

BLOOD-BORNE PATHOGEN EXPOSURE CONTROL COMPLIANCE SELF-AUDIT CHECKLIST

SECTION I: INSTRUCTIONS

DIRECTIONS:

Please do the following:

1. *Use the attached checklist to evaluate and report on your compliance status with the requirements of the Federal Blood-borne Pathogens Exposure Control Standard.*
2. *The primary purpose of the Self-Audit is to assist you in identifying what needs to be done. EH&S will follow-up on the dates you provide for completion of specific items. In some cases we may advocate an earlier completion date. The Annual Program Compliance Report will include a summary of findings taken from your responses.*
3. *Initial & Date each page*
4. *Return to the attention of the FIU Biosafety Officer, CSC 162*
5. *Your self-audit will be kept on file for a period of three years and will be made available to inspectors as requested*

DEPARTMENT/LAB:		AUDIT PERFORMED BY:	
PHONE OFFICE:		DATE OF SELF-AUDIT:	
EMERGENCY:		DATE SUBMITTED:	
EMAIL:			

Initials: _____
Date: _____

SECTION II: SELF-AUDIT CHECKLIST

OSHA BBP STANDARD 29 CFR 1910.1030 COMPONENTS	REQUIREMENTS	YES	NO	NA	If you answer "NO" to any question, write the DATE by which you will complete the corrective action
A. EXPOSURE CONTROL PLAN (ECP) 1910.1030(c)	1. Do you have a written Exposure Control Plan (ECP)? Has the Exposure Control Plan been updated within the last 12 months?				
	2. Has an Exposure Control Officer(ECO) been designated? Name of ECO:				
	3. Does the ECP identify the responsibilities of the department heads, managers, and employees?				
	4. Does the ECP identify work activities involving potential exposures?				
	5. Have the employees with exposure been identified?				
	6. Have the employees with potential exposure been identified?				
B. EXPOSURE CONTROL PLAN ACCESSIBILITY AND UPDATE 1910.1030(c)	1. Is the ECP readily accessible to employees and regulatory agencies?				
	2. Have employees been advised of the location and availability of the ECP?				
C. METHODS OF COMPLIANCE 1910.1030(d)	1. Does the ECP explain the use of "universal precautions" when handling blood or potentially infectious materials?				
	2. Does the ECP establish work practice and engineering controls?				
	3. Is staff supplied with the proper Personal Protective Equipment (PPE)?				
	4. Does the ECP make use of PPE mandatory?				
	5. Are protective devices provided for use in emergency CPR?				
	6. Location:				

Initials: _____
Date: _____

OSHA BBP STANDARD 29 CFR 1910.1030 COMPONENTS	REQUIREMENTS	YES	NO	NA	If you answer "NO" to any question, write the DATE by which you will complete the corrective action
	7. Does the ECP have procedures for cleaning, laundering, or disposing of employee's protective clothing?				
	8. Are hand-washing facilities and supplies available? Location:				
	9. If hand-washing facilities are not readily available, are appropriate alternatives provided (hand sanitizing liquid or towelettes)?				
	10. Does the ECP have procedures for processing/packaging items that may contain blood?				
	11. Does the ECP have procedures for identification, handling, decontamination, and disposal of regulated waste in accordance with FAC 64E-16?				
	12. Are labels and signs on all locations and containers where required?				
	13. Does the ECP have procedures for decontaminating equipment?				
D. HEPATITIS B VACCINATION 1910.1030(f)	1. Have all employees eligible for the vaccination been identified? If yes, attach employee names and Panther ID # and return with audit				
	2. Does the ECP require offering the vaccine to current employees and new employees within 10 days of their initial assignment?				
	3. Have employees who declined the vaccine signed the Employee Declination Statement? If yes, attach and return with audit				
	4. Are records maintained of the vaccination status of all employees with a potential occupational exposure?				
E. POST-EXPOSURE EVALUATION AND FOLLOW-UP 1910.1030(f)(3)	1. Does the ECP define exposure incidents?				
	2. Does the ECP require documentation and evaluation of exposure incidents?				
	3. Are employees provided with a medical evaluation				

Initials: _____
Date: _____

OSHA BBP STANDARD 29 CFR 1910.1030 COMPONENTS	REQUIREMENTS	YES	NO	NA	If you answer "NO" to any question, write the DATE by which you will complete the corrective action
	<p>following an exposure incident?</p> <p>4. Does the ECP have follow-up procedures for employees who have had an exposure incident?</p> <p>5. Does the ECP explain what information must be provided to the medical provider during a post-exposure evaluation?</p> <p>6. Does the ECP have procedures to ensure that employee records are kept confidential?</p> <p>7. Are employees provided with a copy of the health care professional's written opinion after the evaluation?</p> <p>8. Are needle-stick injuries and other exposure incidents documented and logged as required by OSHA standard?</p>				
F. TRAINING 1910.1030(g)(2)	<p>1. Does the ECP require training of all current employees as soon as possible and new employees within 10 days of their initial assignment?</p> <p>2. Is training provided at no cost to the employee and during work hours?</p> <p>3. Are training records maintained for 3 years from the date of training?</p> <p>4. Are employees trained in the proper selection, indications, mandated use, and proper procedures for disposal of PPE?</p> <p>5. Who is the departmental/lab training coordinator? Name: _____ Phone #: _____</p>				

Department Head/Principal Investigator Signature _____ Date _____

Biosafety Officer Signature _____ Date _____

Initials: _____
Date: _____

SECTION III: DEFINITIONS

Blood: human blood, human blood component, and products made from human blood.

Blood-borne Pathogen: any pathogenic microorganism that can be present in human blood having the potential to cause disease in humans. These pathogens include, but are not limited to, Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and Hepatitis B virus (HBV).

Contamination: the presence or reasonably anticipated presence of blood or other potentially infectious materials.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy blood-borne 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.

Employee: any paid/unpaid individual who performs work in any university facility. This includes students doing performing research.

Engineering controls: controls that isolate or remove the blood-borne pathogen hazard from the work environment. These may include sharps disposal containers or needle-less syringes.

Exposure incident: a specific contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Exposure contact includes contact with the eye, nose, mouth or other human membrane or non-intact skin as well as parenteral contact.

Non-intact skin: broken, torn, or cut tissue from a human.

Occupational exposure: reasonably anticipated skin, eye, mucous membrane, parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. These are the duties that are assigned to an employee and generally defined or implied in their job description. This definition excludes any types of incidental exposures that may take place on the job and the determination of potential for occupational exposure is conducted without regard to personal protective equipment.

Initials: _____

Date: _____

Parenteral: piercing mucous membranes or the skin barrier through such events as needle-sticks, human or animal bites, cuts, and abrasions.

Personal Protective Equipment (PPE): any specialized clothing or equipment, such as gloves or gowns that are worn by an employee for protection against a blood-borne pathogen hazard.

Regulated waste: liquid or semi-liquid blood or other potentially infectious materials (bodily fluids, contaminated materials).

Sharps: objects, such as needles, scalpels, or broken glass that can penetrate the skin.

Sterilize: the use of physical or chemical procedures to destroy all microbial life including highly resistant bacterial endospores.

Initials: _____

Date: _____