



TEXAS WOMAN'S UNIVERSITY™

Bloodborne Pathogen Exposure Control Plan

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Table of Contents

I. PURPOSE	1
II. RESPONSIBILITIES	1
A. Bloodborne Pathogen Committee	2
III. DEFINITIONS	2
IV. EXPOSURE DETERMINATION	6
V. METHODS OF COMPLIANCE	7
A. Universal Precautions	7
B. Engineering Controls	7
C. Work Practice Controls.....	8
D. Hygiene	8
E. Sharps	8
F. Specimen Handling.....	10
G. Housekeeping	10
H. Laboratory Practices	11
I. Personal Protective Equipment (PPE).....	12
J. Selection	12
1. Gloves.....	13
2. Garments	14
K. Biomedical Waste Handling and Disposal	14
VI. HEPATITIS B VACCINATION PROGRAM	16
A. Deferred Vaccination	16
VII. POST EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP	17
A. Reporting.....	20
VIII. MEDICAL RECORDS	20
IX. COMMUNICATION OF HAZARDS	22



TEXAS WOMAN'S UNIVERSITY™

X. DEMONSTRATION APPROVAL	22
XI. TRAINING	23
XII. ANNUAL REVIEW	24
Appendix I	25
Appendix II	34
Appendix III	36
Appendix IV	42
Appendix V	45

I. PURPOSE

The purpose of the Texas Woman's University (TWU) Bloodborne Pathogen Exposure Control Plan (ECP) is to protect faculty, staff, students, and visitors from bloodborne pathogens. Protection is particularly targeted toward faculty/staff ([employees](#)) and students who are exposed to blood or other potentially infectious materials (OPIM) in the course of their occupation or education in accordance with the following:

- [University Regulation and Procedure Number 04.430](#)
- U.S. Occupational Health and Safety Administration (OSHA) Bloodborne Pathogen standard ([29 CFR 1910.1030](#))
- The Texas Health and Safety Code, including Bloodborne Pathogen Control Plan ([Chapter 81 Subchapter H](#)) and Prevention Of Transmission Of HIV And Hepatitis B Virus By Infected Health Care Workers ([Chapter 85 Subchapter I](#))
- Texas Department of State Health Services (DSHS) regulations including Bloodborne Pathogen Control ([25 TAC 96](#)), and Communicable Diseases ([25 TAC 97](#))
- The State Board of Dental Examiners regulations, including Sanitation and Infection Control ([22 TAC 108](#))

This ECP is intended to eliminate or minimize as much as possible the exposure of faculty, staff, and students to bloodborne pathogens while endeavoring to comply with the intent of applicable federal and state legislation and regulations.

Additional written procedures covering specific departmental requirements may be necessary to meet the goals of this ECP; this ECP represents the minimum requirements for all TWU departments.

II. RESPONSIBILITIES

Each member of the TWU community (faculty, staff, and students) is partially responsible for their own health and safety on the job. In addition, each individual shares a responsibility for the welfare of other people in our work or educational environment at TWU. All affected members of the TWU community must comply with the requirements of this ECP.

Department heads, managers, and supervisors are responsible for ensuring compliance and monitoring adherence to this ECP. Faculty and staff overseeing students are responsible for ensuring their adherence to this ECP. Specifically, these parties must ensure that all individuals working under their supervision:

- Understand and comply with practices/procedures identified in this ECP and other relevant safety procedures
- Have access to **and use** appropriate and necessary engineering controls and personal protective equipment
- Receive training, as required by this ECP

Risk Management shall be responsible for assisting departments to develop and present training materials for faculty, staff, and students, for disposing of biomedical waste, and for

maintaining required records as described in this plan.

A. Bloodborne Pathogen Committee

The Bloodborne Pathogen Committee, consisting of Risk Management and representatives of departments with faculty, staff, or students covered by the ECP, will be primarily responsible for reviewing and updating this ECP, including the exposure determination, at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

III. DEFINITIONS

The following definitions were primarily derived from the applicable regulations and statutes listed in [Appendix V](#), with some modifications to reflect the needs of the TWU community and to include students in the protections provided by the ECP.

Biomedical waste - Liquid or semi-liquid [blood](#) or [other potentially infectious materials](#); contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Animal waste that meets the above definition is also considered to be biomedical waste.

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

Note: Animal blood is NOT considered to be part of OSHA's Bloodborne Pathogens Standard (BPS), as animals are only mentioned in the standard as related to OPIM, specifically as "...blood, organs, or other tissues from experimental animals infected with HIV or HBV."

- That being said, because a potential risk exists for the transmission of diseases from animals to humans and because the OSHA standard does not cover all exposures to animal blood, tissues, cells, etc., animal blood should be approached with the same handling practices as Universal Precautions.
- If an animal were known to be infected with an OSHA specified bloodborne pathogen, the BBP committee would need to be consulted, but otherwise animals are thoroughly covered by IACUC and the IBC.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and [other potentially infectious materials](#) and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV).

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

Contaminated Laundry - Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin including, but

not limited to, needles/needle devices, scalpels, lancets, broken glass, broken capillary tubes, glass pipettes, exposed ends of dental wires, and dental knives, drills, or burs.

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.

Employee - All persons working directly for Texas Woman's University, including student employees. Employees of other companies, contractors, or subcontractors performing work for TWU are not considered to be employees under this ECP.

Engineering Controls - Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Hand Washing Facilities - A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

Health Care Worker - A person who furnishes health care services in direct patient care situations under a license, certificate, or registration issued by this state or a person providing direct patient care in the course of a training or educational program.

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

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

Human Cell Line (aka Established Cell Line) - in vitro or animal passaged cultures or human cells that fulfill traditional requirements of a cell line designation; that is, the cells are immortalized cells, transformed by spontaneous mutation or natural or laboratory infection with an immortalizing agent such as Epstein-Barr virus (EBV). EBV is a bloodborne pathogen.

Characterization of human cells, for inclusion or exclusion from compliance with OSHA's Bloodborne Pathogens Standard (BPS), would include screening of the cells lines or "strains" for viruses characterized as bloodborne pathogens by the Standard, including human immunodeficiency viruses, hepatitis viruses or EBV, if the cells are capable of propagating such viruses. Most cell lines are screened for human mycoplasmas and are free of bacterial and mycotic contaminants. Testing may include antigenic screening for viral or agent markers, co-cultivation with various indicator cells that allow contaminants to grow, or using molecular technology (polymerase chain reaction or nucleic acid hybridization) to identify latent viruses capable of infecting humans such as Herpesviruses (e.g., EBV), or papilloma members of the Papovavirus group, etc.

Established human or other animal cell lines which are known to be or likely infected/contaminated with agents classed as bloodborne pathogens, especially hepatitis viruses and human immunodeficiency viruses, are covered by the BPS.

Cell lines that are procured from commercial vendors or other sources with documented testing to be free of human bloodborne pathogens and which have been protected by the employer from environmental contamination may be excluded from the BPS. An example of an exclusion which would not have to comply with the requirements of the bloodborne pathogens standard would be human HeLa cells that are documented to be pure HeLa cells and shown to be free of bloodborne pathogens by testing.

Human Cell Strains - cells propagated **in vitro** from primary explants of human tissue or body fluids which have finite lifetime (non-transformed) in tissue culture for 20-70 passages. Human cell "strains" must be handled as OPIM unless characterized by testing to be free of bloodborne pathogens (i.e., WI-38 cells are often so documented).

Human Immunodeficiency Virus (HIV) - 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 - A person whose legally permitted scope of practice allows him or her to independently perform Hepatitis B vaccinations and/or post-exposure evaluations and follow-up as described in this ECP.

Needleless System - A device that does not use a needle and that is used:

- To withdraw body fluids after initial venous or arterial access is established
- To administer medication or fluids
- For any other procedure involving the potential for an exposure incident

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (body fluids, unfixed tissues and organs, human cell lines, etc.) that results from the performance of an employee's duties or as part of a student's education. Occupation exposure is determined without regard to the use of personal protective equipment (PPE).

