

**The University of Texas at San Antonio
Office of Environmental Health, Safety and Risk Management**

Bloodborne Pathogen Exposure Control Plan

i. Review & Signature Page

This original version of this Bloodborne Pathogens Exposure Control Plan has been reviewed for regulatory compliance and best management practices by the undersigned individuals and is hereby adopted for use and compliance by all employees at all University of Texas at San Antonio owned or operated facilities.

Printed Name	Signature	Title	Date
J. Brian Moroney	Signature on File	Director, EHSRM	8/07/2012
Kristee Phelps	Signature on File	Occupational Health & Wellness Manager	8/06/2015
Rebecca Stenberg	Signature on File	Occupational Health Coordinator	8/06/2015

Original: November 2006
Revision: May 2012
Replaces: April 2011

Revision: May 2015
Replaces: May 2012

This plan was reviewed/revised 5/29/2015 and replaces the May 2012 version. Changes to this plan have been highlighted in “gray” and are summarized below:

- i Add Kristee Phelps, Remove John DeLaHunt**
- I Add Rebecca Stenberg, Remove Wendy McCoy**
- iii Clarification of length of time required for handwashing**
- iii Preferred provider list link replaced with “Provider Network” (IMO Med-Select Network)**
- iii. Add reference to the Contaminated Sharps Injury Report Form in Appendix C**
- iii Contact number changed for OHP**
- iii Workers’ Compensation Insurance Coordinator title updated**
- iii Remove “non-academic settings” from exposure control coverage**
- iii Replaced the word “Biohazardous” with biohazard, twice**
- V. Add Employee to the title Exposure Determination**
- VII. Clarification of Hepatitis B vaccination safety for pregnant or lactating women**
- VII. Add Section on Hepatitis B protection for health care workers**
- VIII. Change name of training course SA 456 to begin with “Non-Researcher”**
- VIII. Change name of training course SA 483 to begin with “Researcher”**
- IX. Add “occupational” to medical records and remove Workers’ Compensation component from the occupational health coordinator title**

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iii. Emergency Procedures and Contact Information

A. If you are exposed to blood or body fluids:

1. Remove gloves.
2. Wash your hands and any contact areas immediately and for at least 20 seconds with soap and running water. If not available, use waterless hand sanitizer.
3. Rinse well.
4. Rinse areas such as your eyes, nose, or inside your mouth, as soon as possible, if those areas were splashed or splattered with blood or body fluids.
5. Dry your hands and contact areas by patting with paper towels.
6. Notify your supervisor.
7. Seek medical treatment within two hours of your exposure with a physician familiar with occupational medicine (contact the Workers Compensation Coordinator for appropriate paperwork and choose a provider from the IMO Select Network).
8. Complete the Workers Compensation Insurance Packet.
9. Call EHSRM at extension 5250 to report the incident and for information about counseling and education related to your exposure.
10. If the exposure occurred as a result of contact with a contaminated sharp, the employee and supervisor must also complete:

Contaminated Sharps Injury Reporting Form –
<http://utsa.edu/safety/#/workplace/forms>.

This form, also available in Appendix C of the BBECF, should be forwarded as soon as possible to EHSRM's Workers' Compensation Coordinator (fax to 458-7450) for recording in the sharps injury log and transmittal to the Texas Department of State Health Services, Health Service Region 8, San Antonio

B. If a spill or contamination to a work surface occurs:

1. Put on gloves and any other appropriate PPE.
2. Decontaminate work surface following spill kit instructions or use an appropriate disinfectant and allow a minimum of 15 minutes contact time.
3. Spills should be soaked up with absorbent material (i.e., paper towels), and disinfected with an EPA-approved "hospital tuberculocidal" or "mycobacteriocidal"

disinfectant. Facilities Housekeeping currently uses “disolv” which is suitable for human blood/body fluid spills (Bactericidal, Virucidal and Fungicidal).

4. Use other appropriate equipment such as a brush, scooper, tongs, forceps and/or dust pan to pick up decontaminated material or broken glassware to prevent direct contact.
 5. Dispose of used PPE and clean-up materials in appropriate biohazard container.
 6. Report spills and contamination to your supervisor and EHSRM.
 7. Submit Biological Waste Pick-up Request found on the EHSRM website.
- C. Do not use, repair, or put back into service any equipment that has been contaminated with blood or other potentially infectious materials (OPIM) until it has been appropriately decontaminated.

CONTACT INFORMATION

For more information about this plan and its implementation, contact:

Environmental Health Safety and Risk Management (EHSRM) General inquiries	458-5250
Occupational Health Program (OHP) Hepatitis B vaccination administration	458-5304
Risk and Claims Analyst/Workers' Compensation Contact Exposure control	458-8178
Laboratory Safety Manager Exposure control (Academic and research settings)	458-6101
Risk and Life Safety Manager Emergency response	458-4420
Environmental and Construction Safety Manager Biohazard waste management	458-5808

For biohazard waste pick-up
https://isms.utsa.edu/bio_waste_pickups

I. Overview and Purpose

This plan is provided by Environmental Health Safety, and Risk Management (EHSRM) to be analogous 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. This exposure control plan (ECP) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Texas Health and Safety Code, Chapter 81, Subchapter H, §81.304.

II. Scope

These minimum standards apply to employees of the University of Texas at San Antonio (UTSA) who have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with exposure to sharps. This Exposure Control Plan (ECP) applies to all employees at all UTSA owned or operated facilities.

III. Periodic Review

UTSA shall annually review the exposure control plan, update when necessary, and document when accomplished.

IV. Responsibilities

Departments may provide a separate ECP that is particular to their needs upon review and approval by the EHSRM – Occupational Health Coordinator.

Employees are required to follow the guidelines and procedures set forth in the ECP to include reporting of all sharps injuries or other potential exposures to bloodborne pathogens.

Supervisors are required to ensure all their employees to whom this ECP applies receive appropriate bloodborne pathogens training as listed in section VIII of this ECP and that those employees be enrolled in the UTSA Occupational Health Program (OHP) and be offered the Hepatitis B Virus vaccine within 10 working days of first being required to perform duties that put them at risk of potential exposure to a bloodborne pathogen.

V. **Employee** Exposure Determination

The Texas Department of State Health Services (department) Bloodborne Pathogens Exposure Control Plan (plan) requires UTSA to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

At The University of Texas at San Antonio, the Exposure Control Plan applies to the following job classifications:

- a) Health care clinical staff
- b) Police officers and guards
- c) Lifeguards
- d) Child care staff
- e) Plumbers
- f) Housekeepers and Building Attendants
- g) Emergency Responders
- h) Athletic trainers

The job descriptions for the above employees encompass the potential occupational exposure risks to bloodborne pathogens.

VI. Implementation Schedule and Methodology

A. COMPLIANCE METHODS

Departments ensure that employees observe universal precautions to prevent contact with blood or other potentially infectious materials. Departments ensure that employees consider all blood or other potentially infectious material infectious regardless of the perceived status of the source individual.

Departments apply engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after a department has instituted these controls, departments ensure that employees use personal protective equipment. 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 center 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 after incurring exposure.

Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work.

If handwashing facilities are not feasible, the department shall 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 feasible.

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

B. NEEDLES

Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. This plan grants an exception to this requirement 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.

Employees who encounter improperly disposed needles shall notify EHSRM and the area supervisor or lab manager of the location of the needle(s). Needles are to be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, EHSRM will pick up and dispose of the needles in an appropriate, labeled sharps container.

C. CONTAMINATED SHARPS DISCARDING AND CONTAINMENT

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded.

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 (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. 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 blood or other potentially infectious materials is prohibited.

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

E. COLLECTION OF SPECIMENS

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens.

The container used for this purpose is 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.

Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Employees are required to label these specimens according to departmental procedure. These procedures should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.

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

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

F. CONTAMINATED EQUIPMENT

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

G. PERSONAL PROTECTIVE EQUIPMENT

All personal protective equipment used is provided without 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 side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

- All personal protective equipment is cleaned, laundered, and disposed of by the department at no cost to employees. All repairs and replacements are made by the department at no cost to employees.
- All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.
- Gloves are 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 feasible 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 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.

H. HOUSEKEEPING

Departments shall ensure that the worksite is maintained in a clean and sanitary condition. The department 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 decontaminated after completion of procedures, immediately or as soon as feasible 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 are removed and replaced as soon as feasible 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.

Broken, contaminated glassware must not be handled directly with hands, but must be cleaned up by mechanical devices such as brush, scooper, tongs, forceps and/or dust pan.

I. REGULATED WASTE DISPOSAL

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is 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 is placed 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 is properly disposed of in accordance with federal, state, county, and local requirements. Refer to the UTSA Biological Waste Management Plan on the EHSRM website at: <http://utsa.edu/safety/#/safetymanuals>

J. LAUNDRY PROCEDURES

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended. The methods for handling, transporting, and laundering of soiled linen are determined by departments' written procedures and any applicable regulations.

K. USE OF BIOHAZARD LABELS

Departments should have a procedure that determines when biohazard-warning labels are to be affixed to containers or placed in color-coded bags. The procedure should include the types of materials that should be labeled as biohazard material. These materials may 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.

VII. Hepatitis B Virus Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B virus 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 virus vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. **Hepatitis B vaccination is not contraindicated for pregnant or lactating women.**

Employees receive the vaccine through the UTSA Occupational Health Program. Refer to the EHSRM website at: <http://utsa.edu/safety/#/workplace/occupational> to enroll in the OHP.

Employees who decline the Hepatitis B virus vaccine sign a disclosure statement (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.

UTSA follows the December 20th, 2013, CDC guidance for Health Care Personnel for Hepatitis B virus protection for employees who work in the Student Health Services and other Health Care Personnel on campus:

- **HCW should make a significant effort to obtain and provide documentation of previously received hepatitis B vaccination and post vaccination antibody testing, if performed. This may require the new hire to contact previous employer, current PCP, school, or childhood practitioner. A new hire who is unable to present documentation of Hepatitis B vaccine administration and only provides a personal history or recollection of receiving the vaccines should be considered susceptible to Hepatitis B and offered the vaccine series**
- **HCW's should be vaccinated with \geq 3 dose Hepatitis B vaccine series**
- **Additional doses of Hep B vaccine will be provided to complete an incomplete series (the vaccine series does not need to be restarted)**
- **For new hires, UTSA HCW's who have initiated and /or completed the hepatitis B vaccine series while employed by UTSA, post-vaccination anti-HBs will be drawn as part of the occupational health program to test for immunity 1-2 months after completion of the series**
- **For titer results that are less than \geq 10mIU/ML, UTSA will follow the CDC 2013 guidelines for boosting with additional doses of Hepatitis B vaccine**
- **Antibody testing for immunity by anti-HBs in new hires that have documentation of previously completing the Hepatitis B vaccination series will NOT be performed as part of the new hire process unless he/she completed the series in the last 1-2 months. These employees will be tested for anti-HBs only if a possible exposure occurs and the BBCEP post exposure protocol will be followed.**

A. POST EXPOSURE EVALUATION AND FOLLOW UP

When the employee incurs an exposure incident, the employee reports to UTSA EHSRM Workers Compensation.

All employees who incur an exposure incident may elect to receive a confidential medical evaluation and follow up as follows:

- Documentation of the route(s) of exposure and the circumstances related to the incident.
- Identification and documentation of the source individual. Identification is not required if UTSA can establish that identification is impossible or prohibited by state or local law. After obtaining consent, unless state or local law allows testing without consent, the blood of the source individual should be tested for HIV and HBV serological status, unless UTSA can establish that testing of the source is impossible or prohibited by state or local law.
- The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- 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.
- The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- 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.

B. CONTAMINATED SHARPS INJURY LOG

Information concerning contaminated sharps injuries shall be recorded in a written or electronic sharps injury log which shall be maintained by the UTSA EHSRM Workers' Compensation Coordinator, in accordance with Health and Safety Code, Chapter 81, Subchapter H, of the Texas Administrative code.

Information concerning each contaminated sharps injury shall be reported to the Texas Department of State Health Services, Health Service Region 8 – San Antonio, Fax # 210-692-1457, no later than ten working days after the end of the calendar month in which it occurred.

The Workers Compensation Coordinator in UTSA's EHSRM office assures that the policy outlined here is effectively carried out and maintains records related to this policy.

C. INTERACTION WITH HEALTHCARE PROFESSIONALS

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization 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 this exposure control plan;
2. a copy of applicable procedures from the department;
3. a description of the exposed employee's duties as they relate to the exposure incident;
4. documentation of the route(s) of exposure and circumstances under which the exposure occurred;
5. results of the source individual's blood tests (if available); and
6. 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 virus vaccine, or
2. when the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals shall limit their written opinions to:

1. whether the Hepatitis B virus 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. whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

VIII. Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur, but within 10 working days. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training. Two EHSRM approved training tracks are available to comply with this ECP:

SA 456 – Non-Researcher Bloodborne Pathogens

SA 456r – Non-Researcher Bloodborne Pathogens Annual Refresher

SA 483 – Researcher Biosafety & Bloodborne Pathogens

SA 483r – Researcher Bloodborne Pathogens & Biosafety Annual Refresher

All courses are available online through *The Learning Source* or in classroom format as scheduled through MyTraining, both schedules accessible on the Human Resources Training & Development website <http://mytraining.utsa.edu/td/>.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Texas Administrative Code Chapter 96. Bloodborne Pathogen Control
2. OSHA Bloodborne Pathogen Final Rule;
3. Epidemiology and symptomatology of bloodborne diseases;
4. Modes of transmission of bloodborne pathogens;
5. The UTSA exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
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 virus 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. Opportunity to ask questions with the individual conducting the training.

IX. Recordkeeping

Medical/occupational health records are maintained by the UTSA Occupational Health Coordinator in the Environmental Health, Safety and Risk Management Office.

Training records are maintained by UTSA Human Resources.

Records retention conforms to UTSA records retention policies.

APPENDIX A

**THE UNIVERSITY OF TEXAS AT SAN ANTONIO
HEPATITIS B VACCINATION DISCLOSURE FORM**

Name (Please Print): _____

Date of Birth: _____ / _____ / _____ EID: _____

As a result of the nature of my occupational duties at UTSA, there is a substantial risk of direct contact with blood or other potentially infectious materials which have been determined as likely to transmit the Hepatitis B virus. I have received Bloodborne Pathogen Training and am aware of the precautions that must be taken when dealing with blood and body fluid exposure. As part of UTSA's Bloodborne Pathogen Exposure Control Plan and as a covered employee under UTSA's Occupational Health Program, I can receive vaccination against Hepatitis B at no cost.

INSTRUCTIONS: Place a in either A, B or C box below that best describes your intent.

A **Yes, I'd like to get a Hepatitis B vaccine. (Vaccinations are given on Thursdays. Call X 5304 or e-mail UTSAohp@utsa.edu, to make vaccination appointment)**

CONSENT FOR HEPATITIS B VACCINE. In accordance with UTSA's Bloodborne Pathogen Exposure Control Plan, I am being offered, free of charge, the Hepatitis B vaccination. The vaccine will be administered during working hours through the OHP at the BRG, 1.102.

1. I have never received the Hepatitis B vaccine and would like to be vaccinated.
2. I have been informed that I am at risk of acquiring hepatitis B because of the nature of my professional responsibilities.
3. I have read the information sheet that lists the indications, benefits, and presently known side effects of Hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
4. I must receive three (3) doses of vaccine over a period of six (6) months to confer optimal immunity.
5. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
6. In the event that I should terminate employment at UTSA prior to receiving all three (3) doses of Hepatitis B vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature: _____ Date: _____

B **I already received the Hepatitis B.**

PREVIOUS IMMUNIZATION WITH HEPATITIS B VACCINE. I have previously completed a three-dose series of the Hepatitis B Vaccine. I understand that it is currently believed to be effective for life. I further understand that I will be contacted by UTSA's Occupational Health Coordinator if new information becomes available contradicting this belief.

Employee Signature: _____ Date: _____

C **I DECLINE taking the Hepatitis B vaccine.**

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

Employee Signature: _____ Date: _____

PLEASE COMPLETE THIS DOCUMENT AND RETURN IT TO THE OCCUPATIONAL HEALTH COORDINATOR IN EHSRM AS SOON AS POSSIBLE.

APPENDIX B

DEFINITIONS

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

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.

Engineering controls — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan (ECP) — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

- 1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
- 2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
- 3) intravenous tubing with needles detached

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.

Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

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

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, 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 in which it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures; organ cultures; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Pathogen — a bacteria or virus capable of causing infection or disease.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research laboratory — a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.



INFECTIOUS DISEASE CONTROL CONTAMINATED SHARPS INJURY REPORTING FORM

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of State Health Services (DSHS) regional office in which the facility is located. Address information for regional directors can be obtained on the DSHS webpage at <http://www.dshs.state.tx.us/regions/default.shtm>. The local health authority, acting as an agent for the Texas Department of State Health Services will receive and review the report for completeness, and submit the report to: IDEAS, Texas DSHS, 1100 West 49th Street, T-801, Austin, Texas 78756-3199. Obtain copies at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting or from Texas Department of State Health Services regional offices.

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

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

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

Needles

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

Surgical Instruments (or other sharp items)

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

Glass

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

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

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

4. When and How Injury Occurred...

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

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Activating safety device <input type="checkbox"/> Between steps of a multistep procedure (carrying, handling, passing/receiving syringe/instrument, etc.) <input type="checkbox"/> Device malfunctioned <input type="checkbox"/> Device pierced the side of the disposal container <input type="checkbox"/> Disassembling device or equipment <input type="checkbox"/> Found in an inappropriate place (eg. Table, bed, linen, floor, trash) <input type="checkbox"/> Interaction with another person <input type="checkbox"/> Laboratory procedure/process | <ul style="list-style-type: none"> <input type="checkbox"/> Patient moved during the procedure <input type="checkbox"/> Preparation for reuse of instrument (cleaning, sorting, disinfecting, sterilizing, etc.) <input type="checkbox"/> Recapping <input type="checkbox"/> Suturing <input type="checkbox"/> Use of sharps container <input type="checkbox"/> Unsafe practice <input type="checkbox"/> Use of IV/central line <input type="checkbox"/> Other _____ |
|---|--|

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

A. Was the protective mechanism activated?

B. Did the exposure incident occur

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> before | <input type="checkbox"/> during | <input type="checkbox"/> after activation of the protective mechanism |
|---------------------------------|---------------------------------|---|

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

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

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

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

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

APPENDIX C

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

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

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

- Employee Student Contractor/contract employee Volunteer Other _____

If not directly employed by reporter, name the employer/service/agency/school: _____

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

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

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

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

COMMENTS: