



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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EXECUTIVE SUMMARY

(PREFACE)

The Texas A&M Engineering Extension Service (TEEX) is committed to providing a workplace free of recognized hazards that is conducive to our staff, our students, and our volunteers. In the pursuit of these endeavors, occupational exposure to potentially infectious agents may be required for some employees. This Bloodborne Pathogen Exposure Control Plan (BBPECP) contains guidelines and procedures that should be used to minimize exposure to bloodborne pathogens.

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 biological pathogens or other potentially infectious materials should be obtained through consultation with a Licensed Health Care Provider.

**TEXAS A & M ENGINEERING EXTENSION
SERVICE BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

OBJECTIVE

The objective of the Texas A & M Engineering Extension Service (TEEX) Bloodborne Pathogen Exposure Control Plan (BBPECP) is to comply with Texas Administrative Code Title 25 Part 1 Chapter 96, and Texas Health & Safety Code, Chapter 81, Subchapter H. The Texas A & M Engineering Extension Service (TEEX) uses this BBPECP to prevent or minimize the exposure of employees to bloodborne pathogens or other potentially infectious materials (OPIM).

DEFINITIONS

1. **BLOOD**- human blood, human blood components, and products made from human blood
2. **BLOOD BORNE 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. **CONTAMINATED**- the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. **DECONTAMINATE**- the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
5. **EMPLOYER**- for the purposes of the TEEX Bloodborne Pathogens Exposure Control Plan, an employer is considered to be TEEX.
6. **ENGINEERING CONTROLS**- controls (e.g., sharps disposal containers, self-sheathing needles or shielded needle devices, needleless devices, blunt needles, plastic capillary tubes) that isolate or remove the bloodborne pathogens hazards from the workplace.
7. **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.
8. **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.
9. **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 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.
10. **PERSONAL PROTECTIVE EQUIPMENT (PPE)**- is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
11. **SOURCE INDIVIDUAL**- any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples relevant to TEEX would include employees, students or volunteers experiencing lacerations or other injuries or illnesses resulting in the secretions of fluids.
12. **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.

13. **WORK PRACTICE CONTROLS**- controls that reduce the likelihood of exposure by altering the manner in which a task is performed such as prohibiting recapping of needles by a two- handed technique.

ASSIGNMENT OF RESPONSIBILITY

TEEX

The Agency Environmental Health & Safety Office shall maintain the TEEX Bloodborne Pathogen Exposure Control Plan and will ensure proper adherence to this plan through periodic monitoring activities. TEEX will provide the initial and annual employee training through TrainTraq and will provide assistance to comply with this Control Plan.

Administration, TTF1 and all Divisions

Provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. Ensure that all employees, students, and volunteers receive appropriate training prior to beginning work in which there is a potential for exposure to blood and other potentially infectious materials, and shall ensure that this training is documented. Compliance with the TEEX Bloodborne Pathogen Exposure Control Plan (BBPECP) will be monitored within Admin, TTF-1, and the divisions by the Agency Environmental Health and Safety Office. TEEX Administration, TTF-1, and all divisions shall provide a person knowledgeable enough to answer questions about the elements of the TEEX BBPECE.

Supervisors

Supervisors shall themselves follow and ensure that their employees are properly trained and 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 employees. They must ensure that contaminated PPE is properly laundered, cleaned, disposed of, and/or replaced as necessary at no cost to the employee. Supervisors must also complete a TEEX Accident Investigation Report (TEEX EHS-3) and Texas Workers' Compensation Commission (TWCC-1) First Report of Injury or Illness form when an employee exposure incident occurs. The TWCC- 1 must be submitted to the TEEX Human Resource office within 24 hours of the exposure. The TEEX Accident Investigation Report must be submitted to the Division or Department Safety Officer within 24 Hours of the exposure, illness or accident.

Employees

Shall be responsible for using proper work practices, universal precautions, and appropriate personal protective equipment (PPE), and cleanup/disposal techniques as described in the TEEX Bloodborne Pathogen Exposure Control Plan. Employees shall also be responsible for immediately reporting all exposure incidents to their supervisor.

EXPOSURE DETERMINATION

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by their employer. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment **(employees are considered to be exposed even if they wear personal protective equipment)**.

Category I

Job classifications in which employees have potential exposures to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. Administration, TTF1, and all divisions or shall maintain a list of these types of jobs and the locations in which the work will be performed. Administration, TTF1, and all divisions or shall provide SES-EHS the job classifications listing using **Appendix A**. SES-EHS will maintain a consolidated job classification list.

Category II

Job classifications in which employees may have a potential exposure to blood or other potentially infectious materials on an occasional basis during certain tasks or procedures that are collateral to the normal job duties, fall into Category II. Administration and all divisions shall maintain a list of these types of jobs and the locations in which the work may be performed. Administration, TTF1, and all divisions shall provide SES-EHS the job classifications listing using Appendix B. SES-EHS will maintain a consolidated job classification list.

These lists shall be reviewed annually and updated as job classifications or work situations change.

COMPLIANCE METHODOLOGY

Universal Precautions are observed to prevent contact with blood or other potentially infectious body fluids. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

Engineering Controls are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. This review shall include the review of new equipment and/or technologies present.

1. Examples Engineering control equipment includes:
 - a. Sharps disposal containers
 - b. Needleless systems
 - c. Sharps with engineered sharps injury protection
 - d. Biological safety cabinets
 - e. Disposable resuscitation equipment

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

B. Work Practice Controls establish standard practices by which a task is performed.

1. Employees shall wash hands and any other potentially contaminated skin area immediately after glove removal. Employees shall wash hands as soon as possible with soap and water when waterless disinfectants have been used first.
2. Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area shall immediately be washed with soap and water or flushed with water for 15 minutes.
3. Contaminated needles and sharps shall not be bent, broken, recapped, removed, sheared or purposely broken. They shall be discarded immediately in a container that is closable, leak-proof, puncture resistant, and biohazard labeled or color-coded.
4. Contaminated, reusable sharps (Tweezers, etc.) shall be placed in a puncture-resistant, leak-proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.
5. During use, containers for contaminated sharps shall be easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found; maintained upright throughout use; not allowed to overfill; and replaced routinely.

6. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited where blood or OPIM may be present.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
8. When working in the field with patients, all personnel must wear closed toe shoes and long pants.

C. Collection of Specimens

1. Specimens of blood or OPIM shall be placed in a container, which prevents leakage during the collection, handling processing, storage, transport, or shipping of the specimens.
2. The container used to collect specimens shall 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 facility. If the specimen containers are sent to another facility, a biohazard or color-coded label shall be affixed to the outside of the container.
3. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a clinic, doctor's office, or laboratory setting. These specimens shall be appropriately labeled to indicate the contents and other pertinent information.
4. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container shall be labeled with a biohazard label or color-coded.
 - *During transport (waking to another room, building or delivery to another campus) all containers must be placed in secondary containment.
 - *If shipping of specimens of blood and other potentially infectious body substances or fluids is required, please contact Environmental Health for appropriate methods and training.
5. Any specimen that could puncture a primary container shall be placed within a secondary container that is puncture proof.

D. Contaminated Equipment

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

E. Personal Protective Equipment

1. Where occupational exposure remains after institution of engineering controls and work practice controls, personal protective equipment shall be used.
2. Personal protective equipment shall be provided by the employer without cost to the employee.
3. Personal protective equipment is considered appropriate only if it is fluid resistant and does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment is used.
4. Examples of personal protective equipment include:
 - a. Gloves
 - b. Gowns
 - c. Masks
 - d. Face shields
 - e. Pocket Masks
 - f. Eye protection – goggles, safety glasses, face shields,
 - g. Shoe covers
 - h. Resuscitation bags
 - i. Aprons
5. All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements shall be made by the employer at no cost to employees.

***Home laundering of PPE is not permitted.**
6. Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
 - a. Gloves shall be worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or mucous membranes may occur.
 - b. If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives shall be provided.

***The use of plastic food handling gloves is not appropriate.**
 - c. Disposable gloves shall not be re-used and shall be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.

- d. Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They shall be discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
- e. Masks in combination with eye protection devices shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- f. Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers shall be worn when gross contamination can be reasonably anticipated.
- g. All garments that are penetrated by blood shall be removed immediately or as soon as feasible.
- h. Personal protective equipment shall be removed before leaving the work area and after a garment becomes contaminated.
***Do not wear gloves in common areas, especially when opening doors and riding elevators.**
- i. Used protective equipment shall be placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

F. Housekeeping

1. Employers shall ensure that the work site is maintained in a clean and sanitary condition.
2. 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.
3. All contaminated work surfaces shall be decontaminated with an EPA approved disinfectant after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift.
* EPA Approved Disinfectants can be found at: <http://www.epa.gov/oppad001/chemregindex.htm>
4. Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and work surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
5. Bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.
6. Any broken lab glassware that may be contaminated shall not be picked up directly with the hands. A tool such as forceps is used to pick up the glass fragments.

G. Regulated Waste Disposal

1. All contaminated sharps shall be discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Dispose of sharps containers when 3/4 full to reduce the potential for needle sticks. Sharps containers should be closed and disposed of in the appropriate biological hazard container. If there are any questions about disposal or if assistance is required please contact the Environmental Health Coordinator within Administration, TTF-1, or at the division.
2. Regulated waste other than sharps shall 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, it shall be placed in a second container that is also closable, leak proof, labeled, and closed prior to removal.
3. Sharps containers or regulated waste should be only disposed of by properly trained personnel.
4. All sharps containers and regulated waste shall be properly disposed in accordance with the federal, state and local laws.

H. Laundry Procedures

1. Laundry contaminated with blood/bloody body fluids or OPIM shall be placed in a biohazard bag or color-coded laundry bag.
2. If contaminated laundry is laundered at the work site it shall be decontaminated by washing with hot soapy water and a 10 % bleach solution, or other acceptable method of treatment.
3. The uses of disposable stretcher/bed linens, and disposable medical gowns is an acceptable alternative to cotton linens that require laundering. Disposable bed linen shall be disposed of as regulated waste (see Section C Regulated Waste Disposal).

HEPATITIS B VACCINATION PROGRAM

1. All employees who have been identified as having occupational exposure to blood or OPIM are offered the hepatitis B vaccine (HBV) series by TEEX at no cost to the employee.
2. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.

3. The HBV series is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless the employee has previously received the complete HBV series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.
4. Wage employees who have complete the HBV series through their full-time employer will provide TEEEX Human Resources documentation no later than 10 days after employment with TEEEX.
5. Vaccination is offered with post vaccination laboratory screening to assess immune status.
6. Employees will complete the **Hepatitis B Acceptance/Declination Form** (Appendix D), choosing to receive or decline the vaccine. Employees who decline but later elect to receive the Hepatitis B vaccine may then have the vaccine provided at no cost.
7. If needed, any necessary booster doses of the HBV are provided by TEEEX at no cost to the employee.

EXPOSURE INCIDENTS

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

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
2. The employee should notify their supervisor of the exposure incident. The supervisor should complete a TWCC-1 First Report of Injury of Illness Form and if necessary a Contaminated Sharps Form and submit the form to TEEEX Human Resources within twenty-four hours. Additionally section 1 of the TEEEX Accident Investigation Form (TEEX EHS-3) shall be completed and sent to the Agency Environmental Health and Safety Coordinator and copied to the division or department Safety Officer within twenty-four hours of the incident.
3. The employee should then seek a local healthcare provider that will accept Workers Compensation. Upon arrival at the healthcare provider the employee should indicate they are an employee of the Texas A & M Engineering Extension Service.

If the exposure occurs after hours:

1. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
2. The employee should then seek medical attention at the nearest appropriate medical facility and indicate that they are an employee of the

Texas A & M Engineering Extension Service. (TEEX)

3. The employee should notify their supervisor the exposure as soon as possible.
4. The supervisor should then fill out the appropriate forms outlined above.

Post Exposure Evaluation and Follow Up

A. The employee is offered a confidential medical evaluation and follow up that includes:

1. Documentation of the route(s) of exposure and the circumstances related to the incident.
2. 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 the testing of the source is infeasible or prohibited by state or local law.
3. The results of the testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning the disclosure of the identity and infectivity of the source individual.
4. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
 - **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.
5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. 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.
7. The direct supervisor of an employee with an occupational exposure is designated to assure that the TEEX Bloodborne Pathogen Exposure Control Plan is followed and maintained as required by the Plan.

INTERACTION WITH HEALTH CARE PROFESSIONALS

- A. A written opinion is obtained from the healthcare professional when a TEEEX employee is sent to obtain the HBV, or when a TEEEX employee is evaluated 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 the TEEEX 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)
 5. Medical records relevant to the appropriate treatment of the employee
- B. Healthcare professionals should limit their written opinions to:
1. Whether the Hepatitis B virus 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 OPIM which require further evaluation or treatment (all other findings or
 6. Diagnosis shall remain confidential and shall not be included in the written report
 7. Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

USE OF BIOHAZARD LABELS

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

TRAINING

- A. Training for all TEEEX employees is conducted prior to initial assignment to tasks where occupational exposure may occur. Annual refresher training is provided within one year of the employee's previous training. Bloodborne Pathogens Training Courses are available in TrainTraq. The courses available include: BBP Training for Research and Clinical Employees (Course # 2111507) and BBP Training for Non Research and Non Clinical Environments (Course # 2111503).

