ENVIRONMENTAL HEALTH AND SAFETY
STANDARD OPERATING PROCEDURES

SOP No. 24.01.01.W1.15AR Bloodborne Pathogens Exposure Control Plan
Approved: August 15, 2010
Revised: November 30, 2018
Next Scheduled Review: November 30, 2023

Environmental Health and Safety at WTAMU is composed of two distinct but integrated environmental safety departments that report to the Vice President of Research and Compliance. Academic and Research Environmental Health and Safety (AR-EHS) is responsible for research and academic related compliance, which includes laboratory and academic research and the associated compliance committees. Fire and Life Safety (FLS-EHS) is responsible for fire related compliance and conducts fire and life safety inspections of campus buildings and assists with the testing all fire detection and suppression systems.

Supplements **TAMUS Regulation 24.01.01**

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1. Purpose

The purpose of the Bloodborne Pathogens Exposure Control Plan is to prevent or minimize the exposure of West Texas A&M University (WTAMU) employees to bloodborne pathogens (BBP) in accordance with Texas HB 2085; Health and Safety Code Title 2, Subtitle D, Chapter 81, Subchapter H Bloodborne Pathogen Exposure Control Plan; TAC Title 25, Chapter 96, Blood Borne Pathogen Control Plan; and analogous to OSHA Bloodborne Pathogens Standard Title 29

CFR Chapter 1910.0130 Occupational Exposure to Blood Borne Pathogens, A&M System Policy 24.01 Paragraph 2 Health Safety, and A&M System Regulation 24.01.01 Supplemental Risk Management Standards in Biological Safety. WTAMU Environmental Health and Safety (EHS) will oversee the Bloodborne Pathogens (BBP) program.

2. Scope: Exposure Determination

The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize employee exposure to blood and other potentially infectious materials (OPIM).

The exposure control plan must contain, at a minimum:

- The exposure determination which identifies job classifications with occupational exposure and tasks and procedures where there is occupational exposure and that are performed by employees in job classifications in which some employees have occupational exposure. TAC Title 25, Chapter 96, Blood Borne Pathogen Control Plan, states that the following qualify for exposure determination:
    - handle human blood products, such as whole blood, plasma, serum, platelets, or white cells?
    - handle human body fluids such as semen, cerebrospinal fluid, vaginal secretions, joint fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid? Note - The following human secretions that do not contain blood are NOT covered: urine, feces, vomit, tears, sweat, sputum, nasal secretions, and saliva.
    - work with animals, such as primates that are infected with hepatitis B or other blood borne pathogens OR perform tasks where such animals are housed
    - handle unfixed human tissue, organs, or primary cell strains (e.g., tissues soaked in chemical preservatives such as alcohol or formaldehyde are "fixed")
    - work with hepatitis B virus or other blood borne pathogens or with preparations, such as liquid solutions or powders containing the hepatitis B virus
    - handle blood, blood products, body fluids or unfixed tissues or organs of animals infected with the hepatitis B virus or other blood borne pathogens
    - handle sharp instruments such as knives, needles, scalpels, or scissors which have been used by others working with human blood or other potentially infectious materials to include human organs, tissue or body fluids OR used by others working with similar body parts and fluids from animals infected with the hepatitis B virus or other blood borne pathogens
    - enter areas where other individuals work with human or animal blood, body fluid, tissues or organs which are infected with the hepatitis B virus or other blood borne pathogens AND perform tasks where any of the previously mentioned body substances may come into contact with the laboratory worker's unbroken skin, broken skin, or mucous membranes
    - perform tasks which may potentially result in the lab workers exposed skin or mucous membranes coming in contact with human or animal blood, body fluids, organs, or tissues which are infected with the hepatitis B virus or other blood borne pathogens
- The procedures for evaluating the circumstances surrounding exposure incidents;
- A schedule of how other provisions of the standard are implemented, including methods of compliance, HIV and Hepatitis B virus (HBV) research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, and record retention; Methods of compliance include:
    - Universal Precautions;
    - Engineering and work practice controls, e.g., safer medical devices, sharps disposal containers, hand hygiene;
    - Personal protective equipment;
    - Housekeeping, including decontamination procedures and removal of regulated waste.
- Documentation of:
    - the annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, and
    - the solicitation of non-managerial healthcare workers (who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps) in the identification, evaluation, and selection of effective engineering and work practice controls.

The Texas Department of Health Bloodborne Pathogens Rule requires employers to perform an exposure determination for employees who have occupational exposure to blood or 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. WTAMU EHS will conduct an exposure determination

review twice a year.

The BBP exposure determination includes the following designated employment areas and job classifications (see Appendix A):

- Institutional Biosafety Committee (IBC) research permits working with agents at biosafety level 2 (BL2) or biosafety level 3 (BL3)
- Institutional Animal Care and Use Committee (IACUC) teaching or research animal use protocols (AUP)
    - The standard covers animal blood only for those experimental animals purposely infected with HIV or HBV. Although the standard does not apply to animal blood unless it comes from an experimental animal infected with HIV or HBV, persons handling animals or animal blood should follow general precautions recommended by the Centers for Disease Control/National Institutes of Health Publication, Biosafety in Microbiological and Biomedical Laboratories
- University Police Department
    - Director Police Operations
    - Lieutenant
    - Patrol Corporal
    - Police Chief
    - Detective
    - Police Patrol Sergeant
    - Police Officer
- Environmental Health and Safety, including Academic and Research Environmental Health and Safety (AR-EHS) and Fire and Life Safety (FLS-EHS)
    - Director
    - Graduate Assistants
    - Supervisor
    - Technician
- Student Medical Services
    - Director of Student Medical Services
    - Health Integration
    - Medical Radiological Technologist
    - Registered Nurse
    - Staff Nurse Practitioner
    - Staff Physician
- Intermural Athletics
    - Assistant Athletic Trainer
    - Assistant Strength and Conditioning
    - Graduate Assistant
    - Head Athletic Trainer
    - Head Strength & Conditioning Coach
- Nursing
    - Assistant Professor
    - Associate Professor
    - Community Based Education/Continuing
    - Department Head
    - Director
    - Graduate Assistant
    - Instructor
    - Instructor/Director
    - Nursing Admissions Counselor

- Part-Time Instructor
- Professor
- Sr. Health Career Prom Coord.
- Teaching Assistant

- Employees associated with specialized art laboratories (e.g. glass blowing) as deemed appropriate by WTAMU EHS

Implementation Schedule and Inspections

WTAMU EHS will identify employees requiring BBP training. Any identified employee will be enrolled in the Occupational Health Program (OHP). Once enrollment has been received, the employee will need to complete a medical screening, all associated training, and may be provided information regarding workplace hazards.. (See training section) Personnel Services will assign the training to the employees using the TAMU TrainTraq system. A refresher course is required, by the federal, state, and system requirements, to be completed on an annual basis. Employees must complete the BBP training before performing their normal duties that could potentially expose that employee to BBP.

Inspections

Environmental Health and Safety will inspect work areas, laboratories, clinics, and facilities with potential BBP exposure annually in conjunction with Academic Research Environmental Health and Safety laboratory inspection.

3. Procedure

Methods of Compliance

Universal precautions are observed to prevent contact with blood or 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. 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:
  - Sharps disposal containers
  - Autoclave
  - Disposable resuscitation equipment
  - Disposable pipette bulbs
  - Biological safety cabinet (a.k.a. biohood)
  - Needleless systems
  - Sharps with engineered sharps injury protection for employees

- Additional engineering controls used throughout the facility include:
  - Hand washing facilities, which are readily accessible to all employees who have exposure to bloodor OPIM.
  - Antiseptic towelettes or waterless disinfectant when proper hand washing facilities are not available.

- Work Practice Controls establish standard practices by which a task is performed.
  - Employees wash hands and any other potentially contaminated skin immediately after glove removal. Employees wash hands as soon as possible with soap and water when waterless disinfectants have been used first.
  - Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area is washed with soap and water or flushed with water as appropriate as soon as possible.
  - 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.

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

➢ Collection of Specimens:
- 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.
- 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. A biohazard or color-coded label is affixed to the outside of the container.
- Specimens of blood and other potentially infectious body substances or fluids are usually collected within a clinic, doctor's office, or laboratory setting. These specimens are appropriately labeled to indicate the contents and other pertinent information.
- If outside contamination of the primary container occurs, it 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.
- Any specimen that could puncture a primary container is placed within a secondary container that is puncture proof.

➢ Contaminated Equipment

- Equipment is decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.
- Contaminated equipment is labeled with a biohazard label.
- Personal Protective Equipment
- Where occupational exposure remains after institution of engineering controls and work practice controls, personal protective equipment is used.
- Personal protective equipment is provided by the employer without cost to the employee.
- 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.

➢ Examples of personal protective equipment include:
- gloves
- gowns
- laboratory coats
- masks
- face shields
- eyewear with side shields
- mouthpieces
- resuscitation bags, pocket masks, or other ventilation devices
- aprons
- shoe covers

➢ 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.
- Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.

- Gloves are worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or mucous membranes may occur.
- If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided.
- Disposable gloves will not be re-used and will be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
- Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They are discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
- Masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers are worn when gross contamination can be reasonably anticipated.
- All garments that are penetrated by blood are removed immediately or as soon as feasible.
- Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated.
- Used protective equipment is placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

➢ Housekeeping
- The work site should be maintained in a clean and sanitary condition.
- 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.
- Protective coverings (e.g., plastic wrap, aluminum foil) used to cover equipment and work surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of a work shift.
- Any broken glassware that may be contaminated should not be picked up directly with the hands. A tool such as forceps or dustpan and brush/broom will be used to pick up the glass fragments.

➢ Regulated Waste Disposal
- 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.
- Regulated waste other than sharps should 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 is placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.
- All regulated waste must be properly disposed in accordance with federal, state, and local guidelines. For disposal of sharps containers contact EHS.

➢ Laundry Procedures
- Laundry contaminated with blood, body fluids, or OPIM is placed in a biohazard bag or color-coded laundry bag.
- Contaminated laundry is decontaminated by autoclaving, washing with hot soapy water and bleach, or other acceptable method of treatment.

Hepatitis B Vaccination Program

All employees who have been identified as having occupational exposure to blood or OPIM are offered the Hepatitis B vaccine (HBV) by the employer at no cost to the employee. Employees may request vaccination, state that the vaccination has already been taken, or decline vaccination by completing the Appendix B Hepatitis Vaccination Form. (Note: The WTAMU Vaccination Form [Appendix B] must be completed and signed by the employee and be submitted to WTAMU EHS.)

The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional. The vaccine is administered in a prescribed series:

Dose 1 is administered on day 1
Dose 2 is administered 30 days after Dose 1.
Dose 3 is administered five months following Dose 2.

A confirmatory titer is drawn six weeks after Dose 3.

WTAMU employees will receive the HBV at Concentra, Health Partners Clinic, or Student Medical Services. WTAMU EHS will coordinate with Concentra, Health Partners Clinic, or Student Medical Services for this service.

Employees who decline the HBV sign a Declination of Vaccination Statement on the WTAMU form (Appendix B). Employees who later elect to receive the HBV may then have the vaccine provided at no cost. (Note: Completed Appendix B forms will be submitted to WTAMU EHS.)

Any necessary booster doses of the HBV are provided by the employer at no cost to the employee.

Post Exposure Evaluation and Follow Up

If an employee suffers an occupational exposure, the employee must report the incident to his/her supervisor and complete a TWCC-1 First Report of Injury or Illness form (Appendix C). The Supervisor shall immediately report potential exposure incidents to WTAMU EHS. WTAMU EHS will facilitate medical assistance as required, in the completion of the TDH Form E59-10666, Contaminated Sharps Injury Reporting Form, and in the post exposure evaluation and follow-up as required under this BBP Exposure control Plan.

WTAMU will provide for follow-up medical evaluations of WTAMU employees suffering from an occupational exposure if there is a high-risk exposure. The employee is offered a confidential medical evaluation and follow up that includes:

- Documentation of the route(s) of exposure and the circumstances related to the incident.
- 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.

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. 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.) If the source patient has HIV, there is a short (a matter of hours) window to begin the most effective treatment.

The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. 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. The supervisor of an employee with occupational exposure is designated to assure that the WTAMU Exposure Control Plan is followed and maintains records required by the Plan.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional when a WTAMU employee is sent to obtain the HBV vaccine or when a WTAMU employee is evaluated after an exposure incident. For the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

- A copy of the WTAMU Exposure Control Plan.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- Results of the source individual's blood tests (if available).
- Medical records relevant to the appropriate treatment of the employee.

Healthcare professionals should limit their written opinions to:

- Whether the HBV is indicated.
- Whether the employee has received the vaccine.
- The evaluation following an exposure incident.
- Whether the employee has been informed of the results ofthe evaluation.
- 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 writtenreport).
- 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. Biohazard labels can be obtained by contacting EHS.

Training

Employee Training
Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. If working with bloodborne pathogens (BBP), employees must complete BBP training via TrainTraq within 10 days of hire and prior to conducting work which has the potential to expose the employee to BBP. Employees subject to BBP training will be provided an opportunity to receive the Hepatitis B vaccination at no cost to the employee. Employees subject to BBP requirements must complete and submit the Hepatitis B form, either accepting or rejecting the vaccination, prior to starting work which may expose the employee to infectious agents. West Texas A&M University Environmental Health and Safety will follow the Texas A&M University System Policy 33.05.02 Required Employee Training. Staff and faculty whose required training is delinquent more than 90 days will have their internet access terminated until all trainings are completed. Only Blackboard and Single Sign-on will be accessible. Internet access will be restored once training has been completed. Student workers whose required training is delinquent more than 90 days will need to be terminated by their manager through Student Employment.

As of January 1, 2014 training will be required on an annual basis in conjunction with Texas Health and Safety Code Title 2, Subtitle D, Chapter 81, Subchapter H Bloodborne Pathogen Exposure Control Plan Section 81.304. Annual refresher training is provided within twelve months of the employee's initial training using TAMU TrainTraq.

Training is conducted online and includes an explanation of the following:

- Title 25 Health Services, Part 1 Texas Department of Health, Chapter 96 Bloodborne Pathogen Control.
- OSHA Bloodborne Pathogen Final Rule.
- Epidemiology and symptomatology of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- How to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM.
- Bloodborne Pathogens Exposure Control Plans.
- Use and limitations of work practices, engineering controls, and personal protectiveequipment.
- Types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Employee's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and for co-workers.
- Hepatitis B Vaccination Program.
- Procedures to follow in an emergency involving blood or OPIM.
- Procedures to follow if an exposure incident occurs, including U.S. Public Health Service Post Exposure Prophylaxis Guidelines.
- Post-exposure evaluation and follow up.
- Warning labels and signs, where applicable, and color coding.
- Opportunity to ask questions with the person conducting thetraining.

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

Student Training (Best Management Practice)

EHS will provide a link to the external TrainTraq gateway for non-employees needing training. WTAMU also accepts completion of the OSHA Bloodborne Pathogens course provided by Collaborative Institutional Training Initiative to fulfill the BBP training requirement.
The Director of Academic Research Environmental Health and Safety, Richard Smith, is available for any questions or concerns regarding bloodborne pathogens. The Director is able to provide additional face to face support and training if needed. Please contact Richard Smith at 806.651.2740 or by email at rcsmith@wtamu.edu.

Record Retention

No official state records may be destroyed without permission from the Texas State Library as outlined in Texas Government Code, Section 441.187 and 13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7. The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A&M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A&M University Environmental Health and Safety will follow Texas A&M University Records Retention Schedule as stated in the Standard Operating Procedure 61.99.01.W0.01 Records Management. All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

Contaminated Sharps Injury Log

In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Environmental Health and Safety maintains a log and Human Resources reports injuries from contaminated sharps to the Texas Department of Health. A Contaminated Sharps Injury Reporting Form (Appendix D) must be completed at the same time the First Report of Injury (Appendix C) is completed. A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, or broken capillary tubes used or encountered in a health care setting that is contaminated with human blood or body fluids.

- The sharps injury log includes the following information:
    - Name and address of the facility where the injury occurred.
    - Name and address of the reporting official.
    - Date and time of the injury.
    - Age and sex of the injured employee.
    - Type and brand of sharp involved.
    - Original intended use of the sharp.
    - Whether the injury occurred before, during, or after the sharp was used for its original intended purpose.
    - Whether the exposure was during or after the sharp was used.
    - Whether the device had engineered sharps injury protection, and, if yes, was the protective mechanism activated and did the exposure incident occur before, during, or after activation of the protective mechanism.
    - Whether the injured person was wearing gloves at the time of the injury.
    - Whether the injured person had completed a hepatitis B vaccination series.
    - Whether a sharps container was readily available for disposal of the sharp.
    - Whether the injured person received training on the exposure control plan during the 12 months prior to the incident.
    - Involved body part.
    - Job classification of the injured person.
    - Employment status of the injured person.
    - Location / facility / agency and the work area where the sharps injury occurred.
    - Listing of the implemented needleless systems and sharps with engineered sharps injury protection for employees provided by the employer.

Most of the information listed above will be included on a Worker's Compensation Insurance (WCI) - First Report of Injury or Illness form (Appendix C) and a Contaminated Sharps Injury Reporting Form (Appendix D) that is filed by the employer of the injured employee. WTAMU Human Resources must attach an addendum to the Worker's Compensation Insurance (WCI) - First Report of Injury or Illness form (Appendix C) with the remainder of the required data. 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).

ORMS reports to the Texas Department of Health (TDH) an incident in which a WTAMU employee sustains a contaminated sharps injury.

The required information is reported to TDH not later than ten working days after the end of the calendar month in which the contaminated sharps injury occurred.

Contaminated Sharps Disposal Methods

For proper disposal methods for sharps, refer to the Biological Safety Procedure, 24.01.01.W1.23AR. Contact EHS for approved sharps containers and for sharps pickup and disposal.

Definitions

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

Bloodborne 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).

Employer: for the purposes of the WTAMU Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the department or unit in which the employee is employed.

Occupational Exposure: a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM): include 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 visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood
any unfixed tissue or organ (other than intact skin) from a human, living or dead
HIV-containing cell or tissue cultures, organ cultures, and HIV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Related Statutes, Policies, or Requirements

Texas Health and Safety Code Title 2, Subtitle D, Chapter 81, Subchapter H Bloodborne Pathogen Exposure Control Plan TAC Title 25, Chapter 96, Blood Borne Pathogen Control Plan,
OSHA Standard Title 29 CFR Chapter 1910.0130 Occupational Exposure to blood Borne Pathogens
A&M System Policy 24.01 Paragraph 2 Health Safety and A&M
System Regulation 24.01.01 Supplemental Risk Management Standards in Biological Safety.
Texas A&M System Policy 24.01.01

Contact Office

WTAMU Environmental Health and Safety
(806) 651-2270

Appendix A

Designated WTAMU Bloodborne Pathogen Program Employment Areas

The BBP exposure determination includes the following designated employment areas and job classifications (see Appendix A):

- Institutional Biosafety Committee (IBC) research permits working with agents at biosafety level 2 (BL2) or biosafety level 3 (BL3)
- Institutional Animal Care and Use Committee (IACUC) teaching or research animal use protocols (AUP)
    - The standard covers animal blood only for those experimental animals purposely infected with HIV or HBV. Although the standard does not apply to animal blood unless it comes from an experimental animal infected with HIV or HBV, persons handling animals or animal blood should follow general precautions recommended by the Centers for Disease Control/National Institutes of Health Publication, Biosafety in Microbiological and Biomedical Laboratories
- University Police Department
    - Director Police Operations
    - Lieutenant
    - Patrol Corporal
    - Police Chief
    - Detective
    - Police Patrol Sergeant
    - Police Officer
- Environmental Health and Safety, including Academic and Research Environmental Health and Safety (AR-EHS) and Fire and Life Safety (FLS-EHS)
    - Director
    - Graduate Assistants
    - Supervisor
    - Technician
- Student Medical Services
    - Director of Student Medical Services
    - Health Integration
    - Medical Radiological Technologist
    - Registered Nurse
    - Staff Nurse Practitioner
    - Staff Physician
- Intermural Athletics
    - Assistant Athletic Trainer
    - Assistant Strength and Conditioning
    - Graduate Assistant
    - Head Athletic Trainer
    - Head Strength & Conditioning Coach
- Nursing
    - Assistant Professor
    - Associate Professor
    - Community Based Education/Continuing
    - Department Head
    - Director
    - Graduate Assistant
    - Instructor
    - Instructor/Director
    - Nursing Admissions Counselor

- Part-Time Instructor
- Professor
- Sr. Health Career Prom Coord
- Teaching Assistant

Employees associated with specialized art laboratories (e.g. glass blowing) as deemed appropriate by WTAMU EHS

Appendix B

Environmental Health and Safety
Occupational Health Program
Hepatitis Vaccination Participation Form

Name (PRINT):_____ **UIN:**_____ **Date of Birth:** _____

Email:_____ **Dept:**_____ **Phone:** _____

West Texas A&M has elected to offer the dual Hepatitis A/ B vaccination series to all employees who have occupational exposure to Hepatitis or to Bloodborne Pathogens at no cost to the employee.

The vaccine is administered in a prescribed series:

- Dose 1 is administered on day 1
- Dose 2 is administered 30 days after Dose 1.
- Dose 3 is administered five months following Dose 2.
- A confirmatory titer is drawn six weeks after Dose 3

Employee Statement — Check one statement below.

☐ I **agree** to receive the Hepatitis A/B vaccination at the expense of my employer.

I **decline** the Hepatitis A/B vaccination because I have previously received the Hepatitis A/B or the Hepatitis B vaccination series.

I **decline** the Hepatitis A/B vaccination.

*I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis infection. I have been given the opportunity to be vaccinated with Hepatitis A/B vaccine at this time. However, I decline the Hepatitis A/B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis, 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 A/B vaccine, I can receive the vaccination series at no charge to me.

Certification by Employee:

I acknowledge and certify that I have received information on occupational exposure to bloodborne pathogens, universal precautions, Hepatitis A, Hepatitis B and vaccinations. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice (as documented above) related to the Hepatitis A/B vaccination based on informed choice.

Employee:

Signature:_____ Date:_____

Appendix C

This document is to be completed by the injured employee, preferably, or the injured employee's supervisor, or other employee familiar with the injury.

WORKERS' COMPENSATION
First Report of Injury

Name_____ UIN_____
Address_____ Phone_____
Full Time_____ Part Time_____ Student_____ Department_____
Date of injury_____ Time injury occurred _____
First day employee had lost time _____
Date supervisor or employer was first notified of injury _____
Where did the accident occur: Premises_____ State _____
City_____ County_____ Zip_____
Did the accident occur at regular place of employment Yes_____ No_____
Describe fully how the accident occurred; state what the employee was doing when injured:

_____

_____

Was accident caused by failure to use or observe safety appliance or regulation: Yes___ No _____

a. Name the safety appliance or regulation provided: _____
b. Was it in use at the time Yes_____ No _____

If injury was caused by machine, tool, etc., give name thereof _____

a. Kind of power used to operate _____
b. Part on which accident occurred _____

Names and addresses of witnesses _____

_____

_____

Describe injury or illnesses in detail _____

_____

_____

Part of body injured or exposed _____
Name and address of physician _____
Name and address of hospital _____
Expected length of disability _____
Has injured returned to work Yes _____ No _____ If yes, when _____
Any change in wage or occupation due to injury Yes_____ No_____

_____
Employee Date

_____
Completed by Date