1. POLICY STATEMENT

1.1. Texas A&M University–Texarkana is committed to providing a safe and healthful working and learning environment for campus. This Bloodborne Pathogens Exposure Control Plan (BBP-ECP) is provided to eliminate or minimize the occupational exposure of the University’s employees to bloodborne pathogens. To ensure the BBP-ECP in maintained in compliance it will be reviewed by the Environmental Management Advisory Committee (EMAC) on an annual basis.

2. PROGRAM ADMINISTRATION

2.1. The Environmental Health and Safety (EHS) Department is responsible for implementing the BBP-ECP. EHS will review and update the program on an annual basis with the aid of the EMAC’s approval.

2.2. The Human Resources Department is responsible for ensuring the employees determined to have occupational exposure receive Bloodborne Pathogens training (Bloodborne Pathogens Online Training – System Version, TrainTraq course 2111525) and Hepatitis B Vaccine form access (Hepatitis B vaccine form, TrainTraq course 2111524). Proof of this training shall be maintained in the employee’s TrainTraq record and the Hepatitis B Vaccine form will be maintained in the employee file per records retention schedule requirements.

2.3. Employees required to participate in the BBP program and have opted to receive the Hepatitis B Vaccine will have the opportunity to receive the vaccine from an on-campus contracted nurse. Verification of vaccination will be maintained in the employee file.

3. DEFINITIONS

3.1. **Blood** – human blood, human blood components, and products made from human blood.

3.2. **Bloodborne pathogens** – pathogenic microorganisms that are present in human blood and that can cause diseases in humans, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

3.3. **Contaminated** – the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

3.4. **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.

3.5. **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.

3.6. **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.
3.7. Other potentially infectious materials (OPIM) - include the following:

3.7.1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood.

3.7.2. Any unfixed tissue or organ (other than intact skin) from a human, living or dead.

3.7.3. 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.

3.8. Personal Protective Equipment – 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 to be personal protective equipment.

3.9. Universal Precautions – an approach to infections 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.

4. BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS INFORMATION

4.1. Bloodborne pathogens are microorganisms found in the blood of infected individuals that cause diseases. They may also be present in “Other Potentially Infectious Materials” (OPIM), such as blood-tainted body fluids, unfixed tissues or body parts, some biological research materials, and even other primates. These pathogens are a concern because they are capable of infecting others who are exposed to infectious blood or other body fluids.

4.2. Some workers are at risk of exposure as a result of their occupational duties, these workers are required to receive bloodborne pathogens training where occupational exposure may occur, and then receive refresher training annually thereafter. The training covers a variety of topics aimed at reducing the risk of exposure and disease transmission.

4.3. 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.

5. EXPOSURE DETERMINATION

5.1. The Texas Department of State Health Services (DSHS) Bloodborne Pathogens Rule requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. 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. Job classifications will fall with in two categories: High Risk, and Low/No Risk.

5.2. High Risk job classifications will be required to receive Bloodborne pathogens training and refresher training every year. Hepatitis B vaccination or a waiver must be on file for each employee under this classification.

5.3. Low/No Risk job classifications will not be required to participate in the Bloodborne Pathogens program.

5.4. Please see Appendix A for a list of job high risk job classifications.

5.5. During new hire orientation employees will be provided the opportunity to receive a basic awareness level of safety information in regards to blood and body fluids.
6. METHODS OF COMPLIANCE

6.1. Work practice controls shall be used to eliminate or minimize exposure.
   6.1.1. Employees must wash hands and any other potentially contaminated skin area with soap and water immediately after glove removal.
   6.1.2. Whenever an employee’s skin or mucous membranes have been exposed to blood or OPIM, the affected area must be washed with soap and water or flushed with water as soon as possible.

6.2. Universal precautions are observed to prevent contact with blood and OPIM. All blood or OPIM is considered infectious without exception.

6.3. Personal protective equipment is provided and will be used during any cleanup or response to an incident where blood or OPIM may be present.
   6.3.1. Examples of Personal protective equipment (PPE): Gloves, gowns, laboratory coats, masks, face shield, eyewear with side shields, pocket masks.

6.4. Housekeeping
   6.4.1. The work environment shall be maintained in a clean and sanitary condition.
   6.4.2. All contaminated work surfaces are decontaminated immediately or as soon as feasible after blood or OPIM has contaminated the surface.
   6.4.3. When decontaminating with chemicals the proper dilution and standing time must be observed per the chemical manufacturer’s directions.

7. RECORD KEEPING FOR EXPOSURE AND EXPOSURE REPORTING

7.1. If an exposure incident should occur, report the incident immediately to your supervisor and University Police Department. In addition, complete and submit an Employer’s First Report of Injury or Illness and, if a contaminated sharps was involved, a Contaminated Sharps Injury Reporting Form. These forms may also be found at the A&M System Workers’ Compensation Insurance website, http://www.tamus.edu/offices/risk/workcomp.

7.2. Employee bloodborne pathogen exposure records will include the following and be maintained through the University’s Workers Compensation Risk Manager:
   7.2.1. Employee name and social security number.
   7.2.2. Hepatitis B vaccination status, including dates of vaccinations.
   7.2.3. Copy of all results of examinations, medial testing and follow up procedures related to the exposure.
   7.2.4. A copy of the detailed incident report form.
   7.2.5. A copy of the Sharps injury report.

8. HEPATITIS B VACCINATION

8.1. Hepatitis B virus (HBV) is a serious bloodborne pathogen that attacks the liver and can cause potentially life-threatening disease in humans. HBV is transmitted through exposure to blood or other body fluids.
8.2. Workers whose job classifications are in the High risk category are required to be offered a vaccination series against HBV. The vaccine is offered after bloodborne pathogens training and within 10 working days of initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

8.3. A form for acceptance or declination of the HBV vaccine must be filled out by all workers whose job duties have been identified as placing them at High risk for exposure and maintained in their employee file.

9. QUESTIONS

9.1. Contact your EHS office if you have any questions about bloodborne pathogens training, the Exposure Control Plan, or your risk of occupational exposure, Hepatitis B vaccination, spill cleanup, or waste pickup.
JOB CLASSIFICATION LIST:

High Risk:
University Police and Security
Environmental Health and Safety
Athletics
  Coaches
  Training Staff
  Departmental Support Staff
Emergency Response Team Members (voluntary position)
Fitness Center
Nursing