



1. PURPOSE

The purpose of this procedure is to ensure adequate protection for University of Notre Dame personnel against exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030.

2. SCOPE

This procedure applies to all University of Notre Dame personnel whose work involves the reasonably anticipated exposure to blood or other potentially infectious materials (OPIMs).

3. DEFINITIONS

AIDS - acquired immune deficiency syndrome; bloodborne and sexually transmitted disease in which the human immunodeficiency virus invades the body, can compromise the immune system, and allow other infectious agents to invade the body and cause disease.

Blood - human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans; these pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

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

Contaminated Sharps - means 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 where they are no longer capable of transmitting infectious particles.

Engineering Controls - controls that isolate or remove the hazards from the workplace and may include puncture-resistant sharps containers, splashguards, mechanical pipetting, and self-sheathing needles.



Exposure Incident - a specific unprotected eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of personnel duties.

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

HBV - hepatitis B virus; one of the several causes of infectious hepatitis, an inflammation of the liver.

HIV - human immunodeficiency virus; virus which invades the body causing damage to the immune system and is associated with acquired immune deficiency syndrome.

Incidental Exposure – exposures that may take place on the job, which are neither reasonably nor routinely expected to occur during time at the University.

Infectious Waste – potentially infected blood, blood products, contaminated sharps, pathological wastes, and microbiological wastes.

Licensed Healthcare Professional - a person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with potentially infectious materials that may result from the performance of personnel's duties.

Other Potentially Infectious Materials (OPIM) - body fluids such as semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic, and any body fluid that is potentially contaminated with blood, or all body fluids in situations where it is difficult or impossible to differentiate between the fluids. Saliva is considered potentially infectious in dental procedures.

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

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

Regulated Waste - liquid or semi-liquid blood or other potentially infectious materials or contaminated items which would release blood or other potentially infectious materials in a liquid or semi-liquid material if compressed; contaminated sharps; and

pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps - any object that can penetrate the skin including, but not limited to, needles, razor blades, scalpels, and broken capillary tubes.

Sharps with engineered sharps injury protections – 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 safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual - any individual whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.

Universal Precautions - an approach to infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens, e.g., face shield, gloves.

Work Practice Controls - methods of control that reduce the likelihood of exposure by altering the manner in which a task is performed.

4. RESPONSIBILITIES

4.1. Principal Investigators, Managers & Supervisors shall:

- 4.1.1. Assess job tasks and identify the persons in their work group who have occupational exposure to blood or OPIMs.
- 4.1.2. Ensure those persons identified as having occupational exposure to blood or OPIMs are included in the exposure control plan.
- 4.1.3. Ensure all persons in their work group who have occupational exposure to blood or OPIMs, including themselves, complete all required bloodborne pathogen training.
- 4.1.4. Assess work practices and provide necessary engineering controls and personal protective equipment for all personnel.
- 4.1.5. Follow and enforce practices and procedures described in this program.

4.2. The Risk Management & Safety Department shall:

- 4.2.1. Review and update the plan as necessary and document the review (Appendix A Annual BBP Program Assessment Checklist);
- 4.2.2. Review exposure incidents; and
- 4.2.3. Ensure accessibility of the exposure control plan.



- 4.3. The Wellness Center shall:
 431. Track the completion of medical records associated with this procedure for all personnel with potential occupational exposure. This includes either the completion of the Hepatitis B vaccination series (Appendix D) or declination of the vaccination (Appendix E).
 432. Document personnel refusal to consent to testing protocols when medically indicated as part of the post exposure follow-up process.
 433. Maintain all medical records pertaining to this procedure.
- 4.4. All personnel listed in the Exposure Control Plan shall:
 441. Adhere to this procedure;
 442. Follow safe work practices;
 443. Comply with personal protective equipment requirements;
 444. Participate in required training.

5. EXPOSURE CONTROL PLAN

- 5.1. This procedure shall constitute and be regarded as the University of Notre Dame's "Exposure Control Plan" as defined by OSHA in 29 CFR 1910.1030 (c)(1). The University's Exposure Control Plan shall be reviewed and updated:
 511. At least annually by Risk Management & Safety; and
 512. Whenever necessary to reflect new or modified tasks and procedures which affect occupational exposures and to reflect new or revised personnel positions with occupational exposures.
- 5.2. The review and update of the University's Exposure Control Plan shall also:
 521. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 522. Document annually the consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure (Appendix A Annual BBP Program Assessment Checklist).

6. EXPOSURE DETERMINATION

- 6.1. All job classifications and locations in which personnel may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated. This list shall be updated as job classifications or work situations change.

Note: Exposure determination shall be made without regard to the use of personal protective equipment (personnel are considered to be exposed even if they wear personal protective equipment).

611. Category I

A list of job classifications in which personnel are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I (see Appendix B).

612. Category II

A list of job classifications in which personnel may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category II (see Appendix C).

7. CONTROL METHODS

7.1. Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

7.2. Engineering Controls

721. Where possible, engineering controls shall be used in preference to other control methods to eliminate or minimize reasonably anticipated exposure to infectious materials.

722. Engineering controls shall be examined and maintained on a routine basis to ensure their continued effectiveness.

723. Engineering controls shall include, but are not limited to the use of devices or equipment for purposes of making physical contact with blood or other potentially infectious materials without putting the person at risk of exposure. Examples of such devices include:

- Disposable CPR mouthpieces
- Sharps disposable containers
- Self-sheathing needles
- Sharps with the engineered sharps injury protection and needleless systems

- Appropriate pipetting devices which minimize potential exposure to the mouth, face and hands
- Tongs
- Tweezers
- Tools

7.3. Work Practice Controls

731. Hands shall be washed thoroughly with soap and water as soon as possible after contact with body fluids or other potentially infectious materials, including immediately after removing protective gloves or other personal protective equipment. When hand washing facilities are not possible for instances where there has been occupational exposure, hands may be decontaminated with a hand cleanser or towelette, but shall be washed with soap and running water as soon as feasible.
732. Contaminated needles and other sharps shall not be sheared, bent, broken, recapped, or resheathed by hand.
733. Eating, drinking, smoking, and applying cosmetics, hand lotion or lip balm, or handling contact lenses are prohibited in areas where blood and OPIMs are handled or stored.
734. Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are handled or stored. If food products are required for experimentation, they shall be labeled "NOT FOR HUMAN CONSUMPTION".
735. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
736. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
737. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
738. Health care providers, such as the Wellness Center, who evaluate personnel after an exposure incident or who are responsible for personnel Hepatitis B vaccination shall be supplied a copy of OSHA Standard [29 CFR 1910.1030](#). A copy of the Standard shall be made available to affected personnel, if requested.
739. All equipment and work surfaces contaminated with blood or other potentially infectious materials shall be cleaned and disinfected (refer to Section 8.2 and 8.3 for specifics on when and what to use for decontamination). Equipment shall be cleaned and decontaminated before being serviced, repaired, or transported from the work area. Any parts of the equipment that cannot be decontaminated shall be labeled with the biohazard symbol.

7.4. Personal Protective Equipment

741. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious material, and shall be provided free of charge to personnel. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the personnel's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment shall be used.
742. Appropriate personal protective equipment in appropriate sizes shall be readily accessible to personnel. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to personnel who are allergic to the gloves normally provided.
743. Disposable gloves shall not be washed or decontaminated for re-use and shall be replaced, at no cost to personnel, as soon as practical when they become contaminated, if they are torn, punctured, or when their ability to function as a barrier is compromised.
744. Surgical facemasks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
745. All garments penetrated by blood shall be removed immediately from the work area or as soon as feasible and shall be removed prior to leaving the work area. The supervisor shall be contacted if a change of clothes is necessary.
746. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
747. All contaminated work surfaces, bins, pails, cans, and similar receptacles shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials.
748. Decontamination is accomplished by utilizing appropriate disinfectants. See Paragraph 8.3 below.
749. The personal protective equipment shall be readily accessible.
7410. PPE utilized for blood or OPIMs includes, but is not limited to:
- Latex, Nitrile or Neoprene Gloves
 - Goggles
 - Face shields
 - Aprons
 - Lab coats

- Tyvek suites or equivalent
- CPR mask

8. HOUSEKEEPING PRACTICES

- 8.1. Work areas shall be maintained in a clean and sanitary condition. An appropriate cleaning schedule shall be determined for rooms or surfaces where blood or OPIM may be present. Schedules shall be as frequent as necessary depending on the area, type of surface to be cleaned, and tasks or procedures being performed in an area.
- 8.2. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIMs; and at the end of the workday if the surface may have become contaminated since the last cleaning.
- 8.3. Only approved cleaning products shall be used for decontamination of work surfaces contaminated with blood or OPIMs. Approved disinfectants such as Lysol and bleach disinfectant (1:10 dilution) shall be used for decontamination.
- 8.4. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated.
- 8.5. All containers intended for reuse (i.e., bins, pails, cans and similar receptacles) which have a potential for becoming contaminated with potentially infectious materials shall be inspected, cleaned, and disinfected on a regularly scheduled basis.
- 8.6. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. Mechanical means, such as brush and dustpan, tongs, or forceps shall be used.
- 8.7. Reusable sharps that are contaminated with blood or OPIMs shall not be stored or processed in a manner that requires personnel to reach by hand into the containers where these sharps have been placed.
- 8.8. Specimens of potentially infectious materials shall be placed in a closable, leak-proof container that is labeled with a Biohazard label or otherwise identified as required in this procedure. The container used to store or transport potentially infectious materials shall be leak-proof and puncture-resistant. If transporting biohazard samples between labs or buildings, a secondary leak-proof container shall be used.

9. INFECTIOUS WASTE DISPOSAL



- 9.1. All infectious wastes requiring handling, collecting and disposal shall be disposed of in accordance with the University of Notre Dame's [Safe Handling, Collecting and Disposal of Infectious Waste policy](#) as well as applicable federal, state and local regulations.
- 9.2. Immediately after use, sharps and other regulated waste shall be discarded and placed in closable, puncture-resistant, and leak-proof appropriately identified containers for disposal. Sharps containers shall be maintained upright throughout



use, easily accessible to personnel, located as close as feasible to the immediate work area where sharps are used or can be anticipated to be found, replaced routinely, and shall not be allowed to overfill.

93. When moving contaminated sharps or other regulated wastes, the containers shall be appropriately labeled and closed to prevent spillage or protrusion during handling, storage, transport, or shipping. Secondary containers shall be used if leakage is possible. The secondary container shall also be biohazard labeled, sealed and constructed to contain all contents and prevent leakage.
 94. Contaminated laundry shall be placed in appropriately labeled bags or containers at the location where it was used and shall not be sorted or rinsed in the location of use.
 95. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, it shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
 96. Contaminated lab coats and clothing shall not be taken home to launder.
 97. Personnel who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
10. LABELS AND SIGNAGE
- 10.1. Warning labels, including the standard biohazard label, shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIMs; and other containers used to store, transport or ship blood or OPIMs.
 - 10.2. Labels shall include the following legend shown below and contain the word "Biohazard." Labels shall be predominantly fluorescent orange or orange-red with lettering and symbols in a contrasting color. Some infectious waste labels may be white with a red symbol.



103. Labels/tags shall be an integral part of the container with the infectious materials or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

