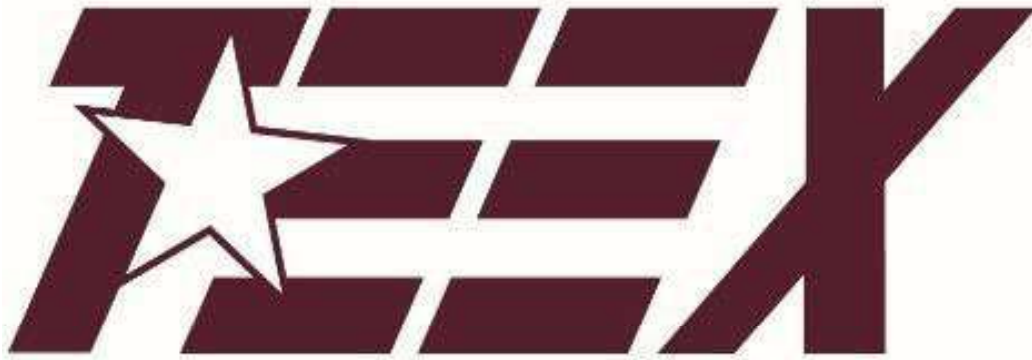


TEXAS A&M ENGINEERING



EXTENSION SERVICE

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

May 2015

With Revisions and Annual Review

01/04/2024

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TEEX Bloodborne Pathogen Exposure Control Plan revisions as of 01/04/2024

- Updated Table of Contents
- Format of Plan
- Updated Table of Contents
- Added Review of plan signature page
- Renamed appendixes in plan
- Added Appendix I Assessment Tool
- Moved definitions to Appendix II Definitions
- Added additional definitions to plan
- Added Appendix III Responsible Parties and Duties
- Renamed Appendix A to Appendix IV(CAT I Listing)- Updated layout, Updated Job descriptions and Divisions to Category Jobs listings
- Renamed Appendix B to Appendix V (CAT II Listing)- Updated layout, Updated Job descriptions and Divisions to Category Jobs listings
- Added TrainTraq TEEX Generic Bloodborne Pathogen Informational Course Number
- Updated all functional links in the written plan
- Changed from 30 days to 8 days on completion of all required BBP training
- Updated Appendix V Cat II listing for TEEX EMS Training Program

OCCUPATIONAL EXPOSURE PREVENTION SUMMARY

1. Use of Personal Protective Equipment (PPE) appropriately:
 - a. Inspect gloves for tear.
 - i. Inspect gloves for indication of excessive age prior to use; discard if cracking, excessive powder, or color changes are observed.
 - b. Change gloves regularly; gloves are single use. Do not reuse examination gloves
2. Use safe work practices:
 - a. Limit access to blood or other potentially infectious materials (OPIM) to trained persons only.
 - b. Treat all blood or OPIM as if known to be infected with bloodborne pathogens.
 - c. Minimize splashing, splattering, and spraying of blood or OPIM.
 - d. Never suction blood or OPIM by mouth.
 - e. Avoid activities that can transfer blood or OPIM on to your skin or mucous membranes.
 - f. Do not store or consume food or beverages in areas the contain blood or OPIM.
 - g. Remove and properly store or dispose of PPE before leaving work area.
 - h. Immediately wash hands after each glove use.
3. Handle sharps safely:
 - a. Do not bend or re-cap sharps; if recapping must be done, use a needle capping device.
 - b. Place contaminated sharps in appropriately labeled, puncture-proof containers.
 - c. Do not overfill sharps containers.
 - d. Always use a utensil to pick up contaminated sharps (e.g. forceps, hemostats, brush and dust pan, etc.). Do not use bare hands.
 - e. Always assume used sharps and sharps left unattended outside their original package are contaminated.
4. When cleaning spills containing broken glass or sharps:
 - a. Always wear PPE, including protective eyewear and face protection.
 - b. Remove sharps from spill using a utensil such as forceps, hemostats, or a brush and pan. Never use your bare hands.
 - c. Discard contaminated materials appropriately into a puncture-resistant biohazard waste container.
 - i. Alternatively, broken glass may be decontaminated using disinfectant and placed in a broken glass container for disposal, without further need to treat as a biohazard.
 - d. Follow spill clean-up procedures (outlined below)
5. When cleaning spills:
 - a. Cover the spill (an area three times the spill width in diameter) with absorbent material.
 - i. Apply absorbent to the perimeter of the spill to stop the spill from moving.
 - b. Saturate the affected area with freshly prepared 10% bleach (1-part bleach: 9-parts water, made fresh) or another agent-specific EPA-registered disinfectant.
 - i. Gently pour disinfectant onto absorbent covered spill starting at the outmost perimeter and move toward the center of the spill pattern, covering the entire spill area.
 - ii. **Do not spray** disinfectant, onto the spill; this will create further aerosol generation, which will increase the size of the spill area and increase risk.
 - c. Allow sufficient contact time for the disinfectant, (as specified by the product manufacture) or allow to air dry.
 - i. Collect and discard absorbents or other spill related cleanup materials appropriately.
 - ii. Repeat application of disinfectant a second time to ensure surface disinfection.
 - iii. Refer to the [Texas A&M University Biosafety Manual](#) for information on the disposal/disposition of the waste from spills.

OCCUPATIONAL EXPOSURE RESPONSE SUMMARY (cont'd)

1. For small injuries (e.g. needle stick, nicks, small cuts, or punctures of extremities):
 - a. Immediately wash the injured area with soap and water for at least 15 minutes.
 - b. Where bleeding is minimal, encourage the injury to bleed while washing the wound site.
 - c. Notify Supervisor of the exposure incident.
 - d. Report the injury to the TEEX Office of Environmental Health and Safety (TEEX EHS) at 979-458-6847 or 979-458-7755.
 - e. Report the injury to TEEX Human Resources at 979-431-4895.
 - f. Document the exposure on [TEEX form HR-30 Employers First Report of Injury or Illness](#) and submit to TEEX Human Resource within 24 hours of exposure.
 - g. Document accidental injury with contaminated sharps on the Texas Department of State Health Services [Contaminated Sharps Injury Reporting Form](#) and submit to TEEX Office of Environmental Health and Safety within 24 hours of injury.
2. For mucous membrane or open wound exposure:
 - a. Immediately wash the affected area and surrounding area of broken skin with soap and water for at least 15 minutes.
 - b. Flush exposed mucous membranes with water only.
 - c. Notify Supervisor of the exposure immediately.
 - d. Report the injury to the TEEX Office of Environmental Health and Safety (TEEX EHS) at 979-458-6847 or 979-458-7755.
 - e. Report the injury to TEEX Human Resources at 979-431-4895.
 - f. Document the exposure on [TEEX form HR-30 Employers First Report of Injury or Illness](#) and submit to TEEX Human Resource within 24 hours of exposure.
3. For larger wounds, multiple wounds, or other serious injuries with potential exposure:
 - a. Control severe bleeding
 - b. Call 911 for Emergency Medical Services. **** At Brayton Fire Train Field contact Field Medics on Channel 1 on field radio.**
 - c. Inform responders of the nature of the emergency, including the number of wounded persons, the nature of the wounds and any potential exposure.
 - d. If possible, immediately notify the employees Supervisor of exposure incident.
 - e. Report the injury to the TEEX Office of Environmental Health and Safety (TEEX EHS) at 979-458-6847 or 979-458-7755.
 - f. Report the injury to TEEX Human Resources at 979-431-4895.
 - g. Document the exposure on [TEEX form HR-30 Employers First Report of Injury or Illness](#) and submit to TEEX Human Resource within 24 hours of exposure.
 - h. Follow up with your Supervisor, TEEX EHS and TEEX HR for all other reporting requirements.

Bloodborne Pathogen Exposure Control Plan (BBPECP)

Purpose

The Texas A&M Engineering Extension Service (TEEX) is committed to providing a safe and healthy work environment for our employees, students, and visitors. The BBPECP outlines the risk assessments, and risk mitigation steps that should be used with standard health care best practices and safety practices to minimize exposure to blood or OPIM in emergency medical response, teaching, and training activities. Supervisors and employees should utilize this plan to develop procedures for the use, receipt, use, handling, and the disposal of materials potentially contaminated with bloodborne pathogens to minimize the potential for exposure.

The objective of the TEEX BBPECP is to comply with the [Texas Administrative Code, Title 25, Part 1, Chapter 96](#) and [Texas Health & Safety Code Chapter 81, Sub-chapter 81](#).

Scope

The TEEX BBPECP applies to:

- All employees of TEEX have been assessed as having a reasonably anticipated risk of occupational exposure to blood or OPIM in the course of their daily job duties and responsibilities.
- All employees participating in the onsite delivery of emergency medical response, teaching, and training activities by TEEX, and [TEEX SAP 24.01.01.NO.02](#).
- All employees of the Texas A&M University System members to the extent that such individuals are participating in activities falling within the scope of activities covered by the applicable intrasystem agreements.

Responsibilities

TEEX EHS is responsible for ensuring that all staff members comply with the provisions of the plan, including initial completion of Bloodborne Pathogen training, and reoccurring annual training for employees in positions with reasonably anticipated exposure. Each group within TEEX is responsible for providing all supplies necessary for compliance with the 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. TEEX Human Resources is responsible for the initial TrainTraQ assignment of the Bloodborne Pathogen online training for all new employees. TEEX HR is responsible for maintaining Hepatitis B Vaccination records (when requested by employee). Additionally, TEEX EHS is responsible for providing guidance on acceptable methods for handling or disposing of biohazard waste.

