Bloodborne Pathogens
Exposure Control Plan

James Madison University
Risk Management
www.jmu.edu/riskmgmt

Revision Status

Contact(s)	Implementation Date	Revision Number	Comments
Kara Hill	March 2025	1.0	Initial written document

Contents

Introduction

The OSHA/VOSH 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational 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, the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) have been shown to be responsible for infecting workers who are exposed to human blood and certain other body fluids containing these viruses, through routes like needlestick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work.

Purpose

James Madison University is committed to providing a safe and healthful work environment for all employees. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens and James Madison University policy 3109, Bloodborne Pathogens.

Application

The following ECP is designed for distribution across the entire University. Departments with employees at risk are required to create specific policies and procedures tailored to their needs. This plan outlines engineering controls, work practices, and personal protective equipment that, when properly utilized, help minimize exposure to human blood and other potentially infectious materials (OPIM) in the workplace. Additionally, it covers the university's training, vaccination, and incident reporting programs.

Scope

The bloodborne pathogens program is designed to provide service to employees with occupational exposure. These at-risk job duties may include, but are not limited to,

Occupation	Job Tasks
Medical Staff (physicians, nurses, athletic trainers)	• Patient care • Cleaning blood or other potentially infectious materials • Cleaning areas where potentially infectious materials may be present • Employees with designated first aid or medical assistance duties
First Responders (JMUPD, UREC)	• Patient Care

	• Cleaning blood or other potentially infectious materials • Contact with victims or perpetrators • Employees with designated first aid or medical assistance duties
Facilities Management (including but not limited to housekeepers, landscapers, waste management & recycling, plumbers, utility workers)	• Cleaning operations involving potentially infectious materials, including the response to blood spills or similar incidents • Work involving sanitary sewer systems • Collection, handling and disposal of potentially infections materials
Regulated Medical Waste Operations	• Collection, handling and disposal of potentially infections materials
Animal Care (care for animals that have been exposed to human material)	• Patient Care • Administering first aid • Cleaning operations where potentially infections materials may be present
Research and Clinical Laboratory Operations	• Phlebotomy • Diagnostic or screening procedures involving blood or other potentially infectious materials • Research performed on unfixed human tissue, blood, or other human fluids and cells
Child Care Provider	• Providing care where potentially infectious materials may be present • Administering first aid • Cleaning blood or other potentially infectious materials • Cleaning areas where potentially infectious materials may be present

Responsibilities

Risk Management

Risk Management will be responsible for the following program components.

- Identifies at-risk departments.
- Provides online bloodborne pathogen training.
- Maintains records of training and vaccinations.
- In collaboration with Human Resources Benefits, provides post-exposure follow-up, to include recordkeeping and when applicable, workers' compensation files.
- Creates, distributes, and revises the university-wide Exposure Control Plan.
- Oversees departmental compliance.

Departments

Departments that have employees at risk of occupational exposure to human blood or OPIM are responsible for the following program components.

- Determines ECP Coordinator(s).
- Completes the department-specific ECP sections, using template provided, to include individual policies and procedures.
- Required annual review and revision of the department-specific ECP or more frequent when necessary to include new or modified tasks and procedures that affect occupation exposure and to reflect new or revised employee positions with occupational exposure.
- Annual review and revision submitted to Risk Management between July 1 and September 1.
- Ensures at-risk employees receive a copy of the ECP.
- Ensures at-risk employees complete training upon hire (within 10 days of start date and prior to engaging in any activities with potential exposure) and annually thereafter.
- Provides and maintains personal protective equipment, engineering controls, labels, and biohazard red bags as required.
- Funds the Hepatitis B vaccination series for employees who choose to participate.
- Allows for Hepatitis B vaccination participants to receive the vaccination during normal working hours.
- Encourages full participation of all at-risk employees, to include:
    - Allows completion of training during normal work hours.
    - Requires familiarity with the ECP.
    - Requires safe work practices.

ECP Coordinators

Departments that have employees at risk of occupational exposure to human blood or OPIM should designate a ECP Coordinator. This individual will ensure the following:

- Possession of university ECP.
- Completion of the department-specific ECP sections using template provided.
- ECP is communicated and accessible to all employees.
- Annual review of the ECP for updates or more frequently as needed.
- Submittal of the initial department-specific ECP sections to Risk Management and annually thereafter.

