



THE TEXAS A&M  
UNIVERSITY SYSTEM

# Texas A&M System Offices

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## Bloodborne Pathogens Exposure Control Plan

This plan covers the prevention of bloodborne pathogens (BBP) exposure by Texas A&M System Offices employees. This plan provides specific guidance on decontamination methods and the proper disposal of contaminated PPE. It also provides guidance on BBP training and records retention. Finally, it provides post-exposure guidelines to employees and supervisors.



## *Bloodborne Pathogens Exposure Control Plan*

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## Bloodborne Pathogens Exposure Control Plan

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### PURPOSE

The objective of Texas A&M University System Offices Bloodborne Pathogens (BBP) Exposure Control Plan is to identify employees who may be exposed to blood or other potentially infectious materials (OPIM), then mitigate their exposure by providing guidance on personal protective equipment, engineering controls, and training. The plan identifies the best practices for employees to follow when dealing with blood or OPIM.

### DEFINITIONS

- **Blood** – Human blood.
- **Bloodborne pathogens** – Pathogenic microorganisms that are present in human blood and that can cause diseases in humans, and include:
  - hepatitis B virus (HBV);
  - hepatitis C virus (HCV); and
  - human immunodeficiency virus (HIV).
- **Contaminated sharps injury** – Any injury that occurs from a sharp object contaminated with human blood or OPIM.
- **Exposure incident** – An eye, mouth, mucous membrane, or parenteral contact with blood or OPIM while in the performance of an employee's duties.
- **Other potentially infectious material (OPIM)** – (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- **Sharps** – An object that can be reasonably anticipated to penetrate the skin or any other part of the body, resulting in a possible exposure incident and includes: needle devices; scalpels; lancets; a piece of broken glass; a broken capillary tube; an exposed end of a dental wire.
- **Unit Leaders** – Supervisors, Managers, and Directors.

### RESPONSIBILITIES

- **Program Administrator** – The Health and Safety Manager maintains the Bloodborne Pathogens (BBP) Exposure Control Plan, collaborates with Texas A&M office of Biosafety, and coordinates mandatory training in exposure prevention and the provisions of this plan.
- **Unit Leaders** – Follow Office of Biosafety's [published guidelines](#). Promptly report a workplace exposure to blood or OPIM to [Biosafety and Occupational Health](#) using the Adverse Event Reporting Form, at Appendix C of this plan and also submit a [First Report of Injury or Illness](#) to [TAMU's WCI Manager](#).
- **Employee** – Use proper work practices to prevent exposure to blood, including wearing protective equipment when necessary. If exposed to blood or OPIM, promptly report the exposure incident to your supervisor and WCI coordinator.



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### **EXPOSURE DETERMINATION**

Job classifications in which employees may incur occupational exposure to blood or OPIM:

<b>Category I</b> - Duties in which employees may be exposed to blood or OPIM on a regular basis and where exposure is considered normal course of work:		
<b>Job Classification</b>	<b>Duty</b>	<b>Unit</b>
<i>NONE</i>		

<b>Category II</b> –Duties in which employees may have an <u>incidental exposure</u> to blood or OPIM and where such exposures occur only during certain conditions or tasks:		
<b>Job Classification</b>	<b>Task or Conditions</b>	<b>Location</b>
Voluntary “Medical Assistance Team” member	Rendering immediate and necessary first aid in the workplace to preserve life, limb, sight, or limit the spread of blood in the workplace.	Moore/Connally Bldg.



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### EXPOSURE CONTROL PLAN

#### Compliance Methods

Universal precautions are used to prevent contact with blood or OPIM.

- Treat all blood and OPIM as potentially infectious, regardless of the individual.
- Don't administer needles for others, except to assist an ill individual with their prescribed medication, if necessary—such as an Epi-Pen auto injector—if you are trained to do so.
- Needle (sharps) safety:
  - Medical Assistance Team volunteers will be provided with a small sharps container.
  - Do not bend, recap, or purposely break used needles.
  - Place used needles in a sharps disposal container.
  - Ensure that sharps disposal containers are puncture resistant, labeled with a biohazard label, and leak-proof.
- Sharps Injury Log:
  - Any employee who sustains a contaminated sharps injury in the course of work should report the exposure incident to his/her supervisor and A&M System Workers Compensation Insurance Manager on the [Contaminated Sharps Injury Reporting Form](#).
  - The sharps injury log is maintained by the A&M System Worker's Compensation Insurance Manager.
- Hand Washing Facilities:
  - Employees should wash their hands before and after treating another individual. If water is not available, then an alcohol-based sanitizer is effective.
  - When sanitizer is used, employees should wash their hands with soap and water as soon as possible.
- Contaminated Equipment:
  - Decontaminate equipment contaminated with blood or OPIM before reuse.
  - The decontamination method should be a 10% solution of bleach in water or an EPA registered disinfectant approved for “HIV/HBV surfaces soiled with blood.”

#### Personal Protective Equipment (PPE)

- Types of PPE:
  - Disposable gloves are blood resistant barriers that may not be decontaminated for reuse.
  - Replace latex/nitrile gloves in medical kits as soon as possible after use.
  - Eye protection should be worn when the occurrence of splatters or droplets of blood or OPIM can reasonably be anticipated to contaminate an employee's eyes.
- PPE Accessibility:
  - PPE and medical kits will be provided for Medical Assistance Team volunteers.
  - Medical Assistance Team members should maintain a set of PPE in their kit.
  - Hypoallergenic gloves will be available to employees who need them.
  - The Health and Safety Manager is the primary contact for PPE use and replacement.



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### Housekeeping

- Post-Care Cleanup:
  - For routine blood or OPIM spills, facility housekeeping is responsible for the clean-up. If housekeeping cannot respond and blood or OPIM poses a hazard to others, then it must be cleaned up by another qualified individual.
  - After rendering first aid—if required—clean and sanitize the contaminated area with a 10% solution of bleach in water or approved disinfectant before removing their PPE.
  - Sterilize used PPE and unusable equipment with a 10% solution of bleach in water or approved disinfectant by placing them in a heavy duty plastic bag containing the solution.
- Contaminated Clothing:
  - Remove contaminated outer-garments before leaving the scene and place them in a leak-proof bag for cleaning—if disposing place with other material for disposal.
  - Clothing contaminated with blood or OPIM should be handled as little as possible.
  - Contaminated clothing may be taken to **Villa Maria Cleaners, 710 E. Villa Maria Rd. Bryan, TX 77802** and inform them of the presence of blood.

### Warning Labels

Biohazard labels must be affixed to containers of waste containing blood or OPIM. The labels are fluorescent orange or orange-red with the universal biohazard symbol. The Program Administrator maintains a stock of biohazard bags and a BBP clean-up kit.

### Contaminated Waste Disposal

- Bleach or approved disinfectant treated waste may be managed as routine municipal solid waste.
- Contaminated waste that is sent to a landfill for disposal shall be marked with the statement “Treated in accordance with 25 TAC §1.136(a)(2)(D)”—which is chemical disinfection.

### Hepatitis B Vaccination

The Hepatitis B Virus (HBV) inoculation is not recommended for employees with a low incidental risk for exposure to blood. If requested, however, the Office of Risk Management will provide the HBV inoculation series for any employee with a potential for exposure to blood.

- Category II employees must complete the following requirements to receive the HBV vaccination:
  - ✓ First aid and CPR training
  - ✓ BBP prevention training—offered in class then through TrainTraq for recertification.
- The Hepatitis B vaccination series is available to any employee after a work-related exposure incident to blood or OPIM and in accordance with the recommendations of a treating physician.



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### Post-Exposure Evaluation

WCI Coordinators report workplace exposure to blood or OPIM to [TAMU Office of Biosafety](#) as soon as possible using the Adverse Event Reporting Form, at Appendix C of this plan, so that a blood draw may be made before the expiration of the 10 day serological status period. Injuries must also be reported to TAMU's [Worker's Compensation Department](#) using the [First Report of Injury or Illness](#) procedures. The exposed employee will receive a confidential post-exposure evaluation and follow-up, to be provided by an approved physician. The post-exposure evaluation should include the following elements:

- Documentation of the route of exposure, and the circumstances of the exposure.
- Identification of the source individual, unless identification is not possible.
- If identified and consent is obtained, the source individual's blood will be tested as soon as possible to determine HBV and human immunodeficiency virus (HIV) infectiousness.
- When the source individual is already known to be infected with the HBV or HIV, testing does not need to be repeated.
- The exposed employee's blood shall be collected and tested after their consent is obtained.
- The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status.
- If time is needed to decide, the blood sample may be held for up to 90 days to decide if their blood should be tested for HBV and HIV serological status.
- Employee records may only contain the healthcare provider's written opinion letter and may not indicate that they contracted a pathogen transmitted through blood or OPIM.

### Communication with Healthcare Provider

Following an exposure incident to blood or OPIM, the employee or their supervisor will ensure that the healthcare provider is informed of the following:

- A description of the exposed employee's activities resulting in the exposure;
- Description of the route of exposure and circumstances leading to the exposure;
- Results of the source individual's blood testing, if available; and
- During follow-up visits, provide any prior treatment records of the exposed employee relevant to the incident, including vaccination status.

### Healthcare Provider's Written Opinion

Within 15 days of completing the post-exposure evaluation, the health care provider should provide a written opinion that covers the following:

- Whether HBV vaccination is indicated and whether the employee has received it;
- A statement that the employee has been informed of the results of the evaluation; and
- A statement that the employee has been told about any medical conditions that require further evaluation or treatment.

***No other findings or diagnosis resulting from the post-exposure follow up should be included in the written report.***



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### Training in Bloodborne Pathogens

System Office employees who may be at risk of exposure to blood or OPIM require bloodborne pathogens (BBP) training year, typically in conjunction with first aid and CPR training. BBP Training is assigned through TrainTraq as a distance education course. Training will be offered during normal work hours and includes the following elements:

- ✓ a discussion of the epidemiology and symptoms of bloodborne diseases;
- ✓ an explanation of the modes of transmission of bloodborne pathogens;
- ✓ an explanation of this BBP Exposure Control Plan, and how to obtain a copy of the plan;
- ✓ a description and recognition of tasks that may involve exposure;
- ✓ information about the types, removal, decontamination, and disposal of PPE;
- ✓ an explanation of the basis of selection of PPE;
- ✓ information about the Hepatitis B vaccination and how to obtain it free of charge;
- ✓ instruction on actions to take and persons to contact in situations with blood or OPIM;
- ✓ an explanation of the procedures to follow if an exposure occurs, including the method of reporting and medical follow-up;
- ✓ information on the post-exposure evaluation and follow-up for all exposure incidents; and
- ✓ an explanation of labels and the color-coding system.

### Recordkeeping

- Medical Records
  - Employee medical records are maintained in College Station, TX. All records are kept confidential and retained for the duration of employment plus 30 years.
- Training Records
  - Training records are maintained indefinitely through TrainTraq.
  - Completed training will be recorded in TrainTraq. The record will include:
    - ✓ the dates of the training sessions
    - ✓ an outline describing the material presented
  - Employees have access to their training records through TrainTraq.
- Transfer of Records
  - Texas A&M University System Office is not expected to cease doing business; however, if it does and there is no successor agency to receive and retain the records for the prescribed period then arrangements will be made for the legally required transfer of training and medical documents in accordance with Texas Department of State Health Services guidance.

### Evaluation and Review

This BBP Exposure Control Plan will be reviewed by the System Office of Risk Management annually.



## Bloodborne Pathogens Exposure Control Plan

### Appendix A

#### Hepatitis B Vaccination Election 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 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 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 role. 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.**

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#### Option B – Already Immunized

##### STATEMENT OF CURRENT IMMUNIZATION

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

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#### Option C – Decline to be Immunized

##### HEPATITIS B VACCINE – DECLINATION STATEMENT

I understand that, due to my incidental risk of 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.

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### **Appendix B**

#### **Medical and Blood Clean-up Kit(s)**

1. Medical Assistance Team volunteers will be provided with a needs-based medical kit containing:

- Nitrile gloves
- Bandages
- Small sharps container
- [Injury report forms](#)
- [Incident Witness Statement](#)
- Alcohol-based sanitizer
- Surgical mask

OR a premade first aid kit from a reputable vendor.

2. A blood clean-up kit will be available in Suite 336 for emergency use after housekeeping services has left for the day and if no contract service is available to respond:

- Eye protection
- Nitrile gloves
- Protective outer clothing covers
- Protective shoe covers
- EPA approved disinfectant or bleach
- Spray bottle
- Wipes or Towels
- Biohazard bag
- Face protection or Surgical mask

OR a premade biohazard kit from a reputable vendor.



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### **Appendix B**

#### **Adverse Event Reporting Form**



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Office of Biosafety  
Occupational Health Program  
Adverse Event Reporting Form



Date of Report: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Reporter's Work Phone: \_\_\_\_\_

Person Affected: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

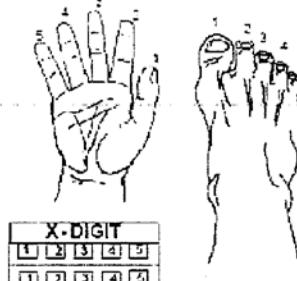
Email: \_\_\_\_\_ UIN: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM

ACCIDENT LOCATION AREA		
BLDG	FLOOR	ROOM #
EXTERIOR LOCATION		

GENERAL (Mark an X in the appropriate areas)		
<input type="checkbox"/> OFFICE	<input type="checkbox"/> STAIRWELL	<input type="checkbox"/> OPERATING ROOM
<input type="checkbox"/> HALLWAY	<input type="checkbox"/> PARKING LOT/SIDEWALK	<input type="checkbox"/> OTHER
<input type="checkbox"/> ELEVATOR	<input type="checkbox"/> LABORATORY	

BODY PART AFFECTED		
X MARK APPROPRIATELY	X - R - Right L - Left	R L
Head		
Face		
Neck		
Chest		
Stomach		
Lower Back		
Upper Back		
Groin		
Coccyx		
Other		



INJURY TYPE		
X MARK APPROPRIATELY		
Fall		
Needle Stick		
Exposure		
Span / Strain		
Burn		
Contusion / Bruise		
Bite**Describe Source Below		
Laceration / Cut		
Assault		
Eye Injury		
Rash		
Other Describe Below		

Summary of Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was first aid administered at time of incident? \_\_\_\_\_ If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Animal Species involved \_\_\_\_\_ Biological Agent of Concern: \_\_\_\_\_