104. Labels required for contaminated equipment shall be in accordance with this section of the procedure and shall also state which portions of the equipment remain contaminated. This information shall be conveyed to all affected personnel, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.
105. Regulated waste that has been decontaminated does not need to be labeled or color-coded. If waste is autoclaved, it shall be double bagged in a dark colored bag and labeled "Safe For Trash Disposal".
11. HEPATITIS B VACCINATION
- 11.1. The Hepatitis B virus (HBV) vaccination shall be offered after initial personnel training and within 10 days of assignment to all persons identified in the exposure determination section of this procedure (Complete form Appendix D) unless the person has previously received the complete HBV vaccination series, antibody testing has revealed that the person is immune, or the vaccine is contraindicated for medical reasons. HBV antibody testing shall also be made available to personnel requesting testing prior to receiving the HBV vaccination.
- 11.2. The HBV vaccination shall be made available at no cost to the person at a reasonable time and place, and performed by or under the supervision of a licensed physician at the University of Notre Dame Wellness Center.
- 11.3. The participation in a prescreening program shall not be made a prerequisite for receiving hepatitis B vaccination.
- 11.4. A copy of OSHA Standard [29 CFR 1910.1030](#) shall be provided to the Wellness Center where HBV vaccinations are administered.
- 11.5. Booster dose(s) shall be provided according to standard recommendations for medical practice.
- 11.6. Personnel refusing the HBV vaccination shall sign the Hepatitis B Vaccine Declination (Complete form Appendix E). This document shall be retained in personnel medical files for (at a minimum) the duration of the person's employment plus 30 years in accordance with OSHA standard 29 CFR 1910.1020.
- 11.7. Personnel who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.
- 11.8. If the person is not able to finish the series of shots, or the vaccine is not available to complete the series as scheduled, the person should be referred to the Wellness Center or vaccine manufacturer for an alternative schedule.



119. Supervisors of new personnel who are candidates for the vaccination shall contact Risk Management and Safety upon hiring to initiate the vaccination and training process and obtain, complete and submit the necessary forms.
12. POST EXPOSURE FOLLOW-UP
 - 12.1. All exposure incidents are to be reported, investigated, and documented.

- 12.2. All personnel who incur an exposure incident shall be offered confidential, post-exposure medical evaluation and follow-up, including at least the following elements:
 1221. Documentation of the route of exposure and the circumstances under which the exposure incident occurred, including any precautions taken or personal protective equipment utilized during the exposure incident.
 1222. Identification and documentation of the source individual. The blood of the source individual shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity at no cost to the person;
 1223. The Wellness Center shall ensure results of testing of the source individual be made available to the exposed person. The exposed person shall be informed about the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
 1224. The exposed personnel shall be offered the option of having his or her blood collected for testing the person's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the person to decide if the blood should be tested for HIV serological status. However, if the person decides prior to that time that testing shall not be conducted, then the blood sample can be discarded;
 1225. The exposed person shall be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service;
 1226. The exposed person shall be given appropriate counseling concerning precautions to take during the period after the exposure incident. The person shall also be given information on what potential illnesses to be alert for and to report any related symptoms to appropriate personnel.

- 12.3. Information provided to the evaluating physician at the Wellness Center shall include:
 1231. A copy of this procedure;
 1232. Description of the exposed person's duties as they relate to the exposure incident;
 1233. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
 1234. Any other pertinent medical/exposure information which may be beneficial for medical recommendations; including vaccination status (Medical Surveillance Form for Physicians (Appendix F));
 1235. Results of the source individual's blood testing, if available;

- 12.4. The evaluating physician at the Wellness Center shall provide the person with a copy of a written evaluation within 15 days of the completion of the evaluation. The



written evaluation shall be documented using Appendix G – Physician’s Evaluation of Infectious Exposure Incident Form and shall include:

1241. Physician's recommendation as to whether Hepatitis B vaccination is indicated for the person, and if the person has received such vaccination, and;

1242. Statement that the person has been informed of the results of the medical evaluation and any medical conditions resulting from the exposure which may require further evaluation or treatment;

1243. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

125. If a person refuses to submit to the procedures involved with testing protocol when medically indicated, no adverse action can be taken on that basis alone since the procedures are designed for the benefit of the exposed person. The refusal to consent to testing is to be documented by the evaluating physician at the Wellness Center.

13. TRAINING

13.1. All personnel in a job classification with reasonably anticipated occupational exposure to blood or OPIMs shall participate in training at the time of initial assignment, and at least annually thereafter.

13.2. Personnel shall also participate in training covering lab-specific procedures and whenever:

1321. Changes such as modification of tasks or procedures occur;

1322. There is an institution of new tasks or procedures affecting a person’s occupational exposure; or

1323. There are changes to the Bloodborne Pathogens Procedure.

13.3. Training shall include the following:

1331. An accessible copy of OSHA Standard [29 CFR 1910.1030](#) and an explanation of its contents;

1332. Explanation of the modes of transmission, epidemiology, and symptoms of bloodborne pathogens;

1333. Explanation of the University’s exposure control plan and the means by which personnel can obtain a copy of the written plan;

1334. Explanation of the appropriate methods for recognizing activities that may involve exposure to blood or other potentially infectious materials;

1335. Explanation of the use and limitations of appropriate engineering controls, work practices, and personal protective equipment;

- 1336. Information on the types, location, proper use, removal, handling, and decontamination, and disposal of personal protective equipment;
- 1337. Explanation of the basis for selection of personal protective equipment;
- 1338. Information on the hepatitis B vaccine, including efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination shall be offered free of charge;
- 1339. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs;
- 13310. Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that shall be made available;
- 13311. Explanation of the signs, labels, and/or color codes used to comply with this procedure, and;
- 13312. An opportunity for interactive questions and answers with the person(s) conducting the training session.

14. RECORD RETENTION

14.1. Medical Records

14.1.1. The University of Notre Dame Wellness Center maintains medical records pertaining to this procedure. The University, through the Wellness Center, shall maintain records for at least the duration of appointment plus 30 years in accordance with 29 CFR 1910.1020;

14.1.2. These medical records shall include:

14.1.2.1. Name and social security number of the person;

14.1.2.2. Copy of personnel hepatitis B vaccination records, titer records, and/or declination form;

14.1.2.3. Circumstances of an exposure incident, including a description of the exposed personnel duties as they relate to the exposure incident including precautions taken or personal protective equipment utilized during the exposure incident, the evaluating physician's written opinion, and results of the source individual's blood testing, if available;

14.1.2.4. Copy of all results of physical and medical examinations, testing and follow-up procedures related to the person's ability to receive vaccination or to post-exposure evaluation and follow-up, including the evaluating physician's written opinions.

14.1.2.5. The University shall ensure that medical records are kept confidential and are not to be disclosed or reported to any person except as required by law or through written authorization of the affected person.

14.2. Training Records

14.2.1. Training records shall include the following:

- 14.2.1.1. Date of training sessions;
- 14.2.1.2. Contents or summary of training sessions;
- 14.2.1.3. Names and qualifications of persons conducting the training; and
- 14.2.1.4. Names of all persons attending the training sessions.

14.2.2. Training records for those who have completed the basic Bloodborne Pathogens and lab-specific training shall be maintained for 3 years from the date on which training occurred.

14.3. OSHA Recordability

14.3.1. Each exposure incident shall be evaluated to determine if it meets the requirements for OSHA recordability. All needle stick injuries involving contamination with another person's blood or OPIM shall be an OSHA recordable incident. Exposures resulting from splashes or spills shall be recordable if the exposure results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C, or if it meets any of the general criteria for OSHA injury and illness recordability.

14.4. Sharps Injury Log

14.4.1. A Sharps Injury Log (Appendix H) shall be completed to record percutaneous injuries where the needle or other sharp device is contaminated with another individual's blood or OPIM.

14.4.2. The Sharps Injury Log shall be completed by the supervisor and forwarded to Risk Management & Safety.

14.4.3. Risk Management & Safety shall maintain the Sharps Injury Log for a minimum of five years following the end of the calendar year in which the exposure incident occurred.

14.4.4. The Sharps Injury Log shall be reviewed during the annual evaluation of the Bloodborne Pathogens Procedure.

15. REFERENCES/RESOURCES

The University of Notre Dame's Bloodborne Pathogens Control Plan shall be maintained to comply with OSHA Standard 29 CFR 1910.1030 and all applicable local, state, and federal regulations, and the National Center for Disease Control (CDC) guidelines that are current at the time of a person's evaluation or treatment.

