

BLOODBORNE PATHOGEN (BBP) OCCUPATIONAL EXPOSURE DETERMINATION FORM

PURPOSE:

The purpose of this document is to assist supervisors in determining the job tasks within the department that place staff at risk for occupational exposure to bloodborne pathogens (BBP). Also, the purpose is to facilitate the identification of training and immunization requirements for affected personnel.

Personnel who perform job tasks at reasonable risk for occupational exposure fall within the scope of OSHA's Bloodborne Pathogen (BBP) Standard and Emory University's BBP Exposure Control Plan. Personnel at reasonable risk of occupational exposure to bloodborne pathogens must complete BBP Training annually.

In addition, they must complete Hepatitis B vaccination or officially decline the vaccine and meet additional requirements of the BBP Standard and Emory's BBP Exposure Control Plan.

INSTRUCTIONS:

1. Department representative will review each procedure or task listed.
2. Using the check boxes provided:
 - o Indicate the procedures or tasks performed by personnel within the department.
 - o Indicate the PPE that is provided to the employee while performing the task.
 - o If there are additional tasks* that are not included in the list provided and the tasks present reasonable likelihood of occupational exposure to bloodborne pathogens, then provide a list using the space provided.

EXAMPLE:

Name of Task/Procedure	Brief Description	YES	NO	PPE Provided
<i>Cleaning laboratory spaces</i>	Removing non-hazardous waste from laboratories; cleaning vacant laboratories in preparation for a new occupant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Hand Protection <input checked="" type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection

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<i>Cleaning laboratory spaces</i>	Removing non-hazardous waste from laboratories; cleaning vacant laboratories in preparation for a new occupant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Handling/Treating biohazardous or biomedical waste</i>	Packing and transporting Stericycle boxes; treating biohazardous waste or other potentially infectious waste with disinfectant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Cleaning up body fluid spills</i>	Spills involving vomitus, blood or other potentially infectious materials (OPIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Equipment decontamination</i>	Decontaminating laboratory equipment that was used to handle or store blood or OPIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Administering injections</i>	Injecting material of human source into human subjects or animal subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Performing vascular access procedures</i>	Drawing blood samples; administering IV drugs or nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Handling contaminated sharps</i>	Handling syringes, deployed stun gun darts, etc. that may be contaminated with blood or OPIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Animal blood or plasma collection</i>	Procurement of blood or blood components for donation or research purposes from experimental animals infected with BBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Animal necropsy</i>	Removing organs or other tissue from experimental animals infected with BBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Animal husbandry activities</i>	Handling animal carcasses, cages, bedding, excreta from experimental animals infected with BBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
<i>Administering first aid</i>	Care of injured persons following an incident (e.g., nosebleeds, cuts, abrasions, wounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection

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Name of Task/Procedure	Brief Description	YES	NO	PPE Provided
Emergency response activities	Resuscitation (CPR), defibrillation, advanced first aid, emergency spill response, emergency evacuation response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
Transport of infectious material	Collection and or packaging of infectious material (cells, tissue, body fluids of human or animal origin) for transport within or outside the University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
Utilizing an autoclave for decontamination	Decontamination of biohazardous waste, glassware, surgical instruments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
Conducting inspections	Conducting inspections of research and animal facilities to verify compliance with regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
Handling contaminated clothing or laundry	Collection of clothing or laundry that may be contaminated with blood or human body fluids (e.g., removal of sheets from student housing or clothing considered evidence by law enforcement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection
Repair maintenance of pipes or drains	Performing repairs on pipes or drains in laboratories, operating rooms, or mortuaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand Protection <input type="checkbox"/> Eye/Face Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Respiratory Protection

***Additional Tasks (include tasks and/or procedures that are not listed above that present a reasonable likelihood of occupational exposure to BBP):**

Date Completed:	Completed By:
Department:	Job Title: