

## **BBP Enrollment Checklist and Site-Specific Training Roster**

UNL Bloodborne Pathogen/Exposure Control Plan
Form EHS-BBP-04
(Revised 5/20)

<b>Enrollment tasks for Principal Investigators and Supervisors</b>
Determine which employees may be at risk of occupational exposure and therefore subject to the Bloodborne Pathogens Program. See Appendices B and C of the Exposure Control Plan (ECP) <a href="http://ehs.unl.edu/programdocuments/BBP.pdf">http://ehs.unl.edu/programdocuments/BBP.pdf</a> . Contact EHS to have an Exposure Assessment conducted, if not previously completed. <a href="https://email.edu/programdocuments/BBP.pdf">IMPORTANT: Unpaid and student workers are not covered by OSHA and therefore not subject to the Bloodborne Pathogens Program. See Section 1.1.1 of the ECP for further guidance on this subject.</a>
☐ Ensure that all employees subject to the BBP ECP receive the required training on an annual basis to include both EHS general training and site-specific training (as described below). <a href="http://ehs.unl.edu/web-based-training/">http://ehs.unl.edu/web-based-training/</a>
☐ Keep a copy of the Site-Specific Training Verification Roster on file.
☐ Ensure that employees either receive the complete Hepatitis B vaccination series or sign a declination statement. Download the <b>Hepatitis B Vaccination Declination</b> Statement (EHS-BBP-02) at <a href="http://ehs.unl.edu/forms/#bbp">http://ehs.unl.edu/forms/#bbp</a> .
☐ Keep a copy of the <b>Exposure Care Kit</b> (EHS-BBP-03) document readily available to employees. Download this document at <a href="http://ehs.unl.edu/forms/#bbp">http://ehs.unl.edu/forms/#bbp</a>
For research/clinical/diagnostic/teaching labs only:
Submit an IBC New Protocol Form detailing experimental procedures involving potential exposure to bloodborne pathogens to the IBC. <a href="https://nugrant.unl.edu">https://nugrant.unl.edu</a>
☐ Keep a copy of the Site-Specific Training Roster in the Biosafety Manual.
Required Site-Specific Training (Required upon task assignment and annually thereafter)
☐ Review tasks that place your employees at risk of occupational exposure to potentially infectious bodily fluids or OPIM.
Review specific engineering, administrative, and PPE controls for each at-risk task.
Provide training for new hazards or tasks added throughout the year for which previous training is inadequate



## UNL Bloodborne Pathogen/Exposure Control Plan

## **Site-Specific Training Verification Roster**

certify that site-specific train	ing was conducted and covered the follo	wing topics:
_	or occupational exposure to blood, body	
_	eering, administrative, and PPE controls	for each at-risk task
☐ Other topics covered:		
Nama (nrintad)	Signature Ode Cuide	Date
Name (printed)	Signature John Smith	Date
Training provided by	y:	
Name (printed)	Signature John Smith	Date
Principal Investigat	or/Supervisor	
Name (printed)	Signature John Smith	Date
PI/Supervisors: Keep a	a copy of the completed form with your tra	aining records.

Print additional pages if needed.