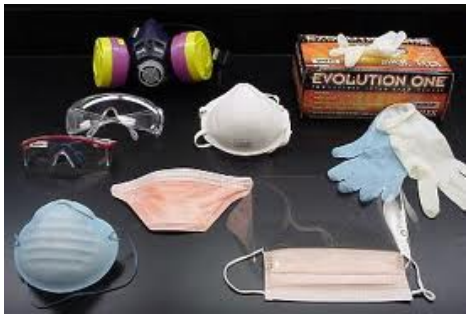
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



PRAIRIE VIEW A&M UNIVERSITY
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DEFINITIONS

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

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry: laundry which has been soiled with blood or other potentially infectious materials on an item or surface.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: 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.

EHS*: Environmental Health & Safety.*

Employee: An individual who works for a governmental unit or on premises owned or operated by a governmental unit whether or not he or she is directly compensated by the governmental unit.

Employs: Engages the services of employees.

Engineered sharps injury protection: A physical attribute that: (A) is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or (B) is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

Engineering Controls: means controls (e.g., sharps disposal containers, self-sheathing needles) that isolates or removes the bloodborne pathogens hazard from the workplace.

Exposure incident: 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.

Governmental unit: This state and any agency of the state, including a department, bureau, board, commission, or office and includes: (A) a political subdivision of this state, including any municipality, county, or special district; or (B) any other institution of government, including an institution of higher education.

Hand washing Facilities: a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV: Hepatitis B virus.

HCV: Hepatitis C virus.

Health care professional: A person whose legally permitted scope of practice allows him or her to independently evaluate an employee of a governmental unit and determine the appropriate interventions after an exposure incident; this would include hepatitis B vaccination and post exposure evaluation and follow up.

HIV: Human immunodeficiency virus.

Needleless system: A device that does not use a needle and that is used: (A) to withdraw body fluids after initial venous or arterial access is established; (B) to administer medication or fluids; or (C) for any other procedure involving the potential for an exposure incident.

Occupational exposure: A reasonably anticipated skin, eye, mucous membrane, or par- enteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM): 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, e.g., uniforms, pants, shirts, or blouses, not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste: liquid or semiliquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semiliquid 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.

Regulated waste/special waste from health care-related facilities: Solid waste which if improperly treated or handled may serve to transmit an infectious disease(s) and which is composed of the following: (A) animal waste; (B) bulk blood, bulk human blood products, or bulk human body fluids; (C) microbiological waste; (D) pathological waste; or (E) sharps.

Research Laboratory: a laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: 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).

MINIMUM STANDARD

This explore control plan (plan) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

Purpose

The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to bloodborne pathogens and other potentially infectious material (OPIM).

Guidance

This plan is provided by the Texas Department of State Health Services to be analogous with Title 29 of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Health and Safety Code, §81.3041.

Review

EHS office staff will review the exposure control plan annually and update/log accordingly. After review and update, approval will be certified through the signature of the vice president (or designee) where the EHS department reports.

EXPOSURE DETERMINATION

The Texas Department of State Health Services Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or OPIM. The exposure determination is made through the administering of a Bloodborne Pathogens Personnel Exposure Assessment (Appendix B) without regard to the use of personal protective equipment (PPE). Any response answered with a "Yes" would require the employee to take PVAMU's Bloodborne Pathogens training, with record of completion maintained in the employee's personnel file.

COMPLIANCE METHODOLOGY

Universal Precautions

Universal precautions are observed to prevent contact with blood or OPIM. All blood or OPIM are considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering controls are important in eliminating or minimizing employee exposure to bloodborne pathogens and OPIM. Work practice controls are used when employees have occupational exposure to bloodborne pathogens and OPIM and involve the use of personal protective equipment. Examples include safety design devices, sharps

containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Where employees have an occupation exposure, standard practices shall be established by the department by which a task is performed. Some basic standards are as follows:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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 overfilling; and replaced routinely.
6. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited in working areas where occupational exposure may occur.
7. Mouth pipetting/suctioning is prohibited.
8. Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
9. 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

1. 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.
2. 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.
3. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a clinic, doctor’s office, or laboratory setting. Labeling of these specimens should be done according to the agency’s 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 and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.
4. 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.
5. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Contaminated Equipment

1. Equipment which may become contaminated with blood or OPIM is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible.
2. A biohazard label is placed on all portions of contaminated equipment that remains to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment (PPE)

1. All PPE is provided by the university without cost to the employee.
2. 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.
3. Examples of PPE include:
    - Gloves
    - Eyewear with side shields
    - Gowns
    - Lab coats
    - Aprons
    - Shoe covers
    - Face shields
    - Resuscitation bags, pocket masks, or other ventilation devices
4. All PPE is cleaned, laundered, and disposed of by the university at no cost to the employees. All repairs and replacements are made by the university at no cost to the employees.
5. All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All PPE is removed prior to leaving the work area and placed in the designated receptacle.
6. Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative PPE.
7. Disposable gloves are not to be washed or decontaminated for re-use and are to 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.
8. Utility gloves may be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They are to 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.
9. Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to 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.
10. Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

1. Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition.
2. The 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.
3. 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.
4. Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and work surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
5. All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

6. Any broken glassware which may be contaminated is not picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments for placement in an appropriate receptacle for decontaminating.

Regulated Waste Disposal

1. 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.
2. 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 with a biohazard label or color-coded, and closed prior to removal.
3. All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Laundry Procedures

1. Laundry contaminated with blood/bloody body fluids or OPIM must be placed in a biohazard bag or color-coded laundry bag for pick-up and decontamination by an outside contracted provider.
2. Contaminated laundry is decontaminated by autoclaving, washing with hot soapy water and bleach, or other acceptable method of treatment.

Hepatitis B Vaccine

1. All employees who have been identified as having occupational exposure to blood or OPIM are offered the hepatitis B vaccine (HBV), at no cost to the employee. A centralized funding account will be identified to cover the expenses associated with the vaccine.
2. The vaccination program is to be administered under the supervision of licensed healthcare personnel at the Owens-Franklin Health Center on campus.
3. The HBV is to be offered after the employee has completed bloodborne pathogens training and within ten (10) working days of their initial assignment to work. Exceptions are granted if the employee has previously received the complete HBV series, as indicated through documentation, or the employee declines to take the HBV, as indicated in the signed declination statement (See Appendix A of this Exposure Control Plan).
4. Employees who initially decline the vaccine but who later elect to receive it may have the vaccine provided to them at no cost.

Post Exposure Evaluation and Follow up

1. If an employee suffers an occupational exposure incident, the employee reports it to their supervisor and submits a completed Incident Report to the EHS office within 24 hours of the incident. EHS will route a copy of the completed report to the Owens-Franklin Health Center and Human Resources.
2. Any employee who suffers an occupational exposure incident are offered a confidential medical evaluation at the Owens-Franklin Health Center and follow up which 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 or any other research related known infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
    c. 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.
    d. 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.

e. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
f. 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.
g. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

Interaction with Healthcare Professionals

1. A written opinion is obtained from the healthcare professional when a PVAMU employee is sent to obtain the HBV, or when a PVAMU employee is evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
   - a copy of the Prairie View A&M University Bloodborne Pathogens Exposure Control Plan;
   - a description of the exposed employee's duties as they relate to the exposure incident;
   - a copy of the completed Incident Report which provides 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.

2. Healthcare professionals are instructed to 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 of the 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 written report); and
   - 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 current employees with the potential for occupational exposure who have not already been trained will be conducted within one year of publication of this Plan. The level of training (detailed, which is classroom instruction, or general, which is online) will be determined based on current training records and the completed BBP Personnel Assessment (Appendix B).
2. Training for new employees hired into positions that have the potential for occupational exposure (based on response to the BBP Personnel Assessment) will receive their training instructions via email shortly after hire.
3. Annual refresher training is provided within one year of the employee's previous training.
4. Training will include an explanation of the following:
   a. Title 25 Health Services, Part 1 Texas Department of Health, 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 PVAMU Bloodborne Pathogens Exposure Control Plan;
g. The use and limitations of work practices, engineering controls, and PPE;
h. The types, selection, proper use, location, removal, handling, decontamination, and disposal of PPE;
i. The employee's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and co-workers;
j. The PVAMU HBV 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;

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

Recordkeeping

1. Incident Reports are maintained in both the EHS department and Human Resources (worker's compensation first injury report only).
2. Completed medical records are maintained in the Owens-Franklin Health Center.
3. Completed training transcripts and records are maintained in the Human Resources department.
4. All records are maintained in accordance with the System Records Retention Schedule.

Contaminated Sharps Reporting

In accordance with the requirements of the Texas Bloodborne Pathogens Rule, injuries from contaminated sharps must be reported to the Texas Department of State Health Services (TDSHS). A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, or broken capillary tube used or encountered in a healthcare setting that is contaminated with human blood or body fluids.

The Contaminated Sharps Injury Reporting Form located in Appendix C of this document must be completed as quickly as possible after the incident. The Reporting Form, along with an Employee Incident Report, must be submitted to the EHS office via email. EHS office staff will submit a copy of the Contaminated Sharps Injury Reporting Form to TDSHS.

The injury must be reported to TDSHS no later than ten (10) working days after the end of the calendar month in which the contaminated sharps injury occurred.

INITIAL PUBLICATION/APPROVAL

Signature  Date _____

Digitally signed by Cynthia A. Carter, MBA, Ph.D.
DN: cn=Cynthia A. Carter, MBA, Ph.D., o=Prairie View A&M University. Business Affairs. Prairie View, TX, ou=Associate Vice President for Business Services, email=cacarter@pvamu.edu, c=US
Date: 2015.01.08 15:41:54 -06'00'

electronically signed by Dr. Cynthia A. Carter, Associate VP for Business Services, as delegated by Dr. Corey S. Bradford, Sr. VP for Business Affairs

ANNUAL REVIEW

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

APPENDIX A - HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or OPIM, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or OPIM and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Printed Name (Last Name, First Name, Middle Initial) _____ Universal Identification Number (UIN) _____

Job Title _____

Department _____

Signature _____ Date _____

APPENDIX B - BBP PERSONNEL EXPOSURE ASSESSMENT

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ UIN: _____

Email Address: _____ Personal Phone: _____

Position Title: _____ Work Phone: _____

Department: _____ Supervisor: _____

Biological Hazards from Human and Non-Human Primates:
Any "Yes" response to the questions below will require the employee to take BBP training.

	Yes	No
Position will be exposed to human (or non-human primate) materials (cell lines, tissue, body fluids, blood)	☐	☐
Position will be exposed to human (or non-human primate) body waste (urine, feces)	☐	☐
Position will be exposed to items soiled with human (or non-human primate) blood, body fluids or waste	☐	☐
Position will be exposed to untreated sewage/wastewater	☐	☐
Position will be exposed to bulk pick-up of solid waste (trash/garbage/recycling)	☐	☐

NOTICE:

If this position's job duties or work environment are modified, there may be an increased exposure to biological hazards from human and/or non-human primates. Therefore, if at any time after completing this questionnaire said modifications occur, you MUST (1) update the PDAQ in PV Talent and (2) notify EHS of the change.

I have answered the above questions honestly and to the best of my knowledge.

_____ _____
Employee Acknowledgement (initials) Date

As supervisor, I acknowledge the responses of the employee and will support training if required.

_____ _____
Supervisor Acknowledgement (initials) Date

APPENDIX C – CONTAMINATED SHARPS INJURY REPORTING FORM

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 Texas Department of State Health Services regional office in which the facility is located. The contact information of the regional office for Prairie View A&M University is as follows:

HEALTH SERVICE REGION 6/5 SOUTH - Houston
Brian Smith, M.D., M.P.H, Acting Regional Medical Director
Greta Etnyre, Deputy Regional Director
Regional Headquarters: 5425 Polk, Suite J, Houston, Texas 77023, Mail Code 1906
Phone: (713) 767-3000 FAX: (713) 767-3049

The local health authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness, and submit the report to:

Texas Department of State Health Services
Emerging and Acute Infectious Disease Branch
PO Box 149347 (Mailcode 1960), Austin, Texas 78714-9347
Fax number: 512-776-7616

The Contaminated Sharps Injury Reporting Form follows this page for reference and can also be obtained as follows:

1. From the Texas Department of State Health Services Public Health Regional Offices.
2. On the Internet at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/ -- two versions are available through this link – a one-page Word document that can be completed electronically, and a three-page PDF for manual completion.