THE UNIVERSITY OF MEMPHIS | Office of Environmental Health and Safety

Bloodborne Pathogens Exposure Control Plan

Document Title	Bloodborne Pathogens Exposure Control Plan
Issuing Office	Environmental Health and Safety (EHS)
Applies To	All University of Memphis faculty, staff, and student employees with reasonably anticipated occupational exposure to blood or other potentially infectious materials
Regulatory Authority	29 CFR 1910.1030 (Federal OSHA); TOSHA Rule 0800-01-10; T.C.A. § 50-3-203
Effective Date	May 15, 2026
Last Reviewed	May 14, 2026
Next Scheduled Review	May 14, 2027
Plan Owner	Director, Environmental Health and Safety
Approval	Robert R. Clark, CIH, CSP, CHMM on May 14, 2026

Table of Contents

1. Purpose, Scope, and Authority

This Exposure Control Plan (ECP) establishes the procedures, controls, and responsibilities used by the University of Memphis to eliminate or minimize occupational exposure of faculty, staff, and student employees to bloodborne pathogens (BBPs), including (but not limited to) Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

The Plan is developed and implemented to meet the requirements of the federal OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, as adopted and enforced in Tennessee by the Tennessee Occupational Safety and Health Administration (TOSHA) under Rule 0800-01-10 and the Tennessee Occupational Safety and Health Act, T.C.A. § 50-3-203.

Objectives of this Plan:

- Protect University employees from occupational exposure to blood and other potentially infectious materials (OPIM).
- Ensure compliance with federal OSHA, TOSHA, and other applicable regulatory requirements.
- Provide affected employees with training, engineering controls, work-practice controls, personal protective equipment (PPE), Hepatitis B vaccination, medical surveillance, and post-exposure evaluation and follow-up.

This Plan is reviewed and updated at least annually, and whenever changes occur in tasks, procedures, technology, or staffing that affect occupational exposure. Section 10 describes the annual review process.

Accessibility. This Plan is maintained by the Environmental Health and Safety (EHS) Office and is accessible to all employees during working hours, in accordance with 29 CFR 1910.1020(e), through the EHS website or on request from EHS. A copy will be provided, on request and without cost, to any employee or authorized representative.

2. Definitions

Terms used in this Plan have the meanings given in 29 CFR 1910.1030(b). Key terms include:

- **Blood.** Human blood, human blood components, and products made from human blood.
- **Bloodborne Pathogens (BBPs).** Pathogenic microorganisms that are present in human blood and can cause disease in humans, including (but not limited to) HBV, HCV, and HIV.
- **Contaminated.** The presence or the reasonably anticipated presence of blood or OPIM on an item or surface.
- **Engineering Controls.** Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, sharps with engineered sharps injury protections, needleless systems) that isolate or remove the BBP hazard from the workplace.
- **Exposure Incident.** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.
- **Occupational Exposure.** Reasonably anticipated skin, eye, mucous-membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
- **Other Potentially Infectious Materials (OPIM).** (1) Human body fluids such as semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids, saliva in dental procedures, any body fluid visibly contaminated with blood, and all

body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-, HBV-, or HCV-containing cell or tissue cultures, organ cultures, and culture media or other solutions, as well as blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

- **Regulated Waste.** Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
- **Source Individual.** Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to an employee.
- **Universal Precautions.** An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, 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).

3. Roles and Responsibilities

3.1 Faculty, Staff, and Student Employees

All University faculty, staff, and student employees covered by this Plan shall:

- Follow established procedures, work-practice controls, and Universal Precautions.
- Correctly use and maintain the engineering controls and PPE provided.
- Immediately report exposure incidents, unsafe conditions, or noncompliance to their supervisor or PI and to EHS.
- Participate in required training, medical surveillance, and Hepatitis B vaccination programs.

3.2 Supervisors and Principal Investigators (PIs)

Supervisors and PIs overseeing areas where human blood or OPIM are present shall:

- Identify and document tasks that present the potential for occupational exposure and ensure that all affected employees are included in this Plan.
- Implement Universal Precautions consistently within their areas of responsibility.
- Ensure personnel are trained, understand the procedures, and follow them.
- Ensure that engineering controls and PPE are available, working, properly used, and maintained.
- Maintain a current copy of this Plan that is readily accessible to employees.
- Solicit and document input from non-managerial employees responsible for direct patient or laboratory care regarding the identification, evaluation, and selection of engineering and work practice controls (including safer medical devices), as required by 29 CFR 1910.1030(c)(1)(v).
- Provide supervision sufficient to ensure compliance with this Plan.

3.3 Department Chairs and Deans

Department Chairs and Deans are responsible for:

- Ensuring that a periodic assessment is conducted to determine that all faculty, staff, and student employees with potential exposure are covered under this Plan.
- Allocating resources for the implementation of engineering controls, work practice controls, PPE, and training.
- Reporting problems with infrastructure or engineering controls promptly and ensuring that they are corrected.
- Reviewing and approving annual ECP updates for new or modified tasks and procedures within their unit.

3.4 Environmental Health and Safety (EHS)

The EHS Office provides technical expertise, oversight, and support for the implementation of this Plan. EHS shall:

- Assist departments in identifying potential exposure risks and recommending appropriate controls.
- Develop and coordinate the University-wide Bloodborne Pathogens training program.
- Review this Plan at least annually and document each review.
- Maintain the University's Sharps Injury Log in accordance with Section 9.
- Serve as a resource for exposure incident investigations, corrective actions, and regulatory compliance with TOSHA and federal OSHA.

4. Exposure Determination

Supervisors and PIs, with support from EHS, are responsible for identifying which employees have a reasonably anticipated potential for occupational exposure to human blood or OPIM, and for ensuring that those employees are trained and included in this Plan. Work processes are evaluated periodically and whenever procedures change.

Important: The exposure determination is made without regard to the use of personal protective equipment. The fact that an employee uses PPE does not remove that employee from the scope of this Plan.

4.1 Job Classifications in Which All Employees Have Occupational Exposure

Job Classification	Task or Procedure with Reasonably Anticipated Exposure
University Health Center Staff	Contact with human blood or OPIM during interaction with patients, handling specimens, and other clinical care activities.
Research Laboratory Workers in Labs Using Human-Derived Materials	Activities involving human (and potentially HBV/HCV/HIV-infected animal) tissues, cells, or fluids; demonstration and assistance in the collection and examination of laboratory specimens.
Clinical Lab Instructors Who Draw Blood	Teaching students to draw blood and other activities where blood exposure is reasonably anticipated.

Job Classification	Task or Procedure with Reasonably Anticipated Exposure
Athletic Trainers	First aid, CPR, AED use, and human blood/OPIM spill response as part of job duties.
Campus Police Officers	First aid response and human blood/OPIM spill response as part of job duties.

4.2 Job Classifications in Which Some Employees Have Occupational Exposure

Job Classification	Task or Procedure with Reasonably Anticipated Exposure
EHS Staff	Spill response and collection or transport of waste containing blood or OPIM.
Custodial Staff	Cleaning of clinical, research, and teaching laboratory facilities; occasional spill response involving human blood or OPIM.
Building Services / Facilities	Maintenance or repair of laboratory or clinical-care facility services where blood or OPIM may be encountered.
Designated First Responders / Other Job Classifications	Employees in any job classification assigned to administer first aid or perform human blood/OPIM spill response as part of their duties.

Tasks and procedures (or groups of closely related tasks and procedures) for which occupational exposure may occur are documented by each affected supervisor/PI and provided to EHS for inclusion as supporting attachments to this Plan.

If changes occur in job classifications, duties, technology, or procedures that may alter exposure risks, supervisors and PIs must notify EHS promptly so that the Plan can be updated.

5. Methods of Compliance (Control Methods)

The University applies the hierarchy of controls: eliminate or substitute first, then engineer the hazard out, then control through work practices, then use PPE, to minimize or eliminate occupational exposure to human blood and OPIM.

5.1 Universal Precautions

All human blood and OPIM are treated as if known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens. Universal Precautions are observed in all situations where occupational exposure is reasonably anticipated.

5.2 Elimination and Substitution

- Departments and PIs evaluate opportunities to eliminate or substitute hazardous materials and procedures with safer alternatives during experimental design, procurement, and process review.
- Where feasible, non-infectious surrogates are used in place of human blood or OPIM for teaching, demonstration, and method development.

5.3 Engineering Controls

Departments shall ensure that engineering controls are inspected, maintained, and replaced as necessary.

- Hand-washing facilities are readily accessible. Where they are not feasible, an antiseptic hand cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes, is provided; employees wash with soap and running water as soon as feasible.
- Emergency eyewash stations meeting ANSI/ISEA Z358.1 (within 10 seconds and 100 feet of the hazard, on the same level, free of obstructions) are provided where the eye may be exposed to corrosive or infectious materials.
- Contaminated sharps containers are closable, puncture-resistant, leakproof on sides and bottom, and labeled or color-coded with the biohazard symbol.
- Splash guards, biosafety cabinets, sealed centrifuge rotors and safety buckets, sealed-rotor centrifuges, mechanical pipetting aids, and other physical barriers are used as appropriate to the procedure.
- Needleless systems and sharps with engineered sharps injury protections are used wherever feasible.

Safer medical devices. When alternative technology for safer medical devices is available, it shall be evaluated and implemented to reflect changes that eliminate or reduce exposure to BBPs. Input on the identification, evaluation, and selection of engineering and safer device controls shall be solicited from non-managerial employees responsible for direct patient or laboratory care who are potentially exposed to injuries from contaminated sharps. EHS assists in this evaluation. Both the solicitation of employee input and the device evaluation/implementation decisions are documented in the annual review of this Plan (see Section 10).

5.4 Work Practice Controls

Employees handling blood or OPIM shall:

- Follow Universal Precautions at all times.
- Dispose of all needles and sharps in designated sharps containers immediately after use.
- Never bend, break, shear, or recap contaminated sharps. Recapping or removal is prohibited unless no alternative is feasible or it is required by a specific medical procedure, in which case it must be performed using a mechanical device or a one-handed technique.
- Never eat, drink, smoke, vape, apply cosmetics or lip balm, or handle contact lenses in areas where human blood or OPIM are present.
- Not store food or drink in refrigerators, freezers, on shelves, or in any area where blood or OPIM are present.
- Never mouth-pipette or suction blood or OPIM.

- Perform procedures in a manner that minimizes splashing, spraying, spattering, and the generation of droplets or aerosols.
- Place blood or OPIM in labeled or color-coded, closable, leakproof primary containers (with secondary containment when needed) for handling, storage, transport, and shipping.
- Decontaminate all work surfaces upon completion of work, after any spill, and at the end of the work shift, using an EPA-registered disinfectant effective against HBV, HCV, and HIV (EPA List D/B/H) at the labeled contact time. (See Appendix B)
- Wash hands with soap and running water immediately, or as soon as feasible, after removal of gloves or other PPE.

5.5 Personal Protective Equipment (PPE)

PPE selection is based on a hazard assessment of the task. PPE is provided at no cost to employees, in appropriate sizes, and is readily accessible at the work area or issued to the employee.

- Wear appropriate protective clothing, including gloves, lab coats or gowns, and face and eye protection, whenever exposure is reasonably anticipated.
- Replace gloves as soon as practical after contamination or compromise; never decontaminate disposable gloves for reuse.
- Remove contaminated PPE before leaving the work area; place it in designated containers for disposal, decontamination, or laundering.
- Wash hands and any other exposed skin with soap and running water immediately, or as soon as feasible, after PPE removal.
- Cleaning, laundering, repair, replacement, and disposal of required PPE are provided at no cost to the employee.

5.6 Housekeeping

The University maintains a clean and sanitary workplace. Departments with work areas where blood or OPIM are handled shall develop and implement written cleaning schedules appropriate to their operations and exposure risks. At a minimum:

- Contaminated surfaces and equipment are cleaned and decontaminated with an EPA-registered disinfectant after completion of procedures, immediately or as soon as feasible after any spill, and at the end of the work shift.
- Protective coverings (e.g., absorbent paper, plastic-backed paper, aluminum foil) used on equipment or surfaces are replaced as soon as feasible after contamination, or at the end of the work shift if they may have become contaminated.
- Contaminated broken glassware is not handled directly. Mechanical means such as brush and dustpan, tongs, or forceps are used.
- Contaminated reusable sharps are placed in containers that allow removal without employees needing to reach by hand into the container.
- Bins, pails, cans, and similar receptacles that are reusable and have a reasonable likelihood of contamination are inspected, cleaned, and decontaminated on a regular schedule and immediately or as soon as feasible upon visible contamination.

5.7 Regulated Waste

- Regulated waste is placed in closable, leakproof, puncture-resistant containers that are color-coded red or labeled with the biohazard symbol,and located as close as feasible to the point of use.
- Containers are closed prior to removal to prevent spillage or protrusion of contents. If the outside of a container becomes contaminated, it is placed in a second container meeting the same requirements.
- Red bags and biohazard-labeled containers are used for waste collected for disposal by EHS.
- Containers used to collect waste that will be rendered non-infectious by autoclaving on-site (and then discarded as general waste) shall be biohazard-labeled until the autoclave cycle is complete, but the autoclave bag itself shall not be red or biohazard-labeled.

Details for treatment, storage, and disposal of biohazardous waste are provided in the University of Memphis Biosafety Manual (https://www.memphis.edu/ehs/pdfs/biosafetymanual.pdf).

5.8 Contaminated Laundry

- Contaminated laundry is handled as little as possible and with a minimum of agitation.
- It is bagged or containerized at the location of use; it is not sorted or rinsed at the use location.
- Bags or containers are labeled or color-coded in accordance with 29 CFR 1910.1030(g)(1)(i). Where Universal Precautions are used in the handling of all soiled laundry, alternative labeling/color-coding that allows employees to recognize the containers as requiring Universal Precautions may be used.
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage, it is placed in bags or containers that prevent leakage to the exterior.
- Employees who have contact with contaminated laundry wear gloves and other appropriate PPE.
- Laundry shipped off-site to a facility that does not use Universal Precautions in handling all laundry must be placed in containers labeled or color-coded per 29 CFR 1910.1030(g)(1)(i).

6. Hepatitis B Vaccination

The Hepatitis B vaccination series is offered, at no cost and at a reasonable time and place, to all University of Memphis employees with reasonably anticipated occupational exposure to BBPs, within ten (10) working days of initial assignment, unless:

- The employee has previously received the complete HBV vaccination series;
- Antibody testing has shown the employee to be immune, or
- The vaccine is contraindicated for medical reasons.

Prescreening for antibodies is not a prerequisite for receiving the HBV vaccine.

Employees who initially decline the vaccine but are still covered by this Plan must sign the Hepatitis B Vaccine Declination Statement (https://www.memphis.edu/ehs/pdfs/hbvdecform.pdf). An employee who declines may later choose to receive the vaccination at no cost.

If routine booster doses are later recommended by the U.S. Public Health Service, those will also be offered at no cost.

All medical evaluations and procedures, including the HBV vaccination series and any post-exposure evaluation and follow-up, are performed by or under the supervision of a licensed physician or other licensed healthcare professional, in accordance with current recommendations of the U.S. Public Health Service.

7. Post-Exposure Evaluation and Follow-Up

If an exposure incident occurs, the following actions are taken:

- Immediately wash the wound and surrounding area with soap and water; flush mucous membranes (eyes, nose, mouth) with water or sterile saline for at least 15 minutes.
- Notify the employee's supervisor as soon as possible.
- Contact the State of Tennessee Workers' Compensation injury hotline (number listed on the First Report of Injury Form) for authorization and direction to an approved provider. The University of Tennessee Health Science Center (UTHSC) is the strongly preferred provider for BBP exposures; communicate that the incident is a BBP exposure when calling the hotline.
- Complete the First Report of Injury or Illness form.
- Notify EHS of the incident so that the Sharps Injury Log can be updated and the incident investigated.

7.1 Medical Evaluation

The approved workers' compensation healthcare provider provides a confidential medical evaluation and follow-up at no cost to the employee. The evaluation includes:

- Documentation of the route(s) and circumstances of exposure.
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by law.
- After consent (when required by law), testing of the source individual's blood for HBV and HIV infectivity (and, as a best clinical practice, HCV). If the source individual is already known to be HBV, HCV, or HIV positive, repeat testing need not be performed. Results are made available to the exposed employee with information on applicable disclosure laws.
- Collection and testing of the exposed employee's blood for HBV, HCV, and HIV serological status, after the employee's consent.
- If the employee consents to baseline blood collection but not to immediate testing, the baseline sample is preserved for at least 90 days. If the employee elects testing within that period, it is performed as soon as feasible.
- Post-exposure prophylaxis (PEP) when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling and evaluation of any reported illness, offered within twelve weeks post-exposure, including use of safe and effective post-exposure measures consistent with current standards of medical practice.

7.2 Information Provided to the Healthcare Professional

EHS, supported by the employee's department, provides the evaluating healthcare professional with the following information, as required by 29 CFR 1910.1030(f)(4):

- A copy of 29 CFR 1910.1030.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee, including vaccination status, which the employer is responsible for maintaining.

7.3 Healthcare Professional's Written Opinion

The employee's department, supported by EHS, obtains and provides the employee with a copy of the healthcare professional's written opinion within 15 days of completion of the evaluation. The written opinion is limited to the following information:

- For Hepatitis B vaccination: whether HBV vaccination is indicated and whether the employee has received the vaccination.
- For post-exposure evaluation: that the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

All other findings or diagnoses remain confidential and are not included in the written report.

7.4 Investigation of the Exposure Incident

Following an exposure incident, EHS and the chair of the affected department (or designee) investigate the circumstances and identify corrective actions. The investigation report is distributed to (at minimum) the person directly involved, Human Resources, and the EHS Office. Lessons learned are incorporated into the next annual Plan review (Section 10).

8. Communication of Hazards

Each department head or manager, with support from EHS, ensures that personnel are adequately informed of BBPs, their occupational exposures, and the protective measures required.

8.1 Warning Labels and Signs

Biohazard symbols on fluorescent-orange or red-orange labels are affixed to:

- Containers of regulated waste.
- Refrigerators and freezers containing blood or OPIM.
- Sharps disposal containers.
- Containers used to store, transport, or ship blood or OPIM.
- Equipment or surfaces that are contaminated and have not yet been decontaminated.

Warning labels are also posted at the entrances to laboratory areas where human blood, cell cultures, or OPIM are used. Red bags or red containers may be substituted for individual labels on regulated waste containers. All affected employees are informed of the meaning of labels, tags, and the color-coding system.

8.2 Training

All employees with occupational exposure receive training at the time of initial assignment to tasks where occupational exposure may occur, at least annually thereafter, and whenever changes in tasks or procedures affect occupational exposure. The University provides foundational online Bloodborne Pathogens training; this is supplemented with task-specific training by an individual knowledgeable in the procedures involved.

At a minimum, training includes:

- An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the University's Exposure Control Plan and how to obtain a copy.
- How to recognize tasks and other activities that may involve exposure to blood and OPIM.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including engineering controls, work practice controls, and PPE.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- An explanation of the basis for the selection of PPE.
- Information on the Hepatitis B vaccine— including efficacy, safety, method of administration, benefits, and that it is offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the University is required to provide.
- An explanation of the signs, labels, and color-coding required by the standard.
- An opportunity for interactive questions and answers with the trainer.

9. Recordkeeping

9.1 Training Records

- Training records are maintained for at least three (3) years from the date of training.
- Each record includes the dates of the training, contents or summary of the session, names and qualifications of the trainer(s), and names and job titles of all attendees.
- Records are maintained by the responsible supervisor or PI, with a duplicate provided to EHS for the central training file.
- Training records are made available, upon request, to the employee, the employee's representative, the Director of TOSHA, or the Assistant Secretary of OSHA.

9.2 Medical Records

- EHS, in coordination with the occupational health provider, ensures that a confidential medical record is established and maintained for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

- Medical records are maintained for the duration of employment plus 30 years.
- Records include the employee's name; Hepatitis B vaccination status (including dates of all vaccinations) and any medical records relative to the employee's ability to receive vaccination; results of all examinations, medical testing, and follow-up procedures relating to exposure incidents; the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.
- Medical records are confidential and are not disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as required by the standard or by law.
- Employee medical records are provided upon request to the employee, to anyone with the employee's written consent, to the Director of TOSHA, or to the Assistant Secretary of OSHA within 15 working days of the request. Requests are sent to the Director of EHS.

9.3 Sharps Injury Log

EHS maintains a Sharps Injury Log that is separate from, but may be cross-referenced with, the OSHA 300 Log. The Sharps Injury Log is maintained in a manner that protects the confidentiality of the injured employee and records, at a minimum:

- The type and brand of device involved in the incident.
- The department or work area where the exposure incident occurred.
- An explanation of how the incident occurred.

The Sharps Injury Log is retained for at least five (5) years following the end of the calendar year to which it relates.

9.4 Plan Review Records

Documentation of each annual Plan review (Section 10), including the date of review, individuals participating, devices evaluated and implemented, and any changes made, is maintained by EHS as a permanent attachment to this Plan.

10. Plan Review and Update

This Plan is reviewed and updated by EHS at least annually, and whenever:

- New or modified tasks or procedures affect occupational exposure;
- New or revised employee positions with occupational exposure are added; or
- New or revised commercially available, effective, safer medical devices, engineering controls, or work-practice controls become available.

Each annual review documents:

- Changes in technology that eliminate or reduce exposure to BBPs.
- The University's consideration and implementation of appropriate commercially available and effective safer medical devices.
- Solicitation of input on safer engineering and work-practice controls from non-managerial employees responsible for direct patient or laboratory care.
- Any changes to job classifications, exposure determinations, or assigned responsibilities.

Appendix A: Exposure Incident Quick-Response Checklist

This checklist is intended as a quick-reference job aid; it does not replace the requirements of Section 7.

- Wash the wound or splash area immediately with soap and running water; flush mucous membranes with water or sterile saline for at least 15 minutes.
- Notify your supervisor or PI as soon as possible.
- Call the State of Tennessee Workers' Compensation injury hotline (number on the First Report of Injury Form). State that you have had a bloodborne pathogen exposure and request UTHSC as the provider.
- Complete the First Report of Injury or Illness form.
- Notify EHS so the Sharps Injury Log can be updated and the incident investigated.
- Keep all documentation confidential; only share with personnel listed in Section 7.4.

Important phone numbers:

- EHS Office: 901-678-5700
- Workers' Compensation Injury Hotline: 866-245-8588
- UTHSC Occupational Health: 901-448-5630
- Campus Police (emergency): 901-678-4357