


Bloodborne Pathogens Exposure Control Plan



**Texas A&M University – Central Texas
Office of Safety & Risk Management**

December 7, 2017

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

Texas A&M University – Central Texas

Bloodborne Pathogens Exposure Control Plan

Submitted by: Safety and Risk Management Officer

Approval Document


Original Signed and on file in Warrior Hall Room 425H	12/12/2017
Safety and Risk Management Officer	Date

Original Signed and on file in Warrior Hall Room 425H	12/13/2017
Vice President for Finance and Administration	Date

Original Signed and on file in Warrior Hall Room 425H	12/15/2017
Provost & VP for Academic and Student Affairs	Date


Original Signed and on file in Warrior Hall Room 425H	01/03/2018
Vice President for Research and Economic Development	Date

Original Signed and on file in Warrior Hall Room 425H	12/18/2017
President	Date

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

RECORD OF CHANGES

Change No.	Date of Change	Description of Change	Change Made by:
Initial	April 1, 2015	Initial document	Shawn Kelley
001	May 21, 2015	Update to TAMU System document number guidelines	Shawn Kelley
002	April 19, 2016	Reviewed and updated: Added all lab personnel to the BBP training requirement.	Shawn Kelley
003	March 2, 2017	Reviewed and updated	Shawn Kelley
004	December 7, 2017	Reviewed and updated: Add sports recreation employees to Appendix A.	Shawn Kelley

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

Texas A&M University – Central Texas
Bloodborne Pathogens Exposure Control Plan

INTRODUCTION


This Bloodborne Pathogens Exposure Control Plan is adopted in accordance with the [Texas Health and Safety Code, Chapter 81, Subchapter H](#), and analogous to the [OSHA Bloodborne Pathogens Standard](#). Its purpose is to provide guidance by setting forth the recommended minimum protective requirements to minimize occupational exposure to bloodborne pathogens and Other Potentially Infectious Materials (OPIM).

APPLICABILITY

This plan is to assist our institution in ensuring compliance and protecting our employees from exposure; therefore, it is applicable to all personnel whose required duties include routine or reasonably anticipated tasks where there is a reasonably anticipated risk of occupational exposure to blood or other potentially infectious materials or contaminated sharps. Additional measures may be instituted at the departmental level to cover specific tasks. Neither students who are not employees nor “Good Samaritans” are covered by this plan.

DEFINITIONS

- A. BLOOD – human blood, human blood components, and products made from human blood.
- B. BLOODBORNE PATHOGENS – pathogenic microorganisms that are present in human blood and that can cause diseases in humans such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- C. CONTAMINATED – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. 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.
- E. EXPOSURE INCIDENT – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- F. 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.
- G. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) - include the following:
 - 1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood.

- Any unfixed tissue or organ (other than intact skin) from a human, living or dead
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

H. PARENTERAL CONTACT – piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.

I. PERSONAL PROTECTIVE EQUIPMENT – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment ([see appendix C](#)).

J. REGULATED WASTE – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

K. SHARPS - any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

L. SOURCE INDIVIDUAL – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

M. UNIVERSAL PRECAUTIONS – an approach to infections control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.


METHODS OF BLOODBORNE PATHOGENS TRANSMISSION

A. Bloodborne pathogens may be transmitted in the following ways:

- By having sex with an infected person (through semen, vaginal fluids, or blood);
- Being punctured by or sharing needles and syringes or any injury by a contaminated sharps object;
- From the mother to the fetus during pregnancy or possibly to the baby through breast feeding;
- By receiving infected blood or blood products;
- Transferring the infectious material to the mouth, eyes, nose, or open skin;
- Sharing razors, toothbrushes or contact lenses; tattooing and body piercing; or
- Exposure of open wounds/mucous membranes to the blood of an infected person. See CDC web site for current information: www.cdc.gov.

B. Current scientific and medical technology has determined that bloodborne pathogens are transmitted through certain behaviors, not the environment, and that there is no risk of infection through routine daily contact. Live Bloodborne pathogens must gain entry to the blood stream or mucous membranes to cause infection. Employees and students are not at risk of exposure to bloodborne pathogens through:

- Casual contact (shaking hands, working side-by-side);

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

2. Use of equipment or supplies (tools, telephones, machinery, furniture, computers);
3. Use of restrooms, eating or cooking facilities, water fountains;
4. The environment (air, water, insects); or
5. Donating blood for blood drives.

EXPOSURE DETERMINATION

The Texas Department of Health Bloodborne Pathogens Rule requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials (OPIM). Employees are considered to have potential exposure even if they wear personal protective equipment; therefore, the exposure determination is made without regard to the use of such equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

Professions at risk of exposure include all which require contact with someone bleeding or responsible for the cleanup of blood of other infectious materials, and will be identified by the Office of Safety and Risk Management in conjunction with the Office of Human Resources. Departments in which employees, while in the performance of their job duties, may have occupational exposure to bloodborne pathogens are listed in [Appendix A](#).

TRAINING

A. Those determined to be at high risk for occupational exposure to bloodborne pathogens shall receive training prior to their initial assignment to tasks where occupational exposure may occur, and refresher training each year thereafter. Additional training can be provided or required at any time as new information becomes available.

The link to the A&M System BBP course through TrainTraq is located at the follow link:

<http://www.tamus.edu/business/risk-management/safety/health-safety/bloodbornepathogens/>

B. All training shall be taken during working hours, and training records shall be maintained in Train Traq.


VACCINATION

A. All employees who have been identified as having potential risk of occupational exposure to blood or OPIM (listed in Appendix A) are offered the hepatitis B vaccine series by the employer at no cost to the employee.

B. The vaccinations will be administered under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

C. Those employees who are occupationally at risk of having an exposure incident will receive the HBV at a facility contracted by the University.

D. The Hepatitis B vaccination will be made available after the employee has received bloodborne pathogen training and within ten (10) working days of initial assignment to work unless a) the employee has previously received the complete hepatitis B vaccination series, b) antibody testing has revealed that the employee is immune, c) the vaccine is contraindicated for medical reasons, or d) the employee declines the vaccination.

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

E. Individuals who decline the HBV must sign a declination statement. Those who initially decline, but later elect to receive the vaccination may do so at no cost ([see Appendix B](#)).

METHODS OF COMPLIANCE

A. Universal precautions are observed to prevent contact with blood and other potentially infectious body fluids.

B. Personal protective equipment (PPE)


1. PPE is provided without cost to employees, and will be used during any cleanup or response to an incident where blood or OPIM may be present.
2. Examples include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.
3. Bloodborne Pathogen Personal Protection Kits are available in laboratories, the University Police Department, and the Office of Safety & Risk Management.
4. PPE should be removed prior to leaving the contaminated area, and disposed of properly in a biohazard waste container.

C. Work practice controls shall be used to eliminate or minimize exposure.

1. Flush affected skin or mucous membranes with soap and water or flush with water as soon as possible after exposure to blood or OPIM.
2. Wash hands and any other potentially contaminated skin area with soap and water immediately after removing gloves or other PPE.
3. Use waterless disinfectants first if soap and water are not immediately available, and then wash hands with soap and water as soon as feasible.
4. Pull back and secure long hair with a clip or other device to keep it off of your face prior to putting on gloves to avoid the necessity of brushing it out of the way with gloves that may be potentially contaminated.
5. Avoid touching eyewear while wearing gloves to further reduce exposure.
6. Do not eat, drink, apply cosmetics, smoke, use smokeless tobacco, or handle contact lenses in areas where there is a reasonable likelihood of exposure (i.e., evidence area).
7. Do not store food or beverages in or around areas such as refrigerators, freezers, shelves, cabinets, on or around bench tops where blood or other potentially infectious materials are present (i.e., evidence area or laboratories).
8. Perform all procedures in which blood or OPIM are present in such a manner as to minimize splashing, spraying, and generation of droplets of these materials.
9. Mouth pipetting of any kind, but specifically to include the suctioning of blood or other potentially infectious materials, is strictly prohibited.

D. Engineering controls are important in eliminating or minimizing employee exposure.

1. Sharps disposal containers.
2. Biohazard containment bags.
3. Biohazard labeling.
4. Handwashing facilities are readily accessible to all employees who have exposure to blood or OPIM.

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

5. Antiseptic towelettes or waterless disinfectants are used when handwashing facilities are not available.

E. Housekeeping

1. Maintain work sites in a clean and sanitary condition.
2. Decontaminate work sites immediately or as soon as feasible after blood or OPIM has contaminated the surface.
3. Decontaminate all bins, pails, cans, and similar receptacles intended for reuse immediately if they are contaminated with blood or other potentially infectious materials.
4. Observe the manufacturer's directions regarding proper dilution and standing time when decontaminating with chemicals.
5. Use tools such as forceps, and brush and dustpans to pick up any glassware suspected of being contaminated. Do not pick up glass fragments directly with your hands even while wearing gloves, and wear gloves during cleanup.

SHARPS


- A. Place contaminated sharps and PPE in proper containers and label accordingly where it will be disposed of by transport to a local facility for proper disposal.
- B. Contaminated needles and sharps are not bent, broken, recapped, removed, sheared or purposely broken. They are placed in proper sharps containers, and labeled accordingly.
- C. "Discovered or found" syringes may be contaminated with potentially infectious material, and should be treated as though they are. Do not move them unless gloves are worn, and a sharps container is present for proper disposal. When picking up sharps of any kind, use tools such as forceps, tongs, sweeper and dustpan to avoid the need to touch with your hands.

USE OF BIOHAZARD LABELS

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

REGULATED WASTE DISPOSAL

- A. All contaminated sharps are placed in sharps containers and discarded as soon as feasible.
- B. Regulated waste other than sharps, such as PPE, is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label and closed prior to removal to a disposal facility. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closeable, leak proof, labeled with a biohazard label, and closed prior to removal to a disposal facility.

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

D. Regulated waste will be picked up and disposed of by a medical waste disposal company.

EXPOSURE INCIDENT REPORTING


If an exposure incident should occur:

1. The Office of Public Safety, Office of Human Resources, Office of Safety & Risk Management, and the employee's supervisor will be notified immediately of an exposure incident.
2. The University Police Department will complete an Incident Report and forward the original to the Office of Human Resources and a copy to Office of Safety & Risk Management;
3. Supervisor or the University Police Department will complete a [First Report of Injury or Illness form](#) and submit the original to Office of Human Resources and a copy to Office of Safety & Risk Management;
4. The University Police Department will complete a [Contaminated Sharps Injury Reporting form](#), if one was involved, and submit the original to the Office of Human Resource and a copy to Office of Safety & Risk Management;
5. The Office of Human Resources and/or the Office of Safety & Risk Management will update the Incident Report Log;
6. The Office of Human Resource and/or Office of Safety & Risk Management will update the Contaminated Sharps Injury Log; and
7. The Exposed employee will be referred for exposure testing.

POST-EXPOSURE AND FOLLOW-UP

A. Post exposure evaluation and follow-up are offered to those employees who have met the exposure determination and have had an exposure incident. It will be at no cost to the employee, and will include:

1. Identification and documentation of the source individual, unless employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless employer can establish that testing of the source is infeasible or prohibited by state or local law;
2. The results of testing of the source individual are made available to the exposed employee in confidence during the consultation with the designated health care provider in order to guide medical recommendations with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual;
3. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible. (NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/her blood tested within ten days of the exposure to demonstrate absence of disease at the time of exposure);
4. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service; and
5. The employee is given appropriate counseling concerning infection status, results, and interpretations of tests, and precautions to take during period after the exposure incident. The employee is informed about

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

B. A written opinion is obtained from the healthcare professional when an employee is sent to obtain the hepatitis B vaccination or when evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. Copy of the Texas A&M University – Central Texas Exposure Control Plan;
2. Description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood tests, if available; and
5. BBP records relevant to the appropriate treatment of the employee;

C. Healthcare professionals should limit their written opinions to:


1. Whether the Hepatitis B vaccine is indicated;
2. Whether the employee has received the vaccine;
3. The evaluation following the 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 OPIM which require future 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 fifteen days of completion of the evaluation.

RECORD KEEPING

A. BLOODBORNE PATHOGENS EXPOSURE RECORDS

1. Will be maintained in the Office of Human Resources, and in accordance with the System's Records Retention Schedule.
2. Shall include the following:
 - a. Hepatitis B vaccination status, including dates of all Hepatitis B vaccinations, and any medical records relative to the employee's ability to receive vaccination as required;
 - b. Copy of Vaccination Declination Form, if applicable;
 - c. Copy of all examination results, medical testing, and follow-up procedures related to exposure incident;
 - d. Copy of the healthcare professional's written opinion;
 - e. Description of employee's duties as they related to the exposure incident;
 - f. Description of the route of exposure and the circumstances under which the exposure occurred;
 - g. Copy of the detail incident report form;
 - h. Copy of the sharps injury report, if applicable; and
 - i. Copy of any other records, files, documents, notes, etc. related to the exposure incident.

B. BLOODBORNE PATHOGENS TRAINING RECORDS

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

1. Will be maintained in TrainTraq, and in accordance with the System's Records Retention Schedule.

C. CONTAMINATED SHARPS INJURY LOG

1. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Texas A&M System Office of Risk Management and Safety maintains a log and reports injuries from contaminated sharps to the Texas Department of State Health Services.
2. Shall include the following:
 - a. Name of reporting official;
 - b. Date and time of exposure incident;
 - c. Age and sex of injured employee;
 - d. The job title of the injured person;
 - e. Whether the injured person had completed a hepatitis B vaccination series;
 - f. Whether the injured person received training on bloodborne pathogens within the last twelve months prior to the incident;
 - g. Department, work area, location of sharps injury;
 - h. The injured body part;
 - i. Description of how exposure incident occurred;
 - j. Type and brand of sharp involved;
 - k. Original intended use of the sharp involved;
 - l. Whether the injury occurred before, during, or after the sharp was used for its original purpose.
 - m. Whether sharps injury protection existed, and if yes, was the protective mechanisms activated, and did the exposure incident occur before, during, or after activation of that protective mechanism;
 - n. Whether the injured person was wearing gloves at the time of the injury;
 - o. Whether a sharps container was readily available for disposal of the sharp; and
 - p. The Office of Human Resources and/or Safety & Risk Management will send copy to the System Office of Risk Management who will then report the incident to the Texas Department of Health.


*Most of the information listed above will be included on the [First Report of Injury or Illness form](#) so an addendum must be attached with the remainder of the required data.
3. All injuries or exposures involving sharps should be reported to the Office of Human Resources, the University Police Department, and the Office of Safety and Risk Management within 24 hours of occurrence.

CONFIDENTIALITY

Texas A&M University – Central Texas will preserve the confidentiality of any medical documentation or information provided. Employers are forbidden by law to disclose this information without the employee's knowledge or consent, except as provided by law.

RESPONSIBILITIES


Departmental supervisors are responsible for ensuring their personnel comply with the provisions of this plan. Each University department is responsible for providing all supplies necessary for compliance with this plan,

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

including, but not limited to personal protective equipment, sharps containers, labeling, and biohazard, waste disposal bags.

REVIEW

This Exposure and Control Plan will be reviewed annually and updated when necessary by the Office of Safety and Risk Management.


	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

APPENDIX A

JOB CLASSIFICATIONS WITH RISK OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

At this time, Texas A&M University – Central Texas only employs personnel in four classifications that are at risk for occupational exposure to bloodborne pathogens as currently custodial services and facility maintenance is outsourced, and thereby, responsible for their own bloodborne pathogens training and treatment.

1. All employees of the University Police Department
2. All laboratory personnel
3. Safety & Risk Management Officer
4. All Sports and Recreation employees

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

APPENDIX B

Hepatitis B Vaccination Acceptance or Declination Form

Texas A&M University – Central Texas will facilitate the administration of the Hepatitis B vaccination series to all employees who have occupation exposure at no cost to the employee. The vaccine is administered in a prescribed series of three injections over a six month period. Dose 2 is administered thirty (30) days following Dose 1, and Dose 3 is administered five (5) months following Dose 2.


You should have already received training on the risks and prevention of occupational exposure to bloodborne pathogens, including the HBV, and had an opportunity to ask questions. If you have not completed the training, please do so before completing this form. If you have received bloodborne pathogen training, please select an option below.

- ☐ I agree to receive the Hepatitis B vaccination series.
- ☐ I attest that I have already been immunized against the Hepatitis B virus (HBV).
- ☐ I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself; however, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Name Printed

Employee's Signature

Date

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	003
	Level 2	Date:	12/07/2017
		Office:	TAMUCT Safety & Risk Management

APPENDIX C

PERSONAL PROTECTIVE EQUIPMENT

- Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
- Gloves are worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or mucous membranes may occur.
- If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided.
- Disposable gloves will not be re-used and will be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
- Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They are discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
- Masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers are worn when gross contamination can be reasonably anticipated.
- All garments that are penetrated by blood are removed immediately or as soon as feasible.
- Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated.
- Used protective equipment is placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

There are Bloodborne Pathogen Cleanup Kits available in the University Police Department Security Desk in the first floor lobby of Founders Hall, the Office of Safety & Risk Management in room 425H in Warrior Hall, the Biology Prep Room 409 in Warrior Hall and in each police vehicle.