



TEXAS A&M UNIVERSITY
CORPUS CHRISTI

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Prepared by the Environmental, Health and Safety Department
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EXECUTIVE SUMMARY

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

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

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

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

ANNUAL REVIEW & SUMMARY OF CHANGES

YEAR	CHANGES
2013	Minor formatting changes
2014	Updated job classification exposure list/Modified Declination form
2015	Added the Executive Summary, Annual Review & Summary of Changes Table, Objectives, Environmental, Health & Safety Contact Information, Assignment of Responsibility, Exposure Incidents
2017	Addition of TAMU System Hepatitis B Vaccination form, Sharps Injury Log, TDSHS Contaminated Injury Report Form. Formatting changes.
2018	Updated job classification to include the Dean, Associate Deans, and Professors of the College of Nursing. Removed the following: Laboratory Coordinators: Biology, Biomedical, Chemistry, ESCI; Faculty in the Biomedical Sciences Program; Facilities Assistant I & II at the Art Museum of South Texas; Assistant Director, Facilities & Operations Manager, Operations Coordinator at the University Center since they do not have a reasonable expectation of exposure. Removed sections per System Safety Manager.
2019	Minor formatting changes
2020	Minor formatting changes
2021	Added link to Origami Incident Reporting. Updated TAMUCC Sharps Injury form link; updated TDSHS Contaminated Sharps Injury Report form
2022	No Changes
2023	Removed TAMU System Hepatitis B Vaccination form

Reviewed by: _____
 Director, Environmental, Health & Safety

Date: _____

OBJECTIVE

The objective of the Texas A&M University-Corpus Christi (TAMU-CC) Bloodborne Pathogen Exposure Control Plan (ECP) is to comply with Texas Health and Safety Code, Chapter 81, Subchapter H, and is analogous to OSHA Bloodborne Pathogens Standard. TAMU-CC uses this ECP to prevent or minimize the exposure of employees to bloodborne pathogens. This Plan references [System Regulation Health and Safety Program 34.01.01](#).

ENVIRONMENTAL, HEALTH, & SAFETY CONTACT INFORMATION

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DEFINITIONS

1. BLOOD– human blood, human blood components, and products made from human blood.
2. BLOODBORNE PATHOGENS – pathogenic microorganisms that are present in human blood and can cause diseases in humans, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
3. CONTAMINATED- the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. CONTAMINATED SHARP- any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, and capillary tubes.
5. DECONTAMINATE - the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
6. EMPLOYER– for the purposes of the TAMU-CC Bloodborne Pathogens Exposure Control Plan, an employer is the department or unit in which the employee is employed.
7. ENGINEERING CONTROLS- controls that isolate or remove the bloodborne pathogens hazards from the workplace. (e.g., sharps disposal containers, self-sheathing or shielded needle devices, needless devices, blunt needles, plastic capillary tubes)

8. EXPOSURE INCIDENT – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties.
9. 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.
10. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) – include the following:
 - a. human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids and blood.
 - b. any unfixed tissue or organ (other than intact skin) from a human, living or dead.
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV – of HBV – containing culture or medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
11. PERSONAL PROTECTIVE EQUIPMENT (PPE) – is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered personal protective equipment.
12. SHARPS- medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, Pasteur pipettes, and scalpel blades.
13. SOURCE INDIVIDUAL – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
14. STANDARD PRECAUTIONS- is an approach to infection control where all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
15. Universal precautions- an approach to infection control. According to the concept, all human blood and certain human bodily fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
16. WORK PRACTICE CONTROLS – controls that reduce the likelihood of exposure by altering the way a task is performed such as prohibiting the recapping of needles by a two-handed technique.

ASSIGNMENT OF RESPONSIBILITY

1. PROGRAM ADMINISTRATION

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

2. EMPLOYER

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

3. SUPERVISORS

Supervisors shall themselves follow and ensure that their employees are fully trained, follow procedures and use the appropriate equipment correctly. Supervisors must make certain that personal protective equipment (PPE) is available, appropriate, and provided free of charge to the employee. They must ensure that contaminated PPE is properly laundered, cleaned, disposed of, and/or replaced as necessary at no cost to the employee. See page 14 *Exposure Incidents*, for supervisor responsibilities.

4. EMPLOYEES

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

EXPOSURE DETERMINATION

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

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

METHODS OF BLOODBORNE PATHOGENS TRANSMISSION

1. Bloodborne pathogens may be transmitted in the following ways:
 - a. By having sex with an infected person (through semen, vaginal fluids, or blood).
 - b. Being punctured by or sharing needles and syringes.
 - c. From the mother to the fetus during pregnancy or possibly to the baby through breast feeding.
 - d. By receiving infected blood or blood products.
 - e. Sharing razors, toothbrushes or contact lenses, tattooing and body piercing with an infected person.
 - f. Exposure of open wounds/mucous membranes to the blood of an infected person. See Center for Disease Control and Prevention (CDC) web site for current information: [Bloodborne Pathogen Exposure | NIOSH | CDC](#)

2. Current scientific and medical technology has determined that bloodborne pathogens are transmitted through certain behaviors, not the environment, and that there is no risk of infection through routine daily contact. Live bloodborne pathogens must gain entry to the blood stream or mucous membranes to cause infection. Employees and students are not at risk of exposure to bloodborne pathogens through:
 - a. Casual contact (shaking hands, working side by side).
 - b. Use of equipment or supplies (tools, telephones, machinery, furniture, keyboards).
 - c. Use of restrooms, eating or cooking facilities, water fountains.
 - d. The environment (air, water, insects).
 - e. Donating blood for blood drives.

CONFIDENTIALITY

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

With the consent of the HIV or other bloodborne pathogen infected employee, appropriate agency officials such as medical staff, personnel representatives, and/or direct supervisors may be informed of the infected employee's condition. Anyone who has access to confidential information is charged with maintaining strict confidentiality and privacy and with keeping

documentation of the condition separate from the employee's personnel file. It must be emphasized that any individual within an organization who breaches the confidentiality rights of an infected employee has committed a serious offense. This breach may be cause for litigation, resulting in civil and criminal penalties, and may result in dismissal.

BLOODBORNE PATHOGEN RULE DISTRIBUTION

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

METHODS OF COMPLIANCE

1. **Universal Precautions** are observed to prevent contact with blood and other potentially infectious bodily fluids. When differentiation between bodily fluid types is difficult or impossible, all bodily fluids shall be considered potentially infectious.
2. **Engineering Controls** are important in eliminating or minimizing employee exposure to bloodborne pathogens and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Engineering control equipment includes:

- a. Sharps disposal containers.
- b. Autoclave.
- c. Disposable resuscitation equipment.
- d. Disposable pipette bulbs.
- e. Biological safety cabinet (a.k.a., bio hood).
- f. Needleless systems.
- g. Sharps with engineered sharps injury protection.
- h. Automatic pipettes

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

4. **Work Practice Controls** establish standard practices by which a task is performed.
 - a. Employees wash hands and any other potentially contaminated skin area immediately after glove removal. Employees wash hands as soon as possible with soap and water when waterless disinfectants have been used first.
 - b. Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area shall immediately be washed with soap and water or flushed with water for 15 minutes.
 - c. Contaminated needles and sharps are not bent, broken, recapped, removed, sheared, or purposely broken. They are discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.
 - d. Contaminated, reusable sharps are placed in a puncture-resistant, leak-proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.
 - e. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found; maintained upright throughout use; are not allowed to overfill; and replaced routinely.
 - f. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited in working areas where occupational exposure may occur.
 - g. Mouth pipetting/suctioning is prohibited.
 - h. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
 - i. When working in the laboratory, all lab personnel must wear closed toe shoes and long pants.
 - j. All procedures in which blood or OPIM are present should be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these materials.

5. **Collection of Specimens**
 - a. Specimens of blood or OPIM are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens.
 - b. The container used to collect specimens is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the

specimens and containers remain in the facility. If the specimen containers are sent to another facility, a biohazard label or color-code is affixed to the outside of the container.

- c. Specimens of blood and OPIM are usually collected within a clinic, doctor's office, or laboratory setting. These specimens are appropriately labeled to indicate the contents and other pertinent information.
- d. If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color coded.
 - i. During transport (walking to another room, building or delivery to another campus) all containers must be placed in secondary containment.
 - ii. If shipping specimens of blood and OPIM is required, please contact your laboratory coordinator for assistance.
- e. Any specimen that could puncture a primary container is placed within a secondary container that is puncture proof.

6. **Contaminated Equipment**

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

7. **Personal Protective Equipment**

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

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

- h. Resuscitation bags, pocket masks, or other ventilation devices.
 - i. Aprons.
 - j. Shoe covers.
- D. All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees. ***Home laundering of PPE is not permitted.**
- E. Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
- a. Gloves shall be worn whenever it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, or mucous membranes may occur.
 - b. If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided. ***The use of plastic food handling gloves is not appropriate.**
 - c. Disposable gloves will not be re-used and shall be replaced as soon punctured or compromised.
 - d. Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They shall be discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
 - e. Masks in combination with eye protection devices shall be worn whenever splash, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
 - f. Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers shall be worn when gross contamination can be reasonably anticipated.
 - g. All garments that are penetrated by blood shall be removed immediately or as soon as feasible.
 - h. Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated. ***Do not wear gloves in common areas, especially when opening doors and riding elevators.**
 - i. Used protective equipment shall be placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

10. Housekeeping

- A. Employers shall ensure that the work site is maintained in a clean and sanitary condition.
- B. The employer shall determine and implement an appropriate written schedule for cleaning and a method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or

- procedures being performed in the area.
- C. All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift.
 - D. *EPA Approved Disinfectants can be found at:
[Selected EPA-Registered Disinfectants | US EPA](#)
Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and work surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
 - E. Bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.
 - F. Any broken glassware that may be contaminated shall not be picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments.

11. Regulated Waste Disposal

- A. All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.
- B. Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label, or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.
- C. All regulated waste is properly disposed in accordance with local, state, and federal regulations.

12. Laundry Procedures

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

HEPATITIS B VACCINATION PROGRAM

1. All employees who have been identified as having occupational exposure to

- blood or OPIM are offered the Hepatitis B vaccine by the employer at no cost to the employee.
2. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.
 3. The Hepatitis B vaccine is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless: 1) the employee has previously received the complete Hepatitis B vaccine series and 2) antibody testing has revealed that the employee is immune, or 3) the vaccine is contraindicated for medical reasons.
 4. TAMU-CC employees may receive the Hepatitis B vaccine at a healthcare facility contracted by the employer or by a physician of their choice. Employees will be responsible for any copay should they choose to visit their personal physician.
 5. Persons shall complete a Hepatitis B vaccination acceptance/declination response form upon completion of initial Bloodborne Pathogen training. Individuals who decline the initial Hepatitis B vaccination offer can elect to receive the vaccination, later, at no cost to them, and shall be provided with instructions on how to proceed at the time of the request.
 6. Any necessary booster doses of the Hepatitis B vaccine are provided by the employer at no cost to the individual.

EXPOSURE INCIDENTS

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

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
2. The employee should notify their supervisor of the exposure incident. The supervisor should *Submit a new Incident* on [Origami](#).
3. If necessary, a Contaminated Sharp Injury Reporting Form will be completed by E,H&S and submitted to Texas A&M University System Risk Management.

If the exposure occurs after hours:

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes. Notify UPD 361-825-4444 of the incidents.

2. The employee should then seek medical attention at the nearest Emergency Room.
3. The employee should notify their supervisor and the E, H&S about the exposure as soon as possible for completion of all applicable forms.

POST EXPOSURE EVALUATION AND FOLLOW UP

1. The employee is offered a confidential medical evaluation and follow-up that includes:
 - a. Documentation of the route(s) of exposure and the circumstances related to the incident.
 - b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
 - c. The test results from the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - d. The employee is offered the option of having his/her blood collected for testing to determine their HIV/HBV/HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
 - e. *NOTE: For medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/ her blood tested within 10 days of the exposure to demonstrate absence of disease at the time of the exposure.
 - f. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
 - g. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
 - h. The department head or supervisor of an employee with occupational exposure is designated to assure that the TAMU-CC Exposure Control Plan is followed and maintains records required by the Plan.

INTERACTION WITH HEALTHCARE PROFESSIONALS

1. A written opinion is obtained from the healthcare professional when a TAMU-CC employee is sent to obtain the HBV, or when a TAMU-CC employee is evaluated after an exposure incident. For the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
 - a. A copy of the TAMU-CC Exposure Control Plan.
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
 - d. Blood test results of the source individual (if available).
 - e. Medical records relevant to the appropriate treatment of the employee.

2. Healthcare professionals should limit their written opinions to:
 - a. Whether the HBV is indicated.
 - b. Whether the employee has received the vaccine.
 - c. The evaluation following an exposure incident.
 - d. Whether the employee has been informed of the results of the evaluation.
 - e. Whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report).
 - f. Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

USE OF BIOHAZARD LABELS

Biohazard warning labels and/or color-coding are used to identify any work area or object that has the potential to be exposed to blood or other infectious materials. Labels are placed on such objects as: sharps containers; specimen containers; contaminated equipment; regulated waste containers; contaminated laundry bags; refrigerators and freezers containing blood or OPIM; and containers used to store, transport, or ship blood or OPIM.

TRAINING

1. Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur.
2. BBP Exposure Training shall be offered to applicable new employees in TrainTraq. The employee's supervisor will ensure that an employee completes the BBP initial training in TrainTraq within seven (7) days of assignment.
3. Annual refresher training is provided within one year of the employee's previous training. The employee's supervisor will ensure that an employee completes the BBP refresher in TrainTraq within thirty (30) days of assignment.
4. Additional training is given as new information is acquired or job duties change.
5. E,H&S performs a quarterly spot check to verify that the training has been completed.

Topics include:

- a. Title 25 Health Services, Part 1 Texas Department of State Health Services (TDSHS), Chapter 96 Bloodborne Pathogen Control.
- b. OSHA Bloodborne Pathogen Final Rule.
- c. Epidemiology and symptomatology of bloodborne diseases.
- d. Modes of transmission of bloodborne pathogens.
- e. How to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM.
- f. The TAMU-CC Bloodborne Pathogens Exposure Control Plan.
- g. The use and limitations of work practices, engineering controls, and personal protective equipment.
- h. The types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- i. The employee's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and for co-workers.
- j. The TAMU-CC Hepatitis B Vaccination Program.
- k. Procedures to follow in an emergency involving blood or OPIM.
- l. Procedures to follow if an exposure incident occurs to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines.
- m. Post exposure evaluation and follow up.
- n. Warning labels and signs, where applicable, and color coding.
- o. For questions concerning this training contact: Environmental, Health, and Safety at 361-825-5555 Monday-Friday from 8:00 am to 5:00 pm.

RECORDKEEPING

1. Employee BBP records shall include:
 - a. The employee's name and UIN.
 - b. Hepatitis B vaccination status, including the dates of all the HBV vaccinations.
 - c. A copy of all results of examinations, medical testing, and follow-up procedures related to an occupational exposure.
 - d. The employer's copy of the healthcare professional's written opinion.
 - e. A description of the employee's duties as they relate to the exposure incident.
 - f. A description of the route of exposure and the circumstances under which exposure occurred.
 - g. Results of the source individual's blood testing, if available.
2. Confidentiality of medical records is maintained.
3. Employee medical records are maintained in the personnel files by the employer.
4. Employee medical records are maintained in accordance with the TAMUS Records Retention Schedule.
5. Training records are maintained by the employer in the employees TrainTraQ transcript from the date on which the training occurred. Training records include:
 - a. Course/task name.
 - b. Course number.
 - c. Completion date.
 - d. Completion score/status.

CONTAMINATED SHARPS INJURY LOG

1. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, TAMU-CC E,H&S maintains a log and reports injuries from contaminated sharps to the Texas Department of Health (*Appendix C*). A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, broken capillary tube used or encountered in a health care setting that is contaminated with human blood or bodily fluids.
2. The sharps injury log includes the following information:
 - a. Name and address of the facility where the injury occurred.
 - b. Name and address of the reporting official.
 - c. Date and time of the injury.
 - d. Age and sex of the injured employee.
 - e. Type and brand of sharp involved.
 - f. Original intended use of the sharp.
 - g. Whether the injury occurred before, during, or after the sharp was used for its

- original intended purpose.
- h. Whether the exposure was during or after the sharp was used.
 - i. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism.
 - j. Whether the injured person was wearing gloves at the time of the injury.
 - k. Whether the injured person had completed a hepatitis B vaccination series.
 - l. Whether a sharps container was readily available for disposal of the sharp.
 - m. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident.
 - n. The involved body parts.
 - o. The job classification of the injured person.
 - p. The employment status of the injured person.
 - q. The location / facility / agency and the work area where the sharps injury occurred.
 - r. A listing of the implemented needless systems and sharps with engineered sharps injury protection for employees provided by the employer.
3. The employer provides all the required information for a contaminated sharps injury report to the WCI division of the TAMUS Office of Risk Management and Safety (ORMS). The form used for this purpose can be found on *Appendix C, TDSHS Contaminated Sharps Injury Report Form*.
 4. ORMS reports to the Texas Department of State Health Services (TDSHS) an incident in which a TAMU-CC employee sustains a contaminated sharps injury.
 5. The required information is reported to TDSHS not later than ten working days after the end of the calendar month in which the contaminated sharps injury occurred.

APPENDIX A- JOB CLASSIFICATIONS

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

At TAMU-CC, the following job classifications are expected or may incur occupational exposure to blood or other potentially infectious materials:	
Job Classification	Department
Environmental, Health & Safety Staff	Environmental, Health & Safety-assigned by adloc; Director assigned to the BBP Group
Assistant Athletic Director for Facilities & Operations Head Athletic Trainer Assistant Athletic Trainer Facilities Coordinator Athletic Training Director Athletic Training Clinical Education Coordinator	Athletics-assigned to the BBP Group
RN LVN Associate Director Nurse Practitioner Physician	Health Services-assigned by adloc
Chief Captain Lieutenant Sergeant Police Officer- I, II, III, IV Security Officer Advanced Security Officer	University Police: assigned by title codes and Chief assigned to the BBP Group
Dean Associate Dean Professor, Associate Professor, Assistant Professor Clinical Professor, Clinical Assistant Professor, Clinical Associate Professor Lab Coordinators Graduate Research Assistant	College of Nursing & Health Sciences- assigned to the BBP Group
Director, Recreational Sports Assistant Director Coordinator Operations Technician Student Development Specialist Outdoor Attendant Lifeguard Facility Attendants Facility Supervisors Building Supervisor Weight Room Attendant Personal Trainer Momentum Field Supervisor	Recreational Sports assigned to the BBP Group

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

At TAMU-CC, the following job classifications are expected or may incur occupational exposure to blood or other potentially infectious materials:	
Job Classification	Department
BioMed Program Faculty Biomedical Lab Coordinator Biology Lab Coordinator	College of Science and Engineering – Life Sciences Department

APPENDIX B- TAMUCC SHARPS INJURY FORM

This log must be kept in addition to the injury and illness log required by [29 CFR 1904](#). The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The log must be kept in a manner that preserves the confidentiality of the affected employee.

Use the log on the link below. This form will be submitted to EH&S.

[Sharps Injury Form](#)

APPENDIX C- TDSHS CONTAMINATED SHARPS INJURY REPORT FORM

[Reporting | Contaminated Sharps Injuries | Texas DSHS](#)



Department of State Health Services
Infectious Disease Control

Contaminated Sharps Injury Reporting Form

Please complete a form for each exposure incident involving a sharp.
NOTE: If injury occurred BEFORE the sharp was used for its original intended purpose, *do not* submit this form.

Facility where injury occurred:	
Street address (no PO Box):	
City:	County:
Zip Code:	
Street address of reporter (if different from above):	
Date filled out:	
Reporter's Name:	Reporter's e-mail:
Phone: - -	
INSTRUCTIONS FOR DROP-DOWN LIST: Choose (one) response from Drop-down list or enter answer in "Other" field.	
1. Date of injury:	/ / Time of injury: <input type="checkbox"/> am <input type="checkbox"/> pm
Age of injured:	Sex of injured: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Type of Sharp Involved: <i>(Choose only one response from Needles, Surgical Instruments, or Glass Drop-down Lists).</i>	<u>Needles List</u> or Other Non-suture needle _____
	<u>Surgical Instruments List</u> or Other Surgical _____
	<u>Glass Items List</u> or Other Glass _____
List Brand Name of Sharp:	
3. Original Intended Use of Sharp	A-I O-Z or Other
4. When and How Injury Occurred... <input type="checkbox"/> before (DO NOT report to DSHS) <input type="checkbox"/> during <input type="checkbox"/> after the sharp was used for its intended purpose.	4. A If the exposure occurred during or after the sharp was used, was it... <u>How Exposed List</u> or Other _____
5. Did the device being used have engineered sharps injury protection?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
A. Was the protective mechanism activated?	<input type="checkbox"/> yes, fully <input type="checkbox"/> yes, partially <input type="checkbox"/> no <input type="checkbox"/> don't know
B. Did the exposure incident occur...	<input type="checkbox"/> before <input type="checkbox"/> during <input type="checkbox"/> after activation of the protective mechanism?
6. Was the injured person wearing gloves?	<input type="checkbox"/> yes <input type="checkbox"/> no
7. Had the injured person completed a hepatitis B vaccination series?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
8. Was there a sharps container readily available for disposal of the sharp?	<input type="checkbox"/> yes <input type="checkbox"/> no
8.A Did the sharps container provide a clear view of the level of contaminated sharps?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Had the injured person received training on the exposure control plan in the 12 months before the incident?	<input type="checkbox"/> yes <input type="checkbox"/> no
10. Involved body part:	
11. Job Classification of Injured Person	<u>A-L</u> <u>M-Z</u> or Other (specify) _____
12. Employment Status of Injured Person	_____ or Other (specify) _____
13. Location/Facility/Agency in Which Sharps Injury Occurred	_____ or Other (specify) _____
14. Work Area Where Sharps Injury Occurred	<u>A-L</u> <u>M-Z</u> or Other _____
COMMENTS (your notes, opinions, suggestions)	

INSTRUCTIONS: The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Department of State Health Services regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at www.dshs.state.tx.us. The local health authority, acting as an agent for the Department of State Health Services will receive and review the report for completeness, and mail the report to: Infectious Disease Control (IDC), Department of State Health Services, PO Box 149347, Austin, Texas 78756-3199 or fax to 512 458 7616. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting or from Department of State Health Services regional offices.