ARKANSAS TECH UNIVERSITY
HEALTH & SAFETY POLICY

BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

Effective Date: _____October 2026_____

Supersedes: March 9, 2022 Blood Borne Pathogen Policy

Responsible Office: Human Resources / Facilities Management / Occupational Safety

Applies To: Arkansas Tech University employees with occupational exposure to blood or other potentially infectious materials (OPIM)

DOCUMENT CONTROL

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TABLE OF CONTENTS

1. Purpose
2. Scope
3. Definitions
4. Responsibilities
5. Exposure Determination
6. Methods of Compliance
7. Handling Contaminated Sharps
8. Work Area Restrictions
9. Personal Protective Equipment

10. Gloves
11. Eye, Face, and Body Protection
12. Removal and Disposal of PPE
13. Housekeeping and Decontamination
14. Blood or OPIM Spill Response
15. Regulated Waste
16. Contaminated Laundry
17. Hepatitis B Vaccination
18. Exposure Incident Response
19. Post-Exposure Evaluation and Follow-Up
20. Information Provided to Healthcare Professionals
21. Healthcare Professional's Written Opinion
22. Labels and Signs
23. Employee Information and Training
24. Recordkeeping
25. Exposure Incident Investigation
26. Annual Review and Plan Update
27. Availability of This Plan
28. References
29. Approval

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1. PURPOSE

The purpose of this Bloodborne Pathogens Exposure Control Plan is to eliminate or minimize occupational exposure to blood and other potentially infectious materials (OPIM) and to establish procedures for protecting Arkansas Tech University employees who may reasonably anticipate occupational exposure as a result of their assigned duties.

This plan establishes requirements for:

- Identifying employees and job duties with occupational exposure;
- Preventing and minimizing exposure through engineering controls, work-practice controls, and personal protective equipment (PPE);
- Safe handling, cleanup, transportation, and disposal of blood and OPIM;
- Hepatitis B vaccination;
- Immediate reporting and medical evaluation following an exposure incident;
- Employee information and training;
- Recordkeeping; and
- Annual review and revision of the Exposure Control Plan.

This plan is intended to comply with applicable federal, state, and local requirements, including the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, **29 CFR 1910.1030**, as applicable to Arkansas Tech University employees.

2. SCOPE

This Exposure Control Plan applies to Arkansas Tech University employees whose assigned duties may reasonably result in occupational exposure to blood or OPIM.

Employees who may have occupational exposure may include, but are not limited to:

- Custodial employees;
- Housing/residence-life employees assigned to cleanup or response activities;
- Facilities Management employees;
- Campus police officers and public safety personnel;
- Health and Wellness personnel;
- Athletic trainers, sports medicine staff, designated athletic personnel;
- Employees designated to provide first aid or emergency response as part of their job responsibilities;
- Employees assigned to clean or respond to blood or bodily-fluid spills;
- Employees who may encounter contaminated materials or sharps during assigned duties; and
- Other employees identified through the University's exposure determination.

The University will determine occupational exposure based on reasonably anticipated employee duties rather than solely on job title.

Employees who do not have reasonably anticipated occupational exposure are not required to perform tasks involving blood or OPIM unless they have been appropriately trained, provided necessary PPE, and otherwise authorized to perform the task.

3. DEFINITIONS

For purposes of this plan:

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Other Potentially Infectious Materials (OPIM) includes materials defined by OSHA as potentially capable of transmitting bloodborne pathogens, including specified human body fluids, unfixed human tissue or organs, and other materials identified in 29 CFR 1910.1030.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from an employee's duties.

Exposure Incident means 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.

Contaminated means the presence or reasonably anticipated presence of blood or OPIM on an item or surface.

Contaminated Laundry means laundry that has been soiled with blood or OPIM or that may contain contaminated sharps.

Contaminated Sharps means any contaminated object capable of penetrating the skin, including needles, broken glass, and similar objects.

Universal Precautions means treating human blood and certain OPIM as if known to be infectious for bloodborne pathogens.

Engineering Controls means controls that isolate or remove the bloodborne pathogen hazard from the workplace, such as appropriately designed sharps containers.

Work-Practice Controls means procedures that reduce the likelihood of exposure by altering the manner in which a task is performed.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item so that the surface or item is rendered safe for handling, use, or disposal.

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4. RESPONSIBILITIES

4.1 Occupational Safety Coordinator

The Occupational Safety Coordinator (OSC) is responsible for maintaining this Exposure Control Plan and will:

- Maintain the plan and ensure it is reviewed at least annually and whenever necessary to reflect changes in tasks, procedures, positions, technology, or applicable requirements.
- Conduct or coordinate the University's exposure determination.
- Ensure employees with occupational exposure receive required training.
- Ensure appropriate PPE and other protective equipment are available at no cost to covered employees.
- Coordinate exposure incident investigations and required post-exposure procedures.

- Maintain required training and medical records in accordance with applicable requirements.
- Evaluate new engineering controls and safer work practices.
- Consult with affected non-managerial employees, when applicable, who are responsible for tasks involving occupational exposure when evaluating and selecting safer devices or work practices.
- Coordinate with Human Resources, University Health Services, healthcare providers, supervisors, and other University offices as appropriate.
- Ensure applicable regulatory requirements are incorporated into this plan.

4.2 Supervisors

Supervisors are responsible for:

- Ensuring employees understand and follow this plan.
- Identifying tasks that may create occupational exposure.
- Ensuring employees receive required training before performing covered tasks.
- Ensuring appropriate PPE is available and used.
- Promptly reporting exposure incidents to the OSC.
- Ensuring employees receive appropriate medical evaluation following an exposure incident.
- Correcting unsafe work practices.
- Reporting changes in job duties or procedures that could affect occupational exposure.

4.3 Employees

Employees are responsible for:

- Following this plan and all applicable safety procedures.
- Treating blood and OPIM as potentially infectious.
- Using required engineering controls, work practices, and PPE.
- Reporting damaged PPE, unsafe conditions, contaminated equipment, and exposure incidents immediately.
- Participating in required training.
- Properly disposing of contaminated materials.
- Never attempting to handle, recap, bend, break, or manually manipulate contaminated sharps unless specifically trained and authorized to do so.

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5. EXPOSURE DETERMINATION

The University will maintain a written exposure determination identifying job classifications and specific tasks in which occupational exposure may reasonably be anticipated.

The exposure determination will be made without regard to the use of PPE.

5.1 Job Classifications With Potential Occupational Exposure

The initial exposure determination for Facilities Management should include, as applicable:

- Custodial personnel;
- Housing/residence-life personnel assigned to cleanup or response activities;
- Campus police officers and public safety personnel;
- Health and Wellness personnel;
- Athletic trainers, sports medicine staff, designated athletic personnel;
- Employees designated to provide first aid or emergency response as part of their job responsibilities;
- Facilities Management personnel assigned to blood or bodily-fluid cleanup; and
- Other employees specifically identified by the OSC.

The University will distinguish, where applicable, between job classifications in which all employees have occupational exposure and job classifications in which only some employees have occupational exposure.

5.2 Tasks With Potential Occupational Exposure

Potential exposure tasks may include:

- Cleaning blood or bodily-fluid spills;
- Handling contaminated waste;
- Cleaning contaminated surfaces or equipment;
- Handling contaminated laundry;
- Encountering discarded needles or other contaminated sharps;
- Responding to incidents in residence halls, restrooms, athletic facilities, public areas, or other University facilities; and
- Other tasks identified through the University's exposure determination.

The OSC will review and update the exposure determination whenever job duties, procedures, equipment, or work locations change.

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6. METHODS OF COMPLIANCE

6.1 Universal Precautions

Universal precautions will be used whenever employees perform tasks in which occupational exposure to blood or OPIM may occur.

