



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Provided by:

Environmental Health & Safety Department

Revised: **November 2015**

EXECUTIVE SUMMARY

The University of Texas Health Science Center at San Antonio is committed to providing a workplace free of recognized hazards that is conducive to education, patient care, and research. In the pursuit of these endeavors, occupational exposure to potentially infectious agents may be required for some employees. This Exposure Control Plan (ECP) contains guidelines and procedures that should be used in conjunction with standard healthcare or research techniques to minimize exposure to bloodborne pathogens.

This plan should not be construed as a limitation on the use of infectious materials in the course of UT Health Science Center's education, patient care, or research goals. However, this plan should be used by supervisors to develop receipt, use, handling, and disposal procedures to minimize the potential for exposure to bloodborne pathogens. This manual is intended to assist all levels of management in implementing effective policies for the safe use of blood or other potentially infectious materials during the course of employment at the UT Health Science Center.

The ECP is not intended to be an exhaustive or fully comprehensive reference on this subject, but rather a guide for use by technically qualified healthcare workers and researchers. Further advice concerning hazards associated with specific biological agents, recombinant DNA, and the development of new or unfamiliar activities should be obtained through consultation with the Institutional Biosafety Committee, the Infection Policy and Education Committee or the Environmental Health & Safety Department.

All UT Health Science Center's personnel working in a clinical capacity and/or employing biological agents and recombinant DNA with significant potential for exposure to bloodborne pathogens must be familiar with the requirements set forth in this plan and applicable guidelines of the CDC and NIH, and must conduct their operations in accordance with them.

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ANNUAL REVIEW & SUMMARY OF CHANGES

This plan is reviewed on an annual basis by the Infection Policy and Education Committee and Environmental Health and Safety.

November 2015: Summary of Document Changes

1. Chapter X – Hepatitis B Virus (HBV) Vaccination & Post Exposure Follow-up: Deleted the procedure for the Regional Academic Health Center (RAHC) located in Edinburg and Harlingen since these campuses are now part of the University of Texas – Rio Grande Valley (UT-RGV). Information on the post - exposure emergency procedure was added.
2. Appendix D - Hepatitis B Virus vaccine (HBV) acceptance/declination form was changed to a declination form only.

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CHAPTER I

PURPOSE

The UT Health Science Center is committed to providing a safe and healthful work environment for our entire staff and students. In pursuit of this endeavor, this Exposure Control Plan (ECP) provides guidelines and procedures to avoid or minimize occupational exposure to bloodborne pathogens and implement procedures and processes for exposure management.

CHAPTER II

SCOPE AND REVIEW

This plan is an institution-wide plan. The ECP applies to all Health Care Personnel (HCP) and employees at the university. It includes clinical laboratories, research laboratories, dental clinics, and other health care clinics and facilities operated by UT Health Science Center faculty and staff. UT Health Science Center faculty advisors should also use the ECP to ensure that students and Non-Employees (as defined in the UT Health Science Center's Handbook of Operating Procedures, HOP 4.5.15) under their charge, exposed to blood or other potentially infectious materials, adhere to the guiding principles and policies of the ECP. This Exposure Control Plan will be reviewed and updated on an annual basis, or whenever necessary, by Environmental Health & Safety (567-2955) in consultation with the Institutional Biosafety and Infection Policy and Education Committees.

CHAPTER III

BACKGROUND

In September 1986, the Occupational Safety and Health Administration (OSHA) was petitioned by various unions representing health care employees to develop a standard to protect workers from occupational exposure to bloodborne diseases. OSHA responded by issuing a proposed standard, 29 CFR 1910.1030, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. This standard became effective on March 6, 1992. Generally, the standard reflects published guidelines from the Centers for Disease Control and Prevention (CDC), which include the guidelines for Standard Blood & Body Fluid Precautions, or Universal Precautions. On September 1, 2000, The Texas Department of Health, now the Texas Department of State Health Services (Texas DSHS), also issued rules on Bloodborne Pathogen Control, which became effective January 1, 2001 for governmental units. As a state institution, UT Health Science Center intends to comply with these recognized standards of health care. All UT Health Science Center employees, who are required in the normal course of their work to contact human blood or other potentially infectious materials, will adhere to the published Texas Department of State Health Services (Texas DSHS) regulations (25 TAC Part 1, Chapter 96.101-96.601.) The Texas Department of State Health Services (department) adopted new §§96.101,96.201 – 96.203, 96.301 – 96.304, 96.401, 96.402, 96.501 and the repeal of 96.601. The amendments are adopted to be effective July 23, 2006.

CHAPTER IV

EMPLOYEE EXPOSURE ASSESSMENT

1. HOP Policy 8.5.8 *Pre-Employment Immunizations*, <http://uthscsa.edu/hop2000/8.5.8.pdf>, states that:

The UT Health Science Center at San Antonio (Health Science Center) is committed to protecting the health and safety of patients, employees, patient and employee family members, and the community as a whole by providing a consistent testing and immunization standard for all individuals who are offered positions of employment or training within the Health Science Center. This policy is applicable to faculty, employees, fellows, post-docs, visiting scientists or clinicians and volunteers of the Health Science Center who are offered a position or are participating in a program that requires:

1. Any patient or research subject contact;
2. Animal contact; or
3. Potential exposure to human or animal blood or body fluids as part of an applicant's involvement with research or patient care.

A pre-employment Pre-Hire Adult Immunization and Testing Form must be completed for any applicant, internal or external, who is under final consideration, following the normal screening and selection processes.

Immunization requirements are based on current regulations, guidelines and recommendations by the Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services.

2. Appendix B contains a list of job classifications in which employees have the risk of occupational exposure to bloodborne pathogens in the normal course of their duties.
3. Other job classifications in which some, but not all, employees may be exposed to blood or other potentially infectious materials are also listed in Appendix B.
4. All new employees, in conjunction with their supervisor, will complete a "New Employee Exposure Assessment" form at the new employee orientation to help in their evaluation of potential occupational exposure to hazards including bloodborne pathogens. This hazard assessment will help in the determination of the risk of exposure and the training required. Refer to Appendix C for a copy of the form.
5. Transfer employees, in conjunction with their supervisor, will complete a "Transfer Employee Exposure Assessment" form to help in their evaluation of potential occupational exposure to hazards including bloodborne pathogens. This hazard assessment will assist in the determination of the risk of exposure and the training required. Forms are available through the Environmental Health and Safety Department.
6. Current UT Health Science Center laboratories and clinics exposures will be reevaluated during annual laboratory safety evaluations performed by Environmental Health & Safety staff.
7. The principal investigator, clinical director, or laboratory technical director is required to perform an additional exposure assessment in the event of new or revised protocols.

CHAPTER V

GENERAL METHODS FOR MINIMIZING BLOODBORNE PATHOGEN EXPOSURE

This section outlines guidelines or practices that may reduce the risk of exposure to bloodborne pathogens or other potentially infectious materials.

1. **STANDARD (UNIVERSAL) PRECAUTIONS:** Since medical history and examination cannot reliably identify all patients infected with bloodborne pathogens, blood and body fluid precautions shall be consistently used for all patients. This approach outlined in 25 TAC Part 1, Chapter 96 shall be used in the care of all patients and some animals and in the handling of any tissues, blood or body fluids from these sources.
 - a. Standard or universal precautions shall be observed to prevent contact with blood and other potentially infectious materials, unless those precautions would interfere with the proper delivery of health care in a particular circumstance or would create a significant risk to the employee.
 - b. If differentiation between body fluid types is not possible, all body fluids shall be considered infectious.
2. **WORK AREA RESTRICTIONS:** In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, individuals:
 - a. Will not eat, drink, apply cosmetics, lip balm, smoke, or handle contact lenses.
 - b. Will not store food and beverages in refrigerators, freezers, incubators, shelves, cabinets, or on counter / bench tops where blood or other potentially infectious materials are present.
 - c. Will not pipette or suction blood or other potentially infectious materials by mouth.
 - d. Will not conduct procedures in a manner that will contribute to splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
3. **PRIMARY CONTAINMENT BARRIERS:** All UT Health Science Center employees shall routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood, body fluids or other infectious material is anticipated. Primary barriers include personal protective equipment (PPE) such as gloves, gowns, eye protection and masks, as well as containment equipment such as animal isolators and biological safety cabinets (BSCs). Additional information regarding primary containment barriers is located in the UT Health Science Center *Biological Safety Handbook*.
4. **SHARPS AND REGULATED MEDICAL WASTE:** UT Health Science Center shall provide readily-available puncture resistant sharps containers, waste boxes and liners compliant with local, state, and federal regulations for disposal of needles, razors, scalpels, etc., and regulated medical waste. For additional information, refer to Chapter VII.
5. **PREGNANT HEALTH-CARE WORKERS;** Pregnant health-care workers are not known to be at greater risk of contracting HBV or HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HBV, HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. The pregnant health care worker should discuss with the medical provider the benefits and risks of receiving the HBV vaccine during pregnancy.

CHAPTER VI

ENGINEERED AND WORK PRACTICE CONTROLS

This section outlines work practices and engineered controls that may reduce the risk of exposure to bloodborne pathogens or other potentially infectious materials.

1. **HAND WASHING:** UT Health Science Center provides readily accessible hand washing facilities in areas where blood or other potentially infectious materials are handled. Hands and other body surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids.
 - a. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
 - b. When hand washing facilities are not immediately available, such as at health fairs, UT Health Science Center will provide either antiseptic cleanser in conjunction with clean cloth/paper towels, antiseptic towelettes, or waterless disinfectant such as alcohol based gels. If these alternatives are used, then the employees shall wash their hands with soap and running water as soon as feasible. More information on hand washing can be found on the CDC website at www.cdc.gov/handhygiene
2. **SHARPS INJURY PREVENTION:** UT Health Science Center employees shall take precautions to prevent injuries during the use or disposal of needles, scalpels, broken glass, dental wires and other sharp instruments.
 - a. To prevent needle stick injuries, needles shall not be recapped / resheathed by hand, purposely bent or broken by hand, clipped, sheared, removed from disposable syringes, or otherwise, manipulated by hand. Used needles shall not be removed from disposable syringes, unless no feasible alternative can be demonstrated. In these instances where nondisposable syringes are used, needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
 - b. Used, disposable syringes with needles, needles from evacuated blood collection systems, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal; the puncture-resistant containers shall be located as close as practical to the work area. Large-bore reusable needles shall be placed in a puncture-resistant container for transport to the reprocessing area.
 - c. Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be picked up using mechanical means such as a brush and dustpan, tongs, cotton swabs or forceps.
 - d. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color coded in accordance with Chapter VIII of this ECP. Sharps disposal containers should be examined at least monthly to ensure proper function. Sharps containers are provided at no charge by the UT Health Science Center.
 - e. During use, containers for contaminated sharps shall be: easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; and replaced routinely and not be allowed to overfill. Fill only $\frac{3}{4}$ full prior to closing container.
 - f. When moving containers of contaminated sharps from the area of use, the containers shall be: Closed immediately prior to removal or replacement to prevent

