

**University Of Florida**

**Bloodborne Pathogen Program**

**Standard Operating Procedures**

Revised \_\_\_\_\_ (date)

**Updated (annually)**

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\_\_\_\_\_

# University Of Florida

## Bloodborne Pathogen Program

### Standard Operating Procedures

Please use the enclosed worksheets to create standard operating procedures (SOPs) for individual laboratories or work areas. These pages are intended to be photocopied and used as a means of compliance with the bloodborne pathogen standard. These worksheets will assist you in tailoring the Exposure Control Plan to your individual needs. Please note that they are to be used in conjunction with the UF Exposure Control Plan.

Keep the completed worksheets with the Exposure Control Plan in a location that is accessible to your employees. EH&S will monitor individual laboratories for the presence of SOPs. There is no need to send the completed sheets to EH&S.

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**University of Florida**  
**Exposure Control Plan**  
**Standard Operating Procedures**  
**Facility Identification**

Facility Name \_\_\_\_\_

Facility Room & Building # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Plan Prepared By \_\_\_\_\_

Date \_\_\_\_\_

Date of Review/Update \_\_\_\_\_

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Name of supervisor (PLEASE PRINT OR TYPE)

\_\_\_\_\_  
Department (PLEASE PRINT OR TYPE)

**Exposure Determination List**

**Jobs**

The following persons and job classifications in this facility may have contact with blood or other potentially infectious materials. These people are in the UF BBP program. (Please use official UF job classification titles).

NAME	JOB CLASSIFICATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

keep in lab

# Exposure Determination List

## Tasks

The following procedures performed in this facility may result in occupational exposures to blood or other potentially infectious materials. (Please list **all** tasks in which exposure may occur).


## Hepatitis B Vaccine

Write in the names of your employees, with the date they were offered the hepatitis B vaccine.

The following at-risk employees have been offered the hepatitis B vaccine free of charge:

Name	Date provided	Date declined
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Exposure Management

In the event of an exposure to human blood or other potentially infectious materials, employees of this facility shall do the following (please fill in specifics for this work area):

1. Wash skin and wound exposures with soap and water:
2. Wash eye and mucous membrane exposures in running water for 15 minutes:
3. Report exposures to the supervisor:
4. Individuals exposed to human blood or other potentially infectious materials in the Gainesville area shall immediately call this number:  
**(866) 477-6824 in the Gainesville area only.**  
**This Needle stick hotline is manned 24 Hours a day**  
**You will be directed from there.**
5. **In all other locations:** Individuals exposed to human blood or other potentially infectious materials shall go immediately (within one hour) to the following location for treatment:

## Protective Equipment (by task)

<u>Task</u>	<u>Personal Protective Equipment Used</u>



**Equipment/Worksite Decontamination Schedule**  
for

\_\_\_\_\_

Facility

\_\_\_\_\_

Location

<u>Equipment</u>	<u>Schedule</u>	<u>Procedure</u>

# Engineering Controls Check for

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Facility

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Location

Equipment

Inspection Dates

Action

<u>Equipment</u>	<u>Inspection Dates</u>	<u>Action</u>

**UF**  
**Biomedical Waste Plan**  
For

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Facility

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Location

This plan is based upon the UF Biological Waste Policy. It is designed to ensure compliance with all local, state, and federal regulations and guidelines concerning biological waste, including 29 CFR Part 1910.1030, the OSHA Bloodborne Pathogen rule, and Chapter 64E-16, Florida Administrative Code, Biomedical Waste rule.

**A. Biomedical Waste**

In this facility, the following items constitute biomedical waste:

**B. Disposal Containers**

1. Red plastic sharps containers shall be used for:
  
  
  
  
  
  
  
  
  
  
2. Red biohazard bags shall be used for:
  
  
  
  
  
  
  
  
  
  
3. Cardboard biohazard boxes shall be used for:
  
  
  
  
  
  
  
  
  
  
4. Regular trash receptacle:

