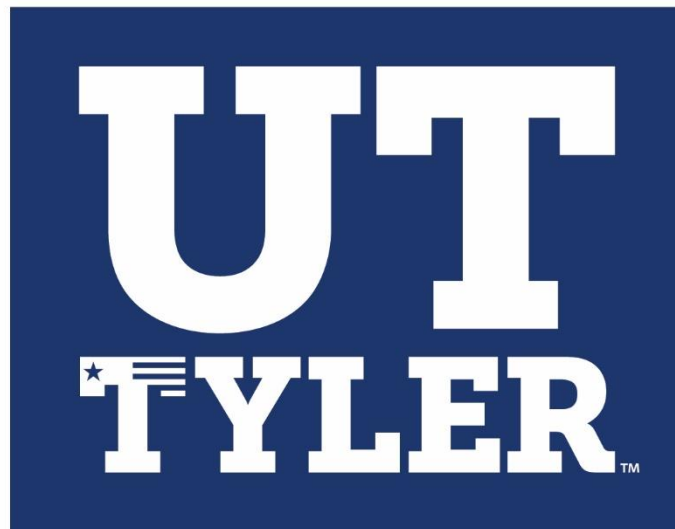


THE UNIVERSITY OF TEXAS AT TYLER



BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

2020

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The University of Texas at Tyler

Bloodborne Pathogens

EXPOSURE CONTROL PLAN

Introduction

The University of Texas at Tyler (UTT) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the State of Texas Health and Safety Code, §81.304 and with guidance from the OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Applicability

The ECP is a key document to assist our organization in ensuring compliance and protecting our employees. This plan applies to all departments, units, centers or other organizational components of UTT that employ personnel who have a risk of occupational exposure to blood or other potentially infectious materials (OPIM); or in connection with occupational exposure to contaminated sharps. A list of the departments to which this standard applies is included as the first column of Appendix A, Occupational Exposure Determination. This list is not exhaustive and other departments may also apply if they perform activities meeting the exposure risk described above. Students who are not employees are not covered by this ECP. See Appendix D for more information.

Employees covered by the ECP will receive an explanation of this plan during their initial bloodborne pathogens training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shift by accessing the website at <http://www.uttyler.edu/safety/programs.php> or contacting Environmental Health and Safety (EH&S) at 903-566-7011.

Definitions

For the purposes of the ECP, the following definitions apply:

- **Blood** includes human blood, human blood components, and products made from human blood.
- **Bloodborne Pathogens (BBP)** are pathogenic microorganisms that are present in human blood and cause disease in humans, and include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

- **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass and broken capillary tubes.
- **ECP** is the Exposure Control Plan.
- **EH&S** is Environmental Health and Safety.
- **Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- **HBV** means hepatitis B virus.
- **HCV** means hepatitis C virus.
- **HIV** means human immunodeficiency virus.
- **Occupational Exposure** means 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)** includes human 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 fluid in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human; and 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.
- **PPE** is Personal Protective Equipment. This includes gloves, eyewear, face masks, lab coats, and gowns. 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.
- **Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- **Sharps** are objects used that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident. Examples include needle devices, scalpels, lancets, broken glass, capillary tubes, and certain dental equipment.
- **Sharps with engineered sharps injury protections** means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- **Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **Universal Precautions and Body Substance Isolation Standard Precautions** is an approach to infection control and work on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin and mucous membranes are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- **University Health Clinic (UHC)** is a partnership with UT Tyler and UT Health Northeast and is comprised of two clinic operations. The Student Health Clinic provides medical care for students and the Family Medicine Clinic provides medical treatment for anyone in the community, to include Worker's Compensation claims.
- **Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Program Administration

All departments, units, centers or other organizational components of UTT that employ personnel who have a risk of occupational exposure to blood or OPIM; or in connection with occupational exposure to contaminated sharps, is responsible for implementation of the ECP. EH&S will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Exposure determinations will be made by department managers or Principal Investigators in conjunction with EH&S. The exposure determination is made without regard to the use of personal protective equipment.

Those employees who are determined to have occupational exposure to blood or OPIM must comply with the work practices outlined in this ECP.

Departments with occupational bloodborne pathogens exposure risk will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), labels, and red bags as required by this standard. EH&S can assist departments with ensuring that adequate supplies of the aforementioned equipment are available.

Departments will be responsible for implementing initial treatment and first aid protocols and referring exposed employees for required medical actions in accordance with the Post Exposure Evaluation and Follow Up procedures outlined below.

EH&S will be responsible for initial training, documentation of training, and making the ECP available to employees.

Departments implementing organization specific refresher training and/or department specific procedures that assist in the implementation of the UT Tyler ECP are responsible for documentation of that training and providing copies of those procedures to their employees. This documentation must be made available to EH&S upon request.

Implementation Control and Methodology

All employees will utilize universal precautions regardless of the perceived status of the source individual.

- Engineering Controls and Work Practices will be used to prevent or minimize exposure to bloodborne pathogens. Department managers are responsible for ensuring the specific engineering controls and work practices listed below are implemented and should use Appendix C, Annual Bloodborne Pathogens Assessment Tool, at least once per year to assess compliance as required under the Texas Department of State Health Services regulations. Health care settings must use needles and other sharps that have engineered safety devices. UTT also recommends that needles and sharps with engineered safety devices are used wherever feasible in research and lab settings. Other examples of safety engineered devices include but are not limited to: plastic pipettes, non-glass capillary tubes, and safety scalpels.
- Contaminated needles or sharps must not be bent, recapped, removed, sheared, or purposely broken. If no alternative is feasible and the action is required by a specific medical procedure then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.
- Sharps disposal containers are inspected and maintained by the departments whenever necessary to prevent overfilling. Departments are to contact EH&S at 903-566-7011 to arrange for replacement of disposal containers.
- UTT identifies the need for changes in engineering controls and work practices through the periodic evaluation of trends from the sharps injuries and solicitation of employee feedback following sharps injury incidents.
- UTT evaluates new procedures and new products regularly for possible implementation through medical supplier advertising, employee feedback from networking with professional associations and regulatory review.

Hand Washing

Hand washing facilities must be available to employees who incur exposure to blood or OPIM. These facilities must be located and managed so as to be readily accessible to an employee after incurring exposure.

If hand washing facilities are not feasible, the UTT department for which the covered employee works will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or hand sanitizer. If these alternatives are used, then the hands should be washed with soap and running water as soon as feasible.

After removal of PPE, employees should wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Housekeeping

Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Each department 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.

All contaminated work surfaces must be 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. The following methods of decontamination are recommended by EH&S in the order of preference:

- Hospital grade disinfectant effective against HIV and Hepatitis viruses.
- Bleach and water solution (1:10)
- 3% hydrogen peroxide solution which should remain on the contaminated area for 10 minutes prior to wiping.

In departments where there is a potential for larger spills involving blood or OPIM, EH&S recommends a BBP spill kit. In addition to PPE, these kits should contain a scoop and absorbent granules to collect the bulk of the spill material. All cleaning procedures should minimize splash potential.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

Equipment which may become contaminated with blood or OPIM must be examined prior to servicing or shipping and decontaminated as necessary.

Contaminated sharps must be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and have a biohazard label or are color-coded. Contaminated sharps containers must 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.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan, tongs or forceps.

Linens, clothing, and PPE may be contaminated, however, the risk of disease transmission can be minimized if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to personnel and the environment. Hygienic and commonsense storage and processing of clean and contaminated linen/clothing is recommended including the wearing of gloves to sort laundry and placing wet contaminated laundry in leak proof containers. Methods for handling, transporting, and laundering of contaminated linen, clothing, and PPE are determined by UTT EH&S.

Departments should use in-house laundry capabilities, if available, and train employees on proper handling procedures. If a department elects to use a laundry service provider, they must verify the service provider has trained its employees regarding bloodborne pathogens, has been told that they will be receiving blood or bodily fluid contaminated laundry, and agrees to launder those materials. The service provider must also provide transportation (departments must not transport the contaminated materials to laundry).

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees should not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses for personal use. Food and beverages may not be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or OPIM is prohibited.

All procedures should be conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

Collection of Specimens

Specimens of blood or OPIM should be placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose should be labeled with a biohazard label or color-coded.

Specimens of blood or OPIM are usually collected within a health care or laboratory setting. Labeling of these specimens should be done according to an appropriate specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities a biohazard or color-coded label should be affixed to the outside of the container.

If contamination of the primary container occurs, the primary container must be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container must be labeled with a biohazard label or color-coded.

Any specimen, which could puncture a primary container, must be placed within a secondary container, which is puncture proof.

Personal Protective Equipment

All PPE used must be provided without cost to employees including repairs and replacements. PPE is chosen based on the anticipated exposure to blood or OPIM. The PPE is considered appropriate only if it 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 the time which the PPE is used. Examples of PPE include:

- gloves
- eyewear with side shields
- gowns
- lab coats
- aprons
- shoe covers
- face shields
- masks

If available, EH&S recommends that all personal protective equipment be fluid resistant and disposable. PPE that is not disposable must be cleaned and laundered, by the employing UTT department at no cost to employees. All garments which come in contact with blood or OPIM are removed immediately or as soon as feasible and placed in the appropriate container. All PPE should be removed prior to leaving the work area and placed in the designated receptacle.

Gloves must be worn where it is reasonably anticipated that employees will have hand contact with blood or OPIM. Latex sensitive employees must be provided with a suitable alternative PPE such as nitrile or vinyl.

Disposable gloves must not be washed or decontaminated for re-use and should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, should 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.

Surgical caps or hoods and/or fluid resistant shoe covers or boots should be worn in instances when gross contamination can reasonably be anticipated.

NOTE: Where blood or OPIM may be mixed with hazardous chemicals, chemical PPE should also be worn.

Regulated Waste Disposal

Regulated waste is placed in appropriate containers that are closable, leak resistant, puncture resistant (sharps), 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 with a biohazard label or color-coded, and closed prior to removal. Regulated waste includes laboratory specimens of blood and tissue after completion of laboratory examination; blood and blood products; free-flowing body substances other than blood identified as potentially infectious for bloodborne pathogens such as semen, vaginal secretions, and any body fluid containing visible blood; and disposable items saturated with blood or these body fluids.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements, as well as UTT EH&S procedures for hazardous waste disposal.

Hepatitis B Vaccine

The HBV vaccination is a series of 3 injections and is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

If an employee declines the vaccination, he/she must sign a ***Hepatitis B Vaccination Consent or Declination Form*** (Appendix B). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination will be kept in the Human Resources (HR) employee personnel record and the department's employee record.

Employee vaccinations will be coordinated and paid for by EH&S and may be provided at the University Health Clinic (UHC) or by the employee's healthcare provider.

Post Exposure Evaluation and Follow up

Should an employee incur an exposure, i.e. eye, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM from the performance of their duties they should IMMEDIATELY perform the following steps:

- Wash the area of exposure with soap and water.
- If eye or mucous membrane exposure, rinse with copious amounts of water.
- First aid wound care, such as pressure to a bleeding wound should be administered.

Upon completing the initial treatment and first aid, the following steps should be performed:

- The employee should immediately notify his/her supervisor of the exposure.
- The employee or supervisor should contact the appropriate medical provider below and report to the facility for immediate evaluation and follow-up. The exposed employee should seek medical treatment with 1 - 2 hours of the initial exposure.
- The supervisor will contact EH&S to report the incident.
- As soon as feasible following initial treatment and no later than (1) business day after the injury or exposure incident, the Employer's First Report of Injury form must be completed by the supervisor. Contact the HR WCI Coordinator for assistance with completing the form or to obtain additional information regarding workers' compensation.

Main Campus

12:00 AM – 5:00 PM and 8:00 PM to 12:00 AM, Monday – Friday

12:00 AM – 7:00 PM Saturday

US Healthworks located at 5040 Kinsey Drive, Suite 500, Tyler, TX 75703. Call 903-561-2690 to make arrangements for an office visit. Indicate that you are a UTT employee, describe the injury, and that the injury occurred while on the job.

After hours and holidays

UT Health Science Center at Tyler (UT Health Northeast) Emergency Room located at 11937 US Highway 271, Tyler, TX 75708. When entering the emergency room, speak to a member of the admissions staff. Indicate that you are a UTT employee, describe the injury, and that the injury occurred while on the job.

There are no in-network locations in Longview or Palestine and therefore employees are entitled to go to any medical facility with an occupational medicine program for treatment. When contacting the clinic or entering the emergency room, speak to a member of the admissions staff regarding your injury. Indicate that you are a UT Tyler employee, describe the type of injury, and that the injury occurred while on the job. The following locations can provide treatment for potential exposures.

Longview Campus

Longview Regional Medical Center
2901 N Fourth St, Longview, TX 75605
903-758-1818

Good Shepherd Medical Center
700 E. Marshall Ave, Longview, TX 75601
903-315-2000

Palestine Campus

Palestine Regional Medical Center
2900 TX-256 Loop, Palestine, TX 75801
903-731-1000

Other Locations

Employees working outside of the communities where our campuses are located should determine where the nearest ER, Urgent Care Clinic, or other medical facility (with an occupational medicine/health clinic) is located to obtain treatment. They should also ensure the medical facility accepts State of Texas Workers' Compensation Insurance and should contact the Office of Human Resource if they need assistance.

Following initial first aid and reporting of the incident, the following activities will be performed:

- Documentation of the route(s) of exposure and the circumstances related to the incident. Identify and document the source individual, unless UTT can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent, unless law allows testing without consent, from the source individual as soon as possible. The source individual should be tested for HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing will not be performed.
- 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 HBV,

HCV, and HIV serological status. If the employee does not consent to HIV testing at the time of blood collection for baseline testing, 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 during that time to proceed with testing, then testing is done as soon as feasible.

- Post-exposure prophylaxis, when medically indicated, will be in accordance with the current recommendations of the Centers for Disease Control (CDC) US Public Health Service guidelines as determined by the health care provider or emergency clinic where the employee was referred.
- 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 associated costs for an occupational exposure, to include post exposure counseling and testing for employees, is covered under the UT Tyler Workers' Compensation program. Contact Human Resources to obtain additional information regarding occupational exposure coverage.

The EH&S Director or designee will ensure that the policy outlined here is effectively carried out.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates the employee after an exposure incident.

- In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
 - a copy of UTT's ECP;
 - a description of the exposed employee's duties as they relate to the 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); and
 - medical records relevant to the appropriate treatment of the employee.
- Written opinions are obtained from a healthcare professional in the following instance:
 - when the employee is sent to obtain the Hepatitis B vaccine, or
 - when the employee is sent to a healthcare professional following an exposure.

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

Sharps Injury Reporting and Exposure Incident Evaluation Procedures

All injuries or exposures involving sharps should be reported to EH&S at 903-566-7011. EH&S will review the circumstances of all exposure incidents to prevent future injury and to determine if the Texas Department of State Health Services, Infectious Disease Control, Contaminated Sharps Injury Reporting Form needs to be completed and submitted to the local Health Department. If a report is generated, EH&S will forward a copy to HR and the appropriate department to be maintained in the employee's record.

EH&S shall review the following to evaluate the effectiveness of the ECP:

- Work practices and engineering controls employed
- PPE or clothing that was used at the time of the exposure
- Employee's training documentation

If revisions to this ECP are necessary as a result of the exposure incident, the EH&S Director or representative will ensure that appropriate changes are made.

Departments should post the Needlestick/Bloodborne Pathogens Exposure Procedures (Appendix E) in workplace locations where the potential for occupational exposure exists.

Use of Biohazard Labels

UTT has a procedure that determines when biohazard-warning labels are to be affixed to containers or equipment. The procedure includes the types of materials that should be labeled as biohazard material. These materials may include but are not limited to:

Biohazard warning labels will be affixed securely to the following:

regulated waste; refrigerators and freezers containing blood or OPIM; and other containers used to store, transport, or ship blood or OPIM.

Biohazard warning labels will use the standard biohazard legend with the word "Biohazard." The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Red bags or red containers may be substituted for labels. Approved red bags or red containers may be substituted for labels provided they bear the appropriate signage. Biohazard labels will be affixed securely to the following:

- containers of regulated medical, blood, OPIM waste; refrigerators and freezers containing blood or OPIM; and all other containers used to store, transport, or ship such waste; and
- contaminated equipment and to portions of equipment that remain contaminated.
- Biohazard warning labels or color-coded containers are NOT required on:
 - Biohazard containers of blood, blood components or blood products that are labeled as to their contents and released for transfusion or other clinical use; or
 - individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal; or
 - regulated wastes that have been decontaminated by an approved method.

Call EH&S at 903-566-7011 or email safety@uttyler.edu to receive biohazard labels. The regulated waste bags and boxes provided by EH&S are already labeled as required.

Training

UTT department heads and supervisors are responsible for ensuring that training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. They are also responsible for ensuring that employees are re-trained annually. All training is required to be documented.

Bloodborne Pathogens training for employees is conducted by EH&S or in coordination with EH&S by a person knowledgeable in the subject matter. Training should include an explanation with guidance using the following:

- Texas Administrative Code Chapter 96, Bloodborne Pathogen Control;
- OSHA Bloodborne Pathogen Final Rule;
- epidemiology and symptoms of bloodborne diseases;
- modes of transmission of bloodborne pathogens;

- UT Tyler's BBP ECP (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access the ECP, etc.);
- procedures which might cause exposure to blood or OPIM;
- use and limitations of control methods which are used at the facility to control exposure to blood or OPIM;
- PPE available (types, use, location, etc.);
- hepatitis B vaccine; including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- procedures to follow in an emergency involving blood or OPIM;
- procedures to follow if an exposure incident occurs, to include the CDC's U.S. Public Health - Service Post Exposure Prophylaxis Guidelines;
- post exposure evaluation and follow up;
- signs and labels used and how to obtain;
- sharps injury reporting procedures; and
- an opportunity to ask questions with the individual conducting the training or if online training is provided; a contact number or email to direct questions is included.

Recordkeeping

Regarding this ECP, the healthcare provider/clinic will maintain medical records related to the Hepatitis B vaccine. Applicable departments will maintain evidence of employee vaccination or declination forms. HR will maintain a copy of the declination form in the employee's personnel record. These confidential medical records are maintained for the duration of employment plus 30 years.

All other employee medical records related to the Hepatitis B vaccine and/or medical evaluation and follow-up records associated with exposure incidents will be maintained by the healthcare provider that tested/treated the employee.

Records of training conducted by EH&S and departments are maintained by EH&S and departments for at least 3 years.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to EH&S or the department as appropriate.

APPENDIX A

The University of Texas at Tyler
OCCUPATIONAL EXPOSURE DETERMINATION

The following job classifications have occupational exposure to blood or OPIM and are hereafter referred to as Category A personnel:

Department	Job Title
Category A – Work in an environment with probable exposure risk or occupational exposure to bloodborne pathogens or OPIM.	
Athletics	Head Athletic Trainer
	Assistant Athletic Trainer
	Graduate Assistant Athletic Trainer
	Athletic Training Student (when paid)

The following is a list of job classifications in which some employees may have occupational exposure and are hereafter referred to as Category B. Employees with job tasks that are closely related to those described below should also be referred to as Category B and comply with this ECP.

Department	Job Classifications and Job Tasks
Category B – Work in an environment with occasional exposure risk or occupational exposure to bloodborne pathogens or OPIM.	
Athletics	Equipment Manager (laundry)
Environmental Health & Safety	Safety Specialist (bio-waste handling)
Facilities Management	Facility Maintenance (plumbing)
Biology Chemistry & Biochemistry Health & Kinesiology School of Nursing	Professor (lab supervisor/research)
	Associate Professor (lab supervisor/research)
	Assistant Professor (lab supervisor/research)
	Teaching Assistant (lab supervisor)
	Research Assistant (lab research)
	Clinical Instructor (lab supervisor)
	Lab Supervisor (lab supervisor)
	Principal Investigator (lab supervisor)
College of Pharmacy	All Ranked Faculty
Police Department	Officer/Guard (incident response)

NOTE: Part-time and temporary employees are covered by the ECP.

APPENDIX B

The University of Texas at Tyler

HEPATITIS B VACCINATION CONSENT OR DECLINATION FORM

Full Name: _____

UTT EID: _____ Date of Birth: _____

- I understand that if I work in or around Departments of Biology, Chemistry, Engineering, Nursing, Athletics or Health and Kinesiology there is a potential occupational exposure to blood or other potentially infectious materials (OPIM). I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine, at no charge to myself. However, **I decline hepatitis B vaccination at this time.** I understand that by declining this vaccine, I may continue to be at risk of acquiring hepatitis B. If, in the future, I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge.
- I understand that if I work in or around Departments of Biology, Chemistry, Engineering, Nursing, Athletics or Health and Kinesiology there is a potential occupational exposure to blood or other potentially infectious materials (OPIM). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, **I decline hepatitis B vaccination at this time because I have previously received the entire series of vaccinations.** I understand that by declining this vaccine, I release The University of Texas at Tyler from any liability related to the inadequacy of my previous vaccination. If, in the future, I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge.
- I consent to be immunized for the Hepatitis B vaccination (HBV) series. A new consent form will be completed for each injection in the series. Contact EH&S at (903) 566-6168 or safety@uttyler.edu to complete the vaccinations**

I have been offered the opportunity for Hepatitis B surface antibody testing.

I accept / decline to have my blood tested at no cost to me 1-2 months following completion of the HBV vaccine series to determine immunity. A positive result indicates immunity and a negative result indicates no immunity. If negative, a second 3 dose series will be offered to me and I may be retested. If I remain negative after a second 3 dose series, I will be referred for a medical evaluation. Contact EH&S at (903) 566-7011 or safety@uttyler.edu to complete the testing.

I understand and/or have been informed about the following:

1. I received or was offered the HBV Vaccination Information Sheet (VIS) which lists the indications, benefits, presently known side effects and adverse reactions of receiving the HBV vaccine.
2. I have been given the opportunity to ask questions regarding the virus, the vaccine, and my potential occupational exposure.
3. I understand there is the potential for localized non-serious side effects such as swelling, redness or soreness which is generally self-limiting and requires no treatment.
4. I understand there is no guarantee that I will not experience an adverse reaction or side effect from the HBV vaccine or antibody testing procedure.
5. I have never had a serious allergic reaction or other problem to baker's yeast or after receiving doses of HBV in the past.
6. I am not currently pregnant. (HBV may be administered during pregnancy with physician authorization.)
7. I am not currently ill.

Signature _____ Date _____

APPENDIX C

The University of Texas at Tyler
ANNUAL BLOODBORNE PATHOGENS ASSESSMENT TOOL

Location: _____ **Date:** _____

Completed By: _____

		YES	NO	N/A
1	The exposure control plan is located in each work center			
2	Employees at occupational risk for exposures are identified			
3	Employees comply with standard precautions when performing duties			
4	Employees appropriately use engineering controls in the work place			
5	Employees employ safe work practices in performance of duties			
6	Handwashing facilities are readily accessible in the work centers			
7	Employees regularly wash their hands, especially after glove removal			
8	Employees deposit contaminated sharps in biohazard containers immediately after use			
9	Employees change biohazard containers when 3/4 full			
10	Employees do not eat, drink, apply cosmetics, or handle contact lenses in work areas with blood/bodily fluids			
11	Food and beverages are not kept in close proximity to blood or bodily fluids			
12	Employees do not mouth pipette/suction blood or bodily fluids			
13	Employees place specimens in leak resistant containers after collection			
14	Employees place specimens in biohazard leak-proof containers for shipment			
15	Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated			
16	Employees wear the designated fluid resistant personal protective equipment/attire for the appropriate task			

		YES	NO	N/A
17	Employees place the contaminated personal protective equipment in the appropriate receptacles			
18	Employees maintain a clean environment at all times			
19	Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment			
20	Employees know the safe procedure for contaminated, broken glass clean up			
21	Employees demonstrate knowledge of policies regarding disposal and transport of regulated waste by placing regular, special, and/or biohazard waste in appropriate containers and transporting the waste according to policy			
22	Employees place wet laundry in leak resistant bags or containers			
23	Each employee knows their documented hepatitis B vaccine status			
24	Employees know where and to whom to report exposure incidents			
25	An employee occupational exposure protocol is practiced in accordance with the CDC's U.S. Public Health Service			
26	Employees are oriented and receive annual training to the exposure control plan			
27	Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard			
28	Medical and training records are maintained 30 years in accordance with OSHA's Bloodborne Pathogens Standard			

Additional Comments/Concerns:

APPENDIX D

The University of Texas at Tyler
STUDENT BLOODBORNE PATHOGENS EXPOSURE POLICY

Students who are not employees are not covered by the ECP. However faculty should not allow a student to engage in a hazardous activity without first communicating the pertinent aspects of this standard and other relevant standards. Faculty should document such communication.

Department administrators must identify those courses that involve any reasonably anticipated exposure of students to blood or other potentially infectious materials (OPIM). Students who will be using blood or OPIM in their academic coursework must be informed of the epidemiology and transmissivity of human immunodeficiency virus (HIV) hepatitis B virus (HBV), and hepatitis C virus (HCV), and trained in the safe work practices, including use of engineering controls and PPE, that will reduce their likelihood of becoming exposed. This training must take place prior to any procedures where blood or OPIM is used. Faculty/staff supervising these laboratories are responsible for the training.

Students must be trained and required to use appropriate PPE for any course activity involving blood or OPIM. Faculty/staff supervising students must ensure that engineering controls are employed and safe work practices are followed.

Students who have reasonably anticipated exposure to blood or OPIM must be provided with information about the Hepatitis B vaccination before they are permitted to participate in courses where exposure may occur. UT Tyler will not cover the cost of student immunization. Students in programs where occupational exposure to blood is likely should obtain the Hepatitis B vaccination series as a condition for enrolling in the program.

Students must be made aware of post-exposure follow up procedures as part of their training on bloodborne pathogens. Post-exposure follow up should be initiated by the faculty/staff supervisor and will normally be provided by UT Tyler's University Health Clinic. Costs for post-exposure follow up is ultimately the responsibility of the student and should usually be covered under their health insurance.

For curricula that involves an off-site internship or clinical experience with an affiliate health care institution, the procedure and responsibility for post-exposure follow up should be clearly described in the affiliation agreement. The agreement should also explain who is responsible for costs associated with follow up treatment and any additional testing or medical treatment for students. The procedure and costs may vary based on the location and the agreement should be coordinated by the health care institution and the University.

APPENDIX E

The University of Texas at Tyler
Bloodborne Pathogens Exposure Control Plan

**STEPS TO BE TAKEN IN EVENT OF A NEEDLESTICK /
BLOODBORNE PATHOGEN EXPOSURE**

Students	Faculty/Staff Employees
<ul style="list-style-type: none"> • Apply first aid: <ul style="list-style-type: none"> ○ Clean exposed area with soap and water for at least 15 minutes. ○ Flush mucous membranes with water or saline for at least 15 minutes. • If the source patient is known and present, keep individual on-site for a blood draw (see below) * • Notify instructor / clinic supervisor / hospital supervisor to report injury • Obtain medical evaluation and treatment within 1 - 2 hours at: Student Health Clinic / 903-939-7870 3310 Patriot Drive Hours: Mon - Fri / 8:00am - 5:00pm <i>After Hours/Out-of-Tyler:</i> Healthcare Provider, Medical Clinic/ER <i>Internship/Affiliate Healthcare:</i> Follow facility treatment protocol • Complete the 'Students Report of Injury Form' to document the injury and submit to EH&S at USC 135 or fax 903-565-5829 	<ul style="list-style-type: none"> • Apply first aid: <ul style="list-style-type: none"> ○ Clean exposed area with soap and water for at least 15 minutes. ○ Flush mucous membranes with water or saline for at least 15 minutes. • If the source patient is known and present, keep individual on-site for a blood draw (see below) * • Notify supervisor to report injury • Obtain medical evaluation and treatment within in 1 - 2 hours at: US Healthworks / 903-561-2690 5040 Kinsey Drive, Suite 500 Hours: Mon - Fri / 8:00am - 5:00pm After Hours: UT Heath Northeast ER 11937 US Highway 271 <i>Out-of-Tyler:</i> Healthcare Provider, Medical Clinic/ER that accepts WCI • Complete the 'Supervisor's First Report of Injury Form' to document the injury and submit to the Human Resources WCI Coordinator at ADM 108 or fax 903-565-5690 • Complete the 'Employees Report of Injury Form' to document the injury and submit to EH&S at USC 135 or fax 903-565-5829
<p>* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with an approved healthcare provider or medical clinic to test the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p>	<p>* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with an approved healthcare provider or medical clinic to test the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p>