Supervisors

Supervisors of employees at risk of occupational exposure to human blood or OPIM will ensure the following:

- Determine at-risk employees without the consideration of personal protective equipment (PPE).
- Review position descriptions annually to ensure at-risk positions are properly designated with Human Resources.
- Provide department-specific training for handling human blood and OPIM.
- Ensure at-risk employees receive training as required.
- Provide personal protective equipment, as needed.
- Be knowledgeable of reporting requirements in the event of an exposure to include the Accident/Incident Report.

At-Risk Employees

At-risk employees are all employees who could be reasonably anticipated, as a result of performing their job duties, to have contact with human blood or OPIM. At-risk employee responsibilities include:

- Completes initial training and annually thereafter. Training should be completed after July 1 each year.
- Complies with all policies and procedures set forth in the university and department-specific ECPs.
- Adheres to Universal Precautions.
- Completes the Hepatitis B Vaccination Form.
- Reports exposure incidents to supervisor immediately following incident.

Methods of Exposure Control

To control exposure, a combination of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) are implemented. These methods are designed to minimize the risk of exposure through proper handling, containment, and disposal of materials, as well as through training for employees.

Universal Precautions

An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

- Assume that all human blood is positive for HIV, HBV, and HCV.
- Assume that all other human fluids/tissues are also infectious.
- Assume that all individuals are carrying these disease organisms.
- Avoid skin contact with human blood and OPIM.
- Avoid eye, nose, and mouth contact with human blood and OPIM.
- Avoid punctures/sticks with contaminated sharp objects.

Engineering and Administrative Controls

When hazard elimination or lesser hazard substitution is not feasible to protect employees, engineering and administrative controls are implemented as methods of exposure control. These controls are designed to isolate employees from the hazard and modify work procedures to minimize exposure and potential risks, ensuring a safer work environment.
Common engineering and administrative controls include but are not limited to:

Handwashing Facilities

Handwashing facilities must be provided and readily accessible. There must be an adequate supply of running water, soap and single-use towels or drying machines.

Alternative Handwashing Devices

When handwashing facilities are not available, employees must be provided with appropriate waterless hand cleaner and clean towels or skin cleansing wipes. Waterless hand cleaners and skin cleansing wipes do not replace handwashing. Employees must still thoroughly wash hands with soap and water as soon as possible.

Biosafety Cabinets (BSC)

Anyone working with human cell lines or other materials of human origin should use a Biosafety Cabinet (BSC) whenever possible. This safety measure helps protect employees by directing airflow to capture aerosolized infectious particles in a High Efficiency Particulate Air (HEPA) filter. Additionally, the BSC's sash acts as a barrier, reducing the risk of exposure to airborne infectious particles from the biological materials being handled. BSCs must be certified when installed or moved and annually thereafter.

Needle and Scalpel Safety Devices

Departments that use medical sharps should make every effort to implement safer devices in place of traditional sharps. Many products are available that are specifically designed to reduce the risk of needle and scalpel injuries.

Key features of Needle/Scalpel Safety Devices include:

- The safety feature is built into the device.
- The device functions passively (no activation needed from the user).
- The user can easily verify if the safety feature is engaged.
- The safety feature cannot be disabled and remains effective during disposal.
- The device is user-friendly and practical.
- The device is needleless.

Sharps Containers

Sharps disposal containers will be provided by all departments using sharps. Sharps containers must be inspected and maintained or replaced whenever necessary to prevent overfilling. Departments should contact Facilities Management Housekeeping with questions concerning container replacement.

All sharps containers must meet the following requirements:

- Puncture-resistant
- Closeable with a lid, flap, door or other means of closing
- Sides and bottoms must be leakproof
- Color-coded orange-red or fluorescent orange with a biohazard label
- Must remain upright to keep contents from spilling out of the container

If there is a chance of leakage from the disposal container, the department must ensure that it is placed in a secondary container that is closeable, color-coded and labeled, constructed to contain all contents and prevent leakage during handling, storage, or transport.

Regulated Waste Containers

Regulated waste must be disposed of in a regulated waste container. Regulated waste includes, but is not limited to:

- Liquid or semi-liquid human blood and OPIM
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps (to be deposited in a sharps container)
- Pathological and microbiological wastes containing blood or OPIM
- Any residue, contaminated soil, water or other debris resulting from the cleanup of a spill of regulated waste
- Any waste contaminated by or mixed with regulated waste

Regulated waste containers must meet the following requirements:

- Puncture-resistant
- Closable and sealable before removing
- Sides and bottoms must be leakproof
- Color-coded orange-red or fluorescent orange with a biohazard label
- Must remain upright during use

Splash Guards

For tasks conducted outside of a BSC that involve laboratory equipment capable of vaporizing or splashing blood, a splashguard or similar protective device should be used. Tasks should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

Resuscitation Masks

Resuscitation masks will be made available to all employees with designated first aid or medical assistance duties. Such devices prevent fluid exchange when applied to individuals during the administration of Cardiopulmonary Resuscitation (CPR).

Work Practice Controls

Work practice controls are procedures that employees must follow to ensure their safety. These required procedures apply to all at-risk employees and must be enforced by every department. Individual departments may have additional work practice controls beyond those listed below.

Hand/Skin Washing

Hands and skin must be washed with soap and water after:

- Each contact with blood or OPIM as soon as possible after removing PPE and
- Becoming contaminated with blood or OPIM.

Alternative handwashing devices may be used when soap and water are not immediately available; however, employees must wash hands with soap and water as soon as it is accessible.

Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, or handing contact lenses in contaminated areas is not permitted.
When gloved,

- Never touch your face with gloved hands.
- Never handle personal items such as cell phones or keys.
- Avoid touching clothing, including lab coats.
- Avoid touching surfaces that others would normally touch bare handed such as doorknobs, pens/pencils, chairs, tables, etc.

Food and Drink

Food and drink will not be stored or consumed where blood and OPIM are present.

Food and drink must not be kept in refrigerators, freezers, cabinets, on countertops or shelves where human blood or OPIM are present.

Sharps Handling

Sharps are objects that can penetrate the skin such as needles, scalpels, and broken glass. If you must use sharps:

- Use caution and always wear the proper personal protective equipment.
- Never break or shear a contaminated sharp.
- Never recap, bend, or remove needles from their syringe unless there is no alternative.
- If recapping is necessary, use either a mechanical method such as forceps or the one-handed method by scooping the needle with the cap and then pushing the cap against a hard surface to ensure it tightly fits on the device.
- Never pick up or handle broken glass with your hands. Always use a brush and dustpan. If contaminated, dispose of in a sharps container.
- Employees must never put their hands into containers of sharps.

Contaminated Equipment

The following procedures will be followed when having contaminated equipment serviced:

- Check for signs of contamination.
- Decontaminate if possible and practical.
- If decontamination is not feasible, apply a Biohazard label to the equipment.
- Clearly indicate which parts of the equipment are contaminated on the label.
- Inform affected employees and the servicing representative before shipping, so appropriate precautions can be taken.

Personal Protective Equipment (PPE)

When potential for occupational exposure remains after the implementation of engineering and administrative controls, personal protective equipment (PPE) will be use.

The department will ensure the following:

- All necessary PPE will be provided, at no cost to the employee.
- Employees will be trained on the proper use, cleaning, and disposal of all PPE for any specific tasks or procedures.
- Ensure that employees know where PPE is located and whom to contact for repairs, replacements, or restocking.

PPE is considered appropriate and necessary if effective in preventing blood or OPIM from reaching the employee's clothing, skin, or mucous membranes.

PPE will be worn during any procedure in which blood or OPIM exposure to skin, eyes, nose, or mouth is reasonably anticipated.

PPE will be selected based on the type of exposure.

PPE will cover all body parts and personal clothing that may be exposed and must prevent soak through.

PPE will be removed before leaving the work area or whenever the PPE has become visibly soiled with blood or OPIM. PPE should be removed in such a way as to avoid contact with the outer surface. Used PPE will be placed in appropriate designated areas, container for storage, washing, decontamination, or disposal.

Personal protective equipment includes but is not limited to:

- Gloves
- Gowns
- Aprons
- Lab coats
- Coveralls

- Shoe/Boot covers
- Head/Hair covers
- Face shields
- Masks
- Eye protection (eyeglasses and goggles)
- Mouthpieces
- Resuscitation bags
- Pocket resuscitation masks
- Mechanical respiratory devices

Gloves

Gloves will be worn whenever it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated surfaces.

Replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Never wash or attempt to decontaminate disposable gloves for reuse.

Face and Eye Protection

Face and eye protection (a combination of mask, goggles, eyeglasses, or face shields) will be worn when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.

Body Protection

Fluid-resistant gowns, aprons, lab coats, coveralls, and other protective body clothing will be worn when blood or OPIM exposure to the body or personal garments is anticipated.

The type of PPE will depend upon the task and degree of exposure anticipated.

Head/hair covers, and shoe/boot covers can be worn if necessary.

Housekeeping

The workplace will be maintained in a clean and sanitary condition. Each department will establish and implement a written schedule for cleaning and methods of decontamination based upon the location within the facility, type of surface to be cleaned, type of contaminate present, and tasks or procedures being performed in the area.

Cleaning and decontamination schedules should be placed in an accessible location for employees to refer to as needed.

Decontamination/Cleaning of surfaces and equipment will be performed at the following times:

- At the frequency determined in the written schedule.
- Following a contamination incident.
- Following routine procedures that may cause contamination.
- At the end of work shifts, if contamination may have occurred since last cleaning.

The following surfaces are likely to need decontamination:

- Frequently touched surfaces (door handles, stair rails); cleaning frequency may increase during cold, flu, or COVID season
- Laboratory equipment
- Countertop or work surfaces
- Receptacles intended for reuse (bins, pails, cans, or similar) which have a reasonable likelihood of becoming contaminated with blood or OPIM
- Large areas such as biosafety cabinets

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environment surfaces, will be removed and replaced as soon as feasible after becoming overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
Broken glass will not be picked up with the hands. Always use a brush and dustpan.

Reusable sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Decontamination must be performed using products designed for the application according to the manufacturer's instructions.

Laundry

Handling

Employees that have contact with contaminated laundry will use Universal Precautions when handling all laundry.

Employees that have contact with contaminated laundry will wear protective gloves and other appropriate personal protective equipment.

Contaminated laundry will be handled as little as possible.

Employees will not take contaminated clothing or PPE home for laundering. The department will arrange to have contaminated clothing or re-useable PPE cleaned.

Storage and Transport

Contaminated laundry will be bagged or otherwise contained at the location it was used.

The bag or container used for storage and transport should be properly labeled and color-coded.

Place laundry that is wet or has potential to soak through in a leak-proof container.

Labels and Signs

Labels

Warning labels will be affixed to the following:

- Containers of regulated waste
- Refrigerators/freezers containing blood or OPIM
- Containers used to store, transport, or ship blood or OPIM
- Equipment that cannot be decontaminated (location of contamination must be written on the label)

Labels will be fluorescent orange or orange-red or predominantly so, with lettering and symbol in a contrasting color.

Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Regulated waste that has been decontaminated is exempt from labeling requirements.

Signs

Departments will post signs at the entrance to any HIV/HBV/HCV research laboratory, which will bear the following legend:

- “Biohazard” with symbol (see image)
- Name of infectious agent
- Special requirements for entering the area
- Name, telephone number of laboratory director or other responsible person

Signs will be fluorescent orange or orange-red in color or predominantly so, with lettering and symbols in a contrasting color.

Employee Training

Each employee at risk of occupational exposure to human blood or OPIM will be provided training at no cost to the employee and during normal working hours, at times convenient to the employee.

Training will be completed upon hire (within 10 days of start date and prior to engaging in any activities with potential exposure) and at least annually thereafter.

Annual training should be completed after July 1 each year.

University-wide training is available online – Bloodborne Pathogen Training

Departments/Supervisors are responsible for ensuring that in addition to the university-wide training, department-specific training on the following is also performed at least annually or more frequently if there are changes:

- New tasks that present occupational exposure
- Department-specific sections of the ECP
- Available engineering and administrative controls, and work practice controls
- Location and use of PPE

Training records will be maintained for a period of three years.

- Departments will maintain records for all department-specific training. Risk Management will inspect these records on a periodic basis.
- Risk Management will maintain records for the University-wide training.

Hepatitis B Vaccination

The hepatitis B vaccination series is available to all at-risk employees after initial training and within 10 working days of initial assignment.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

All medical evaluations and procedures including the hepatitis B vaccination series and any post-exposure evaluation and follow-up are:

- Available at no cost to the employee
- Available at a reasonable time and place
- Performed by, or under the supervision of, a licensed physician or other licensed healthcare professional.

Hepatitis B Vaccination Form

All at-risk employees must complete the Hepatitis B Vaccination form, which documents the acceptance or declination of the vaccination series. The form can be requested following the completion of the University-wide training online or by contacting the Risk Management Safety Compliance Officer.

Acceptance

Employees who choose to accept the vaccination series will receive the appropriate authorization form to the contracted third-party administrator (TPA) from Risk Management. The employee may then go to the TPA on a walk-in basis to receive the initial vaccination. It is the employee's responsibility after receiving the initial dose to follow through with receiving the subsequent doses, as well as the titer test.

The University Health Center will provide the hepatitis B vaccination series to University Health Center employees.

The hepatitis B vaccination is given in three doses; initial, one month following the initial dose, and six months following the initial does.

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.

Declination

Employees who choose to decline the vaccination series initially but at a later date, and while still at-risk of having occupational exposure, decide to accept the vaccination, must contact Risk Management.