Employees will treat all human blood and applicable OPIM as potentially infectious regardless of the apparent health status of the individual involved.

When differentiation between body fluid types is difficult or impossible, all body fluids will be treated as potentially infectious.

6.2 Engineering Controls

Engineering controls will be used whenever feasible to eliminate or minimize occupational exposure.

Examples may include:

- Approved sharps disposal containers;
- Tongs, forceps, dustpans, or similar tools for handling contaminated sharps or broken glass;
- Sharps with engineered sharps-injury protection, where applicable;
- Needleless systems, where applicable; and
- Other devices designed to isolate employees from blood or OPIM.

Engineering controls will be inspected and maintained or replaced on a regular schedule to ensure effectiveness.

The University will document the annual consideration and implementation of safer medical devices and other applicable engineering controls.

6.3 Work-Practice Controls

Employees will:

- Wash hands with soap and running water as soon as feasible after removing gloves or other PPE.
- Wash hands immediately or as soon as feasible after contact with blood or OPIM.
- Flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM.
- Avoid unnecessary contact with blood or OPIM.
- Avoid touching the face, eyes, mouth, or other mucous membranes while wearing potentially contaminated gloves.
- Use appropriate tools rather than hands when handling potentially contaminated broken glass or sharps.
- Place contaminated materials in appropriate containers at the location where the contamination occurs whenever feasible.

- Follow all applicable procedures for contaminated laundry and regulated waste.
- Perform procedures involving blood or OPIM in a manner that minimizes splashing, spraying, spattering, and generation of droplets.

Hand sanitizer or an appropriate antiseptic hand cleanser may be used when handwashing facilities are not immediately available; however, employees must wash their hands with soap and running water as soon as feasible.

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7. HANDLING CONTAMINATED SHARPS

Employees should assume that an unattended needle or other sharp that may be contaminated presents a potential exposure hazard.

Employees must NOT:

- Pick up contaminated sharps with their bare hands;
- Bend or break contaminated needles;
- Recap contaminated needles;
- Remove contaminated needles from devices;
- Shear or intentionally break contaminated sharps; or
- Place contaminated sharps in ordinary trash.

When a contaminated sharp is encountered, employees will use appropriate mechanical means such as tongs, forceps, or another suitable tool whenever feasible.

Contaminated sharps must be placed directly into an approved, closable, puncture-resistant, leakproof, labeled or color-coded sharps container.

Sharps containers will be maintained in an upright position, replaced routinely, and will not be allowed to overfill.

Employees who are not specifically trained and authorized to handle contaminated sharps must not attempt to retrieve or dispose of them. They must secure the area and contact their supervisor for assistance.

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8. WORK AREA RESTRICTIONS

Employees must not:

- Eat or drink in areas where occupational exposure to blood or OPIM may occur;

- Smoke in areas where occupational exposure may occur;
- Apply cosmetics or lip balm in contaminated work areas;
- Handle contact lenses in contaminated work areas;
- Store food or beverages in areas where blood or OPIM may be present; or
- Store personal items in areas designated for contaminated materials.

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9. PERSONAL PROTECTIVE EQUIPMENT

The University will provide appropriate PPE at no cost to employees with occupational exposure.

PPE will be selected based on the anticipated exposure and must prevent blood or OPIM from contacting the employee's skin, eyes, mouth, mucous membranes, and clothing under reasonably anticipated conditions of use.

Depending on the task, PPE may include:

- Disposable examination gloves;
- Utility gloves;
- Protective eyewear;
- Face shields;
- Masks;
- Protective gowns, aprons, or coveralls;
- Protective footwear; and
- Other PPE determined necessary through a hazard assessment.

PPE will be readily accessible to employees who need it.

Employees must inspect PPE before use and report damaged or defective PPE to their supervisor.

If an employee is allergic or sensitive to a type of PPE, an appropriate alternative will be provided.

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10. GLOVES

Gloves must be worn whenever it is reasonably anticipated that an employee may have hand contact with blood, OPIM, mucous membranes, contaminated materials, or contaminated surfaces.

Gloves must be:

- Removed before leaving the work area;
- Replaced as soon as feasible if torn, punctured, contaminated, or otherwise compromised;
- Disposed of appropriately after use; and
- Replaced between tasks when necessary to prevent cross-contamination.

Disposable gloves must not be washed or decontaminated for reuse.

Reusable utility gloves may be decontaminated for reuse if the integrity of the gloves has not been compromised.

Damaged or compromised reusable gloves must be discarded.

Hypoallergenic or alternative gloves will be provided to employees who have demonstrated sensitivity or allergy to the gloves normally provided.

Employees should notify their supervisor or the OSC if they experience a suspected PPE-related allergic reaction.

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11. EYE, FACE, AND BODY PROTECTION

Eye, face, and body protection must be used whenever splashes, spray, splatter, or droplets of blood or OPIM may reasonably be anticipated.

Examples include:

- Safety glasses with appropriate side protection;
- Goggles;
- Face shields;
- Protective gowns or aprons; and
- Other protective clothing appropriate for the task.

The type of PPE selected will depend on the anticipated exposure.

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12. REMOVAL AND DISPOSAL OF PPE

PPE must be removed before leaving the work area.

Employees must remove PPE in a manner that minimizes contact with contaminated surfaces.

Contaminated disposable PPE must be placed in an appropriate regulated-waste container or biohazard-labeled/color-coded container as required by applicable regulations and University procedures.

PPE that is not contaminated with blood or OPIM may be disposed of through ordinary waste streams when permitted by applicable requirements.

Contaminated reusable PPE must be handled, cleaned, disinfected, or laundered in accordance with applicable requirements.

Employees must not take contaminated PPE or clothing home for cleaning.

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13. HOUSEKEEPING AND DECONTAMINATION

All equipment and work surfaces that have become contaminated with blood or OPIM will be cleaned and decontaminated as soon as feasible after contamination and following completion of procedures that may have caused the contamination.

Cleaning and disinfection products must be appropriate for the surface and effective against applicable bloodborne pathogens.

Employees must follow the manufacturer's instructions regarding:

- Dilution;
- Contact/dwell time;
- Application;
- PPE;
- Ventilation; and
- Safe disposal.

An EPA-registered disinfectant appropriate for bloodborne pathogens should be used when applicable.

If a bleach solution is used, it must be prepared, labeled, used, and disposed of in accordance with applicable manufacturer instructions and University procedures.

Reusable containers and equipment that may reasonably become contaminated must be inspected and decontaminated on a scheduled basis and whenever visibly contaminated.

Broken contaminated glass must never be picked up directly by hand. Mechanical means such as a brush and dustpan, tongs, or forceps must be used.

Equipment that may become contaminated must be examined before servicing or shipping and decontaminated as necessary. If complete decontamination is not feasible, the contaminated portions must be appropriately identified and affected personnel must be informed before handling, servicing, or shipping.

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14. BLOOD OR OPIM SPILL RESPONSE

Employees responding to blood or OPIM spills will:

1. Restrict or isolate the affected area when feasible.
2. Obtain the appropriate PPE before beginning cleanup.
3. Use appropriate tools and procedures to remove visible contamination.
4. Place contaminated disposable materials in appropriate regulated-waste containers.
5. Clean and disinfect the affected surface using an appropriate disinfectant.
6. Allow the disinfectant to remain in contact with the surface for the manufacturer's required contact time.
7. Remove PPE carefully to avoid contamination.
8. Dispose of contaminated PPE appropriately.
9. Wash hands thoroughly with soap and water.
10. Report any exposure incident immediately to the employee's supervisor and the OSC.

Employees who are not trained or equipped to safely clean a particular spill must not attempt the cleanup. The area should be secured and the appropriate University response personnel contacted.

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15. REGULATED WASTE

Regulated waste must be segregated from ordinary waste at the point of generation.

Regulated waste containers must be:

- Closable;
- Constructed to contain all contents;
- Capable of preventing leakage during handling, storage, transport, or shipping;

- Properly labeled or color-coded; and
- Closed before removal.

Contaminated sharps must be placed in appropriate sharps containers.

Disposal must comply with applicable federal, state, local, and University requirements.

Arkansas Department of Health medical-waste requirements must also be followed where applicable.

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16. CONTAMINATED LAUNDRY

Contaminated laundry will be handled as little as possible and with minimum agitation.

Employees must not sort or rinse contaminated laundry at the location where contamination occurred.

Contaminated laundry must be bagged or containerized at the location where it was used.

Laundry containers must prevent leakage during handling, storage, and transport.

Contaminated laundry must be transported and handled in a manner that prevents employee exposure.

Employees who handle contaminated laundry must use appropriate PPE.

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17. HEPATITIS B VACCINATION

The University will make the hepatitis B vaccination series available to employees with occupational exposure at no cost to the employee and in accordance with applicable OSHA requirements.

The vaccination will be made available after required training and within **10 working days of initial assignment** to duties involving occupational exposure, unless:

- The employee has previously completed the vaccination series;
- Antibody testing has established immunity; or
- The vaccine is medically contraindicated.

Employees will not be required to undergo prescreening as a condition of receiving the vaccination.

An employee who initially declines vaccination may later elect to receive the vaccination while covered by this plan, and the University will make the vaccination available at that time.

An employee who declines the vaccination must complete the OSHA-required hepatitis B vaccine declination statement.

If the U.S. Public Health Service recommends routine booster doses in the future, such doses will be made available in accordance with applicable OSHA requirements.

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18. EXPOSURE INCIDENT RESPONSE

Any employee who experiences an exposure incident must immediately:

1. Stop the activity when safe to do so.
2. Wash needlestick, puncture, or other skin exposures with soap and water.
3. Flush eyes, nose, mouth, or other mucous membranes with water if exposed.
4. Notify the employee's supervisor immediately.
5. Notify the OSC or designated University safety contact as soon as possible.
6. Obtain confidential medical evaluation and follow-up without unnecessary delay.

The employee should not delay reporting an exposure incident while attempting to determine whether the source individual is infected.

The University will provide confidential medical evaluation and follow-up at no cost to the employee and at a reasonable time and place, in accordance with applicable requirements.

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19. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following a reported exposure incident, the University will promptly document and investigate the circumstances of the incident.

The evaluation will include, as applicable:

- Documentation of the route or routes of exposure;
- Documentation of the circumstances of exposure;

- Identification of the source individual when feasible and legally permissible;
- Appropriate source-individual testing in accordance with applicable law and consent requirements;
- Evaluation of the exposed employee;
- Collection and appropriate laboratory testing of the exposed employee's blood;
- Post-exposure prophylaxis when medically indicated;
- Counseling; and
- Evaluation of reported illnesses related to the exposure.

The exposed employee will be provided appropriate medical follow-up in accordance with current U.S. Public Health Service recommendations and applicable law.

All medical evaluations and laboratory testing required under this plan will be provided at no cost to the employee.

If the employee consents to baseline blood collection but does not consent at that time to HIV serologic testing, the blood sample will be preserved for at least 90 days as required by OSHA. If the employee elects to have the sample tested during that period, testing will be performed as soon as feasible.

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20. INFORMATION PROVIDED TO HEALTHCARE PROFESSIONALS

The University will provide the healthcare professional responsible for an employee's post-exposure evaluation with information necessary to perform the evaluation, including:

- A copy of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030;
- A description of the employee's duties as they relate to the exposure;
- Documentation of the route and circumstances of the exposure;
- Results of source-individual testing, when available and legally permissible; and
- Relevant employee medical information maintained by the University, including hepatitis B vaccination status.

