Oregon State University
Bloodborne Pathogens Exposure Control Policy

Issued by: Environmental Health & Safety, Oregon State University

Policy Owner: Environmental Health & Safety

Subject Matter Authority: Biological Safety Officer

This policy has been reviewed and approved by Environmental Health & Safety (EHS) and represents the authoritative institutional requirements for compliance with the OSHA Bloodborne Pathogens Standard at Oregon State University.

Effective Date: May 29, 2026

Supersedes: OSU Bloodborne Pathogen Exposure Control Plan (March 2021)

Review Cycle: At least every three (3) years, or more frequently as required by regulatory changes, institutional policy updates, or program evaluation.

Contents:

Scope and Purpose

The purpose of this policy is to establish institutional requirements and expectations for the prevention, evaluation, and management of occupational exposure to bloodborne pathogens at Oregon State University (OSU).

This policy implements the requirements of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030; OAR 437-004-9650) and applies to all OSU employees, students, and affiliated personnel whose work activities may reasonably be anticipated to result in exposure to blood or other potentially infectious human source materials.

Consistent with OSU's integrated biosafety framework, this policy is coordinated with:

- The OSU Institutional Biosafety Committee (IBC) Policies and Procedures Manual
- The OSU Sharps Safety Program
- Applicable EHS biosafety, occupational health, and incident reporting policies

Where work activities fall under IBC oversight, compliance with this policy is required in addition to IBC registration, approval, and containment requirements. This policy does
not replace or supersede IBC review, OSHA requirements, or other applicable university policies, but functions as the institutional exposure control framework for bloodborne pathogen hazards.

Failure to comply with the requirements of this policy may result in corrective action in accordance with university procedures and applicable regulatory requirements.

Applicability

This policy applies to OSU employees, students, student employees, volunteers, and affiliates whose job duties or assigned activities may reasonably be anticipated to result in occupational exposure to blood or other potentially infectious materials (OPIM), as defined by the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030; OAR 437-004-9650).

Activities Covered

Activities subject to this policy include, but are not limited to:

- Handling, manipulating, or disposing of human blood or blood products
- Handling unfixed human tissues, organs, or primary human cells
- Working with human cell lines not certified as non-infectious
- Handling body fluids or materials visibly contaminated with blood
- Responding to injuries or medical emergencies involving bleeding
- Cleaning or remediating blood or body fluid spills

- Handling regulated medical waste or contaminated sharps
- Performing laboratory, clinical, field, instructional, or support activities with potential exposure risk

For purposes of this policy, human source biological materials are defined consistently with OSU biosafety policy and include unfixed biological materials derived from the human body, including blood and body fluids (except sweat, urine, or saliva unless visibly contaminated with blood); tissues, organs, primary cells, cell strains, or cell lines.

Research activities involving human source biological materials that present a potential exposure risk must comply with this policy and, when applicable, must be registered with and approved by the IBC. These requirements must be consistent with applicable IBC approvals.

All activities involving the use of sharps that present a risk of exposure to blood or other potentially infectious materials must comply with both this policy and the OSU Sharps Safety Program. Where requirements differ, the more protective requirement applies.

This policy does not apply to work involving animals unless the animal is known or reasonably suspected to harbor human bloodborne pathogens, or unless human source materials are used or handled as part of the activity.

Appendix A provides non-exhaustive examples of OSU units and activities commonly subject to this policy. The appendix is provided for reference and does not limit or expand the scope of applicability established in this section.

Roles and Responsibilities

Clear assignment of roles and responsibilities is essential to ensure effective implementation of this policy, compliance with applicable regulations, and the prevention and management of occupational exposures to bloodborne pathogens.

Responsibilities outlined below apply to all covered personnel and activities and are coordinated with institutional biosafety, sharps safety, and incident reporting programs.

Environmental Health & Safety (EHS)

Environmental Health & Safety (EHS) has institutional responsibility for oversight of the Bloodborne Pathogens Exposure Control Policy and supports university-wide compliance with the OSHA Bloodborne Pathogens Standard. EHS responsibilities include:

- Establishing, maintaining, and periodically reviewing this policy and related guidance
- Providing institutional training programs, including Bloodborne Pathogens and Sharps Safety training, and tracking completion through the university training management system (SciShield)
- Supporting exposure control planning, risk assessment, and implementation of engineering and administrative controls
- Providing consultation and technical assistance to departments, supervisors, and investigators
- Coordinating post-exposure response, medical management guidance, and follow-up, as applicable
- Maintaining institutional incident reporting and recordkeeping processes in coordination with Risk Management and Human Resources
- Reviewing exposure incidents, identifying trends, and supporting corrective and preventive actions

EHS administers institutional training programs through SciShield, including Bloodborne Pathogens, BSL-2 Laboratory Biosafety, and Sharps Safety training, which are assigned based on hazard and exposure risk.

Biological Safety Officer (BSO)

The Biological Safety Officer (BSO) serves as the subject matter authority for biological hazards, including bloodborne pathogens and human source materials, and provides technical oversight for activities subject to this policy. The BSO's responsibilities include:

- Providing biosafety expertise and guidance on bloodborne pathogen risks and exposure prevention measures
- Supporting development and review of exposure control plans and task-specific procedures
- Reviewing and supporting IBC registrations involving human source biological materials
- Conducting or supporting risk assessments, inspections, and evaluations of laboratory practices where bloodborne pathogen exposure may occur
- Participating in the investigation of exposure incidents, sharps injuries, and laboratory accidents involving human source materials
- Coordinating required biosafety reporting to institutional leadership or regulatory agencies, as applicable
- Advising on corrective actions and preventive measures following incidents or identified deficiencies

Principal Investigators (PIs) and Supervisors

Principal Investigators (PIs), supervisors, and managers are responsible for implementing this policy within their areas of authority and for ensuring that personnel under their direction work in a manner that minimizes exposure risk.

Responsibilities include:

- Identifying tasks and activities that may involve occupational exposure to blood or other potentially infectious materials
- Ensuring that required exposure control measures, engineering controls, work practice controls, and personal protective equipment are implemented and followed
- Ensuring personnel complete all required training assigned through SciShield, including Bloodborne Pathogens, biosafety (e.g., BSL-2), and Sharps Safety training, as applicable to their assigned duties and exposure risk
- Providing and documenting task-specific and procedure-specific training not covered by institutional courses
- Ensuring that sharps are used only when necessary and that safer alternatives and safety-engineered devices are evaluated and used whenever feasible
- Maintaining awareness of incidents, near-misses, or unsafe conditions and taking prompt corrective action
- Ensuring that occupational exposures, sharps injuries, and near-misses are promptly reported through Riskonnect and to EHS or the BSO, as required
- Ensuring that affected personnel receive appropriate medical evaluation and follow-up following exposure incidents

Workers (Employees, Students, and Affiliates)

All employees, students, and affiliates whose work activities fall under this policy are responsible for conducting their work in accordance with established exposure control measures and safety procedures.

Individual responsibilities include:

- Completing all required training assigned through SciShield, including Bloodborne Pathogens, biosafety (e.g., BSL-2 Laboratory Biosafety), and Sharps Safety training, as applicable to assigned duties and exposure risk
- Following approved procedures and safe work practices designed to prevent exposure
- Properly using and maintaining assigned personal protective equipment
- Using sharps safely, activating safety features when present, and disposing of sharps immediately in approved sharps containers

- Promptly reporting exposure incidents, sharps injuries, unsafe conditions, and near-misses to their supervisor and through the Riskonnect incident reporting system
- Seeking medical evaluation promptly following any occupational exposure or potential exposure
- Participating in post-exposure evaluation, follow-up, or corrective action activities as required

Failure to comply with the responsibilities outlined in this section may result in corrective action in accordance with university policy and applicable regulatory requirements.

Exposure Determination

Exposure determination identifies job classifications, tasks, and activities at Oregon State University for which occupational exposure to blood or other potentially infectious materials (OPIM) may reasonably be anticipated.

Operationalization of Exposure Determination (SciShield and IBC Integration)

At Oregon State University, exposure determination is implemented through a combination of task-based evaluation and system-driven identification mechanisms. Institutional systems are used to ensure that individuals with occupational exposure are consistently identified and enrolled in required elements of the Bloodborne Pathogens Program. These mechanisms include:

- **Training-Based Identification (SciShield)**
  Assignment and completion of Bloodborne Pathogens (BBP) training in SciShield reflects job duties or activities with potential exposure to blood or other potentially infectious materials (OPIM).
- **Research-Based Identification (IBC Integration)**
  Personnel assigned to IBC-approved protocols involving human source materials or OPIM are identified as having potential occupational exposure based on protocol scope and approved activities.

These mechanisms supplement supervisory and task-based evaluation and serve as the primary institutional methods for ensuring that personnel with occupational exposure are identified, trained, and enrolled in required medical surveillance and documentation processes.

Exposure determination is task-based and independent of job title, department, or organizational unit. Units conducting activities covered by this policy must implement documented, task-appropriate exposure control measures, including written procedures where required. For research activities, exposure determination and associated control

measures are addressed through IBC registration, review, and approval processes, with personnel assigned to applicable protocols incorporated into exposure control measures.

Exposure determination is required by the OSHA Bloodborne Pathogens Standard and serves as the basis for implementation of exposure controls, assignment of required training, initiation of medical surveillance (including hepatitis B vaccination evaluation), and post-exposure management requirements.

At OSU, identification of occupational exposure through SciShield training assignments or IBC protocol participation triggers required program elements, including:

- Assignment of applicable training (e.g., Bloodborne Pathogens, Sharps Safety, and biosafety training, as appropriate)
- Initiation of hepatitis B vaccination documentation workflows
- Inclusion in institutional exposure reporting and response processes

This integrated approach ensures that personnel with occupational exposure are consistently identified and enrolled in required prevention and response measures across research, instructional, and operational environments.

Appendix A provides non-exhaustive examples of job classifications and tasks commonly associated with occupational exposure. The appendix is illustrative and does not limit the scope of applicability established by this policy.

Risk Assessment and Hazard Evaluation

Purpose

Risk assessment is used to evaluate the specific circumstances under which occupational exposure to bloodborne pathogens may occur and to identify appropriate control measures to eliminate or minimize risk.

Risk assessment builds upon exposure determination and is required whenever tasks involve blood, OPIM, or sharps with potential for exposure.

Risk Assessment Framework

Risk assessments must consider, at a minimum:

- The type of task or procedure performed
- The source and nature of human blood or OPIM involved
- The frequency and duration of the task
- The likelihood of splashes, sprays, aerosols, or percutaneous injury

- The use of sharps or other exposure-prone devices
- The experience and training level of personnel performing the task

Risk assessments must be documented and must inform the selection of engineering controls, work practice controls, and personal protective equipment.

Integration with Research and Institutional Oversight

For laboratories, teaching spaces, or clinical activities involving human source biological materials, risk assessment is conducted as part of the laboratory safety and biosafety review process.

When work requires registration with the IBC:

- Exposure risks must be identified during protocol development
- Risk mitigation measures must be evaluated and approved prior to work initiation
- Risk assessments must be reviewed when protocols change, techniques change, or incidents occur

Risk assessment under this policy does not replace IBC review and must be consistent with approved containment and biosafety requirements.

Sharps-Related Risk Assessment

For tasks involving sharps, risk assessment must explicitly evaluate:

- Whether the use of sharps can be eliminated or substituted
- The availability and feasibility of safety-engineered sharps
- Points in the procedure where injury is most likely (e.g., during manipulation, transfer, or disposal)
- Disposal practices and container placement

Sharps risk assessments must align with the OSU Sharps Safety Program and be revisited following sharps injuries or near-misses.

Review and Update of Risk Assessments

Risk assessments must be reviewed and updated:

- When procedures, equipment, or materials change
- When new sharps or safety devices are introduced
- After exposure incidents, sharps injuries, or near-misses
- During periodic program or laboratory reviews

Methods of Compliance

Purpose

OSU implements a comprehensive, prevention-focused approach to minimize occupational exposure to bloodborne pathogens. Methods of compliance are based on application of the Hierarchy of Controls and are informed by task-based exposure determination and risk assessment.

Exposure controls must be implemented to eliminate or minimize hazards at the source whenever feasible, rather than relying solely on individual behavior or personal protective equipment.

Hierarchy of Controls

OSU applies the following hierarchy when selecting and implementing exposure control measures:

1. Elimination or substitution
2. Engineering controls
3. Administrative and work practice controls
4. Personal protective equipment (PPE)

Controls must be selected and maintained in a manner commensurate with the risk of exposure and must be reviewed whenever tasks, materials, or procedures change.

Engineering Controls

Engineering controls are devices or physical systems that isolate or remove bloodborne pathogen hazards from the workplace. Engineering controls must be used whenever feasible and are the preferred method for exposure prevention.

Engineering controls include, but are not limited to:

- Safety-engineered sharps and sharps with engineered injury-prevention features, such as retractable needles, self-sheathing needles, shielded scalpels, and needle-free systems
- Approved sharps disposal containers that are puncture resistant, leakproof, closable, and labeled with the universal biohazard symbol
- Biological safety cabinets (BSCs) for procedures involving human source materials where splashes, sprays, or aerosols may be generated

- Plasticware or other non-breakable alternatives substituted for glassware whenever feasible
- Mechanical devices (e.g., tongs, forceps, dustpans) for handling broken or contaminated materials
- Handwashing sinks and emergency eyewash stations in areas where exposure is reasonably anticipated

Engineering controls must be selected, used, and maintained according to manufacturer instructions and institutional requirements.

Evaluation and selection of safety-engineered sharps must be documented and revisited when procedures change, new devices become available, or following sharps injuries or near-misses.

Administrative and Work Practice Controls

Administrative and work practice controls are policies, procedures, training, and behaviors designed to reduce the likelihood of exposure when engineering controls alone cannot eliminate risk.

General Work Practice Requirements

The following practices must be followed when working with blood or other potentially infectious materials:

- Universal (standard) precautions must be applied at all times
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where exposure is reasonably anticipated
- Mouth pipetting is prohibited
- Work practices must be designed to minimize splashing, spraying, spattering, and aerosol generation
- Hands must be washed immediately after contact with blood or OPIM and after removal of gloves

Sharps-Specific Work Practices

Sharps must be used only when no feasible alternative exists and must be handled in accordance with institutional sharps safety requirements.

Sharps-related work practices include the following:

- Exposed sharps must never be passed hand-to-hand; neutral zones or trays must be used when multiple individuals are involved

- Recapping, bending, or removing needles is prohibited except in rare, approved circumstances using one-handed techniques or engineered devices
- Safety features on sharps must be activated immediately upon completion of use and confirmed to be fully engaged before disposal
- Sharps must be disposed of immediately at the point of use in approved sharps containers
- Sharps containers must not be overfilled and must be closed and secured according to manufacturer instructions

All sharps use involving blood or OPIM must comply with both this policy and the OSU Sharps Safety Program. Where requirements differ, the more protective requirement applies.

Work Practice Controls: Housekeeping, Decontamination, and Waste Handling

Work surfaces and equipment must be cleaned and decontaminated routinely and after completion of procedures involving blood or OPIM.

Housekeeping controls include:

- Use of appropriate disinfectants effective against bloodborne pathogens
- Decontamination of work surfaces after spills and at the end of work activities
- Proper handling of contaminated equipment prior to servicing, repair, or removal from the work area

Spill response procedures must minimize exposure risk and must include appropriate PPE, absorbent materials, and disinfectants.

All regulated waste contaminated with blood or OPIM must be segregated at the point of generation and disposed of according to institutional requirements.

Key requirements include:

- Immediate disposal of contaminated sharps in approved sharps containers
- Collection of solid biohazard waste in labeled biohazard bags suitable for treatment
- Proper containment and handling of liquid waste prior to disposal

Waste handling procedures must prevent exposure during collection, transport, treatment, and disposal.

Personal Protective Equipment (PPE)

Personal protective equipment is required when exposure cannot be eliminated through engineering or work practice controls. PPE serves as a barrier to exposure but must not be relied upon as the primary means of protection.

PPE may include:

- Gloves appropriate to the hazard and task
- Lab coats, gowns, aprons, or other protective clothing
- Eye and face protection such as safety glasses, goggles, masks, or face shields

Gloves must be worn whenever hand contact with blood or OPIM is reasonably anticipated and must be changed when contaminated, damaged, or after task completion. Disposable gloves must never be washed or reused.

PPE must be:

- Provided at no cost to the worker
- Available in appropriate sizes and materials
- Properly maintained, cleaned, laundered, or disposed of as required

Training, Implementation, and Oversight

Training Framework and Assignment (SciShield Integration)

Oregon State University assigns required safety training through the institutional learning and compliance system (SciShield), based on task-, hazard-, and activity-based triggers.