- spillage or protrusion of contents during handling, storage, transport or shipping; placed in a secondary container if leakage is possible. The second container shall be closeable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color coded according to the requirements listed in Chapter VIII.
- g. Once sharps containers containing contaminated waste have been closed, they should be placed in a medical waste box for disposal.
3. **FOOD AND DRINK:** Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in areas where there is reasonable likelihood persons will be subjected to occupational exposure.
- a. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in other areas of possible contamination.
4. **SPECIMEN HANDLING AND PROCESSING:** All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.
- a. Mouth pipeting/suctioning is prohibited.
- b. When working with open specimen containers, or a risk of aerosolization, spraying or splashing is present (such as when removing or replacing specimen containers toppers or snap lids), facial mucous membrane protection shall be used as described in section VI (5)(c) – *Facial Mucous Membrane Protection*.
- i. Perform these procedures in a Class I, II, or III, biological safety cabinet whenever possible.
- ii. Use gauze or absorbent tissues to minimize spraying when opening potentially infectious specimen tube tops.
- c. Specimens of blood or other potentially infectious materials shall be placed in a closeable, leak-resistant container that is appropriately labeled as per Chapter VIII of this ECP prior to being stored or transported. Each individual specimen container need not be labeled with the biohazard symbol or color coded as long as it is recognizable as a specimen, and standard or universal precautions are in effect within the immediate processing area.
- i. If outside contamination of the primary container is likely, then a second leak-resistant container that is labeled shall be placed over the outside of the first and closed to prevent leakage during handling, processing, storage, or transport.
- ii. If puncture of the primary container is likely, it shall be placed within a leak-resistant, puncture-resistant secondary container.
- d. Centrifuges will have closable lids and rotor specimen cups must have lids to prevent aerosolization during centrifugation. Label as per ECP, Chapter VIII.
5. **PERSONAL PROTECTIVE EQUIPMENT (PPE):** PPE is provided by each UT Health Science Center department at no cost to the employee, and shall be used to minimize potential exposure of exposed skin, mucous membranes, and street clothes to blood or body fluids. Shorts, sandals, or other open sided shoes shall not be worn when working with blood or other potentially infectious materials. Responsibility of ensuring proper training and wearing of PPE rests with the Principal Investigator or immediate supervisor. The Principal Investigator or supervisor must ensure that PPE in suitable sizes is readily available to employees. Repair and replacement of contaminated PPE shall be provided by the department at no cost to the employee. PPE includes, but is not limited to:

- a. **Gloves** - gloves shall be worn when touching, or working with, blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves shall be changed after contact with each patient, as soon as practical when contaminated with blood or body fluids, or when damaged.
- i. Non-powdered latex examination or utility gloves are recommended.
 - ii. Non-latex gloves such as chloroprene, or nitrile gloves may be used if contact dermatitis or allergic reaction occurs with latex. Disposable vinyl gloves are not recommended due to the loose-fitting nature.
 - iii. Disposable gloves shall not be washed, reused, or used for touching “clean” surfaces (keyboards, telephones, etc.)
 - iv. Gloves that are cracked, peeling, torn, punctured, or show other signs of deterioration, shall be discarded.
 - v. Gloves shall be removed prior to leaving the work area and shall not be worn in public areas.
- More information on glove use can be found on the Environmental Health and Safety website at <http://research.uthscsa.edu/safety/gloves.shtml>
- b. **Latex Allergy / Sensitivity** – workers wearing natural rubber latex gloves, who notice redness, itching, hives, or experience allergy-like symptoms (watery eyes, runny nose, etc.), should notify their supervisor immediately and follow the National Institute of Occupational Safety & Health (NIOSH) recommendations located in Appendix H: *Latex Allergy, A Prevention Guide*, of this ECP.
- i. Severe allergic reactions may require medical attention. In those cases, follow the UT Health Science Center’s WCI employer’s first report of injury or illness procedures.
 - ii. Employees who know they have latex allergy should report this to their supervisor as soon as known, and wear an identification bracelet or tag.
 - iii. Contact the Environmental Health & Safety office for assistance with latex allergy / sensitivity issues.
- c. **Facial Mucous Membrane Protection** - masks and protective eyewear, or chin length face shields shall be worn during procedures that are likely to cause splashing, spattering, spraying or generate aerosols of blood or other body fluids (i.e. pipetting, vortexing), or when working with open specimen containers, to prevent accidental bloodborne pathogen exposure to the mucous membranes of the mouth, nose, and eyes.
- i. Tabletop clear acrylic or plastic shields may also be used for facial protection during bench top procedures.
 - ii. A Class II Biological Safety Cabinet, with the sash at proper opening height, is preferred for handling specimens and performing procedures with blood or other potentially infectious materials where aerosolization may occur.
 - iii. Note: Working with some higher risk patients or research on some pathogens may require a higher level of respiratory protection (respirators) than a surgical/dust mask can provide. For more information on the UT Health Science Center’s Respiratory Protection Program, please visit the following website: <http://research.uthscsa.edu/safety/respiratory.pdf>
- d. **Outer Protective Garments** – The employer will provide appropriate protective clothing such as fluid resistant gowns, labcoats, or aprons for body areas not

shielded by gloves and face protection. These protective garments shall be worn during procedures that are likely to generate splashes of blood or other body fluids. For example, laboratory coats or gowns with long sleeves would be required when exposure of the employee's forearms to blood or OPIM may reasonably be anticipated.

- i. Cloth material provides adequate resistance for minor sprays or aerosols, but a more resistant plastic, vinyl, or other suitable material should be used when larger quantities of blood or body fluids are being handled.
 - ii. Booties or shoe covers, bouffant or surgical caps, hoods, or full body suits may be appropriate if gross contamination is expected.
 - iii. All personal protective equipment shall be removed immediately upon leaving the work area, regardless of whether they are perceived to be contaminated or not, or as soon as possible if overtly contaminated with blood or body fluids, and placed in an appropriately labeled designated area, or container, for storage, washing, decontamination or disposal.
- e. **Laundering Procedures for Contaminated Laundry** - any garment that has been penetrated by blood or other potentially infectious materials (OPIM) shall be removed immediately, or as soon as feasible, and handled as little as possible, using gloves and any other appropriate universal precautions. Contaminated laundry shall be bagged or containerized at the location where it was used and placed in an appropriately labeled (biohazard symbol) container or leak proof bag prior to laundering. **Do not take contaminated clothing, PPE, or linen home to wash.**
- i. Contaminated linen shall have all autoclave tape removed and shall be placed in an appropriately labeled bag or container (leak proof if wet) prior to being given to Linen Services for laundering. Contaminated laundry is serviced by Angelica, San Antonio, TX.
6. **NEEDLELESS SYSTEMS:** All supervisors are required to evaluate the use of engineered sharps protection or needleless delivery systems in areas where bloodborne pathogen exposure may occur. Refer to Appendix I for more information on evaluation of engineered sharps and needleless systems in the workplace.

CHAPTER VII

GENERAL HOUSEKEEPING, DECONTAMINATION, & WASTE DISPOSAL

This section outlines procedures necessary to keep UT Health Science Center facilities maintained in a clean and sanitary condition. Employees are responsible for cleaning and decontaminating all laboratory equipment, other surfaces, and ensuring proper waste disposal.

1. **CONTAMINATED WORK SURFACES:** All equipment, environmental, and working surfaces contaminated with blood or other potentially infectious materials shall be periodically decontaminated with an appropriate, Environmental Protection Agency (EPA) registered anti-microbial product (i.e. Lysol, Amphyl, Wex-Cide, etc.), or a 1:100 to 1:10 dilution of household bleach (5.25% – 6.00% sodium hypochlorite), as recommended by the Centers for Disease Control and Prevention (CDC). OSHA requires that an EPA-registered antimicrobial products effective against certain bloodborne/body fluid pathogens (<http://www.epa.gov/oppad001/chemregindex.htm>), or 1:100 to 1:10 dilution of household bleach, made fresh daily, be used to disinfect any blood spills. In general, a 1:100 dilution of household bleach (500 ppm Chlorine) is used for general cleaning of non-porous environmental surfaces and a 1:10 dilution (5000 ppm Chlorine) is used for decontamination when a spill of blood or OPIM occurs. Refer to the UT Health Science Center *Biological Safety Handbook* section on *Disinfections and Sterilization* for additional information.

- a. **Bench/countertops** – Clean and decontaminate:
 - i. immediately, if there is a spill of blood or OPIM;
 - ii. after the completion of a procedure;
 - iii. at the end of each work shift, if the surface may have become contaminated since the last cleaning.
- b. **Floors/walls** – decontaminate those surfaces exposed to blood or other potentially infectious materials whenever visibly contaminated, but at least once per month.
- c. **Laboratory Equipment** -
 - i. All bins, pails, cans (i.e. for medical waste), specimen racks and similar receptacles intended for reuse, which have a potential for becoming contaminated with blood or other potentially infectious materials, shall be inspected, decontaminated, and cleaned on a regularly scheduled basis, but at least once per month, and cleaned and disinfected immediately or as soon as possible upon visible contamination.
 - ii. Reusable items contaminated with blood or other potentially infectious materials, such as surgical instruments, forceps, tongs, etc., shall be decontaminated prior to washing and/or reprocessing.
 - iii. Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper (diaper pads), shall be removed and replaced as soon as possible when visibly contaminated with blood or other potentially infectious materials, or by the end of the workshift, if contaminated during that shift.
 - iv. Automated analyzers, refrigerators, freezers, and specimen processing equipment such as centrifuges, shakers, blenders, etc. used with blood or other potentially infectious materials shall have all surfaces and parts that come into contact with contaminated materials decontaminated on a periodic basis or whenever overtly contaminated. Common use equipment shall be decontaminated after each use if there is a potential for aerosolization of an infectious agent and a log maintained of each use

indicating that the equipment has been decontaminated using the methods and materials outlined in this chapter. The biohazard label shall also be posted on this equipment as per Chapter VIII of this ECP.

- v. Prior to removal from the laboratory testing area for transfer, shipment, or maintenance, laboratory personnel are to decontaminate the items and label them as such. Contact Environmental Health & Safety (567-2955) for assistance in the decontamination of laboratory equipment. If the equipment has surfaces or internal parts that cannot be adequately decontaminated, then the instrument shall be tagged with the biohazard label, plus the agent used, and any parts not decontaminated clearly posted on the outside of the instrument.
 - vi. Large potentially contaminated equipment such as refrigeration units and incubators that require outside assistance in moving, must be inspected, cleared, and tagged as such by Environmental Health & Safety staff prior to moving to a new location.
2. **REUSABLE CLINICAL EQUIPMENT AND SURGICAL INSTRUMENTS:** All clinical equipment must be used in accordance with FDA acceptance criteria. The reuse of clinical equipment which has been exposed to blood or other potentially infectious materials must be immediately decontaminated, a log of the decontamination kept to include the approved method used, and quality assurance procedures must be developed to ensure that the selected decontamination method remains effective. These procedures will be evaluated by EH&S during routine clinical safety surveys. Decontaminate used, reusable, surgical instruments with an appropriate disinfecting agent prior to cleaning and final sterilization.
3. **MEDICAL WASTE MANAGEMENT:** Items for disposal in research, diagnostic, and clinical settings are to be properly segregated according to waste stream. The Texas Commission on Environmental Quality (TCEQ - formerly the TNRCC) under 30 TAC §330 regulates waste disposal in Texas. Supervisors are responsible for the safe and appropriate disposal of their waste materials in the proper receptacle.
- a. **Municipal Solid Waste (non-hazardous)** - this is what most individuals consider, “regular trash”. Paper, plastic, wood, hair (from non-infective sources), and food items fall in this category. All employees are prohibited from disposing of hazardous wastes via municipal solid wastes.
 - b. **Municipal Solid Waste - Hazardous** – this includes special wastes such as hazardous chemical waste, radioactive material waste, and medical (biohazardous) and pathological waste. Hazardous chemical waste (i.e. dental amalgam) is not to be placed into the regulated medical waste boxes. For mixed biological/chemical or biological/radioactive wastes, contact Environmental Health & Safety’s Environmental Protection Division (210-567-2955) for proper waste disposal procedures.
 - c. **Animal Waste** – Dispose of animal carcasses & body parts as per Laboratory Animal Resources procedures – DO NOT PLACE IN THE MEDICAL WASTE BOX, or regular non-hazardous trash.
 - d. **Sharps** – Dispose of contaminated sharps as listed in section VI (2) of this ECP.
 - e. **Specimens in Chemical Preservatives** – Pathological waste such as animal body parts, organ, tissues and surgical specimens which are contained in preservative such as formaldehyde or gluteraldehyde, bleach solutions, phenol, or other preservatives must be disposed of as a chemical waste. Request a chemical pick up of these items. The PI or other responsible official will be required to sign a “Non-infectious Certification” certifying that the material

being disposed of “has been rendered non-infectious and is neither infectious nor does it contain any organisms known to be a threat to human health.” The request for pick up of this type of medical waste should clearly indicate that the material is “specimens in chemical preservatives.”

- f. **Human cadavers** – Cadavers (anatomical remains) donated to the university for educational and research purposes are not considered potentially infectious after the embalming / fixative process. These remains have special interment procedures that must be followed as per the state’s Anatomical Board. Contact the UT Health Science Center’s Willd Body Program (567-3900) for further information.
- g. **Regulated Medical Waste** – The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical wastes (includes untreated special waste from health care related facilities) as defined under federal, state or local laws, rules, regulations and guidelines. This includes discarded blood, tissues, microbiological waste, pathological waste and other potentially infectious materials (as defined in Appendix A) and sharps. This EXCLUDES pharmaceuticals, chemotherapeutic wastes, radioactive wastes, wastes containing mercury or other heavy metals, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous under Federal EPA regulations. Please see TCEQ Regulatory Guidance (RG-001) for additional information on Texas Regulations on Medical Waste.

For more information on regulated medical waste (biohazard box) Acceptance Guidance, see the Environmental Protection website at:

<http://research.uthscsa.edu/safety/regmedwaste.shtml>

1. Regulated medical waste, other than contaminated sharps or animal waste, is to be placed in containers that are:
 - i. Rigid and Closeable
 - ii. Leak resistant and impervious to moisture
 - iii. Of sufficient strength to prevent tearing or bursting under normal usage
 - iv. Labeled with the biohazard symbol. Note that red to red-orange bags or containers may be substituted for labels, and these can be tied closed and then be placed into the labeled medical waste box. (Bags must be sealed to prevent leakage during transport by tying or taping closed the red bag.)
 - v. Closed prior to removal from the immediate work area.
 - vi. Labeled with the room (lab) number, Name of the Principal Investigator or supervisor, and phone extension on the box. **Note: Human surgical specimens, tissues, organs, placentas and limbs (Pathology waste only, exclusive of preservative agents) are to be incinerated. Contact Environmental Health & Safety for special “Incinerate chemo/path” stickers to place on box.**
 - vii. Left inside the room for Custodial Services to pick up –
DO NOT LEAVE BOXES IN GENERAL USE HALLWAYS.
2. Regulated medical waste offered to our approved contractor for transport to an off-site treatment, storage and disposal facility shall be shipped in containers complying with current regulatory construction and labeling requirements, including caution wording in English and Spanish.
3. Waste identified as cultures or stocks must conform to appropriate DOT PGII packaging requirements.

4. Boxes / containers shall be inspected for compliance by Environmental Health & Safety personnel, or qualified UT Health Science Center staff prior to shipment.
- h. **Medical Waste Containers (Distribution/Pickup)** – Medical waste boxes (bioboxes), liners, and sharps containers are available for distribution to UT Health Science Center facilities at specified locations on campus. Information on distribution locations can be found at the following website:
<http://research.uthscsa.edu/safety/Reply3/replyform.asp>
To request bioboxes, red liners and sharps container, complete the online biohazard supply request at <http://research.uthscsa.edu/safety/Reply3/replyform.asp>
Contact Environmental Health & Safety @ (210) 567-2955.
Note: At some campus buildings, the new regulated medical waste boxes and liners are distributed by the Housekeeping staff.
 - i. To arrange for distribution/pickup of medical waste boxes from an off-campus location, contact the Environmental Health and Safety, Environmental Protection Division by phone at (210) 567-2955 or by completing the online biohazard supply request at:
<http://research.uthscsa.edu/safety/Reply3/replyform.asp>

CHAPTER VIII

POSTING AND LABELING REQUIREMENTS

Areas of the facility where blood or other potentially infectious materials are handled, processed, or stored shall have the biohazard label posted at the entrance and the agent(s) being used listed. Additionally, labels shall be affixed to equipment and containers used with these potentially infectious materials as listed below.

1. **BIOHAZARD WARNING LABELS:** These shall be affixed to containers of potentially infectious waste; refrigerators, and freezers containing blood and other potentially infectious materials; and other containers used to store or transport blood or other potentially infectious materials.
 - a. Labels required by this section shall include the biohazard symbol and the word “Biohazard.” These labels shall be fluorescent orange or orange-red, or predominantly so, with lettering and biohazard symbol in a contrasting color. Written wording shall be provided in English, and also in Spanish where required [i.e. – medical waste containers as per 30 TAC Part 1, Subchapter Y 330.1004(i)(4)].
 - b. Labels shall either be an integral part of the container or shall be affixed as close as safely possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
 - c. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
 - d. Regulated medical waste that has been properly decontaminated (i.e. autoclaved, sterilized, etc.) must have any biohazard labels defaced, covered, or removed prior to disposal. The waste must be labeled as “treated medical waste” in accordance with the provisions of 25 TAC §1.136(a).



CHAPTER IX

HIV & HBV RESEARCH LABORATORIES

Research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of human immunodeficiency virus (HIV) or hepatitis B virus (HBV) must adhere to additional precautions equivalent to a Biosafety Level 3 containment level as outlined in the UT Health Science Center *Biological Safety Handbook*, CDC / NIH publication *Biosafety in Microbiological and Biomedical Laboratories*, 5th Edition, and 29 CFR §1910.1030 (e). These additional requirements do not apply to laboratories solely engaged in the analysis of blood, tissues, or organs.

1. **PRINCIPAL INVESTIGATOR RESPONSIBILITY:** It is the investigator's responsibility to inform the Environmental Health & Safety Department and the Institutional Biosafety Committee (IBC) before work begins with HIV or HBV production or research. The IBC will assign a containment level. All laboratories conducting HIV or HBV research should be working at least at a Biosafety Level 2, using Biosafety Level 3 procedures.
2. **STANDARD MICROBIOLOGICAL PRACTICES:** All personnel working in these areas will follow standard microbiological practices.
3. **MEDICAL SURVEILLANCE:** All personnel working in a BSL-3 research laboratory with concentrated HIV will be enrolled in an annual Health Screening Program for high containment workers. Employees with concerns regarding their individual health risk for work with HIV will have the opportunity to discuss these concerns with a provider in the Employee Health Clinic.
4. **DECONTAMINATION:** All infectious liquid or solid waste shall either be incinerated or decontaminated by a method known to effectively destroy bloodborne pathogens before being disposed of into the proper waste receptacle. A quality assurance procedure must be included to document the effectiveness of the decontamination process. A decontamination log must be maintained to include the equipment, decontamination methods used, and results of any quality assurance testing.
5. **SPECIAL PRACTICES:**
 - a. Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
 - b. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak proof, labeled or color-coded container that is closed before being removed from the work area.
 - c. Access to the work area shall be limited to authorized personnel only. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
 - d. When potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the biohazard label shall be posted on all access doors. Information to be posted includes:
 - i. The agent(s) in use
 - ii. The biosafety level (2 or 3)
 - iii. The investigator's name and emergency telephone number
 - iv. Any required immunizations (i.e. HBV Vaccine), PPE to be worn, and exit procedures.

- e. All activities involving potentially infectious materials shall be conducted in biological safety cabinets or other physical containment devices within the containment module. No HIV/HBV work shall be conducted in open vessels on the open bench.
- f. An autoclave for decontamination of infectious laboratory waste shall be available.
6. **PERSONAL PROTECTIVE EQUIPMENT (PPE):**
 - a. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered or placed in a biohazard bag and delivered to the UT Health Science Center Linen Services laundry.
 - b. Special care shall be taken to avoid skin contamination with potentially infectious materials. Gloves shall be worn when handling all animals and when making hand contact with potentially infectious materials is unavoidable. Gloves are to be removed prior to leaving the laboratory. Disposable gloves are not to be reused
7. **WASTE DISPOSAL:** All waste from work areas shall be autoclaved prior to disposal. Refer to the UT Health Science Center *Biological Safety Handbook* for appropriate decontamination procedures.
8. **VACUUM LINES:** Vacuum lines shall be protected with suction flask containing liquid disinfectant, an overflow flask, and an in-line HEPA filter.
9. **SYRINGE & NEEDLE USE:** Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of potentially infectious fluids. Extreme caution shall be used when handling needles and syringes to avoid autoinoculation and the generation of aerosols during use and disposal. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and decontaminated, preferably by autoclaving, before being discarded or reused.
10. **SPILL CONTROL:** All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials. Spills and accidents that result in overt exposures of employees to potentially infectious materials shall be immediately reported to the laboratory director or other responsible person.
11. **CONTAINMENT EQUIPMENT:** Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals shall be used for all activities with potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols. Biological safety cabinets shall be certified by accredited individuals to meet ANSI/NSF-49 operation standards at initial installation, following a relocation or repair, and annually thereafter.
12. **ROOM EXHAUST:** A ducted exhaust-air ventilation system shall be provided. It shall be designed to maintain directional airflow from outside the work area, into the work area. The exhaust air shall not be recirculated to any other area of the building and shall be directed away from occupied areas and air intakes. Proper direction of airflow shall be verified.
13. **HAND WASHING AND EYEWASH FACILITIES:** Each laboratory shall contain a sink for hand washing which is readily available within the work area and an area eye wash facility (flushed monthly) shall be readily available.

