Exposure Control Plan for Bloodborne Pathogens

Environmental Health & Safety
5-28-2013

Developed in accordance with Texas department of Stat Health Services; Exposure Control Plan Health & Safety Code 81.304 to be analogous with the Occupational Safety and Health Administration, Blood borne Pathogen Standard, 29CFR 1910.1030
Exposure Control Plan for Bloodborne Pathogens

(Signature on file)                             June 3, 2013
Dr. David Watts, President                  Date

(Signature on file)                             May 28, 2013
Lail Grant, Safety Coordinator             Date
# Log of updates for the Exposure Control Plan for Bloodborne Pathogen

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INTRODUCTION & SCOPE

On December 6, 1991, the Occupational Safety Health Administration (OSHA) promulgated the final rule (29CFR1910.1030) for occupational exposure to bloodborne pathogens. The rule, commonly referred to as the Bloodborne Pathogen Standard, was designed to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens.

The rule-making effort was based on an OSHA determination that employees face a significant health risk from occupational exposure to blood and other potentially infectious materials considering that these materials may contain bloodborne pathogens, including Hepatitis B virus that causes Hepatitis B, a serious liver disease, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). In an effort to eliminate or minimize exposure to bloodborne pathogens, the Standard requires employers to institute a program of engineering and work practice controls, personal protective clothing and equipment, informational training, Hepatitis B vaccinations, post exposure evaluation and follow-up, sign and label programs, and other provisions for employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties.

The preamble to the final rule for occupational exposure to bloodborne pathogens, published in the Federal Register on December 6, 1991 (56 FR 64004), describes the rationale behind the Standard and discusses provisions of the Standard.

The Texas Department of State Health Services (DSHS) adopted the OSHA standard for occupational exposure of governmental employees to minimize the risk of bloodborne pathogens. The Texas DSHS Exposure Control Plan became effective September 1, 2000.

New sections were adopted to extend the protections provided to employees of private entities by Occupational Safety and Health Administration (OSHA) rules, to employees of state and local governments, and for related purposes. The new sections are required by Health and Safety Code, Chapter 81, Subchapter H, which was added by Chapter 1411 (House Bill 2085), §§26.0126.03, 76th Legislature.

The new sections decrease the risk of exposure to bloodborne pathogens for employees who work in governmental units by increased training and education; increased use of vaccination for employees; and increased use of personal protective equipment. The recommendation for the use of needleless systems and sharps with engineered sharps injury protection will reduce the risk of injury and transmission of bloodborne pathogens to governmental unit employees.
DEFINITIONS

**Blood:** Human blood, human blood components, and products made from human blood.

**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 virus (HBV) 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 sharps injury:** Any sharps injury that occurs with a sharp used or encountered in a health care setting that is contaminated with human blood or body fluids.

**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.

**Employee:** An individual who works for a governmental unit or on premises owned or operated by a governmental unit whether or not he or she is directly compensated by the governmental unit.

**Employs:** Engages the services of employees.

**Engineered sharps injury protection:** A physical attribute that: (A) is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or (B) is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

**Engineering Controls:** Means controls (e.g., sharps disposal containers, self-sheathing needles) 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 results from the performance of an employee's duties.

**Governmental unit:** This state and any agency of the state, including a department, bureau, board, commission, or office and includes: (A) a political subdivision of this.
state, including any municipality, county, or special district; or (B) any other institution of government, including an institution of higher education.

**Hand washing facilities:** Means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional:** Is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV:** Hepatitis B virus.

**HCV:** Hepatitis C virus.

**Health care professional:** A person whose legally permitted scope of practice allows him or her to independently evaluate an employee of a governmental unit and determine the appropriate interventions after an exposure incident; this would include Hepatitis B vaccination and post-exposure evaluation and follow-up.

**HIV:** Human Immunodeficiency Virus.

**Needleless system:** A device that does not use a needle and that is used: (A) to withdraw body fluids after initial venous or arterial access is established; (B) to administer medication or fluids; or (C) for any other procedure involving the potential for an exposure incident.

**Occupational exposure:** A 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:** 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal 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; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) 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 needle sticks, human bites, cuts, and 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 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.

**Regulated waste/special waste from health care related facilities:** Solid waste which if improperly treated or handled may serve to transmit an infectious disease(s) and which is composed of the following: (A) animal waste; (B) bulk blood, bulk human blood products, or bulk human body fluids; (C) microbiological waste; (D) pathological waste; or (E) sharps.

**Research Laboratory:** A laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharp:** An object used or encountered in a health care setting that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident and includes: (A) needle devices; (B) scalpels; (C) lancets; (D) a piece of broken glass; (E) a broken capillary tube; (F) an exposed end of a dental wire; or (G) a dental knife, drill, or burr.

**Sharps injury:** Any injury caused by a sharp, including a cut, abrasion, or needle stick.

**Sterilize:** The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions/standard 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.

**Work Practice Controls:** 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.
APPLICABILITY & RESPONSIBILITIES

Although the Environmental Health and Safety Office (EH&S) is charged with the overall responsibility to develop and implement the University's exposure control plan, several other University departments will provide vital support in the effort to adequately protect University employees with occupational exposure and to achieve regulatory compliance with the Texas DSHS requirements.

Individual departments will be responsible for ensuring that the provisions of the University's exposure control plan and the mandates of the Texas DSHS Bloodborne Pathogen Standard are carried out. Departments that have been identified as having employees with occupational exposure include, but are not necessarily limited to:

- Athletics
- Biology
- Clinical Laboratory
- Environmental Health and Safety
- Kinesiology
- Laboratories
- Nursing
- Physical Plant
- Police Department

EXPOSURE DETERMINATIONS

A review of all employee positions at the University has been conducted to determine which employees have occupational exposure to blood or other potentially infectious materials during the performance of their duties.

EH&S and individual University departments completed the review. The review identified job classifications or descriptions in which all employees have occupational exposure and job classifications in which some employees have occupational exposure. In addition, for those job classifications in which some employees have occupational exposure, tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs was identified. The exposure determination was conducted without regard to the use of personal protective equipment.

Job classifications in which all University employees in the specific job classification have occupational exposure pursuant to 29 CFR § 1910.1030:

- Athletic Trainer
- Athletic Coach
- Instructors - Clinical Program
- Instructors - Nursing
- Nurse Practitioners/Registered Nurses
- Medical Assistants
Patrol Officers
Physicians
Physician Assistants

Job classifications in which some University employees in the specific job classification have occupational exposure pursuant to 29 CFR § 1910.1030:

Athletic, Assistant Coaches
Building Maintenance
Environmental Health & Safety Personnel
Graduate Assistants
Laboratory Assistants
Laboratory Technicians
Lecturers
Professors
Security Guards
Student Assistants
Research Professors
Research Assistants
Research Associates
Research Technicians
Residential Assistants

OSHA identified occupational settings where individuals are reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties; these include, in part: health care facilities, health clinics, research laboratories, linen services, law enforcement, fire and rescue, schools, lifesaving, and regulated waste removal. Considering the scope of the standard and the fact that UTPB conducts activities utilizing or involving blood and other potentially infectious material and employs individuals identified as employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties, the University is required to comply with the requirements established in the standard.

EH&S is charged with the overall responsibility for the development and implementation of a bloodborne pathogens compliance program. The program is designed to provide and achieve regulatory compliance and, most importantly, will provide a means in which University employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties. EH&S will provide technical assistance to individual University departments in their effort to address the mandates established in the standard.

**EXPOSURE CONTROL**

Employees incur risk each time they are exposed to blood or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness.
Considering the possibility of becoming infected from a single exposure incident, incidents must be prevented whenever possible. The goal of the Bloodborne Pathogen Standard is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials
- Providing the Hepatitis B vaccine
- Providing post-exposure medical evaluation and follow-up

Identifying the tasks and procedures where occupational exposure may occur and the positions whose duties include those tasks and procedures are a critical element of exposure control. By identifying those job classifications with occupational exposure, identification can be made of those employees who are entitled to the provisions of the standard. All personnel who hold positions determined to have occupational exposure are entitled to the protection afforded by the standard.

**Exposure Control Plan**

The key provision of the Bloodborne Pathogens Standard is the written Exposure Control Plan. The Exposure Control Plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard. The Exposure Control Plan is designed to eliminate or minimize employee exposure and:

- Provide a means in which employees are able to determine what provisions are in place in his or her workplace.
- Provide a document for regulatory officials to evaluate the University's compliance status.
- Can be used for the employee training effort.

Based on the requirements established by the Standard, The University of Texas of the Permian Basin Exposure Control Plan for Bloodborne Pathogens has been developed and designed to eliminate or minimize University employee occupational exposure to bloodborne pathogens during the performance of their duties, and to achieve regulatory compliance with the OSHA Bloodborne Pathogens Standard.

The University's plan contains the following elements;

- Exposure determination.
- Schedule and methods of implementation for:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - HIV and HBV research laboratories
  - Hepatitis B vaccination and post-exposure evaluation and follow-up
  - Communication of hazards to employees
  - Recordkeeping
- Procedure for the evaluation of circumstances surrounding exposure.
The Plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The Plan will be provided upon request for examination and copying to all University employees, employee representatives, and regulatory authorities. EH&S is the custodian of the document. Arrangements to examine or copy the document can be made by contacting EH&S at 432-552-2778.

METHODS OF COMPLIANCE

Universal Precautions

Universal precautions will be observed by all University employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Universal precautions are methods of preventing disease by preventing transfer of blood and body fluids, e.g. semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. The underlying concept of universal precautions is that all blood and certain body fluids are considered to be infectious for bloodborne pathogens. An employee will treat all blood and certain body fluids as though they are contained with bloodborne pathogens and will accomplish this through a variety of measures including, but not necessarily limited to:

- Engineering controls and work practice controls
- Personal protective equipment
- Housekeeping

The only exception to the use of universal precautions is in rare instances, such as unexpected medical emergency, where employees may not be able to put on gloves, don a gown, or tie on a facemask immediately. In those situations where leeway must be accorded the provider of health care or public safety services, the employees must not ignore the underlying concept of universal precautions. Only under unexpected extraordinary circumstances will employees have the option of deciding not to use personal protective equipment if they feel such equipment will prevent the proper delivery of health care or public safety services or will create a greater hazard to their personal safety if they used such equipment. The universal precaution exemption provided in the Standard applies not to the general concept of Universal Precautions, but only to the use of personal protective equipment under rare and relatively limited circumstances.
Engineering and Work Practice Controls

Engineering and work practice controls serve to reduce employees’ exposure in the workplace by either removing the hazard or isolating the worker from exposure. In fact, these control measures are viewed as the primary means of eliminating or minimizing employee exposure. These controls may include process or equipment redesign, e.g. self-sheathing needles, process or equipment enclosure, e.g. biosafety cabinets, and employee isolation. In general, engineering controls act on the source of the hazard and eliminate or reduce employee exposure without reliance on the employee to take self-protective action. By comparison, work practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. While work practice controls also act on the source of the hazard, the protection they provide is based upon the behavior of the employer and employee behavior rather than installation of a physical device such as a protective shield.

The two control methodologies frequently work in tandem because it is often necessary to employ work practice controls to assure effective operation of engineering controls. Where occupational exposure remains after institution of these controls, departments must provide and ensure employees use personal protective equipment. Primary reliance on engineering controls and work practices for controlling exposure is consistent with good industrial hygiene practice and with the DSHS adherence to a hierarchy of controls. University facilities and employees will use engineering and work practice controls to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Work Practice Control

Universal precaution will be observed at this campus in order to prevent contact with blood or other potentially infectious materials. All blood and body fluids will be considered infectious regardless of the perceived status of the source individual.

The following work practice controls shall be used to minimize employee exposure:

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers. These containers shall be:

- Puncture resistant
- Appropriately labeled or color-coded
- Leak-proof on the sides and bottoms

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.

Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances.

Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited.

Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping shall be labeled or appropriately color coded and closed prior to being stored, transported, or shipped. Appropriate labeling/color-coding is required when such specimens/containers leave the facility.

If outside contamination of the container occurs, the primary container will be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and will be appropriately labeled. If the specimen could puncture the primary container, the primary container will be placed within a secondary container, which is puncture resistant in addition to the above characteristics.

Equipment that may become contaminated with blood or potentially infectious materials shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible. If decontamination is not feasible:

- A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- The appropriate administrator shall inform all affected employees, the servicing representative, and/or manufacturer, in writing, prior to handling, servicing, or shipping so that appropriate precautions will be taken.
Personal Protective Equipment

University departments will provide, at no cost to the employee, appropriate personal protective equipment to prohibit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Employee will use appropriate personal protective equipment unless it can be demonstrated that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker.

When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Cleaning, laundering, and/or disposal, repair and replacement of personal protective equipment will be the responsibility of the departments.

All personal protective equipment will be removed, prior to leaving the work area. If blood or other potentially infectious materials penetrates a garment, the garment will be removed immediately or as soon as feasible.

When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

- Gloves
  o Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin.
  o Disposable, single use gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
  o Disposable, single-use gloves will not be washed or decontaminated for reuse.
  o Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
  o Latex gloves used in a wet procedure will be replaced after one hour of use.
  o University departments shall provide personal protective equipment to the employees at no cost.

- Masks, Eye Protection and Face Shields
• Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

• Gowns, Apron and Other Protective Body Clothing
  o Appropriate protective clothing will be worn in occupational situations.

• Laundry
  o Contaminated laundry will be handled as little as possible with a minimum of agitation.
  o Contaminated laundry will be bagged or containerized and will not be sorted or rinsed in the location of use.
  o Contaminated laundry shall be placed in red bags. If contaminated laundry is sent to a facility that does not utilize Universal Precautions in the handling of all laundry, the department will ensure that the red bags are labeled with the universal biohazard symbol and the word “biohazard”.
  o Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
  o The department will provide employees who have contact with contaminated laundry with protective gloves and other appropriate personal protective equipment.

Medical Waste – Sharps

“Sharps Waste” means any device having acute ridged corners, edges or protuberances capable of cutting or piercing.

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:
  • Closable.
  • Puncture resistant.
  • Leak-proof on sides and bottom.
  • Appropriately labeled or color-coded.

Reusable containers will not be used.

During use, containers for contaminated sharps will be:
  • Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g. laundries.
  • Maintained upright throughout use.
  • Replaced routinely and not be allowed to overfill.
When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Placed in containers located in the designated medical waste accumulation area.
- Placed in a secondary container if leakage is possible.

**Other Regulated Waste Containment**

Regulated waste will be placed in containers, which are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Appropriately labeled or color-coded.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Placed in containers located in the designated medical waste accumulation area.

If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Appropriately labeled or color-coded.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of the Texas DSHS.

**HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The department will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

The department will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:

- Made available to the employee.
- Made available to the employee at a reasonable time and place.
• Performed by or under the supervision of a licensed physician/licensed healthcare professional.
• Provided according to recommendations of the U.S. Public Health Service (current at the time these evaluations and procedures take place).

Services will be provided by contact with a local hospital or clinic.

An accredited laboratory will be available to the employee to conduct required laboratory tests.

**Hepatitis B Vaccination**

Hepatitis B vaccination will be offered to employees who have occupational exposure to bloodborne pathogens and have received the required training. Vaccinations will be administered in amounts and at times prescribed by standard medical practice. Each identified employee will receive information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The employee will be offered the Hepatitis B vaccine within 10 working days of appointment or assignments unless the employee previously received the complete Hepatitis B vaccination series, antibody testing shows that the employee is immune, or the vaccine is contraindicated for medical reasons. The University will not make participation in a prescreening program a prerequisite for receiving Hepatitis B vaccination.

An employee declining a Hepatitis B Vaccination will sign a Hepatitis B Declination Form (Appendix A). The original signed statement will be maintained in the employee's permanent personnel file and copies will be provided to the employee, the employee's department and EH&S.

If an employee initially declines the Hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the department will make the Hepatitis B vaccination available at that time.

If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) will be made available.

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

An employee who experiences an “exposure incident” must report it immediately to his or her supervisor and/or the Environmental Health and Safety Office. Following a report of an exposure incident, the department will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

• Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
• Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

• The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the department will establish that legally required consent cannot be obtained. When law does not require the source individual’s consent, the source individual's blood, if available, will be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

• Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

• Collection and testing of blood for HBV and HIV serological status.

• The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.

