



BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN  
2024

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**The University of Texas at Austin**  
**Bloodborne Pathogens**  
**EXPOSURE CONTROL PLAN**

**Introduction**

The University of Texas at Austin (UT) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with the State of Texas Health and Safety Code, §81.304 and with guidance from the OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

**Applicability**

The ECP is a key document to assist our organization in ensuring compliance and protecting our employees. This plan applies to all departments, units, centers or other organizational components of UT that employ personnel who: provide services in a facility offering health care related services; or otherwise have a risk of occupational exposure to blood or other potentially infectious materials; or in connection with occupational exposure to contaminated sharps. A list of the departments to which this standard applies is included as the first column of Appendix A, Exposure Determination. This list is not exhaustive and other departments may also apply if they perform activities meeting the exposure risk described above. Students who are not employees are not covered by this ECP. See Appendix E for more information.

Employees covered by the ECP will receive an explanation of this ECP during their initial bloodborne pathogens training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting Environmental Health and Safety (EHS) at 512-471-3511. The most current approved [ECP](#) is available on the EHS website.

**Definitions**

For the purposes of the ECP, the following definitions apply:

- **Blood**- includes human blood, human blood components, and products made from human blood
- **Bloodborne Pathogens (BBP)**- pathogenic microorganisms that are present in human blood and cause disease in humans, and include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)
- **Bloodborne Pathogens Control Committee**- consists of representatives from EHS, HealthPoint Occupational Health Program (OHP), University health care settings and other major university departments with potential for occupational exposure to blood or other potentially infectious materials or contaminated sharps

- **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 infectious materials or may contain sharps
- **Contaminated Sharps**- any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass and broken capillary tubes
- **ECP**- Exposure Control Plan
- **EHS**- Environmental Health and Safety
- **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 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
- **HBV**- hepatitis B virus
- **HCV**- hepatitis C virus
- **HealthPoint OHP**- UT's Occupational Health Program
- **HIV**- human immunodeficiency virus
- **HRS**- Human Resource Services
- **Occupational Exposure**- 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)**- includes human semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluid in situations where it is difficult or impossible to differentiate between bodily fluids, any unfixed tissue or organ (other than intact skin) from a human, and 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
- **PPE**- Personal Protective Equipment which includes gloves, eyewear, face masks, 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 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

- **Sharps**- objects used that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident. Examples include needle devices, scalpels, lancets, broken glass, capillary tubes, and certain dental equipment.
- **Sharps with Engineered Sharps Injury Protections**- a non-needle sharp or a needle device used for withdrawing bodily fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident
- **Source Individual**- any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee
- **Universal Precautions and Body Substance Isolation Standard Precautions**- an approach to infection control and work on the principle that all blood, bodily fluids, secretions, excretions except sweat, non-intact skin and mucous membranes are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens
- **Work Practice Controls**- controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique)

### **Program Administration**

The Bloodborne Pathogens Control Committee is responsible for the implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Exposure determinations will be made by department managers or Principal Investigators in conjunction with EHS. The exposure determination is made without regard to the use of personal protective equipment. The EHS Director, 512-471-3511, or their designee assures that the policy outlined here is effectively carried out.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the work practices outlined in this ECP.

Departments with occupational bloodborne pathogens exposure risk will provide and maintain all necessary PPE, engineering controls (e.g., sharps containers), labels, and biohazard bags as required by this standard. EHS can assist departments with ensuring that adequate supplies of the aforementioned equipment are

available. Contact phone number: UT EHS, 512-471-3511. Departments will be responsible for referring exposed employees to OHP to ensure that all medical actions required by this standard are performed and that appropriate employee health records are maintained. Contact phone number: HealthPoint OHP, 512-471-4OHP(4647).

EHS will be responsible for training, documentation of training, and making the written ECP available to employees.

*Departments implementing organization-specific training and/or department-specific procedures that assist in the implementation of the UT ECP are responsible for documentation of that training and providing copies of those procedures to their employees. This documentation must be made available to EHS upon request.*

### **Implementation Control and Methodology**

All employees will utilize universal precautions regardless of the perceived status of the source individual.

