safety on campus. The Campus Administrative Manual contains environmental health and safety standards and procedures developed specifically for the U of I.

Several policies pertinent to implementation of the campus-wide ECP are contained in the Campus Administrative Manual:

- Campus Environmental Health and Safety. Campus Administrative Manual: Policy Number FO-18. Revised 2015.
- Biological Safety. Campus Administrative Manual: Policy Number RP-02. Revised 2004

## Acronyms Used

<b>AIDS</b>	Acquired Immunodeficiency Syndrome	<b>HCV</b>	Hepatitis C Virus
<b>BSL2</b>	Biosafety Level 2	<b>HIV</b>	Human Immunodeficiency Virus
<b>DRS</b>	University of Illinois Urbana/Champaign Division of Research Safety	<b>IBC</b>	Institutional Biosafety Committee
<b>CDC</b>	Center for Disease Control and Prevention	<b>IDOL</b>	Illinois Department of Labor
<b>CFR</b>	Code of Federal Regulations	<b>MSDSs</b>	Material Safety Data Sheets
<b>CPR</b>	Cardiopulmonary Resuscitation	<b>OPIM</b>	Other Potentially Infectious Materials
<b>DOT</b>	Department of Transportation	<b>OSHA</b>	U.S. Occupational Safety and Health Administration
<b>ECP</b>	Exposure Control Plan	<b>PPE</b>	Personal Protective Equipment
<b>HBV</b>	Hepatitis B Virus	<b>U of I</b>	University of Illinois at Urbana-Champaign
		<b>HHS</b>	U.S. Dept. of Health and Human Services

## Definitions

**Blood** - Human blood, human blood components, and products made from human blood.

**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).

**Campus Unit** - Any person, laboratory, section, center, department, division or other U of I representative that employs persons to perform tasks that might have a reasonably anticipated risk of exposure to blood or OPIM. The campus unit and unit head(s) will be identified to employees in training.

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

**Contaminated** - The presence or the reasonably anticipated presence of blood or OPIM on an item or surface.

**Contaminated Laundry** - Laundry that has been soiled with blood or OPIM or may contain sharps.

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

## Definitions, cont.

**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.

**Engineering Controls** - Controls (e.g., sharps disposal container, self-sheathing needles, CPR pocket mask, biological safety cabinet) that isolate or remove the bloodborne pathogen hazard from the workplace.

**Exposure Incident** - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

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

**Laboratory (Lab) Safety Plan** - Every laboratory group on the University of Illinois Urbana-Champaign campus is required to have a Laboratory Safety Plan, which must be accessible to all laboratory personnel. The plan is composed of information relevant to the laboratory's specific hazards and exposure control measures and is used as a training resources and safety reference for laboratory personnel. Development and implementation of a Laboratory Safety Plan will fulfill each laboratory's requirement for a Chemical Hygiene Plan as specified in the Occupational Safety and Health Administration (OSHA) regulation 29CFR 1910.1450 (OSHA Lab Standard).

**Licensed Healthcare Professional** - A person whose legally permitted scope of practice allows him or her to independently perform hepatitis B vaccination and post-exposure evaluation and follow-up.

**Occupational Exposure** - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.

### **Other Potentially Infectious Materials (OPIM):**

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** - To pierce/puncture mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE)** - Specialized clothing or equipment worn by an employee for protection against a hazard (e.g., gloves, face shield, lab coat). General work clothes (e.g., uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be PPE.

## **Definitions, cont.**

**Regulated Waste** - Liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

**Source Individual** - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

**Unit Head** - The head of the laboratory, section, center, department, division, or other U of I campus unit that employs persons to perform tasks that are likely to involve exposure to blood or OPIM. The unit head should be the person who has the greatest authority within the campus unit and who also has direct knowledge and control of the employees' day-to-day activities and the campus unit's procedures. For example, a professor working on a grant involving work with human blood would be more knowledgeable about the day-to-day activities of the laboratory than the department head. The professor also wields more authority than a laboratory manager, although the latter may have a more detailed knowledge of the laboratory work. Therefore, the professor, rather than the department head or the laboratory manager, would be the appropriate unit head.

**Universal Precautions** - An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., proper handwashing, prohibiting the recapping of needles by a two-handed technique).

## **Availability of This Exposure Control Plan**

Each unit head shall ensure that the exposure control plan is accessible to employees. The location of the plan may be adapted to the circumstances of a particular workplace, provided that employees can access a copy at the workplace during the work shift. If the plan is maintained solely on computer, employees must be trained to operate the computer.

A hard copy of the exposure control plan must be provided within 15 working days of the employee's request and can be obtained from the Division of Research Safety.

# Summary of Responsibilities

## U of I Responsibilities

The U of I shall:

- Ensure full university compliance with applicable IDOL and OSHA regulations regarding bloodborne pathogens,
- Establish contracts with healthcare professionals to fulfill the requirements of the bloodborne Pathogen Standard and the U of I Bloodborne Pathogen Exposure Control Plan,
- Establish medical recordkeeping in compliance with the Bloodborne Pathogen Standard and the U of I Bloodborne Pathogen Exposure Control Plan.

## DRS Responsibilities

The Division of Research Safety (DRS) shall:

- Develop this campus-wide Exposure Control Plan and review this plan annually,
- Assist unit heads with developing unit-specific exposure control plans, to supplement the campus wide-exposure control plan, laboratory safety plans, and with the annual review of these plans,
- Work with Unit Heads to assess employee exposure and inclusion in the program.
- Be available to consult with occupationally exposed employees and their campus unit heads concerning training and understanding the scope of the program,
- Retain all appropriate training records,
- Maintain files of all applicable state and federal regulations and guidelines regarding occupational exposure to bloodborne pathogens.
- Solicit advice from campus users, at least annually, on improvements and changes to bloodborne pathogens program.

## Deans, Directors, and Department Head Responsibilities

Deans, directors, and department heads shall:

- Assist the DRS in identifying units that have occupational exposure to bloodborne pathogens,
- Ensure that this campus-wide Exposure Control Plan is implemented within all units under their responsibility where occupational exposure to bloodborne pathogens could occur,
- Provide support to unit heads in retaining unit records as required by this plan,
- Provide budget support for the requirements of this program.



## Healthcare Professional Responsibilities

Healthcare professionals contracted by the U of I to provide the hepatitis B vaccination series and/or post-exposure care shall:

- Provide services in compliance with applicable IDOL and OSHA regulations regarding bloodborne pathogens and in accordance with HHS recommendations;
- Administer hepatitis B vaccinations as recommended by the HHS;
- Provide campus unit heads and employees with written documentation that the hepatitis B vaccinations were received or that the vaccinations were not medically indicated/advisable (e.g., allergy to the yeast-derived HBV vaccine);
- If providing post-exposure care, conduct a confidential medical post-exposure evaluation in accordance with current HHS recommendations, including:
  - Obtain consent for testing of source individual;
  - Make results of the testing of the source individual available to the exposed employee,
  - Collect the exposed employee's blood as soon as feasible, and test for HIV, HBV, and HCV serological status after consent is obtained. The collected blood must be retained for 90 days or until consent to test is obtained, whichever period of time is shorter;
  - Advise the exposed employee of post-exposure preventive and protective measures when medically indicated, as recommended by the HHS;
  - Provide the exposed employee with appropriate treatment and counseling concerning precautions to take during the period after the exposure incident;
  - Give the employee information regarding which potential illnesses to be alert for and instructions for reporting any related experiences.
- Provide all written documentation specified in the U of I Bloodborne Pathogen Exposure Control Plan.

