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|  Site-Specific Exposure Control Plan  |
| **1. Prepared By** |          | 2. Date Completed  |       |
| **3. Principal Investigator** |          | **4. Dept.** |       |
| **5. Building**  |           | **6. Room(s)** |       |
| **7. Person Responsible for ECP** (implementing, annually reviewing/updating, and making available to employees) |          | **8. Phone Number** |       |
| **9. Personnel and/or job titles with potential occupational exposure** |
|       |
| **10a. Procedures/tasks with potential exposure** | **10b. Personal Protective Equipment (PPE)** **required for each task**  |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
|       | [ ]  Gloves [ ]  Lab coat [ ]  Safety glasses [ ]  Goggles [ ]  Face shield [ ]  Shoe covers [ ]  Surgical mask w/ liquid barrier [ ]  Other (specify)       |
| **11. Engineering controls (specify when each is used)** |
| [ ] Biological safety cabinet:      [ ] Centrifuge with safety features (specify type of safety feature & when centrifuge is used):      [ ] Sharps container:      [ ] Needleless systems:      [ ]  Needles with safety features (i.e. retractable needles. specify type & when each is used):      [ ] Plastic capillary tubes:      [ ] Tongs or forceps to handle broken glass:      [ ] Other (specify type of control & when used)       |
| **12a. Sharps containers are inspected, maintained, replaced** | [ ]  Whenever necessary to prevent overfilling (no more than 2/3 full)[ ]  By:       Every:        |
| **12b. Sharps container decontamination & disposal procedure**  |        |
| **13. Work practice controls used to minimize exposure (in addition to universal precautions)** |
| [ ] No eating/drinking/applying cosmetics in areas with blood and/or OPIM[ ] No capping/bending/shearing needles[ ] Contaminated sharps are immediately disposed in sharps container[ ] No mouth pipetting[ ] Gloves changed whenever soiled/torn/punctured and removed prior to exiting work area[ ] Follow procedures to properly remove/dispose of PPE[ ]  Training on use of engineering controls required prior to work[ ] Specimens of blood and OPIM transported in secondary, non-breakable, leakproof, sealed, labeled containers outside of lab[ ] Hand washing when gloves are removed/changed, before leaving work area, whenever soiled/contaminated | [ ]  Reusable sharps are secured when not in use (specify how and where)[ ]  Other work practice controls (specify) [ ]  Follow these standard operating procedures (i.e. use of centrifuge )  |
| **14a. How front line workers and management are involved in *identifying* changes in engineering controls and work practices and *evaluating* new products/process improvements** |
| [ ] Employee feedback (specify how and frequency): [ ] IBC approval has been obtained for these procedures: [ ] Exposure incident investigation: [ ] Laboratory meetings:[ ] Other (specify) Explain:      |
| **14b. Person responsible for implementing engineering and work practice recommendations**  |       |
| **15a. Location of PPE** |           | **15b. Person responsible for providing PPE** |  |
| **15c. The order in which PPE is removed** |
|       |
| **15d. Procedure for handling used PPE**  |
|       |
| **16a. Will articles be laundered?** | [ ]  Yes[ ]  No | **16b. Person responsible for laundry** (if applicable) |  |
| **16c. How articles are prepared for laundry and laundered (include laundry schedule)** (if applicable) |
|       |
| **17a. Procedure and schedule for routine cleaning and decontamination (specify surfaces, equipment, disinfectant, and contact time)** |
|       |
| **17b. Spill and decontamination procedures (specify disinfectant and contact time)** |
|       |
|  |
| **18. BBP waste procedures (specify how waste is packaged and disposed)** |
|       |
| **20. Person responsible for reporting exposure incidents to BSO** |           |

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| **21. EMERGENCY PROCEDURES** |

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| **In case of emergency, call 816-235-1515.****1. WASH AREA IMMEDIATELY*** **Wounds and needle sticks:** Washed exposed area thoroughly for 15 minutes with warm water and soap.
* **Eye and mucous membrane exposure**: Flush immediately at nearest eyewash station for 15 minutes while holding eyes open.

**2. SEEK CARE IMMEDIATELY*** **Authorized Providers/Facilities**
	+ US Health Works – Work Injury Department

1650 Broadway St, Kansas City, MO 816-842-2020, M-F 8AM - 5PM* **After Hours**
	+ Research Medical Ctr ER

2316 E Meyer Blvd, Kansas City, MO* + Truman Medical Center Emergency Room

2301 Holmes St, Kansas City, MO * **Be prepared…** to give information to the healthcare providers. Have information about the agent and/or animal involved in your injury. Information, such as, agent description, route of exposure, dose or concentration, any unusual characteristics of the agent, animal infection, and PI contact information.

**3. NOTIFY YOUR SUPERVISOR** |

Signature of PI or Lab Manager Date reviewed/updated

**UMKC Resources**

1. UMKC Biosafety Manual <https://ors.umkc.edu/services/compliance/biosafety-committee/ibc-docs/umkc-biosafety-manual-ver-04042017.pdf>
2. UMKC BBP Research Personnel Training <https://www.citiprogram.org/default.asp>
3. UMKC IBC Human Cell Line Policy <https://ors.umkc.edu/services/compliance/biosafety-committee/ibc-docs/umkc-ibc-human-cell-line-policy.pdf>

**Regulations and Regulatory Guidance**

1. Missouri State BBP Guidelines <https://health.mo.gov/living/families/schoolhealth/pdf/GuidelinesForBloodbornePathogens.pdf>
2. National Institute of Safety and Health (NIOSH) BBP Topic Page: <http://www.cdc.gov/niosh/topics/bbp/>