Revision History Table

History	Effective Date
Created	March 2015
Appendix D – Revised and updated to include Date of Birth and Phone Number	April 2016
Annual Review – Updated footer to reflect Director as the procedure owner. Removed cover page and table of contents. Switched Appendix B with Appendix D and switched Appendix C with Appendix E so they are in order as mentioned in procedure.	April 2017
Annual Review – Added procedure number. Updated formatting to match latest format.	April 2018
Added updated forms to Appendix B and Appendix C.	April 2019



Appendix A
University of Notre Dame
Bloodborne Pathogen Exposure Control Plan
Annual Assessment Checklist

To be Completed by Risk Management & Safety	Yes	No	N/A
Is the university's written exposure control plan for bloodborne pathogens reviewed annually and updated as appropriate? <i>(See 29 CFR 1910.1030 for additional details)</i>			
Have changes in technology that can eliminate or reduce exposure to BBPs been implemented at the university? If "yes", list:			
Have appropriate commercially available and effective medical devices designed to eliminate or minimize occupational exposures to BBPs been implemented at the university? If "yes" list:			

If any "No" boxes are checked, please specify corrective actions and anticipated dates of completion:

Reviewer Name (Print) : _____ Title: _____

Review Name (Signature) : _____ Date: _____



Appendix B

Notice: You must have this form with you to be seen for your Appointment



Wellness Center

Monday - Friday 7:00 a.m. - 7:00 p.m.
Saturday 8:00 a.m. - 12:00 p.m.
Football Weekends: Saturday closed,
Sunday 1:00 p.m. - 5:00 p.m.
P: 574.631.2371 F: 574.631.1278

Pharmacy

Monday - Friday 7:30 a.m. - 7:30 p.m.
Saturday 8:30 a.m. - 12:30 p.m.
Football weekends: Saturday closed,
Sunday 1:30 p.m. - 5:30 p.m.
P 574.271.5622

APPOINTMENT AUTHORIZATION

FOAPAL (Required): Fund Organization Account Program

Employee Name: Date of Birth:

Department:

ENCOUNTER TYPE:

- DOT (CDL/Non CDL) Hepatitis B (vaccine/titer)
TB Surveillance Respiratory Surveillance/Fit Testing
ND Business Travel Other (Please List)

TREATMENT AUTHORIZED BY:

PI/Supervisor Name:

Department:

Signature: Date:

This form is not required for treatment of injuries



Appendix D

Category I Job Classification/Expected Exposure List

At the University of Notre Dame, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:	
Job Classification	Department/Location
Nurse, Nursing assistant, Doctor, Janitorial Staff	University Health Services
Firefighters, Assistant Fire Chief, Fire Chief	Notre Dame Fire Department
Safety Officers, Patrol Supervisors, Detectives, Deputy Chief, Assistant Chief, Director	Notre Dame Security Police
First Responders, Life Guards, Pool Operators	Athletic Grounds, Athletic Facilities, RecSports Facilities
Athletic Trainers, Assistant Athletic Trainers	Athletics
Nurse, Nursing assistant, Doctor, Janitorial Staff	Corby Hall
Laboratory Research Personnel working with blood or OPIMs, including biohazard waste	Applicable labs within the College of Science, College of Engineering, and College of Arts & Letters

Appendix E

Category II Job Classification/Possible

At the University of Notre Dame, the following job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:

Job Classification	Task/Procedure	Department/Location
On-Call Risk Management and Safety Staff	Emergency Response to various events	Risk Management & Safety
Laboratory Safety Staff, Hazardous Materials Specialist	Providing assistance to an injured person, handling of contaminated wastes, cleaning up blood/OPIMs	Risk Management & Safety
Janitorial Staff	Assisting in cleaning up blood/OPIMs or cleaning restrooms	Athletics Facilities, RecSports Facilities, LaFortune Facilities, Legends Facilities, Food Services, Dining Halls, Satellite Operations
Custodians in St. Liam Hall, Wellness Center, Corby Hall or Science Facilities	Handling of autoclaved wastes	Building Services
Laundry Personnel	Handling of contaminated laundry	St. Michael's Laundry
Select Laboratory Research Personnel	Cleaning, disinfecting contaminated work surfaces or instruments	Applicable labs within the College of Science, College of Engineering, and College of Arts & Letters
Select Laboratory Research Personnel	Working in a lab near blood or OPIMs, including human tissue, human cell lines, etc.	Applicable labs within the College of Science, College of Engineering, and College of Arts & Letters



Appendix F MEDICAL SURVEILLANCE FORM FOR PHYSICIANS

Name: _____ NDID#: _____
Job Title: _____ Date of Exposure: _____
Job Risks: _____

Last Tetanus Booster: _____

Hepatitis Vaccination Series Completed? Yes No _____

HBV Immune Status: Immune _____ Not Immune _____

Previous Exposure to Hepatitis? Yes No _____

Type of Exposure:

Needle Stick? Yes ___ No _____

If Yes, Which Body Parts _____

Blood Splash? Yes ___ No _____

If Yes, Which Body Parts _____

Contact to Bare Skin with Blood or Body Fluids? Yes ___ No _____

If Yes, Specify Blood or Bodily Fluid _____

Condition of Skin: _____

Other Medical Information: _____

Source of Exposure Known? Yes _____ No _____

Test Results From Source of Exposure:

Hepatitis B Positive _____ Negative _____

HBIG Recommended? Yes ___ No _____

HBIG Provided? Yes ___ No _____

HIV Surveillance Recommended? Yes ___ No _____

Comments: _____

Data Provided to Physician:

OSHA Standard Yes No _____

Personnel's Medical File Yes No _____

Incident Report: Yes No _____

PHYSICIAN'S SIGNATURE

DATE



**Appendix G
PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT**

I have evaluated _____ for possible complications from arecent
Exposed Person's Name
exposure to bloodborne pathogens. I have received the materials provided to me by the
University, and I have interviewed: _____.
Exposed Person's Name

I have discussed the possibility of various medical conditions from exposure to blood, body fluids or other potentially infectious materials with the person named above.

1. The person named above is capable of receiving the Hepatitis Bvaccination:

Yes () No ()

2. The person named above has already received the Hepatitis B vaccination:

Yes () No ()

3. The person named above is immune to HepatitisB:

Yes () No ()

4. The person named above should receive a Hepatitis B vaccination, as a result ofthis injury:

Yes () No () **(NOT REQUIRED AS ABOVE NAMED PERSONHAS ALREADY DEMONSTRATED IMMUNITY).**

ANY AND ALL OTHER FINDINGS SHALL BE KEPT IN THE STRICTEST CONFIDENCE.

Comments

PHYSICIANS NAME (PRINT)

PHYSICIAN'S SIGNATURE

DATE



Appendix H SHARPS INJURY LOG

The supervisor is to complete a log for each personnel exposure incident involving a sharp.
Complete this form for injuries related to occupational exposures.

Department:		Phone:		Date Completed:	
Supervisor Name: (Print)		Supervisor Signature:		Date Signed:	

Date of Injury:(Month-Day-Year)	/ /
Time of Injury:	: am/pm
Room Number:	
Was medical attention sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Facility:	

List the Type and Brand of Sharp Involved (if known):

Description of Location/Work Area Where Exposure Incident Occurred:

Description of the Exposure Incident Involving Sharps:
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Body Part: (Check All That Apply) <input type="checkbox"/> Finger <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Other _____	Did the device being used have engineered sharps injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Was the protective mechanism activated? <input type="checkbox"/> Yes, Fully <input type="checkbox"/> Yes, Partially <input type="checkbox"/> No	Did the exposure incident occur? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Activation
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<u>Exposed Person Opinion:</u> If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	<u>Exposed Person Opinion:</u> Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
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Sharps Injury Log must be submitted to:
 Risk Management & Safety, University of Notre Dame, 636 Grace Hall, Notre Dame, IN 46556
 Phone: (574) 631-5037 Fax: (574) 631-8794