



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

41. Principal Investigators, Managers & Supervisors:

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

42. The Risk Management & Safety Department:

- 421. Review and update the plan as necessary and document the review on the Annual BBP Program Assessment Checklist (Appendix A);
- 422. Review exposure incidents; and
- 423. Ensure accessibility of the exposure control plan.

43. The Wellness Center:

- 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 B) or declination of the vaccination (Appendix C).
- 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.

44. All personnel listed in the Exposure Control Plan:

- 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

51. This procedure constitutes and is 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 is 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.

52. The review and update of the University's Exposure Control Plan also:

- 521. Reflects changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- 522. Documents 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

- 61. 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 is updated as job classifications or work situations change.

Note: Exposure determination is 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 D).

- 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 E).

7. CONTROL METHODS

- 71. Universal Precautions are 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 are to be considered potentially infectious materials.

- 72. Engineering Controls

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

- 722 Engineering controls are examined and maintained on a routine basis to ensure their continued effectiveness.
- 723 Engineering controls 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
73. Work Practice Controls
- 731 Hands are 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 are washed with soap and running water as soon as feasible.
- 732 Contaminated needles and other sharps are not to be sheared, bent, broken, recapped, or re-sheathed 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 is not to 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 are to be labeled "NOT FOR HUMAN CONSUMPTION".
- 735 All procedures involving blood or other potentially infectious materials are to be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of the substances.
- 736 Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- 737 Specimens of blood or other potentially infectious materials are to be placed in a container that 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 are to be supplied a copy of OSHA Standard [29 CFR 1910.1030](#). A copy of the Standard is made available to affected personnel, if requested.

739. All equipment and work surfaces contaminated with blood or other potentially infectious materials are to be cleaned and disinfected (refer to Section 8.2 and 8.3 for specifics on when and what to use for decontamination). Equipment is cleaned and decontaminated before being serviced, repaired, or transported from the work area. Any parts of the equipment that cannot be decontaminated are to be labeled with the biohazard symbol.

74. Personal Protective Equipment

741. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious material, and is 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 that the protective equipment is used.
742. Appropriate personal protective equipment in appropriate sizes are readily accessible to personnel. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to personnel who are allergic to the gloves normally provided.
743. Disposable gloves are not to be washed or decontaminated for re-use and are 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, are 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 are to be removed immediately from the work area or as soon as feasible and prior to leaving the work area. The supervisor is contacted if a change of clothes is necessary.
746. When personal protective equipment is removed, it is to 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 are to 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 is to 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

81. Work areas are maintained in a clean and sanitary condition. An appropriate cleaning schedule is determined for rooms or surfaces where blood or OPIM may be present. Schedules are as frequent as necessary depending on the area, type of surface to be cleaned, and tasks or procedures being performed in an area.
82. Contaminated work surfaces are 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.
83. Only approved cleaning products are to be used for decontamination of work surfaces contaminated with blood or OPIMs. Approved disinfectants such as bleach disinfectant (1:10 dilution) are used for decontamination.
84. Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, are to be removed and replaced as soon as feasible when they become contaminated.
85. All containers intended for reuse (i.e., bins, pails, cans and similar receptacles) which have a potential for becoming contaminated with potentially infectious materials are to be inspected, cleaned, and disinfected on a regularly scheduled basis.
86. Broken glassware, which may be contaminated, is not to be picked up directly with the hands. Mechanical means, such as brush and dustpan, tongs, or forceps are used.
87. Reusable sharps that are contaminated with blood or OPIMs are not stored or processed in a manner that requires personnel to reach by hand into the containers where these sharps have been placed.

88. Specimens of potentially infectious materials are 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 is to be leak-proof and puncture-resistant. If transporting biohazard samples between labs or buildings, a secondary leak-proof container is used.

89. Blood or OPIM Spills

891. Indoor Spills

- The individual(s) cleaning the blood or OPIM spill will use the proper PPE, (see section 7.4.10).
- Large tissue or OPIM particles must be removed and placed in a biohazard bag prior to spill clean-up.
- Spray the blood or OPIM contaminated surfaces with a bleach disinfectant (1:10 dilution) or other approved disinfectant.
- Absorb and remove all traces of the spill with paper towels or other acceptable materials.
- Re-spray the cleaned area with the bleach disinfectant (1:10 dilution) or other approved disinfectant and allow to air dry.
- Place all waste materials, including contaminated single use PPE, into a biohazard bag.
- Biohazard bags are disposed of through RMS by using the [Biohazardous Waste Discard Form](#).
- Articles that are too large for biohazard bags (e.g. carpets, mattresses, or other blood-soaked items) should be decontaminated with the bleach disinfectant (1:10 dilution) or other approved disinfectant and wrapped in a non-absorbent leak proof material (e.g. plastic sheeting).
- Note: If there is an inadvertent blood product splash to your unprotected skin, wash the area with soap and water as soon as possible. If the splash is on abraded skin, in the eyes, mouth, or nose be sure to notify your supervisor and report to the Notre Dame Wellness Center as soon as possible so that follow-up procedures can take place.

892. Outdoor Spills - Small

- The individual(s) cleaning the blood or OPIM spill will use the proper PPE, (see section 7.4.10)
- Large tissue or OPIM particles are removed and placed in a biohazard bag prior to spill clean-up.
- Make a disinfectant solution by pouring 1oz. household bleach to 10 oz. of water. This will give you a 1 to 10 ratio of chlorine disinfectant. Or use another approved disinfectant.
- As you enter the spill area, be careful not to step in any contaminated fluids.
- Flood the spill area with the bleach disinfectant (1:10 dilution) or other approved disinfectant, allowing it to stand for fifteen minutes.

- Disperse the disinfected spill with a 5-gallon bucket of clear water or

a spray from a fire hose.

- Place all waste materials, including contaminated single use PPE, into a biohazard bag.
- Biohazard bags are disposed of through RMS by using the [Biohazardous Waste Discard Form](#).
- Note: If there is an inadvertent blood product splash to your unprotected skin, wash the area with soap and water as soon as possible. If the splash is on abraded skin, in the eyes, mouth, or nose be sure to notify your supervisor and report to the Notre Dame Wellness Center as soon as possible so that follow-up procedures can take place.

893 Outdoor Spills - Large

- An outside contractor may be called to clean emergency spills requiring external support at the discretion of the individual(s) responding to the incident.
- The individual(s) cleaning the blood or OPIM spill will use the proper PPE, (see section 7.4.10)
- Large tissue or OPIM particles must be removed and placed in a biohazard bag prior to spill clean-up.
- Make a disinfectant solution by pouring two quarts of household bleach into a five-gallon container and add enough water to fill the container. This will give you a 1 to 10 ratio of chlorine disinfectant. Or use another approved disinfectant.
- As you enter the spill area, be careful not to step in any contaminated fluids.
- Spray the blood or OPIM contaminated surfaces with the bleach disinfectant (1:10 dilution) or other approved disinfectant.
- Absorb and remove all traces of the spill with paper towels or other acceptable materials.
- Re-spray the cleaned area with the bleach disinfectant (1:10 dilution) or other approved disinfectant allowing it to stand for fifteen minutes.
- Disperse the disinfected spill with a generous spray from a fire hose.
- Place blood-soaked articles into a biohazard bag along with any contaminated single use PPE items.
- Articles that are too large for biohazard bags (e.g. carpets, mattresses, or other blood-soaked items) should be decontaminated with the bleach disinfectant (1:10 dilution) or other approved disinfectant and wrapped in a non-absorbent leak proof material (e.g. plastic sheeting).
- Biohazard bags are disposed of through RMS by using the [Biohazardous Waste Discard Form](#).
- Note: If there is an inadvertent blood product splash to your unprotected skin, wash the area with soap and water as soon as possible. If the splash is on abraded skin, in the eyes, mouth, or nose be sure to notify your supervisor and report to the Notre Dame Wellness Center as soon as possible so that follow-up procedures can take place.



9. INFECTIOUS WASTE DISPOSAL

91. All infectious wastes requiring handling, collecting and disposal is disposed of in accordance with the University of Notre Dame's [Hazardous Waste Procedure](#) as well as applicable federal, state and local regulations.
92. Immediately after use, sharps and other regulated waste is discarded and placed in closable, puncture-resistant, and leak-proof appropriately identified containers for disposal. Sharps containers are 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 are not overfilled.
93. When moving contaminated sharps or other regulated wastes, the containers are to be appropriately labeled and closed to prevent spillage or protrusion during handling, storage, transport, or shipping. Secondary containers are used if leakage is possible. The secondary container is also biohazard labeled, sealed and constructed to contain all contents and prevent leakage.
94. Contaminated laundry is in appropriately labeled bags or containers at the location where it was used and is not sorted or rinsed in the location of use.
95. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, it is to 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 are not taken home to launder.
97. Personnel who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment. Contaminated laundry is handled as little as possible with a minimum of agitation.

10. LABELS AND SIGNAGE

101. Warning labels, including the standard biohazard label, are to 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.

102. Labels include the following legend shown below and contain the word "Biohazard." Labels are 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 are to be an integral part of the container with the infectious materials or are 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 are to be in accordance with this section of the procedure and state which portions of the equipment remain contaminated. This information is 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 is double bagged in a dark colored bag and labeled "Safe for Trash Disposal".
11. HEPATITIS B VACCINATION
111. The Hepatitis B virus (HBV) vaccination is 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 B) 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 is also made available to personnel requesting testing prior to receiving the HBV vaccination.
112. The HBV vaccination is to 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.
113. The participation in a prescreening program is not to be made a prerequisite for receiving hepatitis B vaccination.



114. A copy of OSHA Standard [29 CFR 1910.1030](#) is provided to the Wellness Center where HBV vaccinations are administered.
 115. Booster dose(s) are provided according to standard recommendations for medical practice.
 116. Personnel refusing the HBV vaccination signs the Hepatitis B Vaccine Declination (Appendix C). This document is retained in personnel medical files for the duration of the person's employment plus 30 years in accordance with OSHA standard 29 CFR 1910.1020.
 117. Personnel who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.
 118. 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 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
121. All exposure incidents are to be reported, investigated, and documented.
 122. All personnel who incur an exposure incident are 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 is 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 ensures results of testing of the source individual be made available to the exposed person. The exposed person is informed about the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
 1224. The exposed personnel are 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 will not be conducted, then the blood sample can be discarded;

- 1225 The exposed person is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service;
 - 1226 The exposed person is given appropriate counseling concerning precautions to take during the period after the exposure incident. The person is also be given information on what potential illnesses to be alert for and to report any related symptoms to appropriate personnel.
123. Information provided to the evaluating physician at the Wellness Center includes:
- 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;
124. The evaluating physician at the Wellness Center provides the person with a copy of a written evaluation within 15 days of the completion of the evaluation. The written evaluation is documented using the Physician's Evaluation of Infectious Exposure Incident Form (Appendix G) and includes:
- 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 remain confidential and are not 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
- 131. All personnel in a job classification with reasonably anticipated occupational exposure to blood or OPIMs participate in training at the time of initial assignment, and at least annually thereafter.
 - 132. Personnel 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.

133. Training includes 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 is 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 is 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

1411 The University of Notre Dame Wellness Center maintains medical records pertaining to this procedure. The University, through the Wellness Center, maintains records for at least the duration of appointment plus 30 years in accordance with 29 CFR 1910.1020;

1412 These medical records 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 ensures 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.

142 Training Records

1421 Training records 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.

1422 Training records for those who have completed the basic Bloodborne Pathogens and lab-specific training is maintained for 3 years from the date on which training occurred.

143 OSHA Recordability

1431 Each exposure incident is evaluated to determine if it meets the requirements for OSHA recordability. All needle stick injuries involving contamination with another person's blood or OPIM are OSHA recordable incidents. Exposures resulting from splashes or spills are 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.

144 Sharps Injury Log

1441 A Sharps Injury Log (Appendix H) is completed to record percutaneous injuries where the needle or other sharp device is contaminated with another individual's blood or OPIM.

1442 The Sharps Injury Log is completed by the supervisor and forwarded to Risk Management & Safety.

1443 Risk Management & Safety maintains the Sharps Injury Log for a



minimum of five years following the end of the calendar year in which the exposure incident occurred.

- 1444 The Sharps Injury Log is reviewed during the annual evaluation of the Bloodborne Pathogens Procedure.

15. REFERENCES/RESOURCES

The University of Notre Dame's Bloodborne Pathogens Control Plan is 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
Annual Review – No updates.	April 2019
Added Section 8.9	October 2019
Updated Appendices B,F,G,H	March 2020
Updated Appendix C	March 2021
No Updates	March 2022
Removed the word ‘shall’, Added Morris Inn Janitorial Staff to Appendix E	April 2023
No Updates	April 2024



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

This form expires 30 days after the signature date



Appendix C

Hepatitis B Vaccination Declination forms are completed online. The online form can be found by clicking the Hepatitis B Declination link on the RMS [Bloodborne Pathogens](#) webpage.



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, Food Services, Dining Halls, Satellite Operations, Morris Inn
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 G
PHYSICIAN'S EVALUATION OF INFECTIOUS EXPOSURE INCIDENT
(Example of Evaluation Evaluations are Recorded in OHM Encounter)

I have evaluated _____ for possible complications from a recent 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 B vaccination: Yes () No ()
2. The person named above has already received the Hepatitis B vaccination: Yes () No ()
3. The person named above is immune to Hepatitis B: Yes () No ()
4. The person named above should receive a Hepatitis B vaccination, as a result of this injury:
Yes () No () ***(NOT REQUIRED AS ABOVE NAMED PERSON HAS ALREADY DEMONSTRATED IMMUNITY).***

ANY AND ALL OTHER FINDINGS ARE KEPT IN THE STRICTEST CONFIDENCE.

Comments

PHYSICIANS NAME (PRINT)

PHYSICIAN'S SIGNATURE

DATE



Appendix H

Sharps Injury Log

Establishment/Facility Name: University of Notre Dame

Year XXXX

Date	Case/ Report No.	Type of Device (e.g. syringe, suture needle)	Brand Name of Device	Work Area Where Injury Occurred	Brief description of how the incident occurred (i.e. procedure being done, action being performed (disposal, injection, etc.), body part injured)

29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.