### **Engineering Controls and Work Practices**

- Engineering controls and work practices will be used to prevent or minimize exposure to bloodborne pathogens. Department managers are responsible for ensuring the specific engineering controls and work practices listed below are implemented and should use Appendix D, Assessment Tool, at least once per year to assess compliance as required under the Texas Department of State Health Services regulations. Healthcare settings must use needles and other sharps that have engineered safety devices. UT also recommends that needles and sharps with engineered safety devices are used wherever feasible in research and lab settings. Other examples of safety-engineered devices include but are not limited to: plastic pipettes, non-glass capillary tubes, and safety scalpels.
- Contaminated needles or sharps must not be bent, recapped, removed, sheared, or purposely broken. If no alternative is feasible and the action is required by a specific medical procedure then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.
- Sharps disposal containers are inspected and maintained by the departments whenever necessary to prevent overfilling. Departments are to contact EHS at 512-471-3511 to arrange for replacement of disposal containers.

- UT identifies the need for changes in engineering controls and work practices through the annual review meeting of the Bloodborne Pathogens Control Committee, evaluation of trends from the sharps injury log and solicitation of employee feedback following sharps injury incidents.
- UT evaluates new procedures and new products regularly for possible implementation through medical supplier advertising, employee feedback from networking with professional associations and regulatory review.

### **Handwashing**

Handwashing facilities must be available to employees who incur exposure to blood or OPIM. These facilities must be located and managed so as to be readily accessible to an employee after incurring exposure.

If handwashing facilities are not feasible, the UT department for which the covered employee works will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel, antiseptic towelettes, or hand sanitizer. If these alternatives are used, then the hands should be washed with soap and running water as soon as feasible.

After removal of PPE, employees should wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

### **Housekeeping**

Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Each 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 contamination, and tasks or procedures being performed in the area.

All contaminated work surfaces must be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift. The following methods of decontamination are recommended by EHS in the order of preference:

- Hospital grade disinfectant effective against HIV and hepatitis viruses.
- Bleach and water solution (1:10)
- 3% hydrogen peroxide solution. Hydrogen peroxide should remain on the contaminated area for 10 minutes prior to wiping.

In departments where there is a potential for larger spills involving blood or OPIM such as health care settings, EHS recommends a BBP spill kit. In addition to PPE, these kits should contain a scoop and absorbent granules to collect the bulk of the spill material. All cleaning procedures should minimize splash potential.

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.

Equipment which may become contaminated with blood or OPIM must be examined prior to servicing or shipping and decontaminated as necessary.

Contaminated sharps must be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and have a biohazard label or are color-coded. Contaminated sharps containers must 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., exam rooms); maintained upright throughout use; not allowed to overfill; and replaced routinely.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan, tongs or forceps.

Soiled linen and PPE may be contaminated; however, the risk of disease transmission can be minimized if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and the environment. Hygienic and commonsense storage and processing of clean and soiled linen is recommended including the wearing of gloves to sort laundry and placing wet soiled laundry in leak-proof containers. Methods for handling, transporting, and laundering of soiled linen and PPE are determined by UT EHS. See the [EHS](#) website for more information on laundering.

Facilities which may be used for laundry cleaning services are listed in Appendix B, Laundry Facilities.

### **Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees should not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses for personal use. Food and beverages may not 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 OPIM is prohibited.

All procedures should be conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

### **Collection of Specimens**

Specimens of blood or OPIM should be 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 should be labeled with a biohazard label or color-coded.

Specimens of blood or OPIM are usually collected within a health care or laboratory setting. Labeling of these specimens should be done according to an appropriate specimen collection procedure. This procedure 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 a biohazard or color-coded label should be affixed to the outside of the container.

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

Before transporting or shipping specimens of blood or OPIM, contact EHS, 512-471-3511.

### **Personal Protective Equipment**

All PPE used must be provided without cost to employees including repairs and replacements. PPE is chosen based on the anticipated exposure to blood or OPIM. The PPE is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or

other mucous membranes under normal conditions of use and for the duration of the time which the PPE is used. Examples of PPE include:

- gloves
- eyewear with side shields
- gowns
- lab coats
- aprons
- shoe covers
- face shields
- masks

If available, EHS recommends that all personal protective equipment be fluid resistant and disposable. PPE that is not disposable must be cleaned and laundered by the employing UT department at no cost to employees. All garments which come in contact with blood or OPIM are removed immediately or as soon as feasible and placed in the appropriate container. All PPE should be removed prior to leaving the work area and placed in the designated receptacle.

Gloves must be worn where it is reasonably anticipated that employees will have hand contact with blood or OPIM. Latex sensitive employees must be provided with a suitable alternative PPE such as nitrile or vinyl.

Disposable gloves must not be washed or decontaminated for re-use and should 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 must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, should be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

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

NOTE: Where blood or OPIM may be mixed with hazardous chemicals, chemical PPE should also be worn.

## **Regulated Waste Disposal**

Regulated waste is placed in appropriate containers that are closable, leak-resistant, puncture-resistant (sharps), 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. Regulated waste includes human materials removed during surgery or biopsy; laboratory specimens of blood and tissue after completion of laboratory examination; blood and blood products; free-flowing bodily substances other than blood identified as potentially infectious for bloodborne pathogens such as semen, vaginal secretions, and any bodily fluid containing visible blood; and disposable items saturated with blood or these bodily fluids.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements, as well as UT EHS [procedures for hazardous waste disposal](#).

## **Hepatitis B Vaccine**

The HBV vaccination is a series of 3 injections and is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) positive antibody titer with documentation of completed vaccine series or employee reports having had the disease; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. An example consent and declination form is available as Appendix C. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at UHS for UHS employees and at OHP for all other employees.

Vaccination will be provided to University Health Services' (UHS) employees by UHS as described in the UHS Administrative Policy and Procedure on Employee Health (#5050). UHS is located in the Student Services Building (SSB) at 100 West Dean Keeton.

All other employees, including University Police and Intercollegiate Athletics, should contact the HealthPoint OHP at 512-471-4OHP (4647) for vaccination and post-exposure care. The HealthPoint OHP clinic is located in SSB room 3.202, at 100 W Dean Keeton.

## **Post Exposure Evaluation and Follow up**

- Should an employee incur an exposure, i.e. eye, mucous membrane, non-intact skin, or parenteral contact with blood or OPIM from the performance of their duties they should IMMEDIATELY perform the following steps:
  - Wash the area of exposure with soap and water.
  - If eye or mucous membrane exposure, rinse with copious amounts of water.
  - First aid wound care, such as pressure to a bleeding wound should be administered.
- The employee should notify HealthPoint OHP at 512-471-4647. See OHP hours and contact information below:

### Main Campus/J.J. Pickle Research Campus Employees

*8:00 am -12 noon and 1:00 pm to 5:00 pm, Monday – Friday*

Healthpoint Occupational Health Program, SSB room 3.202, at 100 W Dean Keeton, Austin, TX 78712, (512) 471-4647. Call to make arrangements for an office visit. Indicate that you are a UT employee, describe the type of injury, and that the injury occurred while on the job.

### *After hours and weekends*

Contact HealthPoint Occupational Health Program for assistance.

- The employee should notify their Supervisor of the exposure.
- The supervisor should contact EHS at 512-471-3511 to begin the incident investigation process. After hours calls will be forwarded to the on-call EHS staff.
- The employee or supervisor should contact the appropriate medical provider below and report to the facility for immediate evaluation and follow-up.
- As soon as feasible following initial treatment and first aid and no later than 8 days after the injury or exposure incident, the Employer's First Report of Injury form should be completed by the supervisor with assistance from the department HRS representative. Additional workers' compensation information is available on the HRS website at <http://hr.utexas.edu/manager/wci/>

Note: University Police Department (UTPD) should follow post-exposure reporting and follow-up procedures outlined in the UTPD Operations / Policy A-4 Communicable Diseases document. Special services have been arranged with the Department of State Health & Human Services and St. David's

Occupational Health Services for exposure incidents involving an emergency responder/peace officer, i.e. collecting blood from a source individual that is currently incarcerated.

Following initial first aid and reporting of the incident, the following activities will be performed:

- Documentation of the route(s) of exposure and the circumstances related to the incident. Identify and document the source individual, unless UT can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent, unless law allows testing without consent, from the source individual as soon as possible. The source individual should be tested for HIV, HCV and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing will not be performed.
- 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 HIV/HBV serological status. If the employee does not consent to HIV testing at the time of blood collection for baseline testing, 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 during that time to proceed with testing, then testing is done as soon as feasible. Post-exposure prophylaxis, when medically indicated will be in accordance with the current recommendations of the Centers for Disease Control (CDC) US Public Health Service guidelines as determined by the health care provider or emergency clinic where the employee was referred.

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 EHS Director, 512-471-3511, or their designee assures that the policy outlined here is effectively carried out.

### **Interaction with Healthcare Professionals**

A written opinion is obtained from the healthcare professional who evaluates the employee 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 UT's ECP;
- 2) a description of the exposed employee's duties as they relate to the exposure incident;
- 3) documentation of the route(s) of exposure and circumstances under which the exposure occurred;
- 4) results of the source individual's blood tests (if available); and,
- 5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

- 1) when the employee is sent to obtain the hepatitis B vaccine, or
- 2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

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

### **Sharps Injury Reporting and Procedures for Evaluating an Exposure Incident**

All injuries or exposures involving sharps must be reported immediately to EHS at 512-471-3511. EHS will review the circumstances of all exposure incidents to prevent future injury and to determine if the Texas Department of State Health Services, Infectious Disease Control, Contaminated Sharps Injury Reporting Form needs to be completed and submitted to the local Health Department. To assist in this evaluation, EHS may review the following:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

If revisions to this ECP are necessary as a result of the exposure incident, EHS will ensure that appropriate changes are made and sent to the Bloodborne Pathogens Control Committee for approval.

### **Use of Biohazard Labels**

UT has a procedure that determines when biohazard-warning labels are to be affixed to containers or equipment. The procedure includes 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 OPIM.

Details of these procedures follow:

Biohazard warning labels will use the standard biohazard legend with the word “biohazard”. The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Red bags or red containers may be substituted for labels.

Biohazard warning labels will be affixed securely to the following:

- containers of regulated waste; refrigerators and freezers containing blood or OPIM; and all other containers used to store, transport, or ship blood or OPIM; and
- contaminated equipment and to portions of equipment that remain contaminated.

Biohazard warning labels or color-coded containers are NOT required on:

- containers of blood, blood components or blood products that are labeled as to their contents and released for transfusion or other clinical use; or
- individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal; or
- regulated wastes that have been decontaminated.

EHS has a supply of biohazard labels. To receive labels, call 512-471-3511. The regulated waste bags and boxes provided by EHS are appropriately labeled, so no further labeling is required.

### **Training**

UT Department heads and supervisors are responsible for ensuring that training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. They are also responsible for ensuring that employees are re-trained annually. Training needs to be documented.

Bloodborne Pathogens training (OH 218), information on how to register for training, and access to the online training module can be found at the EHS website: <https://ehs.utexas.edu/training/lab-training-requirements>.

Training for employees is conducted by EHS or in coordination with EHS by a person knowledgeable in the subject matter. Training should include an explanation of the following:

- 1) Chapter 96. Bloodborne Pathogen Control;
- 2) OSHA Bloodborne Pathogen Final Rule;
- 3) epidemiology and symptoms of bloodborne diseases;
- 4) modes of transmission of bloodborne pathogens;
- 5) UT Austin's BBP ECP (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access the ECP, etc.);
- 6) procedures which might cause exposure to blood or OPIM at this facility;
- 7) use and limitations of control methods which are used at the facility to control exposure to blood or OPIM;
- 8) PPE available at this facility (types, use, location, etc.);
- 9) hepatitis B vaccine; including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- 10) procedures to follow in an emergency involving blood or OPIM;
- 11) procedures to follow if an exposure incident occurs, to include the CDC's U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
- 12) post exposure evaluation and follow up;
- 13) signs and labels used at the facility;
- 14) sharps injury reporting procedures; and
- 15) an opportunity to ask questions with the individual conducting the training or if online training is provided; a contact number or email to direct questions is included.

The following lists departments that provide training other than the EHS OH 218 class:

- Pharmacy – an online national training program for students
- UHS – in person training for new employees, annual online departmental training
- University Housing and Dining – departmental online training
- UT Health Austin – departmental online training

**Recordkeeping**

Medical records related to the hepatitis B vaccine are maintained by HealthPoint OHP, other than UHS and UT Health Austin which maintain their own hepatitis B vaccine records. These records include evidence of vaccination or declination forms (see Appendix C). HealthPoint OHP also maintains medical evaluation and follow-up records associated with exposure incidents. These confidential medical records are maintained for the duration of employment plus 30 years.

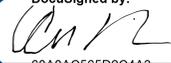
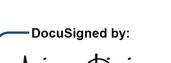
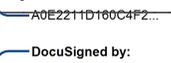
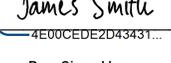
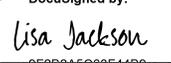
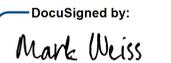
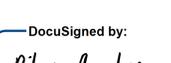
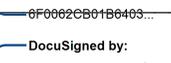
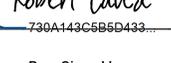
Records of training are maintained by EHS or Department for at least 3 years.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the EHS department, 512-471-3511.

EHS reviews the sharps injury log as part of the annual program evaluation and maintains the records for at least 5 years following the end of the calendar year covered. If a copy is requested, it must have any personal identifiers removed from the report.

## Annual Review

The University's Bloodborne Pathogens Control Committee will review the ECP annually, update and note revisions as necessary, and document when accomplished. The committee consists of representatives from EHS, university health care settings and other applicable departments as evidenced by the Annual Review signature page of this document. The annual review of this plan was completed by:

Signature	 <small>DocuSigned by: 86A8AC565D2C4A3...</small>	Department	Athletics	Date	4/24/24
Signature	 <small>DocuSigned by: DDD1038F9FEE485...</small>	Department	University Unions	Date	04/27/2024
Signature	 <small>DocuSigned by: A0E2211D160C4F2...</small>	Department	McDonald Ob servitor	Date	5/1/2024
Signature	 <small>DocuSigned by: 4E00CEDE2D43431...</small>	Department	Facilities Services	Date	5/1/2024
Signature	 <small>DocuSigned by: 80C84C1E7F444B1...</small>	Department	OHP	Date	04/24/2024
Signature	 <small>DocuSigned by: 9F2B2A5C68F44B9...</small>	Department	UT Health Austin	Date	04/24/2024
Signature	 <small>DocuSigned by: 0F45690A823448B...</small>	Department	Univ Housing and Dining	Date	4/25/2024
Signature	 <small>DocuSigned by: 8F0062CB01B0403...</small>	Department	PDC	Date	04/24/2024
Signature	 <small>DocuSigned by: 730A143C6B6D433...</small>	Department	UTPD	Date	04/29/2024
Signature	 <small>DocuSigned by: B630F1F19D424FE...</small>	Department	EHS	Date	4/24/2024
Signature	 <small>DocuSigned by: 49E850A3350A4A1...</small>	Department	Marine Science	Date	04/25/2024
Signature	 <small>DocuSigned by: B461396D6D474E5...</small>	Department	UHS	Date	4/24/24
Signature	 <small>DocuSigned by: 100743180C3143A...</small>	Department	UT RecSports	Date	4/24/24
Signature	 <small>DocuSigned by: 4B8A8C0D69C640D...</small>	Department	Pharmacy	Date	4/24/2024

DocuSigned by:  
Signature: Sophie Lalonde Department: KHE Date: 4/24/24  
BB7FG6G6468D468...

DocuSigned by:  
Signature: Stephanie Morgan Department: wellness clinic Date: 04/24, 2024  
335EC6B5105E4E6...

DocuSigned by:  
Signature: [Signature] Department: School of Nursing Date: 04-25-2024  
9D865F29DFE8445...

Director, Environmental Health & Safety:

Signature: John Salsman Date: 4-28-2024  
F72351D6DFE8445...

Printed Name: John M Salsman

Note: Appendices as attachments to this plan may be updated by UT EHS from time to time as appropriate.  
The plan will only be re-executed, as above, at annual review or in the event of substantial modifications.

### Revision History

Issue	Summary of Revision	Release Date
0	New document.	06/14/2001
A	Annual review and revision.	12/03/2002
B	Annual review and revision.	12/02/2003
C	Annual review and revision.	12/20/2004
D	Annual review and revision.	12/06/2005
E	Annual review and revision.	11/28/2007
F	Annual review and revision. Added timelines for safety engineered sharps to be implemented in departments covered by this ECP.	12/15/2008
G	Annual review and revision. Table of contents and revision history added. Removed timelines for safety engineered sharps since those devices are now a requirement of the ECP, where feasible. Incorporation of OHP program into the ECP. Combined HBV consent & declination forms into one form. Training and post-exposure provisions for contract employees added to Appendix A.	12/15/2009
H	Annual review and revision.	12/13/2010
I	Annual review and revision.	12/07/2011
J	Annual review and revision.	12/07/2012
K	Annual review and revision.	12/13/2013
L	Annual review and revision.	12/11/2014
M	Annual review and revision.	12/14/2015
N	Annual review and revision.	12/12/2016
O	Annual review and revision.	12/12/2017
P	Annual review and revision.	12/12/2018
Q	Annual review and revision.	12/09/2019
R	Annual review and revision.	12/14/2020
S	Annual review and revision.	12/14/2021
T	Annual review and revision.	12/20/2022
U	Annual review and revision. Update to Appendix A Departments and Job Titles. Incorporation of OHP updated consent & declination form.	3/25/2024

**APPENDIX A**

**EXPOSURE DETERMINATION**

The following job classifications have occupational exposure to blood or OPIM and are hereafter referred to as Category A personnel:

<i>Department</i>	<i>Job Title</i>
<b>Category A – Direct patient care or handling of medical waste in a health care setting</b>	
Children's Wellness Center	Registered Nurse
	Nurse Practitioner
	Medical Assistant
	Clinical Assistant
	Physician
	Nurse Assistant
	Researchers
	Student Worker
Family Wellness Center	Physician
	Medical Assistant
	Nurse Practitioner
	Staff Nurse
	Clinical Assistant
	Registered Nurse
	Nurse Assistant
	Student Worker
	Researchers
Intercollegiate Athletics	Head Team Physician
	Assistant Team Physician
	Associate Athletic Dir. For Sports Med.
	Assistant Athletic Trainer
	Physical Therapist
	Associate Athletic Trainer
	Athletic Training Student
	Associate Team Physician
	Executive Senior Associate AD
	Assistant Equipment Manager
	Student Equipment Manager
	Registered Nurse

	Assistant AD Sports Medicine
	Sr. Associate Athletic Trainer
Kinesiology and Health	Director of Fitness Institute
	Teaching Assistant in Exercise Physiology
	Student Worker
	Professors in Exercise Physiology
	Lab Technicians in Exercise Physiology
	Research Assistant Professor
	Research Assistant in Exercise Physiology
HealthPoint Occupational Health Program (OHP)	Registered Nurse
University Health Services	Medical Staff (Physician, Nurse Practitioner, Physician Assistant)
	Nursing Staff (Registered Nurse, Licensed Vocational Nurse, Medical Assistant, Nurse Assistant, Ortho/Cast Tech, Clinical Assistant)
	Material Management Staff (Manager, Stores Clerk, Central Service Instrument Technician, Supply, Procurement & Distribution Technician, Building Attendant)
	Radiology Staff (Manager, Technologist, Sonographer)
	Laboratory Staff (Manager, Medical Technologist, Phlebotomist, Administrative Assistant, Student Assistant, Research Assistant)
	Physical Therapy Staff (Therapist, Assistant)
	Infection Prevention and Safety Coordinator, AAAHC Project Manager
UT Health Austin	Nurse
	Pharmacist
	Medical Assistant
	Social Worker
	Nurse Practitioner
	Physician Assistant
	Sterile Processing Technologist
	Technologist
	Chiropractor
	Radiology Technologist
	Radiology Safety Technologist
	Learner
	Clinical Researcher
	Emergency Medical Technologist
	Physical Therapist
	Physician

The following is a list of job classifications in which some employees may have occupational exposure and are hereafter referred to as Category B. Employees with job tasks that are closely related to those described below should also be referred to as Category B and comply with this ECP.

<i>Department</i>	<i>Job Classifications and Job Tasks</i>
<b>Category B - Occasional work in a health care setting with occasional exposure risk or occupational exposure to bloodborne pathogens or OPIM in a non-health care setting</b>	
Health Care Settings	Various support staff i.e. procurement officer, senior procurement officer, administrative assistant, office aide, office assistant, medical equipment service repair employees, clinical material management, clinical quality manager, speech therapist, registered dietician, psychometrist, maintenance workers, security, food service workers, and concierge staff.
Facilities Services (Landscape Services, Building Logistics & Keys, Resource Recovery, Operations & Maintenance, Custodial Services)	Arborist I
	Arborist II
	Gardener
	Greenhouse Specialist
	Groundskeeper
	Groundskeeper Temporary
	Horticulturist
	Irrigation Technician
	Landscape Equipment Supervisor
	Landscape Services Supervisor
	Landscape Services, Crew Leader
	Landscape Technician
	Pest Control Supervisor
	Pest Control Technician
	Senior Administrative Program Coordinator
	Senior Landscape Technician
	Materials Handler/Solid Waste Supervisor
	Solid Waste Lead
	Solid Waste Supervisor
	Solid Waste Worker
	Administrative Program Coordinator
	Manager
	Senior Administrative Program Coordinator
	Student Assistant
	Student Associate
	Senior Student Associate
	Carpenter
Electrician	
Electronics Technician I	
Electronics Technician II	
HVAC Refrigeration Technician I	
Instrumentation & Controls Technician I	

	Instrumentation & Controls Technician II
	Maintenance Worker II
	Maintenance Worker III
	Mechanical Maintenance Technician
	Plumber
	Technical Trades Assistant Supervisor
	Technical Trades Crew Leader
	Technical Trades Supervisor
	Assistant Building Attendant Leader
	Building Attendant II
	Building Attendant Leader
	Building Attendant Supervisor
	Equipment Repair Technician
	Lead Equipment Repair Technician
	Training Specialist II
Planning, Design and Construction (PDC)	Concrete Finisher
	Heavy Equipment Operator
	Maintenance Worker II
	Mason
	Tech Trades Crew Leader
	Tech Trades Supervisor
	Technical Trades Assistant Supervisor
	Welder
	Plumber
Athletics	Building Attendant (laundry)
University Unions	Building Attendant II
	Assistant Building Attendant Leader
	Building Services Supervisor
	Mech Tech Supervisor
	Mech Tech
	Building Attendant Leader
University Housing and Dining	Multi-Craft Technician
	Building Attendant
Environmental Health and Safety	Safety Specialists (bio responders & bio waste staff)
	Associate Directors (bio responders & bio waste staff)
Police Department	Commissioned Officers Guards and Public Safety Officers Crime Scene Technician Crime Scene Manager

	Evidence Technician Evidence Manager
College of Natural Sciences, College of Pharmacy, Cockrell School of Engineering, College of Liberal Arts, School of Nursing, Dell Medical School, Provost Office	Professor
	Principal Investigator
	Associate Professor
	Assistant Professor
	Assistant Director
	Supply Coordinator
	Instructor
	Research Engineer/Science Associate
	Postdoctoral Fellow
	Graduate Teaching Assistant
	Graduate Research Assistant
	Undergraduate Student (work study)
	Student Worker
	Advanced Academic Assistant
	Academic Assistant
	Clinical Professor
	Clinical Associate Professor
	Clinical Assistant Professor
	Clinical Instructor
	Simulation and Skills Center Supervisor
	Simulation Clinical Nurse Educator
	Training Specialist I, II, and III
	Director
	Faculty
Pharmacy Resident	
Physician	
Division of Recreational Sports	Activity Supervisor
	Building Coordinator
	Lifeguard
	Head Lifeguard
McDonald Observatory (CNS)	Fire Marshal/Safety Manager
	Assistant Food Service Supervisor
	Food Service Supervisor
	Senior Food Service Supervisor
	Building Attendant I and II
	Building Attendant Leader

	Maintenance Worker I and II
	Cashier I
	Program Coordinator
	Public Affair Specialist I and II
Marine Science Institute (CNS)	Building Attendant II
	Conference Coordinator II
	Program Administrator
	Program Director
	Research Engineering/Scientist Associate IV

NOTE: Part-time and temporary employees are covered by the ECP.

## **APPENDIX B**

### **LAUNDRY FACILITIES**

Unless a department covered by this plan has in-house laundry capabilities, it must use a laundry that has been verified to train its employees regarding bloodborne pathogens, has been told that they will be receiving blood or bodily fluid contaminated laundry and agrees to launder those materials, and must provide transportation (department must not transport the contaminated materials to laundry).

Three laundry service providers meeting these criteria are listed below:

#### **Cintas**

Pick-up and delivery available

Contact: 512-461-5064

[www.cintas.com](http://www.cintas.com)

#### **The Laundry Room**

Pick-up and delivery available

Contact: 512-441-5481

[www.laundryroomaustin.com](http://www.laundryroomaustin.com)

#### **Unifirst**

Pick-up and delivery available

Contact: 512-385-3320

[www.unifirst.com](http://www.unifirst.com)

These laundry service providers will pick-up the laundry, clean it, and then deliver it to your designated location. Minimum service charges apply for this service.

APPENDIX C

Sample Form



**HEPATITIS B VACCINATION (HBV) CONSENT OR DECLARATION FORM**

Full Name: \_\_\_\_\_ UT EID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I decline hepatitis B vaccination at this time. I have either received the entire series of vaccinations or choose not to get the series.** I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I release The University of Texas at Austin from any liability related to the inadequacy of my previous vaccination. 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 myself.

**I consent to be immunized by the *HealthPoint* Occupational Health Program for the hepatitis B vaccination (HBV) series. A new consent form will be completed for each injection in the series.**

1<sup>st</sup> injection  2<sup>nd</sup> injection  3<sup>rd</sup> injection.

I understand and/or have been informed about the following:

1. I have received or was offered the HBV Vaccination Information Sheet (VIS) which lists the indications, benefits, presently known side effects and adverse reactions of receiving the HBV vaccine.
2. I have been given the opportunity to ask questions regarding the virus, the vaccine, and my potential occupational exposure.
3. I understand there is the potential for localized non-serious side effects such as soreness, redness, itching and/or fever which is generally self-limiting and requires no treatment.
4. I understand there is no guarantee that I will not experience an adverse reaction or side effect from the HBV vaccine or antibody testing procedure.
5. I have never had a serious allergic reaction or other problem to baker’s yeast, aluminum, formaldehyde, sodium phosphate, bovine serum albumin, potassium chloride latex or after receiving doses of HBV in the past.
6. I am not currently pregnant. (HBV may be administered during pregnancy with physician authorization.)
7. I am not currently ill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Given	Injection Site	Manufacturer & Lot Number	Dose	Nurse Signature

VIS Pub. Date: \_\_\_\_\_

**APPENDIX D**

**ANNUAL BLOODBORNE PATHOGENS ASESMENT TOOL**

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. The exposure control plan is located in each work center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees at occupational risk for bloodborne pathogen exposures are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees comply with standard precautions when performing duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees appropriately use engineering controls in the work center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Employees employ safe work practices in performance of duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Handwashing facilities are readily accessible in the work centers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Employees regularly wash their hands, especially after glove removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employees deposit contaminated sharps in appropriate sharps containers immediately after use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Employees change biohazard/sharps containers when ¾ full.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Employees do not eat, drink, apply cosmetics or lip balm, or handle contact lenses in work areas with blood/bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Food and beverages are not kept in close proximity to blood or bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Employees do not mouth pipette/suction blood or bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Employees place specimens in leak resistant containers after collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Employees place specimens in biohazard leak-proof containers for shipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Employees place the contaminated personal protective equipment in the appropriate receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Employees maintain a clean environment at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Employees use an EPA approved germicide properly to decontaminate			

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| and clean the facility and equipment.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Employees know the safe procedure for contaminated, broken glass clean up.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Employees place wet laundry in leak resistant bags or containers.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Each employee knows his documented hepatitis B vaccine status.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Employees know where and to whom to report exposure incidents.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. An employee occupational exposure protocol is practiced in accordance with the CDC's U.S. Public Health Service.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Employees are oriented and receive annual training to the exposure control plan.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional Comments/Concerns:**

## **APPENDIX E**

### **STUDENT POLICY**

Students who are not employees are not covered by this ECP. However, faculty should not allow a student to engage in a hazardous activity without first communicating the pertinent aspects of this standard and other relevant standards. Faculty should document such communication.

Department administrators must identify those courses that involve any reasonably anticipated exposure of students to blood or OPIM. Students who will be handling blood or OPIM in their academic coursework must be informed of the epidemiology and transmissivity of HIV and HBV, and trained in the safe work practices, including use of PPE, that will reduce their likelihood of becoming exposed. This training must take place prior to any procedures where blood or OPIM is used. Faculty/staff supervising these laboratories are responsible for the training.

Students must be trained and required to use appropriate PPE for any course activity involving blood or OPIM. Faculty/staff supervising students must ensure that safe work practices are followed.

Students who have reasonably anticipated exposure to blood or OPIM must be provided with information about the hepatitis B vaccination before they are permitted to participate in courses where exposure may occur. UT will not cover the cost of student hepatitis B immunization. Students in programs where exposure to blood is likely should obtain the hepatitis B vaccination series as a condition for enrolling in the program.

Students must be made aware of post-exposure follow-up procedures as part of their training on bloodborne pathogens. Post-exposure follow-up should be initiated by the faculty/staff supervisor and will normally be provided by UT's University Health Services. Costs for post-exposure follow-up are the responsibility of the student. For curricula that involves an off-site internship or clinical experience with an affiliate health care institution, the procedure and responsibility for post-exposure follow-up should be clearly described in the affiliation agreement.