The University will also provide any additional information reasonably necessary for the healthcare professional to evaluate the exposure and determine appropriate treatment or follow-up.

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21. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

The University will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

For hepatitis B vaccination, the healthcare professional's written opinion will be limited to whether hepatitis B vaccination is indicated for the employee and whether the employee has received the vaccination.

For post-exposure evaluation and follow-up, the healthcare professional's written opinion will be limited to:

- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been informed of any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

All other findings, diagnoses, and medical information will remain confidential and will not be included in the written opinion provided to the University.

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22. LABELS AND SIGNS

Warning labels incorporating the universal biohazard symbol will be affixed to containers of regulated waste and to other containers used to store, transport, or ship blood or OPIM when required by applicable requirements.

Labels will be fluorescent orange, orange-red, or predominantly orange-red, with lettering and symbols in a contrasting color.

Red bags or red containers may be substituted for labels where permitted by OSHA requirements.

Contaminated equipment that is being serviced or transported and that has not been completely decontaminated will be labeled with the biohazard symbol and a statement identifying the contaminated portions of the equipment.

Employees must not remove or deface required biohazard labels unless the container or equipment has been appropriately decontaminated and the label is no longer required.

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23. EMPLOYEE INFORMATION AND TRAINING

All employees with occupational exposure will receive training at the time of initial assignment to duties where occupational exposure may occur and at least annually thereafter.

Additional training will be provided when changes in tasks or procedures affect an employee's occupational exposure.

Training will be provided during the employee's normal work shift and at no cost to the employee.

Training will be appropriate to the employee's education, language, and literacy level and will provide an opportunity for interactive questions and answers with the person conducting the training.

23.1 Training Content

Training will include, at a minimum:

- An accessible copy of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and an explanation of its contents.
- An explanation of the contents of this Exposure Control Plan and how employees may obtain a copy.
- General information concerning bloodborne diseases, including their symptoms and modes of transmission.
- An explanation of the University's methods for recognizing tasks and activities that may involve occupational exposure.
- An explanation of the use and limitations of engineering controls, work-practice controls, and PPE.
- Information concerning the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information concerning the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits, and the University's provision of vaccination at no cost to covered employees.
- Information concerning appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including reporting procedures and medical follow-up.
- Information concerning the post-exposure evaluation and follow-up process.
- An explanation of the signs, labels, and color-coding systems used to identify biohazards.
- An opportunity for employees to ask questions and receive answers from the trainer.

Training will be conducted by a person who is knowledgeable in the subject matter covered by the training program and who is qualified to provide the required information.

23.2 Training Documentation

The University will document each required training session.

Training records will include:

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

Training records will be maintained for at least three years from the date of training.

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24. RECORDKEEPING

24.1 Medical Records

The University will establish and maintain a confidential medical record for each employee with occupational exposure as required by OSHA.

Medical records will include, as applicable:

- The employee's name;
- Hepatitis B vaccination status, including dates of vaccination and relevant medical records concerning the employee's ability to receive the vaccination;
- Results of examinations, medical testing, and follow-up procedures required by the Bloodborne Pathogens Standard;
- The healthcare professional's written opinion; and
- A copy of the information provided to the healthcare professional following an exposure incident.

Medical records will be maintained confidentially and separately from general personnel records.

Medical records required by OSHA will be maintained for the duration of employment plus 30 years.

Medical information will not be disclosed without the employee's express written consent except as required by applicable law or regulation.

24.2 Training Records

Training records will be maintained for at least three years from the date of training.

Training records will contain the information identified in Section 23.2 of this plan.

24.3 Sharps Injury Log

If the University is required to maintain an OSHA log of occupational injuries and illnesses under 29 CFR Part 1904, the University will maintain a confidential sharps injury log for percutaneous injuries involving contaminated sharps as required by OSHA.

The sharps injury log will contain, at a minimum:

- The type and brand of device involved, when known;
- The department or work area where the incident occurred; and
- An explanation of how the incident occurred.

The sharps injury log will be maintained in a manner that protects the confidentiality of the injured employee.

The sharps injury log will be maintained for the period required by applicable OSHA recordkeeping requirements.

24.4 Availability of Records

Records required by this plan will be made available as required by applicable OSHA regulations.

Employees may request access to their own medical and training records in accordance with applicable requirements.

Medical records will be provided only to authorized individuals and entities in accordance with applicable confidentiality and record-access requirements.

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25. EXPOSURE INCIDENT INVESTIGATION

Every reported exposure incident will be investigated promptly by the Occupational Safety Coordinator, with assistance from the employee's supervisor and other appropriate University personnel.

The investigation will document, as applicable:

- The date and time of the incident;
- The location of the incident;
- The employee's job classification and assigned task;
- A description of the task being performed;
- The route or routes of exposure;
- The circumstances under which the exposure occurred;
- The type and amount of blood or OPIM involved, when reasonably known;
- The use of engineering controls and work-practice controls;
- The type of PPE being used at the time of the incident;
- Whether PPE or engineering controls failed or were unavailable;
- The identity of the source individual, when feasible and legally permissible;
- Corrective actions taken; and
- Recommendations for preventing a recurrence.

The University will evaluate whether changes are necessary to engineering controls, work practices, PPE, employee training, or other procedures.

If the exposure involved a contaminated sharp, the University will evaluate the circumstances surrounding the incident and consider whether the use of a safer medical device or other engineering control could prevent a similar incident.

Where applicable, the University will solicit input from affected non-managerial employees responsible for tasks involving occupational exposure when identifying, evaluating, and selecting effective engineering and work-practice controls.

The investigation will be documented and maintained in accordance with applicable University and OSHA recordkeeping requirements.

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26. ANNUAL REVIEW AND PLAN UPDATE

The Occupational Safety Coordinator will review this Exposure Control Plan at least annually and whenever necessary to reflect changes in tasks, procedures, equipment, technology, or employee positions that may affect occupational exposure.

The annual review will include, as applicable:

- Review of the University's exposure determination;
- Review of reported exposure incidents;
- Review of sharps injuries and related incident investigations;

- Review of engineering controls and work-practice controls;
- Evaluation of available safer devices and technologies;
- Consideration of new or modified procedures;
- Review of PPE selection and availability;
- Review of employee training needs;
- Review of applicable federal, state, and local requirements; and
- Documentation of corrective actions or revisions made to the plan.

The University will document annually the consideration and implementation of commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, when applicable.

Where applicable under OSHA, the University will document solicitation of input from affected non-managerial employees responsible for tasks involving occupational exposure concerning the identification, evaluation, and selection of effective engineering and work-practice controls.

The Exposure Control Plan will be revised whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and new or revised employee positions with occupational exposure.

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27. AVAILABILITY OF THIS PLAN

A current copy of this Exposure Control Plan will be accessible to employees with occupational exposure.

Employees may obtain a copy of the plan through the Occupational Safety Coordinator or the University's designated safety office.

The plan will be made available to employees upon request and will be accessible in accordance with applicable OSHA requirements.

Employees will be informed of the location and availability of this plan during required bloodborne pathogens training.

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28. REFERENCES

The following references may be used in administering this plan:

- Occupational Safety and Health Administration, **29 CFR 1910.1030, Bloodborne Pathogens**.

- Occupational Safety and Health Administration, **29 CFR 1910.1020, Access to Employee Exposure and Medical Records**.
- Occupational Safety and Health Administration, **29 CFR Part 1904, Recordkeeping Requirements**.
- Applicable U.S. Public Health Service recommendations concerning hepatitis B vaccination and post-exposure evaluation and follow-up.
- Arkansas Department of Health requirements concerning the management of medical waste.
- Arkansas Tech University Health & Safety policies and procedures.
- Applicable University procedures concerning regulated waste, contaminated laundry, PPE, emergency response, and employee medical services.