## **Campus Unit Head Responsibilities**

Campus Unit Heads shall:

- Ensure employees who have job titles identified in their unit specific ECP participate fully in the BBP program and adhere to campus-wide and unit specific ECPs, including but not limited to annual training, safe work practices, PPE, immunization, and post-exposure follow-up.
- Notify DRS if employees may be subject to the bloodborne pathogen program but are not currently enrolled.
- Ensure this exposure control plan is followed as described. When not specified in the ECP, develop additional work practice procedures as necessary to minimize the risk of exposure to bloodborne pathogens for specific tasks. Train employees in these procedures and maintain documentation of such training and procedures in a Unit Specific Exposure Control Plan.
- Ensure that appropriate engineering controls are utilized, decontaminated, maintained, and replaced.
- Ensure that work areas are decontaminated and sanitary.
- Ensure that appropriate PPE is freely available and in good working condition for all employees who are at risk of exposure to bloodborne pathogens.
- Ensure that any employee who has experienced an occupational exposure incident to blood or OPIM is offered post-exposure medical services as outlined beginning on page 25.
- Assist with post exposure follow-up investigation.
- Purchase, make available, and ensure the use of placards, signs, labels, and sharps and waste collection containers as specified in in this ECP. Ensure all employees have access to campus-wide and unit exposure control plans.

## **Campus Employee Responsibilities**

Campus Employees shall:

- Become familiar with campus-wide and unit specific exposure control plans.
- Participate in initial and refresher bloodborne pathogen training.
- Opt to receive or decline the HBV vaccination.
- Know which job tasks have the potential for occupational exposure to bloodborne pathogens and adhere to precautions and controls designed to minimize associated risk.
- Use all PPE required for specific tasks.
- Practice good personal hygiene habits, wash hands after completing tasks, removing PPE, or coming into contact with OPIM.
- Report all occupational exposure incidents and seek medical attention.
- Practice universal precautions: assume that all blood or OPIM contains HIV, HBV, or HCV.

# Who is at risk?

## Occupational Exposure

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee's duties. A single exposure to bloodborne pathogens may cause a potentially life-threatening infection.

Examples of employees with occupational exposure include healthcare workers, an athletic trainer who provides first aid to athletes, an emergency responder who provides first aid at the site of an accident, building service workers who would be expected to clean up blood spills, or a teacher who is expected to provide first aid to an injured or ill child.

## Exposure Determination

Each unit head having an employee(s) with a potential for occupational exposure shall prepare an exposure determination. The exposure determination must be made without regard to the use of PPE and contain the following:

- A list of job classifications and tasks in which **all** employees have occupational exposure,
- A list of job classifications and tasks in which **some** employees have occupational exposure.

## Jobs that Carry Occupational Exposure

Each Unit Head will make the determination as to whether their employees carry occupational exposure. Employees can find a complete listing of their department's job classifications that carry a risk of exposure to blood or OPIM in their department's Unit Specific ECP. If an employee needs help identifying their Unit Head, they can contact DRS.

# Prevention and Protection

## Determining if Something is Infectious

The infectious potential of blood or OPIM cannot be determined without a series of medical tests. Because many persons infected with HIV, HBV, or HCV do not know that they are infected or can be infectious for a long period of time without showing symptoms, any blood or OPIM must be assumed to contain bloodborne pathogens. This concept is called **universal precautions**.

## Universal Precautions

Cases of occupational transmission of HIV and HBV to health-care workers by blood have been documented for some time. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as delivering HBV immunization.

All U of I employees performing tasks that require occupational exposure to human blood or OPIM, which includes: tissues, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, are at risk.

Handling human blood, tissue, and certain body fluids as if infectious for HIV, HBV, and HCV requires full implementation of the U of I policies described in this campus-wide ECP. The unit head is responsible for ensuring that all tasks with a potential for occupational exposure to blood or OPIM are performed in a manner consistent with universal precautions.

## Engineering Controls

Appropriate engineering controls must be used whenever possible to isolate or remove the bloodborne pathogen hazard from the workplace. Engineering controls are to be decontaminated, discarded, or contained immediately when overtly contaminated (e.g., after a spill of blood or OPIM) or as otherwise specified in the campus unit's plan.

Engineering controls are equipment devices or supplies that reduce the risk of employee exposure by removing the hazard or isolating the worker from exposure. Examples of engineering controls used at U of I include designated sharps disposal containers (SDCs) for disposal of discarded sharps and biological safety cabinets for isolation of a laboratory worker from infectious aerosols.

The unit head is responsible for identifying and ensuring the use of appropriate engineering controls and replacement procedure for each task that could involve exposure to blood or OPIM. The unit head is responsible for determining an inspection/replacement/maintenance schedule for each engineering

control used. This should include designation of a responsible employee (by title), specification of how the replacement or maintenance is to be performed, and the schedule of when the inspection/replacement/maintenance is to be performed.

Work practice controls are often needed to ensure that engineering controls work effectively. For example, a sharps disposal container provides no protection if an employee persists in recapping needles by hand prior to disposal.

## **Work Practice Controls**

The unit head is responsible for identifying and assuring the use of appropriate work practice controls for each task involving reasonably anticipated exposure to blood or OPIM.

Work practice controls reduce the likelihood of employee exposure by changing the method in which a task is performed. The protection provided by work practice controls is based on employee behavior and attitude. Examples of work practice controls include proper handling of sharps, handwashing, and attention to safety procedures in work areas with potentially infectious materials.

Work practice controls ensure that engineering controls and PPE are used effectively and help protect others from exposure to pathogens in the work area or facility. They also reduce cross-contamination and improve work quality. Routine safe work practices provide a margin of safety for unrecognized hazards.

## **Discarding Contaminated Sharps**

**Contaminated or other sharps must be discarded immediately into a sharps disposal container.**

Materials that qualify as “sharps” are defined at the state level and shall be disposed of as Potentially Infectious Medical Waste (PIMW). In Illinois, the Illinois Environmental Protection Agency (IEPA) has designated the following material (used or unused) as sharps:

- Any medical needles,
- Syringe barrels (with or without needle),
- Pasteur pipettes (glass),
- Scalpel and razor blades,
- Blood vials,
- Microscope slides and coverslips,
- Glassware contaminated with infectious agents.

SDCs must be puncture-resistant and leak-proof on the sides and bottom. To obtain a free SDC, please call Campus Stores at 217-244-0139. Specific information regarding the Sharps Disposal Program is provided on our webpage:

<http://www.drs.illinois.edu/sharpsrequests/SharpsPickupRequest/Default.aspx>

## **Containers for Reusable Sharps**

Contaminated reusable sharps (e.g., scissors, scalpels, suture needles) must be placed in appropriate containers as soon as possible after use. Appropriate containers must:

- Be puncture-resistant,
- Be labeled with the Biohazard symbol,
- Be leak-proof on the sides and bottom.

Employees cannot reach into the container to retrieve contaminated sharps by hand, a mechanical means of removal must be used. To avoid exposure to contaminants, reusable sharps should be decontaminated prior to cleaning, either by autoclave or an appropriate disinfectant.

## **Handling Disposable Needles and Syringes**

Use of needles and syringes or other sharp instruments must be restricted to cases when there is no alternative available.

Shearing, bending, or breaking of contaminated needles is prohibited, as this creates aerosols of microbes and viruses. Avoid recapping or removing needles. If a specific procedure requires recapping or removing needles, the unit head is responsible for ensuring that the procedure is accomplished using a mechanical device or a one-handed technique.

Use extreme caution when handling needles and syringes. Use needle-locking syringes or disposable syringe-needle units as much as possible. Handle needles and syringes in a manner that prevents needle-stick injuries. Avoid creating aerosol and droplets when expelling the contents of a needle and syringe.

All discarded needles and syringes and other sharps shall be placed promptly in an approved sharps disposal container.

## **Biological Safety Cabinets**

Biological safety cabinets are used to contain aerosols generated from research with blood or OPIM must be certified before initial use and must undergo annual recertification through the program administered by the DRS.

Contact the DRS at 217-333-2755 for information on selecting, installing, using, maintaining, and certifying biological safety cabinets. More information is available at:  
<https://www.drs.illinois.edu/SafetyLibrary/BiologicalSafetyCabinets>

## Handwashing

Unit heads are responsible for providing handwashing facilities that are readily accessible to employees. These must include an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

If handwashing facilities are not available in the areas where certain tasks are performed, unit heads are responsible for providing either an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or appropriate antiseptic towelettes. Even when these handwashing alternatives are used, employees must wash hands with soap and running water as soon as feasible.

Unit heads shall ensure that employees wash their hands immediately or as soon as feasible after:

- Removing gloves or other PPE,
- Contact with blood or OPIM.

If mucous membranes (eye, nose, mouth) come into contact with blood or OPIM, immediately flush the body area with plenty of water.

Handwashing is defined as a vigorous, brief (10-15 seconds) rubbing together of all surfaces of lathered hands followed by rinsing under a stream of water. Washing minimizes the hazard of infectious agents by physically removing microbes and viruses from body surfaces. For most activities, handwashing with plain soap is sufficient because soap will facilitate the removal of most transient microorganisms and viruses.

Time is critical in the event of an exposure Incident. The sooner the exposed site is washed, the better.

## General Work Practices

In work areas where there is a likelihood of exposure to blood or OPIM, take measures to prevent contact with mucous membranes. Never eat, drink, apply cosmetics or lip balm, or handle contact lenses in a work area. Food and drink must not be stored where blood or OPIM may be present. Mouth pipetting/suctioning is prohibited; mechanical pipetting devices must be provided.

All PPE (e.g., gloves, protective clothing) must be removed when leaving work areas. Refer to the chapter on PPE for more information on use, removal, maintenance, and disposal of PPE.

All procedures involving blood or OPIM shall be performed in a way to minimize aerosols production. Aerosol-generating procedures include: decanting, pipetting, centrifuging, vortexing, streaking of inoculate on agar surfaces, and inoculation of animals. Engineering controls such as biological safety cabinets and centrifuges with sealed buckets can help isolate laboratory workers from blood droplets or OPIM. When cleaning a blood or OPIM spill, be careful not to splash or splatter the spill or contaminated cleaning solutions.

Specimens of blood or OPIM must be placed in a labeled or color-coded container that prevents leakage during collection, handling, processing, storage, transport, or shipping. If contamination of the primary specimen container occurs, place the primary container within a second container that prevents leakage

during handling, processing, storage, transport, or shipping, and that is labeled or color-coded as required in the labeling policies contained in this campus-wide ECP.

Transporting or shipping certain types of specimens and samples is subject to U.S. Department of Transportation (DOT) regulations. More information regarding collection, handling, processing, storing, transporting, or shipping specimens is available from the DRS. Call 217-333-2755 for assistance.

## **General Guidelines for PPE**

Unit heads are responsible for ensuring that:

- PPE is provided at no cost to the employee;
- PPE is cleaned, repaired, discarded, and replaced as necessary to maintain the effectiveness of PPE at no cost to the employee;
- PPE is easily accessible and of the proper size;
- PPE does not permit blood or OPIM to pass through it or to reach the employee's outer or inner clothing (including uniforms), skin, eyes, mouth, or other mucous membranes while used under normal conditions;
- All PPE is removed prior to leaving the work area
- PPE is placed in a designated area or container for storage, washing, decontamination, or disposal;
- When blood or OPIM penetrate PPE, the PPE is removed and replaced immediately or as soon as feasible.

## **Using Gloves**

The unit head shall require employees to wear appropriate gloves during any task in which may include contact with blood, OPIM, or contaminated items.

Alternative types and brands of gloves must be provided to employees who have allergic reactions to the gloves normally provided. The DRS can provide information on proper glove selection, hypoallergenic gloves, and other alternatives.

Gloves provide a barrier between infectious agents and the skin. Glove use is essential for preventing bloodborne pathogen transmission as breaks in the hand's skin barrier are common (e.g., damaged cuticles, scrapes, cuts, dermatitis). Gloves must fit properly, be long enough to prevent exposure of the wrist or lower arm, and be comfortable.

Employees should wash their hands as soon as possible after removal of gloves. No glove or barrier is 100% effective, so handwashing following glove removal is very important.



## **Removing Gloves**

To protect yourself, use the following steps to take off gloves:

- 1) With both hands gloved, grasp the outside of one glove at the top of your wrist, being careful not to touch your bare skin.
- 2) Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.
- 3) Hold the glove you just removed in your gloved hand.
- 4) With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.
- 5) Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.
- 6) Dispose of the gloves safely. Do not reuse the gloves.

## **Disposable Gloves**

Disposable (single-use) gloves must be replaced as soon as possible when contaminated or compromised as a barrier. Disposable gloves must not be washed or re-used.

Disposable gloves must not be used if a task requires immersion in liquid (e.g., spill clean-up and other housekeeping procedures). Disposable gloves must not be washed or decontaminated for re-use.

Disinfecting agents (including soap and water) often cause deterioration of glove material.

## **Reusable Rubber Utility Gloves**

Rubber utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded if they are cracked, punctured, discolored, or exhibit other signs of deterioration.

Rubber utility gloves should be used when performing procedures such as cleaning, immersing hands in liquids, and tasks that require sturdier barrier protection. Rubber utility gloves will not protect against injuries from needles or other sharp objects and should never be worn when picking up broken glass.

Take care not to contaminate the inside of the glove. Avoid grasping the outside of a contaminated glove with bare hands. Rubber utility gloves may be discarded in the regular trash provided they are not contaminated with blood or OPIM, in which case they must be handled as regulated waste.

## **Face and Eye Protection**

The unit head shall ensure that employees wear face and eye protection whenever there is a possibility that OPIM could come in contact with their eyes, nose, mouth, or other facial areas.

Choice of face and eye protection is based upon the acceptability to the wearer and the protection afforded. Eye protection may be provided by safety glasses, standard glasses fitted with shields, goggles, or chin length face shields. Protection of the nose and mouth may be provided either by surgical masks or face shields.

Contact lenses provide no protection and cannot be substituted for eye protection.

## **Protective Body Clothing**

The unit head is responsible for determining if an employee's task makes necessary the use of protective body clothing (e.g., gowns, coats, aprons). If performing the assigned task might be reasonably anticipated to cause blood or OPIM to contaminate an employee's clothing (including uniforms), protective body clothing is necessary.

Appropriate protective body clothing will not permit blood or OPIM to pass through or to reach the employee's outer or inner clothing under normal conditions. The choice of protective body clothing will depend upon the task and the degree of exposure anticipated. Head covers and/or shoe covers or boots shall be worn in instances when gross contamination is likely to occur.

Long-sleeved garments with snug fitting cuffs are preferred over open or short sleeves. Snug-fitting cuffs prevent splashes and aerosols from making contact with exposed skin or clothing on forearms. Longer gloves can be pulled over snug-fitting cuffs to seal out OPIM.

Plastic, vinyl, or rubber aprons may be worn when extra protection against liquid spills is necessary.

Disposable PPE may be discarded in the regular trash if it is not contaminated with blood or OPIM; if it is, it is considered regulated waste (see page 22). Washable protective body clothing may be laundered; refer to the Housekeeping chapter.

# Housekeeping

## Cleaning and Disinfecting

Unit heads shall ensure that the worksite is maintained in a clean and sanitary condition. The unit head determines and implements an appropriate written schedule for cleaning and decontamination based on the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated equipment and environmental surfaces must be decontaminated after completing procedures and as soon as possible after any contact with blood or OPIM. If the surface may have been contaminated since the last cleaning, decontaminate at the end of the work shift.

Protective coverings, such as plastic wrap, aluminum foil, or bench paper used to cover equipment and surfaces must be removed and replaced as soon as practical when they become overtly contaminated, or at the end of the work shift if they may have become contaminated during the shift.

Reusable receptacles such as bins, pails, and cans that are likely to become contaminated must be inspected and decontaminated on a regular basis. If contamination is visible, workers shall clean and decontaminate the item immediately, or as soon as feasible.

Disinfectant-detergent formulations registered by the U.S. Environmental Protection Agency can be used for environmental surface cleaning. Follow the manufacturer's instructions for appropriate use.

All spills of blood and OPIM should be promptly cleaned in the following manner while wearing appropriate gloves:

- 1) If splashing is anticipated, protective face and eyewear must be worn along with an impervious gown or apron that provides an effective barrier to splashes.
- 2) Apply a solution of freshly made 10% household bleach or other approved chemical disinfectant to the spill for an appropriate contact time (10 minutes for bleach; check label for other products). Use enough absorbent material (e.g., towels, absorbent pads) so that blood or OPIM cannot drip or be squeezed from the toweling. Dispose of towels according to the policies regarding regulated waste below.
- 3) The surface should then be decontaminated with another application of 10% bleach or appropriate chemical disinfectant for an appropriate contact time.
- 4) Disposable gloves must be removed and immediately discarded in accordance with the regulated waste policies in this document. Reusable PPE should be decontaminated.
- 5) Hands must be washed with soap after removing gloves.

Soiled cleaning equipment should be cleaned and decontaminated or placed in an appropriate container and disposed according to the regulated waste policies below. Plastic bags should be available for removing contaminated items from the spill site.

## Properties of Common Disinfectants

Most disinfectants are considered chemical hazards. Safety Data Sheets (SDSs) are written and supplied by manufacturers for each hazardous chemical that they produce. If an employee works with a hazardous material, a file of SDSs of all hazardous substances used and stored must be readily available in an emergency. Contact DRS more information on SDSs, the Lab Safety Plan, and the Hazard Communication Program: <http://www.drs.illinois.edu/Programs/HazComProgramInformation>.

The disinfectant that you will use can be found in your unit specific exposure control or your laboratory safety manual.

## Regulated Waste

"Regulated waste" means liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM. (29 CFR 1910.1030(b)).

Regulated waste does not, generally, include the following:

- Facial tissue or paper towels with spots of blood,
- Adhesive or gauze bandages or wound dressings with spots of blood,
- Sanitary napkins or tampons.

Materials not considered regulated waste can be disposed of in the regular trash unless regulated by other U of I policies. Questions regarding "mixed waste" (e.g., biohazardous waste that also contains radioactive and/or chemical hazards) should be directed to DRS.

## Disposal of Contaminated and Other Sharps

Broken glassware that may be contaminated must not be picked up directly with the hands. Use a mechanical means such as forceps or a brush and dustpan. Refer to the *Sharps Disposal Program* section in the chapter titled "Engineering Controls."

## Disposal of Non-sharp Regulated Waste

Non-sharp regulated waste must be placed in containers that are:

- Lidded (closable);
- Leakproof during handling, storage, transport, or shipping;
- Labeled (stickers are available from the DRS);
- Closed when not in use.

If facilities are not available for decontaminating non-sharp regulated waste, call the DRS to schedule a pickup.

## **Decontamination of Non-sharp Regulated Waste**

If non-sharp regulated waste is not otherwise hazardous (i.e., mixed with radioactive or hazardous chemical waste) it may be decontaminated by autoclaving. Bags containing regulated waste should be opened during autoclaving. Autoclave times should be appropriate for the nature and volume of the waste.

Building service workers have been instructed to not remove or dispose of any bags printed with the international biohazard symbol. To dispose of an autoclaved bag printed with the international biohazard symbol place it inside a standard opaque trash bag after decontamination. Seal the opaque bag and place it in the regular trash. Over-bagging your waste signifies that the waste has been decontaminated, ensures the decontaminated bag's removal with the regular trash, and prevents rejection of wastes at the landfill. For information on autoclaving waste, visit our webpage: <https://www.drs.illinois.edu/SafetyLibrary/AutoclaveSafetyAndOperation>.

## **Laundry Procedures**

Laundry contaminated with blood or OPIM shall be handled 1) as little as possible, 2) with a minimum of agitation and 3) with universal precautions. Such laundry must be placed in appropriately marked bags at the location where it was used. It must not be sorted or rinsed in the area of use. Contaminated laundry must be placed and transported in bags or containers that prevent leakage of fluid and are labeled or color-coded as outlined by the laundry facility.

Employees are never permitted to take contaminated laundry home to launder it. It is the responsibility of the unit head to provide, launder, clean, repair, replace, and dispose of personal protective equipment. If laundry is done on site then it needs to be washed with a detergent in water at least 71 °C (160 °F) for 25 minutes. The unit may have an alternative that is outlined in the unit specific ECP or Lab Safety Plan.

# Hepatitis B Vaccination

## Hepatitis B Vaccination

Hepatitis B vaccination provides the most effective protection from hepatitis B virus. The unit head shall make available, at no charge, the hepatitis B vaccination series and post-vaccination antibody testing to all employees who have occupational exposure. The vaccination series must be made available within 10 working days of initial assignment to tasks with occupational exposure. Prior to offering the hepatitis B vaccination series, the employee must have received training as discussed in the chapter on Information and Training below.

If, after completing the vaccination series, a healthcare professional determines that the employee has failed to develop sufficient antibody levels, the unit head shall make booster vaccinations available at no charge to the employee for up to three boosters with post-vaccination antibody testing between each booster.

## Receiving the Hepatitis B Vaccination Series

The unit head shall arrange for the hepatitis B vaccination series and post-vaccination antibody testing for his/her employees who agree to receive it. The employee is responsible for keeping appointments to receive each of the vaccinations in the series and the post-vaccination antibody test.

Employees with occupation exposure to HBV generally receive the HBV vaccination series and the post-vaccination antibody test, which is administered through the Immunization and Travel Clinic at the McKinley Health Center. To arrange vaccinations for their employees, campus units should do the following:

- 1) Contact McKinley Health Center, Business Office at 217-333-2719 or online at <http://www.mckinley.illinois.edu/Clinics/ITC/ITC.htm> for current vaccination prices.
- 2) Before vaccinations are started, McKinley Health Center will need the following information:
  - Campus unit name, address, telephone number,
  - Contact person in campus unit,
  - FOAPAL information,
  - Type of inoculation (Hepatitis B vaccination series, 3 shots, and a post-vaccination antibody blood test),
  - Name(s) of employee(s) to be vaccinated,
  - Employee's University i-Card Number (UIN).
- 3) After sending in this information, the department can contact the McKinley Health Center Immunization and Travel Clinic (217-244-5661) to enter employee information into the computer system prior to starting the vaccination series.
- 4) Employees can go to McKinley Health Center on a walk-in basis Monday through Friday, 8 a.m.–5 p.m. (8 a.m. – 4:30 p.m. summer) to receive the first dose of the vaccination series. A schedule for the remaining inoculations and the post-vaccination blood test will be made during the initial visit.

The vaccination is given in a series of three injections followed by a post-vaccination blood test to check for immunity. The first dose can be given at any time. The second dose is given one to two months after the first

dose, and the third dose is given at least two months after the second dose and at least four months after the first dose. The post-vaccination blood test is recommended one to two months after the final dose.

## Questions?

For more information concerning the HBV immunization, refer to the CDC's HBV webpage:

<http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm>.

## Documentation of Hepatitis B Vaccination Series Offer

The unit head must document that the employee was offered the HBV immunization and must have on file a completed "Hepatitis B Vaccination Declination or Request" form, found in Appendix A.

If an employee declines to receive the hepatitis B vaccination series, they must sign a declination statement that includes the following text:

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 hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

The unit head shall also ensure that the hepatitis B vaccination series is made available to any employee who initially declined the vaccination but at a later date, while still in a position with occupational exposure, decides to accept the vaccination series.

# **Exposure Incidents and Post-Exposure Care**

## **Managing an Exposure Incident**

An employee who sustains an exposure incident must wash the area immediately with soap and water or, if a mucous membrane exposure, flush the area with water.

Immediately following washing and/or rinsing the exposed area, the employee shall report the incident to the supervisor and fill out the employee section of the “Report of Exposure to Blood or Other Potentially Infectious Materials,” Appendix B.

The supervisor then completes the supervisor section of the “Report of Exposure to Blood or Other Potentially Infectious Materials,” and report the exposure incident to the unit head as soon as possible.

Reporting an exposure incident right away permits immediate medical follow-up. Immediate intervention can prevent HBV or HIV from developing or assist the affected worker in monitoring potential infection and enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent a reoccurrence.

## **Source Individual Identification**

If possible, the unit head should document the identity of the source individual and should refer the individual for testing to the healthcare professional that is treating the exposed employee. The source individual's blood must be tested as soon as feasible after consent to determine HIV/HBV/HCV infection status. The unit head shall document any issues related to obtaining consent, and note if consent cannot be obtained.

If a source individual can be identified, the supervisor overseeing the exposure shall complete the Source Individual Identification Form, Appendix C. The Source Individual Identification Form shall be transmitted to the healthcare professional as soon as the form is completed. The form should be faxed, if the form cannot be faxed, contact the healthcare professional by phone to alert them that a source individual has been referred. If phone contact is made, a hard copy of this form shall be mailed or carried to the healthcare professional immediately. The unit shall forward a copy of the Source Individual Identification Form to DRS.

An information sheet discussing HIV/AIDS confidentiality, available in Appendix D, should be given to both the source individual and exposed employee.

## **Referral to Healthcare Professional**

The unit head shall ensure that the employee receives a confidential medical evaluation by a healthcare professional immediately following an exposure incident and that the Report of Exposure to Blood and Other Potentially Infectious Materials and a copy of the employee's task description accompany the employee to the healthcare professional.



The employee should be referred to one of the following healthcare professionals or their own personal physician. These departments will make any necessary referrals.

Hours of operation are as follows:

**Carle Occupational Medicine**

Hours: 7 am– 5 pm Weekdays

Location: 810 W. Anthony Drive, Urbana, IL

Phone: 217-383-3077

After hours employees will be seen in the  
Carle Emergency Room

Phone: 217-383-3313

**SAFEWORKS ILLINOIS**

Hours: 7 a.m.–5 p.m. Weekdays

Location: 1806 N. Market St.

Phone: 217-356-6150

After hours employees will be seen in the  
OSF Healthcare Emergency Room

Phone: 217-337-2131.

## Post-Exposure Medical Evaluation

The U of I shall ensure that confidential post-exposure medical evaluation and follow-up offered to an exposed employee shall include but not be limited to the following steps:

- Testing of source individual if consent is obtained;
- Collecting the exposed employee's blood and testing for HIV and HBV serological status. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days;
- When medically indicated, advising the exposed employee of post-exposure preventive and protective measures as recommended by the U.S. Public Health Service;
- Providing the exposed employee with appropriate treatment and counseling concerning precautions to take during the period after the exposure incident as well as information about potential illnesses, what to watch for, and what information and related experiences should be reported, and to whom.

## Post-Exposure Report

When an employee is sent to a healthcare professional for medical evaluation following an exposure incident, the unit head shall obtain a written report from the attending healthcare professional stating that:

- The employee was informed of the results of the evaluation,
- The employee was told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment, and
- The employee received the hepatitis B vaccination series, if appropriate, as a part of post-exposure care.

