

**Policy 3109  
Bloodborne Pathogens**

**Date of Current Revision: February 2023**

**Primary Responsible Officer: Director of Emergency Management**

**Secondary Responsible Officers: Director of Human Resources**

**1. PURPOSE**

This policy advises all employees of the university of the practices and procedures to help prevent exposure to blood and other potentially infectious materials.

**2. AUTHORITY**

The Board of Visitors has been authorized by the Commonwealth of Virginia to govern James Madison University. See Code of Virginia § 23.1-1600; § 23.1-1301. The Board has delegated the authority to manage the university to the president.

**STATE OR FEDERAL STATUTE AND/OR REGULATION**

The bloodborne pathogens exposure control plan is mandated for all at-risk employers/employees by the United States Department of Labor in Occupational Safety and Health Act (OSHA) [Standard 29 CFR 1910.1030](#) and by the Commonwealth of Virginia through [Virginia Occupational Safety and Health \(VOSH\)](#) and is applicable to the university.

**3. DEFINITIONS**

**At-Risk Employees**

All employees who could be reasonably anticipated, as a result of performing their job duties, to have contact with blood and other potentially infectious materials.

**Bloodborne Pathogens**

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B and C viruses (HBV or HCV) and human immunodeficiency virus (HIV).

**Contaminated**

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Sharps**

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass or broken capillary tubes.

**Exposure Control Plan**

A written plan to eliminate or minimize occupational exposures. The plan is used as a source of information for answering bloodborne pathogen related questions and helping ensure exposure control activities are in place.

**Exposure Incident**

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Healthcare Professional's Written Opinion**

A written opinion by a person whose legally permitted scope of practice allows them to independently perform the activities required for Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**Occupational Exposure**

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.

**Other Potentially Infectious Materials (OPIM)**

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, 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.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral**

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

**Regulated Waste**

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.

**Source Individual**

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to employees.

**Universal Precautions**

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 and other bloodborne pathogens.

**4. APPLICABILITY**

This policy applies to all employees of the university.

## 5. POLICY

University units determined to have at-risk positions/employees will create and implement a bloodborne pathogens exposure control plan that shall comply with OSHA and VOSH health-related codes, laws, and standards applicable to the handling of and exposure to blood or other potentially infectious materials. The university has identified personnel with potential exposure to bloodborne pathogens in the workplace, based on the general work environment or on specific work activities. The following work activities are identified as having potential exposure to bloodborne pathogens:

- Being trained as a first aid provider;
- Working in a clinical setting;
- Working in a laboratory with human blood or OPIM; and
- Containing and/or cleaning spills of blood or OPIM or the possibility of being around OPIM.

Employees must complete annual Bloodborne Pathogens Training, and comply with all requirements of this control plan.

The bloodborne pathogens exposure control plan is designed to help prevent the spread of pathogenic microorganisms present in human blood that can cause disease in employees who may be reasonably expected to come into contact with blood or other potentially infectious materials as part of their work or what is defined by OSHA as an exposure incident, as defined above.

## 6. PROCEDURES

### 6.1 Exposure Control Plan

University departments with employees at risk for exposure must create an Exposure Control Plan that shall meet the following requirements:

- Must be accessible to employees
- Must be reviewed and updated at least annually and as necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employees' positions with occupational exposure.
- Must reflect changes in technology to eliminate or reduce exposure to bloodborne pathogens. Consideration and implementation of appropriate commercially available and effective safe medical devices that are designed to eliminate or minimize occupational exposure should be reviewed annually and documented.

The exposure control plan must include the following:

- What are bloodborne pathogens?
- Who is at risk?
- What is exposure?
- How is an exposure incident handled?
- How does the employee protect themselves?
- Information on the vaccine
- Specialized training for laboratory employees

- Definition of at-risk employee
- Description of specific job duties/tasks that place the employee at risk (i.e. performing venipunctures, aiding an injured athlete)
- Description of proper performance of job duties to prevent disease transmission (i.e. proper hand washing, use of barriers such as gloves)
- Description of engineering and work practice controls which are in place to reduce the likelihood of exposure (i.e. sharps disposal containers, biohazard bags)
- Description of hazard communication (i.e. warning labels)
- Description of personal protective equipment available in the departments and its proper use (i.e. gloves, goggles)
- Description of decontamination and disposal procedures of personal protective equipment and infectious waste or materials (i.e. clean-up procedure)
- Description of other protective practices required by the department
- Reporting process for an exposure incident
- Departmental engineering and work practice controls and how they are periodically reviewed to ensure ongoing effectiveness.

## **6.2 At-Risk-Employees**

Supervisors shall determine whether the employee is at risk to exposure to potentially infectious materials while performing their job duties and designate the position as at risk on the position description. Supervisors will review position descriptions annually to ensure at-risk employees are accurately designated. Human Resources will annually provide Risk Management with a report, from the Human Resources system, of all employees who have been designated at risk by their supervisors.

Employees in at-risk positions shall receive appropriate instruction and annual training. See section 6.4 - Department Training.

## **6.3 Vaccination Options**

After the employee has completed the initial training, they must take one of the following actions:

- a. When the employee chooses to receive the Hepatitis B vaccine series, the department will contact JMU's Risk Management to notify that the employee has chosen to be vaccinated. A member of the Risk Management team will fax the authorization form to the contracted provider, unless an approved Panel Physician is preferred. See [Workers' Compensation](#) website. The employee may then go to the contracted provider on a walk-in basis to receive the initial vaccination. The University Health Center will provide the Hepatitis B vaccine series to University Health Center employees.
- b. It is the employee's responsibility after receiving their first immunization to follow through with receiving the subsequent shots, as well as the titer test.
- c. If the employee decides against vaccination, they must complete a Declination Form and submit it to Risk Management.
- d. When the employee decides at a later time to receive the vaccination, they must contact JMU's Risk Management to schedule their first vaccination.

The Office of Risk Management will maintain university employee vaccination and titer test records for thirty years after the employee separates from the university.

Employees who begin the vaccination process, but fail to complete the series by the designated time schedule, should consult with the initial health care provider on the best course of action.

#### **6.4 Department Training**

Departments are responsible for ensuring initial bloodborne pathogens training is completed by all new at-risk employees. [Online Bloodborne Pathogens training](#) is available. Additionally, all employees in at-risk positions must receive refresher training annually and the training must include a review of the applicable exposure control plan.

Training records must be maintained for a period of three years and the Director of Emergency Management or their appointee shall inspect the records on a periodic basis.

#### **6.5 Post-Exposure Evaluation and Follow-up**

For emergency medical treatment, call campus police (540-568-6911) to dispatch emergency medical personnel.

The employee must immediately inform their supervisor when an exposure incident occurs, whether it involves an at-risk employee or an employee during the course of their work. Within 24 hours of incident, even if emergency medical treatment was sought, the employee or supervisor must complete an [Accident/Incident Report](#). A medical evaluation should occur within 24 hours of the exposure incident, except in the event of a potential HIV exposure, where evaluation should occur within two hours. All accidents or injuries involving contaminated sharps or needlesticks shall be reported through the [Accident/Incident Report](#) as a work place injury.

The supervisor must contact an HR [Benefits Specialist](#) for guidance on making an appointment and/or walk-in arrangements with the physician selected from the Physician Panel indicated on the Accident/Incident Report.

Also see [Workers' Compensation](#) website.

Employees or source individuals may decline medical evaluation/treatment following an exposure incident by completing an Informed Refusal of Post Exposure Medical Evaluation form and submitting it to JMU's Office of Risk Management.

When validated by medical personnel, a confidential medical evaluation of the exposure incident will include documentation of the following:

- The circumstances of exposure
- Identifying and testing the source individual
- Testing the exposed employee's blood
- Post-exposure inoculations
- Counseling and evaluation of reported illnesses

The university will cover the associated costs. The results of any tests will be kept confidential and disclosed only with written consent of the exposed or source individual.

#### **6.6 Medical Record Keeping**

The medical records for all persons involved in an exposure incident must be maintained for length of employment plus 30 years in the Office of Emergency Management. All records are confidential. Records must include name and employee number and Hepatitis B vaccination status (including dates), results of any examinations, medical testing and follow-up procedures, a copy of the healthcare professional's written opinion, and a copy of information provided to the

health care professional. When an employee, designated employee representative, or representative from OSHA or VOSH requires records with the social security number, the university will provide that.

## **7. RESPONSIBILITIES**

Supervisors are responsible for identifying positions at risk for bloodborne pathogen exposure and for designating them at risk on the position description.

Department heads of at-risk employees are responsible for the application and enforcement of this policy. They are also responsible for developing and implementing a departmental exposure control plan that includes annual training, disseminating awareness information, and establishing engineering and work practice controls.

The Office of Emergency Management will oversee university compliance with the university's Bloodborne Pathogens policy.

All approved costs involved in training, equipment, inoculations, decontamination, post exposure follow-up and like expenses related to this program will be paid by the university through designated budgets.

The Office of Emergency Management will maintain training and medical records. The Office of Human Resources will maintain copies, when applicable, for workers' compensation files.

All departments, offices and employees that generate, receive or maintain public records under the terms of this policy are also responsible for compliance with Policy [1109](#) - Records Management.

## **8. SANCTIONS**

Sanctions will be commensurate with the severity and/or frequency of the offense and may include termination of employment.

## **9. EXCLUSIONS**

Students, affiliates, contractors, and visitors are not covered under this policy.

## **10. INTERPRETATION**

The authority to interpret this policy rests with the president and is generally delegated to the director of emergency management.

**Previous version:** May 2002

**Approved by the president:** May 2002