Other Potentially Infectious Materials (OPIM) - include the following:

- Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (joint lubricant), pleural fluid (around lungs), pericardial fluid (around heart), peritoneal fluid (around abdomen), amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human, living or dead
- Primary human cells, strains and explants
 - All primary human cell explants from tissues and subsequent in vitro passages of human tissue explant cultures must be regarded as containing potential bloodborne pathogens and should be handled in accordance with the Bloodborne Pathogens Standard (BPS). Non-transformed, human cell "strains", characterized by documented, reasonable laboratory testing to be free of human immunodeficiency virus, hepatitis viruses, or other bloodborne

pathogens may be exempted from the standard's requirements. However, if such tissue explants or subsequent cultures are derived from human subjects known to carry bloodborne pathogens, such as hepatitis viruses or human immunodeficiency viruses or are deliberately infected with bloodborne pathogens, they must be handled in accordance with the precautions noted in the BPS. Likewise, animal tissues, explants or cell cultures known to be contaminated by deliberate infection with human immunodeficiency virus or Hepatitis B virus are also subject to the BPS.

- All laboratory work with primary human tissues or body fluids is covered by the BPS.
- Established human cells which are NOT documented to be free of bloodborne pathogens HIV-containing cell or tissue cultures, organ cultures, and [HIV](#), [HBV](#), or [HCV](#)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Parenteral - A piercing of mucous membranes or the skin barrier by means of a needlestick, bite, cut, and/or abrasion.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee or student for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are **not** considered to be PPE. Examples of PPE include, but are not limited to:

- Gloves
- Gowns
- Laboratory coats
- Face shields or masks and eye protection
- Ventilation devices (e.g. mouthpieces, resuscitation bags, and pocket masks)

Primary Human Cell - Human primary cells are cells isolated directly from human tissues, including blood and bone marrow.

Sharps - Any item having corners, edges, or projections capable of cutting or piercing the skin.

Sharps with Engineered Sharps Injury Protections - A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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

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

Universal Precautions - An approach to infection control which assumes that all human blood

and [other potentially infectious materials](#) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

IV. EXPOSURE DETERMINATION

Each department at TWU, in collaboration with the Bloodborne Pathogen Committee, must determine if there are job classifications or certain work tasks that can result in [occupational exposure](#) to [bloodborne pathogens](#).

Job classifications and work tasks to be considered for potential occupational exposure must include student employees as well as all faculty and staff. In addition, students who are not employees but who are exposed to bloodborne pathogens as a necessary part of their education at TWU shall also be considered to have occupational exposure for the purposes of this plan and be included in this exposure determination.

- This exposure determination must be made without regard to the use of personal protective equipment.
- Exposure determinations are to be made at the time a position is created and each time there is a change in work tasks which may result in a change in occupational exposure.
- Employees and students identified as having occupational exposure potential must comply with all provisions of the ECP.

Examples of work tasks that constitute occupational exposure to bloodborne pathogens include, but are not limited to:

- Direct patient care activities likely to result in direct or indirect exposure to a patient's blood or body fluids
- Processing or handling human blood, body fluids, tissues, or organs
- Processing or handling of equipment, materials, or waste that may have been [contaminated](#) with human [blood](#), or [OPIM](#)
- Routine administration of first aid
- Processing or handling [primary](#) human cell lines, tissues, etc.
- Processing or handling established cell lines or human cell strains not documented to be free of bloodborne pathogens
- Processing or handling human cell culture supernatant from cells not documented to be free of bloodborne pathogens

Job classifications are grouped into two basic categories in relation to occupational exposure to bloodborne pathogens:

- Job classifications for which **ALL** employees with that classification are occupationally exposed to bloodborne pathogens. Examples include but are not limited to physicians, police officers, and custodians.
- Job classifications for which **SOME** employees with that classification are occupationally exposed. Examples include but are not limited to lab technicians,

biology faculty, and nursing faculty. For these job classifications, the exposure determination must include a list of all tasks and procedures (or groups of closely related tasks and procedures) in which occupational exposure occurs.

The results of the exposure determination at TWU must be maintained as part of this ECP, and can be found in [Appendix I](#).

The exposure determination must be reviewed with this ECP at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised faculty, staff, and student positions with occupational exposure.

It is the responsibility of employee supervisors and faculty overseeing students to recognize the potential for new occupational exposures and to notify Risk Management or the Bloodborne Pathogen Committee so this ECP can be updated.

Supervisors must notify Risk Management or the Bloodborne Pathogen Committee of employees who are changing positions, or whose position is being modified, from one that did not involve occupational exposure to one that does.

V. METHODS OF COMPLIANCE

The following methods of compliance shall be observed by all TWU faculty, staff, and students:

A. Universal Precautions

[Universal precautions](#) shall be observed to prevent contact with [blood](#) or [OPIM](#). Under circumstances in which differentiation between body fluid types is difficult or impossible, **ALL** body fluids shall be considered to be potentially infectious.

B. Engineering Controls

[Engineering controls](#) shall be implemented to eliminate or minimize employee exposure prior to requiring PPE for a particular task whenever possible. Where occupational exposure remains after institution of these controls, PPE shall also be used. Engineering controls must be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Engineering control equipment includes, but is not limited to:

- [Sharps](#) disposal containers
- Biological safety cabinets (refer to the [TWU Institutional Biosafety Policy](#) for more information)
- Disposable resuscitation equipment
- Disposable pipette bulbs
- [Needleless systems](#)
- Sharps with engineered sharps injury protection
- Hand washing facilities
- Antiseptic towelettes or waterless disinfectant when proper hand washing

facilities are not available

C. Work Practice Controls

[Work practice controls](#) establish standard practices by which tasks involving [blood](#) or [OPIM](#) or work performed in areas containing blood or OPIM must be performed.

All procedures in which blood or OPIM are present are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these potentially infectious materials.

D. Hygiene

Faculty, staff, and students should familiarize themselves with the nearest [hand washing facility](#) in the area(s) that they work. If hand washing facilities are not available, an antiseptic cleaner in conjunction with clean towels or antiseptic towelettes should be provided. Hands are to be washed with soap and water as soon as feasible if these alternatives are utilized.

Faculty, staff, and students must wash hands and any other potentially [contaminated](#) skin area immediately after removal of gloves, laboratory coat, or any other contaminated protective clothing and before leaving the work area.

Avoid touching the face or other exposed skin when handling contaminated or potentially contaminated material.

Whenever skin or mucous membranes have been exposed to [blood](#) or [OPIM](#), wash needlesticks and cuts with soap and water for 15 minutes and/or flush mucous membranes/irrigate eyes with water for 15 minutes. Notify the supervisor immediately and seek immediate medical attention (see the [Post Exposure Incident Evaluation and Follow-up](#) section).

Eating, drinking, applying cosmetics or lip balm, or handling contact lenses is prohibited in areas where exposure to blood or OPIM may occur. Always wash hands before performing these tasks after leaving the work area.

Food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops in rooms or areas where blood or OPIM are present.

Mouth pipetting/suctioning is strictly prohibited.

E. Sharps

[Contaminated](#) needles and other [sharps](#) are not to be bent, broken, recapped, removed, sheared, or purposely broken.

If there is no feasible alternative, or such action is required by a specific

medical or dental procedure, an exception to this rule may be granted by the Bloodborne Pathogen Committee.

An exception must be requested in writing by the department in which the activity will be taking place. The Bloodborne Pathogen Committee will approve or disapprove of the exception in writing. The activity may not begin until written approval is obtained.

Even if approved by the Bloodborne Pathogen Committee, such actions **must** be accomplished through the use of a mechanical device or a one-handed technique.

During use, containers for contaminated sharps must be easily accessible to personnel, located as close as is feasible to the area where sharps are being used or can be reasonably anticipated to be found, maintained upright throughout use, are not allowed to become overfilled, and are replaced routinely (when the container is 2/3 to 3/4 full).

Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Contaminated **disposable** sharps are to be closed and placed immediately or as soon as possible in a container that is closable, leak-proof on sides and bottom, puncture resistant, and labeled in accordance with the [Communication of Hazards](#) section below. Sharps containers must NOT be autoclaved prior to placement into these Biohazard Waste containers.

Contaminated **reusable** sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Reusable sharps shall be placed immediately or as soon as possible in a collection container, and preferentially decontaminated or sterilized in this initial collection container (e.g. immediately placed in a pan of decontamination or sterilization solution).

If reusable sharps are not immediately decontaminated or sterilized after use, the collection container must meet the same requirements as containers for disposable sharps above.

If necessary, appropriate protective equipment (e.g. gloves and forceps) shall be used to remove reusable sharps for decontamination or sterilization.

To eliminate sorting later, do not place reusable sharps in pans containing pipettes, glassware, or other items.

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

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 secondary container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled in accordance with the [Communication of Hazards](#) section below.

Sharps that are not contaminated should be handled in such a manner as to prevent injury to faculty, staff, and students, including employees handling trash (i.e. not placed in general refuse containers where they could puncture the trash bags when being handled), but do not need to be disposed of as biomedical waste.

F. Specimen Handling

Specimens of [blood](#) or [OPIM](#) shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

Containers for storage, transport, or shipping shall be closed prior to being stored, transported, or shipped. Containers that do not obviously contain materials [contaminated](#) with blood or OPIM must be labeled in accordance with the [Communication of Hazards](#) section below. Such labeling is also required when such specimens/containers leave TWU facilities.

If outside contamination of a primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

G. Housekeeping

Housekeeping responsibilities are shared between individual departments and the Custodial Services department of Facilities Management & Construction.

Each work area must be maintained in a clean and sanitary condition. Custodial Services is required to maintain a written schedule for general housekeeping tasks for which they are responsible.

Departments must develop and implement appropriate written schedules for

cleaning and methods of decontamination for tasks not conducted by Custodial Services, based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

At a minimum, all equipment and environmental and working surfaces shall be cleaned and decontaminated:

- After completion of procedures involving [blood](#) or [OPIM](#)
- Immediately when overtly [contaminated](#)
- After any spill of blood or OPIM, **and**
- At the end of the work day when surfaces have become contaminated.

Decontamination measures must also be performed on equipment that may come in contact with blood or OPIM, especially before performance of repairs, maintenance, or shipping to non-TWU facilities. If decontamination of equipment or portions of such equipment is not feasible:

- A readily observable label in accordance with the [Communication of Hazards](#) section below must be attached to the equipment indicating which portions remain contaminated
- All affected personnel, the servicing representative, and/or the manufacturer, as appropriate, must be made aware that the equipment remains contaminated prior to handling, servicing, or shipping so that appropriate precautions will be taken
- Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and work surfaces are to be removed and replaced as soon as feasible when they become contaminated, or at the end of the work shift
- Bins, pails, cans, and similar receptacles shall be inspected and decontaminated as necessary
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose individuals to the risk of injury

Decontamination will be accomplished as follows:

- Spills or leaks of blood or OPIM should be soaked up with absorbent material (i.e., paper towels or similar) as much as possible first
- Equipment as well as environmental and working surfaces must then be decontaminated with an EPA-registered disinfectant or a freshly-prepared 10% chlorine bleach solution (1:10 bleach:water)
- Lists of EPA-registered disinfectants can be found at <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
 - When selecting EPA-registered disinfectants for use in decontamination procedures, ensure that the selected disinfectants are approved for use on the expected bloodborne pathogens (i.e. use a disinfectant approved for HBV if HBV is expected to be present)

H. Laboratory Practices

Faculty, staff, and students conducting work in laboratories with infectious or contaminated materials must comply with the provisions of this ECP as well as the requirements of the [TWU Institutional Biosafety Policy](#). [Primary human cells, tissues, etc.](#), as well as established cell lines and human cell strains not documented to be free of bloodborne pathogens, are included in the definition of [Other Potentially Infectious Materials](#).

Note: The final judgement for making the determination that human cell lines in culture are free of bloodborne pathogens must be made by:

- The Institutional Biosafety Committee (IBC) (if other practices related to research require IBC approval) OR
- The Bloodborne Pathogens Committee (BBPC) (if only hazard is related to blood or OPIM)

Documentation that such cell lines are not OPIM should be a matter of written record and kept on file by the PI.

I. Personal Protective Equipment (PPE)

PPE will be required to be used where occupational exposure remains after institution of appropriate [engineering controls](#) and [work practice controls](#) (see the [Methods of Compliance](#) section

All employees, including student employees, who have been determined to have [occupational exposure](#) shall be provided with appropriate PPE at no cost to the employee.

Students who have been determined to be exposed to bloodborne pathogens as a necessary part of their education may be required to obtain appropriate PPE at their own expense.

PPE in the appropriate sizes must be made readily accessible at each work area or must be issued to occupationally exposed employees, and are required to be obtained by students.

Departments that provide reusable garments that constitute PPE must provide for proper cleaning, laundering, and disposal of PPE at no cost to the employee or student. An example of a garment that would not constitute PPE would be a lab coat which is worn under appropriate PPE when necessary.

Remove all PPE before leaving the work area, and properly secure these materials for storage, washing, decontamination, or disposal.

J. Selection

The appropriate PPE for each task must be selected by departments, faculty, and staff overseeing employees or students with occupational exposure. Selection of appropriate PPE will be based on the anticipated exposure. Use of

selected appropriate PPE must be enforced by the responsible departments, faculty, and staff.

PPE will be considered "appropriate" only if it does not permit [blood](#) or [OPIM](#) to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

At a minimum, gloves made of latex or nitrile must be worn when it can be reasonably anticipated that an individual may have hand contact with blood, OPIM, mucous membranes, and non-intact skin, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, must be used whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, disposable coveralls, or similar outer garments must be used as necessary to prevent contamination of work clothes, street clothes, and/or undergarments. The type and characteristics will depend upon the task and degree of exposure anticipated.

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

1. Gloves

Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Heavier-duty, reusable gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those individuals who are allergic to the gloves normally provided. For example, individuals with

latex sensitivities must be provided with nitrile or other non-latex containing gloves.

Garments

If [blood](#) or [OPIM](#) penetrate a garment, the garment must be removed immediately or as soon as feasible.

Do not attempt to rinse the garment.

Place contaminated disposable garments immediately into an appropriate biomedical waste container (see the [Biomedical Waste Handling and Disposal](#) section).

Place contaminated reusable garments in appropriate contaminated laundry container.

a) *Contaminated Laundry*

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

[Contaminated](#) laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Contaminated laundry shall be placed and transported in bags or containers labeled in accordance with [Communication of Hazards](#) below. This includes all bags or containers of laundry sent to non-TWU facilities for laundering.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Individuals who have contact with contaminated laundry must wear protective gloves and other personal protective equipment as appropriate.

K. **Biomedical Waste Handling and Disposal**

All [biomedical waste](#) must be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

- Labeled in accordance with the [Communication of Hazards](#) section below;
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

If the outside of a biomedical waste container becomes [contaminated](#), it will be placed into a second container meeting all of the above requirements.

The specific container necessary to meet the above requirements will depend on the waste being generated in a particular work area, but generally will consist of biohazard bags and sharps containers at the point of generation. These containers will then need to be placed in larger shipping containers if the waste will be disposed of off campus, generally consisting of a properly labeled cardboard box and inner biohazard bag liner.

Biohazard bags and sharps containers will need to be obtained by departments as necessary. Biomedical waste shipping containers are available from Risk Management.

Biomedical wastes must be disposed of in one of only two ways:

- Through an appropriately licensed medical waste transporter and disposal firm with oversight by Risk Management
Note: this is the only way to dispose of sharps containers, as these must not be autoclaved
- In the general refuse stream **after** sterilization of the waste through autoclaving (in accordance with the autoclave equipment manufacturer's instructions) or other technique which renders the waste stream non-infectious

Biomedical wastes that also meet the definitions of "Hazardous Waste" or "Radiological Wastes" cannot be disposed of in this manner. Such wastes must be disposed of in accordance with the TWU [Regulated Waste Disposal Procedure](#), or the TWU [Radiation Safety Manual](#). In such circumstances, the waste will either have to be handled by an appropriate specialized waste disposal firm, or the biohazardous or radiological aspect of the wastes will have to be eliminated prior to disposal.

Contact Risk Management to [arrange a pickup of biomedical wastes](#) by a biomedical waste transporter and disposal firm.

Transportation of biomedical wastes on campus by employees or students should be minimized as much as possible.

For biomedical waste that will be shipped off campus, departments must establish locations for the accumulation of biomedical waste in shipping containers as close to the points of generation as possible. Biomedical waste transportation and disposal firms shall be directed to pick up the waste

containers at each accumulation location instead of the waste being centrally located for pickup.

Biomedical waste that must be moved by employees or students outside of the immediate area where the waste was generated (e.g. for on campus sterilization) should be packaged in a secondary container or shipping container as described above. Waste contained only in biohazard bags **may never** be transported between buildings, and should not be transported out of the general area where generated.

Some wastes that do not meet the definition of biomedical wastes may still not be permitted to be disposed of as general refuse as they are considered to be “special wastes” under Texas regulations (examples include animal carcasses that are **not** contaminated with bloodborne pathogens). Contact Risk Management for assistance in disposing of such waste streams.

VI. HEPATITIS B VACCINATION PROGRAM

Hepatitis B vaccination will be provided at no cost to all TWU employees, including student employees, who are determined to have occupational exposure.

Hepatitis B vaccination may be required for students in clinical courses with exposure to bloodborne pathogens as part of their education; however, students may be required to pay for the vaccinations at their own expense or through their own insurance coverage. Students in research courses with exposure to bloodborne pathogens are strongly encouraged to get the Hepatitis B vaccination and/or titer, however they have the option to sign a declination form. Their Principal Investigator’s department should keep declination forms on file.

Hepatitis B vaccinations will be made available to employees at a reasonable time and place.

The Hepatitis B vaccinations shall be performed under the supervision of a licensed physician or other [licensed health care professional](#), and in accordance with the recommendations of the U.S. Public Health Service.

The Hepatitis B vaccine must be offered **after bloodborne pathogens training and within 10 working days** of an employee or student’s initial assignment to a position or task with occupational exposure. Employees or students in non-clinical courses are not required to receive the vaccination if:

- They have previously received the complete Hepatitis B vaccination series
- Antibody testing shows that the employee or student has immunity
- The vaccine is contraindicated for the employee or student for medical reasons

A. Deferred Vaccination

An employee is not required to be offered the Hepatitis B vaccine initially **IF the employee’s only occupational exposure is responding to injuries resulting from workplace incidents**, and this is only a collateral duty (i.e. this

exception does not apply to designated first aid providers or those employees who render first aid on a regular basis). This deferred vaccination process may only be used if all of the following rules are followed:

- The **first time** that an employee who has not previously been offered the Hepatitis B vaccine **renders assistance** in any situation involving the presence of [blood](#) or [OPIM](#), **they must be offered the Hepatitis B vaccine within 24 hours of the incident**. This requirement applies even if the employee has not had an exposure incident! Employees who experience an actual exposure incident must **ALSO** follow the procedure in the [Post Exposure Incident Evaluation and Follow-up](#) section.
- All first aid incidents involving blood or OPIM must be reported to the employee's supervisor, or other designated employee in the employee's department, **prior to the end of the work shift in which the incident occurred**.
- Departments utilizing this deferred vaccination program must notify Risk Management of each such incident (first aid incidents involving blood or OPIM involving employees who were not previously offered the vaccine, but who rendered assistance). Risk Management will keep a report of all such incidents that will be available to all employees upon request.

If an employee or student with occupational exposure declines the vaccine, he or she must sign the declination statement (see [Appendix II](#)). If an employee or student initially declines, but later elects to receive the vaccine, and is still included in the exposure determination, the vaccination series will be provided as per the requirements above. Students who decline the vaccination will not be permitted to participate in health-related courses which involve direct patient contact and occupational exposure.

The supervisor of an employee or student receiving the vaccination must ensure that the licensed physician or [licensed healthcare professional](#) performing the vaccination has been provided or has access to a copy of the U.S. Occupational Safety & Health Administration (OSHA) [bloodborne pathogens standard](#) and the Texas Department of State Health Services (DSHS) [bloodborne pathogen control standard](#).

If the Centers for Disease Control and Prevention (CDC) recommend a routine booster dose of Hepatitis B vaccine at a future date, such booster dose(s) will be made available at no cost to vaccinated employees and students may be required to obtain it at their own expense.

VII. POST EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

When an employee or student has an [exposure incident](#) the incident must be treated as a medical emergency and the following must be completed:

- **Stop work and immediately cleanse the wound and surrounding area** with soap and water for 15 minutes (for a puncture, cut, or similar incident), and/or flush eyes, nose or mouth with copious amounts of tap water for 15 minutes (for a splash to the face).
- **Report the incident to exposed individual's supervisor or instructor immediately**. In the case of employees or students who have an exposure incident at non-TWU facilities, the exposed individual must still report the incident to their supervisor or instructor, and it is still the responsibility of their supervisor or instructor to ensure they receive medical attention immediately. This may be in addition to any reporting

or procedures required by the host facility, and in accordance with any affiliation agreements.

The supervisor or instructor of the exposed individual must ensure that he/she receive medical attention *promptly*. The CDC states that post exposure incident preventive medications are most likely to be effective if administered as soon as possible after the exposure (within hours of the incident, *not days*). **Exposure incidents are to be considered urgent medical concerns.**

If the exposed individual is a **student**:

- If the incident occurred at the **Denton campus during normal operating hours**; the student may be sent to Student Health Services for the post-exposure evaluation and follow-up.
- If the incident occurred **somewhere other than the Denton campus or outside of normal operating hours**, or if the exposure incident involves other injuries or situations outside of Student Health Services' realm of service; the student must be sent to a nearby hospital or clinic for the post-exposure evaluation and follow-up.

If the exposed individual is an **employee**, he/she must be sent to a hospital or clinic participating in the CareWorks CompKey Plus workers' compensation health care network (if available nearby) to receive the post-exposure evaluation and follow-up. To find participating providers call 1-800-580-1314, or use the online provider lookup form at [CareWorks website](#).

If the exposed individual is an employee who has not previously been offered the Hepatitis B vaccination under the [exception for employees who respond to first aid incidents as a collateral duty](#), the individual must be offered the vaccination within 24 hours of the exposure incident.

Students enrolled in coursework with exposure to [blood](#) and [OPIM](#) are automatically enrolled in an insurance plan covering post-exposure evaluation and follow-up treatment. Students can submit a claim for post-incident medical care under this insurance program. Students are encouraged to print the insurance card and carry it with them. Instructions for student submittal of claims can be found on [TWU's Bloodborne Pathogens website](#).

The exposed individual must receive a confidential medical evaluation and follow-up which must include the following, **at a minimum**:

- Documentation of the route(s) of exposure and a description of the incident
- Identification and documentation of the source individual
 - When possible and as soon as feasible, the source individual's blood should be tested for HBV, HCV, and HIV. Consent from the source individual, though not required by law, should be obtained when possible.
 - When there is documentation showing that the source individual is infected with HBV, HCV or HIV, testing for the source individual's status need not be repeated.
 - Results of the source individual's testing shall be made available to the exposed individual and source individual, and the exposed individual shall be informed

- of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- If the source individual's blood is tested **without their consent**, the identification of the source individual should be destroyed once the exposed individual has been notified of test results. Positive test results for both the source individual and the exposed individual must be reported by name to the DSHS.
- Collection and testing of blood for HBV, HCV, and HIV serological status
 - The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained from the individual.
 - If the exposed individual consents to baseline blood collection, 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 exposed individual elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- Post-exposure prophylaxis, when medically indicated, as recommended by the personnel of the Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911
- Appropriate counseling concerning infection status, including at a minimum:
 - Results and interpretations of tests
 - Precautions to take during the period after the exposure incident
 - The exposed individual should be informed of any potential illnesses that could develop and to seek early medical evaluation and treatment

The exposed individual's supervisor or instructor must ensure the following information is provided to the licensed physician or [licensed healthcare professional](#) performing the post-exposure evaluation. If the information is not available at the time of the incident, the exposed individual ***must still receive medical attention immediately***, and the information provided as soon as possible. This information should be recorded and transmitted using the [Exposure Incident Reporting Forms \(found in Appendix III\)](#). The information may also be initially communicated to the healthcare professional verbally, but the Exposure Incident Reporting Forms must still be completed. **Note:** the "Source Individual Information" form should not be given to the source individual, but must be transmitted to the healthcare professional directly.

- A copy of, or access to, the OSHA [bloodborne pathogens standard](#) and the DSHS [bloodborne pathogen control standard](#) (web address of which are included on the bottom of the Exposure Incident Reporting Forms for convenience)
- A description of the exposed individual's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available, **and**
- All medical records relevant to the appropriate treatment of the exposed individual including vaccination status

The exposed individual's supervisor must obtain and provide the individual with a copy of the medical provider's written opinion within 15 days of completion of the evaluation. The written opinion for post-exposure evaluation and follow-up shall be limited to the following:

- Whether the exposed individual has been informed of the results of the evaluation
- Whether the exposed individual has been informed of any medical conditions resulting

from exposure to blood or OPIM which require further evaluation or treatment

All other findings or diagnoses shall remain confidential and will not be included in the opinion. [The Medical Provider's Written Opinion Form \(found in Appendix III\)](#) may be used for this purpose, but is not required.

Note that for those **employees in a deferred vaccination position** due to responding to first aid incidents being only a collateral duty of their position (see the [Deferred Vaccination](#) section), the supervisor must ensure the employee is offered the Hepatitis B vaccine within 24 hours of an incident. This includes any incident where they render assistance, even if they themselves have not had an actual exposure incident and may not require full medical evaluation.

A. Reporting

Upon receiving a report of exposure from an employee, supervisors need to notify the Workers' Compensation Coordinator in the Office of Human Resources at 940-898-3555 as soon as possible. Additionally, the employee and supervisor will have to complete forms, as applicable, which may include the Employee's Report of Injury (SORM-29), the Incident/Accident Investigation (SORM-703), Authorization for Release of Information (SORM-16), Employee's Election Regarding Utilization of Sick and Annual Leave (SORM-80) and Witness Statement forms (SORM-74). The forms should be completed as appropriate and submitted to TWU Human Resources as soon as possible **after** the employee receives medical care. All of the above forms are available on the [TWU Human Resources web page](#) or by contacting the Workers' Compensation Coordinator (81-3555).

In addition to the reporting requirements listed above, within 10 calendar days of any incident of percutaneous injuries from contaminated sharps, the [DSHS "Contaminated Sharps Injury Reporting Form"](#) must be completed by the supervisor and mailed to the local health department and a copy provided to Risk Management. The completed forms will constitute TWU's Sharps Injury Log and copies of the forms shall be maintained by Risk Management.

Positive HIV/AIDS results must be reported by the medical provider rendering treatment, utilizing the DSHS "Adult HIV/AIDS Confidential Case Report" within seven calendar days. The report is mailed to the local health department and marked confidential. Other relevant [notifiable conditions](#) may also need to be reported as per DSHS requirements.

VIII. MEDICAL RECORDS

Departments shall maintain vaccination records for those employees and students in their department who received vaccinations **from a medical provider other than Student Health Services**. Even if Student Health Services is maintaining the records, TWU departments must ensure their employees and students have received the required vaccinations. These records shall include the following:

- The individual's name and employee or student identification number
- A copy of the individual's vaccination status, including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination
- Copies of [Hepatitis B Vaccination Declination Forms](#), if applicable

TWU Student Health Services will maintain an accurate record for **each individual for which they provide vaccinations and/or post-exposure evaluations and follow-up**, which includes the following:

- The individual's name and employee or student identification number
- A copy of the individual's vaccination status, including the dates of all vaccinations and any medical records relative to the individual's ability to receive vaccination
- Copies of all results of examinations, medical testing, and follow-up procedures related to any post-exposure evaluations
- Copies of the information provided to the healthcare professional as part of any post-exposure evaluations
- Copies of written opinions from healthcare professional related to post-exposure evaluation and follow-up

Risk Management will maintain records for individuals who have experienced an exposure incident and **who have received the post-exposure evaluation and follow-up from a medical provider other than Student Health Services**. Ensure the following information is forwarded to Risk Management to the attention of the Director of Environmental Health & Safety in a sealed envelope marked "CONFIDENTIAL MEDICAL RECORDS" or similar (**do not** provide copies of this material to Student Health Services in this case):

- Copies of all results of examinations, medical testing, and follow-up procedures related to any post-exposure evaluations
- Copies of the information provided to the healthcare professional as part of any post-exposure evaluations
- Copies of written opinions from healthcare professional related to post-exposure evaluation and follow-up

In accordance with [Health Insurance Portability and Accountability Act \(HIPAA\)](#), the individual's medical record shall be kept confidential and not disclosed or reported without the employee's written consent unless required by law.

Each [occupationally exposed](#) employee's medical records must be maintained for at least the duration of employment at TWU plus 30 years. Student's records shall be maintained for 10 years.

These medical records must be provided upon request to the subject individual, or to anyone having the written consent of the subject individual.

IX. COMMUNICATION OF HAZARDS

Warning labels shall be affixed to all containers of biomedical waste (including sharps containers): refrigerators, freezers, and centrifuges containing [blood](#) or [OPIM](#), containers used to store, transport, or ship blood or OPIM, containers of contaminated laundry, and contaminated equipment.

Warning labels will include, at a minimum, the word “BIOHAZARD” and the universal biohazard symbol and will be fluorescent orange or orange-red, or predominantly so, with lettering and symbols in a contrasting color (see example below).



Labels for contaminated equipment must also indicate which portions of the equipment remain contaminated.

Labels shall be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or containers pre-printed with word “BIOHAZARD” and the universal biohazard symbol are also acceptable.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

X. DEMONSTRATION APPROVAL

Individuals wanting to conduct demonstrations involving [blood](#), [OPIM](#), or any other unfixed/unpreserved human tissues, fluids, or body parts need to contact Risk Management for written approval in advance.

This applies to demonstrations in any TWU facilities (classrooms, labs, etc.) involving any individual (including observers) who are not normally covered by this Exposure Control Plan and have thus not been offered the Hepatitis B vaccine.

Risk Management approval is not required for demonstrations where all participants and observers are already covered by this Exposure Control Plan.

XI. TRAINING

All TWU employees and students that have been identified as having exposure to [blood](#) or [OPIM](#) must receive bloodborne pathogen training upon initial assignment to a position or task with occupational exposure, and annually thereafter.

Bloodborne pathogen training must be conducted or developed by someone knowledgeable in the subject matter as it relates to the workplace/tasks involving blood or OPIM being undertaken by the trainees.

Training will be provided at no cost and during normal working hours; it must be appropriate in content and vocabulary to educational level, literacy, and language of those receiving the training and must cover the following at a minimum:

- Where to obtain a copy of, or access to, the OSHA [bloodborne pathogens standard](#) and an explanation of its contents
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- Explanation of modes of transmission of bloodborne pathogens
- Discussion of this ECP and how to obtain a copy of it
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM
- Information on limitations and proper use of engineering controls, work practices, and PPE
- Information on the types and selection, proper use, location, removal, handling, decontamination, and disposal of PPE
- Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
- Information on appropriate actions to take and persons to contact in an emergency or exposure incident involving blood or OPIM
- Information on the post-exposure evaluation and follow-up that will occur following an employee or student exposure incident
- Discussion of the procedure to follow should an exposure occur
- Explanation of the biohazard labeling/signage system
- An opportunity for interactive questions and answers with the person conducting the

training

- Note: If the training is not being held in a classroom setting, this may be accomplished by providing contact information for Risk Management, or the appropriate departmental contact person, in the training material.

Training records must include:

- Date of the training session
- Content or summary of the training session
- Name(s) and qualifications of the trainer
- Names and titles of persons attending

Each department that conducts bloodborne pathogen training shall forward the required training records to Risk Management. Risk Management will maintain records for training it provides.

Training records are to be kept for at least an individual's duration of employment or education at TWU plus 5 years, per Texas state policy.

XII. ANNUAL REVIEW

This ECP shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The annual review and update of this ECP must also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure

The annual review process must also solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

The annual review will be conducted by the Bloodborne Pathogen Committee.

The annual review and update process shall be documented on the [Annual Review Form](#) and maintained with the ECP by Risk Management.

Appendix I

Exposure Determination

Exposure Determination

Table 1 is a list of employee positions and students by department for which TWU has determined that all employees with these positions have occupational exposure to bloodborne pathogens.

TABLE 1

Department	Position
Athletics	Assoc Head Athletic Trainer
Athletics	Asst Athletic Trainer I
Athletics	Asst Athletic Trainer II
Athletics	Asst Basketball Coach
Athletics	Asst Dir Athletics Sports Medicine
Athletics	Asst Gymnastics Coach
Athletics	Asst Soccer Coach
Athletics	Asst Softball Coach
Athletics	Asst Volleyball Coach
Athletics	Coach's Asst I
Athletics	Coord Oper & Event Mgt
Athletics	Dir Athletic
Athletics	Head Athletic Trainer
Athletics	Head Basketball Coach
Athletics	Head Gymnastics Coach
Athletics	Head Soccer Coach
Athletics	Head Softball Coach
Athletics	Head Volleyball Coach
Dental Hygiene	Assoc Clin Prof
Dental Hygiene	Assoc Clin Prof/Prog Dir
Dental Hygiene	Asst Clin Prof
Dental Hygiene	Clinic Asst
Dental Hygiene	Grad Asst Wages
Dental Hygiene	Prof
Dental Hygiene	Secretary
Dental Hygiene	Student (non-employee)
Dental Hygiene	Vis Asst Clin Prof
Dental Hygiene	Vis Clin Instructor
Facilities Mgt	Asst Spvr of Building Maint
Facilities Mgt	Asst Spvr of Custodial
Facilities Mgt	Custodian I
Facilities Mgt	Custodian II

Department	Position
Facilities Mgt	Custodian Leader
Facilities Mgt	Fac Tech
Facilities Mgt	Lead Plumber
Facilities Mgt	Maint Worker III
Facilities Mgt	Mgr Custodial Operations
Facilities Mgt	Plumber I
Facilities Mgt	Plumber II
Facilities Mgt	Plumbing Inspector
Facilities Mgt	Refuse Collector Driver
Facilities Mgt	Spvr Building Maint
Facilities Mgt	Spvr Custodial Svcs
Facilities Mgt	Spvr of Custodial Svcs
Facilities Mgt DAL	Asst Spvr Fac Operations DAL
Facilities Mgt DAL	Custodian I
Facilities Mgt DAL	Custodian II
Facilities Mgt DAL	Custodian Leader
Facilities Mgt DAL	Maint Worker I
Facilities Mgt DAL	Maint Worker II
Facilities Mgt DAL	Maint Worker III
Facilities Mgt DAL	Mgr Facilities Operations
Facilities Mgt DPH	Custodian I
Facilities Mgt DPH	Maint Worker II
Facilities Mgt DPH	Maint Worker Leader
Facilities Mgt HOU	Asst Spvr Fac Operations HOU
Facilities Mgt HOU	Custodian I
Facilities Mgt HOU	Custodian II
Facilities Mgt HOU	Custodian Leader
Facilities Mgt HOU	Maint Worker II
Facilities Mgt HOU	Maint Worker III
Facilities Mgt HOU	Maint Worker Leader
Facilities Mgt HOU	Mgr Fac Operations HOU
Fitness & Recreation	Assoc Dir Fitness & Recreation
Fitness & Recreation	Coord Fitness Facility
Fitness & Recreation	Dir Client Svcs
Fitness & Recreation	Dir Fitness & Rec/Assess Plan Coord
Fitness & Recreation	Fitness Facility Spvr
Fitness & Recreation	Grad Teach Asst
Fitness & Recreation	Groundskeeper I
Fitness & Recreation	Groundskeeper II

Department	Position
Fitness & Recreation	Group Exercise Instr
Fitness & Recreation	Lifeguard I
Fitness & Recreation	Lifeguard II
Fitness & Recreation	Personal Trainer
Fitness & Recreation	Spvr Events & Programs
Fitness & Recreation	Spvr Fitness Programming
Fitness & Recreation	Spvr Recreational Sports
Fitness & Recreation	Stu Asst
Fitness & Recreation	Stu Asst Asst Pool Mgr
Fitness & Recreation	Stu Asst Climb Wall
Fitness & Recreation	Stu Asst Floor Staff
Fitness & Recreation	Stu Asst Front Desk
Fitness & Recreation	Stu Asst Group Instructor
Fitness & Recreation	Stu Asst Lifeguard
Fitness & Recreation	Stu Asst Lifeguard I
Fitness & Recreation	Stu Asst Lifeguard II
Fitness & Recreation	Stu Asst Official
Fitness & Recreation	Stu Asst Personal Trainer
Fitness & Recreation	Stu Asst Supervisor
Fitness & Recreation	Stu Asst Swimming Instructor I
Fitness & Recreation	Stu Asst Trip Leader
Fitness & Recreation	Stu Work Study
Fitness & Recreation	Swimming Pool Asst Mgr
Fitness & Recreation	Swimming Pool Mgr
Health Promotion & Kinesiology	Research Assoc
Library	Mgr Library Admin Svcs
Nursing	Nursing Lab Administrator
Nursing DAL	Nursing Lab Administrator
Nursing HOU	Nursing Lab Administrator
Pioneer Hall	Facilities Mgr/Pion Hall
Pioneer Hall	Stu Asst
Pioneer Hall	Stu Asst Head Supervisor
Public Safety DAL	Guard II
Public Safety DAL	Police Corporal
Public Safety DAL	Spvr Guards
Public Safety DED	Guard II
Public Safety DEN	Exec Dir Public Safety
Public Safety DEN	Guard II

Department	Position
Public Safety DEN	Patrol Svcs Lieutenant
Public Safety DEN	Police Corporal
Public Safety DEN	Police Officer I
Public Safety DEN	Police Officer II
Public Safety DEN	Police Officer III
Public Safety DEN	Police Sergeant I
Public Safety DEN	Police Sergeant II
Public Safety DEN	Special Svcs Lieutenant
Public Safety HOU	Guard II
Public Safety HOU	Guard III
Public Safety HOU	Spvr Guards
Risk Mgt	Dir Environmental Health & Safety
Risk Mgt	Senior Environmental Health & Safety Specialist
Risk Mgt	Environmental Health & Safety Specialist
SOA Dance	Technical Dir
Univ Health Svcs	Assoc Dir Student Health Svcs
Univ Health Svcs	Asst Dir Health Promo
Univ Health Svcs	Chief Nurse
Univ Health Svcs	Dir Student Health Services
Univ Health Svcs	Health Educator
Univ Health Svcs	Immunization Compliance Spec
Univ Health Svcs	Patient Svcs Spec I
Univ Health Svcs	Patient Svcs Spec II
Univ Health Svcs	Sr LVN/Lab Tech
Univ Health Svcs	Sr Staff Nurse
Univ Health Svcs	Staff Physician
Univ Health Svcs	Stu Asst
Univ Health Svcs	Stu Work Study
Univ Health Svcs	Student Ins & Coding Spec
Univ Health Svcs	Syst Analyst

Table 2 is a list of employee positions and students by department for which TWU has determined that **some** employees with these positions have occupational exposure to bloodborne pathogens, and the tasks and/or procedures in which occupational exposure occurs.

TABLE 2

Department	Position	Relevant Tasks
Athletics	Grad Asst Wages	Athletic Training/Coaching Student
Athletics	Prog Staff	Athletic Training/Coaching duties
Athletics	Stu Asst	Athletic Training/Coaching Student
Athletics	Stu Work Study	Athletic Training/Coaching Student
Athletics	Student (non-employee)	Athletic Training/Coaching Student
School of the Sciences- Biology	Adj Faculty	Labwork involving blood or OPIM
School of the Sciences- Biology	Assoc Clin Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Assoc Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Asst Clin Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Asst Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Grad Asst Salary	Labwork involving blood or OPIM
School of the Sciences- Biology	Grad Asst Wages	Labwork involving blood or OPIM
School of the Sciences- Biology	Grad Research Asst	Labwork involving blood or OPIM
School of the Sciences- Biology	Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Research Asst	Labwork involving blood or OPIM
School of the Sciences- Biology	Summer Grad Asst Wages	Labwork involving blood or OPIM
School of the Sciences- Biology	Summer Grad Research Asst	Labwork involving blood or OPIM
School of the Sciences- Biology	Vis Asst Clin Prof	Labwork involving blood or OPIM
School of the Sciences- Biology	Vis Clin Prof	Labwork involving blood or OPIM
Comm Sci & Oral Health	Assoc Clin Prof	Supervising clinical practicum/observations

Department	Position	Relevant Tasks
Comm Sci & Oral Health	Assoc Prof	Supervising clinical practicum/observations
Comm Sci & Oral Health	Asst Clin Prof	Supervising clinical practicum/observations
Comm Sci & Oral Health	Asst Prof	Supervising clinical practicum/observations
Comm Sci & Oral Health	Asst Vis Prof	Supervising clinical practicum/observations
Comm Sci & Oral Health	Clinic Asst	Assisting with clinical practicum/observations
Comm Sci & Oral Health	Certified Speech Pathologist	Supervising clinical practicum/observations
Comm Sci & Oral Health	Clin Instructor	Supervising clinical practicum/observations
Comm Sci & Oral Health	Prof	Supervising clinical practicum/observations
Comm Sci & Oral Health	Prof/Chair	Supervising clinical practicum/observations
Comm Sci & Oral Health	Student (non-employee)	Students participating in clinical or practicum coursework
Comm Sci & Oral Health	Summer Adj Faculty	Supervising clinical practicum/observations
Comm Sci & Oral Health	Summer Faculty	Supervising clinical practicum/observations
Comm Sci & Oral Health	Vis Asst Clin Prof	Supervising clinical practicum/observations
Dental Hygiene	Adj Faculty	Clinical Work
Facilities Mgt	Carpenter I	Work in restrooms/assisting plumbers where there is exposure.
Facilities Mgt	Carpenter II	Work in restrooms/assisting plumbers where there is exposure.
Facilities Mgt	Irrigation Tech	Assisting plumbers with sewer work
Inst for Women's Health	Grad Research Asst	Experimental blood draws
Health Promotion & Kinesiology	Assoc Prof	Blood draws and blood analysis
Health Promotion & Kinesiology	Grad Teach Asst	Blood draws and blood analysis
Health Promotion & Kinesiology	Prof	Blood draws and blood analysis
Health Promotion & Kinesiology	Student (non-employee)	Blood draws, finger sticking exercise, blood analysis, adaptive PE activities, and athletic training courses
Nursing	Adj Faculty	Student supervision in clinical/hospital sites

Department	Position	Relevant Tasks
Nursing	Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing	Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing	Clin Instructor	Student supervision in clinical/hospital sites
Nursing	Clin Prof	Student supervision in clinical/hospital sites
Nursing	Student (non-employee)	Clinical rotations
Nursing DAL	Adj Faculty	Student supervision in clinical/hospital sites
Nursing DAL	Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing DAL	Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing DAL	Clin Instructor	Student supervision in clinical/hospital sites
Nursing DAL	Clin Prof	Student supervision in clinical/hospital sites
Nursing DAL	Student (non-employee)	Clinical rotations
Nursing DAL	Vis Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing DED	Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing DEN	Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing DEN	Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing DEN	Clin Instructor	Student supervision in clinical/hospital sites
Nursing DEN	Student (non-employee)	Clinical rotations
Nursing DEN	Vis Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing DEN	Vis Clin Instructor	Student supervision in clinical/hospital sites
Nursing HOU	Adj Faculty	Student supervision in clinical/hospital sites
Nursing HOU	Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing HOU	Asst Clin Prof	Student supervision in clinical/hospital sites
Nursing HOU	Clin Prof	Student supervision in clinical/hospital sites
Nursing HOU	Dir Educ Ctr for Clin Innova & Adv Tech	Student supervision in clinical/hospital sites
Nursing HOU	Grad Research Assoc III	Student supervision in clinical/hospital sites
Nursing HOU	Student (non-employee)	Clinical rotations
Nursing HOU	Summer Grad Teach Asst	Student supervision in clinical/hospital sites
Nursing HOU	Vis Assoc Clin Prof	Student supervision in clinical/hospital sites
Nursing HOU	Vis Asst Clin Prof	Student supervision in clinical/hospital sites
Nutrition and Food Sciences	Adj Faculty	Labwork involving blood or OPIM
Nutrition and Food Sciences	Assoc Clin Prof	Labwork involving blood or OPIM

Department	Position	Relevant Tasks
Nutrition and Food Sciences	Assoc Prof	Labwork involving blood or OPIM
Nutrition and Food Sciences	Asst Clin Prof	Labwork involving blood or OPIM
Nutrition and Food Sciences	Asst Prof	Labwork involving blood or OPIM
Nutrition and Food Sciences	Grad Asst Salary	Labwork involving blood or OPIM
Nutrition and Food Sciences	Grad Asst Wages	Labwork involving blood or OPIM
Nutrition and Food Sciences	Grad Research Asst	Labwork involving blood or OPIM
Nutrition and Food Sciences	Prof	Labwork involving blood or OPIM
Nutrition and Food Sciences	Research Asst	Labwork involving blood or OPIM
Nutrition and Food Sciences	Summer Grad Asst Wages	Labwork involving blood or OPIM
Nutrition and Food Sciences	Summer Grad Research Asst	Labwork involving blood or OPIM
Nutrition and Food Sciences	Vis Asst Clin Prof	Labwork involving blood or OPIM
Nutrition and Food Sciences	Vis Clin Prof	Labwork involving blood or OPIM
PT DAL	Asst Prof	Dry needle muscle activation research
PT DAL	Prof	Dry needle muscle activation research

Appendix II

Hepatitis B Vaccine Declination Form

**TEXAS WOMAN'S**
UNIVERSITY™**Hepatitis B Vaccine Declination Form**

I understand that due to my occupational and/or educational 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 I continue to have occupational exposure to blood or other potentially infectious materials in the future, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Name (Print) _____

Employee Signature _____ Date _____

Department _____ Job Title _____

Forma Para Declinar a La Vacuna De Hepatitis B

Yo entiendo que por causa de mi acupacional y/o educacional exposicion a sangre u otros materiales infectuosos, puedo estar en riesgo de adquirir Hepatitis B (HBV). Se me a dado la oportunidad de ser vacunado contra Hepatitis B sin ningun costo para mi. Sin embargo, yo declino a la vacuna de Hepatitis B en estos momentos. Yo entiendo que por declinar a esta vacuna, estare en continuo riesgo de adquirir Hepatitis B, una seria enfermedad. Si en un futuro continuo en tener exposicion ocupacional a sangre u otros materiales potencialmente infectuosos y quisiera ser vacunado con la vacuna de Hepatitis B, recibire la serie de vacunas sin algun costo para mi.

Nombre (Letra De Molde) _____

Firma Del empleado _____ Fecha _____

Departamento _____ Titulo De Trabajo _____

Appendix III

Exposure Incident Forms

Exposure Incident Procedure Summary

The following is a summary of the required procedures when an employee or student has an “exposure incident”. For complete instructions, refer to the [Post Exposure Incident Evaluation and Follow-Up section of the TWU Bloodborne Pathogen Exposure Control Plan](#).

Following an exposure incident **all of the following must be completed:**

1. **Cleanse the wound and surrounding area** with soap and water (for a puncture, cut or similar incident) and/or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face).
2. **Report the incident to exposed individual’s supervisor immediately, regardless of the location or time the incident occurred.** Upon notification, the supervisor should notify the Workers’ Compensation Coordinator in the Office of Human Resources at (940) 898-3555 immediately if the individual is an employee.
3. **Exposure incidents are to be considered urgent medical concerns.** The supervisor of the exposed individual must ensure that he/she **receive medical attention promptly**. The CDC states that post exposure incident preventive medications are most likely to be effective if administered as soon as possible after the exposure (within hours of the incident, **not days**). The exposed individual **must immediately** be sent to a nearby hospital or clinic to receive the post-exposure evaluation described below. Students may be sent to Student Health Services in Denton, or to a local clinic or hospital. Employees must be sent to a clinic or hospital within the [CareWorks CompKey Plus network](#) if available in the area (call 1-800-580-1314 or visit the [CareWorks website](#) to find a provider).
 - a. The exposed individual **must receive a confidential medical evaluation and follow-up** including identification and documentation of source individual, collection and testing of blood, post-exposure prophylaxis when medically indicated, and appropriate counseling regarding infection status/results of tests/necessary precautions.
 - b. The information on the [Exposure Incident Reporting Form](#) must be provided to the healthcare professional providing the medical evaluation as soon as possible (but **do not delay sending the exposed individual for treatment**). This may be accomplished verbally or by using the form, but all information on the form must be provided.
4. The exposed individual’s supervisor must **obtain and provide the individual with a copy of the medical provider’s written opinion within 15 days** of completion of the evaluation. This opinion must be limited to the items listed on the [Medical Provider’s Written Opinion Form](#).
5. **Employees and their supervisor** must complete several required injury/incident forms and submit them to TWU Human Resources as soon as possible **after** the employee receives medical care. The forms can be obtained from the TWU Human Resources website, or by contacting the Workers’ Compensation Coordinator at (940) 898-3555.

6. Students enrolled in coursework with exposure to [blood](#) and [OPIM](#) are automatically enrolled in an insurance plan covering post-exposure evaluation and follow-up treatment. Students can submit a claim for post-incident medical care under this insurance program. Students are encouraged to print the insurance card and carry it with them. Instructions for student submittal of claims can be found on [TWU's Bloodborne Pathogens website](#).
7. If the exposed individual is an employee [who has not previously been offered the Hepatitis B vaccination](#) (deferred vaccination position), the individual must be offered the vaccination **within 24 hours**. This includes **any incident where they render assistance, even if they themselves have not had an actual exposure incident** and may not require full medical evaluation.
8. If the incident involved a percutaneous injury from contaminated sharps, the [DSHS "Contaminated Sharps Injury Reporting Form"](#) must be completed by the supervisor and mailed to the local health department (with a copy to Risk Management) within 10 days of the incident.

Exposure Incident Reporting Form - Exposed Individual Information

This information must be provided to the evaluating healthcare professional as soon as possible. A copy must also be provided to Risk Management if Student Health Services is not conducting the evaluation.

Name of Exposed Individual: _____

Address: _____

Telephone: (work) _____ (home) _____ (cell) _____

Date of Incident: _____ Time: _____ Location of Incident: _____

Description of individual's duties as they relate to the exposure incident: _____

Description of the incident which exposed an employee or student to blood or other potentially infectious materials; including the route of exposure and the circumstances in which the incident occurred:

- Hepatitis B vaccinations received (circle response): 0 / 1 / 2 / 3 / not known
- Hepatitis B titer (HBsAb) results (circle response): negative / positive / not known
- HIV infection status (circle response): negative / positive / not known
- Hepatitis C infection status (circle response): negative / positive / not known

Other relevant medical information for **exposed** individual:

Forward exposed individual's relevant medical records (including vaccination records) to evaluating health care professional as soon as possible.

Preparer's Name: _____ Phone: _____

Preparer's Signature: _____ Date: _____

Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911

Applicable regulatory references required to be provided to the healthcare professional:
The US Occupational Safety and Health Administration (OSHA) [bloodborne pathogens standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) and the Texas Department of State Health Services (DSHS) [bloodborne pathogen control standard](#).

Exposure Incident Reporting Form - Source Individual Information

This information must be provided to the evaluating healthcare professional as soon as possible. This information should be forwarded directly to the healthcare professional, and should not be sent with the exposed individual in compliance with privacy requirements. A copy must also be provided to Risk Management if Student Health Services is not conducting the evaluation.

Name of **Source** Individual (if available): _____

Address: _____

Telephone: (work) _____ (home) _____ (cell) _____

- Hepatitis B vaccinations received (circle response): 0 / 1 / 2 / 3 / not known
- Hepatitis B surface antigen (HBsAg) results (circle response): negative / positive / not known
- HIV infection status (circle response): negative / positive / not known
- Hepatitis C infection status (circle response): negative / positive / not known

Other relevant information regarding **source** individual:

Preparer's Name: _____ Phone: _____

Preparer's Signature: _____ Date: _____

Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911

Applicable regulatory references required to be provided to the healthcare professional:

The US Occupational Safety and Health Administration (OSHA) [bloodborne pathogens standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) and the Texas Department of State Health Services (DSHS) [bloodborne pathogen control standard](#).

Medical Provider's Written Opinion Form

The written opinion provided to the exposed individual's supervisor must be limited to those items on this form; all other findings or diagnoses must remain confidential. This information must be provided to the supervisor and exposed individual within 15 days of completion of the post-exposure evaluation. Please also provide a copy of this form to TWU Risk Management at the address below.

Name of Exposed Individual: _____

Date of exposure incident: _____ Date of initial post-exposure evaluation: _____

Check the following statements as appropriate:

___ The exposed individual **has been informed** of the results of the post-exposure evaluation.

___ The exposed individual **has been informed** of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Description of any follow-up that is required, including due dates:

Licensed physician/healthcare professional conducting post-exposure evaluation and follow-up:

Name: _____ Telephone: _____

Signature: _____ Date: _____

Address: _____

Please forward a copy of this form to the following address:

Texas Woman's University
Risk Management
Director of Environmental Health & Safety
PO Box 425619
Denton, TX 76204-5619
940-898-2924

Appendix IV

Annual Review Form

Annual Review Form

A review of the Exposure Control Plan must be conducted at least annually by the Bloodborne Pathogen Committee and documented on this form. The completed forms will be maintained by Risk Management.

Review Date: _____

Attendees:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe changes made to the ECP as a result of new or modified tasks or procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure:

Describe changes made to the ECP to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens:

Description of appropriate commercially available and effective safer medical devices considered by the committee, and those devices the committee will recommend implementation of:

Describe collected input from non-managerial employees who are potentially exposed to injuries from contaminated sharps on the identification, evaluation, and selection of effective engineering and work practice controls:

Describe action items (including responsible department/individual and target completion date) resulting from the annual review:

Bloodborne Pathogen Committee Chair

Name: _____ Title: _____

Signature: _____ Date: _____

Appendix V

References

References

The following is a collection of information used in the development of this ECP with full web addresses where applicable.

Applicable Statutes/Regulations/Policies

- TWU Policies
 - [University Regulation and Procedure Number 04.430](https://public.powerdms.com/TWU1/documents/1745830) (<https://public.powerdms.com/TWU1/documents/1745830>) [Institutional Biosafety Policy](https://twu.edu/research/compliance/institutional-biosafety-committee/) (<https://twu.edu/research/compliance/institutional-biosafety-committee/>)
- U.S. Occupational Health and Safety Administration (OSHA) Bloodborne Pathogen standard - [29 CFR 1910.1030](https://www.osha-slc.gov/publications/standards/29CFR1910.1030) (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
- Texas Health and Safety Code
 - Bloodborne Pathogen Control Plan - [Chapter 81 Subchapter H](http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm#81.301) (<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm#81.301>)
 - Prevention Of Transmission Of HIV And Hepatitis B Virus By Infected Health Care Workers - [Chapter 85 Subchapter I](http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm#85.201) (<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm#85.201>)
- Texas Department of State Health Services Regulations
 - Bloodborne Pathogen Control - [25 TAC 96](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=96&rl=Y) ([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=96&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=96&rl=Y))
 - Communicable Diseases [25 TAC 97](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97) ([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97))
- The State Board of Dental Examiners Regulations - Sanitation and Infection Control - [22 TAC 108](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=5&ch=108) ([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=5&ch=108](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=5&ch=108))
- State Office of Risk Management (SORM) injury/illness reporting forms available on the [SORM website](https://www.sorm.state.tx.us/claims-operations/claims-coordinator-resources/) (<https://www.sorm.state.tx.us/claims-operations/claims-coordinator-resources/>)
- Texas Department of State Health Services (DSHS)
 - [Contaminated Sharps Injury Reporting](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/) (http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/)
 - [Notifiable Conditions Reporting](http://www.dshs.state.tx.us/idcu/investigation/conditions/) (<http://www.dshs.state.tx.us/idcu/investigation/conditions/>)
- [Health Insurance Portability and Accountability Act](http://www.hhs.gov/ocr/privacy/) (<http://www.hhs.gov/ocr/privacy/>)

Additional Information Sources

TWU Bloodborne Pathogen Exposure Control Plan
Revised: 10/20/2021
To ensure current version see <https://twu.edu/health-safety/safety-programs/bloodborne-pathogens/>

- Post Exposure Incident Care
 - Clinical Consultation Center Post-Exposure Prophylaxis Hotline (PEpline): 888-448-4911
- [EPA-Registered Disinfectants \(https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants\)](https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants)