



TEXAS A&M UNIVERSITY  
CORPUS CHRISTI

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# Bloodborne Pathogen Exposure Control Plan

2017

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## **EXECUTIVE SUMMARY**

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Texas A&M University-Corpus Christi (TAMU-CC) is committed to providing a workplace free of recognized hazards that is conducive to education and research. In the pursuit of these endeavors, occupational exposure to potentially infectious agents may be required for some employees. This Exposure Control Plan (ECP) contains guidelines and procedures that should be used in conjunction with standard healthcare or research techniques to minimize exposure to bloodborne pathogens.

This plan should not be construed as a limitation on the use of infectious materials in the course of TAMU-CC education or research goals. However, this plan should be used by supervisors to develop receipt, use, handling, and disposal procedures to minimize the potential for exposure to bloodborne pathogens. This manual is intended to assist all levels of management in implementing effective policies for the safe use of blood or other potentially infectious materials (OPIM) during the course of employment at TAMU-CC.

The ECP is not intended to be an exhaustive or fully comprehensive reference on this subject, but rather a guide for use by technically qualified employees. Further advice concerning hazards associated with specific biological agents, recombinant DNA, and the development of new or unfamiliar activities should be obtained through consultation with the TAMU-CC Institutional Biosafety Committee and TAMU-CC Environmental Health and Safety.

All TAMU-CC personnel employing biological agents and recombinant DNA with significant potential for exposure to bloodborne pathogens must be familiar with the requirements set forth in this plan and applicable guidelines of the Center for Disease Control (CDC) and National Institutes of Health (NIH). All operations shall be conducted in accordance with them.

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**ANNUAL REVIEW & SUMMARY OF CHANGES**

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<b>YEAR</b>	<b>CHANGES</b>
<b>2013</b>	Minor formatting changes
<b>2014</b>	Updated job classification exposure list/Modified Declination form
<b>2015</b>	Added the Executive Summary, Annual Review & Summary of Changes Table, Objectives, Environmental, Health & Safety Contact Information, Assignment of Responsibility, Exposure Incidents
<b>2017</b>	Addition of TAMU System Hepatitis B Vaccination form. Formatting changes.

**Reviewed by:** Roy D. Coons, CHMM Date: \_\_\_\_\_  
Director, Environmental, Health & Safety

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## **OBJECTIVE**

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The objective of the Texas A&M University-Corpus Christi (TAMU-CC) Bloodborne Pathogen Exposure Control Plan (ECP) is to comply with Texas Health and Safety Code, Chapter 81, Subchapter H, and is analogous to OSHA Bloodborne Pathogens Standard. TAMU-CC uses this ECP to prevent or minimize the exposure of employees to bloodborne pathogens. This Plan references System Regulation 24.01.01 and 34.04.03.

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## **ENVIRONMENTAL, HEALTH, & SAFETY CONTACT INFORMATION**

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### **TAMU-CC Environmental, Health & Safety**

#### **Director**

Roy Coons (361) 825-5555

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## **DEFINITIONS**

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1. BLOOD – human blood, human blood components, and products made from human blood.
2. BLOODBORNE PATHOGENS – pathogenic microorganisms that are present in human blood and can cause diseases in humans, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
3. CONTAMINATED - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. DECONTAMINATE- 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.
5. EMPLOYER – for the purposes of the TAMU-CC Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the department or unit in which the employee is employed.

6. ENGINEERING CONTROLS- controls that isolate or remove the bloodborne pathogens hazards from the workplace. (e.g., sharps disposal containers, self-sheathing or shielded needle devices, needless devices, blunt needles, plastic capillary tubes)
7. EXPOSURE INCIDENT – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.
8. 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.
9. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) – include the following:
  - a. 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 visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood.
  - b. any unfixed tissue or organ (other than intact skin) from a human, living or dead.
  - c. HIV-containing cell or tissue cultures, organ cultures, and HIV – of HBV – containing culture or medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
10. PERSONAL PROTECTIVE EQUIPMENT (PPE) – is 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 is not considered to be personal protective equipment.
11. SOURCE INDIVIDUAL – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
12. STANDARD PRECAUTIONS- is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
13. WORK PRACTICE CONTROLS – controls that reduce the likelihood of exposure by altering the manner in which a task is performed such as prohibiting the recapping of needles by a two-handed technique.

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## **ASSIGNMENT OF RESPONSIBILITY**

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### 1. PROGRAM ADMINISTRATION

Environmental, Health & Safety shall maintain the TAMU-CC Bloodborne Pathogen Exposure Control Plan and will ensure proper adherence to this plan through periodic audits.

### 2. EMPLOYER

The employer shall provide adequate controls and equipment that, when used properly, will minimize or the eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees.

### 3. SUPERVISORS

Supervisors shall themselves follow and ensure that their employees are fully trained, follow procedures and use the appropriate equipment correctly. Supervisors must make certain that personal protective equipment (PPE) is available, appropriate, and provided free of charge to the employee. They must ensure that contaminated PPE is properly laundered, cleaned, disposed of, and/or replaced as necessary at no cost to the employee. Supervisors must also complete a Texas Workers' Compensation Commission (TWCC-1) First Report of Injury or Illness form when an employee exposure incident occurs.

### 4. EMPLOYEES

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment, and cleanup/disposal techniques as described in this plan, as well as completing appropriate training. Employees are also responsible for immediately reporting all exposure incidents to their supervisor.

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## **EXPOSURE DETERMINATION**

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

The TAMU-CC departments in which employees, while in the performance of their job, may have occupational exposure are listed (see Appendix A).

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## **METHODS OF BLOODBORNE PATHOGENS TRANSMISSION**

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1. Bloodborne pathogens may be transmitted in the following ways:
  - a. By having sex with an infected person (through semen, vaginal fluids, or blood).
  - b. Being punctured by or sharing needles and syringes.
  - c. From the mother to the fetus during pregnancy or possibly to the baby through breast feeding.
  - d. By receiving infected blood or blood products.
  - e. Sharing razors, toothbrushes or contact lenses, tattooing and body piercing with an infected person.
  - f. Exposure of open wounds/mucous membranes to the blood of an infected person.  
See CDC web site for current information: [www.cdc.gov](http://www.cdc.gov)
  
2. Current scientific and medical technology has determined that bloodborne pathogens are transmitted through certain behaviors, not the environment, and that there is no risk of infection through routine daily contact. Live bloodborne pathogens must gain entry to the blood stream or mucous membranes to cause infection. Employees and students are not at risk of exposure to bloodborne pathogens through:
  - a. Casual contact (shaking hands, working side by side).
  - b. Use of equipment or supplies (tools, telephones, machinery, furniture, keyboards).
  - c. Use of restrooms, eating or cooking facilities, water fountains.
  - d. The environment (air, water, insects).
  - e. Donating blood for blood drives.

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## **BLOODBORNE PATHOGENS IN THE WORK/LEARNING ENVIRONMENT**

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ADMISSIONS – The existence of bloodborne pathogen infection should not be used to determine suitability of applicants for student admission unless current scientific information indicates that required activities may expose others to the risk of transmission.



**CLASS ATTENDANCE** - A student with a bloodborne pathogen infection should be allowed to attend classes and all University functions without restrictions as long as the student is physically and mentally able to participate and perform assigned work and poses no reasonable threat to others.

**REFUSAL TO ATTEND CLASSES WITH A BLOODBORNE PATHOGEN INFECTED INDIVIDUAL** – A student’s refusal to attend classes or participate in other academic activities with a bloodborne pathogen infected individual should be carefully monitored and documented by the Dean of the appropriate College.

**EMPLOYMENT** - The existence of bloodborne pathogen infection should not be used to determine suitability of applicants for employment unless current scientific information indicates that required activities may expose others to the risk of transmission. An employee infected with a bloodborne pathogen will remain employed as long as he or she meets job performance standards and does not engage in activities on the job that current scientific information indicates may expose others to risk of transmission. During the asymptomatic period, the employee is not obligated to provide information about his/her bloodborne pathogen status to the employer. Once bloodborne pathogen related symptoms occur, it is the employee’s responsibility to provide the employer medically verified information relating to the employee’s ability to perform job duties.

**REFUSAL TO WORK WITH A BLOODBORNE PATHOGEN INFECTED INDIVIDUAL** – Refusal by an employee/student employee to work with a bloodborne pathogen infected individual should be carefully monitored and documented by the supervisor. The Employee Development & Compliance Services office shall be contacted to assist the supervisor in resolving the matter. Appropriate accommodation and/or disciplinary measures may be implemented for people who refuse to work or attend classes with bloodborne pathogen infected individuals as deemed reasonable by the Office of Student Affairs and/or Employee Development & Compliance Services office.

**ELIGIBILITY FOR EMPLOYEE BENEFITS** – See System Regulation 34.04.03 for information on Worker’s Compensation, Unemployment Compensation Benefits, and Health Benefits.

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## **CONFIDENTIALITY**

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Based on the Federal Privacy Act, the Texas Commission on Human Rights Act, and the Texas Communicable Disease Prevention and Control Act, any medical documentation or information provided by medical or management personnel must be considered confidential and private information. As such, employers are forbidden by law to disclose this information without the employee’s knowledge and consent, except as provided by law.

With the consent of the HIV or other bloodborne pathogen infected employee, appropriate agency officials such as medical staff, personnel representatives, and/or direct supervisors may be informed of the infected employee's condition. Anyone who has access to confidential information is charged with maintaining strict confidentiality and privacy and with keeping documentation of the condition separate from the employee's personnel file. It must be emphasized that any individual within an organization who breaches the confidentiality rights of an infected employee has committed a serious offense. This breach may be cause for litigation, resulting in civil and criminal penalties, and may result in dismissal.

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## **BLOODBORNE PATHOGEN RULE DISTRIBUTION**

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In order to help employees and students better understand the medical, legal, administrative and ethical issues involved with bloodborne pathogens, the bloodborne pathogens rule will be distributed annually. The University will make its rules and regulations available to students, faculty, and staff members through handbooks, manuals, brochures, the Internet or any other method deemed appropriate through the Offices of Human Resources, Employee Development & Compliance Services, and Environmental, Health & Safety.

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## **GUIDELINES RELATED TO LABORATORY AND HEALTH CARE PROFESSIONS TRAINING**

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EDUCATION OF STUDENTS ENTERING HEALTH PROFESSIONS – Texas A&M University-CC offers degree programs in Nursing, Biomedical Sciences Program, Kinesiology, and Health Sciences. Students enrolled in these degree programs will receive training through their required curricula on bloodborne pathogens and their transmission.

GUIDELINES FOR LABORATORY COURSES – University laboratory courses with the potential to expose students to bloodborne pathogens will adopt safety guidelines for handling such material and distribute these guidelines to students and staff prior to such exposure.

INSURANCE - All students registered in the Nursing, Biomedical Sciences Program, Health Sciences and Athletic Training programs will be required to purchase health insurance or show proof of health insurance in case of any emergency resulting in exposure to any bloodborne pathogens. Students that are unable to show proof of health insurance will not be allowed to register in the aforementioned programs. It is the student's responsibility to purchase health insurance and/or show proof of insurance.

PREVENTION AND CARE - A student exposed to a potential bloodborne pathogen should seek immediate care (within two hours if possible) to prevent contraction of infection and receive treatment. Individuals should go immediately to the University Health Center or an appropriate medical facility for medical treatment.

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## **OTHER EDUCATIONAL PROGRAMS ON BLOODBORNE PATHOGENS**

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The University Health Center will provide information on the prevention of bloodborne pathogen infection, including:

- a. The value of abstinence and long-term mutual monogamy
- b. Information on the efficacy and use of condoms
- c. Information that offers or refers to confidential and/or anonymous HIV counseling and testing services; and
- d. State laws relating to the transmission and conduct that result in the transmission of bloodborne pathogens
- e. Educational pamphlets are available to students through the University Health Center

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## **TESTING FOR BLOODBORNE PATHOGENS**

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MANDATORY TESTING – No programs for mandatory blood testing of bloodborne pathogens for employees, students, or patients will be undertaken unless required by law or court order.

ANONYMOUS HIV TESTING OFFERED BY THE UNIVERSITY HEALTH CENTER – The University Health Center will offer or refer students, for confidential or anonymous HIV counseling and testing services. All test conducted by the University will comply with the informed consent restrictions discussed below and will include counseling before and after the test. Unless required by law, test results will be revealed to the person tested only when the opportunity is provided for immediate, individual, face to face counseling about:

- a. The meaning of the test result
- b. The possible need for additional testing
- c. Measures to prevent the transmission of HIV
- d. The availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence
- e. The benefits of partner notification
- f. The availability of partner notification programs; and

- g. Identifying and changing high risk behaviors

INFORMED CONSENT – Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested. Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-testing counseling will be offered or the medical record will note that the patient has been informed that post-test counseling will be offered.

REPORTING OF TEST RESULTS – HIV test results will be reported in compliance with all applicable statutory requirements, including the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Section 81.001.

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## METHODS OF COMPLIANCE

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1. **Universal Precautions** are observed to prevent contact with blood and other potentially infectious body fluids. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.
2. **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.

Engineering control equipment includes:

- a. Sharps disposal containers.
  - b. Autoclave.
  - c. Disposable resuscitation equipment.
  - d. Disposable pipette bulbs.
  - e. Biological safety cabinet (a.k.a., bio hood).
  - f. Needleless systems.
  - g. Sharps with engineered sharps injury protection.
  - h. Automatic pipettes
3. Additional engineering controls used throughout the facility include:
    - a. Hand washing facilities which are readily accessible to all employees who have

- exposure to blood or OPIM.
- b. Antiseptic towelettes or waterless disinfectant when proper handwashing facilities are not available.
4. **Work Practice Controls** establish standard practices by which a task is performed.
- a. 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.
  - b. Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area shall immediately be washed with soap and water or flushed with water for 15 minutes.
  - c. 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.
  - d. 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.
  - e. 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 to overfill; and replaced routinely.
  - f. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited in working areas where occupational exposure may occur.
  - g. Mouth pipetting/suctioning is prohibited.
  - h. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
  - i. When working in the laboratory, all lab personnel must wear closed toe shoes and long pants.
  - j. All procedures in which blood or OPIM are present should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these materials.
5. **Collection of Specimens**
- a. 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.
  - b. 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 label or color-code is affixed to the outside of the container.

- c. Specimens of blood and OPIM 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.
- d. 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.
  - i. During transport (walking to another room, building or delivery to another campus) all containers must be placed in secondary containment.
  - ii. If shipping specimens of blood and OPIM is required, please contact E,H&S for appropriate methods and training.
- e. Any specimen that could puncture a primary container is placed within a secondary container that is puncture proof.

## 6. **Contaminated Equipment**

- a. Equipment shall be decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.
- b. Contaminated equipment shall be labeled with a biohazard label.

## 7. **Personal Protective Equipment**

Where occupational exposure remains after institution of engineering controls and work practice controls, personal protective equipment is used.

- A. Personal protective equipment is provided by the employer without cost to the employee.
- B. Personal protective equipment is considered appropriate only if it is fluid resistant and does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment is used.
- C. Examples of personal protective equipment include:
  - a. Gloves.
  - b. Gowns.
  - c. Laboratory coats.
  - d. Masks.
  - e. Face shields.
  - f. Eye protection-goggles, safety glasses with side shields, face shields.
  - g. Mouthpieces.
  - h. Resuscitation bags, pocket masks, or other ventilation devices.
  - i. Aprons.
  - j. Shoe covers.
- D. All personal protective equipment is cleaned, laundered, and disposed of by the

employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees. **\*Home laundering of PPE is not permitted.**

- E. Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
  - a. Gloves shall be worn whenever it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, or mucous membranes may occur.
  - b. If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided. **\*The use of plastic food handling gloves is not appropriate.**
  - c. Disposable gloves will not be re-used and shall be replaced as soon 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 shall be discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
  - e. Masks in combination with eye protection devices shall be worn whenever splash, 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 shall be worn when gross contamination can be reasonably anticipated.
  - g. All garments that are penetrated by blood shall be removed immediately or as soon as feasible.
  - h. Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated. **\*Do not wear gloves in common areas, especially when opening doors and riding elevators.**
  - i. Used protective equipment shall be placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

## 10. Housekeeping

- A. Employers shall ensure that the work site is maintained in a clean and sanitary condition.
- B. The employer shall determine and implement an appropriate written schedule for cleaning and a 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.
- C. 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.
- D. \*EPA Approved Disinfectants can be found at:  
<http://www.epa.gov/oppad001/chemregindex.htm>

- E. Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and work surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
- F. Bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.
- G. Any broken glassware that may be contaminated shall not be picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments.

## **11. Regulated Waste Disposal**

- A. 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.
- B. 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.
- C. All regulated waste is properly disposed in accordance with local, state, and federal regulations.

## **12. Laundry Procedures**

- A. Laundry contaminated with blood/bloody body fluids or OPIM is placed in a biohazard bag or color-coded laundry bag.
- B. Contaminated laundry is decontaminated at the work site by autoclaving, washing with hot soapy water and bleach, or any other acceptable method of treatment.
- C. The use of disposable lab coats/gowns is an acceptable alternative to gowns that require laundering. Disposable lab coats/gowns shall be disposed of as regulated waste.
- D. Departments may elect to contract their laundry service to a vendor.

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## **HEPATITIS B VACCINATION PROGRAM**

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1. All employees who have been identified as having occupational exposure to blood or OPIM are offered the Hepatitis B vaccine by the employer at no cost to the employee.
2. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.



3. The Hepatitis B vaccine is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless the employee has previously received the complete Hepatitis B vaccine series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.
4. TAMU-CC employees may receive the Hepatitis B vaccine at a healthcare facility contracted by the employer or by a physician of their choice. Employees will be responsible for any copay should they choose to visit their personal physician.
5. Employees who decline the Hepatitis B vaccine must sign a declination form. An example consent & declination form is available as Appendix B. Employees who later elect to receive the Hepatitis B vaccine may then have the vaccine provided at no cost.
6. Any necessary booster doses of the Hepatitis B vaccine are provided by the employer at no cost to the employee.

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## **EXPOSURE INCIDENTS**

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### If an exposure to blood or other potentially infectious material (OPIM) occurs:

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
2. The employee should notify their supervisor of the exposure incident. The supervisor should complete a TWCC-1 First Report of Injury or Illness Form and if necessary a Contaminated Sharps Form and submit to Risk Management.
3. The employee should then contact the Occupational Health Program to be directed to the appropriate Healthcare Facility for a medical evaluation.

### If the exposure occurs after hours:

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
2. The employee should then seek medical attention at the nearest Emergency Room and indicate that they are enrolled in the Occupational Health Program at TAMU-CC.
3. The employee should notify their supervisor and the Occupational Health Program about the exposure as soon as possible.

- 4 The supervisor should then fill out the appropriate forms outlined above.

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## POST EXPOSURE EVALUATION AND FOLLOW UP

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1. The employee is offered a confidential medical evaluation and follow-up that includes:
  - a. Documentation of the route(s) of exposure and the circumstances related to the incident.
  - b. 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, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
  - c. The test results from 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.
  - d. The employee is offered the option of having his/her blood collected for testing to determine their HIV/HBV/HCV 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.
  - e. \*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.
  - f. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
  - g. 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.
  - h. The department head or supervisor of an employee with occupational exposure is designated to assure that the TAMU-CC Exposure Control Plan is followed and maintains records required by the Plan.

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## **INTERACTION WITH HEALTHCARE PROFESSIONALS**

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1. A written opinion is obtained from the healthcare professional when a TAMU-CC employee is sent to obtain the HBV, or when a TAMU-CC employee is evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
  - a. A copy of the TAMU-CC Exposure Control Plan.
  - b. A description of the exposed employee's duties as they relate to the exposure incident.
  - c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
  - d. Blood test results of the source individual (if available).
  - e. Medical records relevant to the appropriate treatment of the employee.
  
2. Healthcare professionals should limit their written opinions to:
  - a. Whether the HBV is indicated.
  - b. Whether the employee has received the vaccine.
  - c. The evaluation following an exposure incident.
  - d. Whether the employee has been informed of the results of the evaluation.
  - e. 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).
  - f. Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

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## **USE OF BIOHAZARD LABELS**

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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.

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## TRAINING

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1. Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur.
2. BBP Exposure Training shall be offered to affected new employees in TrainTraq.
3. Annual refresher training is provided within one year of the employee's previous training. The employee's supervisor will ensure that an employee completes the BBP refresher in TrainTraq.
4. Training is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:
  - a. Title 25 Health Services, Part 1 Texas Department of Health, Chapter 96 Bloodborne Pathogen Control.
  - b. OSHA Bloodborne Pathogen Final Rule.
  - c. Epidemiology and symptomatology of bloodborne diseases.
  - d. Modes of transmission of bloodborne pathogens.
  - e. How to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM.
  - f. The TAMU-CC Bloodborne Pathogens Exposure Control Plan.
  - g. The use and limitations of work practices, engineering controls, and personal protective equipment.
  - h. The types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective.
  - i. The employee's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and for co-workers.
  - j. The TAMU-CC Hepatitis B Vaccination Program.
  - k. Procedures to follow in an emergency involving blood or OPIM.
  - l. Procedures to follow if an exposure incident occurs to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines.
  - m. Post exposure evaluation and follow up.
  - n. Warning labels and signs, where applicable, and color coding.
  - o. For questions concerning this training contact: Environmental, Health, and Safety at 361-825-5555 Monday-Friday from 8:00 am to 5:00 pm.
5. Additional training is given as new information is acquired or job duties change.

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## **RECORDKEEPING**

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1. Employee BBP records shall include:
  - a. The employee's name and UIN.
  - b. Hepatitis B vaccination status, including the dates of all the HBV vaccinations.
  - c. A copy of all results of examinations, medical testing, and follow-up procedures related to an occupational exposure.
  - d. The employer's copy of the healthcare professional's written opinion.
  - e. A description of the employee's duties as they relate to the exposure incident.
  - f. A description of the route of exposure and the circumstances under which exposure occurred.
  - g. Results of the source individual's blood testing, if available.
2. Confidentiality of medical records is maintained.
3. Employee medical records are maintained in the personnel files by the employer.
4. Employee medical records are maintained in accordance with the TAMUS Records Retention Schedule.
5. Training records are maintained by the employer in the employees personnel files for at least three years from the date on which the training occurred. Training records include:
  - a. The dates of the training sessions.
  - b. The contents or a summary of the sessions.
  - c. Name(s) and qualifications of the person(s) conducting the training.
  - d. Names and job titles of those in attendance.

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## **CONTAMINATED SHARPS INJURY LOG**

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1. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, TAMU-CC E,H&S maintains a log and reports injuries from contaminated sharps to the Texas Department of Health. A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, broken capillary tube used or encountered in a health care setting that is contaminated with human blood or body fluids.
2. The sharps injury log includes the following information:
  - a. Name and address of the facility where the injury occurred.
  - b. Name and address of the reporting official.
  - c. Date and time of the injury.
  - d. Age and sex of the injured employee.

- e. Type and brand of sharp involved.
  - f. Original intended use of the sharp.
  - g. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose.
  - h. Whether the exposure was during or after the sharp was used.
  - i. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism.
  - j. Whether the injured person was wearing gloves at the time of the injury.
  - k. Whether the injured person had completed a hepatitis B vaccination series.
  - l. Whether a sharps container was readily available for disposal of the sharp.
  - m. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident.
  - n. The involved body part.
  - o. The job classification of the injured person.
  - p. The employment status of the injured person.
  - q. The location / facility / agency and the work area where the sharps injury occurred.
  - r. A listing of the implemented needless systems and sharps with engineered sharps injury protection for employees provided by the employer.
3. Most of the information listed above will be included on a TWCC-1 First Report of Injury or Illness form that is filed by the employer of the injured employee. The employer must attach an addendum to the TWCC-1 form with the remainder of the required data (e.g., #5 –13 and #18). The employer provides all of the required information for a contaminated sharps injury report to the WCI division of the TAMUS Office of Risk Management and Safety (ORMS). The form used for this purpose can be found on the web at <http://www.tamus.edu/assets/files/safety/pdf/sharpsShortForm.pdf>.
- D. ORMS reports to the Texas Department of Health (TDH) an incident in which a TAMU-CC employee sustains a contaminated sharps injury.
- E. The required information is reported to TDSHS not 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**

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**Category I Job Classification/Expected Exposure List  
Texas A&M University-Corpus Christi**

At TAMUCC, the following job classifications are expected or may incur occupational exposure to blood or other potentially infectious materials:	
<b>Job Classification</b>	<b>Department</b>
Environmental, Health & Safety Staff	Environmental, Health & Safety
Athletic Trainers Assistant Athletic Trainers Strength & Conditioning Coach	Athletics
RN LVN Associate Director Nurse Practitioner Physician	Health Services
Lab Coordinators Faculty in the Biomedical Sciences program	College of Science and Engineering
Facilities Assistant I & II	Art Museum of South Texas
Chief Lieutenant Sergeant Dispatcher Police Officer Parking/Traffic Control Supervisor	University Police
Clinical Assistant Professor Clinical Associate Professor Lab Coordinators Graduate Research Assistant	College of Nursing & Health Sciences
Assistant Director Coordinator Attendant Life Guard Trainer Instructor Supervisor Operations Technician	Recreational Sports
Director, Recreational Sports Assistant Director Facilities & Operations Manager Operations Coordinator	University Center

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## APPENDIX B

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### 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)