CHAPTER X

HEPATITIS B VIRUS (HBV) VACCINATION & POST-EXPOSURE FOLLOW-UP

HBV vaccination shall be offered at no cost to all employees occupationally exposed to blood or other potentially infectious materials in the normal course of their duties. Each UT Health Science Center department is responsible for establishing a funded account to pay for required medical surveillance of their employees, and this account number must be given to the designated healthcare provider on request for billing purposes. It shall be made available within 10 working days of initial assignment to job duties that put the employee at risk of exposure to a bloodborne pathogen. Personnel who have previously received the vaccine shall provide written documentation of a complete, ≥ 3 -dose HepB vaccine series and subsequent post-vaccination anti-HBs ≥ 10 mIU/mL. These individuals will be considered Hepatitis B virus immune and no further testing is necessary.

1. **PRE-EMPLOYMENT IMMUNIZATIONS, HOP Policy 8.5.8:** A pre-employment *Adult Immunization and Testing* form (Appendix K of this ECP) must be completed for any applicant, internal or external, who is under final consideration, following the normal screening and selection processes.
Procedures listed in HOP 8.5.8 are applicable to staff, faculty, fellows and post-docs. Refer to HOP 8.5.8 for procedure for Visiting Scientists or Clinicians.
2. **VACCINE ACCEPTANCE:** Employees at UT Health Science Center who accept to receive the hepatitis B vaccine shall be sent to a designated healthcare provider within 10 working days of their acceptance in writing.
Recommended providers in San Antonio are:
 - a. Employee Health and Wellness Clinic, located in the School of Nursing South Wing, 1.445, call 567-2788
 - b. RediClinic LLC, all locations: RediClinic is located inside or adjacent to select HEB stores and are open seven days a week, including extended weekday hours.
Remote UT Health Science Center locations may use the RediClinic nearest their location. The form shown in Appendix D of this ECP, or a similar form, may be used for the vaccine acceptance/declination purpose. A post vaccine titer will be offered one to two months after completion of the third dose. A letter of Departmental billing instructions should be given to the provider at the time of service so the employee's personal medical insurance will not be billed for the Hepatitis B Virus (HBV) vaccine.
3. **VACCINE DECLINATION:** UT Health Science Center management shall ensure that employees, who decline to accept hepatitis B vaccination offered by the employer, sign the declination statement as worded in the example in Appendix D of this ECP. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost. The employee shall complete a new adult immunization and testing form (Appendix K) and follow the "Vaccine Acceptance" procedures. Copies of the Declination form should be kept on file as a confidential medical record in the Employee Health and Wellness Clinic (EHWC).
4. **HEALTHCARE PROFESSIONAL'S WRITTEN OPINION – HBV VACCINE:** The employee's supervisor shall obtain and provide to the employee, a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. This opinion shall be limited to the following information:
 - a. Whether or not the HBV vaccine is indicated; and
 - b. If the employee has received the initial inoculation of vaccine.

5. **POST EXPOSURE EVALUATION AND FOLLOW-UP:** In the event of a bloodborne pathogen exposure or suspected exposure, the individual (Employee, Student or Non-employees as defined in this ECP) should immediately notify his/her supervisor or Department official of the incident. The CDC recommends that the exposed individual seek treatment within 1-2 hours after initial exposure. Because timely treatment is essential, the provider should be called ahead of time to be advised of the employee's emergent condition. Percutaneous injury/Bloodborne Pathogen Exposure emergency procedures are outlined on the emergency cards given to all employees/students, which can be attached to their UTHSC ID badge.

- Wash the injured area immediately. If splash to the face/eyes, locate the nearest eyewash station and irrigate eyes for 15 minutes with water.
- Notify supervisor (employees) or advisor (students)
- Seek post-exposure care immediately

During work hours of 8am – 5pm, Employees may seek treatment at the UTSHCSA Employee Health and Wellness clinic, 210-567-2788; Students seek treatment at the Student Health Center 210-567-9355.

After work hours, employees and students may seek treatment at the University Hospital (UHS) Emergency triage (210) 358-2488, the UHS Express Med Clinic (until 10PM), or the closest medical provider.

- Bring the appropriate documents (if available): *Notification of On the Job Injury* form <http://research.uthscsa.edu/safety/WCINotificationofOJL.pdf>, *Employee Exposure Notification and Medical Evaluation Option Form* <http://research.uthscsa.edu/safety/employeeexposurenotification.pdf>, relevant medical records, information on the source patient/individual. (See below for more detailed information.)

All bloodborne pathogen exposures are to be reported to the WCI Coordinator in the Environmental Health and Safety office at 210-567-2955 and forms Faxed to 210-567-2965. For more information and to access forms, please visit Workers Comp on the Environmental Health and Safety website at:

<http://research.uthscsa.edu/safety/workerscomp.shtml>

Employees:

1. The supervisor, in conjunction with the employee, should then complete:
 - i. *Employer's First Report of Injury or Illness* form which is available on the Environmental Health and Safety website. Send or FAX (210-567-2965) the completed form to the Workers' Compensation coordinator, Environmental Health and Safety department within 24 hours from the time of the injury and follow normal WCI reporting procedures. This form is located on the Environmental Health and Safety website at:
<http://research.uthscsa.edu/safety/FirstReport.pdf>
 - ii. *Notification of On the Job Injury* form should be provided to the employee to submit to the medical provider. This form is located on the Environmental Health and Safety website at:
<http://research.uthscsa.edu/safety/WCINotificationofOJL.pdf>
 - iii. *Employee Exposure Notification and Medical Evaluation Option Form* (Appendix G of this ECP) should be completed and the employee's choices for treatment noted on the form.

2. Sharps injury: If the exposure occurred as a result of contact with a contaminated sharp including sharps injuries involving primates (needlestick, scalpel cut, etc.), then the employee and their supervisor must also complete:
 - i. *Contaminated Sharps Injury Reporting Form* - Appendix E of this ECP. This form should be forwarded as soon as possible to the Environmental Health & Safety office (1.343T DTL) for recording in the sharps injury log and transmittal to the Texas DSHS regional office if applicable.
 - ii. *Sharps Injury Survey Form*, Appendix F of this ECP should also be completed by the employee and forwarded as above.
3. For work related exposures, the employee may seek treatment with any state licensed healthcare provider. The employee, Department Supervisor, or Department of Human Resources shall provide the following information to the evaluating physician, or at the physician's request.
 - i. A description of the affected employee's duties as they relate to the employee's exposure incident.
 - ii. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - iii. Results of the source individual's blood testing, if available
 - iv. And a copy of this plan. **Note: The ECP is also available from the Environmental Health & Safety website address:**
<http://research.uthscsa.edu/safety/exposureplan.shtml>
4. Blood from the exposed employee should be collected as soon as possible after the exposure incident for the determination of baseline HIV, HBV, or HCV status. If the employee consents to baseline blood collections, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - i. Any blood sample taken must maintain the confidentiality of the employee's identity. A unique alphanumeric identifier, and not the employee's name, is recommended to be placed on the sample tube.
5. Employees who decline treatment: Supervisors must ensure that employees who do not wish to seek treatment for a potential bloodborne pathogen exposure sign a statement to that effect. Employees who decline treatment have 2 options:
 - i. That they do not wish to seek medical treatment or consultation and they do not consent to have a sample of their blood drawn and held, or tested at this time.
 - ii. That they do not wish to seek medical treatment or consultation, but they wish to have a blood sample drawn and the serum held for 90 days.
They may not have this sample tested unless they seek medical consultation.
6. Follow-up of the exposed employee should include antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis according to current U.S. Public Health Service recommendations for medical practice.
 - i. Updated U.S. Public Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis Centers for Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) 54(RR09); 1-17 (2005, September 30) Updates US Public Health Service recommendations for the management of occupational exposures to blood and other fluids that might contain human immunodeficiency virus (HIV).
<http://www.osha.gov/SLTC/bloodbornepathogens/postexposure.html>

ii. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis Center for Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) 50 (RR-11); 1-42 (2001, June 29) *Updates and consolidates recommendations for the management of health-care personnel*. <http://www.osha.gov/SLTC/bloodbornepathogens/postexposure.html>
Updated guidance for management of exposures to HBV is found in MMWR recommendations and reports, vol. 62, No. 10, *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*. <http://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf>

If you have questions about appropriate medical treatment for occupational exposures, 24 hour assistance is available at **1-888-448-4911** or from the website <http://www.nccc.ucsf.edu/>

7. The source individual's blood should be tested as soon as feasible. If the worksite already has a sample specimen of the source individual, then the state of Texas does not require the source individual's consent prior to testing. If a specimen must be obtained from the source individual, then an informed consent form must be obtained (See Appendix J).
 - i. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - ii. When the source is already known to be infected with HBV, HIV, or HCV, then testing for the source individual's known HBV, HIV, or HCV status need not be repeated.
8. **HEALTHCARE PROFESSIONAL'S WRITTEN OPINION – POST EXPOSURE:** For each evaluation under this section, the employing department shall obtain and provide to the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of receipt. The written opinion shall be limited to the following information.
 - i. Whether the hepatitis B virus vaccination is indicated for an employee, and if the employee has received such vaccination.
 - ii. A statement that the employee has been informed of the results of the medical evaluation and that 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.
 - iii. Any other findings and diagnoses shall remain confidential, and shall not be included in the written opinion report.
 - iv. The treating healthcare professional shall provide this written opinion report at the request of an authorized UT Health Science Center representative.

Students:

Students who have a sharps injury (contaminated needle, blade, etc.) or who have had contamination to an open wound or mucous membrane are to follow the specific guidelines and procedures for students as outlined in the Needlestick Policy provided by Student Services, Student Health Center.

More information may be found at the following website address.

<http://shc.uthscsa.edu/>

Students should also complete the *Sharps Injury Survey Form* –

Appendix F of this ECP and return the form to the Environmental Health and Safety office, 1.343T.

Non-Employees:

Non-employees may choose their medical provider for post-exposure evaluation although the University Hospital Emergency Center (telephone: 210-358-2488) is available for initial evaluation and treatment. Non-employees should report the exposure to their own institution or employer for reimbursement according to the policies and procedures of their institution.

The sponsoring UT Health Science Center department will report all incidents involving sharps or suspected bloodborne pathogen exposures sustained by persons to the Environmental Health and Safety office.

Completion of the *Contaminated Sharps Injury Reporting Form* –

Appendix E of this ECP is required. This form should be forwarded as soon as possible to the Environmental Health & Safety office (1.343T DTL) for recording in the sharps injury log and transmittal to the Texas DSHS regional office if applicable. Also, the *Sharps Injury Survey Form*, Appendix F of this ECP should be completed by the individual and forwarded as above.

Simian Herpes B virus:

Individuals working with primates and/or their tissues, blood and body fluids and have been exposed either through a bite, scratch, sharps injury, or mucous membrane exposure to the Simian Herpes B virus should follow the protocol established by the Department of Laboratory Animal Resources (DLAR) and seek immediate medical treatment at the University Hospital or Employee Health Clinic. The National B Virus Resource Center can provide information on the most current management of this type of exposure.

Mailing address for correspondence:

National B Virus resource laboratory
Georgia State University
P.O. Box 4118
Atlanta, GA 30302-4118

PH: (lab) 404-413-6550

FAX: (lab) 404-413-6556

Emergency Phone: 404-358-8168

Email: bvirus@gsu.edu

Website: <http://www.gsu.edu/bvirus>

CHAPTER XI

INFORMATION & TRAINING

Each department shall ensure that all individuals with occupational exposure participate in a training program for prevention of bloodborne pathogen exposure. Those individuals include: research personnel, clinicians, custodial services personnel, UT Police department personnel, students, residents, physicians, or any other persons working within the institution. UT Health Science Center employees are required to attend the Bloodborne Pathogen Safety Awareness course offered by the Environmental Health & Safety Department or take the web-based course:

1. **SAFETY-BLOODBORNE PATHOGENS TRAINING:** This course covers the required content for compliance with the Texas DSHS and OSHA Bloodborne Pathogen Standard.
(Research personnel are also required to attend the Basic Biological Safety course.)
2. **TRAINING FREQUENCY:** Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and annual refresher training is to be taken within 1 year of the employee's previous training.
3. UT Health Science Center shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
4. **TRAINING CONTENT:** Material appropriate in content and vocabulary to educational level, literacy, and language background of employees shall contain the following elements:
 - a. A summary of this Exposure Control Plan and explanation of its contents and where to obtain an accessible copy of this plan, as well as awareness of Texas DSHS and OSHA regulations;
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. An explanation of the modes of transmission of bloodborne pathogens;
 - d. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - e. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 - f. Information on the types, proper use, locations, removal, handling, decontamination and/or disposal of personal protective equipment;
 - g. An explanation of the basis for selection of personal protective equipment;
 - h. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - j. An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available. Also information on the post exposure evaluation and follow-up that the institution is providing for exposed individuals; and
 - k. An explanation of the signs and labels and/or color-coding.
5. **ADDITIONAL TRAINING FOR EMPLOYEES IN HIV OR HBV RESEARCH LABORATORIES:** Employees in HIV or HBV research laboratories shall receive the following training in addition to the above training requirements:

- a. The principal investigator or supervisor shall ensure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
- b. Department supervisors shall assure that employees have experience in the handling of human pathogens or tissue cultures prior to working with HIV or HBV.
- c. A training program shall be provided to employees with no prior experience in handling human pathogens, before handling any infectious agents.
 - i. Additional requirements for training may be found in the latest edition of *Biosafety in Microbiological and Biomedical Laboratories, 5th Edition* which can be accessed on the CDC website at:
<http://www.cdc.gov/od/ohs/biosfty/bmb15/bmb15toc.htm>

6. **FULFILLING THE TRAINING REQUIREMENTS:** Health care personnel, clinical, or research employees with likely occupational exposure to bloodborne pathogens may fulfill the training requirements as follows:

Employee Type	Potential Exposure	Appropriate Training Course
Research	Medium	Bloodborne Pathogens Safety, Basic Biological Safety
Clinical/Dental	Medium	Bloodborne Pathogens Safety
Ancillary (including some Facilities personnel)	Low	Bloodborne Pathogens Safety
Laboratory Animal Resources	Medium	Bloodborne Pathogens Safety Basic Biological Safety
Safety Specialist / Manager	Medium	Bloodborne Pathogens Safety, Basic Biological Safety

7. **ALTERNATIVE TRAINING:** Training provided by groups outside of Environmental Health & Safety is acceptable if the specifications noted below are fulfilled:
- a. Only training that is provided by a U.S. institution and meets the curriculum requirements outlined in section 4 of this chapter is acceptable.
 - b. Copies of this Exposure Control Plan must be made available for review during alternative training.
 - c. Documentation of alternative training must be maintained by the requesting department. Training records must meet the requirements outlined in Chap. XII.

CHAPTER XII

RECORDKEEPING

The following records shall be maintained and retained on file as listed below:

1. **MEDICAL RECORDS:** The Employee Health and Wellness Clinic (EHWC) shall maintain and have access to medical records for each employee with an occupational exposure for at least the duration of employment plus 30 years. These records shall include:
 - a. The name and Social Security Number of the employee.
 - b. The employee's Hepatitis B vaccination status including the dates of all the Hepatitis B Virus (HBV) vaccinations including Anti-HBs testing performed 1–2 months after administration of the last dose of the vaccine series and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident.
 - c. A copy of all results of physical examinations, medical testing, and follow-up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident in accordance with OSHA 29 CFR 1910.1020, *Access to Employee Exposure and Medical Records*.
 - d. A copy of the healthcare professional's written opinion form.
2. **AVAILABILITY:** Medical records are made available to the subject employee or anyone with written consent of the employee.
3. **CONFIDENTIALITY:**
 - a. The employer shall ensure that employee medical records:
 - i. Are secured from unauthorized use and maintained confidential.
 - ii. Are not disclosed or reported to any person within or outside the workplace except as required by this section or as may be required by law.
 - iii. Meet the UT Health Science Center's health information records storage requirements.
 - b. Records need not be retained for employees with less than 1 year of employment if the records are returned to them at the time of termination.
4. **TRAINING RECORDS:** Records of training performed by Environmental Health & Safety will be retained in the Environmental Health & Safety Department for at least 3 years.
 - a. The training records shall include the following:
 - i. Dates of the training sessions;
 - ii. The contents or summary of the training sessions;
 - iii. The names and job titles of all persons conducting the training session;
 - iv. The names and job titles of all persons attending the training session.
 - b. Employee training records are provided to the employee or their supervisor within 15 working days of a written request.
5. **MONITORING EMPLOYEE COMPLIANCE:**
 - a. Each department shall establish a mechanism to monitor employee compliance with Standard or Universal Precautions based on the level of exposure.
 - b. Each department shall define a system of disciplinary action for employee noncompliance with the requirements set forth in this ECP. Accurate written records of any disciplinary action shall be maintained in the employee's file following the guidelines provided in the UT Health Science Center's *Handbook of Operating Procedures*.

APPENDIX A

DEFINITIONS OF TERMS USED

Blood: Human blood, human blood components and products made from human blood.

Bloodborne pathogens: Pathogenic microorganisms that are present in human blood, and can cause disease in humans. These pathogens include, but are not limited to agents such as, human Immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV).

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 equipment: Any equipment used in the workplace that has been soiled with blood or other potentially infectious materials on an item or surface.

Contaminated sharps: Any contaminated object that can be reasonably anticipated to penetrate the skin or any other part of the body and result in an exposure incident and includes, but is not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, the exposed ends of dental wires, dental knives, drills or burs.

Contaminated sharps injury: Any sharps injury that occurs with a sharp used or encountered in a health care setting that is contaminated with human blood or body fluids.

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.

Disinfection: A process by physical or chemical means that eliminates many or all pathogenic microorganisms on inanimate objects with the exception of resistant bacterial spores.

Employee: Any individual employed by the UT Health Science Center to perform work for the Health Science Center compensated by wages or salary paid through the University payroll system and who is subject to the policies and procedures of the UT Health Science Center.

Engineering controls: Means of control (e.g., sharps disposal containers, self sheathing needles, biological safety cabinets, etc.) that isolate or remove the hazard from the workplace.

Hand washing facilities: A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV--Hepatitis B virus. A virus that may be contracted through exposure to blood and/or body fluids and can result in chronic liver infections and cirrhosis.

HCV--Hepatitis C virus. A virus that may be contracted through exposure to blood and/or body fluids and may result in chronic liver disease.

HCP: means Health Care Personnel.

Health Care Personnel: An individual employed by UT Health Science Center, or a non-compensated volunteer on UT Health Science Center premises, assisting in patient care or testing. Students are excluded from this definition.

HIV: means Human Immunodeficiency Virus. The HIV virus may be contracted through blood and/or body fluids and can result in Acquired Immune Deficiency Syndrome (AIDS), a condition in which the body is unable to fight infections.

Licensed healthcare professional: Is a person whose legally permitted scope of practice allows them to independently evaluate an employee and determine appropriate interventions such as hepatitis B vaccination and post-exposure evaluation and follow-up.

Medical waste: See, "Regulated Medical Waste".

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.

Non-Employee: Volunteers, stipend-paid persons, visiting students, visiting postgraduate students, visiting physicians (including residents in training who are employees of other institutions and not of UT Health Science Center), consultants acting in the course and scope of institution-sanctioned activities and other persons as defined in the "Non-Employee Service" policy in the Handbook of Operating Procedures (HOP 4.5.15).

Other Potentially Infectious Materials (OPIM):

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood and all body fluids in situations where 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 or HBV containing cells or tissue cultures, organ cultures, and culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

Parenteral: Exposure occurring as a result of piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal protective equipment (PPE): Specialized clothing or equipment worn by an employee to protect him/her from a hazard. Such equipment does not permit blood or other potentially infectious materials to pass through to clothes, skin, eyes, and mouth. 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.

Production facility: A facility engaged in industrial scale, large volume, or high concentration production of HIV or HBV.

Regulated medical waste: Waste which if improperly treated or handled may serve to transmit an infectious disease(s). 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. See TCEQ (TNRCC) regulations in 30 TAC §330.

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

Sharps: Any object that can reasonably be anticipated to penetrate the skin or any other body part and to result in an exposure incident and includes but is not limited to: needle devices; scalpels; lancets; a piece of broken glass; a broken capillary tube; an exposed end of a dental wire; or a dental knife, drill, or bur.

Source individual: Any individual, living or dead, whose blood, or other potentially infectious materials may be a source of occupational exposure to the 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 prior to embalming; and individuals who donate or sell blood or blood components.

Student: Any person registered in a program of study in any of the schools at the UT Health Science Center as defined in the UT Health Science Center – HOP 10.1.1.

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

Standard Microbiological Practices: Controls and laboratory practices to follow that reduce occupational and environmental exposure to microorganisms. These practices are outlined in the publication *Biosafety in Microbiological and Biomedical Laboratories*, published by the U.S. Public Health Service, publication # 21-1112.

Standard Precautions: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. Every specimen is treated as if it contains potentially infectious agents to humans or animals.

Universal Precautions: See “Standard Precautions”.

WCI: Means Workers Compensation Insurance.

APPENDIX B


UT HEALTH SCIENCE CENTER EMPLOYEE EXPOSURE ASSESSMENT BY JOB CLASSIFICATION

1. UT Health Science Center job titles that require exposure to materials containing potential bloodborne pathogens as a normal job duty:

JOB TITLE	DEPARTMENT/LOCATION
➤ Physicians	Medical, CTRC, UT Med. (with patient contact)
➤ Dentists	Dental School and clinics (with patient contact)
➤ Nursing Personnel	Nursing/Medical School (with patient contact)
➤ Physician Assistants	Medical School (with patient contact)
➤ Dental Technologists	Dental School (contact with patient samples)
➤ Dental Assistants	Dental School (with patient contact)
➤ Phlebotomists	Allied Health School, Clinical and Research labs
➤ Medical Technologists	Allied Health School, Clinical and Research labs
➤ Histological & Cytogenetic Techs.	Allied Health School, Clinical and Research labs
➤ Laboratory Technicians	Various departments (with body fluid contact)
➤ Laboratory Animal Resources	Veterinarians, caretakers (with body fluid contact)
➤ Safety Specialists & Managers	Environmental Health & Safety Department

2. UT Health Science Center departments/positions in which some, but not all, employees may have occasional or ancillary exposure to materials containing bloodborne pathogens as a required job duty:

DEPARTMENT	JOB TITLE	TASK/PROCEDURE
Facilities Mgmt	Bldg. Attendant/Housekeeper	Handling medical waste boxes and cleaning laboratories
	Plumber	Plumbing in Dental bays and laboratories
	Carpenter	Some repair/remodeling jobs
Dental	Medical Repair Technician	Repair of some equipment/dental bays
Ophthalmology	Ophthalmic Tech	Some duties may require potential exposure
Research Imaging	Nuclear Medicine Tech	Some medical procedures
UT Police	Officer	Situations involving injured persons and emergency response
General Services	Linen Services employee	Linen collection from departments and Laboratories

APPENDIX C:

 WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER
 SAN ANTONIO
Environmental Health & Safety Department
New Employee Exposure Assessment

PURPOSE: The purpose of this assessment is to determine your required health & safety training by evaluating your use of and exposure to potentially hazardous agents in your workplace.

INSTRUCTION: Please indicate your general employment responsibilities:

- Research Laboratory**
 Hospital/Dental Clinic/Patient Care
 Admin/DLAR/UT Police/
Facilities Management/Other

Room #: _____ Location: _____
 Complete the hazard assessment sheet by indicating which materials will be used in the course of your employment. If you answer "Yes" to any of the assessment questions, Environmental Health & Safety will inform you and your supervisor of any additional safety training requirements. Contact Environmental Health & Safety at (210) 567-2955 (<http://research.uthscsa.edu/safety/>) with questions.

<u>Workplace Exposure Hazard</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Additional Required Safety Training</u>
Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Lab Safety & Hazardous Waste Generator's Course & Site-Specific Chemical Hazard Training
Human blood, tissues, cell lines, regulated medical waste	<input type="checkbox"/>	<input type="checkbox"/>	Basic Bloodborne Pathogens Course
Potentially infectious agents or rDNA (Research)	<input type="checkbox"/>	<input type="checkbox"/>	Basic Biological Safety Course
Patient Care Areas/Tuberculosis Exposure	<input type="checkbox"/>	<input type="checkbox"/>	TB Infection Control Program in the Workplace
Biosafety Level 3: Select Agents	<input type="checkbox"/>	<input type="checkbox"/>	BSL-3/2: Select Agents
Select Agent Toxins (exempt quantities)	<input type="checkbox"/>	<input type="checkbox"/>	Select Agent Toxin Training
Shipping Class 6.2 Infectious Agents	<input type="checkbox"/>	<input type="checkbox"/>	Shipping of Infectious Substances & Dry Ice
Radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>	Fundamentals of Laboratory Radiation Safety
X-ray or other radiation producing devices	<input type="checkbox"/>	<input type="checkbox"/>	Basic X-ray Safety Course
Instruments, equipment utilizing lasers <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Laser Safety Course
MRI equipment	<input type="checkbox"/>	<input type="checkbox"/>	Basic MRI Safety Course

ACKNOWLEDGMENT:

I have read and understood the exposure assessment and training requirements provided to me. I understand that if my employment status or job duties change, I will contact the Environmental Health & Safety Department and/or my supervisor to arrange the appropriate safety training.

All my initial questions pertaining to the topics were answered to my satisfaction and I understand I may contact my supervisor or the Environmental Health and Safety office for further questions or clarification.

Employee Name (print): _____ Date: _____
 Signature: _____ HSC Badge # _____
 Department/Campus: _____ Work Phone: _____
 Job Title: _____ Supervisor/PI: _____

TRAINER:

- Michael A. Charlton, PhD
 Rebecca C. Bloodworth, CHMM
 Other: _____

TRAINER TITLE:

Assistant Vice President for Risk Management & Safety
 Chemical Safety Manager
 Title: _____

APPENDIX D
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
HEPATITIS B VIRUS (HBV) VACCINE DECLINATION FORM

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 myself. However, **I decline hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

All my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

_____ Employee's name (printed)	_____ Employee's signature	_____ HSC Badge Number
_____ Department	_____ Supervisor / Witness signature	_____ Date

Retain a copy of this document in Employee's medical record for 30 years after termination of employment

APPENDIX E
Contaminated Sharps Injury Reporting Form (complete pages 1-3)



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: <input type="checkbox"/> am <input type="checkbox"/> pm	Age of injured:	Sex of injured: <input type="checkbox"/> M <input type="checkbox"/> F
2. Type and Brand of sharp involved (Check one box)		List brand name of sharp:	

- | | | |
|--|---|---|
| <p>Needles</p> <p><input type="checkbox"/> Arterial catheter introducer needle</p> <p><input type="checkbox"/> Blood gas syringe</p> <p><input type="checkbox"/> Central line catheter needle (cardiac, etc.)</p> <p><i>Disposable Syringe</i></p> <p><input type="checkbox"/> Insulin</p> <p><input type="checkbox"/> 20-gauge needle</p> <p><input type="checkbox"/> 21-gauge needle</p> <p><input type="checkbox"/> 22-gauge needle</p> <p><input type="checkbox"/> 23-gauge needle</p> <p><input type="checkbox"/> 24/25-gauge needle</p> <p><input type="checkbox"/> Tuberculin</p> <p><input type="checkbox"/> Drum catheter needle</p> <p><input type="checkbox"/> IV catheter stylet</p> <p><input type="checkbox"/> Needle on IV line (includes piggybacks & IV line connectors)</p> <p><input type="checkbox"/> Needle, not sure what kind</p> <p><input type="checkbox"/> Pre-filled cartridge syringe</p> <p><input type="checkbox"/> Spinal or epidural needle</p> <p><input type="checkbox"/> Suture needle</p> <p><input type="checkbox"/> Syringe, other type</p> <p><input type="checkbox"/> Unattached hypodermic needle</p> <p><input type="checkbox"/> Vacuum tube blood collection holder/needle</p> <p><input type="checkbox"/> Winged steel needle (includes butterfly, winged-set type devices)</p> <p><i>Other</i></p> <p><input type="checkbox"/> Other vascular catheter needle (cardiac, etc.)</p> <p><input type="checkbox"/> Other non-vascular catheter needle (ophthalmology, etc.)</p> <p><input type="checkbox"/> Other nonsuture _____</p> | <p>Surgical Instruments (or other sharp items)</p> <p><input type="checkbox"/> Bone chip/chipped tooth</p> <p><input type="checkbox"/> Bone cutter</p> <p><input type="checkbox"/> Drill bit/bur</p> <p><input type="checkbox"/> Electro-cautery device</p> <p><input type="checkbox"/> Fingernails/teeth</p> <p><input type="checkbox"/> Huber needle</p> <p><input type="checkbox"/> Lancet (finger or heel stick)</p> <p><input type="checkbox"/> Microtome blade</p> <p><input type="checkbox"/> Pickups/forceps/hemostats/clamps</p> <p><input type="checkbox"/> Pin (fixation, guide pin)</p> <p><input type="checkbox"/> Pipette (plastic)</p> <p><input type="checkbox"/> Razor</p> <p><input type="checkbox"/> Retractors, skin/bone hooks</p> <p><input type="checkbox"/> Scalpel, disposable</p> <p><input type="checkbox"/> Scalpel, reusable</p> <p><input type="checkbox"/> Scissors</p> <p><input type="checkbox"/> Sharp item, not sure what kind</p> <p><input type="checkbox"/> Specimen/test tube (plastic)</p> <p><input type="checkbox"/> Staples/steel sutures</p> <p><input type="checkbox"/> Towel clip</p> <p><input type="checkbox"/> Trocar</p> <p><input type="checkbox"/> Vacuum tube (plastic)</p> <p><input type="checkbox"/> Wire (suture/fixation/guide wire)</p> <p><input type="checkbox"/> Other sharp _____</p> | <p>Glass</p> <p><input type="checkbox"/> Capillary tube</p> <p><input type="checkbox"/> Glass slide</p> <p><input type="checkbox"/> Glass item, not sure what kind</p> <p><input type="checkbox"/> Medication ampule/vial/IV bottle</p> <p><input type="checkbox"/> Pipette</p> <p><input type="checkbox"/> Specimen/test tube</p> <p><input type="checkbox"/> Vacuum tube</p> <p><input type="checkbox"/> Other glass item: _____</p> |
|--|---|---|

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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)

- Activating safety device
- Between steps of a multistep procedure (carrying, handling, passing/receiving syringe/instrument, etc.)
- Device malfunctioned
- Device pierced the side of the disposal container
- Disassembling device or equipment
- Found in an inappropriate place (eg. Table, bed, linen, floor, trash)
- Interaction with another person
- Laboratory procedure/process
- Patient moved during the procedure
- Preparation for reuse of instrument (cleaning, sorting, disinfecting, sterilizing, etc.)
- Recapping
- Suturing
- Use of sharps container
- Unsafe practice
- Use of IV/central line
- Other _____

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

- A. Was the protective mechanism activated?** yes no do not know
B. Did the exposure incident occur before during 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)

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:

8/26/2009

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**Return completed form to Environmental Health & Safety, Room 1.343T DTL
or FAX to 567-2965**

APPENDIX F

SHARPS INJURY SURVEY FORM

Date: _____

Purpose: This survey tool will be used to evaluate factors contributing to or leading to injuries with sharp objects or needles that could possibly result in infection. Any identifying information will remain confidential. The aggregate data will be used to evaluate hazards and formulate injury prevention initiatives.

Scope: This survey tool should be completed by any person experiencing a sharps injury (employees, students, and volunteers) occurring on UT Health Science Center property.

Directions: Mark the response that most accurately reflects your sharps injury. This survey should take less than 5 minutes to complete. Return via campus mail to: **Environmental Health & Safety Department, Mail code 7928.**

1. Indicate your employment type:
 - Student
 - Resident
 - Employee / Faculty
 - Volunteer
 - Other _____
2. Indicate the number of years of experience you've had using the sharp or needle involved in this injury:
 - 1st year of experience
 - 2nd year of experience
 - 2-5 years of experience
 - More than 5 years of experience
3. Which activity best describes the task you were performing when the percutaneous injury occurred?
 - Clinical patient care
 - Research not involving patient care
 - Waste disposal / sharps disposal
 - Other: _____
4. Where were you physically located when this injury occurred?
 - Dental School
 - Medical School
 - Nursing School
 - Allied Health
 - Graduate School / Basic Science Building
 - Other: _____
5. Have you received safety training within the previous 12 months on the safe use and disposal of sharp objects?
 - YES
 - NO
 - I don't remember
6. In your opinion, which factor most likely contributed to your percutaneous injury?
 - Lack of experience
 - Lack of familiarity with the device or needle
 - Lack of safety training
 - Lack of "needleless devices" or "engineered sharps"
 - Clinical problems (e.g. difficult patient or inability to see manipulation)
 - Inaccessibility of convenient sharps disposal containers
 - Other: _____
7. In your opinion, which initiative would be most effective at preventing future sharps injuries?
 - No initiative would have effectively prevented this injury
 - Enhanced curriculum on safe handling of these devices
 - Substitution with "needleless" devices or "engineered sharps"
 - Additional time observing others handling these devices
 - Other: _____
8. Did you have access to, or was an acceptable needless system available as, a substitute for this task or activity?
 - YES
 - NO
 - Not sure

Please provide any additional input on effective engineering or work practice controls:

APPENDIX G

EMPLOYEE EXPOSURE NOTIFICATION AND MEDICAL EVALUATION OPTION FORM

This form is to be completed jointly by the exposed employee and their supervisor / principal investigator.

I (print name) _____ experienced a blood, body fluid, or other potentially infectious material contaminated sharps injury, mucous membrane exposure, or non-intact skin exposure during my employment with The University of Texas Health Science Center at San Antonio on (date: mm/dd/yyyy) ____/____/_____. I have been notified that I may seek examination and treatment with any state licensed physician or health care provider, and may be tested for the presence of antibodies for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) free of charge to myself. This evaluation may also include treatment for HBV infection.

The physician authorizing this testing will be, or has been, informed of the latest U.S. Public Health Service guidelines for treatment of a potential bloodborne pathogen exposure including HBV, HCV, and HIV antibody testing, recommended prophylactic treatment, as well as the OSHA bloodborne pathogens standard (29 CFR 1910.1030) and Texas DSHS bloodborne pathogens control rules (25 TAC Chapter 96.101-96.601). These guidelines are listed in MMWR June 29, 2001 / 50(RR11); 1-42, *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis* (or most current guidelines as listed on the CDC website; www.cdc.gov/mmwr/). The physician or authorized licensed health care professional performing the evaluation, may upon examination, order testing on a sample of my (exposed employee) blood drawn initially after the exposure for HBV/HCV/HIV antibody testing.. If I do not wish to have antibody testing performed on the blood specimen drawn initially, I understand that I may have it tested for HIV up to 90 days following the date of exposure as per 29 CFR 1910.1030 (f)(3)(iii)(b).

All test results will be forwarded to the authorized treating physician confidentially, and they will be communicated to me by the physician to ensure confidentiality.

I have decided for the following post exposure option (mark one box):

- I have decided to receive a confidential medical evaluation and consent to have a serum (blood) specimen drawn for antibody testing for HBV, HCV, and HIV.
- I have decided to receive a confidential medical evaluation, but do not wish to have antibody testing for the presence of HBV, HCV, and HIV performed at this time. I do consent to have a blood specimen drawn and held for possible HIV testing done at a later date, up to 90 days following my date of exposure.
- I do not wish to receive a medical evaluation, and do not wish to have testing for the presence of HBV, HCV, and HIV antibodies at this time. I do consent to have a blood specimen drawn for possible HIV testing at a later date, up to 90 days following my initial exposure.
- I do not wish to receive a medical evaluation – I do not wish to have antibody testing for HBV, HCV, and HIV – and finally, I do not consent to have a blood specimen drawn for possible testing at a later date.

Employee's Signature

Date

PI / Supervisor's Signature

Date

If employee is to see a physician, list physician's name and address here:

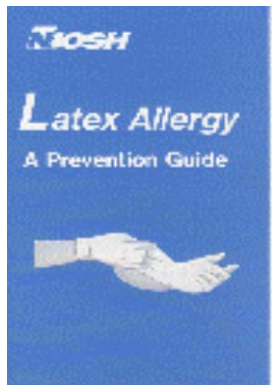
For questions concerning UT Health Science Center WCI coverage:

Contact Environmental Health and Safety at Tel. (210) 567-2955 or FAX (210) 567-2965

Original: UT Health Science Center – WCI

Copies: Treating physician/health care provider; employee

This form contains confidential medical information



Latex Allergy A Prevention Guide

Latex gloves have proved effective in preventing transmission of many infectious diseases to health care workers. But for some workers, exposures to latex may result in allergic reactions. Reports of such reactions have increased in recent years--especially among health care workers.

What is latex?

In this pamphlet, the term "latex" refers to natural rubber latex, the product manufactured from a milky fluid derived from the rubber tree, *Hevea brasiliensis*. Several types of synthetic rubber are also referred to as "latex," but these do not release the proteins that cause allergic reactions.

What is latex allergy?

Latex allergy is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex involve skin redness, rash, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficult breathing, coughing spells, and wheezing). Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy.

Who is at risk of developing latex allergy?

Health care workers are at risk of developing latex allergy because they use latex gloves frequently. Workers with less glove use (such as housekeepers, hairdressers, and workers in industries that manufacture latex products) are also at risk.

Is skin contact the only type of latex exposure?

No. Latex proteins become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled.

How is latex allergy treated?

Detecting symptoms early, reducing exposure to latex, and obtaining medical advice are important to prevent long-term health effects. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures. Certain medications may reduce the allergy symptoms; but complete latex avoidance, though quite difficult, is the most effective approach.

Are there other types of reactions to latex besides latex allergy?

Yes. The most common reaction to latex products is *irritant contact dermatitis*- the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. *Allergic contact dermatitis* (sometimes called chemical sensitivity dermatitis) results from the chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause a skin rash similar to that of poison ivy. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

How can I protect myself from latex allergy?

Take the following steps to protect yourself from latex exposure and allergy in the workplace:

1. Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.).
2. Appropriate barrier protection is necessary when handling infectious materials. If you choose latex gloves, use powder-free gloves with reduced protein content.
 - Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy.
 - So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).
3. Use appropriate work practices to reduce the chance of reactions to latex.
 - When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration).
 - After removing latex gloves, wash hands with a mild soap and dry thoroughly.
 - Practice good housekeeping: frequently clean areas and equipment contaminated with latex-containing dust.
4. Take advantage of all latex allergy education and training provided by your employer and become familiar with procedures for preventing latex allergy.
5. Learn to recognize the symptoms of latex allergy: skin rash; hives; flushing; itching; nasal, eye, or sinus symptoms;

asthma; and (rarely) shock.

What if I think I have latex allergy?

If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex-containing products until you can see a physician experienced in treating latex allergy.

If you have latex allergy, consult your physician regarding the following precautions:

- Avoid contact with latex gloves and products.
- Avoid areas where you might inhale the powder from latex gloves worn by other workers.
- Tell your employer and health care providers (physicians, nurses, dentists, etc.) that you have latex allergy.
- Wear a medical alert bracelet.

ADDITIONAL INFORMATION

For additional information about latex allergy, or to request a copy of NIOSH Alert No. 97-135, [*Preventing Allergic Reactions to Natural Rubber Latex in the Workplace*](#), call [1-800-35-NIOSH](tel:1-800-35-NIOSH) (1-800-356-4674)

You may also visit the NIOSH Homepage on the World Wide Web at <http://www.cdc.gov/niosh>

To access latex allergy websites, select *Latex Allergy* through the NIOSH Homepage, or access the websites directly at the following locations:

- [http:// www.anesth.com/lair/lair.htm](http://www.anesth.com/lair/lair.htm)
- http://www.familyvillage.wisc.edu/lib_latx.htm

Second printing, with minor changes for clarity.

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The PDF version is also available as [98-113.pdf \(2 pages, 158K\)](#).

I. ***This page was last updated: February 25, 1999***



APPENDIX I

Engineered Sharps Injury Prevention and Sharps Waiver Process A Guide to the Evaluation of Engineered Sharps in the Workplace

1. Introduction

Effective September 1, 2000, the Texas Department of Health (now the Texas Department of State Health Services) effected new regulations concerning standards for occupational exposure of governmental unit employees to bloodborne pathogens. These regulations are contained in 25 TAC Part 1 Chapter 96 - Bloodborne Pathogen Control.

The Texas Department of State Health Services (department) adopted new §§96.101, 96.201 – 96.203, 96.301 – 96.304, 96.401, 96.402, 96.501 and the repeal of 96.601. The amendments are adopted to be effective July 23, 2006.

Amendments to §96.101 add more components to the definitions; §§96.201 - 96.203, 96.301 - 96.304, 96.401, 96.402 and 96.501 update and correct the department's reference from the "Texas Department of Health" to the "Department of State Health Services"; §§96.202 and 96.401 provide a new website; amendments to §§96.302 and §§96.304 add a two-year period for registration and renewal fees; §§96.301 and §§96.501 are amended to cease the granting of Undue Burden and Rural Counties waivers, legislation for granting the waivers has expired (Chapter 1411, 76th Legislature §26.02).

Background: Prior to 2006, the UT Health Science Center was granted a waiver for undue burden from the use of engineered sharps in the workplace due to a number of institutional factors. Although the legislation granting waivers for undue burden has expired, the UT Health Science Center has a committee to review and recommend institutional goals and priorities with respect to engineered sharps.

The preamble of these regulations state:

The new sections decrease the risk of exposure to bloodborne pathogens for employees who work in governmental units by increased training and education; increased use of vaccination for employees; and increased use of personal protective equipment. The recommendation for the use of needleless systems and sharps with engineered sharps injury protection will reduce the risk of injury and transmission of bloodborne pathogens to governmental unit employees.

25 TAC §96.301 (a) The Department of State Health Services (department) recommends that governmental units implement needleless systems and sharps with engineered sharps injury protection for employees.

2. Definitions (from 25 TAC Part 1 §96.101)

Employee - An individual who works for a governmental unit or on the premises owned or operated by a governmental unit whether or not he or she is directly compensated by the governmental unit.

Engineered sharps injury protection - A physical attribute that:

(A) is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction,

destruction, or other effective mechanism; or

(B) is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety device that effectively reduces the risk of an exposure incident.

Governmental unit - This state and any agency of the state, including a department, bureau, board, commission, or office and includes:

(A) any other institution of government, including an institution of higher education.

3. Implementation of an Engineered Sharps Evaluation Program

Institutional Strategic Plan, Objective 1.3 – UT Health Science Center health professionals should provide healthcare training and experience that includes providing knowledge of all reasonable and customary medical equipment. The UT Health Science Center at San Antonio reviews the adequacy of implementing engineered sharps in the workplace. In implementation of the use of engineered sharps, several institutional factors are evaluated including patient and employee safety, clinical acceptability, institutional educational goals/commitments, availability of alternative devices, efficacy of training programs, and fiscal effects on existing initiatives.