Training is organized into distinct modules aligned with exposure risks:

- Bloodborne Pathogens (BBP) Training
- Biosafety (e.g., BSL-2 Laboratory Biosafety) Training
- Sharps Safety Training

These trainings are assigned independently based on risk. Completion of one module does not fulfill requirements for other modules unless explicitly indicated.

Methods of compliance described in this section must be supported by required training, including Bloodborne Pathogens, Biosafety (e.g., BSL-2 Laboratory Biosafety), and Sharps Safety training, as applicable, and by task-specific instruction provided by supervisors or principal investigators.

Supervisors and principal investigators are responsible for ensuring that exposure controls are implemented, followed, and reviewed as part of routine operations and following incidents or procedural changes.

Training assignments may be triggered through job duties, supervisory designation, or participation in research activities under IBC-approved protocols.

Review and Continuous Improvement

Compliance measures must be evaluated and updated as necessary to ensure ongoing effectiveness. Review may be triggered by:

- Changes in procedures, equipment, or materials
- Introduction of new sharps or safety devices
- Exposure incidents, sharps injuries, or near-misses
- Periodic program or laboratory reviews

Findings from incident investigations, inspections, and data reviews must be used to improve exposure control practices and reduce future risk.

Hepatitis B Vaccination and Medical Surveillance

Hepatitis B Vaccination

OSU provides access to hepatitis B vaccination for employees with occupational exposure to blood or other potentially infectious materials, in accordance with the OSHA Bloodborne Pathogens Standard

The hepatitis B vaccine is offered at no cost to the employee and must be made available following identification of occupational exposure and within required regulatory timeframes.

Identification of personnel requiring hepatitis B vaccination is based on task- and activity-based exposure determination, operationalized through institutional systems.

Vaccination Eligibility and Triggering Mechanisms

Personnel are identified as eligible for hepatitis B vaccination through one or more of the following mechanisms:

- Completion of Bloodborne Pathogens (BBP) training in SciShield, indicating job duties involving potential exposure
- Assignment to an IBC-approved protocol involving human source materials or other potentially infectious materials (OPIM)

When either condition is met, individuals are considered to have occupational exposure for purposes of vaccination evaluation and must complete required documentation.

Vaccination Documentation and Workflow (SciShield–DocuSign Integration)

OSU utilizes integrated electronic systems to initiate and manage hepatitis B vaccination documentation.

When an individual meets exposure criteria:

- A vaccination documentation workflow is initiated, including distribution of required forms via DocuSign
- Personnel must complete one of the following:
    - Accept vaccination
    - Provide documentation of prior vaccination or immunity
    - Submit formal declination

Completed documentation is transmitted to and maintained by OSU's designated occupational or student health providers, in accordance with confidentiality and recordkeeping requirements.

Documentation of vaccination status, immunity, medical contraindication, or declination is maintained confidentially in accordance with regulatory requirements**.**

Vaccination Administration

Administration of the hepatitis B vaccine and associated medical evaluation are coordinated through OSU's designated occupational or student health providers.

Personnel who elect vaccination are referred for vaccine administration and follow-up in accordance with current public health guidance and institutional procedures.

Supervisory Responsibilities

Supervisors and principal investigators are responsible for:

- Identifying personnel with occupational exposure through job duties and research activities
- Ensuring personnel complete required Bloodborne Pathogens training and associated vaccination documentation workflows when assigned
- Ensuring personnel who meet exposure criteria through training completion or IBC protocol participation complete required vaccination documentation

- Coordinating with EHS when questions arise regarding exposure determination or vaccination requirements
- Ensuring employees are not assigned exposure-prone duties in a manner inconsistent with regulatory requirements

Failure to complete required vaccination documentation may result in restriction from activities involving exposure to blood or OPIM until compliance is achieved.

Post-Exposure Evaluation and Follow-Up

Purpose

Prompt evaluation and follow-up of occupational exposures are essential to reduce the risk of infection, ensure appropriate medical management, and maintain compliance with regulatory and institutional requirements.

This section establishes institutional requirements for immediate response, medical evaluation, reporting, documentation, and follow-up following occupational exposure to blood or other potentially infectious materials (OPIM).

Definition of Occupational Exposure

An occupational exposure is defined as any eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of assigned job duties.

Exposures include, but are not limited to:

- Needlestick or sharps injuries
- Cuts from contaminated objects
- Splashes or sprays to eyes, nose, mouth, or broken skin
- Bites or scratches that break the skin and involve blood or OPIM

Immediate Response Following Exposure

Immediately following an occupational exposure, the exposed individual must take the following actions:

- Wash needlesticks, cuts, or affected skin areas thoroughly with soap and water
- Flush splashes to eyes, nose, or mouth with clean water, saline, or sterile irrigating solution
- Remove contaminated personal protective equipment as soon as feasible
- Notify the supervisor or principal investigator as soon as possible

Prompt medical evaluation is critical and must not be delayed to complete reporting or administrative steps.

Medical Evaluation and Follow-Up

Medical evaluation must be obtained as soon as feasible following an exposure that involves, or may involve, blood or OPIM.

Medical evaluation and follow-up may include:

- Assessment of the nature and route of exposure
- Evaluation of the exposure source, when feasible and permitted
- Baseline and follow-up testing in accordance with current public health guidance
- Consideration of post-exposure prophylaxis when medically indicated
- Medical counseling related to exposure risks and follow-up care

Medical evaluations are provided through OSU-designated occupational health or student health providers or through external medical facilities as appropriate.

Reporting Requirements

All occupational exposures, sharps injuries, potential exposures, and near-misses must be reported promptly through the OSU incident reporting system (Riskonnect).

Reporting requirements include:

- Immediate notification to the supervisor or principal investigator
- Submission of an incident report through the OSU incident reporting system (Riskonnect)
- Notification to EHS or the BSO, as applicable

Riskonnect serves as the sole institutional system for reporting sharps injuries, exposures, and near-misses. Separate or supplemental sharps injury reporting forms are not used.

Reporting must occur even if the exposure is believed to be low risk or if medical treatment is declined.

Sharps-Related Exposures

Sharps injuries or exposures must be managed in accordance with both this policy and the OSU Sharps Safety Program.

In addition to the actions described above:

- Sharps-related incidents must be documented through Riskonnect to support required sharps injury log maintenance, regulatory compliance, and trend analysis
- Information related to the device involved, task performed, and circumstances of injury must be provided as part of incident reporting
- Findings from sharps injury evaluations may result in changes to procedures, equipment selection, or training
- EHS is responsible for maintaining the institutional sharps injury log based on Riskonnect reporting data and conducting periodic trend analysis to support injury prevention and program improvement

Research-Related Exposures and Biosafety Reporting

Exposures associated with research activities involving human source biological materials must be reported to the BSO.

For work subject to IBC oversight:

- Exposure incidents must be evaluated to determine whether additional institutional or regulatory reporting is required
- The BSO coordinates any required reporting to federal or state agencies
- Corrective actions or protocol modifications may be required prior to resuming work

Compliance with this policy does not replace IBC reporting requirements and must be consistent with approved biosafety protocols.

Documentation and Confidentiality

Records related to occupational exposures and medical evaluations are maintained in accordance with regulatory requirements and institutional policy.

Key principles include:

- Medical records are confidential and maintained separately from personnel records
- Exposure documentation is retained for required regulatory timeframes
- Access to records is limited to authorized individuals with a legitimate need to know

Corrective Actions and Program Improvement

Information obtained through exposure reports and follow-up evaluations is used to improve exposure prevention and response.

Corrective actions may include:

- Review and modification of procedures or work practices
- Evaluation and adoption of alternative equipment or safety-engineered devices
- Additional training or retraining of personnel
- Updates to exposure control or risk assessment documentation

Supervisors, principal investigators, EHS, and the BSO share responsibility for ensuring corrective measures are implemented and effective.

Recordkeeping and Documentation

Purpose

Accurate recordkeeping and documentation are essential to demonstrate compliance with regulatory requirements, support effective exposure prevention, ensure appropriate medical follow-up, and maintain institutional accountability.

OSU utilizes integrated electronic systems to support required recordkeeping, including SciShield for training assignment and completion records and DocuSign for hepatitis B vaccination documentation workflows. Records generated through these systems serve as the official institutional record of compliance with training, medical surveillance, and exposure reporting requirements and are maintained in accordance with regulatory recordkeeping standards. Riskonnect serves as the official system for documentation and management of exposure incidents and injury reporting.

This section describes requirements for training records, exposure and incident documentation, medical record confidentiality, and record retention related to occupational exposure to bloodborne pathogens.

Training Records

Records documenting completion of required Bloodborne Pathogens, Sharps Safety, and related training must be maintained for all personnel covered by this policy.

Training records must include, as applicable:

- The date(s) of training
- The content or subject matter of the training
- The name and qualifications of the individual(s) conducting the training
- The names and roles of individuals who completed the training

Institutionally provided training is tracked centrally through the university training management system. Supervisors and principal investigators remain responsible for

documenting any task-specific or procedure-specific training not captured in institutional systems.

Training records must be retained for a minimum of three (3) years from the date of training, or longer if required by regulation or institutional policy.

Exposure and Incident Records

All occupational exposure incidents, sharps injuries, and potential exposure events must be documented, regardless of whether medical treatment is sought or symptoms develop.

Exposure and incident documentation must include, as appropriate:

- The date, time, and location of the incident
- A description of the task or activity being performed
- The route(s) of exposure
- The type of material involved
- Information related to any sharps or devices involved
- Immediate response and follow-up actions taken

Incident documentation is maintained through the university incident reporting system and supporting EHS and biosafety records, as applicable.

Sharps Injury Records

In accordance with regulatory requirements, sharps injuries involving bloodborne pathogen exposure risk must be recorded in a manner that supports institutional trend analysis and injury prevention.

Sharps-related documentation must capture sufficient information to evaluate:

- The type and brand of device involved
- The task or procedure being performed
- The circumstances under which the injury occurred

Sharps injury information is maintained in a manner that protects employee confidentiality and is used by EHS to support program review and continuous improvement.

Medical Records and Confidentiality

Medical records related to occupational exposure, vaccination status, post-exposure evaluation, testing, and follow-up are confidential.

Medical records are:

- Maintained separately from personnel files
- Accessible only to authorized occupational health, student health, or designated institutional personnel
- Released only with employee consent or as required by law

Supervisors, departments, and principal investigators must not maintain copies of employee medical records.

Record Retention

Record retention must comply with applicable regulatory and institutional requirements.

Minimum retention periods include:

- Training records: at least three (3) years from the date of training
- Exposure and medical records: for the duration of employment plus thirty (30) years, as required by the OSHA Bloodborne Pathogens Standard
- Sharps injury records: for the minimum period required by occupational safety regulations

Records may be retained longer when required for regulatory reporting, institutional oversight, or legal purposes.

Access to Records

Employees and former employees have the right to access their own records as permitted by regulation.

Requests for access to training, exposure, or medical records must be directed to EHS or the appropriate health services provider, as applicable.

Program Evaluation and Continuous Improvement

Recordkeeping data are used to evaluate the effectiveness of exposure prevention measures and to identify trends that may require corrective action.

EHS reviews aggregated training, exposure, and sharps injury data to:

- Identify recurring hazards, task-related risks, or procedural issues
- Inform improvements to training, equipment selection, and work practices
- Support continuous improvement of exposure prevention measures

Supervisors and principal investigators are responsible for implementing and monitoring corrective actions identified through incident review, data analysis, and follow-up evaluations.

Policy Review, Evaluation, and Revision

Regular review and evaluation of this policy are necessary to ensure continued effectiveness, alignment with regulatory requirements, and integration with related university safety programs.

This section establishes expectations for periodic review, evaluation following incidents or changes in work practices, and revision of the policy as needed.

Policy Review

The Bloodborne Pathogens Exposure Control Policy is reviewed by EHS on a periodic basis and updated as necessary to reflect:

- Changes in applicable federal or state regulations
- Revisions to related institutional policies or programs
- Updates to recognized standards, guidance, or best practices
- Changes in university operations that may affect exposure risk

At a minimum, this policy will be reviewed at least annually, as required by the OSHA Bloodborne Pathogens Standard.

Evaluation of Effectiveness

The effectiveness of this policy is evaluated using multiple sources of information, including:

- Occupational exposure and incident reports
- Sharps injury data and trend analysis
- Training completion and compliance data
- Results of inspections, audits, or laboratory reviews
- Findings from exposure investigations or post-incident evaluations

Evaluation findings may be used to identify deficiencies, prioritize corrective actions, and inform updates to exposure control measures, training content, or supporting guidance.

Triggered Review and Interim Updates

In addition to scheduled reviews, interim evaluation or revision of this policy may be initiated when:

- Exposure incidents, sharps injuries, or near-misses identify gaps or deficiencies
- New procedures, technologies, or equipment introduce different exposure risks
- Changes occur in reporting systems, training platforms, or medical management workflows
- Institutional oversight requirements or program structure change

Interim updates may be issued without waiting for the next scheduled review cycle when necessary to address identified risks or compliance obligations.

Revision and Communication

Revisions to this policy are approved through EHS and communicated to affected departments, supervisors, and personnel as appropriate.

Updated versions of the policy and supporting guidance are made available through official university channels. Implementation of revised requirements may be supported by targeted training, updated procedures, or supplemental communications.

Superseded Versions

When this policy is revised, prior versions are archived and retained in accordance with institutional record retention practices.

Only the most current, approved version of the policy is considered authoritative.

Appendix A – Examples of OSU Units and Activities Covered by the Bloodborne Pathogens Exposure Control Policy

This appendix provides examples of Oregon State University divisions, departments, units, and activities whose routine or incidental work functions may reasonably involve occupational exposure to blood or other potentially infectious materials (OPIM).

Inclusion of a unit or activity in this appendix does not, by itself, determine coverage under the OSHA Bloodborne Pathogens Standard. Coverage is based on the performance of tasks that may result in occupational exposure, as defined in this policy and applicable regulations. Conversely, employees, students, or affiliates in units not listed below are subject to this policy when their assigned duties involve potential exposure to blood or OPIM.

The following OSU units and functional areas commonly include personnel with occupational exposure to bloodborne pathogens. Examples of covered activities are provided for illustration and are not exhaustive.

Academic and Research Units

Academic colleges, departments, and research laboratories conducting activities involving:

- Human blood, body fluids, tissues, or primary human cells
- Human cell lines not certified as non-infectious
- Environmental samples reasonably expected to contain human biological material (e.g., wastewater, sewage, biosolids)
- Research subject to IBC oversight

Student Health and Clinical Services

- Student Health Services and associated clinical operations
- Faculty or staff providing clinical, diagnostic, or first-aid services as part of their assigned duties

Athletics, Recreation, and Instructional Programs

- Intercollegiate Athletics
    - Athletic trainers and personnel providing treatment or injury response
- Department of Recreational Sports
    - Staff responding to injuries occurring in recreational or instructional facilities
- Instructional programs involving hands-on activities where injury response may be required

Facilities, Custodial, and Maintenance Operations

- Facilities Services employees, including duties involving:
    - Cleanup of blood or body fluid spills
    - Handling regulated waste
    - Maintenance or repair in areas contaminated with blood or OPIM
- Custodial staff (including contract services):
    - Contract employers are responsible for ensuring compliance with applicable training and exposure control requirements

Housing, Dining, and Residential Services

University Housing and Dining Services personnel whose duties may involve:

- Response to injuries in residential or dining facilities

- Cleanup or handling of blood or potentially infectious materials following incidents

EHS and Related Oversight Functions

EHS personnel engaged in:

- Biosafety oversight, inspections, or incident response
- Management of regulated medical or biological waste
- Exposure investigations or post-exposure follow-up

Appendix A.2 – Relationship to Other OSU Safety Programs

Personnel covered by this policy may also be subject to additional OSU safety programs depending on their work activities. These programs include, but are not limited to:

- OSU IBC Policies and Procedures Manual
- OSU Sharps Safety Program
- OSU Laboratory Biosafety Policies
- OSU Incident and Injury Reporting requirements (Riskonnect)

Compliance with this policy is required in addition to, and does not replace, any applicable requirements established under these programs.

Appendix A.3 – Updates and Maintenance

This appendix is maintained by EHS and may be updated as needed to reflect changes in university operations, organizational structure, or activities involving potential exposure to bloodborne pathogens.

Updates to this appendix do not require full revision of the Bloodborne Pathogens Exposure Control Policy, provided that such changes do not alter the scope or applicability of the policy.

This appendix is intended to provide illustrative examples and is not exhaustive. Inclusion or omission of a unit or activity does not determine coverage under this policy.

A record of revisions and updates to this appendix is maintained by EHS and is available upon request.