All other findings or diagnoses must remain confidential and must not be included in the written report. The unit head shall provide the employee with a copy of this written report within 15 days of completion of the evaluation. The unit head retains a copy for the employee's personnel file.

The healthcare professional should complete the Healthcare Professional portion of the "Report of Exposure to Blood or Other Potentially Infectious Materials" and return it to the unit head, who will provide a copy of the report to the exposed employee, to DRS, and keep a copy for the unit's records.

# Hazard Communication

## Biohazard Warning Signs (from CAM policy number RP-02)

The international biohazard symbol must be used to signify the actual presence or potential presence of a biohazard and to identify equipment, containers, rooms, materials, experimental animals, or combinations thereof that contain or are contaminated with viable hazardous agents [(29 CFR 1910.145(e)(4)]. A biohazard warning door sign should be posted at access points to facilities where the following hazards are present:

- 1) Organisms requiring biosafety level 2 (BL2) or higher precautions according to the latest information from the NIH, CDC, and the United States Department of Agriculture;
- 2) Recombinant DNA molecules classified as BL2 or above according to the NIH "Guidelines for Research Involving Recombinant DNA Molecules."

Signs should be prominently placed so they can be seen easily by anyone entering the facility. Biohazard signs and labels should be used as prescribed for their intended applications. Improperly posted biohazard signs will be removed. Once activities requiring a biohazard sign are completed and the agents are no longer present, the investigator should remove the signs and notify the Biological Safety Section. The Biological Safety Section controls the use of the standard biohazard warning door signs on campus. Requests for biohazard warning signs for room postings with the following information should be forwarded to the Biological Safety Section: nature of the hazard; names, locations, and phone numbers of individuals responsible for its control; and precautionary measures pertaining to the particular hazard.

## Warning Labels

Bright orange or orange-red warning labels, with the international biohazard symbol, shall be affixed to containers of regulated waste; refrigerators, and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM. If labels are not used, red bags or red containers with the biohazard symbol shall be used.

Stickers with the international biohazard symbol and/or information on ordering stickers are available from the DRS.

## Door Signs

Biohazard warning signs must be posted at entrances to research laboratories and medical facilities that use blood and OPIM. Because universal precautions require blood and OPIM to be treated as if containing HIV, HBV, and HCV, the laboratory or medical facility shall adhere to Biosafety Level 2 (BSL2) containment practices as described in the current edition of the NIH/CDC publication, *"Biosafety in Microbiological and Biomedical Laboratories"*

## **Information and Training**

The unit head shall ensure that all employees with occupational exposure participate in a training program provided at no cost during work hours at the time of initial assignment to tasks with occupational exposure.

The unit head shall submit to DRS a unit specific exposure control plan, the employee job titles and/or tasks with occupational exposure, and a copy of the training records.

Training aids are available through DRS.

## **Training Content**

Training must use vocabulary appropriate to the educational level, literacy, and language of employees and must, at a minimum, include information on:

- Location and explanation of the OSHA standard "Occupational Exposure to Bloodborne Pathogens" (29 CFR 1910.1030);
- General explanation of bloodborne diseases and their symptoms and modes of transmission;
- Discussion of this campus-wide ECP, the campus unit exposure control plan, and the means by which employees can obtain copies;
- An explanation of methods for recognizing tasks and activities that may involve exposure to blood or OPIM;
- Use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practice controls, PPE;
- Types, proper use, location, removal, handling, decontamination and/or disposal of PPE;
- An explanation of how to select PPE;
- Procedures to follow if an incident occurs, including how to report the incident and medical follow-up that will be made available;
- Medical counseling that the employer provides for exposed individuals
- Signs and labels used at the facility;
- Explanation of the hepatitis B vaccination series, including its efficacy, safety, administration, and benefits.

The training should include a question and answer session.

## **Annual and Additional Training**

Training must be renewed annually.

The unit head shall arrange for additional training when changes such as modification of tasks or procedures affect the employee's occupational exposure. This additional training may be limited to addressing the new exposure issues.

For information regarding annual training, call the DRS. Training specific to modified tasks (additional training) may be offered by the unit; however, it is recommended that the unit consult with DRS prior to conducting additional training.

## **International Biohazard Symbol**



# Recordkeeping

## Unit Records

The unit head ensures that an accurate unit record is established for each employee with occupational exposure and maintained for the duration of employment plus 30 years. A unit record must include the following items:

- A record of the employee's hepatitis B vaccination status:
  - If the employee was vaccinated, a copy of the healthcare professional's hepatitis B vaccination report should be retained;
  - If the employee declined vaccination, a copy of the signed declination form should be included in the record. Records should be established as required by the policies regarding hepatitis B vaccination described in this campus-wide ECP;
- Copies of the employee injury reports and/or documentation of the route of exposure and the circumstances under which any exposure incident occurred;
- Any post-exposure written opinions from healthcare professionals, as required by the policies regarding post-exposure follow-up described in this campus-wide ECP.

These records must be available upon request for examination and copying to the employee, to anyone having the written consent of the employee, to representatives of the IDOL, and to authorized representatives of the U of I.

Creation of a unit file for purposes of compliance with the Bloodborne Pathogen Standard does not necessarily mean creating an entirely new file for each employee. Unit heads may keep a file(s) covering all of their employees that contains the information listed above. This file may be stored in any area where it is accessible to be inspected and copied (e.g., department office, unit head office).

## Medical Records

The U of I shall ensure that accurate medical records for each employee with occupational exposure are established and maintained in accordance with 29 CFR 1910.20 for at least the duration of employment plus 30 years. This record must include:

- Name and UIN number of the employee;
- A document describing the employee's hepatitis B vaccination history, obtained in accordance with the policies of this campus-wide ECP for hepatitis B vaccination. This document should include the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive the hepatitis B vaccination series;
- A copy of any results of examinations, medical testing, and follow-up procedures obtained for post-exposure follow-up as specified in this campus-wide ECP;
- The healthcare professional's written assessment related to hepatitis B vaccination and/or post-

- exposure follow-up obtained in accordance with the policies of this campus-wide ECP;
- A copy of information provided to the healthcare professional as part of the post-exposure follow-up, in accordance with the policies of this campus-wide ECP

Employee medical records must be kept confidential and must not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may otherwise be required by law.

These records must be available upon request to the employee, to anyone having the employee's written consent, to representatives of the IDOL and to authorized representatives of the U of I for examination and copying. The U of I will arrange for each healthcare professional to maintain medical records as described in the above policy.

## **Training Records**

Accurate training records for each employee with occupational exposure must be established and maintained for at least three years.

If training is provided by the DRS, the unit head is responsible for providing the DRS with the names and job titles of all persons attending the training session. The DRS will establish and retain training records that include the following information:

- The dates of the training session;
- The contents or summary of the training session;
- The names and qualifications of the persons conducting the training session;
- The names and job titles of all persons attending the training session.