A. Development of a Sharps Injury Prevention Program: The *CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program* provides guidance on developing a program for sharps injury prevention.

http://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

The CDC program model includes **five operational processes**. These include:

1. Institutionalize a culture of safety in the work environment.

Site Specific Procedure: The UT Health Science Center and the Environmental Health and Safety Department are committed to providing a workplace that is free of recognized hazards that is conducive to world class education, research and patient care.

2. Implement procedures for reporting and examining sharps injuries and injury hazards,

Site Specific Procedure: An emergency response “reference card” was developed and distributed to employees and students for use in the event of injury (including percutaneous injury). This reference card has been updated and continues to be well-received by the various UT Health Science Center’s stakeholders. Employees may request an updated reference card when taking the Web-based Bloodborne Pathogen training.

3. Analyze sharps injury data for prevention planning and measuring performance improvement.

Site Specific Procedure: Work-related sharps injuries and illnesses were not systematically evaluated by UT Health Science Center’s prior to January 1, 2001. These data are critical for evaluating the risk of injury procedures involving sharps. All reported injuries beginning on January 1, 2001 are being evaluated for prevention purposes using a standardized reporting tool. These data are being co-evaluated by the Environmental Health & Safety Office and the Infection Policy and Education

Committee. All personal identifying data remain confidential.

4. Selection of sharps injury prevention devices (e.g., devices with safety features).

Site Specific Procedure: Selection of sharps injury prevention devices is dependent on many factors. The evaluation committee should carefully evaluate new products with respect to applicability to certain procedures with emphasis on student, employee and patient safety. Other factors affecting the recommendation for safer medical devices are the expected effectiveness in reducing injuries, anticipated cost, ease of use, staff preference, compatibility with other devices, systems or procedures, and facility contractual purchasing agreements. Another factor not found in a literature review was the potential for introducing bias into research protocols.

5. Education and training of healthcare personnel on sharps injury prevention.

Site specific recommendation: The UT Health Science Center should continue to emphasize Standard Precautions and Bloodborne Pathogens education and training in the safe use and disposal of needle and sharp devices to all new students and employees with "refresher" courses offered annually. Web-based training became available in Fiscal Year 2005.

B. Evaluation Committee

1. In accordance with **25 TAC Part 1 §96.301**, an Evaluation Committee must have:
 - (a) At least half of the members of an evaluation committee established by a governmental unit to implement subsection (b) of this section must be employees who are health care workers who have direct contact with patients or provide services on a regular basis.
 - (b) Whenever possible, the governmental entity establishing the evaluation committee shall consider using committees with similar duties already in existence.
 - i. The Infection Policy and Education Committee charge is "To develop policies about the responsibilities of the Health Science Center to students, faculty, and staff regarding protection from exposure to bloodborne pathogens or potentially infectious agents in the workplace or classroom and to recommend these policies for implementation to the Executive Committee of the Health Science Center." The Committee acts as the Evaluation Committee for the UT Health Science Center.
2. Evaluation Committee analyzes sharps injury data and determines sharps injury prevention priorities based on:
 - (a) Injuries that pose the greatest risk of bloodborne pathogen transmission
 - (b) Frequency of injury with a particular device
 - (c) Specific procedure or problem that is contributing to a high frequency of injuries

C. Engineered Sharps Evaluation:

1. Use of conventional devices: Prior to selection of an engineered sharp, information on the conventional devices used should include: frequency of use and purchase volume most commonly used sizes, purpose, other products that the device is used with that may pose compatibility problems, and any unique uses for the device especially in the research environment.

2. Criteria for product selection: In a clinical setting, design and performance criteria may include procedural implications (reuse of a needle on the same patient during a procedure such as administration of local anesthesia), patient considerations (increased pain or discomfort to the patient), scope of the use of the device, method of activation and characteristics of the safety feature, availability, device packaging, impact on waste volume, how the change from a reusable to a single-use product will impact procedures (example: phlebotomy teams that hand carry their equipment), and what type of service does the manufacturer provide (free samples and training materials).
3. Product Evaluation: Evaluation on the engineered sharps should include: Train health care workers in the correct use of the new device, establishing clear criteria to evaluate the device with regard to both health care worker safety and patient care and follow-up to obtain informal feedback, identify problems, and provide additional guidance.

D. Resources: Listings of currently available safety engineered sharps devices

1. *Texas Department of State Health Services, Drugs and Medical Devices Division*
The devices included on the list are believed to be commercially available and as such shall have conformed to any applicable marketing clearance requirements established by the U.S. Food and Drug Administration and in effect at the time of their introduction into commerce.
<http://www.dshs.state.tx.us/dmd/listneedle.shtm>
2. [National Alliance for the Primary Prevention of Sharps Injuries \(NAPPSI\)](#)
3. www.healthsystem.virginia.edu/internet/epinet/
4. www.cdc.gov/niosh/topics/bbp/

E. Resources: Product Evaluation Checklists

1. <http://www.cdc.gov/sharpssafety/index.html>
2. <http://www.tdict.org/>

APPENDIX J

Consent to HIV Testing Due to Exposure Of a Health Care Worker

I, _____, hereby give permission to the UT Health Science Center to draw and test my blood for the presence of HIV antibody which is associated with Acquired Immune Deficiency Syndrome (AIDS).

I understand that I have been requested to have this test because a worker in a UT Health Science Center clinic has been exposed to my blood or body fluid and because the United States Center for Disease Control and Prevention and the Texas Department of Health recommend testing of patients following such exposure. I understand that this test, in itself, is not diagnostic for AIDS. I understand that positive results from this test indicate the presence of antibodies in my blood which react with the HIV (AIDS) virus. Positive results do not conclusively indicate whether or not the virus is present in my blood, nor does a positive result mean that I have AIDS. I also understand that a positive result does not predict whether or not I will develop AIDS in the future. I understand that a negative result from this test does not conclusively exclude the possibility of infection with the HIV (AIDS) virus.

All positive test results will be confirmed by repeating the same test, a control for performance or laboratory error. The initial confirmation will not be performed by the Western Blot method which is more accurate and may be recommended for subsequent confirmation. I understand that a positive result from this test will be reported to the Texas Department of Health as required by law. I understand that the UT Health Science Center will take precautions to protect the confidentiality of these antibody results. There will be no disclosure to unauthorized third party without my express written consent. I understand; however, that the results of this test will be recorded in my medical record and that the results will be released to persons or entities to whom I authorize the release of my medical record, unless I expressly deny permission to release this test result.

I understand that a waiver of the privilege of confidentiality and privacy of my medical records in order to gain insurance reimbursement means that the results of this test will be disclosed unless I expressly deny permission to release this test result. I understand and agree that the results may be disclosed as necessary to assure appropriate follow-up testing of the health care worker exposed to my blood or other body fluids.

After the test results are obtained, my physician will discuss these matters with me and, if necessary, refer me for the appropriate medical, psychological, and social counseling. I have been given the opportunity to ask questions which have been answered to my satisfaction. I have read the above and had the opportunity to discuss this information with _____. I am aware of the test's limitations and the potential consequences of positive and negative test results. My signature indicates that I give my informed consent to have blood drawn and to have the HIV screening performed.

Patient's Signature

Date

Witness

Date

APPENDIX K

Adult Immunization and Testing Form Consent for Vaccine Administration

Please read and complete the following information to receive immunizations

Form and any substantiating immunization documentation must be submitted to the UTHSCSA Employee Health & Wellness Center.

Email to: EHWC@uthscsa.edu or fax to: 210-567-2779 (incoming emails may not be encrypted.)

Applicant, complete and sign this section.

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: (Home) _____ (cell) _____ School/Location: _____

Allergies to medications or foods:

I have read and understand the information given to me regarding the vaccines I will be given today. I believe and understand the benefits and risks of the vaccination(s). I request the identified vaccine(s) to be given to me. I have no conditions, which are contraindications for vaccination. I certify that the information I have provided is true and accurate.

Signature: _____ Date: _____

Contact the UTHSCSA Employee Health & Wellness Center to schedule your immunizations at 210-567-2788. If you have written documentation of a negative TB skin test or a report from a physician indicating that a chest x-ray was taken within the previous 12 months and/or documentation of completion of the Hepatitis vaccination series you may submit the written and legible documentation to the Employee Health & Wellness Center, along with this form.

HEPATITIS B (0, 1-2, 4-6) HEPATITIS A & B COMBO (0, 1-2, 4-6 <OR> 0, 7 days, 21-30 days, 12 mo)

To receive vaccinations the client must meet the following requirements:

Is NOT pregnant or breastfeeding, NOT allergic to yeast, not sensitive to Mercury (Thiomersal), NOT moderately or severely ill, NOT had an allergic reaction to a previous dose of Hepatitis B.

NUC	Lot#:
Dosage: 1.0 ml	Route: IM
Site: <input type="checkbox"/> RA <input type="checkbox"/> LA	
<input type="checkbox"/> 1 st Dose:	
Given by: _____	Date: _____

MS version date:

NUC	Lot#:
Dosage: 1.0 ml	Route: IM
Site: <input type="checkbox"/> RA <input type="checkbox"/> LA	
<input type="checkbox"/> 2 nd Dose > 1 mo	
Given by: _____	Date: _____

MS version date:

NUC	Lot#:
Dosage: 1.0 ml	Route: IM
Site: <input type="checkbox"/> RA <input type="checkbox"/> LA	
<input type="checkbox"/> 3rd Dose > 5mo after 2 nd	
Given by: _____	Date: _____

MS version date:

TB SKIN TEST – MUST BE READ 48-72 HOURS AFTER ADMINISTRATION

(PLEASE INITIAL _____)

Do you currently have any of the following symptoms?	YES	NO	UNKN
Unusual fatigue for more than 2 weeks?			
Weight loss (unrelated to dieting)?			
Loss of appetite for more than 2 weeks?			
Persistent cough for longer than 2 weeks?			
Blood streaked sputum?			
Fever associated with cough for more than 1 week?			
Night sweats?			
Other unusual symptoms?			
Is there a history of TB in your family?			
Have you ever taken Anti-Tuberculin medications?			
Have you ever had "BCG" vaccination?			
Have you had an MMIX vaccine in the past 3 months?			
Do you currently have an immune compromised illness?			
Have you ever had a positive TB skin test?			
If YES, WHEN & WHERE?:			

Admin Date:	By:	Time:
NUC		
Lot#	Exp:	
0.1ml's TU/PPD		
Forearm Site:	R	L
MUST BE READ BETWEEN 48-72 hours after admin.		
Date Read:	By:	
Interpretation of Results		
Read only area of induration (raised area) not redness		
mm induration Neg Pos		
Below for positive results only		
CXR Ternal AMI UH Other		
Entered in People Soft by:		
Date:		

Internal Use Only:

This candidate has complied with required immunizations.

Signature of Employee Health & Wellness Center Provider/reviewer _____

Date _____

Refer to HOP policy 8.5.8 "Pre-Employment Immunizations" for policy and procedures.