BALL STATE UNIVERSITY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

ENVIRONMENTAL HEALTH & SAFETY OFFICE

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I. INTRODUCTION

A. PURPOSE AND BACKGROUND

Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV), and Hepatitis C (HCV) all warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that may contain bloodborne pathogens. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation, Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030, to help protect workers from health hazards that may be presented by bloodborne pathogens.

The major intent of this regulation is to prevent the transmission of bloodborne diseases within the workplace. The standard is expected to reduce and to prevent employee exposure to HIV, HBV, HCV, and other bloodborne diseases. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious materials (OPIM) that may contain bloodborne pathogens must be treated as being infectious for HIV, HBV, and HCV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, the development of an Exposure Control Plan with engineering controls, work practices, personal protective equipment (PPE), vaccination availability, and training is mandated. The standard also specifies practices and procedures for housekeeping, medical evaluations, hazard communication and record keeping.

The OSHA Standard "Occupational Exposure to Bloodborne Pathogens" applies to all occupational exposure to blood or OPIM.

This plan will be reviewed and updated annually. A copy of the Ball State University Exposure Control Plan is available and accessible to all employees at the Environmental Health and Safety Office (EHS), 321 N. College Avenue (765-285-2825). Copies of the plan may be accessed at: http://cms.bsu.edu/about/administrativeoffices/riskmanagement/ehs/public-health

It is the responsibility of the department whose employees have potential occupational exposure to blood or other infectious materials to implement the provisions of the exposure control program.

B. DEFINITIONS

For the purposes of the Plan, the following definitions shall apply:

1. **Assistant Secretary:** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

2. **Blood:** means human blood, human blood components, and products made from human blood.

3. **Bloodborne Pathogens (BBP):** means 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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

4. **Clinical Laboratory:** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

5. **Contaminated:** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

6. **Contaminated Laundry:** means laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.

7. **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.

8. **Decontamination:** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

9. **Department:** means any Ball State University unit with occupational exposure to blood or other potentially infectious materials.

10. **Department Head**: means deans, chairs, directors, supervisors, heads of schools, divisions, departments, and offices.

11. **Engineering Controls:** means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplaces.

12. **Exposure Incident:** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of an employee's duties.

13. **Hand Washing Facilities:** means a facility providing an adequate supply of running, potable water, soap, and single use towels or hot air-drying machines.

14. **Licensed Health Care Professional:** means a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Section VII, Hepatitis B Vaccination, and Post Exposure Evaluation and Follow-up.

15. **HBV:** means Hepatitis B Virus.

16. **HCV:** means Hepatitis C Virus.

17. **HIV:** means Human Immunodeficiency Virus.

18. **Occupational Exposure:** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

19. **Other Potentially Infectious Materials** means:

    a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

    b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

    c. HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV, or HCV containing cultures media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

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

21. **Personal Protective Equipment (PPE):** means specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protection against a hazard and are not considered to be personal protective equipment.

22. **Production Facility:** means a facility engaged in industrial scale, large volume or high concentration production of HIV, HBV, or HCV.

23. **Regulated Waste (Infectious Waste syn.):** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

24. **Research Laboratory:** means a laboratory producing or using research laboratory scale amounts of HIV, HBV, or HCV. Research laboratories may produce high concentrations of HIV, HBV, or HCV but not in the volume found in production facilities.

25. **Source Individual:** means any individual, living or dead; whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to: hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

26. **Supervisor:** means laboratory supervisor, principal investigator, foreman, course instructor, advisor, or any other individual who is responsible for supervising the activities of employees, students, or volunteers.

27. **Sterilize:** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

28. **Universal Precautions:** means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

29. **Work Practice Controls:** means 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).

II. EXPOSURE DETERMINATION

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

At Ball State University, the following departments or groups may have some employees who have occupational exposure to bloodborne pathogens.

Each department at Ball State University that has employees with occupational exposure shall prepare an exposure determination containing the following:

- A list of all job classifications in which all employees may have occupational exposure.
- A list of all job classifications in which some employees may have potential for occupational exposure, and a list of all tasks and procedures in which occupational exposure may occur for these individuals.

This exposure determination will be made without regard to the use of personal protective equipment.

A list of job classifications that have been determined to have occupational exposure to bloodborne pathogens has also been included in this document as Attachment A.

III. WRITTEN EXPOSURE CONTROL PLAN

A. UNIVERSAL PRECAUTIONS

All employees must follow Ball State University's written universal precautions policy when in contact with blood or other potentially infectious materials is likely.

B. ENGINEERING AND WORK PRACTICE CONTROLS

1. Engineering controls means controls (e.g., sharps, disposal containers, and self-sheathing needles) that isolate or remove bloodborne pathogens' hazard from the workplace. All engineering controls will be examined, maintained, and/or replaced on a regular schedule to ensure their effectiveness.

2. Hand-washing facilities are readily accessible in most cases. All employees are encouraged to use these facilities as needed.

3. If a hand-washing facility is not readily available, employees will be provided with either antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes. However, all employees must wash their hands with soap and running water as soon as feasible.

4. After employees remove gloves or other personal protective equipment, they must wash their hands immediately.

5. All employees must wash their hands and exposed skin with soap and water immediately following contact with blood or other potentially infectious materials. Mucous membranes must be flushed with water immediately if exposed to blood or other potentially infectious materials.

6. Employees shall not shear or break contaminated needles. This is strictly prohibited. Further, employees shall not remove, bend, or recap contaminated needles and other contaminated sharps except as follows:

    a. If Ball State University has determined that no alternative is feasible or the action is required by a specific medical procedure; or

    b. If the recapping or needle removal is accomplished through the use of a mechanical device or a one-handed technique.

7. Immediately, or as soon as possible after use, employees must place contaminated reusable sharps in containers which are:

    a. Puncture resistant;
    b. Labeled or color coded as described in Section VIII;
    c. Leak proof on the sides and bottom; and
    d. Do not require employees to reach by hand into the container where the sharps have been placed.

8. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

9. Employees shall not keep food or drinks in refrigerators, freezers, shelves, cabinets, nor on countertops or bench tops where blood or other potentially infectious materials are present.

10. All refrigerators, freezers, or cabinets where blood or OPIM may be present must be labeled 'NO FOOD OR DRINK.'

11. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and aerosolization of these substances.

12. Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

C. SPECIMENS AND EQUIPMENT

1. Specimens of blood or other potentially infectious materials must be placed in a container which prevents leakage or exposure to the contents during collection, handling, processing, storage, transportation, or shipping.

    a. The container for storage, transportation, or shipping must be labeled or color-coded as provided in Section VIII of this Plan and closed prior to being stored, transported, or shipped.

    b. If outside contamination of the primary container occurs, the primary container must be placed within a second (overpack) container which prevents leakage during handling, processing, storage, transportation, or shipping and is labeled or color- coded according to Section VIII of this Plan.

    c. If the specimen could puncture the primary container, the primary container must be placed within a secondary (overpack) container which is puncture resistant in addition to the above characteristics.

2. Equipment which may become contaminated with blood or other potentially infectious materials must be examined prior to servicing or shipping and must be decontaminated as necessary unless decontamination of the equipment or portions of the equipment is not feasible.

    a. A readily observable label must be attached to the equipment stating which portions remain contaminated as required in Section VIII of this Plan.

b. This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer as appropriate prior to handling, servicing, or shipping so that appropriate precautions will be taken.

D. HOUSEKEEPING

1. All employees must work together to ensure that the worksite is maintained in a clean and sanitary condition. Employees should be familiar with the procedures to clean and decontaminate based on the type of surface to be cleaned, type of soil present, and task or procedures being performed in the area.

2. All equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.

   a. Contaminated work surfaces must be decontaminated with an appropriate and EPA-registered disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated; after any spill of blood or OPIM; and at the end of the work shift or procedure if the surface may have been contaminated during the shift or procedure.

   b. Any protective covering, such as plastic wrap, aluminum foil, or imperviously packed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift or procedure.

   c. All bins, trays, carts, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM must be inspected and decontaminated on a regularly scheduled basis.

   d. Broken glassware which may be contaminated must not be picked up directly with the hands by any employee. It must be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.

   e. Reusable sharps that are contaminated with blood or other potentially infectious materials must not be stored by employees or processed in a manner that requires any employee to reach by hand into containers where the sharps have been placed.

IV. PERSONAL PROTECTIVE EQUIPMENT

A. PROVISION. Employees will be provided, at no cost, appropriate PPE. It is the responsibility of the Department Supervisor(s) to provide employees with PPE that is safe and adequate to perform necessary job requirements. This includes, but is not limited to, gloves, gowns, laboratory coats, face shields, or masks and eye protection, mouthpieces, respirators, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to penetrate or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used.

B. USE. All employees must use appropriate personal protective equipment unless the employee temporarily and briefly declines to use personal protective equipment when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker(s). In the event an employee makes this judgment, circumstances will be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

C. TRAINING. All personnel must receive training in the proper use and care of any PPE and that training must be documented.

D. ACCESSIBILITY. Personal protective equipment in the appropriate sizes will be provided and the equipment will be readily accessible at the worksite or it will be issued to employees. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives will be made readily accessible to those employees who are allergic to the gloves normally provided.

E. CLEANING. All personal protective equipment will be cleaned, laundered, and disposed of as is required by this Plan at no cost to employees.

F. REPAIR AND REPLACEMENT. Personal protective equipment will be repaired or replaced as needed to maintain its effectiveness at no cost to employees.

G. REMOVAL

1. If a garment or PPE is penetrated by blood or OPIM or such penetration or permeation is impending, the employee must remove the garment immediately or as soon as feasible.

2. All employees must properly remove all personal protective equipment prior to leaving their work area. PPE is not to be worn in hallways or other public areas.

3. When employees remove personal protective equipment, they must place it in the location or container which has been designated for storage, washing, decontamination, or disposal of the personal protective equipment.

H. GLOVES. Employees must wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

1. Disposable single-use gloves, such as surgical or examination gloves must be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable, single-use gloves must be non-latex and non-powdered, the correct size for the wearer, and of adequate thickness and texture for the activity being performed.

3. Disposable single-use gloves must not be washed or decontaminated for reuse.

4. Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

I. MASKS, EYE PROTECTION AND FACE SHIELDS. Masks, in combination with eye protection devices such as goggles or glasses with solid side shields, or chin length face shields must be worn whenever splashes, sprays, spatters, or droplets of blood or other potentially infectious materials may be generated and when eye, nose, or mouth contamination can be reasonably anticipated.

J. GOWNS AND APRONS. The appropriate protective clothing, such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the tasks and degree of exposure anticipated.

K. SURGICAL CAPS OR HOODS. Surgical caps or hoods and/or shoe covers or boots must be worn by employees in instances where gross contamination can reasonably be anticipated.

V. REGULATED WASTE

A. CONTAMINATED SHARPS DISCARDING AND CONTAINMENT

1. Disposable sharps that have been used or contaminated shall be discarded immediately or as feasible in containers that are:

a. Closable, with a tight-fitting lid or cover;

b. Puncture resistant;

c. Leak proof on sides and bottom;

d. Labeled or color-coded in accordance with section VIII of this Plan; and

e. Designed to allow ease of depositing articles while preventing their removal.

2. During use, containers for contaminated sharps shall be:

   a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

   b. Maintained upright throughout use;

   c. Replaced routinely and not be allowed to overfill; and

   d. Containers should be disposed of or exchanged when no more than ¾ full.

3. When moving containers of contaminated sharps from the area of use, the containers shall be

   a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

   b. Placed in a secondary (overpack) container if leakage is possible. The second container shall be:

      (i) Closable;

      (ii) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

      (iii) Labeled or color-coded according to Section VIII of this Plan.

4. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

B. OTHER REGULATED WASTE CONTAINMENT

1. Regulated waste shall be placed in containers which are:

   a. Closable;

   b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

   c. Labeled or color-coded in accordance with Section VIII of this Plan; and

   d. Closed properly, in accordance with U.S. Hazardous Material regulations, prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

2. If outside contamination of the regulated waste container occurs, it shall be placed in a second (overpack) container. The second container shall be:

   a. Closable;

   b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

   c. Labeled or color-coded in accordance with Section VIII of this Plan; and

   d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

C. COMPLIANCE. Disposal of regulated waste shall be in accordance with all applicable Federal, State, and Local regulations.

VI. LAUNDRY

A. Laundry contaminated by bloodborne pathogens or OPIM shall be handled as little as possible with a minimum of agitation.

1. Laundry contaminated by bloodborne pathogens or OPIM shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

2. Laundry contaminated by bloodborne pathogens or OPIM shall be placed and transported in bags or containers labeled or color- coded in accordance with Section VIII of this Plan. Universal precautions are utilized in the handling of all soiled laundry, so alternative labeling or color coding is sufficient as long as it permits all employees to recognize that the containers require compliance with universal precautions.

3. Whenever laundry contaminated by bloodborne pathogens or OPIM is wet and presents a reasonable likelihood of soak through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak through and/or leakage of fluids to the exterior.

B. All employees who have contact with laundry contaminated with bloodborne pathogens or OPIM must wear protective gloves and other appropriate personal protective equipment.

C. When laundry contaminated with bloodborne pathogens or OPIM is shipped off site to another location which does not utilize universal precautions in the handling of all laundry, the laundry must be placed in bags or containers which are labeled or color-coded in accordance with Section VIII of this Plan.

VII. HEPATITIS B VACCINATION AND POST EXPOSURE EVALUATION AND FOLLOW-UP

A. GENERAL

1. The Hepatitis B Vaccine and Vaccination series are available to all employees deemed to have occupational exposures. Post exposure evaluation and follow-up is provided to all employees who have had an exposure incident.

2. All medical evaluations and procedures including the Hepatitis B Vaccine and vaccination series, post exposure evaluation and follow-up, including prophylaxis, are:

   a. Made available at no cost to the employee;

   b. Made available to the employee at a reasonable time and place;

   c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional;

   d. Provided according to recommendations of the U.S. Public Health Service at the time these evaluations and procedures take place, except as specified by Section VII; and

   e. All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

B. HEPATITIS B VACCINATION

1. The Student Health Center, in cooperation with Environmental Health and Safety, is responsible for administering the Hepatitis B vaccination.

2. The Employee's Department is responsible for the vaccination expense.

3. Hepatitis B Vaccination shall be made available after the employee has received the training required in Section IX and within ten (10) working days of initial assignment to all employees who have the potential for occupational exposure unless the employee has previously received the complete Hepatitis B Vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

4. The employer shall not make participation in a prescreening program a prerequisite for receiving Hepatitis B Vaccination.

5. If the employee initially declines the Hepatitis B Vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make available Hepatitis B Vaccination at that time.

6. Employees may decline to accept the Hepatitis B Vaccination and, if so declining, must sign the statement in Attachment B.

7. If a routine booster dose(s) of Hepatitis B Vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with Section VII, A, 2.

C. POST EXPOSURE EVALUATION AND FOLLOW-UP. Following a report of an exposure incident, a confidential medical evaluation and follow-up will be made immediately available to the exposed employee, which shall include at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

2. Identification and documentation of the source individual as follows, unless that identification is infeasible or prohibited by state or local law:

   a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, it must be established that legally required consent cannot be obtained. When the source

individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented;

b. When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated; and

c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. Collection and testing of blood for HBV, HCV, and HIV serological status as follows:

a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained; and

b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

4. Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

5. Counseling; and

6. Evaluation of reported illnesses.

D. <u>INFORMATION PROVIDED TO THE HEALTH CARE PROFESSIONAL</u>

1. The Department for which the individual is employed is responsible for the employee's Hepatitis B Vaccination. Each employee will have access to the OSHA bloodborne pathogen regulations which are also appended to this Plan.

2. The health care professional evaluating an employee after an exposure incident will be provided the following information:

a. A copy of the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030;

b. A description of the exposed employee's duties as they relate to the exposure incident;

c. Documentation of the route(s) of exposure and circumstances under which exposure

occurred;

d. Results of the source individual's blood testing, if available; and

e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's and /or department's responsibility to maintain.

E. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION. A copy of the evaluating health care professional's written opinion will be obtained and provided to the employee within fifteen (15) days of the completion of the evaluation.

1. The health care professional's written opinion of Hepatitis B Vaccination shall be limited to whether Hepatitis B Vaccination is indicated for an employee and if the employee has received such vaccination.

2. The health care professional's written opinion for post exposure evaluation and follow-up shall be limited to the following information:

a. That the employee has been informed of the results of the evaluation; and

b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

F. MEDICAL RECORD-KEEPING. Medical records required by this standard shall be maintained in accordance with Section X of this Plan.

VIII. LABELS

A. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in Sections VIII, E; VIII, F; and VIII, G.

B. Labels required by this section shall include the following legend:

BIOHAZARD

C. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

D. Labels are required to be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

E. Red bags or red containers may be substituted for labels.

F. Labels required for contaminated equipment shall be in accordance with this Section VIII and shall also state which portions of the equipment remain contaminated.

G. Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of Section VIII.

H. Individual containers of blood or other potentially infectious materials placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement of Section VIII. Infectious materials being shipped must be packaged and labeled in accordance with U.S. Hazardous Materials Regulations.

I. Regulated waste that has been decontaminated need not be labeled or color-coded.

IX. INFORMATION AND TRAINING

A. All employees with occupational exposure shall participate in a training program, which is provided at no cost to the employee and is held during working hours.

B. Training will be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure to bloodborne pathogens or OPIM may take place; and

2. At least annually thereafter.

C. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

D. Annual training for employees shall be provided within one (1) year of their previous training.

E. Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's potential for occupational exposure.

F. Material appropriate in content and vocabulary to educational level, literacy, and language of employees will be used.

G. The training program shall contain at a minimum the following elements:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. An explanation of the modes of transmission of bloodborne pathogens;

4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. An explanation of the appropriate method for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment; Information on the types, proper use, locations, removal, handling, decontamination, and disposal of personal protective equipment;

7. An explanation of the basis for selection of personal protective equipment;

8. Information on the Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

10. An explanation of the procedure to follow in an exposure incident occurs including the

method of reporting the incident and the medical follow-up that will be made available;

11. Information on the post exposure evaluation and follow-up that is provided to the employee following an exposure incident;

12. An explanation of the signs and labels and/or color-coding required by Section VIII; and

13. An opportunity for interactive questions and answers with the person conducting the training sessions.

H. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training programs as it relates to the workplace that the training will address.

I. It is the responsibility of the department to see that their employees who have potential occupational exposure to bloodborne pathogens maintain current training.

J. Use the *Ball State University Bloodborne Pathogens Exposure Control Program Training and Information Certification form* (Attachment C) to verify training.

K. In order to maintain the Bloodborne Pathogens Training Database (Attachment A), whenever training is conducted, it is to be reported to the Environmental Health and Safety Office immediately.

X. RECORD KEEPING

A. MEDICAL RECORDS

1. The Student Health Center shall establish and maintain an accurate record for each employee that has experienced an occupational exposure incident in accordance with 29 CFR 1910.1030.

2. This record shall include:

   a. The name and social security number of the employee;

   b. A copy of the employee's Hepatitis B Vaccination status including the dates of all the Hepatitis B Vaccinations and any medical records relative to the employee's ability to receive vaccination as required by Section VII, B;

   c. A copy of all results of examinations, medical testing, and follow-up procedures as required by Section VII, C;

d. The employer's copy of the health care professional's written opinion as required by Section VII, E; and

e. A copy of the information provided to the health care professional as required by Section VII, D. 2 b, c, and d.

3. Confidentiality All employee medical records required by Section X shall be:

a. Kept confidential; and

b. Not disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by this section or as may be required by law.

4. The Student Health Center shall maintain the records required by this Section X for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1030.

B. TRAINING RECORDS

1. Training records shall include the following information:

a. The dates of the training sessions;

b. The contents or a summary of the training sessions;

c. The names and qualifications of persons conducting the training; and

d. The names and job titles of all persons attending the training sessions.

2. Training records shall be maintained for three (3) years from the date on which the training occurred. Training records shall be maintained by the Environmental Health & Safety Office and the employee's Department.

C. AVAILABLITY

1. The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the OSHA Assistant Secretary or the OSHA Director or their designated representatives, and/or the IOSHA Commissioner of Labor or IOSHA Deputy Commissioner of Labor or their designated representatives, for examination and copying.

2. Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the OSHA Assistant Secretary or the OSHA Director or their designated representatives, and/or the IOSHA

Commissioner of Labor or IOSHA Deputy Commissioner of Labor or their designated representatives, in accordance with 29 CFR 1910.1030.

3. Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the OSHA Assistant Secretary or the OSHA Director or their designated representatives, and/or the IOSHA Commissioner of Labor or IOSHA Deputy Commissioner of Labor or their designated representatives, in accordance with 29 CFR 1910.1030.

D. TRANSFER OF RECORDS

1. The employer shall comply with the requirements involving transfer of records set forth in 29 1910.1030(h).

2. If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three (3) months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three (3) month period.

XI. STANDARD IMPLEMENTATION

A. The standard shall become effective on March 6, 1992.

B. The Exposure Control Plan shall be completed on or before May 5, 1992.

C. Section IX, Information and Training, and Section X, Record Keeping, shall take effect on or before June 4, 1992.

D. Section II, B, Engineering and Work Practice Controls; Section IV, Personal Protective Equipment; Section III, D, Housekeeping; Section V, Regulated Waste; Section VI, Laundry; Section VII, Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up; and Section VIII, Labels, shall take effect July 6, 1992.

XII. MANAGEMENT OF INFECTIOUS WASTES

A. CAMPUS- WIDE INFECTIOUS WASTE MANAGEMENT

Infectious waste which is disposed of by means other than disposal into the sewage system is regulated by federal, state, and local laws and is termed “regulated waste”, defined in this Plan as bloodborne pathogens and OPIM. Regulated wastes will be placed in containers that are closable, constructed to contain all contents, and prevent leakage of fluids during handling, storage, transport, or shipping. These containers will be labeled bio-hazardous or color-coded (red bagged)

and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, it will be placed in a second (overpack) container. The second (overpack) container will be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping and be labeled as bio-hazardous and/or color-coded.

The container must be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If regulated waste is stored prior to disposal, it must be stored in a secure area that is locked or otherwise secured to eliminate access by the general public, and must be afforded protection from adverse environmental conditions and vermin.

The following specific procedures and precautions must be followed for the handling, treatment, and disposal of regulated infectious wastes:

1. All sharps must be disposed of in sharps containers, regardless of other protective features built into the tool such as self-sheathing needles. Sharps containers must meet the criteria established by the Bloodborne Pathogens Standard and this Plan and must be available wherever sharps are used for University related procedures.

2. The efficacy of steam autoclaving and chemical sterilization procedures must be verified through methods recommended by the Centers for Disease Control (CDC), for example, the use of suitable chemical or biological indicator test packs or strips.

3. Liquid regulated wastes shall be disposed in the sanitary sewer only when volumes are so large as to preclude the feasibility of autoclaving and when using the precautions listed:

    a. A sink must be dedicated for this purpose and set aside from other uses through appropriate signs;

    b. Personnel must wear gloves, goggles, face shield, and impermeable garments necessary for splash and aerosol protection;

    c. Personnel shall be trained in the techniques to use to minimize the risk of exposure and contamination; in particular, the infectious waste shall be transferred in a manner so as to minimize, as much as possible, splashing and the generation of aerosols;

    d. The BBP or OPIM must first be disinfected by adding an effective EPA-registered disinfectant, or other EPA registered sterilant, or EPA-registered tuberculocidal disinfectant, or with a 1:10 solution of bleach in water, for an adequate time period of a suitable concentration;

    e. The sink and surrounding surfaces shall be decontaminated following the disinfected waste disposal with a 1:10 solution of bleach in water or other EPA registered sterilant or

EPA-registered tuberculocidal disinfectant and the drain shall be flushed with the same solution each time it is used; and

f. Plumbers servicing drain pipes used for regulated waste disposal shall be informed of the potential hazard of liquid regulated waste being retained in the lines and advised to wear suitable personal protective equipment.

Untreated regulated waste shall not be shipped off site unless it is hauled by a licensed transporter to a licensed infectious waste treatment facility. Treated infectious waste may only be disposed in the normal trash if labels and markings that identify the waste to be infectious are removed or defaced.

B. SHARPS

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that no other alternative is feasible or that such action is required by a specific medical procedure. If necessary, recapping or needle removal must be accomplished through a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is strictly prohibited. Immediately, or as soon as possible after use, contaminated reusable sharps will be placed in appropriate containers until properly reprocessed. These containers must be puncture resistant, labeled bio-hazardous, color-coded, leak proof on the sides and bottom and shall not be stored or processed in a manner that requires employees to reach by hand into the container where the sharps have been placed.

Disposable contaminated sharps will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on the sides and bottom and labeled bio-hazardous and color-coded as described earlier in Section VIII of this Plan.

During use, containers for contaminated sharps will be easily accessible to personnel and located as close as feasible to the immediate areas where sharps are used or can be reasonably anticipated to be found; maintained upright throughout use; replaced routinely and not be allowed to be overfilled.

When moving a container of contaminated sharps from areas of use the container must be closed immediately prior to removal or replacement of the container. This will prevent spillage and protrusion of contents during handling, storage, transport, or shipping.

If leakage is possible, a secondary (overpack) container must be used. The second (overpack) container must be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping and be labeled bio-hazardous, and color-coded. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

C. ON-SITE TREATMENT

Autoclaving and Chemical Sterilization: Steam autoclaving is a suitable treatment technique for small volumes of regulated wastes. These include used first aid supplies, blood spill cleanup sorbents, liquids, and other small volumes of infectious wastes.

Chemical sterilization is accomplished by use of ethylene oxide, isolyzer compounds, or dilute bleach solutions (at least 10%). Ethylene oxide treatment is impractical except in large hospitals. Isolyzer compounds or bleach solutions are practical for small blood spills resulting from incidents such as lacerations or bloody noses.

Whatever treatment procedure is used, red bags should not be used for the disposal of TREATED regulated waste in the normal trash as this may cause undue concerns from the campus solid waste hauler or, perhaps, the general public.

Autoclave bags, or red bags, following adequate disinfection of contents, must be placed in an outer opaque waste bag prior to disposal.

D. OFF-SITE DISPOSAL

Off-site disposal of infectious waste can be scheduled by calling (5-2825) or emailing (baclidence@bsu.edu or tlrussell@bsu.edu) the Environmental Health & Safety Office. Care must be taken to prevent any sharp objects from entering a plastic biohazard bag. Bags must be tightly sealed to prevent any leaking of the contents. Free liquids must be absorbed onto bandages, paper towels, etc., before being placed into a biohazard bag. Sharps containers must not be overfilled and the top locked securely into place before disposal. Only approved containers are to be used for the disposal of sharps. Biohazard bags and sharps containers are available from the Environmental Health & Safety office.

E. FEMININE HYGIENE PRODUCTS

OSHA has issued a letter stating they do not include soiled sanitary napkins and other feminine hygiene products in the definition of regulated waste because they are designed so as to prevent the release of liquid or semi-liquid blood or the flaking off of dried blood. Therefore, employees handling such wastes are not covered by the Bloodborne Pathogens Rule solely due to that duty. However, OSHA does expect containers for soiled sanitary products to be lined with a plastic or wax paper bag and that employees are provided suitable gloves for removal of the bags from the waste container.

F. BLOOD SPILLS

Blood spills on nonporous surfaces can very simply be handled by diluting the spill with an equal

volume of 1:10 household bleach solution or with other EPA-registered disinfectants, and then absorbing it with disposable toweling or absorbent pads. This approach is used in hospitals and exceeds the guidelines issued by the CDC. If the spill involves any broken glassware, it must be picked up using a mechanical means, such as a brush and dustpan, tongs or forceps. Remember that contaminated sharp objects must be placed in a puncture resistant container.

There are also a number of "clumping" powdered products (e.g. Vital 1, Isolyzer) that absorb and solidify blood spills and chemically treat them at the same time. There are also products that fix sharps in a plastic polymer while treating them by heat and chemical disinfectant (e.g. Isolyzer). Bleach or other EPA-approved disinfectants are most highly recommended during a blood spill or OPIM incident. Bloodborne Pathogen "Response Kits" or "Spill Cleanup Kits" are available through SciQuest from sources such as Fisher Scientific. At a minimum, these kits should include instructions, a body fluid solidifier, red biohazard waste bag, disposable gloves, absorbent wiper towel, germicidal wipes, anti-microbial hand wipes, and a mechanical device such as a scoop, scraper, or tongs to assist with items that may cut or puncture. These kits are especially useful for departments that only deal with spills on infrequent occasions. Only those individuals trained in Bloodborne Pathogens are to attempt to clean up a spill. Facilities, Management, and Planning (FPM) custodians and/or EHS personnel should be contacted for any spill or incident requiring assistance.

XIII. STUDENTS

Students in general, unless employed by the University (e.g., graduate assistants, teaching assistants, etc.) are not covered by the Bloodborne Pathogens Rule as the OSHA Standard only covers employees. However, it is the mission of Ball State University to provide students with adequate training so they may pursue their studies and eventually their careers safely and knowledgeably. Further, the University provides a level of protection for our students at least equivalent to that provided for employees. Therefore, University departments must identify those curricula and activities which involve reasonably anticipated exposure of students to blood or other potentially infectious materials. The use of blood or likely exposure to OPIM must be evaluated in light of its risk to students and the fulfillment of each department's academic mission. When possible, alternatives to the use of blood and other potentially infectious materials must be adopted. Alternatives include the use of noninfectious animal blood, synthetic blood or computer simulations. (Note that "Screened Blood" from a blood bank is not 100% safe, must be handled using Universal Precautions, and requires the same training, precautions, and protective equipment as unscreened blood.) For curricula where alternatives are not feasible, the policies of this section must be followed.

Exposure Control Plan: Departments, which require students to work with blood or other potentially infectious materials, must follow the BSU Bloodborne Pathogens Exposure Control Plan.

Training: Departments, which require students to work with blood or other potentially infectious materials, must provide at least the same level of training as outlined in the BSU Bloodborne

Pathogens Exposure Control Plan. For students in laboratory or clinical settings (on campus or off), advanced training must be provided by qualified professors and/or instructors as part of the Bloodborne Pathogens Exposure Control Plan.

Personal Protective Equipment (PPE): Departments, which require students to work with blood or other potentially infectious materials, must provide at least the same level of personal protective equipment as outlined in the BSU Bloodborne Pathogens Exposure Control Plan. Students may be required to purchase the equipment and should be advised of this requirement in advance. Moreover, students must be provided training in the proper use of personal protective equipment in advance of its use.

Post Exposure Follow-up: Departments which require students to work with blood or other potentially infectious materials, must advise students that they should notify their health insurance carriers of their academic activities involving bloodborne pathogenic materials. Neither BSU departments nor the BSU Student Health Center can assure students that they will fund post exposure follow-up procedures should the student become exposed to bloodborne pathogens.

Management of Infectious Wastes and Contaminated Laundry: Students who are not employees of BSU must not handle, treat, or dispose of infectious wastes, other than to immediately containerize regulated waste generated by their laboratory procedures. Students who are not employees are also prohibited from handling contaminated laundry for University related purposes. Strict regulations govern the handling, treatment, and disposal of regulated wastes; therefore, these activities are restricted to designated employees of the University.

XIV. SUMMARY OF RESPONSIBILITIES

A. ENVIRONMENTAL HEALTH AND SAFETY (EHS)

1. Assist departments, by request, in complying with Bloodborne Pathogens Standard.
2. Provide training when requested.
3. Review the BSU Exposure Control Plan annually and revise, as necessary.
4. Serve as a liaison with Indiana Occupational Safety and Health Administration (IOSHA).
5. Arrange for off-site disposal of regulated waste.
6. Maintain training records.
7. Maintain Hepatitis B Virus Declination Form(s).

B. DEPARTMENTS

1. Conduct exposure assessments.

2. Provide proper training annually.

3. Maintain training records.

4. Cover costs of the vaccination series for employees who have not previously been vaccinated.

5. Provide necessary personal protective equipment and supplies.

6. Ensure that employees with exposure potential have been vaccinated for Hepatitis B or signed a declination form.

7. Notify the Environmental Health and Safety Office of exposure and training status of employees.

8. Provide declination forms and any training records to the Environmental Health and Safety Office.

9. Oversee and ensure that standards and policies are being followed within their Department.

C. EMPLOYEE

1. Adhere to the procedures outlined in this Exposure Control Plan.

2. Utilize Universal Precautions whenever handling blood or other potentially infectious materials.

3. Immediately report to Supervisor any exposure incidents involving blood or other potentially infectious materials.

4. Complete Hepatitis B Vaccination series and return declination form to EHS office indicating series has been received. **Or**, if declining the series, sign and return declination form to EHS office.

5. Actively participate in bloodborne pathogens training.

6. Report any circumstances that could result in an exposure incident.

D. BALL STATE UNIVERSITY STUDENT HEALTH CENTER

1. Provide Hepatitis B Vaccinations when necessary and requested.

2. Maintain vaccination and exposure reports in employee's medical records.

3. Provide post exposure evaluation and follow-up.

4. Health Educator will be available to assist departments, when requested, in meeting the training requirements of the Bloodborne Pathogens Standard.

ATTACHMENT A

EXPOSURE DETERMINATION DATABASE

Departments/Positions Covered Under OSHA Bloodborne Pathogens Regulation

- Alumni Center Custodians
- Athletic Training Staff- Athletic Trainers, Graduate Assistant Athletic Trainers
- Burris Laboratory School Nurse and Indiana Academy Nurse/SLP's
- Child Study Center- Infant/Toddler Laboratory and Preschool Laboratory- Lead Teachers, Graduate Assistants, Student Assistants
- Dining Supervisors, Concept Group Leaders and Custodians
- Environmental Health & Safety- Public Health Specialist and Environmental Specialist
- Facilities Planning and Management- Plumbers, Welders, Custodians
- Human Performance Laboratory- Technicians, Staff, Graduate Assistants
- Public Safety Department-Police Department
- School of Nursing-Faculty, Graduate Assistants
- Student Center and Hotel Custodians
- University Housing Custodians

ATTACHMENT B

HEPATITIS B VACCINE DECLINATION FORM

Hepatitis B Vaccine Declination Form

Occupational Exposure to Bloodborne Pathogens Program

If an Employee (including paid BSU graduate, teaching, and research assistants):

Employee Name (printed): _____

Department (printed): _____

OR

If a Student (not otherwise employed by the university)**:**

Student Name (printed): _____

Faculty Supervisor:_____Department:_____

Identify course or activity with potential exposure: _____

I understand that due to my occupational exposure to blood or *Other Potentially Infectious Materials* (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. You have given me the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. **Students should check with their physician to determine their vaccination status as most states have vaccine mandates for K-12 students.**

- ☐ **I have already received the Hepatitis B vaccination series.**
- ☐ **I plan to contact the Health Center to schedule the vaccination series.**
- ☐ **I plan to contact my Physician to schedule the vaccination series.**
- ☐ **I decline the vaccination.** I understand that by declining this vaccination I may continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with the Hepatitis B vaccine, and am still covered under the BSU Bloodborne Pathogens Plan (BBP), I can receive the vaccination series at no charge to me—if an employee. If I am a student covered with a department/group deemed to have some occupational exposure under the BBP I can receive the vaccination series at no charge to me.

_____

Name (Print)

_____

Signature

_____

Date

Return completed form to the EHS Office:

Brandon Clidence, Public Health Specialist
BSU Environmental Health and Safety Office
321 N. College Avenue, Muncie, Indiana 47303

Note: *Students are generally* ***NOT*** *covered under the BPP. Students who are not also employed by the University may be responsible for their own medical expenses--- including vaccination and any medical assessment that may be necessary. The student's faculty, instructor, or responsible Principal Investigator of the event will be contacted by EHS to justify any student's potential exposure to bloodborne pathogens, to assess the nature and extent of such potential exposure, and verify participation in the BBP program.*

Attachment C

Training and Information Certification

BALL STATE UNIVERSITY
BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM
TRAINING AND INFORMATION CERTIFICATION

The Occupational Safety and Health Administration (OSHA) requires all employees with occupational exposure to bloodborne pathogens to participate in an annual training program (29 CFR 1910.1030).

By signing below you acknowledge that you have received training and information concerning the OSHA Bloodborne Pathogens Standard and the policies and procedures applicable to your work. This training program contained, at a minimum, the following elements:

A. An accessible copy of the regulatory text of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) and an explanation of its contents;
B. A general explanation of how widespread Bloodborne diseases are among the general population and what the symptoms of Bloodborne diseases are;
C. An explanation of the ways Bloodborne disease are transmitted;
D. An explanation of the Ball State University Control Plan and the means by which you can obtain a copy;
E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
G. Information on the types, proper use, location, removal, handling decontamination and disposal of personal protective equipment;
H. An explanation of how personal protective equipment is selected for particular jobs;
I. Information on the Hepatitis B Vaccine, including information on how well it works, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
K. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
L. Information on the post exposure evaluation and follow-up that Ball State University is required to provide for the employee following an exposure incident;
M. An explanation of the signs and labels and/or color-coding required by the Exposure Control Plan; and
N. An opportunity for interactive questions and answers with the person conducting the training session.

Please answer the following question:

I have completed the Hepatitis B Vaccination Series Yes_____ No_____

Name_____

Please Print Clearly

Signature_____ Date_____

Trainer Sign_____ Date_____

EMPLOYEES ONLY

Department_____ Job Classification_____

Building_____ Supervisor's Name_____

STUDENTS ONLY: Course No._____

Attachment D

OSHA Bloodborne Pathogens 29 CFR 1910.1030

For the OSHA standard go to:

https://www.osha.gov