• If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

• Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

• Counseling and evaluation of reported illness.

### Information Provided to the Healthcare Professional

The department will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination will be provided a copy of the Bloodborne Pathogens Standard regulation. The department will provide the healthcare professional evaluating an employee after an exposure incident with the following information:

- A copy of the Bloodborne Pathogens Standard (regulation).
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the University's responsibility to maintain.

### Healthcare Professional’s Written Opinion

The department will 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 healthcare professional's written opinion for HBV vaccination and post-exposure follow-up will be limited to the following information:

- Whether vaccination is indicated for an employee, and if the employee has received such vaccination.
• A statement that the employee has been informed of the results of the evaluation.
• A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

COMMUNICATION OF HAZARDS TO EMPLOYEES

Efforts directed at communicating hazards of bloodborne pathogens to University employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

Information and Training

All University employees with occupational exposure to blood or other potentially infectious materials will participate in a bloodborne pathogens information and training program, which is provided at no cost to the employee and conducted during their normal working hours.

Training will be provided at the time of initial assignment to tasks where occupational exposure may take place or within 90 days after the effective date of the Standard and at least annually thereafter.

Annual training will be provided for all employees with occupational exposure within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by only addressing the new exposure created.

Material will be used that is appropriate in content and vocabulary to educational level, literacy, and language of employees undergoing the training program.

The training program will contain the following elements:

• An accessible copy of the regulatory text of the Bloodborne Pathogens Standard and an explanation of its contents.
• A general explanation of the epidemiology and symptoms of bloodborne diseases.
• An explanation of the modes of transmission of bloodborne pathogens.
• An explanation of UTPB’s Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation for the basis of selection of personal protective equipment.
- Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information of the post-exposure evaluation and follow-up that the department is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color-coding required by the Standard.
- An opportunity for interactive questions and answers with the person conducting the training session.

Individuals knowledgeable in the subject matter covered in the training program as it relates to the specific workplace being addressed will conduct training.

**Labels**

- Labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials.
- The labels will include the universal biohazard symbol and the word “biohazard”. In the case of regulated waste, the words “biohazard waste” may be substituted. The label will be fluorescent orange or orange-red with lettering or symbols in a contrasting color.

There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section.
- Regulated waste that has been decontaminated does not need to be labeled.
• Red bags can be substituted for labels on bags or containers of regulated waste.

**Signs**

Signs will be posted at the entrance to HIV or HBV research laboratories and will bear the following legend and information:

- Name of infectious agent.
- Special requirements for entering the area.
- Name and telephone number of the laboratory director or other responsible person.

These signs will be fluorescent orange-red or predominately so, with lettering or symbols in a contrasting color.

**RECORDKEEPING**

Human Resources will maintain an accurate record for each employee. Departments will provide all medical records to Human Resources on employees with occupational exposure, in accordance with Health and Safety Code, Chapter 81, Subchapter H. The record shall include:

- Name and social security number of the employee.
- A copy of the employee's Hepatitis B vaccination status including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of all results of examinations, medical testing, and follow-up procedures is required. A copy of the healthcare professional's written opinion as required.
- A copy of the information provided to the healthcare professional as required.

Human Resources will ensure that employee medical records required are:

- Kept confidential
- Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Human Resources will maintain the records required for at least the duration of employment plus thirty years in accordance with Health and Safety Code, Chapter 81, Subchapter H.

**Training Records**

Training records will be maintained for three (3) years from the date of training. The following information will be documented:
• The dates of the training sessions.
• The contents or a summary of the training sessions.
• The names and qualifications of persons conducting the training.
• The names and job titles of all persons attending the training sessions.

EH&S will serve as the custodian of all Bloodborne Pathogens Standard training records. All training records required by this Standard will be provided upon request for examination and copying to all employees, employee representatives, and representatives from the Texas DSHS in accordance with Health and Safety Code, Chapter 81, Subchapter H.
APPENDIX A

Hepatitis B Vaccine Declination

Texas Department of State Health Services, Health and Safety Code 81.304 (CFR1910.1030 App A)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with a Hepatitis B vaccine, at no charge to myself. However, I decline a Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: ________________________________

Job Title: ______________________________

Department: ____________________________

Signature: ____________________________

Date: ________________________________