Bloodborne Pathogens Exposure Control Plan

Environmental Health, Safety, and Risk Management Department

Box 6113, SFA Station
Nacogdoches, Texas 75962-6113

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Revised April 2022, August 2023

APPLICABILITY

These minimum standards apply to Stephen F. Austin State University (SFASU), a governmental entity that employs personnel who: provide services in a public facility that has a risk of exposure to blood or other material potentially containing bloodborne pathogens.

GUIDANCE

This plan is provided by the Environmental Health, Safety, and Risk Management Department (EHSRM) to be consistent with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Health and Safety Code, §81.304.

REVIEW

The EHSRM Department will review the exposure control plan annually, update when necessary, and document when accomplished.

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and compliant with OSHA Bloodborne Pathogens Standard, the following exposure control plan exists.

EXPOSURE DETERMINATION

The Texas Department of Health, Bloodborne Pathogens Exposure Control Plan 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 jobs in which employees have occupational exposure, regardless of frequency. The following Departments or jobs apply:

1. University Police
2. Custodians
3. Plumbers
4. Health Services
5. Recreation Center
6. Athletics
7. HPE
8. Kinesiology (Human Performance Lab)
9. Any faculty or staff members working in an area at risk of exposure

Compliance Methods

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

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment is used. 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 area on a regular schedule.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The department's plan requires that these facilities be readily accessible to employees.

If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as possible.

After removal of personal protective gloves, employees must wash hands and any other potentially contaminated skin area immediately or as soon as possible with soap and water. If employees incur exposure to their skin or mucous membranes, those areas are to be washed with soap and water or flushed with water as soon as possible following contact.

Needles
Contaminated needles and other contaminated sharps should not be bent, recapped, removed, sheared, or purposely broken. SFASU's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

Contaminated Sharps – Discarding and Containment
Contaminated sharps should be discarded immediately or as soon as possible in approved sharps containers that are closable, puncture resistant, leakproof on sides and bottom, and appropriately labeled with the universal biohazard symbol.

During use, containers for contaminated sharps should be easily accessible to personnel and located in close proximity to the immediate area where sharps are being used or can be reasonably anticipated to be found. These containers should be maintained upright throughout use, not allowed to overfill, and replaced routinely as needed.

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

Mouth pipetting/suctioning of any kind, especially blood or other potentially infectious materials is strictly prohibited.

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of Specimens
Specimens of blood or other potentially infectious materials should be placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container should be labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the work area. Specimens of blood and other potentially infectious body substances or fluids are usually collected within the health clinic or laboratory settings. Labeling of these specimens should be done following standard specimen labeling procedures which includes the biohazard or color-coded label affixed to the outside of the container.

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

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

Contaminated Equipment
Equipment which may become contaminated with blood or other potentially infectious materials must be examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Employees need to place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment
All personal protective equipment used is provided at no cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials 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 protective equipment is used. Examples of personal protective equipment include gloves, eyewear with wide shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment must be fluid resistant.
All personal protective equipment should be routinely cleaned, laundered, and disposed of as needed, and at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are to be removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment should be removed prior to leaving the work area and placed in the designated receptacle.

Gloves are required to be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

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 possible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves 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.

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 other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

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

Housekeeping
Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are to be decontaminated after completion of procedures, immediately or as soon as possible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces should be removed and replaced as soon as possible when they become contaminated or at the end of the work shift.
All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated should not be picked up directly with the hands. Use a broom and dustpan to collect broken glass and place in a broken glass container or other rigid container for proper waste disposal or sanitation.

Regulated Waste Disposal
All contaminated sharps should be discarded as soon as possible in sharps containers located as close to the point of use in each work area.

Regulated waste other than sharps should be 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, place it in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste must be properly disposed of in accordance with federal, state, county, and local requirements.

Contact the EHSRM Department at 468-6034, for assistance with proper waste disposal.

Laundry Procedures
Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is minimized if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to personnel and surrounding environments. Wear disposable gloves when handling soiled and/or contaminated laundry. Take care to separate clean linens from dirty to avoid cross-contamination. Disinfect all laundry work surfaces after each use.

Hepatitis B Vaccine
All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their 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. Employees may contact their supervisor or call the EHSRM Department at 468-6034 for details. Individual departments are responsible for paying the expenses for their employees to receive the required shots.

All affected employees are required to complete and sign the Hepatitis B – Immunization Review and Declination Form (See appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

Post Exposure Evaluation and Follow up
When the employee incurs an exposure incident, the employee should contact their immediate supervisor and the Safety Department. All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

Interaction with Healthcare Professionals
A written opinion is obtained from the healthcare professional who evaluates SFA employees after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1) a copy of SFASU's exposure control plan;
2) a description of the exposed employee's duties as they relate to the exposure incident;
3) documentation of the route(s) of exposure and circumstances under which the exposure occurred;

4) results of the source individual's blood tests (if available); and
5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:
1) when the employee is sent to obtain the Hepatitis B vaccine, or
2) whenever the employee is sent to a healthcare professional following an exposure incident.

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

Use of Biohazard Labels
The types of materials that should be labeled as biohazard material include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

Training
Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:
1) Bloodborne Pathogen Control;
2) OSHA Bloodborne Pathogen Final Rule;
3) epidemiology and symptoms of bloodborne diseases;
4) modes of transmission of bloodborne pathogens;
5) SFASU's exposure control plan;
6) procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7) control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
8) personal protective equipment available at this facility (types, use, location, etc.);

9) hepatitis B vaccine program at the facility;
10) procedures to follow in an emergency involving blood or other potentially infectious materials;
11) procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12) post exposure evaluation and follow up;
13) signs and labels used at the facility; and
14) an opportunity to ask questions with the individual conducting the training.

Recordkeeping

According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by each individual department as well as a copy in the EHSRM Department office.

According to OSHA's Bloodborne Pathogens Standard, training records are maintained by: each individual department as well as a copy in the EHSRM Department office.

ANNUAL REVIEW

Signature Gregory Moore Date 05/11/2021
Signature Gregory Moore Date 5/3/2022
Signature Gregory Moore Date 8/4/2023
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____

APPENDIX A

HEPATITIS B – IMMUNIZATION REVIEW AND DECLINATION FORM

Environmental Health, Safety, and Risk Management
EHSRM
Stephen F. Austin State University

430 East Austin St.
Nacogdoches, TX 75962
(936) 468-6034

Hepatitis B – Immunization Review and Declination Form

Instructions: *This form fulfills OSHA's Bloodborne Pathogen Standards requirement for Hepatitis B vaccination. Complete each section and submit the completed form along with any accompanying vaccination records to the Department of Environmental Health, Safety, and Risk Management.*

PART I: VACCINATION REVIEW OR DECLINATION

☐ ***YES, I DO want the Hepatitis B Vaccine***

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B. This vaccine will be provided at no cost to the employee.

☐ ***NO, I DO NOT want the Hepatitis B Vaccine***

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 material and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ ***Vaccination was received from outside source***

Provide proof of vaccination. E.g., location, date

_____ _____
Employee Printed Name *Employee ID #*

_____ _____
Employee Signature *Date*

_____
Department

PART III: FORM SUBMISSION

Completed *Hepatitis B – Immunization Review and Declination Forms* will be filed in EHSRM records.

Submit your form to EHSRM by either:

Campus Mail Delivery: ***(OR)*** ***Fax:***
PO Box 6113 ***468-7312***

APPENDIX B

ASSESSMENT TOOL	**Yes**	**No**
1. The exposure control plan is located in each work center		
2. Employees at risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers after collection		
14. Employees place specimens in biohazard leakproof containers for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		
18. Employees maintain a clean environment at all times		
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers		
23. Each employee knows his documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		