BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Provided by:

Environmental Health & Safety
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EXECUTIVE SUMMARY

(PREFACE)

The Texas A&M Health Science Center is committed to providing a workplace free of recognized hazards that is conducive to education, patient care, 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 TAMHSC education, patient care, 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 TAMHSC.

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 healthcare workers and researchers. 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 Texas A&M University Institutional Biosafety Committee and Texas A&M Health Science Center Environmental Health and Safety.

All TAMHSC 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 CDC and NIH, and must conduct their operations in accordance with them.
## ANNUAL REVIEW & SUMMARY OF CHANGES

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**Reviewed by:** John W. Fellers, MS, CFPS  
**Date:** December 2015  
**Director, Environmental Health & Safety**
TEXAS A&M HEALTH SCIENCE CENTER
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

OBJECTIVE

The objective of the Texas A&M Health Science Center Bloodborne Pathogen Exposure Control Plan is to comply with Texas Administrative Code Title 25 Part 1 Chapter 96, and Texas Health & Safety Code, Chapter 81, Subchapter H. The Texas A&M Health Science Center (TAMHSC) uses this ECP to prevent or minimize the exposure of employees to bloodborne pathogens.

ENVIRONMENTAL HEALTH & SAFETY CONTACT INFORMATION

TAMHSC Environmental Health & Safety
Occupational Health Manager
Crystal Giles 979-436-0574

Local Environmental Health & Safety Support

- Dallas: Hiram Patterson 214-828-8301
- Houston: Stephanie Colman 713-677-7953
- Kingsville: Gaylen Nuckols 361-221-0691
- Temple: Cristina Bazan 254-742-7024
DEFINITIONS

1. BLOOD- human blood, human blood components, and products made from human blood

2. BLOOD BORNE PATHOGENS- pathogenic microorganisms that are present in human blood and that 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 TAMHSC Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the college or department in which the employee is employed.

6. ENGINEERING CONTROLS- controls (e.g., sharps disposal containers, self-sheathing needles or shielded needle devices, needleless devices, blunt needles, plastic capillary tubes) that isolate or remove the bloodborne pathogens hazards from the workplace.

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- or HBV- containing culture 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 are 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. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

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 recapping of needles by a two-handed technique.

ASSIGNMENT OF RESPONSIBILITY

A. Program Administration

Environmental Health & Safety shall maintain the TAMHSC Bloodborne Pathogen Exposure Control Plan and will ensure proper adherence to this plan through periodic audits. Through the Occupational Health Program, Environmental Health and Safety will provide the necessary training and assistance for the TAMHSC community to comply with this Control Plan.

B. Employer

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

C. Supervisors

Supervisors shall themselves follow and ensure that their employees are fully trained and 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 employees. 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.

D. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment, 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.
EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by their employer. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment (employees are considered to be exposed even if they wear personal protective equipment).

A. Category I

Job classifications in which employees have potential exposures to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. The employer shall maintain a list of these types of jobs and the locations in which the work will be performed (see Appendix A).

B. Category II

Job classifications in which employees may have a potential exposure to blood or other potentially infectious materials on an occasional basis during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. The employer shall maintain a list of these types of jobs and the locations in which the work may be performed (see Appendix B).

These lists shall be updated as job classifications or work situations change.

COMPLIANCE METHODOLOGY

A. Universal Precautions are observed to prevent contact with blood or other potentially infectious body fluids. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

B. 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. This review shall include the review of new equipment and/or technologies present.

1. Engineering control equipment includes:
   a. Sharps disposal containers
   b. Needleless systems
   c. Sharps with engineered sharps injury protection
   d. Biological safety cabinets
   e. Disposable pipette bulbs
   f. Automatic pipetters
   g. Disposable resuscitation equipment
   h. Autoclave
2. 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 hand washing facilities are not available.

C. **Work Practice Controls** establish standard practices by which a task is performed.

1. Employees shall wash hands and any other potentially contaminated skin area immediately after glove removal. Employees shall 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 shall immediately be washed with soap and water or flushed with water for 15 minutes.

3. Contaminated needles and sharps shall not be bent, broken, recapped, removed, sheared or purposely broken. They shall be discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.

4. Contaminated, reusable sharps shall be 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 shall be 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; not allowed to overfill; and replaced routinely.

6. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited where blood or OPIM may be present.

7. Mouth pipetting/suctioning is prohibited.

8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

9. When working in the laboratory, all lab personnel must wear closed toe shoes and long pants.

10. All procedures in which blood or OPIM are present shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these materials.
D. Collection of Specimens

1. Specimens of blood or OPIM shall be 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 shall be 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 shall be 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 shall be appropriately labeled to indicate the contents and other pertinent information.

4. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container shall be labeled with a biohazard label or color-coded.
   * During transport (waking to another room, building or delivery to another campus) all containers must be placed in secondary containment.
   * If shipping of specimens of blood and other potentially infectious body substances or fluids is required, please contact Environmental Health for appropriate methods and training.

5. Any specimen that could puncture a primary container shall be placed within a secondary container that is puncture proof.

E. Contaminated Equipment

1. Equipment shall be decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.

2. Contaminated equipment shall be labeled with a biohazard label.

F. Personal Protective Equipment

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

2. Personal protective equipment shall be provided by the employer without cost to the employee.

3. 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 which the protective equipment is used.
4. Examples of personal protective equipment include:
   a. Gloves
   b. Gowns
   c. Lab coats
   d. Masks
   e. Face shields
   f. Eye protection – goggles, safety glasses, face shields, etc
   g. Pocket Masks
   h. Resuscitation bags
   i. Aprons
   j. Shoe covers

5. All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements shall be made by the employer at no cost to employees.

   *Home laundering of PPE is not permitted.*

6. 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 hand exposure to 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 shall be provided.

   *The use of plastic food handling gloves is not appropriate.*
   c. Disposable gloves shall not be re-used and shall 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 shall be discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
   e. Masks in combination with eye protection devices shall be 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 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 shall be 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.

G. Housekeeping

1. Employers shall ensure that the work site is maintained in a clean and sanitary condition.

2. The employer shall 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 shall be decontaminated with an EPA registered disinfectant 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.
   * EPA Registered Disinfectants can be found at: http://www.epa.gov/oppad001/chemregindex.htm

4. 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.

5. Bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

6. 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.

H. Regulated Waste Disposal

1. All contaminated sharps shall be discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Please dispose of sharps containers when ¾ full to reduce the potential for needle sticks. Sharps containers should be closed and disposed of in the appropriate biological hazard container. If there are any questions about disposal or if assistance is required please contact Environmental Health & Safety.

2. Regulated waste other than sharps shall be 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 shall be placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.

3. All regulated waste shall be properly disposed in accordance with the local, state and federal laws and in conjunction with TAMHSC regulated waste management procedures.

I. Laundry Procedures

1. Laundry contaminated with blood/bloody body fluids or OPIM shall be placed in a biohazard bag or color-coded laundry bag.

2. Contaminated laundry shall be decontaminated at the work site by autoclaving, washing with hot soapy water and bleach, or other acceptable method of treatment. For further guidance, you may reference the TAMU Biosafety Laboratory Coat Laundry Guidelines. http://rcb.tamu.edu/biohazards/forms/labcoatguidelines

3. 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.
HEPATITIS B VACCINATION PROGRAM

A. All employees who have been identified as having occupational exposure to blood or OPIM are offered the hepatitis B vaccine (HBV) series by the employer at no cost to the employee.
B. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.
C. The HBV series 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 HBV series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.
D. TAMHSC employees may receive the HBV series at a healthcare facility contracted by the employer.
E. Vaccination is offered with post vaccination laboratory screening to assess immune status.
F. Employees will complete the online Hepatitis B Acceptance/Declination Form, choosing to receive or decline the vaccine. Employees who decline but later elect to receive the Hepatitis B vaccine may then have the vaccine provided at no cost.
G. If needed, any necessary booster doses of the HBV are provided by the employer at no cost to the employee.

EXPOSURE INCIDENTS

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

A. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
B. The employee should notify their supervisor of the exposure incident. The supervisor should complete a TWCC-1 First Report of Injury of Illness Form and if necessary a Contaminated Sharps Form and submit to Risk Management.
C. 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:

A. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
B. The employee should then seek medical attention at the nearest Emergency Room and indicate that they are enrolled in the Occupational Health Program at the TAMHSC.
C. The employee should notify their supervisor and the Occupational Health Program about the exposure as soon as possible.
D. The supervisor should then fill out the appropriate forms outlined above.

POST EXPOSURE EVALUATION & FOLLOW UP

A. 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, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.

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 department head or supervisor of an employee with occupational exposure is designated to assure that the TAMHSC Exposure Control Plan is followed and maintains records required by the Plan.
INTERACTION WITH HEALTH CARE PROFESSIONALS

A. A written opinion is obtained from the healthcare professional when a TAMHSC employee is sent to obtain the HBV, or when a TAMHSC 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 TAMHSC 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 Hepatitis B virus 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.

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.
TRAINING

A. Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. Annual refresher training is provided within one year of the employee's previous training. Bloodborne Pathogens Training Courses are available in TrainTraq. The courses available include: BBP Training for Research and Clinical Employees (Course # 2111507) and BBP Training for Non Research and Non Clinical Environments (Course # 2111503).

B. Training is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Title 25 Health Services, Part I Texas Department of Health, Chapter 96 Bloodborne Pathogen Control
2. OSHA Bloodborne Pathogen Final Rule
3. Epidemiology and symptomatology of blood borne 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 TAMHSC 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 blood borne pathogens for himself/herself and for co-workers
10. The TAMHSC 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 with the person conducting the training

C. Additional training is given as new information is acquired or job duties change.
RECORDKEEPING

A. Employee medical records shall include:
   1. The employee's name and social security 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 in the personnel files by the employer.

D. Employee medical records are maintained in accordance with the TAMUS 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
   4. Names and job titles of those in attendance.

CONTAMINATED SHARPS INJURY LOG

A. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Texas A&M System Office of Risk Management and Safety maintains a log and reports injuries from contaminated sharps to the Texas Department of State Health Services. A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, and/or broken capillary tube used or encountered in a health care setting that is contaminated with human blood or body fluids.

B. The sharps injury log includes the following information:
   1. Name and address of the facility where the injury occurred
   2. Name and address of the reporting official
   3. Date and time of the injury
   4. Age and sex of the injured employee
   5. Type and brand of sharp involved
   6. Original intended use of the sharp
   7. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose
   8. Whether the exposure was during or after the sharp was used
9. 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
10. Whether the injured person was wearing gloves at the time of the injury
11. Whether the injured person had completed a hepatitis B vaccination series
12. Whether a sharps container was readily available for disposal of the sharp
13. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident
14. The involved body part
15. The job classification of the injured person
16. The employment status of the injured person
17. The location/facility/agency and the work area where the sharps injury occurred
18. A listing of the implemented needleless systems and sharps with engineered sharps injury protection for employees provided by the employer

C. 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 State Health Services (TDSHS) an incident in which a TAMHSC 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.
Appendix A

Category I Job Classification/Expected Exposure List
Texas A&M Health Science Center

At TAMHSC, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:

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<th>Job Classification</th>
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<td>Environmental Health &amp; Safety Staff</td>
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<td>College of Medicine</td>
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</tbody>
</table>
## Appendix B

### Category II Job Classification/Possible Exposure List

Texas A&M Health Science Center

At TAMHSC, the following job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Task/Procedure</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Staff</td>
<td>Assisting with emergency response</td>
<td>Security</td>
</tr>
<tr>
<td>Facilities Maintenance and Trades workers</td>
<td>Performing routine and emergency repairs in contaminated areas or on contaminated equipment</td>
<td>Facilities</td>
</tr>
</tbody>
</table>