



FACILITIES MANAGEMENT DEPARTMENT

POLICY: I: 11—Bloodborne Pathogens Exposure Control Plan
Procedure Review: Annually

DATED: June 1997
UPDATED: August 2018

APPROVED: Executive Director of Facilities and Construction: _____

I. INTRODUCTION

- A. The OSHA/VOSH 1910.1030 bloodborne Pathogens standard was issued to reduce the occupational (work place) transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses.
- B. Exposure can happen to workers from needle stick injuries and from direct contact of mucous membranes (mouth, nose, eyes, and vaginal) and non-intact skin with contaminated blood/materials, while performing their work duties. Occupational (work place) transmission of HBV occurs much more often than transmission of HIV.

II. PURPOSE

- A. This exposure control plan has been established by the Facilities Management (FM) Department in order to minimize and prevent, when possible, the exposure of staff members to disease-causing microorganisms transmitted through human blood, and as a means of complying with the bloodborne pathogens standard. Staff members exposed to blood and other potentially infectious materials as a part of their job duties are included in this program (See V. Exposure Determination, for a discussion of job categories and tasks that have been identified as having exposure). This plan is reviewed at least once annually and updated as necessary by FM administration.
- B. Copies of this plan are available in the University Services Building and University Services Annex and in additional locations in university buildings where there is a housekeeping break room.
- C. New staff members who are in “at-risk” positions, are required to review the plan when hired. All other staff members may request a copy from the Risk Management Training Coordinator.

- D. Basic components of this exposure control plan include:
 - Exposure Determination
 - Methods of Compliance
 - Hepatitis B Vaccination Policy
 - Procedures for Evaluation and Follow-up of Exposure Incidents
 - Employee Training
 - Record Keeping Procedures

III. DEFINITIONS

- A. Bloodborne pathogens - Potentially infectious diseases transmitted through contact with blood or other body fluids.
- B. At-Risk Employees – Employees who could be “reasonable anticipated,” as a result of performing job duties, to have contact with blood and other potentially infectious materials.
- C. Titre: - A way of expressing concentration. Titre testing employs serial dilution to obtain approximate quantitative information from an analytical procedure that inherently only evaluates as positive or negative. The titre corresponds to the highest dilution factor that still yields a positive reading.

IV. RESPONSIBILITIES

- A. Executive Director of Facilities and Construction - Responsible for overall implementation of this procedure.
- B. Directors and Assistant Directors - Ensure compliance of this procedure.
- C. Managers - Responsible for determining employees that are in an "at risk" category, ensuring that all "at risk" personnel receive the required training related to this procedure.
- D. Supervisors - Responsible for the communication, and implementation of this procedure.
- E. Risk Management Training Coordinator - Responsible for conducting appropriate department bloodborne pathogens training for new employees, annual training, tracking and maintaining records. Responsible to review this procedure and to monitor compliance.
- F. Employee – Responsible for following established guidelines for cleaning and disposal of infectious materials.

V. EXPOSURE DETERMINATION

- A. Job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e. employees are considered to be “at risk” even if they wear personal protective equipment).

B. Other potentially infectious materials:

Body Fluids

- a. semen
- b. vaginal secretions
- c. cerebrospinal fluid(spine)
- d. pleural fluid(lung)
- e. pericardial fluid(heart)
- f. peritoneal fluid(abdomen, belly)
- g. amniotic fluid(around baby)
- h. any body fluid visibly contaminated with blood
- i. saliva in dental procedures

Other Materials

- j. any fixed tissue or organ (other than intact skin) from a human (living or dead)
- k. HIV/HBV containing cell or tissue cultures, organ cultures, and culture medium
- l. blood, organs, or other tissues from experimental animals infected with HIV or HBV

- C. All FM employees are deemed at risk due to the nature of their job and/or due to the hazards of helping someone with first aid.

VI. METHODS OF COMPLIANCE

- A. Universal precautions - All blood or other potentially infectious materials (as described in V. Exposure Determination) shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- B. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after these controls are put in place, personal protective equipment (PPE) shall also be used. The following engineering controls will be used:
- 1. Hand washing is the primary infection control measure, which is protective of both the employee and the public. Appropriate hand washing must be diligently practiced. Hand washing facilities are available in work areas. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.
 - 2. Eating, drinking, smoking, and applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
 - 3. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
 - 4. Employees shall be careful to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- A. PPE will be provided, repaired, cleaned, and disposed of by the university.
- B. Employees shall wear PPE when performing procedures in which exposure to the skin, eyes, mouth or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. A variety of gloves, masks, and eye protection are available. Hypoallergenic gloves are available to employees with allergies to regular gloves.
- C. PPE shall be removed before leaving the work area and placed in assigned containers for storage, washing, decontamination or disposal.
- D. Containers are located in each building.
- E. Supervisors are responsible to ensure that waste is disposed of properly.
- F. Gloves are the primary protection for hands and shall be worn during cleaning procedures.
 - 1. Disposable gloves
 - a. Replace as soon as feasible when gloves are contaminated, torn, punctured or when their ability to act as a barrier is compromised.
 - b. Do not wash or decontaminate single use gloves, dispose of gloves by placing them in the appropriate container.
 - 2. Utility gloves
 - a. Decontaminate for re-use if the gloves are in good condition.
 - b. Discard when gloves are cracked, peeling, torn, punctured, or show other signs of deterioration or when the ability to act as a barrier is compromised.
- G. Protection for eyes/nose/mouth

Employees shall wear masks or face shields in combination with eye protection devices (goggles or glasses with solid side shields) or chin length face shields when splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Situations, which would require such protection, are when using spray containers or working overhead.

VIII. GENERAL POLICY FOR HOUSEKEEPING STAFF

- A. The work place will be maintained in a clean and sanitary condition.
- B. Standard housekeeping procedures, which give the appropriate methods and frequency of cleaning, type of surface to be cleaned, and tasks or procedures to be performed are detailed in the housekeeping procedure manual to be followed.

- C. Clean contaminated work surfaces and equipment with appropriate disinfectant daily or according to frequency established.
- D. Dispose of sharps (razors, razor blades, needles, etc.) in the containers provided. Do not dispose of these objects in the regular trash.
- E. Employees will be informed of hazards through a system of labeling and/or color-coding as well as a training program, which is discussed in Section XII of this written plan.
- F. 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. Contaminated equipment shall also be labeled in this manner. Information about the portions of the equipment that remain contaminated shall be added to the label.
 - 1. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard (biological danger) symbol and the text, BIOHAZARD.
 - 2. Red biohazard bags or red biohazard containers may be substituted for the warning label.
 - 3. Red biohazard bags of trash will be taken to the USB Annex for pickup by authorized transporter.

IX. MAINTENANCE STAFF

Use universal precautions and PPE equipment when working in a possibly contaminated area. See your supervisor for special instructions.

X. HEPATITIS B VACCINATION POLICY

- A. FM employees will be offered the Hepatitis B vaccination series at no cost to them (through Sentara Occupational Health). In addition, employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.
- B. Medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic (to prevent) or post-exposure (after being exposed), will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician or licensed nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U. S. Public Health Service.
- C. The Hepatitis B vaccination is a series of three (3) injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. A titre will be performed approximately six (6) months of last injection to see if immunity was formed.
- D. The vaccination will be made available to employees after they have attended the FM Orientation on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure.

- E. The vaccination series is not indicated for any employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated (may have an allergic reaction).
- F. Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement. (See appendix A.)

XI. PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

- A. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that results from the performance of an employee's duty.
- B. Employees who experience an exposure incident must immediately report their exposure to their supervisor. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:
 - 1. Complete an accident report and include documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
 - 2. Identification and documentation of the source individual unless identification is not feasible.
- C. If the infectivity status of the source individual is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.
- D. The exposed employees blood shall be collected as soon as possible after consent is obtained, and tested for HBV and HIV serological (virus present in the blood) status. 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 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The exposed employee will be offered post exposure prophylaxis (prevention), when medically indicated, as recommended by the U. S. public health service. (See appendix B & C.) The exposed employee will be offered counseling and medical evaluation of any reported illnesses.
- E. The following information will be provided to the healthcare professional evaluating an employee after an exposure:
 - 1. A copy of 1910.1030 bloodborne pathogens standard.
 - 2. A description of the exposed employees' duties as they relate to the exposure incident.
 - 3. Medical records relevant to the appropriate treatment of the employee including vaccination status.

4. A copy of the Facilities Management Exposure Control Plan Procedure I: 11.
- F. James Madison University shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:
1. The employee has been informed of the results of the evaluation.
 2. 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.

NOTE: All other findings shall remain confidential and shall not be included in the written report.

XII. TRAINING

- A. Employees will be trained regarding bloodborne pathogens during their initial FM orientation and annually thereafter. Whenever possible, this training will take place during normal work hours. Additional training will be provided when there are changes in tasks or procedures, which affect the employee's occupational exposure; this training will be limited to the new exposure situation.
- B. Training will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to ask questions. The Risk Management Safety Coordinator is responsible for arranging and/or conducting training.
- C. The following content will be included:
1. Explanation of the bloodborne pathogens standard.
 2. General explanation of the epidemiology (who is at risk), modes of transmission and symptoms of bloodborne diseases.
 3. Explanation of exposure control plan and implementation.
 4. Procedures that may expose employees to blood or other potentially infectious materials.
 5. Control methods to prevent/reduce the risk of exposure to blood or other potentially infectious materials.
 6. Explanation of the basis for selection of personal protective equipment.
 7. Information on the Hepatitis B vaccination program including the benefits and safety of vaccination.
 8. Information on procedures to use in an emergency involving blood or other potentially infectious materials.

9. Procedures to follow if an exposure incident occurs.
10. Explanation of post-exposure evaluation and follow-up procedures.
11. An explanation of warning labels and/or color-coding.

XIII. RECORD KEEPING PROCEDURES

Procedures are in place for maintaining both medical and department training records. If James Madison University should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

A. Medical record keeping

A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

B. The medical record shall include the following:

1. Name and social security number of the employee.
2. A copy of the employees Hepatitis B vaccination status with dates of employee's ability to receive vaccination.
3. A copy of examination results, medical testing, and any follow-up procedures.
4. A copy of the healthcare professional's written opinion.
5. A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination prophylactic ally (to protect) and/or after an exposure incident.

C. Confidentiality of medical records

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employees express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

D. Training records

FM Training records shall be maintained for three years from the date on which training occurred by the Risk Management Training Coordinator. The following information shall be included:

1. Dates of training sessions.
2. Contents or a summary of the training sessions.
3. Names and qualifications of trainer(s).
4. Names, job titles and employee identification numbers of all persons attending.

E. Training records shall be provided upon request for examination and copying to employees to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

JAMES MADISON UNIVERSITY
MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____

Print Name: _____

Title: _____

Department: _____

Date: _____

This form pertains to the requirements of the 1910.1030 standard on Occupational Exposure to Bloodborne Pathogens.

If you as an employee of James Madison University elect not to receive the hepatitis B vaccine, please sign this form and return under confidential cover to Hope Thompson, Risk Management, 131 West Grace Street, Room 0110.

REFERENCES

1. OSHA Instruction CPL 02-00-159, October 1, 2015, the Field Operations Manual (FOM).
2. OSHA Instruction ADM 1-1.12B, December 29, 1989, the Integrated Management Information System (IMIS) Forms Manual.
3. Center for Disease Control Morbidity and Mortality Weekly Report: "Recommendations for Prevention of HIV Transmission in Health Care Settings." August 1987; Vol. 36, No. S-2.
4. Centers for Disease Control Morbidity and Mortality Weekly Report: 1988 Agent Summary Statement for Human immunodeficiency Virus and Report on Laboratory-Acquired Infection with Human Immunodeficiency Virus. April 1, 1988; Vol. 37, No. S-4.
5. Centers for Disease Control Morbidity and Mortality Weekly Report: "Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers." June 23, 1989; Vol. 38, No. S-6.
6. Centers for Disease Control Morbidity and Mortality Weekly Report: "Update: Universal Precautions for the Prevention of Transmission of HIV, HBV and Other Bloodborne Pathogens in Health Care Settings." June 24, 1988; Vol. 37, No. 24.

