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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/>