- B. TEEEX Administration, TTF1, or divisions may require additional training to be conducted in a classroom setting for employees in the Category I job classification. This training will be conducted by a person knowledgeable in the subject matter and includes an explanation of the following:
 - 1. Title 25 Health Services, Part I Texas Department of Health, Chapter 96 Bloodborne Pathogen Control
 - 2. OSHA Bloodborne Pathogen Final Rule
 - 3. Epidemiology and symptomatology of blood borne diseases
 - 4. Modes of transmission of bloodborne pathogens
 - 5. How to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM
 - 6. The TEEEX Bloodborne Pathogens Exposure Control Plan
 - 7. The use and limitations of work practices, engineering controls, and personal protective equipment
 - 8. The types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
 - 9. The employee's responsibility to reduce the risk of exposure to blood borne pathogens for himself/herself and for co-workers
 - 10. The TEEEX Hepatitis B Vaccination Program

11. Procedures to follow in an emergency involving blood or OPIM
 12. Procedures to follow if an exposure incident occurs to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines
 13. Post exposure evaluation and follow up
 14. Warning labels and signs, where applicable, and color coding
 15. An opportunity to ask questions with the person conducting the training
- C. Additional training is given as new information is acquired or job duties change.
- D. Wage employees will be required to utilize TEEX Bloodborne Pathogen Training available through TrainTraq.

RECORDKEEPING

- A. Employee medical records shall include:
1. The employee's name and social security number
 2. Hepatitis B vaccination status, including the dates of all the HBV vaccinations
 3. A copy of all results of examinations, medical testing, and follow-up procedures related to an occupational exposure
 4. The employer's copy of the healthcare professional's written opinion
 5. A description of the employee's duties as they related to the exposure incident
 6. A description of the route of exposure and the circumstances under which exposure occurred
 7. Results of the source individual's blood testing, if available.
- B. Confidentiality of medical records is maintained.
- C. Employee medical records are maintained in the personnel files by the TEEX.
- D. Employee medical records are maintained in accordance with the TAMUS Records Retention Schedule
- E. Training records are maintained by Administration, TTF-1, or by the division in the employee's training file files for at least three years from the date on which the training occurred. Training records will include:

1. The dates of the training sessions
2. The contents or a summary of the sessions
3. Name(s) and qualifications of the person(s) conducting the training
4. Names and job titles of those in attendance

CONTAMINATED SHARPS INJURY LOG

- A. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Texas A&M System Office of Risk Management and Safety maintains a log and reports injuries from contaminated sharps to the Texas Department of State Health Services. A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, and/or broken capillary tube used or encountered in a health care setting that is contaminated with human blood or body fluids.
- B. The sharps injury log includes the following information:
 1. Name and address of the facility where the injury occurred
 2. Name and address of the reporting official
 3. Date and time of the injury
 4. Age and sex of the injured employee
 5. Type and brand of sharp involved
 6. Original intended use of the sharp
 7. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose
 8. Whether the exposure was during or after the sharp was used
 9. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism
 10. Whether the injured person was wearing gloves at the time of the injury
 11. Whether the injured person had completed a hepatitis B vaccination series
 12. Whether a sharps container was readily available for disposal of the sharp

13. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident
 14. The involved body part
 15. The job classification of the injured person
 16. The employment status of the injured person
 17. The location/facility/agency and the work area where the sharps injury occurred
 18. A listing of the implemented needleless systems and sharps with engineered sharps injury protection for employees provided by the employer
- C. Most of the information listed above will be included on a TWCC-I First Report of Injury or Illness form that is filed by the employer of the injured employee. The employer must attach an addendum to the TWCC-1 form with the remainder of the required data (e.g., #5 -13 and #18). The employer provides all of the required information for a contaminated sharps injury report to the WCI division of the TAMUS Office of Risk Management and Safety (ORMS). The form used for this purpose can be found on the web at <http://www.tamus.edu/assets/files/safety/pdf/sharpsShortForm.pdf>
- D. ORMS reports to the Texas Department of State Health Services (TDSHS) an incident in which a TEEX employee sustains a contaminated sharps injury.
- E. The required information is reported to TDSHS not later than ten working days after the end of the calendar month in which the contaminated sharps injury occurred.

Appendix A

**Category I Job Classification/Expected Exposure List
Texas A&M Engineering Extension Service**

At TEEX, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:	
Job Classification	Department

Appendix B

Category II Job Classification/Possible Exposure List Texas A&M Engineering Extension Service

At TEEEX, the following job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:		
Job Classification	Task/Procedure	Department

Appendix C
Location where proper hand washing facilities are not available

Texas A&M Engineering Extension Service

At TEEX, the following locations below are where proper hand washing facilities are not easily accessible

Division	Location (Building, Project, Area)	Location of towelettes or water disinfectant equipment

**APPENDIX D
HEPATITIS B VACCINE ACCEPTANCE/DECLINATION FORM**

ACCEPTANCE:

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine. Contact (_____) to schedule your vaccination series at 979-458-XXXX.

DECLINATION:

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to 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 me

CHECK ONE:

_____ I ACCEPT Hepatitis B vaccine inoculation

_____ I DECLINE Hepatitis B vaccine inoculation

Employee's Name

Date

Employee's Signature

Witness

Date

Witness Signature