If training is not provided by DRS, the unit head shall submit to the DRS a list of job titles and/or tasks with occupational exposure as required by the exposure determination policy of this campus-wide ECP. A copy of training records as described above must also be provided to the DRS.

These records must be available upon request to the employee, to anyone having the written consent of the employee, to representatives of the IDOL, and to authorized representatives of U of I for examination and duplication.

# References

Centers for Disease Control. 1989. Guidelines for the prevention of transmission of human immunodeficiency virus and hepatitis B virus to healthcare workers and public safety workers. DHHS (NIOSH) Publication No. 89-107.

U.S. Department of Labor, Occupational Safety and Health Administration. 1991. Occupational exposure to bloodborne pathogens: Final Rule. Federal Register 56: 64004-64182.

U.S. Department of Labor, Occupational Safety and Health Administration. 1992. Occupational exposure to bloodborne pathogens. OSHA Publication No. 3127.

U.S. Department of Labor, Occupational Safety and Health Administration. 1992. Bloodborne pathogens and acute healthcare workers. OSHA Publication No. 3128.

U.S. Department of Labor, Occupational Safety and Health Administration. 1992. Bloodborne pathogens and dental workers. OSHA Publication No. 3129.

U.S. Department of Labor, Occupational Safety and Health Administration. 1992. Bloodborne pathogens and emergency responders. OSHA Publication No. 3130.

U.S. Department of Labor, Occupational Safety and Health Administration. 1992. Bloodborne pathogens and long-term healthcare workers. OSHA Publication No. 3131.

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## **Appendix A: University of Illinois at Urbana-Champaign Hepatitis B Vaccination Declination or Request Form**

# University of Illinois at Urbana-Champaign

## Hepatitis B Vaccination Declination or Request

**Instructions:** Employee completes Part I and submits to Unit Head\*. Unit Head completes Part II and files this form in personnel records or laboratory safety plan. If the employee chooses to receive the immunization the Unit Head will arrange for employee to receive HBV immunization series at McKinley Health Center.

### Part I

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

University Identification Number (UIN): \_\_\_\_\_

Employee Occupation/Title: \_\_\_\_\_

Employer Representative (Unit Head): \_\_\_\_\_

☐

#### **Decline:**

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 hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**OR**

I have already received the hepatitis B vaccination series.

☐

#### **Receive:**

I choose to receive the complete hepatitis B vaccination series (total of 3 inoculations and post-vaccination antibody blood test) at no charge to me. For more information on how to receive the immunization on campus please see the DRS Bloodborne Pathogens Program page:

<http://www.drs.illinois.edu/Programs/BBPPProgramInformation>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II

**Unit Head\*:** I have been notified of the above employee's choice regarding the HBV immunization. If the employee chose to receive the immunization, I have coordinated through my departmental business office with McKinley Health Center to administer the complete hepatitis B vaccination series and post-vaccination antibody blood test to this employee at no charge to them. If the post-vaccination blood test is negative, the series and blood test will be repeated. These arrangements have been made prior to initiation of duties involving potential occupational exposure to blood or OPIM and/or within 10 days of the employee requesting the HBV immunization series as documented by the employee's signature and date on this form. I will keep this form on file as a record that the employee was offered the immunization.

Unit Head  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix B: Report of Exposure to Blood or Other Potentially Infectious Materials**

**Report of Exposure to Blood or Other Potentially Infectious Materials**

*An exposure incident is defined by the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (skin-piercing wound) contact with blood or other potentially infectious materials that results from the performance of an employee's duties. These materials include any body fluid containing visible blood, semen, vaginal secretions, fluids surrounding internal organs, unfixed human organs or tissues, and cultures containing HIV, HBV, or HCV.*

*Any employee so exposed must be referred to a healthcare professional for post-exposure care and counseling. Use this form and the Campus-wide Exposure Control Plan to ensure post-exposure follow-up and care. Please direct questions to the DRS at 217-333-2755.*

**EXPOSED EMPLOYEE**

**1. Wash and treat the exposed area. Use soap for skin; use only water if eyes, nose or mouth.**

**2. Please provide the following information to the best of your knowledge.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ UIN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Exposure Date and Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ **AM/PM** Exposure Location (Bldg/Rm ): \_\_\_\_\_

Specify what you were exposed to (if possible): \_\_\_\_\_

The material came in contact with my:

☐ right / left / both eye(s)      ☐ nose      ☐ mouth      ☐ cut / scratched / punctured skin

If a sharp was involved what type was it, include brand/model: \_\_\_\_\_

Describe how the exposure occurred. \_\_\_\_\_

PPE worn at the time: ☐ gloves ☐ protective clothing ☐ face protection ☐ protective eyewear ☐ no PPE

Immediately after the exposure:

I washed the exposed area thoroughly. ☐ Yes ☐ No      I reported the exposure to my supervisor. ☐ Yes ☐ No

Have you been vaccinated against the hepatitis B virus? ☐ Yes ☐ No

Signature of Exposed Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Give the completed report to your supervisor so they can fill out the next section.**

**4. Promptly report to the healthcare professional referred by your supervisor.**

**SUPERVISOR**

**1. Confirm that the employee has washed the exposed area and has completed their portion of this form.**

**2. Provide the following information. If you have questions, contact your PI or Unit Head.**

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_ : \_\_\_\_ **AM/PM**, the above-named employee reported this exposure to me.

Has the employee received a complete series of hepatitis B vaccination? ☐ Yes ☐ No

Date the employee last received training in Occupational Exposure to Bloodborne Pathogens: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the employee signed a Declination of HBV Vaccination Form? ☐ Yes ☐ No

Can the identity of the source individual be confirmed? (If yes, complete step 5.) ☐ Yes ☐ No

The employee will seek follow-up care with the following:

☐ Carle Occupational Medicine (217) 383-3077 or Carle Emergency (217) 383-3313

☐ Safeworks Illinois (217) 356-6150 or Presence Health Emergency (217) 337-2131

☐ Employee's personal physician

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Fill out the campus unit section on the following page, photocopy this form for your unit's records. 4. Send the original form to the healthcare professional. 5. If known, complete the Source Individual Identification Form.**

**Report of Exposure to Blood or Other Potentially Infectious Materials****HEALTHCARE PROFESSIONAL****1. Please provide the following information after completing your evaluation of the exposed employee.**

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_: \_\_\_\_ **AM/PM**, the above-named employee reported this exposure to me:

The employee has been given the [ ☐ ] 1<sup>st</sup> [ ☐ ] 2<sup>nd</sup> [ ☐ ] 3<sup>rd</sup> vaccination in the hepatitis B series as part of post-exposure care.  
 Remaining vaccinations (if applicable) should be arranged through the employee's unit.

*I have evaluated and treated the employee in accordance with U.S. Public Health Service recommendations current at this date.  
 I have informed the employee of the results of my medical evaluation and provided the employee information regarding necessary precautions, further medical evaluations and/or treatment, and potential illnesses that might result from the exposure. All other medical information regarding this exposure incident is confidential and will not be reported to the employer.*

**Signature of Healthcare Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_**2. Photocopy this completed form, and send the copy to the campus unit using the address in the section below.****3. Retain the original file in the employee's treatment record.****CAMPUS UNIT**

Unit Name: \_\_\_\_\_ PI or Unit Head/Title: \_\_\_\_\_

Unit Address (incl. mail code): \_\_\_\_\_ M/C-\_\_\_\_\_

Unit Head Work Phone: (\_\_\_\_) \_\_\_\_\_ Unit Emergency Phone: (\_\_\_\_) \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_, this unit received a completed copy of this form from the healthcare professional listed above.

We provided a copy to the exposed employee on \_\_\_\_/\_\_\_\_/\_\_\_\_, and placed a copy in our unit records.

**Signature of PI/Unit Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Send (1) one copy of the completed form to each of the following:**

- Division of Research Safety, Biological Safety Section, 101 S. Gregory St., Room 102, Urbana, IL 61801 (M/C 225)
- Office of Claims Management, 100 Trade Center Dr., Suite 103, Champaign, IL 61820 (M/C 686)

## **Appendix C: Source Individual Identification Report**





University of Illinois at Urbana-Champaign  
**Occupational Exposure to Bloodborne Pathogens**  
**Source Individual Identification**

**SUPERVISOR:** Please complete this form to the best of your knowledge if a source individual can be identified in an exposure incident involving human blood or other potentially infectious materials (OPIM). Transmit this form as soon as possible to the occupational medicine department that is treating the exposed employee (phone and fax numbers are provided). For questions, contact your unit head or call the Division of Research Safety at (217) 333-2755.

**CAMPUS UNIT**

Unit Name: \_\_\_\_\_ PI or Unit Head/Title: \_\_\_\_\_

Unit Address (incl. mail code): \_\_\_\_\_ M/C- \_\_\_\_\_

Unit Head Work Phone: \_\_\_\_\_ Unit Emergency Phone: \_\_\_\_\_

**EXPOSED EMPLOYEE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ UIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ **AM/PM** Location (Bldg & Rm #): \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

The State of Illinois "AIDS Confidentiality Act" (410 ILCS 305) and 77 Ill. Adm. Code 697 (AIDS Confidentiality and Testing Code) provide for confidentiality of persons who are tested for HIV infection. The following provisions generally apply:

- No person may order an HIV test without first receiving informed consent (written or verbal) of the subject of the test or the subject's legally authorized representative\*.
- Any person upon whom an HIV test is performed shall have the right to request anonymity and to provide informed consent (written or verbal) by using a coded system that does not link individual identity with the request or the result except when informed consent is not required by law.
- No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test, in a manner that permits identification of the subject of the test.

\*Specific exceptions (e.g. healthcare workers, firefighters, police officers, etc.) to each of these provisions exist and may apply in some cases involving occupational exposure to blood or OPIM. Please refer to the Campus-wide Exposure Control Plan for this information.

University of Illinois at Urbana-Champaign  
**Occupational Exposure to Bloodborne Pathogens**  
**Source Individual Identification**

**SOURCE INDIVIDUAL**

**The human blood or other potentially infectious material involved in the exposure came from the following individual:**

Name: \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Was the above-named source individual referred to a health care professional for testing?     ☐ Yes     ☐ No**

- *If yes, please specify the provider below.*

☐ Carle Occupational Medicine     Phone: 217/383-3077     Fax: 217/383-3519

☐ SAFEWORKS ILLINOIS     Phone: 217/356-6150     Fax: 217/356-7167

- *If no, please specify the reason below:*

☐ Source individual declined to be tested

☐ Above-named source individual cannot be located

**Unit Representative Signature:** \_\_\_\_\_

**Unit Representative Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Appendix D: HIV /AIDS Confidentiality Information Sheet

## HIV/AIDS Confidentiality Information Sheet

The State of Illinois "AIDS Confidentiality Act" (410 ILCS 305) and 77 Ill. Adm. Code 697 (AIDS Confidentiality and Testing Code) provide for confidentiality of persons who are tested for HIV infection. Portions of these regulations that are pertinent to occupational exposure to bloodborne pathogens and/or source individual identification and testing are as follows:

### Consent to Test

No person may order an HIV test without first receiving informed consent (written or verbal) of the subject of the test or the subject's legally authorized representative.

### Information about Results and Further Testing or Counseling

No physician may order an HIV test without making information about the meaning of the test results, the availability of additional or confirmatory testing if appropriate, and the availability of referrals for further information or counseling available to the person tested.

### Anonymity

A subject of a test who wishes to remain anonymous shall have the right to do so and to provide written informed consent by using a coded system that does not link individual identity with the request or result, except when informed consent (written or verbal) is not required by law [see below].

### Consent to Test - Exceptions

Written or verbal Informed consent is **not required**:

- When, in a physician's best medical judgment, a healthcare provider or employee of a healthcare facility, a firefighter, or an EMT-A, EMT-I or EMT-P, [defined as the "exposed employee"] is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual in such a manner as may transmit HIV, the source individual's blood should be tested. If the test is positive, the patient and [exposed employee] shall be provided appropriate counseling consistent with [the AIDS Confidentiality Act].
- When, in the best medical judgment of a physician, a law enforcement officer [defined as any person employed by the state, a county, or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer, or in a similar position involving the enforcement of the law and protection of the public interest at the risk of that person's life] is involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual that is of a nature that may transmit HIV, the source individual's blood should be tested. If the test is positive, the patient shall be provided appropriate counseling consistent with the AIDS Confidentiality Act.

## Disclosure of Identity of Person Tested

No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed or the results of such a test in a manner that permits identification of the test subject, except to the following persons:

- The subject of the test or the subject's legally authorized representative;
- Any person designated in a legally effective release of the test results by the subject of the test or the subject's legally authorized representative;
- An authorized agent or employee of a health care facility or health care provider who:
  - Is authorized to obtain test results;
  - Is providing patient care or handling/processing specimens of body fluids or tissues;
  - Has a need to know such information. Individuals or agencies that have a need to know such information include:
    - The Illinois Department of Public Health, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by state law;
    - Health facility staff committees for the purposes of conducting program monitoring, program evaluation, or service reviews;
    - A person allowed access to test results by a court order issued in compliance with the provisions of 410 ILCS 305/9(g);
    - As determined by the best medical judgment of a physician, any healthcare provider or employee of a health care facility, and any firefighter, EMT-A, EMT-I, or EMT-P involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual that is of a nature that may transmit HIV ;
    - As determined by the best medical judgment of a physician, any law enforcement officer who, in the line of duty, is involved in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual that may transmit HIV. [A law enforcement officer is defined as any person employed by the state, a county, or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer, or in a similar position involving the enforcement of the law and protection of the public interest at the risk of that person's life.]

Direct any questions to the Office of University Counsel, 217-333-0560.