Exposure Reporting

For emergency medical treatment, call JMUPD at 540-568-6911 to dispatch emergency personnel.

Following An Exposure Incident

In the event of an exposure, employees must stop work and

- Wash the injured area thoroughly.
    - Eyes, nose, or mouth - flush with water continuously for at least 20 minutes.
    - Exposed skin surfaces - wash the exposed area thoroughly with soap and water.
- Immediately report the incident to the supervisor

- Supervisor will report incident by completing an Accident/Incident Report to include documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- Contact HR Benefit Specialist for guidance on the post-exposure evaluation and follow-up with a physician from the approved Physician Panel.

Post-Exposure Evaluation and Follow-up

An immediately available confidential medical evaluation and follow-up will be conducted by a contracted third-party administrator (TPA). Medical evaluation should occur within 24 hours of the incident, except in the event of a potential HIV exposure, where evaluation should occur within 2 hours.

Evaluation and treatment of exposure is confidential and will be given by, or under the supervision of, a licensed physician and will include:

- Documentation of the route(s) and circumstances of exposure.
- Documentation of the source individual (unless the employee can establish that identification is infeasible or prohibited by state or local law).
- If the infectivity status of the source individual is unknown and blood is available, it will be tested for HIV, hepatitis B and C in accordance with state law. Employee will be told what the test results are and what they mean for the employee.
- If the employee consents, their blood will be tested as soon as possible after exposure to provide baseline hepatitis B, hepatitis C, and HIV status. If the employee does not consent to HIV testing, the sample will be stored for 90 days and tested if the employee consents in that time period.

Post-Exposure Prophylaxis

Treatment following exposure will be offered to exposed employees when medically indicated and as recommended by the US Public Health Service.

Counseling and medical evaluation will be offered for any reported illnesses the employee develops as a result of the exposure.

The following information will be provided to the healthcare professional evaluating the exposed employee:

- A copy of OSHA 1910.1030 *Bloodborne Pathogens Standard*
- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- Results of the source individual's blood testing, if available
- All medical records relevant to the employee's treatment including vaccination status

Licensed Healthcare Professional's Written Opinion

Licensed Healthcare Professional will give the employee a copy of the written opinion within 15 days of the evaluation.

The opinion will be limited to:

- The results of the evaluation
- Any medical conditions resulting from the employee's exposure

All other findings will remain confidential and will not be included in the written report.

Post-Exposure Incident Investigation

Following the exposure event, the Risk Management Accident Investigator will review the circumstances of the incident for Worker's Compensation reporting.

The Department will also review the circumstances of the incident and make any and all necessary changes to the department-specific ECP to prevent similar incidents in the future and retrain all employees.

Recordkeeping

Medical and Training Records

Risk Management will maintain Hepatitis B vaccination records for each JMU employee with potential for occupational exposure to human blood or OPIM. Records will be maintained for the duration of the employee's employment at JMU, plus 30 years.

Employee records are confidential and will not be disclosed to anyone within or outside the workplace without the employee's written consent, except as required by law or regulation.

Information maintained includes:

- Employee's name and identification number
- Copies of hepatitis B records including:
    - Vaccination records
    - Titer results
    - Declaration forms
    - Attachments to declaration forms
- Exposure incident reports and licensed healthcare professional's written opinions
- Copies of evaluation and testing results associated with an exposure incident
- Bloodborne Pathogen training records

OSHA Record Keeping

Exposure incidents will be evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and recording activities are done by Human Resources Benefits.

Sharps Injury Log

In addition to 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.

Information on the log will include:

- Date of injury
- Type and brand of device involved in the incident
- Department or work area when incident occurred
- Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for a minimum of five years following the end of the calendar year covered. Personal identifiers will be removed prior to the report being shared.

The Sharps Injury Log is maintained by Human Resources Benefits.

Training Records

Training records will be maintained for a period of three years.

- Departments will maintain records for all department-specific training. Risk Management will inspect these records on a periodic basis.
- Risk Management will maintain records for the University-wide training.

Definitions

Administrative Controls – Work practice controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Blood – Human blood, human blood components, and products made from human blood.

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

Clinical Laboratory – A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls – Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protection and needless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident – 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.

Handwashing Facilities – A facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Licensed 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.

HBV – Hepatitis B virus

HCV – Hepatitis C virus

HIV – Human immunodeficiency virus

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 an employee's duties.

Other Potentially Infectious Materials –

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, 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/HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV/HCV.

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

Personal Protective Equipment – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as a protection against a hazard are not considered to be personal protective equipment.

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 the employee.

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, HCV and other bloodborne pathogens.