



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

DATED: June 1997
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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 (OPIM). 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. In conjunction with University policy 3109 (Bloodborne Pathogens), this exposure control plan has been established by Facilities Management (FM) 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 OPIM as a part of their job duties are included in this program (See V. Exposure Determination, for a discussion of job categories and tasks identified as having exposure).
- B. Employees who are in “at-risk” positions, are required to review this plan or may request a copy from their supervisor/manager.
- C. 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 - Pathogenic microorganisms that are present in human blood and can cause disease in humans. Pathogens include but are not limited to hepatitis B, hepatitis C, and human immunodeficiency viruses.

At-Risk Employees – Employees who could be reasonably anticipated, as a result of performing their job duties, to have contact with human blood or OPIM.

IV. RESPONSIBILITIES

- A. Executive Director of Facilities and Construction - Responsible for overall implementation of this procedure.
- B. Directors - Ensure compliance of this procedure.
- C. Managers - Responsible for determining employees that are in an "at risk" category, ensuring "at risk" personnel receive the required training related to this procedure.
- D. Supervisors - Responsible for the communication and implementation of this procedure to their employees as well as ensure "at risk" positions descriptions are correctly identified in the employee's position description.
- E. Risk Management - Responsible for conducting bloodborne pathogens training for new employees, annual training, tracking and maintaining records.
- F. Employees – 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 an employee will have skin, eye, mucous membrane, or potential contact with blood or OPIM (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 PPE).

- 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
- j. feces

Other Materials

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

VI. METHODS OF COMPLIANCE

- A. Universal precautions - All blood or OPIM (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. Work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after these controls are put in place, PPE shall also be used. The following controls will be used:
 - 1. Hand washing is the primary infection control measure that must be diligently practiced. Employees shall wash hands or skin thoroughly using soap and water as soon as possible after removing gloves or other PPE. When mucous membranes come in contact with blood or OPIM, 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 OPIM.
 - 3. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on counter tops or bench tops where blood or OPIM is present.
 - 4. Employees shall be careful to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or OPIM.

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.
- C. PPE shall be removed before leaving the work area and placed in assigned containers for storage, washing, decontamination or disposal.
- D. Supervisors are responsible to ensure waste is disposed of properly.
- E. Gloves are the primary protection for hands and shall be worn during cleaning procedures.
 - 1. Disposable medical grade gloves
 - a. Replace 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.
 - c. Employees with sensitivity to latex gloves may speak with their supervisor for alternative options. The supervisor may refer the request to the Office of Disability Services.

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.

F. 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 OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

VIII. GENERAL POLICY FOR HOUSEKEEPING STAFF

- A. The work place will be maintained in a clean and sanitary condition. Standard housekeeping procedures, which give the appropriate methods and frequency of cleaning, type of surface to be cleaned, and tasks or procedures shall be followed.
- B. Clean contaminated work surfaces and equipment with appropriate disinfectant according to frequency established.
- C. Dispose of sharps (razors, razor blades, needles, etc.) in the containers provided. Do not dispose of these objects in the regular trash.
- D. 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.
- E. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM. 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 designated area for pickup by an 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 are offered the Hepatitis B vaccination series at no cost to them (through a JMU contracted third-party administrator.) In addition, employees are 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), are made available to the employee. This medical care is performed by or under the supervision of a licensed physician or licensed nurse practitioner.
- 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 to determine immunity is offered approximately four to eight weeks after the last injection.
- D. The vaccination will be made available to employees after they have received training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure.
- E. The vaccination series is not recommended for 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 who may have an allergic reaction.
- F. Any exposed employee who declines the Hepatitis B vaccination is required to sign a declination statement. (See appendix A). If the employee chooses to take the vaccination at a later date, they may do so and the employer shall make the vaccination available at no cost to the employee.

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 parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- B. Employees who experience an exposure incident must immediately report the exposure to their supervisor. When an employee reports an exposure incident, they will be offered a confidential medical evaluation and follow-up including the following elements:
 - 1. Complete an incident 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. FM will follow the guidelines set for by OSHA's Bloodborne Pathogens Standard.
- D. The following information will be provided to the healthcare professional evaluating an employee after an exposure:
 - 1. A copy of OHSA 1910.1030 bloodborne pathogens standard.
 - 2. A description of the exposed employees' duties as they relate to the exposure incident.

3. Documentation of the route(s) and circumstances of the exposure
 4. Results of the source individual's blood testing, if available
 3. Medical records relevant to the employee's treatment including vaccination status.
- E. Risk Management 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.

The employee has been told about any medical conditions resulting from exposure to blood or OPIM, 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 orientation and annually thereafter. If an employee's work tasks change between annual training, the FM supervisor will ensure the employee receives the required training. 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. Risk Management staff is responsible for arranging and/or conducting training. Employees will receive training during new hire orientation and annually thereafter.
- 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 OPIM materials.
 5. Control methods to prevent/reduce the risk of exposure to blood or OPIM.
 6. Explanation of the basis for selection of PPE.
 7. Information on the Hepatitis B vaccination program.
 8. Information on procedures to use in an emergency involving blood or OPIM.
 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 the 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. Exposure 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 exposure medical record shall include the following:

1. Name and identification 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 prophylactics (to protect) and/or after an exposure incident.

C. Confidentiality of medical records

Records 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 Risk Management staff. 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 employees 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.

Hepatitis B Vaccination Form

In compliance with *OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030*, JMU employees at-risk of occupational exposure to blood or other potentially infectious materials are eligible to receive the Hepatitis B vaccination series, at no cost to them.

NOTE: The Hepatitis B vaccine became part of most standard childhood vaccination schedules in 1991; employees born in, or after, that year may have already received the vaccine. Also, beginning in July 2005, the Commonwealth of Virginia has required students to be immunized against Hepatitis B (or show proof of positive immunity or declination) before matriculating. If in doubt, check your personal health record, or with Student Health Services, to determine if you have already received the Hepatitis B vaccination series.

ALL eligible employees must provide a response, either an acceptance or declination of services.

Select One:

- I DECLINE the Hepatitis B Vaccination series because I am already vaccinated.**
- I DECLINE the Hepatitis B Vaccination series.** *(Possible reasons for declination may include personal health status, or personal choice.)*

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus infection, a serious infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. If in the future, if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

- I ACCEPT the Hepatitis B Vaccination series.** *(The vaccine is given in 3-doses; initial, +1 month, +6 months.)*

- Vaccination Authorization Forms will be sent to the employee's JMU email
- The series will be administered by Valley Urgent Care & Occupational Medicine:
921 Medical Avenue
Harrisonburg, VA 22801
Phone: 540-434-5709 Fax: 540-434-5710

NOTICE: The vaccination series will be charged to your department. If you fail to begin the vaccine series within 45 days of receiving authorization, or fail to complete the vaccine series, you shall be deemed to have declined the vaccination. In such event, you acknowledge and agree with the statement in the declination box (above) on this form. If you decide you still want to receive the vaccination after 45 days, please contact the Risk Management Office for re-authorization.

Print Name

Signature

Date

Employee ID#

Department Name:

Phone #

JMU Email Address

Department:# (if known)