

## EXPERIMENTS INVOLVING BLOODBORNE PATHOGENS

### Introduction

The law governing Bloodborne Pathogens, [Occupational Safety and Health Administration \(OSHA\) 29 CFR § 1910.1030](#), was enacted in 1991 to protect employees who are “reasonably anticipated” as the result of performing their job duties to have contact with human blood, tissue, and other potentially infectious materials, including all human cell lines. The standard mandates engineering controls, work practices, and personal protective equipment that, coupled with employee training, are intended to reduce on-the-job risks. The standard requires the employer, i.e., the university, to establish a written [Exposure Control Plan](#), identifying workers with occupational exposure to bloodborne pathogens and specifying means to protect and train them. It also requires ASU to offer Hepatitis B vaccinations to several job categories.

In addition, Congress passed the [Needlestick Safety and Prevention Act](#) that became law on November 6, 2000. ASU departments and units must evaluate, and where feasible, implement appropriate safer medical devices that are commercially available and effective.

All work with human blood, tissue, or other potentially infectious materials must be approved by the [Institutional Biosafety Committee](#) (IBC).

### Applicable ASU Policies

- EHS 101 - Bloodborne Pathogens and Needlestick Prevention
- EHS 405 - Shipping and Receiving Hazardous Materials

### Applicable ASU Guidelines

- Biosafety Manual
- Bloodborne Pathogen Exposure Control Plan
- Biological Hazardous Waste Management Compliance Guidelines
- Lab-specific standard operating procedures (SOPs) are required; EH&S has a template on the [Biosafety website](#) that can be used to generate SOPs.

### Applicable Regulations

- U.S. Department of Labor, 29 CFR § 1910.1030 Occupational Exposures to Bloodborne Pathogens

### Summary of Requirements

- IBC registration and approval of all work with human blood, tissue, other potentially infectious material including all human cell lines;
- Containment level for work with bloodborne pathogens is determined by the IBC based on a risk assessment and recommendations in the [Biosafety in Microbiological and Biomedical Laboratories](#) (BMBL). This manual is maintained and updated by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health. In most cases the containment level for bloodborne pathogens will be BSL2.

## Training Options

### Biosafety Training

Those who work with known infectious agents or in research laboratories are required to take the Biosafety Training course, offered once a month. This course satisfies both the OSHA Bloodborne Pathogens training requirement and the Biosafety Training requirement. There is an initial training session; with required annual refresher courses offered (both are offered once a month). These courses are available year-round.

### Bloodborne Pathogens Training

OSHA requires that those who work with human blood products, such as in a clinical setting, or who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during the performance of their **primary** duties, receive Bloodborne Pathogens training. There is an initial training session; with required annual refresher courses offered (both are offered once a month). These courses are available September through May.

**Registration for Biosafety Training or for Bloodborne Pathogens Training: Contact**  
[Biosafety@asu.edu](mailto:Biosafety@asu.edu).

### Reporting

- The Principal Investigator must report all research-related accidents or illnesses to EH&S and the IBC. The IBC is responsible for reporting any significant problems with or violations of the *NIH Guidelines* and any significant research-related accidents or illnesses to NIH within 30 days unless the IBC determines that a report has already been filed by the Principal Investigator.
- **Post-exposure treatment must be started as soon as possible following an exposure incident.** If an exposure occurs, the individual should immediately go to Campus Health Service. If Campus Health is closed, follow-up care may be obtained at the nearest emergency room and reported to Campus Health Service and EH&S the next business day.

### Recordkeeping

- The ASU Office for Research and Sponsored Projects Administration maintains records of registrations approved by the IBC.
- Training records must be kept for 3 years.
- Medical records must be kept for the duration of employment plus 30 years.
- A sharps injury log must be maintained.

### Technical Contacts

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