College of Charleston

**Bloodborne Pathogens**

**EXPOSURE CONTROL POLICY AND PROCEDURES**

*Template Instructions*

To protect the health and safety of College of Charleston personnel by eliminating or minimizing risks involved with exposure to bloodborne pathogens (i.e., human blood or Other Potentially Infectious Material of human origin), **each Division/Department whose personnel have occupational exposure to bloodborne pathogens must have an Exposure Control Plan (ECP) on file in the Office of Environmental Health & Safety.**

This template has been prepared using the OSHA recommended template.

1. Read the Exposure Control Policy which must be attached to the plan.
2. Complete the attached Exposure Control Plan (ECP) Template by adding text as indicated by *[italicized instructions and examples].*
3. Contact EHS for assistance in preparing the plan. Refer to the EHS webpage (<http://ehs.cofc.edu>) as needed.
4. Delete Instructions Page, but include the Policy, and add page numbers to the bottom of the document.
5. Submit as a Word Document or PDF to Environmental Health & Safety via email to [beaverr@cofc.edu](mailto:beaverr@cofc.edu).

Questions? Contact Randy Beaver, [beaverr@cofc.edu](mailto:beaverr@cofc.edu), 843-953-6802

Reference: OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."



**Bloodborne Pathogens**

**EXPOSURE CONTROL POLICY**

The College of Charleston (the College) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the College in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control including:
  + Universal precautions
  + Engineering and work practice controls
  + Personal protective equipment Housekeeping
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Communication of hazards to employees and training
* Recordkeeping
* Procedures for evaluating circumstances surrounding an exposure incident

Every division/department of the College of Charleston determined to have employees whose occupational tasks or responsibilities include reasonable anticipated risk of occupational exposure to human blood or Other Potentially Infectious Material (OPIM) of human origin must have an ECP on file with the Office of Environmental Health & Safety. A template is provided for division/department ECPs.

Those departments/divisions with the potential only for non-routine exposure will be covered by the ECP for Non-Routine Exposure.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

**SCOPE AND APPLICATION**

The ECP covers all College of Charleston personnel (employees, including faculty, staff, student employees, contractors, volunteers etc.) whose occupational tasks or responsibilities include reasonable anticipated risk of occupational exposure to human blood or Other Potentially Infectious Material (OPIM) of human origin as well as those occupations with non-routine exposure.

Those employees who are determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in their division/department ECP. They will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. Each covered employee will be given access to a copy of their division/department plan.

**DEFINITIONS**

**BBP: Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These disease causing organisms can be found in all body fluids, unfixed tissue, cell lines, and in situations where it is difficult or impossible to differentiate between body fluids and other materials.

**Contamination:** The presence, or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Sharps**: Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and pipettes.

**Decontamination**: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls:** Equipment and practices that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** An unanticipated event that involves specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials and results from the performance of an personnel duties.

**HBV: Hepatitis B Virus:**  The cause of a serious, potentially life threatening liver disease for which a vaccine is available to provide long-term protection.

**HCV: Hepatitis C Virus:**  The cause of a serious, potentially life threatening liver disease for which no vaccine is available.

**HIV: Human Immunodeficiency Virus:**  May cause AIDS (Acquired Immuno-Deficiency Syndrome).

**Occupational Exposure**: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of personnel duties. Procedures are in place to prevent or minimize exposure.

**OPIM**: **Other Potentially Infectious Material** is any of the following: semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, and saliva in dental procedures; any body fluid that is visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ, other than intact skin, from a living or dead human; cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; blood, organs or other tissues from experimental animals infected with HIV, HBV or other bloodborne pathogen(s).

**Non-routine Exposure:** Incidental or accidental exposure to human blood or OPIM that is not likely to result from the performance of an employee’s duties.

**Parenteral:** Piercing mucous membranes or the skin barrier, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting through such events as needle sticks, human bites, cuts, and abrasions.

**PPE: Personal Protective Equipment:** Specialized clothing or equipment worn by an employee for protection against a hazard.

**Reasonably Anticipated Risk of Exposure:** Skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that is likely to result from the performance of an employee's duties.

**Regulated Waste**: Potentially infectious materials or contaminated items that are capable of releasing BBP or OPIM during handling.

**Universal (Standard) Precautions**: An approach to infection control in which all human blood and other body fluids are treated as if they are known to be infectious for HIV, HBV, and other bloodborne pathogens.

**PROGRAM ADMINISTRATION**

**The Environmental Health and Safety Office (EHS)** is responsible for

* Implementation and compliance oversight of the ECP
* Maintaining, reviewing, and updating the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
* Ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained in collaboration with the Human Resources Office.
* Making the written ECP available to employees, OSHA, and NIOSH representatives.
* Assuring that training programs are available and that documentation of training is maintained by the relevant division or department manager, principal investigator or area supervisor.
* Maintaining and providing necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and ensuring that adequate supplies are available.

**Division or department managers, principal investigators or area supervisors** are responsible for their laboratory or areas’ compliance with the College BBP ECP and specifically for:

* Identifying those employment positions within their areas that fit the definition of “occupational exposure” described in this Plan and specify those tasks or procedures in which occupational exposure is likely to occur in consultation with EHS.
* Ensuring that all personnel are informed of the hazards associated with the work performed.
* Providing and documenting training covering the elements outlined in the training section of this document and making the written ECP available to all employees.
* Establishing (where applicable) a program for evaluating sharps with safety devices designed to eliminate or minimize occupational exposure.
* Enforcing all safety rules and policies within the work setting and initiate progressive disciplinary proceedings, when necessary, as outlined by Human Resources.
* Ensuring the most up to date ECP is readily available to all personnel in their work area.

**Personnel working with BBP and OCIM** must accept a shared responsibility for conducting their work in a safe manner, specifically:

* Not engaging in work for which they are not trained.
* Reporting unsafe work conditions or practices.
* Knowing which of their tasks have a potential occupational exposure to bloodborne pathogens;
* Following guidance provided in the ECP;
* Planning and conducting all operations in accordance with exposure control procedures and specific departmental, work area or laboratory safety procedures;
* Completing the appropriate BBP training depending on job functions;
* Reporting hazardous conditions to the PI/area supervisor and EHS;
* Reporting job-related injuries or illnesses to the PI, supervisor, Office of Human Resources and EHS and seeking medical treatment immediately (see Office of Human Resources website for applicable forms)
* Requesting information and training when unsure how to work with bloodborne pathogens;
* Wearing and properly maintaining the PPE necessary to perform assigned job tasks;
* Using engineering controls, including safe sharps technology and safety equipment properly.

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications in which all employees have routine occupational exposure:

|  |  |
| --- | --- |
| JOB TITLE | DEPARTMENT/LOCATION |
| Faculty/Athletic Training Student | Department of Health and Human Performance |
| Coach/Trainer/Physical Therapist | Athletics |
| Custodial/Building Services Staff | Facilities Maintenance  Residence Life  Contractors |
| Emergency Response Staff/CPR-trained Student Volunteer | Fire and EMS Department |
| Grounds Staff | Facilities Maintenance |
| Life Guard | Athletics |
| Physician/Nurse | Student Health Services |
| Plumber | Facilities Maintenance |
| Public Safety Officer | Public Safety Office |
| Resident Assistant | Residence Life |
| Teacher/Teacher Assistant/Student Teacher | Early Childhood Development Center  Department of Teacher Education |

The following is a list of job classifications in which some employees have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

|  |  |  |
| --- | --- | --- |
| JOB TITLE | DEPARTMENT/LOCATION | TASK/PROCEDURE |
| Counseling staff | Counseling and Substance Abuse Services | Student injury or illness |
| Laboratory Instructor (Professor/Associate Professor/Assistant Professor/Research Associate/Graduate Student/Laboratory Technician) | Department of Biology  Department of Chemistry  Department of Health and Human Performance  Department of Psychology | Class exercises that involve the use of human blood, body fluids, unfixed tissue, or cell lines. |
| Librarian | All College of Charleston Libraries | Staff/student injury or illness |
| Maintenance Staff (non-plumber) | Facilities Maintenance | Repair of facilities, equipment, or fixtures that might be contaminated. |
| Principal Research Investigator/Laboratory Technician/Student Researcher | Biology Department  Chemistry Department  Department of Health and Human Performance  Department of Psychology | Research that involves the use of human blood, body fluids, unfixed tissue, or cell lines. |

Part-time, temporary, contract and per diem employees are covered by the ECP.

Released: June 2013

Revised: August 2013, April 2014, July 2018

*[College of Charleston or Division/Department Logo]*

**Bloodborne Pathogens**

**EXPOSURE CONTROL PLAN**

**Division/Department:**

**Point of Contact:** *[Title or Name of the division/department person responsible for this plan]*

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications in which all employees have routine occupational exposure:

|  |  |
| --- | --- |
| JOB TITLE | LOCATION |
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|  |  |  |
| --- | --- | --- |
| JOB TITLE | LOCATION | TASK/PROCEDURE |
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**METHODS OF IMPLEMENTATION AND CONTROL**

**Universal Precautions**

All employees will utilize Universal Precautions.

**Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls: *[For example: non-glass capillary tubes, SESIPs, needleless systems, retractable needles]*

Sharps disposal containers are inspected and maintained or replaced by

*[Name of responsible person or department]*

Sharps disposal containers are inspected every

Sharps disposal containers are maintained or replaced

*[Frequency or “whenever necessary to prevent overfilling.”].*

This facility identifies the need for changes in engineering control and work practices through

*[Examples: Review of OSHA records, employee interviews, committee activities, etc.]*

We evaluate new procedures or new products regularly by

*[Describe the process, literature reviewed, supplier info, products considered]*

Both front line workers and management officials are involved in this process:

*[Describe how employees will be involved]*

The Director of EHS will ensure effective implementation of these recommendations.

**Biohazard Warning Label**

Biohazard warning labels will be affixed to containers of blood or regulated waste, refrigerators and freezers containing blood or other potentially infectious material and other containers used to store, transport or ship these materials.

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

These labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Regulated waste that has been decontaminated need not be labeled.

The relevant department will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify EHS if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

**Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them by the Department. Contact the Director of EHS.

Training is provided by the Director of EHS or Department in the proper use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

*[For example*

* *Gloves - Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.*
* *Eye Protection - Goggles or glasses with solid side shields, face shields.*
* *Protective Clothing - Laboratory coats, aprons, coveralls, Tyvek suits*
* *Resuscitation Equipment ]*

PPE is located *[list location(s)]* and may be obtained through *[Name of responsible person(s) or department]*.  *[Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available]*

All employees using PPE must observe the following precautions:

* Wash hands immediately or as soon as feasible after removal of gloves or other PPE. When hand washing facilities are not possible, appropriate antiseptic hand cleanser or antiseptic towelettes will be provided.
* Remove PPE after it becomes contaminated, and before leaving the work area.
* Used PPE may be disposed of in *[List appropriate containers for storage, laundering, decontamination, or disposal].*
* Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces.
  + Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
  + Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
  + Never wash or decontaminate disposable gloves for reuse.
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
* Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments will be worn in occupational exposure situations.
* Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

*(For example, how and where to decontaminate face shields, eye protection, and resuscitation equipment)*

**Housekeeping**

All contaminated equipment and work surfaces will be decontaminated immediately or as soon as feasible with an appropriate disinfectant after completion of procedures and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces will be removed and replaced when they become contaminated.

**Regulated Waste Management**

See the Waste Management Section of the EHS Webpage.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, labeled with a Biohazard Warning Label, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps:

* Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color- coded appropriately. Sharps disposal containers are available on Eprocure (must be easily accessible and as close as feasible to the immediate area where sharps are used).
* Containers for contaminated sharps will be maintained upright throughout use, easily accessible to personnel, replaced routinely, and not be allowed to overfill.
* Contaminated needles and other contaminated sharps will not be bent, recapped or removed unless no alternative is feasible or that such action is required by a specific medical or dental procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
* The procedure for handling sharps disposal containers is:

*[Describe procedure]*

* Broken glassware which may be contaminated will not be picked up directly with the hands. Mechanical means, such as a brush and dust pan, tongs, or forceps will be utilized for cleaning.
* Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

EHS will conduct an annual evaluation of all needle/sharps (Safe Needle/Sharps Evaluation Form available on the EHS webpage) and implement the use of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Other regulated waste:

* Waste will be placed in *[describe location(s)]*
* When moving regulated wastes, the containers will be biohazard labeled and closed to prevent spillage or protrusion during handling, storage, transport, or shipping. Secondary containers will be used if leakage is possible. The second container will also be biohazard labeled, closable and constructed to contain all contents and prevent leakage.
* Disposal of regulated wastes will be handled through commercial vendors selected by the Director of EHS

Receptacles for Reuse:

All bins, pails, cans, and similar receptacles intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.

**Laundry**

The following contaminated articles will be laundered by a commercial vendor selected by the Director of EHS: *[list items to be laundered]*

The following laundering requirements must be met:

* Handle contaminated laundry as little as possible, with minimal agitation
* Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with biohazard symbol for this purpose.
* Wear the following PPE when handling and/or sorting contaminated laundry:

*[Example: gloves, protective eyewear, protective clothing]*

**HEPATITIS B VACCINATION**

The Director of EHS will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. documentation exists that the employee has previously received the series, or
2. antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is contraindicated.

Following the medical evaluation a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the EHS Office.

**EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by the Director of EHS.

Training must take place within 10 days of employment or during periodically scheduled training sessions and before there is any potential occupational exposure. Recurrent training must be conducted annually.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

* Copy and explanation of the standard
* Explanation of our ECP and how to obtain a copy
* Explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
* Explanation of the use and limitations of engineering controls, work practices, and PPE
* Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
* Explanation of the basis for PPE selection
* Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
* Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
* Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
* Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
* Explanation of the signs and labels and/or color coding required by the standard and used at this facility
* Opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available at EHS.

**RECORDKEEPING**

**Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept in the EHS office for at least three years after the employee’s termination date. The training records include:

* Dates of the training sessions
* Contents or a summary of the training sessions
* Names and qualifications of persons conducting the training
* Names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of EHS.

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Office of Human Resources is responsible for maintenance of the required medical records. These confidential records are kept at [location] for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Office of Human Resources

**OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by EHS

**Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

* the date of the injury
* the type and brand of the device involved
* the department or work area where the incident occurred
* an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**EXPOSURE INCIDENT PROCEDURES**

**Post-Exposure Procedures**

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.):

* Document the routes of exposure and how the exposure occurred.
* Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
* Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
* If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
* Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
* After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
* If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
* Notify the Director of EHS.
* Submit an Accident/Incident Report (available on the EHS webpage) within 24 hours of the incident.

**Post-Exposure Evaluation and Follow-Up**

The following post-exposure procedures are performed by the Director of EHS:

* Ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
* Ensure that the health care professional evaluating an employee after an exposure incident receives the following:
  + Description of the employee's job duties relevant to the exposure incident
  + Route(s) of exposure
  + Circumstances of exposure
  + Results of the source individual's blood test, if possible
  + Relevant employee medical records, including vaccination status
* Provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.
* Record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

**Evaluation of the Circumstances of the Exposure Incident**

EHS will review the circumstances of all exposure incidents to determine:

* Engineering controls in use at the time
* Work practices followed
* Description of the device being used (including type and brand)
* Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
* Location of the incident
* Procedure being performed when the incident occurred
* Employee’s training

If it is determined that revisions need to be made, the Director of EHS will ensure that appropriate changes are made to this ECP in consultation with the division/department head or designee.

**Division/Department Approval Date:**

**EHS Approval Date:**

**Review Dates:**