The TEEX BBPECP is not intended to be an exhaustive or a fully comprehensive reference on the subject, but rather a guide for use by qualified emergency medical technicians providing emergency medical services or Emergency Medical Services Instructors providing EMS training in a classroom where exposure to blood or OPIM can be reasonably anticipated. Further advice concerning hazards associated with bloodborne pathogens should be obtained through consultation with TEEX EHS or the Texas Department of State Health Services/Emerging and Acute Infectious Disease Unit.

All TEEX 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 the TEEX BBPECP, and must conduct their operations in accordance with the plan.

Exposure Determination

The TEEX BBPECP requires an exposure determination for individuals who have reasonably anticipated exposure to blood or OPIM related to their job duties. This exposure determination is required to identify job classifications in which persons have occupational exposure risk, regardless of the frequency, and is made without regard to the use of PPE. Supervisors are responsible for reviewing individual job duties regularly to determine if personnel could have a reasonably anticipated potential exposure to blood or OPIM, for ensuring at risk employees 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 blood, body fluids or other potentially infectious materials are required to take the TrainTraQ Bloodborne Pathogen online training course, and must adhere to the provisions of the TEEX BBPECP. Any person whose job duties pose a risk of potential exposure to bloodborne pathogens shall be included in this standard, regardless of job title or job description.

Engineering and Work Practice Exposure Controls

Universal Precautions must be observed by all persons to prevent contact with blood or OPIM. All blood or OPIM is considered infectious regardless of the perceived status of the source individual.

Engineering Controls reduce individual exposure in the workplace by either removing or isolating the hazard or isolating the person from exposure.

1. 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 with engineered sharps injury protection (see <http://isips.org/safety-products/> for a listing of available safety engineered sharps and other injury reducing related products)
 - g. Readily available hand washing or hand sanitizing facilities

NOTE- Some of the devices below are not available for use at TEEX facilities. Sharps containers must withstand autoclaving or incineration. Autoclaves cycles used to sterilize biohazardous wastes must be initially validated and subsequently verified on a regular basis using indicators. (* Autoclave cycles used to sterilize medical wastes should be tested twice monthly-unless the autoclave is used less frequently.) 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 manufacture's recommended shelf-life (expiration date). It is the responsibility of the employing group and/or individual's supervisor to ensure that all necessary equipment is present and maintained as required.

Work Practices

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

1. **Hand Washing**
 - a. Wash hands immediately (or as soon as feasible) after removing gloves or other personal protective equipment

- b. Wash hands or other exposed skin with soap and water (flush mucous membranes with water only using the nearest eyewash station) as soon as feasible following an exposure incident (such as a splash of blood or OPIM, or parenteral exposure).
- c. If soap and water are not immediately available, use a water less disinfectant first, then wash hands with soap and water as soon as feasible

2. Sharps Control

- a. Eliminate the use of non-safety-engineered sharps whenever possible. Refer to the [International Sharps Injury Prevention Society's](#) website for a listing of available safety engineered sharps and other injury reducing products and best practices.
 - i. Do not bend, recap, remove, shear, or purposely break needles or scalpel blades or other disposable small sharps;
 - ii. Discard sharps into a container which is closable, leak-proof, puncture resistant, color-coded and clearly labeled with the biohazard symbol. The container should be no more than one arm's length away from the point of use;
 - iii. If recapping of a needle or removal of a needle or scalpel is required, then such actions should be performed with the use of a device or with a one-handed technique;
 - iv. Recapping needles using a two-handed technique.
- b. Dispose of all needles, scalpels, or other disposable sharps found unattended and without their original packaging intact as if contaminated.
- c. 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 designates area; verbally notify the recipient of the sharp location; the recipient picks up the sharp in a safe manner.
- d. If applicable, place contaminated, reusable sharps in a properly labeled, color-coded, puncture resistant, leak-proof container until they can appropriately sterilized.
- e. Wear appropriate PPE when cleaning and disinfecting reusable sharps.
- f. Pick up potentially contaminated broken glassware by mechanical means only. Use forceps, tongs, broom and dustpan, or other similar methods. **DO NOT USE YOUR BARE HANDS.**
- g. Make sharps containers accessible to persons, located as close as feasible to the immediate area where sharps are being used or in a location where sharps can be reasonably anticipated to be found; maintain an upright position throughout use; never overfill; keep closed and properly dispose of where the container is no more than three-fourths (3/4) full.
- h. When moving sharps container from the area of use or discovery, close containers before moving to prevent spillage or protrusion of the contents during handling, storage, transport, or shipping.

3. Sanitation

- 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.
- b. Take adequate precautions to prevent contamination of cell phones and electronic devices in the work area. Be especially careful with writing instruments, notebooks and textbooks.
- c. Do not suction blood or other potentially infectious materials by mouth.
- d. 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.

4. Specimen Handling

- a. Place blood specimens or specimens containing OPIM 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 container.
- c. Place the primary container within a secure secondary container to prevent leakage during handling, processing, storage, transport, or shipping of specimen. Label the secondary container with a biohazard label.
- d. The secondary container must be puncture-proof if a specimen can puncture the primary container.

5. Contaminated Equipment

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

6. Housekeeping/Disinfection/Decontamination

- a. Supervisors must ensure that work sites are maintained in a clean and disinfected condition.
- b. Use a 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 manufacture, for disinfection.
- c. 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 OPIM.
- d. Immediately, or as soon as feasible, discard contaminated sharps in containers that are commercially constructed, sealable, puncture resistant, leakproof on sides and bottoms, and appropriately labeled and color-coded.
- e. Regularly clean and disinfect reusable containers used to hold contaminated materials.
- f. Implement a regular schedule for inspection and decontamination of equipment, surfaces, containers, etc. potentially contaminated with blood or OPIM.

7. Regulated Waste Disposal

- a. Supervisors will provide red/orange biohazard bags and biohazard labels.
- b. Properly dispose of all regulated waste in accordance with federal, state, county, and local requirements. For guidance on disposal, contact TEEH EHS at 979-458-6847 or 979-458-7755, or refer to the [Biohazard Waste Disposal Guidelines in the TAMU Biosafety Manual](#).
- c. Place regulated solid waste (other than sharps) in a lidded primary waste container lined with a red/orange biohazard bag and labeled with the biohazard symbol.
- d. Place sharps into a commercially manufactured closable sharps container (this is also considered a primary waste container) identified with the biohazard symbol.
- e. Sharps containers and regulated waste shall be properly disposed in accordance with federal, state, county, and local laws.
- f. Sharps containers and regulated waste shall be disposed of by federal and state licensed vendors.

8. Laundry Procedures

At no time should contaminated reusable personal protective garments be taken home for laundering in a personal or a public facility, without adequate disinfection prior to removal from a TEEH facility.

- a. Handle laundry contaminated with blood or OPIM as little as possible, with minimal agitation. Persons should wear appropriate PPE 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:
 - i. Laundering of personal protective garments is performed by trained individuals utilizing Universal Precautions.
 - ii. Wash laundry with hot, soapy water and bleach in a mechanical washing machine located within the work area or disinfect laundry
 - iii. Properly disinfected laundry may be sent to a commercial facility for laundering.
- d. The use of disposable personal protective garments (gowns or coats) is an acceptable alternative to protective garments that require laundering. Contaminated disposable personal protective garments shall be disposed of as regulated waste.

9. **Personal Protective Equipment**

PPE is the protection of last resort after all possible engineering and work controls have been implemented and the mitigation of risk has not been eliminated.

a. **Provision and Care of PPE**

- i. TEEX shall provide PPE **at no cost** to the TEEX employee, regardless of the employee's job duties or position.
- ii. TEEX shall repair or replace PPE **at no cost** to the employee, regardless of the employee's job duties or position.
- iii. Divisions or working units within TEEX shall clean and launder reusable PPE and dispose of contaminated, disposable PPE **at no cost** to the individual
- iv. Divisions or groups within TEEX shall provide barrier devices for use in emergency CPR, as applicable
- v. Supervisors shall employees have the appropriate PPE needed to protect the employee when all possible engineering and work controls have been implemented and the mitigation of risk has not been eliminated.
- vi. Supervisors shall provide an alternative to latex gloves to employees who are allergic to latex.
- vii. Divisions or working units within TEEX shall choose 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**

- i. Gloves- Latex or Nitrile options
- ii. Reusable Coats, Surgical Gowns or Coveralls
- iii. Single-use Disposable Coats, Surgical Gowns or Coveralls
- iv. Respirators
- v. Surgical Masks
- vi. Face Shields
- vii. Eyewear/Safety Glasses with Eye Shields
- viii. Aprons
- ix. Shoe Covers

- x. Head Cover, Hoods, Surgical Cap

c. Persons must

- i. Wear all 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 or OPIM, during all vascular procedures, when there is contact with mucous membranes and non-intact skin, when handling items or touching surfaces contaminated with blood or OPIM.
- ii. Removeable garments that become penetrated by blood or OPIM shall immediately or as soon as feasible.
- iii. Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- iv. Remove all PPE before leaving the work area.
 - Never wear contaminated gloves in common areas, especially when operating doors and riding elevator.
- v. Place all reusable garments in the appropriate designated area or container for storage, cleaning, or decontamination.
- vi. Place all disposable garments in an appropriate biohazard waste disposal container.

d. All persons using PPE must observe the following precautions

- i. Wash hands immediately or as soon as feasible after removing gloves or other PPE worn.
- ii. Remove PPE after it becomes contaminated and before leaving the work area.
- iii. 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 is compromised.
- iv. Disinfect utility gloves for use if their integrity is not compromised: discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- v. Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eyes, nose or mouth.
- vi. Remove immediately, or as soon as feasible to avoid contact with the contaminated surface.

Hepatitis B Vaccination Program

1. Supervisors and employees 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.
 - a. All employees having been assessed as having a reasonable anticipated risk of occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine at no cost to the individual, under the supervision of a licensed physician or licensed healthcare professional.
 - b. Vaccination is offered after bloodborne pathogen training is completed and within **10 working days** of their initial assignment to work unless: 1) the individual has previously received the complete hepatitis series, and 2) antibody testing has revealed that the individual is immune, or 3) the vaccine is contraindicated for medical reasons
 - c. All employees having been assessed as having a reasonable anticipated risk of occupational exposure to blood or other potentially infectious materials shall complete a Hepatitis B Vaccination acceptance/declination form **online** during their initial TrainTraq Bloodborne Pathogen online training course.
 - i. Individuals who decline the initial Hepatitis B Vaccination offer can elect to receive the vaccination at a later date, **at no cost to them**, and shall be provided with instructions on how to proceed at the time of request.
 - d. Booster doses are not typically necessary or provided for Hepatitis B and are only offered following titer (see 5) testing. However, any necessary booster doses of the vaccine shall be made available and provided **at no cost to the employee**.
 - e. Individuals at high risk of occupational exposure to Bloodborne Pathogens will be offered testing for serological response (immunity) to Hepatitis B following vaccination or at the time of hire as recommended by the CDC Advisory Committee on Immunization Practices.
2. **Post exposure evaluation and Reporting**
 - a. In the event of an occupational exposure to blood or OPIM, or an accidental injury with a contaminated sharp the individual is responsible for reporting the incident to their supervisor and to the TEEC Office of Environmental Health and Safety and TEEC HR **within 24 hours** of the exposure incident. The supervisor must verify the completion of TEEC form HR 70 [Employers First Report of Injury or Illness Form](#) and a Texas Department of State Health Services [Contaminated Sharps Injury Reporting Form](#). Both forms shall be completed and sent to TEEC HR within 24 hours of exposure incident.
 - b. If exposure to blood or OPIM has occurred, initiate first aid (clean and flush the wound or mucous membrane, etc.) and report the incident immediately to your supervisor. To the extent possible, the following information should be documented:
 - i. Route(s) of exposure and the circumstances related to the incident.
 - ii. Identification and documentation of the source individual, unless the employer establishes that identification is infeasible or prohibited by federal or state law.
 - iii. The source individual's blood should be tested as soon as feasible and after consent if obtained in order to determine HBV, HCV or HIV infectivity. If consent is not obtained, the employer should establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. The results of testing of the source individual are confidentially made available to the designated professional healthcare provider in order to guide recommendations. The exposed employee will be informed of the applicable laws and regulations concerning disclosure of the identity and the infectious status of the source individual.

- c. The exposed individual is offered laboratory testing, post exposure prophylaxis, medical treatment, and follow up visits in accordance with the recommendations of the U.S. Public Health Service.
 - i. If the individual consents to baseline blood collections, but does not consent to HIV testing, the sample should be preserved for at least 90 days. If within 90 days of the exposure incident, the individual elects to have the sample tested, such testing shall be done as soon a feasible possible.
 - ii. The individual is given appropriate counseling concerning infectious status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The individual is informed about what potential illnesses can develop and to seek early occupational health evaluation and subsequent treatment from a professional healthcare provider.
3. A written opinion is obtained from the professional healthcare provider when an individual is sent to obtain the Hepatitis B Vaccine or when an individual is evaluated after an exposure incident. In order for the professional healthcare provider to adequately evaluate the individual, TEEX EHS will provide the employee and the provider with:
- a. A copy of the TEEX Bloodborne Pathogen Exposure Control Plan;
 - b. A description of the in exposed individual's job duties as they relate to the exposure incident;
 - c. documentation of the route(s) of exposure and the circumstances under which the exposure occurred;
 - d. Results of the source individual's blood tests (if available); and
 - e. Occupational health records relevant to the appropriate treatment of the individual, including Hepatitis B Vaccination status.
4. Professional healthcare providers should provide in the written opinion to TEEX:
- a. Whether the Hepatitis B Vaccine is indicated;
 - b. whether the individual received the vaccine;
 - c. the evaluation following the exposure incident;
 - d. whether the individual was informed of the results of the evaluation;
 - e. whether the individual was told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report; and
 - f. whether the professional healthcare provider's written opinion was provided to the individual **within 15 days** of the completion of the evaluation.
5. All incidents involving potential exposure to blood or OPIM, including those in the context of an on-site emergency medical response, teaching, and training activities must be reported to TEEX EHS and TEEX HR by the supervisor of the employee involved in the incident. Additionally, the supervisor must complete TEEX HR 30 Employers First Report of Injury or Illness Form(sections 1-30, **Leave Social Security Number off of form if emailed**). The completed form shall be sent to TEEX HR **within 24 hours** of incident. Personnel will be referred to a location Occupational Healthcare Provider (or a local Emergency Care Provider that accepts Workers Compensation on evenings or weekends) for a confidential occupational health consultation. Notify TEEX EHS of the incident by calling 979-458-7755 or 979-458-6847. Supervisors will complete section 1 of the TEEX EHS-3 Accident Investigation Report, and forward this to the division's EHS Manager or the units EHS Officer for the start of the investigation process.
- a. TEEX EHS staff will review the circumstances of all reported Bloodborne Pathogen exposure incidents to determine the following;
 - i. Whether engineering controls were in use at the time of incident;
 - ii. Whether the established, standard work practices were being followed;

- iii. A description of any sharps device(s), if any, involved in the incident (including type and brand);
- iv. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye protection, etc.);
- v. location of the incident; i.e., where the incident occurred and/or what body part was involved;
- vi. the procedure being performed when the incident occurred; and
- vii. the status of all involved individuals' training with regards to bloodborne pathogen exposure.

HAZARD Communication

1. Labels:
 - a. Warning labels must be placed on all specimens, containers or bags of regulated waste, freezers and refrigerators containing blood, OPIM, sharps disposal containers, and on containers used to store, transport or ship blood or OPIM, unless;
 - i. In a setting where universal precautions are always observed;
 - ii. Regulated waste has been decontaminated.
 - b. Warning labels are required to be a universal label and symbol printed in fluorescent orange or orange-red with letters and symbols in contrasting color.
 - c. Warning labels should be placed directly on containers in such a manner to prevent loss or unintentional removal.
 - d. Red biohazard bags or red biohazard containers may be substituted for labels.
2. Signs
 - a. Divisions or units shall post signs at the entrance to treatment work areas or classrooms where biohazards are present. Signs at the entrances will include the following;
 - i. The Biohazard symbol;
 - ii. Name of the infectious or hazardous agent;
 - iii. Special requirements for entry
 - iv. Name and contact information for responsible persons(s).
 - b. Signs must be fluorescent orange/red, or predominantly so, with lettering and symbols in contrasting color.

Training

1. TEEH EHS, TEEH HR and Supervisors are responsible for ensuring that
 - a. All new employees (full-time, wage and student workers) in positions **without** anticipated exposure to bloodborne pathogens and OPIM shall take and complete the assigned online TrainTraq TEEH Generic Bloodborne Pathogen Informational course (2114463). This assigned course shall be completed within **8 days of the assignment**.
 - b. All new employees (full-time and wage) who have been assessed as having a reasonably anticipated risk of occupational exposure to blood or OPIM 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. TEEH employees in the identified positions shall take and complete the assigned TrainTraq Bloodborne Pathogens Online Training (2111525). The assigned course shall be completed within **8 days of the assignment**.
 - c. Training must be provided at no cost to the employee and during working hours.
 - d. Training materials should be in an on-line format that is appropriate in content and vocabulary to the educational level, literacy and language of persons.

- e. Annually, all employees in the positions identified shall complete the annual BBP refresher course assigned through TrainTraq **within 1 year** of the initial training assignment. Completion of the annual BBP training is required within **8 days of the assignment**.
 - f. 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. Texas Administrative Code Title 25 Part 1 Chapter 96 Bloodborne Pathogen Control;
 - b. OSHA Bloodborne Pathogen Final Rule;
 - c. Epidemiology and symptom 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 TEEEX 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;
 - 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. Training records are maintained on-line in TrainTraq for 3 years from the date on which the training occurred in accordance with 29 CFR 1910.1020.

Occupation Health Records

- 1. Individual occupational health records are maintained by TEEEX Human Resources in accordance with federal, state, and TAMU System regulations. Employee occupational health records include:
 - a. The 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 Professional Healthcare provider's written opinion;
 - e. A description of the of the employee's duties as they relate to the exposure incident;
 - f. A description of the route of exposure and the circumstances under which the exposure occurred;
 - g. copy of sharps injury, if applicable;
 - h. Results of the source individual's blood testing, if available.
 - i. Copy of any other records, files, documents, notes, etc. related to the exposure incident.
- 2. Confidentiality of medical records is maintained.
- 3. Employee medical records are maintained by TEEEX HR, in accordance with TAMUS Records Retention Schedule, State and Federal regulations.

Annual Review of Bloodborne Pathogen Exposure Control Plan

TEEX will review the TEEX Bloodborne Pathogen Exposure Control Plan annually, update when necessary, and document when the review is accomplished. Annual review of the plan is the responsibility of the TEEX Office of Environmental Health and Safety.

Howard Meek, CSP, CFPS, Director of Environmental Health and Safety

Signature Howard Meek Date: February 20, 2024

Appendix I. Assessment Tool

Below is an assessment tool that TEEC Human Resources, TEEC Office of EHS, 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.

