

Personal Protective Equipment (PPE) Assessment





Task Description: Cleaning Bodily Fluids (Bloodborne Pathogens)

Department: Custodial

Completed by (Name, Department): Mark Schuman, EHS

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Hazards	Engineering/Administrative Controls	PPE Required	
<p>Physical <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Cuts/Abrasions</p> <p><input type="checkbox"/> Dust</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Flying Particles</p> <p><input type="checkbox"/> Heat/Sparks</p> <p><input type="checkbox"/> Loud Noises</p> <p><input type="checkbox"/> Struck by Objects</p> <p><input checked="" type="checkbox"/> Other: <u>Slip/Trip/Fall</u></p>	<p>Engineering Controls</p> <ul style="list-style-type: none"> Avoid direct contact with bodily fluids. Use tongs, scrapers, etc. when removing contaminated materials. <p>Administrative Controls</p> <ul style="list-style-type: none"> Only perform this task if you have received Bloodborne Pathogens training from WCSU Notify a supervisor and obtain permission before cleaning up any bodily fluids Isolate the area to avoid further contamination Use an approved absorbent to soak up a majority of the liquid Use an EPA-approved disinfectant for deep cleaning. Allow for the required contact time Avoid using sprayers or fans that might accidentally spread airborne contaminants Dispose of any used PPE and potentially contaminated supplies in the proper waste receptacle. Do not reuse mop heads, rags or other cleaning implements Report any suspected exposures to your supervisor immediately 	<ul style="list-style-type: none"> ANSI-rated Safety Goggles or Glasses Nitrile Exam Gloves Surgical Mask Gown Standard Work Attire (Closed-toe Shoes, Long Pants, Long-sleeved Shirt) Shoe/Boot Covers 	
<p>Chemical <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Air/Water Sensitive Chemicals</p> <p><input type="checkbox"/> Compressed Gas</p> <p><input type="checkbox"/> Corrosive Substances</p> <p><input type="checkbox"/> Flammable Liquids/Gases</p> <p><input type="checkbox"/> Radioactive Substances</p> <p><input checked="" type="checkbox"/> Toxic/Irritant Substances (Disinfectants)</p> <p><input type="checkbox"/> Other: _____</p>			 
<p>Biological <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Air-borne Pathogens</p> <p><input checked="" type="checkbox"/> Biological Sharps</p> <p><input checked="" type="checkbox"/> Blood and Bodily Fluids</p> <p><input type="checkbox"/> Mold</p> <p><input type="checkbox"/> Sewage</p> <p><input type="checkbox"/> Other: _____</p>			