



EAST TENNESSEE STATE
UNIVERSITY

Bloodborne Pathogens

Policy Name: Bloodborne Pathogens

Policy Purpose

This policy specifies procedures designed to eliminate or minimize occupational exposures to bloodborne pathogenic microorganisms in compliance with the requirements of the federal and state Occupational Safety and Health Administration (OSHA/TOSHA) Bloodborne Pathogen Standard, 29 CFR 1910.1030.

Applicability

This policy applies to all East Tennessee State University (ETSU or University) faculty, staff, students, visitors, and anyone who may reasonably anticipate contact with human blood, blood components, or Other Potentially Infectious Materials (OPIM) as part of their duties

Responsible Official, Office, and Interpretation

The Director of Environmental Health and Safety is responsible for the review and revision of this policy. For questions about this policy, please contact the [Office of Environmental Health and Safety](#). The Associate Vice President for Facilities Management, in consultation with the Office of University Counsel, has the final authority to interpret this policy.

Defined Terms

A defined term has a specific meaning within the context of this policy.

Bloodborne Pathogens (BBPs)

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).

Exposure Control Plan (ECP)

A procedure designed to eliminate or minimize occupational exposure to bloodborne pathogens (BBPs) and other potentially infectious materials (OPIM) among faculty, staff, student employees, volunteers, and 3rd- party contractors at ETSU. This ECP applies to all job classifications and tasks in which occupational exposure may occur.

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Other Potentially Infectious Materials (OPIM)

Human body fluids, unfixed human tissue, and other certain biological specimens as defined by OSHA.

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of job duties.

Universal Precautions

An approach to infection control whereby all human blood and OPIM are treated as if known to be infectious.

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Policy

1. Roles and Responsibilities.

1.1. ETSU Office of Environmental Health and Safety (EHS)

ETSU Environmental Health and Safety is responsible for the development of the University's Bloodborne Pathogens Program and will:

- 1.1.1. Develop, maintain, and update the University Exposure Control Plan annually.
- 1.1.2. Provide oversight, consultation, training, compliance monitoring, and other services as needed for ETSU departments or supervisors
- 1.1.3. Maintain required records and reports.

1.2. Supervisors and Department Heads.

Departments whose employees may have occupational exposure to blood or OPIM are responsible for the overall implementation of the Bloodborne Pathogens Program for their units, and shall:

- 1.2.1. Identify positions with potential occupational exposure.
- 1.2.2. Complete and implement a unit-specific Exposure Control Plan
- 1.2.3. Ensure employees complete required training and medical surveillance.
- 1.2.4. Provide appropriate engineering controls, personal protective equipment (PPE), and safe work practices.
- 1.2.5. Maintain required records and reports.

1.3. Employees and Students.

All employees performing work with occupational exposure to blood or Other Potentially Infectious Material are responsible for operating in a safe manner. Employees have a responsibility to inform their supervisors of working conditions, accidents and work practices they believe hazardous to their health or the health of others. Employees must:

- 1.3.1. Comply with this policy and the Exposure Control Plan.
- 1.3.2. Use PPE and follow safe work practices.
- 1.3.3. Report exposures, injuries, or unsafe conditions immediately.

2. Exposure Control Measures.

Engineering and work practice controls are used to eliminate or minimize exposure to employees:

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- 2.1. Engineering Controls: Use of sharps disposal containers, biological safety cabinets, and self-sheathing needles where appropriate.
- 2.2. Work Practice Controls: Hand washing, safe handling of sharps, prohibitions on eating/drinking in exposure areas.
- 2.3. Personal Protective Equipment (PPE): Gloves, gowns, masks, face shields, and eye protection as required.
- 2.4. Housekeeping: Proper cleaning and disinfection of contaminated surfaces, laundry protocols, and regulated waste disposal.

3. Medical Services.

- 3.1. Hepatitis B Vaccination: Offered at no cost to all employees with occupational exposure, in accordance with OSHA 29 CFR 1910.1030(f).
- 3.2. Post-Exposure Evaluation and Follow-Up: Immediate confidential medical evaluation, testing, and counseling following an exposure incident.

4. Training

All affected employees must complete initial and annual BBP training provided by departments or clinics, covering:

- 4.1. Epidemiology and symptoms of BBPs
- 4.2. Modes of transmission
- 4.3. Exposure Control Plan and institutional procedures
- 4.4. Use of PPE and engineering/work practice controls
- 4.5. Emergency response and post-exposure procedures

5. Recordkeeping

- 5.1. Training Records: Must be maintained for 3 years.
- 5.2. Medical Records: Must be maintained for the duration of employment plus 30 years, in accordance with OSHA.
- 5.3. Sharps Injury Log: Must be maintained as required.

6. Compliance and Enforcement

Failure to comply with this policy may result in disciplinary action, up to and including termination or expulsion, in accordance with University procedures.

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7. Review

This policy and the associated Exposure Control Plan shall be reviewed at least annually by Environmental Health and Safety, in consultation with relevant University departments.

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Procedures

[700.2 – Bloodborne Pathogens Exposure Control Plan Requirements](#)

Applicable Forms and Websites

[Office of Environmental Health and Safety.](#)

Authority and Revisions

Authority: TCA § 49-8-205, et seq; OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030; Tennessee Occupational Safety and Health Act (T.C.A. § 50-3-101 et seq.); Tennessee Department of Labor & Workforce Development, Division of Occupational Safety and Health (TOSHA);Centers for Disease Control and Prevention (CDC) guidelines

Previous Policy: N/A

The ETSU Board of Trustees is charged with policy making pursuant to TCA § 49-8-203, et seq. On March 24, 2017, the Board delegated its authority to ETSU’s President to establish certain policies and procedures for educational program and other operations of the University, including this policy. The delegation of authority and required process for revision to this policy can be found on the [Policy Development and Rule Making Policy webpage](#).

To suggest a revision to this policy, please contact the responsible official indicated in this policy. Before a substantive change to the policy section may take effect, the requested changes must be: (1) approved by the responsible office; (2) reviewed by the Office of University Counsel for legal sufficiency; (3) posted for public comment; (4) approved by either Academic Council or University Council; and (5) approved by ETSU’s President.