



# Bloodborne Pathogens Exposure Control Plan

May 2021

Environmental Health & Safety

Texas A&M University-San Antonio  
**Bloodborne Pathogens Exposure Control Plan**

**Approval Document**

**On File in EHS Office**

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**ANNUAL REVIEW**

Texas A&M University – San Antonio (A&M-SA) will review the exposure control plan annually, update when necessary, and document when the review is accomplished. Annual review of the A&M-SA Bloodborne Pathogen Exposure Control Plan is the responsibility of the Assistant Manager-EHS.

**Record of Changes**

Date of Change	Sections or Pages	Description of Change	Change Made by:
05/27/2021	Complete Plan	Reformatted Plan / updated plan	Victor Pantusa

Texas A&M University-San Antonio  
**Bloodborne Pathogens Exposure Control Plan**

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## Bloodborne Pathogens Exposure Control Plan

### I Introduction & Purpose

Texas A&M University-San Antonio (A&M-SA) 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 Bloodborne Pathogens Exposure Control Plan (ECP) is adopted in accordance with the Texas Health and Safety Code, Chapter 81, Subchapter H, and analogous to the OSHA Bloodborne Pathogens Standard. Its purpose is to provide guidance by setting forth the recommended minimum protective requirements to minimize occupational exposure to bloodborne pathogens and Other Potentially Infectious Materials (OPIM).

This exposure control plan outlines the risk assessment and risk mitigation steps that should be used in conjunction with standard healthcare and safe laboratory practices to minimize exposure to blood or other potentially infectious materials (OPIM) in research, teaching, and operations units. Supervisors should utilize this plan to develop procedures for the receipt, use, handling, and disposal of materials potentially contaminated with bloodborne pathogens to minimize the potential for exposure.

The objective of the A&M-SA Bloodborne Pathogen Exposure Control Plan is to comply with Texas Administrative Code Title 25 Part 1 Chapter 96, and Texas Health & Safety Code, Chapter 81, Subchapter H. This Plan references System Regulation 24.01.01, *Health and Safety*.

### II Scope

This plan applies to:

- employees of A&M-SA who have been assessed as having a reasonably anticipated risk of occupational exposure to blood or OPIM in the course of their activities;
- personnel participating in research, teaching and testing activities permitted by the A&M-SA's Institutional Biosafety Committee

In this document, any reference to "blood" includes human or non-human primate blood and any reference to "other potentially infectious material" or "OPIM" includes human or non-human primate blood products, cell lines, bodily fluids, or other potentially infectious materials derived from humans or non-human primates. See Appendix B for additional definitions associated with this plan.

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 bloodborne pathogens should be obtained through consultation with the EHS Department and/or the Biosafety Officer.

### III Responsibilities

#### 1. Texas A&M University–San Antonio

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

#### 2. Environmental Health & Safety

- a. Environmental Health & Safety shall maintain the A&M-SA Bloodborne Pathogen Exposure Control Plan and will ensure proper adherence to this plan through periodic audits.
- b. EHS approves Bloodborne Pathogens Awareness training programs, Hepatitis B vaccinations (when requested by program participants), and facilitating access to competent occupational health services in the event of a potential exposure. EHS is also responsible for providing guidance on acceptable methods for handling and disposal of biohazard waste.

#### 3. Supervisors / Principal Investigators

- a. 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. Supervisors or individual must also complete an online First Report of Injury found at: <https://www.tamusa.edu/upd/ehs/report-injury-incident.html> If the exposure involved a contaminated sharps and occurred in a health care setting such as a Student Health Center\*, work with your EHS professional to complete a Contaminated Sharps Injury Reporting Form and then submit to the Texas Department of State Health Services.

Principal Investigators and departmental supervisors are responsible for ensuring their staff complies with the provisions of this plan, including completion of Bloodborne Pathogens training. Each University department is responsible for providing all supplies necessary for compliance with this plan, including, but not limited to personal protective equipment (PPE), soap, agent-specific disinfectants, commercially constructed sharps containers, biohazard labeling materials, and biohazard waste disposal bags. Responsibilities and duties are further described in Appendix III.

\*A&M-SA does not currently have a health care setting

#### 4. All A&M-SA personnel

- a. A&M-SA personnel with a reasonably anticipated risk of exposure to blood or OPIM in the context of their work activities must be familiar with the requirements set forth in this plan and must conduct their operations in accordance with them.

Employees are responsible for complying with 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 and EHS.

#### **IV 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 bloodproducts.
  - 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: [www.cdc.gov](http://www.cdc.gov)
  
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.

#### **V Exposure Determination**

The Texas Department of State Health Services Bloodborne Pathogens regulation requires A&M-San Antonio to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials (OPIM).

This exposure determination is required to identify job classifications in which persons have occupational exposure risk, regardless of frequency, and is made without regard to the use of personal protective equipment. Supervisors are responsible for reviewing individual job duties regularly to determine if personnel could have a reasonably anticipated potential for exposure to blood or OPIM, for ensuring at risk personnel complete Bloodborne Pathogen awareness training annually, and for reporting all exposure incidents promptly. Persons\* who have been assessed as having a reasonably anticipated risk of occupational exposure to human/non-human primate blood, body fluids, or other potentially infectious materials are required to take Bloodborne Pathogen training and must adhere to the provisions of the Exposure Control Plan

\*Any person whose job duties pose a risk of potential exposure to bloodborne pathogens shall be included in this standard, regardless of job title.

The A&M-San Antonio job titles/classifications in which employees in those positions have occupational exposure are listed in Appendix C.

Employees must be assigned training prior to initial assignment to tasks where occupational exposure may occur has been determined for A&M-SA.

## **VI Methods of Compliance**

### **1. Universal Precautions**

Must be observed by all persons to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual.

### **2. Engineering Controls**

Reduce individual exposure in the workplace by either removing or isolating the hazard or isolating the person from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Engineering controls include:

- a. commercially constructed sharps disposal containers
- b. autoclaves
- c. disposable laboratory pipetting devices
- d. biological safety cabinets
- e. needleless systems
- f. sharps: for a listing of available safety engineered sharps and other injury reducing products see <http://www.isips.org/>
- g. disposable resuscitation equipment
- h. Hand washing facilities which are readily accessible to all employees who have exposure to blood or OPIM.
- i. Antiseptic towelettes or waterless disinfectant when proper handwashing facilities are not available.
- j. Sharps Control

### **3. Work Practices**

Establish standard practices by which a task is performed and include:

- a. Hand washing
  - i. Clean hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.
  - ii. Wash hands or other exposed skin with soap and water (flush mucous membranes with water only) as soon as feasible following an exposure incident (such as a splash of blood or OPIM, or a parenteral exposure)
  - iii. If soap and water are not immediately available, use waterless disinfectants first, then wash hands with soap and water as soon as feasible.
- b. Sharps Control
  - i. Eliminate the use of non-safety-engineered sharps whenever possible. Refer to the International Sharps Injury Prevention Society's website (<http://isips.org/safety-products/>) for a listing of available safety engineered sharps and other injury reducing products and practices.
    - Do not bend, recap, remove, shear or purposely break needles or scalpel blades or other disposable small sharps.



- Discard sharps into a container which is closable, leak-proof, puncture resistant, and clearly labeled with the biohazard symbol.
  - If recapping of a needle or removal of a needle or scalpel is required, then such actions should be performed by the use of a device or a one-handed technique.
  - Recapping needles using a two-handed technique is strictly prohibited.
- ii. Dispose of all needles, scalpels or other disposable sharps found unattended and without their original packaging intact as if contaminated.
  - iii. Do not pass syringes, scalpels or other sharps directly by hand (person to person). Instead, transfer sharps in a three part process: place the sharp in a previously agreed upon designated area; verbally notify the recipient of the sharp location; the recipient picks up the sharp in a safe manner.
  - iv. Place contaminated, reusable sharps in a properly labeled, puncture-resistant, leak-proof container until they can be disinfected. Wear appropriate protective equipment when cleaning and disinfecting reusable sharps.
  - v. Pick up potentially contaminated broken glassware by mechanical means only. Use forceps, tongs, broom and dustpan, or other similar method to pick up sharps; do not use your bare hands.
  - vi. Make sharps containers accessible to persons, located as close as is feasible to the immediate area where sharps are being used or in a location where sharps can be reasonably anticipated to be found; maintain upright position throughout use; never overfill; keep closed and properly dispose of when container is no more than three-fourths full.
  - vii. When moving sharps containers from the area of use or discovery, close containers before moving to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - viii. "Discovered or found" syringes may be contaminated with potentially infectious material, and should be treated as though they are. Do not move them unless gloves are worn, and a sharps container is present for proper disposal. When picking up sharps of any kind, use tools such as forceps, tongs, sweeper and dustpan to avoid the need to touch with your hands.

NOTE—Sharps containers must withstand autoclaving or incineration. Autoclaves cycles used to sterilize biohazardous wastes must be initially validated and subsequently verified on a biweekly basis using biological indicators. Biological safety cabinets must be inspected and certified annually by an approved vendor. Adequate supplies of soap, water and paper toweling must be present to facilitate handwashing. Equipment engineered to reduce injury to personnel, e.g. needleless sharps, may not be used beyond manufacturer's recommended shelf-life.

#### 4. Work Area Restrictions

- a. Do not eat, drink, smoke or use smokeless tobacco, apply cosmetics or lip balm, take medications, or handle contact lenses in areas where exposure to blood or OPIM may occur. Take adequate precautions to prevent contamination of cell phones and electronic

devices in the laboratory or work area. Be especially careful with writing instruments, notebooks and textbooks.

- b. Do not pipette or suction blood or other potentially infectious materials by mouth.
- c. Perform all procedures in which blood or OPIM are or may be present in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these materials.

#### 5. **Specimen Handling:**

**A&M-SA is not in the practice of collecting specimens at this time; however, should this practice change, a more in depth procedure will be developed.**

- a. Place blood specimens or specimens containing other potentially infectious materials in a primary container to prevent leakage during specimen collection, handling, processing, storage, transport, or shipping.
- b. Label the primary container used to collect specimens with a biohazard label. If specimens are sent to another facility, a biohazard or color-coded label must be affixed to the outside of the primary container.
- c. Place the primary container within a secure secondary container to prevent leakage during handling, processing, storage, transport, or shipping of the specimen. Label secondary container with a biohazard label.
- d. The secondary container must be puncture proof if a specimen can puncture the primary container.
- e. 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.
- f. If shipping specimens of blood and OPIM is required, please contact EHS for assistance.

#### 6. **Contaminated Equipment**

- a. Disinfect contaminated equipment using an appropriate disinfectant and document as disinfected before servicing or shipping for repairs.
- b. If disinfection is not feasible or possible, contaminated equipment must be clearly labeled with the biohazard label to alert others.

#### 7. **Housekeeping/Disinfection/Decontamination**

- a. Supervisors/PI's must ensure that work sites are maintained in a clean and disinfected condition.
- b. Use freshly prepared 10% (1 part bleach: 9 parts water) solution of household bleach, or another agent-specific EPA-registered disinfectant, at a concentration specified by the manufacturer, for disinfection. EPA Approved Disinfectants can be found at: <http://www.epa.gov/oppad001/chemregindex.htm>
- c. 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.

- d. Disinfect all contaminated work surfaces, equipment, tools or other objects after completion of procedures, at the end of the work shift, and immediately or as soon as feasible after any spill of blood or other potentially infectious materials.
- e. Immediately, or as soon as feasible, discard contaminated sharps in containers that are commercially constructed, closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded.
- f. Clean and disinfect reusable containers used to hold contaminated materials after each use.
- g. Implement a regular schedule for inspection and decontamination of equipment, surfaces, containers, etc. potentially contaminated with blood or OPIM
- h. 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
- i. Any broken glassware that may be contaminated is not picked up directly with the hands. Tools such as forceps are used to pick up the glass fragments.

#### **8. Regulated Waste Disposal:**

**Properly dispose of all regulated waste in accordance with federal, state, county, and local requirements.**

##### **a. Using Autoclave to treat regulated waste prior to disposal**

- Supervisors will provide red/orange biohazard bags and/or biohazard labels.
- Place regulated solid waste (other than sharps) in closable primary waste container lined with a red/orange biohazard bag and labeled with the biohazard symbol.
- Decontaminate the outside surface of the primary waste container with an appropriate disinfectant. Transport to the autoclave for steam sterilization using a validated autoclave cycle.
- Upon completion of the validated autoclave cycle, place a treatment sticker (Appendix F) on the autoclaved biohazard bag and place the bag into a secondary container (black trash bag or cardboard box), prior to final disposal.
- Both primary and secondary containers must be constructed to contain all contents, prevent protrusion of contents and prevent leakage of fluids during handling, storage and transport.
- Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label, 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.

##### **b. Offsite disposal using vendor**

- Regulated waste not treated will be picked up and disposed of by a medical waste disposal company

c. **Disposal/Management of Contaminated Sharps**

- 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.
- The sharps container should be closable, leak-proof, puncture resistant, and clearly labeled with the biohazard symbol.

**9. Laundry Procedures**

At no time should contaminated lab coats or other reusable personal protective garments be taken for laundering in a personal or public laundry facility, without adequate disinfection of the garment prior to removal.

- a. Handle laundry contaminated with blood or OPIM as little as possible, with minimal agitation. Persons should wear gloves when handling potentially contaminated laundry. Contaminated laundry should not be sorted or rinsed in public areas.
- b. Place laundry contaminated with blood or OPIM in a leak-proof container labeled with either the biohazard symbol or identified as requiring compliance with Universal Precautions, prior to transport.
- c. Handle laundry contaminated with blood or OPIM as follows:
  - Disinfect laundry by autoclaving at the work site.
  - Properly disinfected laundry may then be sent to a commercial facility for laundering.
- b. The use of disposable lab coats/gowns is an acceptable alternative to coats that require laundering. Contaminated, disposable lab coats/gowns shall be disposed of as regulated waste.
- c. Departments may elect to contract their laundry service to a vendor.

NOTE: Department Heads, Supervisors, and employees all share the responsibility of complying with these practices.

**10. Personal Protective Equipment (PPE)**

Personal Protective Equipment is the protection of last resort after all possible engineering and work controls have been implemented and mitigation of risk has not been achieved

- a. Provision and care
  - The supervisor or PI must provide PPE at no cost to the individual.
  - The supervisor or PI must provide an alternative to latex gloves to employees who are allergic.
  - The supervisor or PI must repair or replace PPE at no cost to the individual.
  - The supervisor, PI or worker must clean and launder reusable PPE and dispose of contaminated, disposable PPE at no cost to the individual.
  - The University will provide barrier devices to the A&M-SA Police Department for use in emergency CPR, as applicable.
  - The supervisor or PI must work the EHS professional to identify appropriate PPE based on the anticipated exposure to blood or OPIM. PPE is considered appropriate only if it is fluid resistant and will not permit blood or OPIM to pass through or reach the

individual's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time which it is used.

- b. Personal protective equipment includes:
- gloves –latex and nitrile options
  - reusable lab coat/surgical gowns/coveralls
  - single-use disposable lab coats/surgical gowns/coveralls
  - respirators
  - surgical masks
  - face shields
  - eyewear with side shields
  - aprons
  - shoe covers
  - head covers/hoods/surgical caps
- c. Persons must:
- Wear all required protective equipment in any potential exposure situation, e.g. following an accident or during any procedure with a potential for splashing, spraying or splattering of blood or OPIM.-Gloves must be worn when there is a reasonable likelihood of contact with blood and OPIM, during all vascular access procedures, when there is contact with mucous membranes and non-intact skin, when handling surfaces or items contaminated with blood or OPIM.
  - Remove garments that become penetrated by blood or OPIM immediately or as soon as feasible.
  - Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
  - Remove all personal protective equipment before leaving the work area.
    - Never wear gloves in common areas, especially when opening doors and riding elevators.
  - Place all reusable garments in the appropriate designated area or container for storage, cleaning, or decontamination.
  - Place all contaminated disposable garments in an appropriate biohazard waste disposal container.
- d. All persons using PPE must observe the following precautions:
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
  - Remove PPE after it becomes contaminated and before leaving the work area.
  - Never wash or disinfect disposable gloves for reuse. Replace disposable gloves as soon as practical if they become contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
  - Disinfect utility gloves for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or other droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately, or as soon as feasible, any garment contaminated with blood or OPIM, in such a way as to avoid contact with the contaminated outer surface.

Supervisors, PI's and workers must examine and maintain engineering and work practice controls within the work center on a regular schedule, and should use Appendix I-Assessment Tool to assess compliance with the Exposure Control Plan.

## 11. Use of Biohazard Labels (hazard communication)

### a. Labels:

- Warning labels must be placed on all specimens or containers or bags of regulated waste, freezers and refrigerators containing blood or OPIM, sharps disposal containers, and on containers used to store, transport or ship blood or OPIM, unless
  - In a setting where universal precautions are always observed;
  - Regulated waste has been decontaminated.
- Labels are required to be a universal label and symbol printed in fluorescent orange or orange-red with letters and symbols in contrasting color;
- Labels should be placed directly on containers in such a manner to prevent their loss or unintentional removal.
- Red bags or red containers may be substituted for labels.

### b. Signs:

- Employer must post signs at the entrance to work areas bearing the following information:
  - The Biohazard symbol;
  - Name of the infectious or hazardous agent;
  - Special requirements for entry;
  - Name and contact information for responsible person(s).
- Signs must be fluorescent orange/red, or predominantly so, with lettering and symbols in contrasting color.
- 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.



## 12. Hepatitis B Vaccination Program

- a. All employees who have been identified as having potential risk of occupational exposure to blood or OPIM (listed in Appendix C) are offered the hepatitis B vaccine series by the employer at no cost to the employee. The vaccinations will be administered under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- b. Vaccination is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless:
  - the individual has previously received the complete hepatitis series,
  - the vaccine is contraindicated for medical reasons or
  - the employee declines the vaccination
- c. The TrainTraq course number 2111525: Bloodborne Pathogens Training – System Version completion date serves as the official record of course completion and declination for the Hepatitis B vaccination, unless the person filled out the Hepatitis B Acceptance form found at the end of the online training course.
- d. Individuals at high risk of occupational exposure to Bloodborne Pathogens (ex. hepatitis researchers, health care workers, student health service clinicians, phlebotomists, laboratory workers and others routinely handling blood or blood products) will be tested for serological response (immunity) to Hepatitis B following vaccination or at time of hire as recommended by the CDC Advisory Committee on Immunization Practices.
- e. If employee chooses to accept the Hepatitis B vaccination series, an EHS professional will contact them with the details to follow to obtain the vaccination.

## VII Training

1. A&M-SA hiring departments and supervisors are responsible for ensuring that:
  - a. All persons who have been assessed as having a reasonably anticipated risk of occupational exposure are made aware of and complete the requirement for bloodborne pathogen (BBP) training prior to initial assignment to tasks where occupational exposure to blood or OPIM may occur.
  - b. Training must be provided at no cost to the employee and during working hours (Monday – Friday, 8:00am-5:00pm).
  - c. All persons with an unchanged assessment must complete the requirement for annual BBP refresher training within one year of the previous training.
  - d. Additional BBP training is given as new information is acquired or job duties change.
2. BBP training shall include an explanation of the following:
  - a. Title 25 Health Services, Part 1 Texas Department of State Health Services, Chapter 96 Bloodborne Pathogen Control;
  - b. OSHA Bloodborne Pathogen Final Rule;
  - c. Epidemiology and symptoms of diseases caused by the primary bloodborne pathogens;
  - d. Modes of transmission of bloodborne pathogens;
  - e. How to recognize tasks and activities that may place persons at risk of exposure to blood or other potentially infectious materials, including what constitutes an exposure incident

- f. The A&M-SA Bloodborne Pathogens Exposure Control Plan and a means by which the individual can obtain a copy of the written plan;
  - g. The use and limitations of work practices, engineering controls, and personal protective equipment;
  - h. The individual's responsibility to reduce the risk of exposure to bloodborne pathogens for himself/herself and for co-workers;
  - i. The Hepatitis B vaccine, including information on efficacy, safety, method of administration, and the benefits of vaccination and that the vaccine and vaccination will be offered at no charge to the individual; and steps to obtain the vaccine series
  - j. Information on post-exposure evaluation and follow-up procedures;
  - k. An explanation of the signs and labels and/or color coding required;
  - l. Sharps injury reporting procedures;
  - m. Procedures to follow in an emergency involving blood or OPIM, including person(s) to contact;
  - n. Procedures to follow if an exposure incident occurs, including person(s) to contact; and
  - o. An opportunity to ask questions of individuals who are knowledgeable of bloodborne pathogens and of the training materials
3. A training record is maintained through TrainTraq and shall include the following information:
    - a. name of person completing training
    - b. date of training completion
    - c. identification of the training course
  4. A process has been developed using the HR software Workday to identify a set of job profiles that always have an occupational risk of exposure to bloodborne pathogens. The bloodborne pathogen training requirement will be included automatically in the job descriptions for these identified job profiles. Additionally, within Workday, the bloodborne pathogen training requirement can be added to any job profile on a case-by-case basis. The hiring supervisor or EHS must make this assessment determination based on the duties the employee(s) will perform and add this to the employee's job description as needed. If the bloodborne pathogen training requirement is listed in an employee's job description, then bloodborne pathogen training should be assigned immediately upon hire. The bloodborne pathogen job list Appendix C is a list of job titles requiring bloodborne pathogen training.
  5. Those determined to be at high risk for occupational exposure to bloodborne pathogens shall receive training prior to their initial assignment to tasks where occupational exposure may occur, and refresher training each year thereafter. Additional training can be provided or required at any time as new information becomes available.
  6. System Environment, Safety and Security has made the default notification settings of TrainTraq course 2111525: Bloodborne Pathogens Online Training – System Version to notify the employee of the initial assignment immediately and weekly notifications thereafter (notifications can only be configured weekly or monthly). The employee's supervisor will be added to the notifications when the training is past due. The employee's supervisor is responsible for ensuring employees complete the required training within the required timeline.



7. System Environment, Safety and Security has modified TrainTraq course 2111525: Bloodborne Pathogens Online Training – System Version to include the official offer for Hepatitis B Vaccination and acknowledgement of declination as the last slide of the course.

**HBV Official Offer**

Thank you for completing course no. 2111525: Bloodborne Pathogens Online Training – System Version

This slide serves as your official offer to receive the Hepatitis B vaccination at no cost to you. If you choose to accept this offer, you will receive authorization from your employer to receive the Hepatitis B vaccination series from a local health care provider.

If you want to accept the Hepatitis B vaccination series, click on the link below:

[Hepatitis B Acceptance Form](#)

**HEPATITIS B VACCINATION DECLINATION STATEMENT**  
I understand that due to my occupational exposure to blood or other potentially infectious materials 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 myself. 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

By selecting Acknowledge and clicking Submit, you are acknowledging that you have read the declination statement above and are declining the vaccination **OR** that you filled out the Hepatitis B Acceptance form by clicking on the link above.

Acknowledge

To reach this slide, an employee must complete the entire course and pass the required quiz. Therefore, the official offer is made after the course is completed and within 10 working days, since it is made immediately following course completion. Additionally, the slide notifies the employee that by clicking “Acknowledge” to complete the course, they are declining vaccination or certifying that they have completed the Hepatitis B vaccination acceptance form. This acknowledgement meets the definition of an electronic signature since TrainTraq is accessed through SSO, which requires identity validation. Therefore, the date of course completion on an employee’s transcript is proof of bloodborne pathogen training completion, offer of Hepatitis B vaccination, and declination of vaccination (unless employee fills out the acceptance form, in which case the member is notified and should send the employee further instructions on receiving the vaccination).

8. All training shall be taken during working hours, and training records shall be maintained in TrainTraq.

## VII Exposure Incidents

1. If an exposure to blood or other potentially infectious material (OPIM) occurs:
  - a. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
  - b. The employee should notify their supervisor of the exposure incident.  
Supervisors or individual must also complete an online First Report of Injury by accessing Origami at  
<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=moTn1T4gmzSucpRjPWLISBIYhna%2BEZfM8DJcYKUZjA2fxYtWZsSEGmSPadR8JS0FXS31Twf1BKpDooWOu6c7Dm9tu5hrx9uu7IW62wDslfElc5c7L1trKaB44vGNiWws>

and selecting "Submit a new Incident" when an employee BBP exposure incident occurs. An Origami Incident entry guide may be accessed at: <http://assets.system.tamus.edu/files/safety/pdf/WC-IncidentEntryGuide.pdf> . If the exposure involved a contaminated sharps and occurred in a health care setting\* such as a Student Health Center, work with your EHS professional to complete a Contaminated Sharps Injury Reporting Form and then submit to the Texas Department of State Health Services.

\*A&M-SA does not currently have a health care setting

2. If the exposure occurs after hours:
  - a. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes. Notify A&M-SA Police Department or non-emergencies at (210)784-1900 or (210)784-1911 for emergencies of the incident.
  - b. The employee should then seek medical attention at the nearest Emergency Room.
  - c. The employee should notify their supervisor and EHS 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.

\*NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/ her blood tested within 10 days of the exposure to demonstrate absence of disease at the time of the exposure.
  - 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. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

- g. The department head or supervisor of an employee with occupational exposure is designated to assure that the A&M-SA 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 A&M-SA employee is sent to obtain the HBV, or when a A&M-SA 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. A copy of the A&M-SA 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 days of completion of the evaluation.

### **Contaminated Sharps Injury Log**

Section intentionally left blank since A&M-SA does not currently have a health care setting that requires this.

## **IX Recordkeeping**

Individual occupational health records are maintained in accordance with Texas Department of State Health Services (TDSHS), Bloodborne Pathogens Exposure Control Plan, Health and Safety Code, §81.304

1. Occupational health records include:
  - a. name and UIN of individual
  - b. copy of the individual's hepatitis B vaccination status, including dates of hepatitis B vaccination
  - c. copy of all results of examinations, surveillance and follow up procedures
  - d. copy of the healthcare professional's written opinion
2. The employer shall ensure that employee occupational health records are kept confidential and maintained for the duration of employment plus 30 years.

3. Training records are maintained on-line in TrainTraq for 3 years 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.

## Appendix A ASSESSMENT TOOL

Below is an assessment tool that Hiring Departments and Supervisors may use to ensure that their groups are in compliance with the Texas Administrative Code Title 25 Part 1 Chapter 96, the Texas Health and Safety Code, Chapter 81, Subchapter H, and the OSHA Bloodborne Pathogens Standard. Self-assessment audits are recommended on an annual basis.

	<b>Assessment Questions</b>	<b>Yes</b>	<b>No</b>
1	Do you have a copy of the Texas A&M San Antonio's Exposure Control Plan?		
2	Persons at occupational risk for potential exposure to bloodborne pathogens are identified		
3	Persons comply with universal precautions when performing duties		
4	Persons appropriately use engineering controls in the work center		
5	Persons employ safe work practices in performance of duties		
6	Handwashing facilities equipped with soap and a hand drying method are readily accessible in the work centers		
7	Persons regularly wash their hands, especially after glove removal		
8	Persons deposit contaminated sharps in biohazard containers immediately after use		
9	Persons seal and dispose of biohazard containers when $\frac{3}{4}$ full		
10	Persons do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11	Food and beverages are stored separately in employee break areas, not in areas where blood or other potentially infectious materials are stored, used or handled		
12	Persons do not mouth pipette/suction blood or bodily fluids		
13	Persons place specimens in leak resistant biohazard labeled containers upon collection		
14	Persons place specimens in biohazard labeled leak-proof secondary containers for shipment		
15	Persons properly disinfect equipment before servicing or shipping for repairs or place a biohazard label to declare the equipment remains contaminated		
16	Persons wear designated fluid resistant personal protective equipment/attire appropriate for the task at hand		
17	Persons place contaminated personal protective equipment in appropriate receptacles		
18	Persons maintain a clean work environment at all times		
19	Persons use an EPA approved germicide according to manufacturer's directions to clean and disinfect facilities and equipment		
20	Persons know safe procedures for cleanup of contaminated materials, including broken glass and other sharp objects		

21	Persons demonstrate approved methods of transport and disposal of regulated waste by placing regular waste, special waste, and/or biohazardous waste in appropriate containers and transporting the waste according to policy		
22	When necessary to transport biologically contaminated laundry, wet laundry is placed in leak resistant bags or containers and transported in in secondary leak- proof, properly labeled containers		
23	Each individual knows their documented Hepatitis B vaccination status		
24	Persons know when, how and to whom to report potential exposure incidents		
25	An individual occupational exposure protocol is practiced in accordance with <a href="#">U.S. Public Health Service*</a>		
26	Persons are provided initial training and receive annual refresher training on the Bloodborne Pathogens Program, including the Exposure Control Plan		
27	Recording and reporting occupational exposures are conducted in accordance with the TDSHS Bloodborne Pathogens Standard		
28	Occupational health and training records are maintained in accordance with TDSHS Bloodborne Pathogens Standard		

[\\*US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis](#)

## Appendix B Definitions [TAC 25 Part 96.101]

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

**Bloodborne Pathogens:** pathogenic microorganisms that are present in human blood and that can cause diseases in humans such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

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

**Contaminated Sharp:** any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, and capillary tubes

**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.

**Employer:** for the purposes of the A&M-SA Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the department or unit in which the employee is employed.

**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)

**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.

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

**Other Potentially Infectious Materials (OPIM):** include the following:

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

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

**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.

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

**Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**Standard Precautions:** is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Universal Precautions:** an approach to infections control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.



**Appendix C Category I Job Classification/Expected Exposure List Texas A&M University-San Antonio**

At A&M-SA, the following job classifications are expected or may incur occupational exposure to blood or other potentially infectious materials:	
<b>Job Classification</b>	<b>College / Department</b>
Assistant Manager	Environmental Health & Safety
Risk and Compliance Coordinator	Risk Management and Compliance Department from Business Affairs Organization
Aquatics and Outdoor Activities Coordinator Athletic Trainer Assistant Athletic Trainer Director, Sports Medicine Assistant Director, Sports Medicine Director, Outdoor Programs Assistant Director, Outdoor Programs Athletic Physical Therapist Cheer Coach and Fitness Program Coordinator Coordinator, Outdoor Programs Head Athletic Trainer Physical Therapist Team Physician	Athletics/Recreational Sports
First Responders: Chief of Police Assistant Chief of Police Police Officers who are on Patrol Evidence Technician	A&M-SA Police Department
Researchers conducting IBC-permitted research using human or non-human primate blood or OPIM	College of Arts and Sciences College of Education and Human Development

Appendix D Sharps Injury Forms



Texas A&M University-San Antonio  
 Research & Academic Environmental Health and Safety  
 Sharps Injury Log

Year: \_\_\_\_\_

Date	Case / Report No.	Type of Device (e.g., syringe, suture needle)	Brand Name of Device	Work Area Where Injury Occurred	Brief Description of How the Incident Occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]

TAC Title 25, Part 1 Chapter 96, Bloodborne Pathogens Control, in Section 401, requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

Page \_\_\_\_ of \_\_\_\_



## INFECTIOUS DISEASE CONTROL 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 (DSHS) regional office in which the facility is located. Address information for regional directors can be obtained on the DSHS webpage at <http://www.dshs.state.tx.us/regions/default.shtm>. 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: IDEAS, Texas DSHS, 1100 West 49<sup>th</sup> Street, T-801, Austin, Texas 78756-3199. Obtain copies at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/bloodborne\\_pathogens/reporting](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting) or from Texas Department of State Health Services regional offices.

Please complete a form for each exposure incident involving a sharp.

NOTE: If the injury occurred BEFORE the sharp was used for its original intended purpose, *do not* submit this form

<b>Facility (agency/institution) where injury occurred:</b>			
<b>Street address</b> (no post office box):			
<b>City:</b>	<b>County:</b>	<b>Zip code:</b>	
<b>Street address of reporter if different from facility where injury occurred:</b>			
Date:	Reporter's Name:		Reporter's e-mail:
	Reporter's Telephone:		
<b>1. Date of injury:</b>	<b>Time of injury:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<b>Age of injured:</b> <b>Sex of injured:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>2. Type and Brand of sharp involved</b> ( <i>Check one box</i> )		<b>List brand name of sharp:</b>	

### Needles

- Arterial catheter introducer needle
- Blood gas syringe
- Central line catheter needle (cardiac, etc.)
- Disposable Syringe*
- Insulin
- 20-gauge needle
- 21-gauge needle
- 22-gauge needle
- 23-gauge needle
- 24/25-gauge needle
- Tuberculin
- Drum catheter needle
- IV catheter stylet
- Needle on IV line (includes piggybacks & IV line connectors)
- Needle, not sure what kind
- Pre-filled cartridge syringe
- Spinal or epidural needle
- Suture needle
- Syringe, other type
- Unattached hypodermic needle
- Vacuum tube blood collection holder/needle
- Winged steel needle (includes butterfly, winged-set type devices)
- Other*
- Other vascular catheter needle (cardiac, etc.)
- Other non-vascular catheter needle (ophthalmology, etc.)
- Other nonsuture \_\_\_\_\_

### Surgical Instruments (*or other sharp items*)

- Bone chip/chipped tooth
- Bone cutter
- Drill bit/bur
- Electro-cautery device
- Fingernails/teeth
- Huber needle
- Lancet (finger or heel stick)
- Microtome blade
- Pickups/forceps/hemostats/clamps
- Pin (fixation, guide pin)
- Pipette (plastic)
- Razor
- Retractors, skin/bone hooks
- Scalpel, disposable
- Scalpel, reusable
- Scissors
- Sharp item, not sure what kind
- Specimen/test tube (plastic)
- Staples/steel sutures
- Towel clip
- Trocar
- Vacuum tube (plastic)
- Wire (suture/fixation/guide wire)
- Other sharp \_\_\_\_\_

### Glass

- Capillary tube
- Glass slide
- Glass item, not sure what kind
- Medication ampule/vial/IV bottle
- Pipette
- Specimen/test tube
- Vacuum tube
- Other glass item: \_\_\_\_\_

**3. Original intended use of sharp** (check one box)

- Connect IV line (intermittent IV/piggyback/IV infusion/other IV line connection)
- Contain a specimen or pharmaceutical (glass item)
- Cutting
- Dental       Extraction       Hygiene       Orthodontic       Periodontal       Restorative       Root Canal
- Dialysis
- Draw arterial blood sample...if used to draw blood was it  direct stick or  drawn from a line
- Draw venous blood sample
- Drilling
- Electrocautery
- Finger Stick/heel stick
- Heparin or saline flush
- Injection, intra-muscular/subcutaneous/intra-dermal, or other injection through the skin (syringe)
- Obtain a body fluid or tissue sample (urine/CSF/amniotic fluid/other fluid, biopsy)
- Other injection into (or aspiration from) IV injection site or IV port (syringe)
- Remove central line/porta catheter
- Start IV or set up heparin lock (IV catheter or winged set-type needle)
- Suturing     deep     skin
- Tattoo
- Unknown/not applicable
- Wiring
- Other \_\_\_\_\_

**4. When and How Injury Occurred...**

- Before (DO NOT report to DSHS)       during       after the sharp was used for its intended purpose

If the exposure occurred during or after the sharp was used, was it (check one box)

- Activating safety device
- Between steps of a multistep procedure (carrying, handling, passing/receiving syringe/instrument, etc.)
- Device malfunctioned
- Device pierced the side of the disposal container
- Disassembling device or equipment
- Found in an inappropriate place (eg. Table, bed, linen, floor, trash)
- Interaction with another person
- Laboratory procedure/process
- Patient moved during the procedure
- Preparation for reuse of instrument (cleaning, sorting, disinfecting, sterilizing, etc.)
- Recapping
- Suturing
- Use of sharps container
- Unsafe practice
- Use of IV/central line
- Other \_\_\_\_\_

**5. Did the device being used have engineered sharps injury protection?**

- A. Was the protective mechanism activated?**       yes     no     do not know  
**B. Did the exposure incident occur**       before     during     after activation of the protective mechanism

**6. Was the injured person wearing gloves?**       yes     no     do not know

**7. Had the injured person completed a hepatitis B vaccination series?**       yes     no     do not know

**8. Was there a sharps container readily available for disposal of the sharp?**       yes     no  
**Did the sharps container provide a clear view of the level of contaminated sharps?**       yes     no

**9. Had the injured person received training on the exposure control plan in the 12 months prior to the incident?**       yes     no

**10. Involved body part (check one box)**     hand     arm     leg/foot     face/head/neck     torso (front or back)

**11. Job Classification of injured person (check only one box)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aide (e.g. CAN, HHA, orderly) | <input type="checkbox"/> Firefighter               | <input type="checkbox"/> Physical therapist                |
| <input type="checkbox"/> Attending physician (MD, DO)  | <input type="checkbox"/> Food service              | <input type="checkbox"/> Phlebotomist/venipuncture/IV team |
| <input type="checkbox"/> Central supply                | <input type="checkbox"/> Hemodialysis technician   | <input type="checkbox"/> Psychiatric technician            |
| <input type="checkbox"/> Chiropractor                  | <input type="checkbox"/> Housekeeper/laundry       | <input type="checkbox"/> Public health worker              |
| <input type="checkbox"/> Clerical/administrative       | <input type="checkbox"/> Intern/resident           | <input type="checkbox"/> Radiologic technician             |
| <input type="checkbox"/> Clinical lab technician       | <input type="checkbox"/> Law enforcement officer   | <input type="checkbox"/> Registered nurse                  |
| <input type="checkbox"/> Counselor/social worker       | <input type="checkbox"/> Licensed vocational nurse | <input type="checkbox"/> Researcher                        |
| <input type="checkbox"/> CRNA/NP                       | <input type="checkbox"/> Maintenance staff         | <input type="checkbox"/> Respiratory therapist/technician  |
| <input type="checkbox"/> Dentist                       | <input type="checkbox"/> Medical student           | <input type="checkbox"/> Safety/security                   |
| <input type="checkbox"/> Dental assistant/technician   | <input type="checkbox"/> Morgue tech/autopsy tech  | <input type="checkbox"/> School personnel (not nurse)      |
| <input type="checkbox"/> Dental hygienist              | <input type="checkbox"/> Nurse midwife             | <input type="checkbox"/> Transport/messenger               |
| <input type="checkbox"/> Dental student                | <input type="checkbox"/> Nursing student           | <input type="checkbox"/> Volunteer                         |
| <input type="checkbox"/> Dietician                     | <input type="checkbox"/> OR/surgical technician    | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> EMT/ paramedic                | <input type="checkbox"/> Pharmacist                |  |
| <input type="checkbox"/> Fellow                        | <input type="checkbox"/> Physician assistant       |  |

**12. Employment Status of Injured Person (check one box)**

- Employee       Student       Contractor/contract employee       Volunteer       Other \_\_\_\_\_

**If not directly employed by reporter, name the employer/service/agency/school:** \_\_\_\_\_

**13. Location/Facility/Agency in which sharps injury occurred (check one box)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Blood bank/center/mobile | <input type="checkbox"/> Home health                    | <input type="checkbox"/> Outpatient treatment (e.g. dialysis, infusion therapy) |
| <input type="checkbox"/> Clinic                   | <input type="checkbox"/> Hospital                       | <input type="checkbox"/> Residential facility (e.g. MHMR, shelter)              |
| <input type="checkbox"/> Correctional facility    | <input type="checkbox"/> Laboratory (freestanding)      | <input type="checkbox"/> School/college   |
| <input type="checkbox"/> Dental facility          | <input type="checkbox"/> Medical examiner office/morgue | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> EMS/Fire/Police          |   |   |

**14. Work Area where Sharps Injury Occurred (check one box)**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Ambulance                | <input type="checkbox"/> Emergency department                  | <input type="checkbox"/> Laboratory                | <input type="checkbox"/> Pre-op or PACU                      |
| <input type="checkbox"/> Autopsy/pathology        | <input type="checkbox"/> Endoscopy/bronchoscopy/<br>cystoscopy | <input type="checkbox"/> L & D/Gynecology unit     | <input type="checkbox"/> Procedure room                      |
| <input type="checkbox"/> Blood bank center/mobile | <input type="checkbox"/> Field (non EMS)                       | <input type="checkbox"/> Medical/Outpatient clinic | <input type="checkbox"/> Rescue setting (non ER)             |
| <input type="checkbox"/> Central supply           | <input type="checkbox"/> Floor (not patient room)              | <input type="checkbox"/> Medical/surgical unit     | <input type="checkbox"/> Radiology department                |
| <input type="checkbox"/> Critical care unit       | <input type="checkbox"/> Home                                  | <input type="checkbox"/> Nursery                   | <input type="checkbox"/> Seclusion room/psychiatric unit     |
| <input type="checkbox"/> Dental clinic            | <input type="checkbox"/> Infirmery                             | <input type="checkbox"/> Patient/resident room     | <input type="checkbox"/> Service/Utility area (e.g. laundry) |
| <input type="checkbox"/> Dialysis room/center     | <input type="checkbox"/> Jail unit                             | <input type="checkbox"/> Pediatrics                | <input type="checkbox"/> Surgery/operating room              |
|   |  |  | <input type="checkbox"/> Other _____                         |

**COMMENTS:**

**----- ATTENTION -----**

In accordance with the Texas Administrative Code:

Autoclaved biohazardous waste must be labeled with a TREATED sticker and placed in a black trash bag prior to disposal.



**Treated in Accordance with  
25 TAC 1.136**

Biosafety Program  
Research and Academic EHS  
Texas A&M University-San Antonio  
One University Way  
San Antonio, TX 78224  
210-784-2822  
safety@tamusa.edu

To request additional TREATED stickers, contact the RA-EHS Office at 210-784-2822 or [safety@tamusa.edu](mailto:safety@tamusa.edu)