	Assessment Questions	Yes	No
1	Do you have a copy of the TEEC 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 ¾ 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		

APPENDIX I. ASSESSMENT TOOL, CONTINUED

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 the Texas A&M University Biosafety Manual (https://vpr.tamu.edu/wp-content/uploads/2021/10/2021-TAMU-Biosafety-Manual-final.pdf)		
22	When necessary to transport biologically contaminated laundry, wet laundry is placed in leak resistant bags or containers and transported 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 U.S. Public Health Service		
26	Persons are provided initial training in person 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		

Issues of non-compliance with the Exposure Control Plan may be reported to the TEEX Office of EHS for assistance and follow-up please call 979-458-7755 or 979-458-6847.

APPENDIX II. DEFINITIONS

For the purpose of the TEEX Bloodborne Pathogen Exposure Plan, the following definitions apply:

BLOOD: blood, blood components, and products made from blood of humans or non-human primates.

BLOODBORNE PATHOGENS: pathogenic microorganisms and/or viruses that can cause diseases in humans, including, but not limited to, 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 SHARPS: any contaminated object that can penetrate the skin or any other part of the body and result in an exposure incident including, but not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires, dental knife, drill or bur.

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: The employer is considered to be the Texas A&M Engineering Extension Service (TEEX).

ENGINEERING CONTROLS: devices that isolate or remove the bloodborne pathogens hazard from the workplace, including sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needless systems.

EXPOSURE INCIDENT: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials resulting in exposure to bloodborne pathogens or potentially infectious materials.

OCCUPATIONAL EXPOSURE: a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an individual's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM): 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; any unfixed tissue or organ (other than intact skin) derived from humans or non-human primates, or HIV-containing cell or tissue cultures, organ cultures, and HIV-containing or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or other bloodborne pathogens.

PERSONAL PROTECTIVE EQUIPMENT (PPE): specialized clothing or equipment worn by an individual for protection against a hazard. This includes gloves, eyewear, face masks, respirators, lab coats, and gowns. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

REGULATED MEDICAL WASTE: defined in 49 CFR 173.134 as any waste or reusable material derived either from the medical treatment of an animal or human, OR from biomedical research, which includes the production and testing of biological products.

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

SEROSURVEILLANCE: provides estimates of antibody levels against infectious diseases and is considered the gold standard for measuring population immunity.

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

APPENDIX III. RESPONSIBLE PARTIES AND DUTIES

TEEX Office of EHS

1. Maintain the Bloodborne Pathogen Exposure Control Plan (BBPECP)
2. Annually review and update the BBPECP as necessary.
3. Annually review and update training materials as necessary.
4. Ensures that all new employees complete assigned Bloodborne Pathogens training **within 8 days** of beginning work for TEEX or in which there is a potential for exposure to blood and/or other potentially infectious materials (OPIM), and annually thereafter, for as long as the potential for exposure to blood or OPIM remains a part of their duties.
5. Maintain Category I and Category II Job Classification listings in BBPECP.
6. Provide subject matter guidance for persons completing Bloodborne Pathogen training.
7. Maintain records for training, immunization election, immunization services, surveillance and post-exposure evaluation and care, as required by the BBPECP.
8. Upon being notified of a potential bloodborne pathogens exposure incident, assist individuals in receiving post-exposure evaluation and treatment, as appropriate.

TEEX Divisions and Business units

1. Ensure their staff complies with the provisions of the TEEX BBPECP.
2. Ensure adequate resources necessary for compliance with the TEEX BBPECP are available, including, but not limited to, personal protective equipment (PPE), disinfectant, commercially constructed sharps containers, and biohazard waste disposal and labeling materials.

Supervisors

1. Ensure that all employees complete Bloodborne Pathogens training **within 8 days** of beginning work in which there is a potential for exposure to blood and/or other potentially infectious materials (OPIM), and annually thereafter, for as long as the potential for exposure to blood or OPIM remains a part of their duties.
2. Follow and ensure that their employees, students, volunteers, and visitors adhere to proper work practices, follow universal precautions, wear appropriate PPE, and follow proper waste disposal procedures as outlined in the BBPECP.
3. Ensure completion sections 1-25 of the [TEEX HR-30 – Employers First Report of Injury and Illness Form](#) for any injury, exposure incident, or accident reported to them by their employees. This form shall be sent to TEEX Human Resources within 24 hours of accident or injury.
4. Ensure completion of a Texas State Department of Health Services-Infectious Disease Epidemiology & Surveillance Division - [Contaminated Sharps Injury Reporting Form](#) for any injury caused by sharps contaminated with another person's blood or other potentially infectious materials reported to them by their employees.
5. Ensure completion of section 1 of the [TEEX EHS-3 Accident Investigation Form](#). This form shall be sent to Division or Business Unit EHS Manager or EHS Officer within 12 hours of incident.
6. Report all known or potential personnel exposure to blood or OPIM to the TEEX Office of EHS and TEEX HR.
7. Use the assessment tool in Appendix I to ensure their groups are following 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.

Occupational Healthcare Provider

1. Provide occupational health services as required.
2. Review and provide feedback to the TEEEX Office of Environmental Health and Safety regarding the TEEEX Bloodborne Pathogen Exposure Control Plan, as appropriate.
3. Promptly provide results of occupational health consults(s) and any occupational health testing performed, related to bloodborne pathogen exposure events, to TEEEX Human Resource

Employees

1. Adhere to proper work practices, follow universal precautions, wear appropriate PPE, and follow proper waste disposal procedures outlined in the TEEEX BBPECP.
2. Complete required assigned TrainTraQ Bloodborne pathogen training **within 8 days** of initial employment assignment, and annually if you are in an identified position where a reasonably anticipated risk of occupational exposure to blood or OPIM exists.
3. Report all known or potential personal exposure to bloodborne pathogens promptly to your immediate supervisor, TEEEX HR and TEEEX EHS.

Appendix IV

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

At TEEEX, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials during certain tasks, procedures, or emergency response to medical needs	
Division/Department	Job Classification
TEEX/ESTI Environmental Health and Safety Office, Brayton Fire Training Field	Medical Director
TEEX/ESTI Environmental Health and Safety Office, Brayton Fire Training Field	Program Coordinator II
TEEX/ESTI Environmental Health and Safety Office, Brayton Fire Training Field	Field Medic
TEEX/ESTI Environmental Health and Safety Office, Brayton Fire Training Field	Senior Field Medic
TEEX/ESTI Environmental Health and Safety Office, Brayton Fire Training Field	Agency Instructor I
TEEX/ESTI Private Sector Program	Agency Instructor I
TEEX/ESTI-Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Training Manager
TEEX/ESTI-Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Instructor I
TEEX/ESTI-Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Instructor II
TEEX/ESTI-Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Instructor III
TEEX/ESTI NERRTC funded Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Training Coordinator
TEEX/ESTI NERRTC funded Emergency Medical Services Training Program, Brayton Fire Training Field	Agency Training Manager

Appendix V

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

At TEEEX, the following job classifications perform tasks that do not involve exposure to blood, body fluids, or tissue; however, they may incur occasional occupational exposure to blood or possibly infectious materials during certain tasks or procedures.		
Job Classification	Task/Procedure	Department
Agency EHS Coordinator	Emergency cleanup of restrooms when custodial is unavailable	TEEX/Admin Office-TEEX EHS Office, TEEEX Headquarters
Facility Coordinator II	Emergency cleanup of restrooms when Facility Maintenance Technician is unavailable	TEEX/COO'S Office- H. B. Zachry Training Center, San Antonio, Texas
Facility Maintenance Technician	Facility cleaning, maintenance, and repairs	TEEX/COO'S Office- H. B. Zachry Training Center, San Antonio, Texas
Facility Coordinator I	Emergency cleanup of restrooms when Facility Maintenance Technician is unavailable	TEEX/ITSI-OSHA Training Institute Educational Center, Mesquite, Texas
Building Specialist	Facility cleaning, maintenance, and repairs	TEEX/ITSI-OSHA Training Institute Educational Center, Mesquite, Texas
Training Support Technician I	Facility (In ITSI Buildings) restroom repairs and emergency clean-up	TEEX/ITSI, RELIS Campus
Training Support Foreman II	Facility (In ITSI Buildings) restroom repairs and emergency clean-up	TEEX/ITSI, RELIS Campus
Agency Training Coordinator	Emergency Medical Deployment availability for TDEM during declared disasters or emergency declarations	TEEX/ESTI NERRTC funded Emergency Medical Services Training Program, Brayton Fire Training Field
Agency Instructor IV	Emergency Medical Deployment availability for TDEM during declared disasters or emergency declarations	TEEX/ESTI NERRTC funded Emergency Medical Services Training Program, Brayton Fire Training Field
Agency Instructor I	Emergency Medical Deployment availability for TDEM during declared disasters or emergency declarations	TEEX/ESTI NERRTC funded Emergency Medical Services Training Program, Brayton Fire Training Field
Agency Instructor I (Wage)	Occasional Instruction in classroom. Emergency cleanup in EMS classrooms when primary EMS training staff is unavailable	TEEX/ESTI Emergency Medical Services Training Program, Brayton Fire Training Field
Agency Instructor II (Wage)	Occasional Instruction in classroom. Emergency cleanup in EMS classrooms when primary EMS training staff is unavailable	TEEX/ESTI Emergency Medical Services Training Program, Brayton Fire Training Field
Program Coordinator II	Emergency cleanup in EMS classrooms when primary EMS training staff is unavailable	TEEX/ESTI Emergency Medical Services Training Program, Brayton Fire Training Field