

EAST CAROLINA UNIVERSITY

EXPOSURE CONTROL PLAN

Bloodborne Pathogens Exposure Control Plan

Date Originated: February 26, 1992

Date Approved: June 3, 2025

Dates Reviewed: 02.26.92,
12.08.92, 5.19.93, 12.07.93,
06.22.94, 12.15.94, 8.23.95,
7.23.97, 8.26.98, 7.28.99,
8.23.00, 7.25.01, 8.28.02,
2.25.04, 3.25.05, 10.10.08,
3.2.10, 1.1.11, 6.14.11, 9.11.12,
9.16.14, 9.04.15, 9.13.16,
12.5.17, 3.6.18, 12.3.19,
5.10.25

Signed by:

Paul Cook

11763B6194FB4BD...

Chairman, Infection Control Committee

DocuSigned by:

Phil Lewis

DEF8AAD0566A4EA...

Environmental Health & Safety Director

Table of Contents

Section	Page
Scope and Application	3
Responsibility	3
Exposure Control Plan: Blood Borne Pathogens	4
Exposed Occupations	4
Methods of Compliance	5
Personal Protective Equipment	6
Engineering Controls	7
Work Practices	8
Housekeeping	10
Cleaning & Disinfection	10
Contaminated Sharps and Regulated Waste	12
Laundry Procedures	12
Hazard Communications/Training	13
Recordkeeping	14
Medical Services/Surveillance	14
Exposures:	15
Evaluation and Surveillance Process	15
Preventive and Treatment Measures	16
Counseling	18
Appendix A – Definitions	21
Appendix B – Hepatitis B Vaccine Declination Form	23
Appendix C – Blood Exposure Algorithm – Day or Night	24
Appendix D – Exposure Incident Report	25

SCOPE AND APPLICATION:

East Carolina University (ECU) is committed to providing a safe and healthy work environmental for faculty, staff and students. The Bloodborne Pathogens Exposure Control Plan is used as a means to eliminate or minimize occupational exposure to human blood and other potentially infectious materials (OPIM). It is designed to comply with the OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030> and the updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis <https://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

A copy of this plan will be accessible to each department through the Infection Control Manual and through the Prospective Health/Infection Control website. Definitions used in this plan are enclosed as Appendix A.

This plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposures by the Office of Prospective Health (252-744-2070). This plan will also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, in conjunction with the ECU Product Standardization Committee

RESPONSIBILITIES:

Each department area shall evaluate its routine and reasonably anticipated tasks and procedures to determine where there is actual or potential exposure to blood or OPIM. The employees who perform these tasks or procedures will receive the training and immunizations described below. Employees will be monitored by their immediate supervisors, Infection Control and Biological Safety to ensure that each employee is abiding by the recommendations and guidelines provided in this document.

I. EXPOSURE CONTROL PLAN: BLOODBORNE PATHOGENS (BBP)

- A. Each clinical and research area manager must ensure that:
- This plan is accessible to all affected employees
 - Education is provided within 10 workdays for new employees and annually thereafter; sooner should guidelines/recommendations change
 - Staff compliance is monitored by supervisors as well as Infection Control and Biological Safety
 - Personal protective equipment (PPE) is available and maintained
 - Equipment and environmental surfaces are cleaned and decontaminated
- B. ECU's compliance program for the OSHA Bloodborne Pathogens Standard is administered by Infection Control for employees and Biological Safety for research employees

The Chairman of each department, lead nurse of each clinic, Principal Investigator of each lab, or other responsible administrators, managers, or supervisors will be responsible for implementing this plan by ensuring that employees and students in their department, lab or facility are educated, adhere to this policy and procedures to minimize or eliminate bloodborne pathogens exposures.

Departmental supervisors/managers/Principal Investigators will notify Infection Control or Biological Safety when changes occur in personnel assignments, equipment, or responsibilities that increase employee's exposure to bloodborne pathogens.

C. Exposed Occupations

1. A list of job classifications in which the employees are more susceptible to have occupational exposures

Registered Nurses	Security Guard
Licensed Practical Nurses	Police Officer I-III
Nursing Assistant	Police Chief
Medical Office Assistant	Radiation Safety Officer
Radiation Safety Supervisor	Radiation Safety Specialist
Physician Extender I-III	Radiation Survey Technician
Pathologist Assistant	Physicians
Laboratory Supervisor	Therapeutic Recreation Specialist
Medical Laboratory Technician	Biohazardous Waste Collection Technician
Medical Laboratory Assistant	Laboratory Animal Technician I-III
Perfusionist	Biomedical Photographer
Dentist	Medical Illustrator
Dental Assistant	Medical Technologist
Dental Hygienist	Clinical Instructor (Clinical Pathology)
Physical Therapist	Ultrasound Technician
Physical Therapist Assistant	

2. A list of job classifications in which some* employees may have occupational exposure:

Secretary I-IV	Electrical Supervisor I
Receptionist	Plant Engineer
Clerk Receptionist I-III	HVAC Technician
Clinical Dietitian I-III	Pharmacist
Social Worker	Research Technician I-IV
Plumber I-III	Research Associate
Carpenter Supervisor I	Graduate Assistant
Carpenter I-II	Lecturer
Painter	Instructor
Grounds Supervisor I	Associate Professor
Grounds Worker	Assistant Professor
Steam Plant Supervisor I	Professor
Boiler Operator I-III	Housekeeping Supervisor I-III
Housekeeper	Housekeeping Team Leader
Student Worker	

NOTE:

Due to the nonspecific nature of job categories at ECU, not all individuals with a given job title are exposed to the same hazards. The individual's need for coverage for BBP purposes is determined using the Initial Health History based on the actual risk in the individual's particular assignment, not on the job class per se.

*= visible blood spills should be cleaned up before calling Facilities personnel for repair or maintenance activities

II. Methods of Compliance

A. Standard (Universal) Precautions:

Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, STANDARD PRECAUTIONS should be consistently used for work with human blood and OPIM.

Standard/University Precautions shall be observed by faculty, staff, students and other healthcare workers to prevent contact with blood or OPIM. All blood/body fluids should be considered potentially infectious materials. Standard/Universal Precautions include the routine use of appropriate barrier precautions to prevent skin and mucous membrane exposure with the blood or OPIM of all patients or specimens.

B. Hand washing: Strict handwashing technique is to be used in all instances of contact with any patient's blood or OPIM.

Hand washing facilities must be readily accessible to employees.

Whenever hand washing facilities are not feasible, approved waterless hand sanitizing agents, or antiseptic towelettes shall be used. When waterless hand sanitizers or towelettes are used, hands shall be washed with soap and running water as soon as possible after use of the waterless agents.

Hands must be washed immediately after contact with blood or body fluid and as soon as feasible after removal of gloves or other PPE.

- C. Personal Protective Equipment (PPE) is provided to employees at no cost and is located in each clinical and research area. Training is provided by the department manager in the use of the appropriate PPE for tasks or procedures employees will perform. Each department manager is responsible for ensuring that appropriate PPE is available to all their employees and that it is used when needed.

Appropriate protective barriers will be available and used to prevent exposure to blood and OPIM. The protective work clothing and equipment such as gloves, gowns, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, and other related devices are kept available in a variety of sizes, and easily accessible to the employee.

PPE will be considered appropriate if it does not permit blood or OPIM to penetrate or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time during which used. Reusable PPE must be repaired or replaced as needed to maintain effectiveness, and be cleaned, laundered or disposed of at no cost to the employee.

1. Gloves are worn when the worker has a potential for direct skin contact with blood, OPIM, mucous membranes or non-intact skin of patients, or when handling items or surfaces contaminated with blood or OPIM, and when performing vascular access procedures.

Single use surgical or examination gloves are not to be reused. They should be replaced when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised. They should NOT be worn to handle items in the environment when the procedure has been completed. Dispose single use gloves immediately after a procedure is completed.

Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised. They must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Latex-free or hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives, shall be readily accessible for those employees who are allergic to the gloves normally provided. Use of non-latex gloves for cleaning or other tasks not requiring tactile sensitivity is strongly encouraged.

2. Mask and eye protection, or chin-length face shields are worn when the employee has the potential for splashes, spray, spatters, droplets or aerosols of blood or other fluid to the eyes, nose or mouth. Masks must cover the nose and mouth and fit securely. Health care workers must not share goggles or wear masks dangling from neck. Eyeglasses without a side shield do not protect eyes from splashes.

3. Appropriate protective clothing shall be worn when the worker has potential for exposure to blood and OPIM on their clothes or body. The clothing selected shall form an effective barrier and not permit potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, and skin. Gowns, lab coats, aprons, similar clothing shall be worn if there is potential for soiling of clothes with blood or OPIM. Fluid resistant clothing shall be worn if there is potential for splashing or spraying of blood or OPIM. Surgical caps or hoods shall be worn if there is potential for shoes to become contaminated or splashed. If any garment is penetrated by potentially infectious material, the garment shall be removed immediately or as soon as feasible. All PPE shall be removed prior to leaving the work area and placed in the appropriately designated area or container for disposal or washing and decontamination.
4. Resuscitator devices will be provided and readily accessible to employees who can be reasonably expected to perform resuscitation efforts.
5. Refer to each Departmental Infection Control policy for a detailed list of procedures performed and protective equipment needed. Compliance with Standard (Universal) Precautions and Work Practice Controls will be monitored by each departmental manager or clinical instructor, or supervisor.

D. Engineering Controls:

Engineering controls will be used to eliminate or minimize worker exposure. Revisions in engineering controls or work practices will be made by each department through review of exposure reports, inspections, employee input, committee activities, etc.

1. Shield/Guards:
Stationary shields or guards may be installed to eliminate the necessity for other facial barriers to keep splashes from contacting the face. For example, a transparent plastic shield can be used as a barrier between the worker and a vial of blood being uncapped.
2. Sealed Units:
When splashes or aerosols are anticipated, containment devices can be employed as a method to eliminate the necessity for facial protection. For example, sealed centrifuge cups can be employed to contain aerosols form during centrifugation.
3. Biological Safety Cabinets:
Enclosed cabinets with exhausted air may be employed when splashes or aerosols are anticipated as a method to eliminate the necessity for facial protection by providing a barrier between the worker and a specimen handled in a way which may create an aerosol.
4. Washing facilities are located in areas that are readily accessible
 - a. Handwashing sinks – in clinical and research areas
 - b. Eyewash stations – in laboratories
 - c. Use of waterless hand cleaners – where sinks are not available

5. Needles/Sharps:

All workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices and when handling used sharp instruments after procedures.

- a. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, or otherwise manipulated by hand except when there is no feasible alternative or that such action is required by a specific medical procedure. If recapping or removing of contaminated needles or sharps must be done, it is only done by use of a mechanical device or a one-handed technique.
- b. After use, contaminated sharps should be placed in an appropriate container for sharps. Reusable sharps are placed into appropriate containers.
- c. Containers for sharps are puncture resistant, labeled or color-coded, leak-proof on the sides and bottom and are not stored or processed in a manner that requires employees to reach by hand into the containers.
- d. Containers for disposable sharps are located in each exam room, treatment rooms, clinical and research labs and any other area where sharps are used. These containers will be checked routinely by staff and when $\frac{3}{4}$ full, they are to be sealed for pick up by the Biohazardous Waste Collection Technician for the process of incineration.
- e. Safety needle and other devices are evaluated by the ECU Standardization Committee, Safety Devices Subcommittee, chaired by the Infection Control Nurse. Safer medical devices for vascular access, devices for intramuscular access, devices for intramuscular, subcutaneous injections and other safety devices for specialty clinic situations are evaluated by the subcommittee and recommended for purchase through the Product Standardization Committee. Representatives from clinical sites, research, dental, School of Medicine and Pathology review the devices. Samples are taken to work sites and evaluated over a period of time when front line workers can handle and use them during work situations. When all samples have been used, they are evaluated and rated. It is determined at that time which new products should be purchased for use on the Health Sciences Campus if any. It is our goal to reduce and minimize potential exposures with safer needle devices. By comparing numbers of exposures year to year, we can determine if we are meeting our goals and also determine any developing trends.

E. Work Practices:

1. Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood or OPIM are likely to be present.

Food and drink are not stored in refrigerators, freezers or cabinets where blood or OPIM are present or other areas of possible contamination such as clinic or laboratory counter tops.

Healthcare workers who have exudative lesions, weeping open wounds or sores on the hands which preclude effective hand washing may require removal from work in patient contact. Other lesions or skin breaks may be covered with protective dressing if they do not preclude adequate hand washing. (Refer to the Work Restrictions for Personnel policy.)

2. Work Practices

All procedures involving blood or OPIM are performed in such a manner as to minimize splashing, spraying or aerosolization of the substances. Examples may include covers on centrifuges, dental dams and surgical barriers.

- a. Mouth pipetting/suctioning of blood or any materials is prohibited
- b. Use of glass hematocrit tubes is prohibited
- c. Vacutainer holders are disposed of after a single use, without removing the needle
- d. Broken glassware will be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps

3. Labels and Warnings

Warning labels are affixed to containers of infectious waste, refrigerators and freezers containing blood or OPIM or other containers used to store or transport blood or OPIM. The labels are fluorescent orange or orange-red, using the universal biohazard label and affixed in a highly visible location. Red bags or red containers may be substituted for labels on containers of infectious waste.

4. Waste

Non-contaminated waste is placed in clear or brown plastic bags for pick up by Housekeeping. Contaminated waste is placed into covered receptacles lined with red or orange bags with biohazard label for pick up by Prospective Health. Some satellite clinics' staff may remove the red bags to a central pick-up site. If outside contamination of the primary container occurs, the primary container shall be placed into a secondary container which prevents leakage during handling, processing, storage, transport, or shipping, and is labeled or color-coded appropriately. Waste materials identified as potentially infectious are collected by Prospective Health and then removed from the institution by an outside contractor for incineration.

5. Specimens

If the specimen could puncture the primary container, the primary container will be placed within a puncture-resistant container.

- a. Specimens of blood or OPIM shall be placed in a sealable, leak-proof container and labeled or color-coded prior to being stored or transported. If outside contamination of the primary container is likely, then a second leak-proof container that is labeled or color-coded shall be placed over the outside of the first one and closed to prevent leakage during handling, storage, or transport. If a puncture in the container is likely, it shall be placed in a leak-proof, puncture resistant secondary container.
- b. All laboratory specimens will be placed in a plastic bag marked with biohazard label. All specimens transported from the patient clinical areas to the laboratory, or from one laboratory to another laboratory, through public access hallways will be placed in a secondary container marked with the biohazard label. These containers will be located in each patient clinical area, clinical lab area or research area for use.

6. Equipment

Equipment which may be contaminated with blood or OPIM shall be cleaned and decontaminated as necessary prior to servicing, transporting, shipping or being moved, stored or sent to surplus. If decontamination of such equipment or portions of such equipment is not feasible, a biohazard label shall be attached to the equipment stating which portions remain contaminated. This information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate precautions will be taken. Examples may include centrifuges, chemistry/hematology equipment, refrigerators, laser machinery, etc.

All equipment used to puncture skin, mucous membranes or other tissues in medical dental, or other settings must be disposed of after use or sterilized prior to reuse. Instruments and devices that enter sterile tissue or the vascular system of any patient or through which blood flows must be sterilized before reuse.

Devices or items that have contact with mucous membranes should be sterilized or received high level disinfection. Medical and dental instruments that require sterilization or disinfection should be thoroughly cleaned before being exposed to the germicide. The manufacturer's instructions for concentration, temperature and contact time will be followed.

F. Housekeeping

All equipment, environment, and working surfaces shall be properly cleaned and disinfected after contact with blood or OPIM. The work site will be maintained in a clean and sanitary condition. A written schedule for cleaning and method of decontamination is developed based upon the location within the facility, the type of surface to be cleaned, type of soil present, and the tasks and procedures being performed. The written schedule for cleaning and disinfection procedures may be included in the departmental Infection Control plan or Biological Safety Plan.

G. Cleaning and Disinfection

1. Chemical germicides are tuberculocidal when used at recommended dilutions and can be used to decontaminate surfaces exposed to blood or OPIM. Visible materials should first be removed by cleaning, then the area is decontaminated with disinfectant. Gloves are worn during cleaning and decontaminating procedures; gowns and face shields may be worn if needed.
2. Work surfaces exposed to blood and OPIM should be cleaned and disinfected immediately or as soon as feasible after completion of a procedure. Cleaning should be done when surfaces are contaminated or after any spill of blood or OPIM and at the end of the work shift. Protective covering such as plastic wrap, aluminum foil, or imperiously backed absorbent paper may be used to cover equipment and environmental surfaces. These coverings shall be removed and replaced when they become overtly contaminated or at the end of the work shift.

If a large spill of blood or OPIM occurs, a spill kit with absorbent is available in clinical areas. Housekeeping may be called to respond to the immediate situation if mops/buckets are needed for clean up of disinfectant or if the spill cannot be contained

by the spill kit. The ECU Housekeeping Supervisor will replace materials used in the spill kit as needed, upon request.

3. Cleaning Spills of Blood and OPIM

Don PPE such as gown, mask and protective eyewear appropriate for the task.

- a. To clean a small spill (<20ml)
 - 1) Don gloves
 - 2) Carefully remove visible blood or OPIM with paper towels or some other absorbent paper and dispose in biohazard waster container
 - 3) Mechanical means such as forceps should be used to pick up any contaminated sharps or broken glass and place in biohazard sharps containers
 - 4) Swab the area with a cloth or paper towel moderately wetted with a disinfectant (an EPA-registered sodium hypochlorite product such as Dispatch). Allow disinfectant to sit for 10 minutes.
 - 5) Wipe with a clean paper towel or air dry
 - 6) Dispose of PPE and all contaminated items into a biohazard waste container
 - 7) Wash hands using soap and water
 - b. To clean large amounts of blood (>100ml) or more than can be absorbed by paper towels:
 - 1) Secure the area to prevent employees or visitors from exposure
 - 2) Report spill to supervisor. Utilize biohazard spill kit. Contact housekeeping if assistance is needed.
 - 3) Don PPE (gloves, gown, mask and eye protection)
 - 4) Mechanical means such as forceps should be used to pick up any contaminated sharps or broken glass and place in biohazard sharps container
 - 5) Remove visible blood or other organic material. A fluid control solidifier may be sprinkled on the spill.
 - 6) Discard all cleaning materials into a biohazard waster container
 - 7) Apply disinfectant (an EPA-registered sodium hypochlorite product such as Dispatch) to the spill area, keeping the area wet for 10 minutes
 - 8) Wipe clean or air dry
 - 9) Remove PPE and place in the biohazard waste container
 - 10) Wash hands using soap and water
 - c. As a general guideline, spills larger that 100cc would be considered large. Those less than 20cc would be considered small. For others, the pattern of the spill would determine the approach to clean up.
 - d. For advice or assistance with blood spills which cannot be contained by using the Biohazard Spill Kit or which exceeds the cleaning capability of Housekeeping, contact Infection Control (252-744-2070) or Biological Safety (252-744-3437) for guidance.
4. All bins, pails, cans and similar receptacles intended for reuse which may become contaminated with blood or OPIM shall be inspected, cleaned and decontaminated immediately or as soon as feasible after visible contamination occurs.

H. Contaminated Sharps and Other Regulated Waste

Regulated waste is any waste grossly soiled with human blood or OPIM. Infectious waste is a broader term and includes regulated waste as well as other infectious materials, such as culture plates and stocks that may contain pathogenic organisms.

1. Sanitary sewers may be used to dispose of limited liquid (trace amounts) waste capable of being flushed into the sewer, such as residual blood or excretions. Infectious biomedical waste at ECU will be incinerated. All infectious waste for disposal shall be placed in a closable, leak-proof red biohazard bag. It will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If outside contamination of a container or bag occurs or is likely to occur, then a second leak-proof container or bag which is closable and labeled or color-coded shall be placed over the outside of the first and closed to prevent spillage or protrusion of contents during handling, storage, shipping or transport. Waste receptacles with red bags with biohazard labels for contaminated waste are located in the patient exam areas, clinical laboratory areas and clinical research/teaching areas for discarding materials grossly contaminated with blood or other potentially infectious body fluids. Red bags are picked up by trained staff from Prospective Health and stored in a secure area until incinerated.
2. Immediately after use, sharps shall be disposed of in a closable, leak-proof, puncture resistant, disposable container that is labeled or color-coded. These containers shall be maintained upright during use, easily accessible to personnel and located as close as feasible to the immediate area of use. They shall be replaced routinely and not be allowed to overfill. Containers which are $\frac{3}{4}$ full shall be closed and removed from the clinic and replaced with an empty container. The closed container will be stored safely until collected. Sharps containers are located in the patient clinic areas, clinical laboratory areas, and clinical research/teaching areas. Containers will be collected by trained Prospective Healthcare workers on waste collections rounds, placed into leak-proof, covered waste disposal carts and transported for incineration.
3. Contaminated reusable sharps shall be stored or processed so healthcare workers do not reach by hand into a container used to transport, store or clean them. (For example, employees should not reach blindly into a basin filled with water and sharp instruments to clean them). When moving containers of contaminated sharps from the area of use, the containers will be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. If leakage is possible, the container will be placed in a secondary container, which is closable, contains all contents, is leak-proof, labeled or color-coded.

I. Laundry Procedures

Laundry contaminated with blood or OPIM will be handled as little as possible. Such laundry will be placed in appropriately marked leak-proof bags at the location where it was used. It will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize PPE to prevent contact with blood or other potentially infectious materials. Contaminated laundry and lab coats used as PPE at ECU will be sent out to be cleaned by a contract linen service approved to perform this function.

J. Hazard Communications/Training

1. Labels and signs

Warning labels shall be affixed to containers of infectious waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. The accepted biohazard label shall be a fluorescent red-orange background with lettering and symbols in contrasting colors. The label shall be an integral part of the container and affixed as closely as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal. Biohazard labeled red bags or boxes will be used for infectious waste. Regulated waste that has been decontaminated need not be labeled or color-coded.

2. Information and Training

- a. All employees covered by this document shall participate in a training program at the time of the initial employment. Training is updated annually and is provided at no cost and during working hours. Material appropriate in content and vocabulary to the educational level, literacy, and language background of the employees shall be used.
- b. The training program shall contain the following:
 - An accessible copy of the OSHA Standard on Occupational Exposure to Bloodborne Pathogens (29CR part 1910.1030) and general explanation of its contents. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>
 - A general explanation of the epidemiology and symptoms of bloodborne diseases
 - The modes of transmission of bloodborne pathogens
 - The exposure control plan and means by which the employee can obtain the written plan
 - The appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 - The use and limitations of practices that will prevent and reduce exposure including appropriate engineering controls, work practices, and PPE
 - Information on the types, proper use, locations, removal, handling, and decontamination or disposal of PPE
 - The basis for selection of PPE
 - Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated
 - Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - 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
 - An explanation of the signs, labels and color-coding
 - An opportunity for interactive questions and answers
- c. Training is provided to the employees by the Office of Prospective Health
 - 1) Initial or New Employee Training is held twice a month and is open to all ECU staff, faculty and student workers exposed to human blood, body fluid or OPIM
 - 2) Annual training is available online at <https://prospective-health.ecu.edu/bloodborne-pathogen-online-training/>. Face-to-face training is provided upon request to employee groups.

K. Recordkeeping

1. Medical Records

An accurate employee health record for each employee subject to medical surveillance under this document will be maintained and include:

- a. The name and banner access number of the employee
- b. His/her Hepatitis B status, including the dates of all Hepatitis B vaccinations and/or Hepatitis B surface antibody titer or signed declination form and any medical records relative to the employee's ability to receive vaccination

All results of examinations, medical testing, follow-up, and written opinions as they relate to the employee's ability to wear protective clothing and equipment or receive vaccination or to post-exposure evaluation following an occupational exposure incident are completed within 15 days

A copy of the information provided to the provider and provider's written opinions

2. Employee Training Records

Training records shall include the following information:

- a. The dates of the training sessions
- b. The contents or title of the training sessions
- c. The name and qualifications of persons conducting the training
- d. The name and job title of all persons attending the training sessions

The training records shall be maintained for 3 years by ECU Infection Control at the Office of Prospective Health

3. Availability

All required records shall be made available upon request to anyone as required or permitted by law. The employee medical records will be kept confidential and will not be disclosed or reported without the employees' expressed written consent to any person within or outside the workplace except as required by law. These records will also be provided upon request for examination and copying to the employee or to anyone having written consent of the employee.

4. Transfer of Records

Records will be transferred as required by federal law CFR 1910.1020. Any other state or federal laws governing transfer of these records will be followed in accordance with those directives.

III. Medical Services/Surveillance

A. Hepatitis B Vaccination

Employees in positions having occupational contact with blood or OPIM will be offered the vaccine within ten (10) working days of initial assignment. If an employee for whom Hepatitis B vaccine is indicated declines the HBV vaccine, a declination form will be signed and retained in the Employee Health chart (Appendix B). If the employee has previously been vaccinated, the employee must provide documentation of HBV series or a positive surface antibody. If employee does not have any of the above, employee will be offered the HBV series with post vaccination titer to document immunity or the need for a booster vaccination.

B. Bloodborne Pathogens Exposure

Any employee or student covered by this policy who has a puncture, cut, or scratch with a contaminated object or a splash into the eye or mucous membrane with blood or OPIM or who has cutaneous exposure with such material on non-intact skin is considered to have a bloodborne pathogens exposure incident. The employee/student will have a confidential medical evaluation and follow-up provided by a licensed medical practitioner, following the blood exposure guidelines algorithm (Appendix C). This evaluation will occur at Prospective Health for employees medical and dental students. For other students, the evaluation will occur at Student Health Services. As a part of a confidential medical evaluation, the circumstances of the exposure, other relevant information will be recorded on an exposure evaluation form (Appendix D).

- Route(s) of exposure
- The activity in which the work was engaged at the time of the exposure. The extent to which appropriate work practices and protective equipment were used.
- Identification and documentation of the source individual, unless identification is unknown
- The specific sharp involved and brand, if applicable

Reporting under federal and state laws will be performed as required.

C. When an employee or student is involved in an exposure incident:

1. Wash the skin or wound with soap and water
2. Flush mucous membranes with water
3. Remove contaminated clothing

D. Recording the Incident

Whenever an employee, medical or dental student is involved in an exposure incident, the following forms must be completed:

1. ECU Non-Patient Incident Report Form – for all incidents (Appendix D)
2. Facility Incident Report: if incident occurs at a non-ECU facility
3. If an ECU patient or visitor is exposed to blood of an ECU employee, an ECU Non-Patient Incident Report is completed. In addition, the Incident Report is also forwarded to BSOM Risk Management if the patient or visitor exposure occurs at an ECU facility.
4. If a student other than medical or dental is exposed, the SHS will follow their guidelines

IV. Content of Evaluation and Surveillance Program

A. Source patient evaluation

1. All source patients are considered “at risk” according to universal precautions
2. Laboratory studies
 - a. Collected at no cost to the source patient
 - b. Test the mother if source patient is an infant under age 15-18 months with no personal risk factors
 - c. Tests include
 - i. HIV antibody
 - ii. Hepatitis B surface antigen, surface antibody and core antibody
 - iii. Hepatitis C antibody and/or Hepatitis C RNA
3. If source patient refuses to submit to testing, their county health director may be contacted to order testing per NC Administrative Code 15A NCAC 19A.0203, particularly if risk factors are present

B. Exposed patient evaluation

1. History of exposure, event, and device used
2. Personal medical history of prior infections or immune suppression
3. Protective equipment used
4. Medical devices used during incident – specify models/brands
5. Baseline laboratory studies
 - a. HIV antibody
 - b. Hepatitis B surface antigen, surface antibody and core antibody
 - c. Hepatitis C antibody and/or Hepatitis C RNA
 - d. If exposed person refuses baseline HIV testing, blood may be obtained and frozen for 90 days should the person change his/her mind and agree to HIV testing during that 90-day period. At the end of 90 days, the blood will be disposed of.

C. Treatment

1. Treat any injuries based upon the nature of the injury: laceration, puncture wound, bite, etc.
2. Provide post exposure prophylaxis (PEP) if exposed to known or suspected HIV positive source patient
3. Treatment of other specific infections based upon source patient history/labs

D. Follow-up

1. Duration and content of follow-up laboratory surveillance is based upon the actual exposure risk
2. Exposure to an unknown source will result in surveillance for all BBP covered in this policy
3. Employees exposed to an HIV negative source may elect to have serologic surveillance for HIV for up to 6 months

E. Confidentiality

1. Confidentiality will be maintained throughout the entire testing, counseling, evaluation, and treatment process. All records regarding blood and OPIM exposures investigated by Prospective Health will be kept in the employee, medical or dental student's health record in locked files. Any reporting required by law will be performed in such a way as to protect confidentiality and comply with 10ANCAC 41.A.0207

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0207.pdf>

F. Preventive/treatment measures for documented exposure to:

A. Hepatitis B: If source patient is Hepatitis B surface antigen positive and employee/student is:

1. Unvaccinated
 - a. Administer a single dose of Hepatitis B immune globulin, (HBIG) within 7 days of exposure
 - b. Begin Hepatitis B vaccine series
 - c. Test for Hepatitis B antigen in 3 months
 - d. If Hepatitis B vaccine is contraindicated, a second dose of HBIG will be administered in 30 days
2. If immune to Hepatitis B virus with presence of surface antibodies – no further treatment or follow-up is indicated
3. Previously vaccinated with no documentation of immunity

- a. Check titer for Hepatitis B surface antibodies
- b. Administer a single dose of Hepatitis B vaccine, if titer is negative, with follow-up titer in 6 weeks

B. Hepatitis C

1. No prophylaxis is available
2. Follow-up with Hepatitis C RNA at 2-6 weeks if source patient is positive for Hepatitis C active infection; add ALT at 3 months, Hep C antibody at 3 and 6 months
3. Refer to Infectious Disease Specialist for early treatment if sero-conversion occurs

C. HIV

1. Time Frame
 - a. Preventive treatment (PEP) with antiretroviral drugs can prevent infection when provided as soon as possible after exposure
 - b. Treatment within the first 2 hours post exposure is optimal; however, treatment may still be effective within 72 hours
 - c. Initiating PEP after 1 week should be considered for exposures that are extremely high risk for transmission
2. Considerations when taking PEP:

Pregnancy and breastfeeding are not a contraindication but the decision to initiate PEP should involve the woman and her personal healthcare provider along with consultation with healthcare provider or pharmacist that is an expert in HIV PEP and antiretroviral medication drug interactions
3. Antiretroviral agents are individualized when initiating treatment in employees who have used myelosuppressive, hepatotoxic, or nephrotoxic agents within the past four weeks
4. Any exposure to concentrated HIV (e.g., in a research laboratory) will be treated as a highest risk exposure
5. Exposure to an unknown source patient will be evaluated by Prospective Health on a case-by-case basis
6. Treatment with PEP:

Post-exposure prophylaxis may consist of:

 - a. Two or three antiretroviral drugs taken for 4 weeks
 - b. Baseline metabolic screen for renal and liver disease and CBC with differential will be obtained prior to initiation of PEP. Pregnancy test will be obtained as needed.
 - c. All employees placed on a four-week PEP program will be scheduled for follow-up with ECU Prospective Health at 2 weeks to monitor for drug side effects. Repeat CBC and CMP
7. The bloodborne pathogen follow-up for HIV and other infections will continue for at least six (6) months per Employee Health protocol
8. Follow-up for HIV can be extended to 9 months if active Hepatitis C is present in source patient or at time of exposure or if exposed person seroconverts with Hepatitis C infection during the initial 6 months surveillance

D. Bite Wounds

1. If a bite wound occurs, the mouth of the source is examined for presence of bleeding gums, mouth ulcers, or other sources of blood/serum into the mouth
2. If the bitten person bleeds, there is the potential for employee to source exposure especially if source patient has blood in their mouth

E. When a previously unsuspected infection is discovered in an ECU source patient:

1. It is the responsibility of the facility conducting the exposure evaluation to inform the source about these results and to provide appropriate counseling or referral. The facility whose patient, client or research subject is the source is responsible for ensuring that this counseling occurs
2. When the source patient is seen at BSOM clinics:
 - a. PH will contact the attending physician with positive results and ask physician to provide such counseling/treatment/referral
 - b. PH will provide written documentation of the abnormal laboratory studies for patient's medical record
3. If the source patient exposure occurs in a non-clinical setting, ECU will:
 - a. Ensure that the source received appropriate counseling by a physician or licensed healthcare professional
 - b. Ensure that the source's physician is notified and receives copies of the abnormal lab reports

F. Counseling

1. Source Patient: The attending physician or designee will speak with the source patient (or parent/guardian in the case of a minor or incompetent patient) about the following:
 - a. That an employee/student exposure occurred without identifying the person by name
 - b. The ECU Blood borne Pathogens Exposure Plan includes the request for source patient testing (rapid HIV antibody, Hepatitis B panel, Hepatitis C antibody)
 - c. That the tests will be ordered anonymously and will be no cost to them
 - d. If test results are positive for HIV, Hepatitis B and/or Hepatitis C, the results will be sent to the source patient to notify their healthcare provider that follow-up is needed
2. Exposed Employee/Student Counseling
Prospective Health will provide and document the following counseling as part of the response to a blood or other potentially infectious materials exposure:
 - a. What constitutes an exposure
 - b. Evaluating the risk from the exposure through source patient chart review, interview or testing
 - c. Protocol for follow-up of exposure to HIV, Hepatitis B, or Hepatitis C
 - d. Counsel the exposed healthcare worker/student to
 - i. Report and seek medical evaluation for any acute febrile illness that occurs during twelve (12) weeks after the exposure
 - ii. Refrain from blood donation during follow-up
 - iii. Use appropriate precautions such as barrier contraception during sexual intercourse
 - iv. Continue universal precautions

G. Procedure for Initiating Exposure Investigation and Follow-up ECU Employee Procedure

- A. When an employee, medical or dental student is involved in an exposure, contact the Office of Prospective Health at 252-744-2070, Monday – Friday, 7:45 am – 4:45 pm. PH will:
 1. Obtain a history of the event
 2. Investigate the source of the exposure by history and laboratory studies (HIV, Hepatitis B surface antigen, surface antibody and core antibody, Hepatitis C antibody)
 3. Obtain baseline labs on the employee
 4. Administer any treatment required
 5. Enroll the employee in surveillance for potential resultant infection as needed
 6. Complete the ECU Non -Patient Incident Report (Appendix D)
- B. Exposure of ECU employee on ECU Health property
 1. Employee reports the incident to ECU Health Occupational Health (252-847-4386)

- a. Complete the ECU Health Facility Incident Report
 - b. ECU Health Occupational Health will investigate the source patient and the exposure
 - c. If the source patient is HIV+:
 - i. ECU Health Occupational Health will consult Infectious Disease via phone for evaluation of post exposure prophylaxis
 - ii. If indicated, prescriptions will be written, and the employee will be referred to the designated pharmacy to have them filled
 - iii. The employee will report to ECU Prospective Health ASPA to receive full 4-week prescription of PEP
 - d. ECU Health will notify Prospective Health of the source patient results
 - e. Prospective Health will perform subsequent post-exposure surveillance
2. If the source patient is HIV-, report the incident to ECU Office of Prospective Health ASAP
- a. PH will do baseline and interval blood tests on employee
 - b. PH will receive information on source patient results from ECU Health
 - c. PH will institute any needed treatment or preventive therapies for the employee
- C. For a blood exposure at ECU during evening or weekend hours
1. Contact the nursing supervisor or attending physician and consult the ECU Infection Control policy regarding indications for HIV post exposure prophylaxis.
 - a. Go to Emergency Department
 - b. If SP is HIV+ by history or lab test, refer employee to ECU Health Emergency Department to receive Post Exposure Prophylaxis with HIV antiviral medications ASAP
 - c. Employee should follow-up with Prospective Health on next regular workday to initiate long-term surveillance
- D. For a blood exposure at ECU Health during evening or weekend hours
1. Call ECU Health at 252-847-4386
 2. Contact the patient care coordinator to facilitate testing of source for HIV
 3. If source tests negative for HIV, emergency PEP is not indicated. Report to Prospective Health during regular work hours for surveillance on nonemergency basis
- E. ECU employee at another site or facility
1. Report the incident to supervisor or facility employee health representative
 2. Facility performs source patient workup per facility policy
 3. Contact Prospective Health to report the incident to ECU and coordinate the employee's baseline evaluation and long-term follow-up activities with the facility
 4. If source is HIV+, either the offsite facility initiates PEP or contacts PH or SHS to initiate it ASAP. Source may go to ECU Health or local ED if after work hours
- F. If an employee seroconverts as a result of a bloodborne exposure
1. The infection will be reported to the county health department of residence as required for Infectious Disease surveillance by 10A NCAC 41A.0101
 2. The employee may be required to report this to the NC Health Director per NC AC GS130A-144, 130A-145 if:
 - a. They become infected with HIV or develop chronic Hepatitis B (greater than 6 months) and
 - b. They perform surgical, dental or obstetrical procedures or assist with them
 - c. Job duty or work practice modifications may result from review by the State Health Director or ECU Expert Review panel

G. Report

Prospective Health will make an anonymous (de-identified) report for the ECU OSHA 300 log when an employee experiences:

1. Any exposure due to a sharp's stick or puncture
2. Any wound required treatment beyond first aid

Prospective Health will also:

1. Retain documentation of the specific type of medical device or sharps involved in the incident (Sharps Injury Log)
2. Report the devices involved in exposure incidents to the Safety Medical Devices subcommittee of the BSOM Product Standardization Committee on an annual basis

H. If an ECU Health Employee or other Non-ECU Employee is Exposed at ECU Clinical Facility

- A. Contact Prospective Health at 252-744-2070
- B. Source patient will be tested for bloodborne pathogens
- C. Non-employee will be referred to home institution for surveillance
- D. Prospective Health will inform home institution of exposure risk

I. East Carolina University Students Procedure

- A. Refer to ECU Student Health Services (SHS) Blood Exposure Plan
- B. Call SHS at 252-328-6841

Appendix A

Definitions used in the ECU Bloodborne Pathogen Exposure Control Plan

Blood - human blood, human blood components, and products made from human blood. **Bloodborne Pathogens** - refers to pathogenic microorganisms that are present in human blood or other potentially infectious materials (OPIM). These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Pathogenic micro organisms can also cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/Lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.

Clinical Laboratory - a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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 - means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

HBV - hepatitis B virus

HIV - human immunodeficiency virus

Needleless System—a device that does not use needles for the 1) collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, 2) the administration of medication or fluids, or 3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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 an employee's duties.

Other Potentially Infectious Materials (OPIM)

- The following human fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures.
- Any body fluids that is visibly contaminated with blood and 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 human (living or dead); and

- HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood organs or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment – (PPE) specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, scrubs, pants, shirt, or blouses) are not intended to function as protection against a hazard and are not considered personal protective equipment.

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other infectious materials.

Standardization Committee - an ECU committee in which products used at ECU are evaluated. A subgroup of this committee (Needle Safety Subcommittee) will solicit input from non-managerial employees in direct patient care (who are potentially exposed to injuries from contaminated sharps) to identify, evaluate, and select effective safety devices and will document the results.

Sharps with engineered sharps injury protection - a non-needle “sharp” or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in feature or mechanism that effectively reduces the risk of an exposure incident.

Source Patient - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities, residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilization - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Standard (Universal) Precautions - is an approach to infection control. All human blood and OPIM are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique)

Appendix B



**Prospective Health
Environmental Health & Safety
East Carolina University
(252) 744-2070**

HEPATITIS B VACCINE DECLINATION

Full Name (Print)

Department

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

Appendix D

ECU PROSPECTIVE HEALTH EXPOSURE INCIDENT REPORT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

EXPOSED PERSON'S NAME: _____ DOB: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BANNER #: B _____ JOB TITLE: _____

DEPARTMENT: _____ SUPERVISOR: _____

LOCATION OF INCIDENT: _____

BLOOD/BODY FLUID or OPIM EXPOSURES:

SOURCE PATIENT'S NAME: _____

MRN: # _____

NATURE OF EXPOSURE

Blood or Body Fluid Exposure

Stick Spray Cut Puncture
Bite Scratch Scrape/Abrasion

Infectious Respiratory

Inhalation
Other: _____

Chemical

Inhalation Skin Absorption
Other: _____

Device/Instrument: _____

Brand Name: _____

Radiation

Internal External

Protective equipment used? Yes ___ No ___

Appropriate work practices followed? Yes ___ No ___

BRIEF NARRATIVE OF INCIDENT: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

This section to be completed by Prospective Health or Contracted Clinician

Nature of Injury

___ blood/body fluid exposure	___ laceration	___ chemical burn	___ contusion
___ puncture/needlestick	___ abrasion	___ thermal burn	___ sprain/strain
___ Other: _____	___ dermatitis	___ electrical burn	___ fracture

Medical Evaluation (High risk factors for SP & Patient i.e. History of HIV, Hep C or Hep B)

Evaluation Results

___ First aid ___ Blood/body fluid exposure protocol ___ Hep B vaccine indicated Date Given: _____
___ Return to work; Work restrictions: _____
___ Follow-up Care Plan: 6 wk ___ 3 mo ___ 6 mo ___ 12 mo ___ other ___ Declined (Declination signed) ___

Seen By: ___ Employee Health Nurse ___ Physician ___ Nurse Practitioner ___ Contracted Clinician (CSLC)

Provider: _____ **Date:** _____

Blood/body fluid exposure: _____ The employee has been informed regarding medical conditions which may result from exposure to blood or other potentially infectious materials, educated regarding risk reduction practices and had the surveillance program explained in detail. The results of this evaluation have been discussed with the employee and employee has verbalized understanding of his/her plan of care.

Certificate Of Completion

Envelope Id: BBB06661-A6C4-45DE-9C3B-C6B988036302

Status: Completed

Subject: Complete with Docusign: BBP Exposure Control Plan 5-7-25docx.docx

Source Envelope:

Document Pages: 26

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

Lori Willford

AutoNav: Enabled

209 Cotanche St.

Enveloped Stamping: Enabled

MS# 229

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Greenville, NC 27858

WHITELO@ECU.EDU

IP Address: 150.216.194.24

Record Tracking

Status: Original

Holder: Lori Willford

Location: DocuSign

6/5/2025 10:31:46 AM

WHITELO@ECU.EDU

Signer Events

Paul Cook

cookp@ecu.edu

IQVIA - Study Hub Part 11

Security Level: Email, Account Authentication
(None)

Signature

Signed by:

11763B6194FB4BD...

Timestamp

Sent: 6/5/2025 10:34:16 AM

Viewed: 6/5/2025 1:27:22 PM

Signed: 6/5/2025 1:27:31 PM

Signature Adoption: Pre-selected Style

Using IP Address: 198.232.80.123

Electronic Record and Signature Disclosure:

Accepted: 5/27/2020 11:19:19 AM

ID: b6a3d835-24a1-4cad-b727-84cf1ee4f0fa

Phil Lewis

lewisp@ecu.edu

Environmental Health and Safety

Security Level: Email, Account Authentication
(None)

DocuSigned by:

DEF8AAD0566A4EA...

Sent: 6/5/2025 1:27:33 PM

Viewed: 6/5/2025 1:28:19 PM

Signed: 6/5/2025 1:28:33 PM

Signature Adoption: Pre-selected Style

Using IP Address: 150.216.194.165

Electronic Record and Signature Disclosure:

Accepted: 9/1/2022 1:51:12 PM

ID: fee1589f-7a7f-4288-8ffe-187adacd58a3

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

6/5/2025 10:34:16 AM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	6/5/2025 1:28:19 PM
Signing Complete	Security Checked	6/5/2025 1:28:33 PM
Completed	Security Checked	6/5/2025 1:28:33 PM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, East Carolina University* (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact East Carolina University*:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: docusign@ecu.edu

To advise East Carolina University* of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at docusign@ecu.edu and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from East Carolina University*

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to docusign@ecu.edu and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with East Carolina University*

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to docusign@ecu.edu and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify East Carolina University* as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by East Carolina University* during the course of my relationship with you.