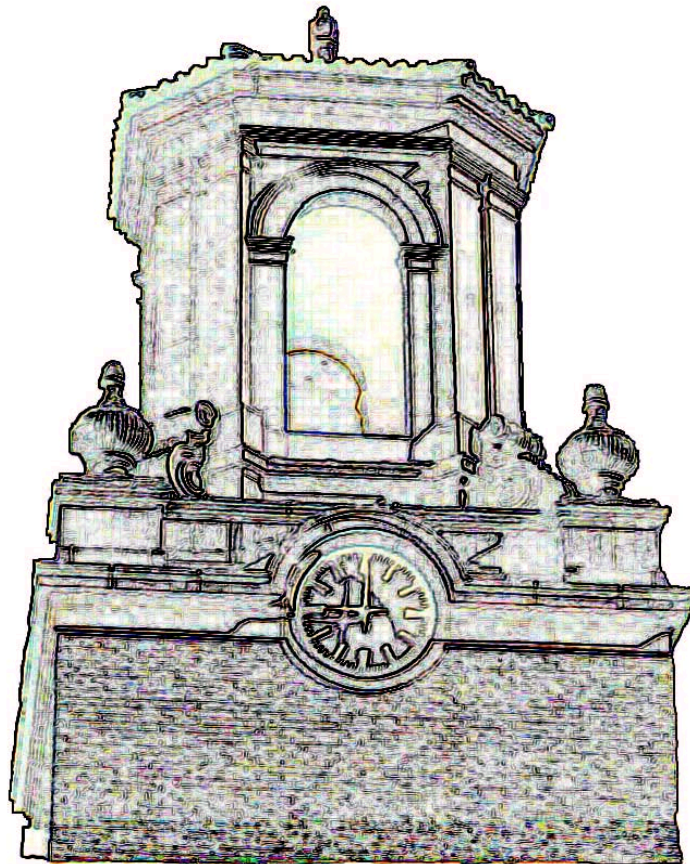

Bloodborne Pathogens Exposure Control Plan



PREPARED BY THE ENVIRONMENTAL HEALTH
& SAFETY OFFICE

TEXAS A&M UNIVERSITY-KINGSVILLE

Revised 07/19

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

1.0 AUTHORITY

In accordance with the Texas Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard (29CFR 1910.1030) and enforced by the Texas Department of State Health Services (DSHS), Texas A&M University-Kingsville (TAMUK) has developed this Exposure Control Plan to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other blood-borne pathogens.

2.0 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 isolates or removes the bloodborne pathogens hazard from the work place.

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

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2.0 DEFINITIONS CONTINUED

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 bodily 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.

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2.0 DEFINITIONS CONTINUED

Regulated Waste: liquid or semiliquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid 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.

3.0 RESPONSIBILITIES AND IMPLEMENTATION

Although the Environmental Health and Safety (EHS) Office 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 potential 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.

The Texas A&M University System Risk Management department has determined those positions with potential occupational exposure. Training is available within TrainTraq, course number 2111525, for all employees.

4.0 EXPOSURE DETERMINATION

The Texas Department of Health Bloodborne Pathogens Rule requires employers to perform an exposure determination for employees with potential occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (PPE). This exposure determination is required to list all job classifications in which employees have potential for occupational exposure, regardless of frequency.

The job titles / classifications in which University employees have potential for occupational exposure associated with the requirements of their normal employment are listed on the following page.

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DEPARTMENT

JOB TITLE

Athletic Department

Associate AD and Head Athletic Training
Assistant Athletic Trainer
Athletic Operations

Center for Young Children

Director
Assistant Director
Lead Teacher, Early Childhood
Early Childhood Teacher (I, II, III)
Early Childhood Teacher's Aide (I, II)

Enterprise Risk Management

All

Life Services & Wellness Center

Staff Physician (M.D.)
Physician Assistant
Nurse Practitioner
RN
LVN
Medical Assistant

Recreational Sports

Rec Sports Director
Rec Sports Associate Director
Intramural Sports Coordinator
Cheerleader Coach
Strength & Conditioning Coordinator

Health & Kinesiology

Manager
Aquatics and Outdoor Activities Coordinator
Exercise Science Faculty

University Police Department

Director of University Police
Captain
Lieutenant
Sergeant
Patrol Officer

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5.0 COMPLIANCE METHODOLOGY

5.1 Control Methods

Universal Precautions

Standard methodology instructing employees that all blood, body fluids, or other potentially infectious materials are to be considered infectious regardless of the perceived status of the source individual.

Engineering Controls

Are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1. Engineering control equipment includes:
 - sharps disposal containers
 - autoclave
 - disposable resuscitation equipment
 - disposable pipette bulbs
 - biological safety cabinet (a.k.a., bio-hood)
 - needleless systems
 - sharps with engineered sharps injury protection for employees
2. Additional engineering controls used throughout the facility include:
 - Hand washing facilities which are readily accessible to all employees who have exposure to blood or OPIM.
 - Antiseptic towelettes or waterless disinfectant when proper hand washing facilities are not available.

Work Practice Controls

Where employees have an occupation exposure, standard practices shall be established by the department by which a task is performed.

1. Employees wash hands and any other potentially contaminated skin area immediately after glove removal. Employees wash hands as soon as possible with soap and water when waterless disinfectants have been used first.
2. Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area is washed with soap and water or flushed with water as appropriate as soon as possible.
3. Contaminated needles and sharps are not bent, broken, recapped, removed, sheared or purposely broken. They are discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.
4. Contaminated, reusable sharps are placed in a puncture-resistant, leak-proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.
5. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found; maintained upright throughout use; are not allowed overfilled; and replaced routinely.

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6. Eating, drinking, applying cosmetics or lip balm, smoking, or handling contact lenses is prohibited in working areas where occupational exposure may occur.
7. Mouth pipetting/suctioning is prohibited.
8. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on counter-tops or bench tops where blood or OPIM are present.
9. All procedures in which blood or OPIM are present are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these materials.

5.2 Collection of Specimens

1. Specimens of blood or OPIM are placed in a container, which prevents leakage during the collection, handling processing, storage, transport, or shipping of the specimens.
2. The container used to collect specimens is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. If the specimen containers are sent to another facility, a biohazard or color-coded label is affixed to the outside of the container.
3. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a clinic, doctor's office, or laboratory setting. These specimens are appropriately labeled to indicate the contents and other pertinent information.
4. If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.
5. Any specimen that could puncture a primary container is placed within a secondary container that is puncture proof.

5.3 Contaminated Equipment

1. At times it is inevitable that equipment will become contaminated with blood or OPIM.
 1. Equipment is decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.
 2. Contaminated equipment is labeled with a biohazard label.
2. If equipment cannot be decontaminated, DO NOT USE.

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5.4 Personal Protective Equipment

When occupational exposure remains after instituting engineering controls and work practice controls, personal protective equipment is used.

1. Personal protective equipment (PPE) is provided by the university without cost to the employee.
2. PPE is considered appropriate only if it is fluid resistant and does not permit blood or other OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time which the PPE is used.
3. Examples of PPE include:
 - Gloves
 - Gowns
 - Laboratory coats
 - Masks
 - Face shields
 - Eyewear with side shields
 - Mouthpieces
 - Resuscitation bags, pocket masks, or other ventilation devices
 - Aprons
 - Shoe covers
4. All PPE is cleaned, laundered, and disposed of by the university at no cost to the employees. All repairs and replacements are made by the university at no cost to the employees.
5. PPE shall be utilized whenever contact with blood or other OPIM may occur.
 - a. Gloves are worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or other mucus membranes may occur.
 - b. If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided.
 - c. Disposable gloves will not be re-used and will be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
 - d. Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They are discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
 - e. Masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
 - f. Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers are worn when gross contamination can be reasonably anticipated.
 - g. All garments that are penetrated by blood are removed immediately or as soon as feasible.
 - h. Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated.
 - i. Used protective equipment is placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

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5.5 Housekeeping Procedures

1. Supervisors must ensure that the work site is maintained in a clean and sanitary condition.
2. The Department must determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
3. All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift.
4. Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and work surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
5. Bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.
6. Any broken glassware that may be contaminated is not picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments for disposal.

5.6 Regulated Waste Disposal

A. All employees who have been identified as having potential occupational exposure to blood or OPIM are

1. All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.
2. Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.
3. All regulated waste is properly disposed in accordance with state and federal requirements.

5.7 Laundry Procedures

1. Laundry contaminated with blood/bloody body fluids or OPIM is placed in a biohazard bag or color-coded laundry bag.
2. Contaminated laundry is decontaminated at the work site by autoclaving, washing with hot soapy water and bleach, or other acceptable method of treatment.

6.0 HEPATITIS B VACCINATION PROGRAM

- A. All employees who have been identified as having potential occupational exposure to blood or OPIM are offered the hepatitis B vaccine (HBV) by the University at no cost to the employee.
- B. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional as a component of the Occupational Health Program.
- C. The HBV is offered during bloodborne pathogen training and within 10 working days of their initial assignment where occupational exposure could occur unless the employee has previously received the complete HBV series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

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- D. Those employees who are occupationally at risk of having an exposure will receive the HBV at a healthcare facility contracted by the University or their primary care provider.
- E. Vaccination is offered with post vaccination laboratory screening to assess immune status.
- F. Employees who decline the HBV must sign a Declination of Vaccination Statement contained in the TrainTraq course or utilize Appendix A. Employees who later elect to receive the HBV may then have the vaccine provided at no cost.
- G. Any necessary booster doses of the HBV are provided by the employer at no cost to the employee.

7.0 POST EXPOSURE EVALUATION AND FOLLOW-UP

- A. If an employee suffers an occupational exposure, the employee must report the incident to her/his supervisor and submit a completed Incident Report to the Office of Human Resources within 24 hours of the incident.
- B. The employee is offered a confidential medical evaluation and follow up that includes:
 - 1. Documentation of the route(s) of exposure and the circumstances related to the incident.
 - 2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity.
 - 3. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - 4. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible. (NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/ her blood tested within 10 days of the exposure to demonstrate absence of disease at the time of the exposure.)
 - 5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
 - 6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
 - 7. The unit head or supervisor of an employee with occupational exposure is designated to assure that the TAMUK Exposure Control Plan is followed and maintain records required by the Plan.

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8.0 INTERACTION WITH HEALTHCARE PROFESSIONALS

- A. A written opinion is obtained from the healthcare professional when a TAMUK employee is sent to obtain the HBV, or when a TAMUK employee is evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
 - 1. a copy of the TAMUK Exposure Control Plan
 - 2. a description of the exposed employee's duties as they relate to the exposure incident
 - 3. documentation of the route(s) of exposure and circumstances under which the exposure occurred
 - 4. results of the source individual's blood tests (if available)
 - 5. medical records relevant to the appropriate treatment of the employee

- B. Healthcare professionals should limit their written opinions to:
 - 1. whether the HBV is indicated
 - 2. whether the employee has received the vaccine
 - 3. the evaluation following an exposure incident
 - 4. whether the employee has been informed of the results of the evaluation
 - 5. whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report)
 - 6. whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation

9.0 USE OF BIOHAZARD LABELS

Biohazard warning labels and/or color-coding are used to identify any work area or object that has the potential to be exposed to blood or other infectious materials. Labels are placed on such objects as: sharps containers; specimen containers; contaminated equipment; regulated waste containers; contaminated laundry bags; refrigerators and freezers containing blood or OPIM; and containers used to store, transport, or ship blood or OPIM.

10.0 TRAINING

- A. Training for identified employees with the potential for occupational exposure will be assigned through TrainTraq.
- B. Annual refresher training is provided within one year of the employee's previous training.
- C. Training will include an explanation of the following:
 - 1. Title 25 Health Services, Part 1 Texas Department of Health, Chapter 96 Bloodborne Pathogen Control;
 - 2. OSHA Bloodborne Pathogen Final Rule;
 - 3. epidemiology and symptomatology of bloodborne diseases;
 - 4. modes of transmission of bloodborne pathogens;
 - 5. how to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM;
 - 6. the TAMUK Bloodborne Pathogens Exposure Control Plan;
 - 7. the use and limitations of work practices, engineering controls, and personal protective equipment;
 - 8. the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - 9. the employee's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and for co-workers;

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10. the Hepatitis B Vaccination Program;
 11. procedures to follow in an emergency involving blood or OPIM;
 12. procedures to follow if an exposure incident occurs to include U.S. Public Health Service; Post Exposure Prophylaxis Guidelines;
 13. post exposure evaluation and follow up;
 14. warning labels and signs, where applicable, and color-coding;
 15. an opportunity to ask questions of the EHS office.
- D. Additional training is given as new information is acquired or job duties change.

11.0 RECORDKEEPING

- A. Employee medical records shall include:
1. the employee's name and social security number or university identification number;
 2. Hepatitis B vaccination status, including the dates of all the HBV vaccinations;
 3. a copy of all results of examinations, medical testing, and follow-up procedures related to an occupational exposure;
 4. the employer's copy of the healthcare professional's written opinion;
 5. a description of the employee's duties as they related to the exposure incident;
 6. a description of the route of exposure and the circumstances under which exposure occurred;
 7. results of the source individual's blood testing, if available.
- B. Confidentiality of medical records is maintained.
- C. Employee medical records are maintained at the Office of Human Resources in the employee's personnel file.
- D. Employee medical records are maintained in accordance with the System Records Retention Schedule.
- E. Training records are maintained by the employer in the employee's personnel files for at least three years from the date on which the training occurred. Training records include:
1. the dates of the training sessions;
 2. the contents or a summary of the sessions;
 3. name(s) and qualifications of the person(s) conducting the training if not TrainTraq;
 4. names and job titles of those in attendance.

12.0 CONTAMINATED SHARPS REPORTING

In accordance with the requirements of the Texas Bloodborne Pathogens Rule, injuries from contaminated sharps must be reported to the Texas Department of State Health Services (DSHS). A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, broken capillary tube used or encountered in a healthcare setting that is contaminated with human blood or body fluids.

The Contaminated Sharps Injury Reporting Form located in Appendix B of this document must be completed within 24 hours of the incident. The Reporting Form must be submitted to Human Resources along with an Employee Incident Report. Provide copies of both reports to the Environmental Health & Safety Office. The Manager of the EHS Office will submit a copy of the Contaminated Sharps Injury Reporting Form to the Texas Department of State Health Services. The responsible governmental agency for Health Service Region 11 (HSR11) is located at the Regional Sub-Office, 5155 Flynn Parkway, Corpus Christi, Texas, Office: (361) 888-7837, Fax: (361) 883-9942.

The injury must be reported to DSHS no later than ten working days after the end of the calendar month in which the contaminated sharps injury occurred.

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APPENDIX A



The Texas A&M University System

Hepatitis B Vaccination Form

You have the right to request or decline the hepatitis B (HBV) vaccination series. You should have already received training on the risks and prevention of occupational exposure to bloodborne pathogens, including HBV, and had an opportunity to ask questions. If you have not completed the training, please do so before filling out this form. If you have received the training:

1. Select Option A, B or C below, and fill in your name, employee ID/UIN number, and date.
2. Print and sign the completed form and send it to your institution's hepatitis B immunization contact person.

Option A – Accept the Vaccination

REQUEST TO RECEIVE HEPATITIS B VACCINE

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. **I request to receive the vaccination series.**

Employee's Name (printed)

Employee's signature

Employee ID no.

Date (mm/dd/yyyy)

Option B – Already Immunized

STATEMENT OF CURRENT IMMUNIZATION

I attest that I have already been immunized against hepatitis B virus (HBV) infection.

Employee's Name (printed)

Employee's signature

Employee ID no.

Date (mm/dd/yyyy)

Option C – Decline to be Immunized

HEPATITIS B VACCINE – DECLINATION STATEMENT

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 hepatitis B vaccine, at no charge to myself. However, **I decline hepatitis B vaccine 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.

All of my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee's Name (printed)

Employee's signature

Employee ID no.

Date (mm/dd/yyyy)

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APPENDIX B



**Department of State Health Services
Infectious Disease Control**

Contaminated Sharps Injury Reporting Form

Please complete a form for each exposure incident involving a sharp.
NOTE: If injury occurred BEFORE the sharp was used for its original intended purpose, do not submit this form.

Facility where injury occurred: _____	
Street address (no PO Box): _____	
City: _____	County: _____ Zip Code: _____
Street address of reporter (if different from above): _____ Date filled out: _____	
Reporter's Name: _____	Phone: _____ Reporter's e-mail: _____
INSTRUCTIONS FOR DROP-DOWN LIST: Choose (one) response from Drop-down list or enter answer in "Other" field.	
1. Date of injury: ____/____/____	Time of injury: <input type="checkbox"/> am <input type="checkbox"/> pm
Age of injured: _____	Sex of injured: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Type of Sharp Involved: <i>(Choose only one response from Needles, Surgical Instruments, or Glass Drop-down Lists).</i>	<u>Needles List</u> _____ or Other Non-suture needle _____
	<u>Surgical Instruments List</u> _____ or Other Surgical _____
	<u>Glass Items List</u> _____ or Other Glass _____
	List Brand Name of Sharp: _____
3. Original Intended Use of Sharp	<input type="checkbox"/> A-I <input type="checkbox"/> O-Z or Other _____
4. When and How Injury Occurred... <input type="checkbox"/> before (DO NOT report to DSHS) <input type="checkbox"/> during <input type="checkbox"/> after the sharp was used for its intended purpose.	4. A If the exposure occurred during or after the sharp was used, was it... <u>How Exposed List</u> _____ or Other _____
5. Did the device being used have engineered sharps injury protection? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	
A. Was the protective mechanism activated?	<input type="checkbox"/> yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> no <input type="checkbox"/> don't know
B. Did the exposure incident occur... <input type="checkbox"/> before <input type="checkbox"/> during <input type="checkbox"/> after activation of the protective mechanism?	
6. Was the injured person wearing gloves? <input type="checkbox"/> yes <input type="checkbox"/> no	
7. Had the injured person completed a hepatitis B vaccination series? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	
8. Was there a sharps container readily available for disposal of the sharp? <input type="checkbox"/> yes <input type="checkbox"/> no	
8.A Did the sharps container provide a clear view of the level of contaminated sharps? <input type="checkbox"/> yes <input type="checkbox"/> no	
9. Had the injured person received training on the exposure control plan in the 12 months before the incident? <input type="checkbox"/> yes <input type="checkbox"/> no	
10. Involved body part: _____	
11. Job Classification of Injured Person	<u>A-L</u> <u>M-Z</u> or Other (specify) _____
12. Employment Status of Injured Person	_____ or Other (specify) _____
13. Location/Facility/Agency in Which Sharps Injury Occurred	_____ or Other (specify) _____
14. Work Area Where Sharps Injury Occurred	<u>A-L</u> <u>M-Z</u> or Other _____
COMMENTS (your notes, opinions, suggestions) _____	

INSTRUCTIONS: The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Department of State Health Services regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at www.dshs.state.tx.us. The local health authority, acting as an agent for the Department of State Health Services will receive and review the report for completeness, and mail the report to: Infectious Disease Control (IDC), Department of State Health Services, PO Box 149347, Austin, Texas 78756-3199 or fax to 512 458 7616. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting or from Department of State Health Services regional offices.

APPENDIX C

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PROGRAM ASSESSMENT CHECKLIST

- | | | |
|---|-----|----|
| 1. The Exposure Control Plan is located in each applicable work area. | Yes | No |
| 2. Employees at occupational risk for bloodborne pathogens exposure are identified. | Yes | No |
| 3. Employees comply with universal precautions when performing duties. | Yes | No |
| 4. Employees appropriately use engineering controls in the work area. | Yes | No |
| 5. Employees employ safe work practices in performance of duties. | Yes | No |
| 6. Hand washing facilities are readily accessible in the work area. | Yes | No |
| 7. Employees regularly wash their hands, especially after glove removal. | Yes | No |
| 8. Employees deposit contaminated sharps in biohazard containers immediately after use. | Yes | No |
| 9. Employees change biohazard containers when full | Yes | No |
| 10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lens in the work area. | Yes | No |
| 11. Food and beverages are not kept in close proximity to blood or bodily fluids. | Yes | No |
| 12. Employees do not mouth pipette/suction blood or bodily fluids. | Yes | No |
| 13. Employees place specimens in leak resistant containers after collection. | Yes | No |
| 14. Employees place specimens in biohazard leak-proof containers for shipment. | Yes | No |
| 15. Employees properly decontaminate equipment before servicing or place a biohazard label to inform others the equipment remains contaminated. | Yes | No |
| 16. Employees wear the designated fluid resistant personal protective equipment (PPE) appropriate for the task at hand. | Yes | No |
| 17. Employees place the contaminated PPE in the appropriate receptacle. | Yes | No |
| 18. Employees maintain a clean environment at all times. | Yes | No |
| 19. Employees use an EPA approved germicide to decontaminate the work area and equipment. | Yes | No |
| 20. Employees know the safe procedure for contaminated, broken glass cleanup. | Yes | No |
| 21. Each employee is knowledgeable in the Department's waste disposal procedures. | Yes | No |
| 22. Employees place wet laundry in leak resistant bags or containers and transport soiled laundry in bio hazardous leak-proof containers. | Yes | No |
| 23. Each employee is aware of his or her hepatitis B vaccine status. | Yes | No |
| 24. Each employee knows how to properly report exposure incidents. | Yes | No |

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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| 25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service. | Yes | No |
| 26. Employees are oriented and receive annual training on the exposure control plan. | Yes | No |
| 27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard. | Yes | No |
| 28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard. | Yes | No |