BLOODBORNE PATHOGENS EXPOSURE CONTROL

Policy Statement

It is the policy of the university to provide a safe and healthy work environment, and to comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030).

Reason for Policy

OSHA estimates approximately 5.6 million workers in health care and other facilities are at risk of exposure to Bloodborne Pathogens such as the human immunodeficiency (HIV), hepatitis B (HBV) viruses, and other potentially infectious materials. Those at risk include anyone whose job may require providing first-response medical care in which there is a reasonable expectation of contact with blood or other potentially infectious materials, and those working with blood or Bloodborne Pathogens in laboratories. The purpose of this policy is to reduce the risk of Occupational Exposure to Bloodborne Pathogens and other potentially infectious materials at the university.

Who is Governed by this Policy

Faculty and staff

Table of Contents

Policy Statement.............................................................................................................................................. 1
Reason for Policy .............................................................................................................................................. 1
Who is Governed by this Policy .......................................................... 1
Table of Contents ............................................................................................................................. 1
Policy

This policy establishes general procedures for faculty and staff for exposure determination, methods of implementation, hepatitis B vaccination, post-exposure evaluation and follow-up, communications of hazards to employees, and a definition of roles and responsibilities.

The university’s Bloodborne Pathogens Exposure Control Plan (ECP) serves as the standard for all employees who may come into contact with blood and other potentially infectious material while performing their duties.

Biohazard Spills

A biohazard spill occurs anytime there is an unplanned release of blood or other potentially infectious material into the work environment. Proper response to these incidents is crucial to personnel and community safety while eliminating environmental contamination. In order for a biohazard spill response to be effective and safe, affected work groups must:

A. Implement a spill response procedure for their work environment;
B. Provide appropriate spill cleanup materials;
C. Train all personnel in the provisions of the spill response procedure.

Biohazard materials are designated by labels colored bright red or orange with the traditional biohazard symbol in a contrasting color. In addition to individual labels, laboratories rated at a Biosafety Level 2 (or higher) are designated with a biohazard sign at the doorway.

Needlesticks/Sharps Injury Prevention

Supervisors of all departments who have employees with Occupational Exposure to Bloodborne Pathogens through needlesticks or sharps must establish a program for evaluating needles and sharps with safety devices designed to eliminate or minimize
Occupational Exposure. This program should include an identification process, an evaluation process and a selection process. Supervisors must also consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments.

**Vaccinations and Incident Reporting**

The university has implemented a vaccination program through GW Student Health Services. This program is offered at no cost to all employees who have an Occupational Exposure to Bloodborne Pathogens. In the event of employee exposure to Bloodborne Pathogens, post exposure evaluation and treatment will be provided at no cost to the employee.

Following any exposure incident, the affected university employee(s) should immediately report to the George Washington University Hospital Emergency Room for a confidential medical evaluation and follow-up. The employee’s supervisor should complete the Exposure Incident Reporting Form and submit it to the Office of Risk Management, 2025 F Street, NW, Suite 101 as specified on the form. Evaluation of circumstances surrounding an exposure incident will be completed by the Office of Risk Management or designee as specified in the Bloodborne Pathogens Exposure Control Plan.

Equipment, information, and training for students will be administered by individual academic departments with the assistance of Health & Emergency Management Services.

This policy is supported by the procedures set forth in the university’s Bloodborne Pathogens Exposure Control Plan.

**Definitions**

**Bloodborne Pathogen**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. Diseases include the hepatitis B virus and the human immunodeficiency virus (HIV).

**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.
Forms

Exposure Incident Reporting Form

Related Information

Office of Risk Management: Bloodborne Pathogens

Occupational Safety and Health Administration

Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030)

Contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Emergency Management Services</td>
<td>202-994-4347</td>
<td><a href="mailto:safety@gwu.edu">safety@gwu.edu</a></td>
</tr>
<tr>
<td>Office of Risk Management</td>
<td>202-994-0130</td>
<td><a href="mailto:risk@gwu.edu">risk@gwu.edu</a></td>
</tr>
</tbody>
</table>

Document History

- **Last Reviewed Date:** June 28, 2018
- **Last Revised Date:** April 4, 2017
- **Policy Origination Date:** March 6, 1992

Who Approved This Policy

Louis H. Katz, Executive Vice President and Treasurer

Beth Nolan, Senior Vice President and General Counsel

*This policy, as well as all university policies, are located on the Office of Compliance’s home page.*