BLOODBORNE PATHOGEN
EXPOSURE CONTROL PLAN
07/21/2021

Department of Environmental Health, Safety and Risk Management
Biological Safety Program

EXECUTIVE SUMMARY

The University of Texas Rio Grande Valley (UTRGV) 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 UTRGV 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 UTRGV.

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 Radiation and Biosafety Committee, or the Environmental Health & Safety Department.

All UTRGV personnel 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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Director – Environmental Health, Safety and Risk Management
The University of Texas Rio Grande Valley

_____ Date:_____

Dr. Thomas Spencer
Associate Vice President for Research Operations
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_____ Date: _____

ANNUAL REVIEW & SUMMARY OF CHANGES

Created: 09/01/2015
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Addition of Occupational and Industrial Health Center clinic for response to BBP exposures.

Reviewed by: _____ Date: _____
Richard Costello, Director
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CHAPTER I
PURPOSE

The University of Texas Rio Grande Valley (UTRGV) is committed to providing a safe and healthy work environment for faculty, 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 whom are potentially exposed to a blood borne pathogen. The scope of this plan includes clinical laboratories, research laboratories, and other health care clinics and facilities operated by UTRGV faculty and staff. UTRGV faculty advisors should also use the ECP to ensure that students and Non-Employees (as defined in the UTRGV's Handbook of Operating Procedures) 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 every three years, or whenever necessary, by Environmental Health & Safety (956-665-3690) in consultation with the Institutional Radiation and Biosafety Committees.

CHAPTER III
BACKGROUND

In September 1986, the Occupational Safety and Health Administration (OSHA) were 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 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 (TDH) also issued rules on Bloodborne Pathogen Control, which became effective January 1, 2001 for governmental units. As a state institution, UTRGV intends to comply with these recognized standards of health care. All persons affiliated with UTRGV, 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 96.101-96.501).

CHAPTER IV
EMPLOYEE EXPOSURE ASSESSMENT

An exposure assessment will be conducted by qualified personnel at UTRGV to determine whether or not each employee is potentially exposed to blood or other potentially infectious materials in the normal course of their job duties.

1. 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.

2. 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.

3. All new employees involved in those departments affiliated with the healthcare profession 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.

4. University laboratories and clinics exposures are reevaluated during routine semi-annual laboratory safety evaluations performed by EHSRM.

5. 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 and notify the EHSRM.

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 and 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. Should not eat, drink, apply cosmetics, lip balm, smoke, or handle contact lenses.
   b. Should 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. Should not pipette or suction blood or other potentially infectious materials by mouth.
   d. Should 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 UTRGV 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, 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 UTRGV *Lab Safety, BSL-2 and BSL-3 Manuals.*

4. **SHARPS AND REGULATED MEDICAL WASTE:** UTRGV 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:** UTRGV 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, UTRGV 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.

2. **SHARPS INJURY PREVENTION:** UTRGV 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 non-disposable 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 UTRGV EHSRM.

   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 ¾ 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 pipetting/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 container stoppers 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 UTRGV 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. Students are required to purchase PPE using funds that are associated with a Lab Fee. 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.

   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 UTRGV 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. cutting, 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.

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, 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 must 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.** 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 the EHSRM for appropriate laundering.

6. **NEEDLELESS SYSTEMS**: The UTRGV has obtained a waiver from the Department of State Health Services not requiring the use of needle-less systems. All supervisors, however, should evaluate their respective workplace to determine the use of engineered sharps protection or needleless delivery systems in areas can be used effectively in their respective areas without compromising the education of the student.

CHAPTER VII
GENERAL HOUSEKEEPING, DECONTAMINATION, & WASTE DISPOSAL

This section outlines procedures necessary to keep UTRGV 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 tuberculocidal product (**https://www.epa.gov/pesticide-registration/list-b-epas-registered-tuberculocide-products-effective-against**), 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 other potentially infectious materials (OPIM) occurs. Refer to the UTRGV *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. 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 (665-3690) 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. **SURGICAL INSTRUMENTS:** 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 the Environmental Protection Division of within the EHSRM (956-665-3690) for proper waste disposal procedures.

   c. **Animal Waste –** Dispose of animal carcasses & body parts as per EHSRM 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. **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.

f. **Regulated Medical Waste –** commonly referred to as "biohazard waste", or "Special Waste from Health Care Related-Facilities" in the State of Texas regulated medical waste is defined as a solid waste which if improperly treated or handled may serve to transmit an infectious disease(s). This includes untreated special waste from health care related facilities such as discarded blood, tissues, microbiological waste, pathological waste and other potentially infectious materials (as defined in Appendix A) and sharps.

1. Regulated medical waste, <u>other than contaminated sharps or animal waste</u>, is to be placed in containers that are:
   i. Closeable
   ii. Leak resistant
   iii. Labeled with the biohazard symbol. Note that red to red-orange bags or containers may be substituted for labels, and these can then be placed into the labeled medical waste box.
   iv. Closed prior to removal from the immediate work area.
   v. Labeled with the room (lab) number, Principal Investigator or supervisor, and phone extension on the box. **Note: Human tissues (cytological, histological, and pathological waste) are to be incinerated. Contact the EHSRM for special "Incinerate chemo/path" stickers to place on box.**
   vi. For collection, call the hazardous waste line, or email the EHSRM at waste@UTRGV.edu for collection. DO NOT LEAVE BOXES IN GENERAL USE HALLWAYS.
2. Regulated medical waste offered to our contractor (Stericycle) 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. Boxes / containers shall be inspected for compliance by Environmental Health & Safety personnel or qualified UTRGV staff prior to shipment.

g. **Medical Waste Containers (Distribution/Pickup) –** Medical waste boxes, liners, and sharps containers are available for distribution to UTRGV facilities. Contact the EHSRM (956)665-3690 or email the following email : waste@UTRGV.edu. In Brownsville, one can call (956) 882-5934.

   i. To arrange pickup of medical waste boxes from an off-campus location, contact the EHSRM Environmental Protection Division at by telephone at (956)-665-3690 or email at waste@UTRGV.edu.

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 door label posted at the entrance and the agent(s) being used listed. Additionally, biohazard labels shall be affixed to equipment and containers used with these potentially infectious materials as listed below. In areas where HIV or HBV are manipulated, an entrance sign will be placed listing the specific infectious agent, any specific entry requirements, as well as contact information for the laboratory director or supervisor.

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[1]. Written wording shall be provided in English, and also in Spanish for Waste containers[2].
   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. Biohazard labels are required for contaminated equipment and shall 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).
   e. A biohazard shipping label is required on all items intended to be shipped through the mail that are potentially infectious.

(a)

(b)

(c)

Figures: (a) Biohazard Door Label; (b) Biohazard Shipping Label; (c) Biohazard Label

1. 29 CFR § 1910.1030 (g)(1)(i)(C)
2. 30 TAC §330.1207 (c)(4)

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 UTRGV Laboratory Safety, BSL-2 and BSL-3 Manuals, CDC / NIH publication *Biosafety in Microbiological and Biomedical Laboratories, 6th 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. **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.

4. **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.

5. **PERSONAL PROTECTIVE EQUIPMENT (PPE):**
   a. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be not be worn outside of the work area and shall be cleaned on a regular basis. A washer and dryer is available in the second floor of the research wing (SCN. 2.466) for the cleaning of lab costs etc.
   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.

6. **WASTE DISPOSAL:** All waste from work areas shall be incinerated or appropriately decontaminated prior to disposal. Refer to the UTRGV *Laboratory Safety, BSL-2 and BSL-3 Manuals* for appropriate decontamination procedures.

7. **VACUUM LINES:** Vacuum lines shall be protected with suction flask containing liquid disinfectant, an overflow flask, and an in-line HEPA filter.

8. **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.

9. **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.

10. **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.

11. **ROOM EXHAUST:** A ducted exhaust-air ventilation system shall be provided. It shall be designed to maintain directional airflow from work area to outside 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.

12. **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 VACCINATION

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 UTRGV 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 after the required training and within 10 working days of initial assignment to job duties that put the employee at risk of exposure to a bloodborne pathogen.** UTRGV shall not make participation in a prescreening program a prerequisite for receiving the hepatitis B virus vaccine.

1. **VACCINE ACCEPTANCE:** Employees at UTRGV 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. The form shown in Appendix D of this ECP, or a similar form, may be used for this purpose. The recommended provider for the UTRGV ley is:

   a. **UTRGV Employee Health Clinic (Edinburg)**
      1214 W. Schunior St. EREBL 1st floor #58
      Edinburg, Texas 78539
      (956) 296-1731

   b. **UTRGV Employee Health Clinic (Harlingen)**
      2106 Treasure Hills Blvd. 1.326
      Harlingen, Texas 78550
      (956) 296-1519

   c. **UTRGV Employee Health Clinic (Brownsville)**
      Cortez Hall suite 237
      Brownsville, Texas 78520
      Dept. (956) 882-3896

2. **VACCINE DECLINATION:** UTRGV management shall assure 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 form in Appendix D, sign the "Acceptance" portion of the form, and follow the "Vaccine Acceptance" procedures. Copies of the Acceptance/Declination form should be kept on file as a confidential medical record by the department or supervisor.

3. **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.

CHAPTER XI
NEEDLESTICK /MUCOUS MEMBRANE EXPOSURE

Definition: An occupational exposure by an individual is defined as a needle stick, sharp puncture wound or a splash to mucous membranes (i.e., mouth or eye) with blood or body fluids as a result of their employment or assignment at an affiliated hospital.

Treatment options for the exposed individual are a function of whether that individual is an employee or a student. Those individuals that are both a student and employee are treated based on whether the exposure occurred in their capacity as an employee or a student.

EMPLOYEES - NEEDLEESTICK/ MUCOUS MEMBRANE EXPOSURE PROCEDURE

1. In the event of a bloodborne pathogen exposure or suspected exposure, the individual (Employee, Student or Non- employees as defined in this ECP) should first clean exposed area with soap and water for a minimum 15 minutes. Flush mucous membranes with water or saline for a minimum 15 minutes. If the person is wearing contacts, the contacts should be removed to ensure adequate flushing.

2. The individual should then immediately notify his/her supervisor or department official of the incident. The CDC recommends that the exposed individual seek treatment one to two hours after initial exposure, especially if the HIV status of source individual is unknown. Because timely treatment is essential, the provider should be called ahead of time to be advised of the employee's emergent condition.

3. All blood borne pathogen exposures are to be reported immediately to the Exposure coordinator and Designated Infection Control Officer - Richard Costello, EHSRM, at (956) 665-3690 (regular work hours) or (956) 457-2357 (after hours) so that an incident report can be completed and the appropriate steps taken to ensure that the employee is cared for.

4. An EHSRM representative will notify the designated doctor prior to the patient being treated to ensure that the case is managed in the appropriate manner.

5. The supervisor, in conjunction with the employee, should then complete the following:

    a. Employer's "First Report of Injury or Illness" form (available on the UTRGV EHSRM website). The form should be sent to the EHSRM via email celia.saenz@ utrgv.edu or faxed (956-665-2699) within 24 hours from the time of the injury and follow normal WCI reporting procedure.

    b. If time permits, a copy should be provided to the employee to submit to the medical provider.

    c. Employee Exposure Notification and Medical Evaluation Option Form (Appendix F of this ECP) and the employee's choices for treatment noted on the form.

2. If the exposure involves a Sharp Injury (contaminated sharp, needle stick, scalpel cut, etc.), then the employee and the supervisor must complete the following:

   a. Contaminated Sharps Injury Reporting Form - Appendix E of this ECP. This form should be forwarded as soon as possible to the EHSRM for record in the sharps injury log and transmittal to the Texas DSHS regional office if applicable.

3. **Testing and Pretreatment:** The CDC recommends that the exposed individual seek treatment within a few hours after initial exposure, especially if the HIV status of source individual is unknown at the locations referenced . The employee may seek treatment with any State licensed health care provider including their own doctor. In the event that the employee does not have a designated health care provider, arrangements have been made with the following physicians :

   EMPLOYEES

   a. **UTRGV Employee Health Services**
   Edinburg Campus
   1214 W. Schunior St
   EREBL 1st Floor
   Edinburg, Texas 78541
   Phone: (956) 296-1731

   b. **UTRGV Employee Health Services**
   Harlingen Campus
   2106 Treasure Hills Blvd. #1.326
   Harlingen, Texas 78550
   Phone: (956) 296-1519

   c. **UTRGV Employee Health Servics**
   Brownsville Campus
   Cortez Hall suite 237
   Brownsville, Texas 78520
   Dept. (956) 882-3896

   Any Local Emergency Room or Urgent Care Site

4. The employee or department supervisor, shall provide the following information to the evaluating physician, or at the physician's request.
   a. A description of the affected employee's duties as they related to the employee's exposure incident.
   b. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
   c. Results of the source individual's blood testing, if available (see item 7)

5. **Blood testing:** 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.
    a. 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.

6. **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 two options:

    a. That they do not wish to seek medical treatment or consultation. They do not consent to have a sample of their blood drawn and held, or tested at this time.

    b. 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 <u>not</u> have this sample tested unless they seek medical consultation.

1. **Follow-up:** 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. Refer to MMWR, Vol. 50, No. RR-11, *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis*, Vol 50, No RR11;1 September 30, 2005.

    and

    Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis Author(s): US Public Health Service Working Group Infection Control and Hospital Epidemiology, Vol. 34, No. 9 (September 2013), pp. 875- 892

2. **Source Patient Testing:** 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.

    a. 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

b. 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.

3. **Healthcare Professionals 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.
   a. 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.
   b. Any other findings and diagnoses shall remain confidential, and shall not be included in the written opinion report.
   c. The treating healthcare professional shall provide this written opinion report at the request of an authorized UTRGV representative.

4. **Counseling – Post Exposure :** Counseling and Psychological Services are available at the following locations:

   a. Valley AIDS Council (VAC), a private, nonprofit organization which provides primary outpatient health care and support services to HIV/AIDS patients living in Hidalgo, Cameron, and Willacy Counties. The VAC maintains service sites in Harlingen, McAllen, and Brownsville. The VAC for each respective site can be reached at the following numbers: (956) 668-1155 in McAllen, (956) 428-2653 in Harlingen, or (956) 541-2600 in Brownsville. Website : www.valleyaids.org :

   b. Employees also have the discretion of utilizing their own physician for the appropriate counseling.

STUDENTS– NEEDLEESTICK/ MUCOUS MEMBRANE EXPOSURE PROCEDURE

Definition: An occupational exposure by an individual is defined as a needle stick, sharp puncture wound or a splash to mucous membranes (i.e., mouth or eye) with blood or body fluids as a result of their employment or assignment at an affiliated hospital.

1. In the event of a bloodborne pathogen exposure or suspected exposure, the individual the student should first clean exposed area with soap and water for a minimum 15 minutes. Flush mucous membranes with water or saline for a minimum 15 minutes. If the person is wearing contacts, the contacts should be removed to ensure adequate flushing.

2. The student should then immediately notify his/her supervisor or department official of the incident. The CDC recommends that the exposed individual seek treatment 1-2 hours after initial exposure, especially if the HIV status of source individual is unknown. Because timely treatment is essential, the provider should be called ahead of time to be advised of the employee's emergent condition.

3. The student will also report to the appropriate Clinical Rotation Site hospital administrator on duty for referral to the Hospital Infection Control service.

4. **Testing and Pretreatment:** Testing and pretreatment may be performed at the clinical rotation site. Those students who do not have that option are to report to Health Services immediately where the blood borne pathogens exposure will be evaluated and treated as needed by the following attending physician or her designee:

Students can obtain treatment at from the Health Services Clinic at either the Brownsville or Edinburg Campuses .

Work Hours (8:00 AM – 5:00 PM)

Student Health Services Clinic Edinburg
613 North Sugar Road
Edinburg, Texas 78539
Phone: (956) 665-2511
Email: healthservices@utrgv.edu

Student Health Services Clinic Brownsville
Cortez Hall, Suite 237
Brownsville, Texas 78520
Phone: (956) 882-3896
Email: healthservices@utrgv.edu

24 Hour Nurse Advice Line (888) 448-4911

a. **Dr. Scott Spear**
Clinic Physician; Health Services
STHC 1.105
Dept: (956) 665-2511 Office (956) 665-7851
scott.spear@utrgv.edu

AFTER HOURS

Any Local Emergency Room or Urgent Care Site

Those students who are tested and pretreated at the clinical rotation site are required to report the incident to the Health Services the following day.

Students will NOT be able to return to their respective clinical rotation site until compliance with this mandate is demonstrated.

5. **Students who decline treatment** If the student declines treatment, the Supervisor must ensure that students who do not wish to seek treatment for a potential blood borne pathogen exposure sign a statement to that effect. Students who decline treatment have 2 options:

   a. That they do not wish to seek medical treatment or consultation. They do not consent to have a sample of their blood drawn and held, or tested at this time.

   b. 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. Use the Exposure Consent Form in Appendix G. Follow-up of the exposed student 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.

6. **Blood Testing :** If not already done, Health Services will obtain a blood sample from the student for baseline HBV, HCV, HIV 1 and 2 status. If the student 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 student elects to have the baseline sample tested, such testing shall be done as soon as feasible. Documentation of any lab testing results on the student and the source patient will be obtained and included in the student medical record from the hospital clinical rotation site.

   Any blood sample taken must maintain the confidentiality of the student identity. A unique alphanumeric identifier, and not the student name, is recommended to be placed on the sample tube.

7. **Post Exposure Prophylaxis (PEP).** The Health Service clinic will maintain a stock of appropriate medications to provide to students as determined by the treating physician. Students will be given prescriptions for the appropriate medications by the Health

Service physician. A 4 day supply of medications will be provided to the student to allow them time to locate a local pharmacy resource. Current 2 drug PEP is Kaletra 400mg/100mg and Truvada 200mg/300mg.

8. Compliance with follow up will be communicated to appropriate designated official in the College of Medicine.

9. **Source Patient Testing**: The source individual's blood should be tested as soon as feasible. If the clinical site 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.
   a. Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
   b. 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.

10. **Healthcare Professionals Written Opinion – Post Exposure :** For each evaluation under this section, the student clinical department shall obtain and provide to the exposed student 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.
    a. A statement that the student has been informed of the results of the medical evaluation and that the student has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
    b. Any other findings and diagnoses shall remain confidential, and shall not be included in the written opinion report
    c. The treating healthcare professional shall provide this written opinion report at the request of an authorized UTRGV representative.

11. **Counseling – Post Exposure :** Counseling and Psychological Services are available at the following locations:

    a. The University of Texas Rio Grande Valley

       Counseling Center Edinburg
       EUCTR 109
       Dept. 956-665-2574

       Counseling Center Brownsville
       BSTUN 2.10
       Dept. 956-882-3896

    b. **Valley Aids Council :** Counseling is also available for students exposed to bloodborne pathogens through the Valley AIDS Council (VAC), a private, nonprofit organization which provides primary outpatient health care and support

services to HIV/AIDS patients living in Hidalgo, Cameron, and Willacy Counties. The VAC maintains service sites in Harlingen, McAllen, and Brownsville and can be reached at the following numbers: (956) 668-1155 in McAllen, (956) 428-2653 in Harlingen, or (956) 541-2600 in Brownsville. Website: http:/www.valleyaids.org

c. Students also have the discretion of utilizing their own physician for the appropriate counseling.

5. **Follow – Up:** Appointments will be made for the student to return for follow up lab testing and assessments at 6 weeks, 12 weeks and 6 months. Health Service EMR will send automatic e-mail reminders to the students of their appointments. Clinic RN will monitor the students for compliance with these visits.

Non-Employees:

Non-employees should report the exposure to their own institution or employer for reimbursement according to the policies and procedures of their respective institution. The sponsoring UTRGV department will report all incidents involving sharps or suspected bloodborne pathogen exposures sustained by persons to the Environmental, Health, Safety and Risk Management 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 EHSRM office for recording in the sharps injury log.

Fees:

Any initial testing and treatment expenses associated with the exposure to an **employee** will be borne by UTRGV workers compensation insurance.

Any initial testing or treatment expenses associated with the exposure to an **student** will be borne by Student Health Services .

Students and Employees must use their own insurance to cover the cost of Post Exposaure Prophylaxis. **UTRGV will reimburse the student or employee for any reimbursable expenses, provide the patient comply with post treatment requirements.**

For those employees that are enrolled in the UT Select employee plan, needle sticks or any preventive medication are covered 100% under the preventative care benefit. Some providers do not bill the services as “preventive” in which case the employee would be required to pay a $30 copayment. In these cases, the employee can direct the costs to the EHSRM (Exposure Coordinator).

CHAPTER XII
INFORMATION & TRAINING

Each department shall ensure that all employees potentially exposed to a bloodborne pathogen participate in a training program for prevention of bloodborne pathogen exposure. This includes research personnel, clinicians, students, residents, physicians, or any other persons working within the institution. UTRGV employees are required to attend one of two courses offered by the Environmental Health & Safety Department:

1. **CLINICAL SAFETY TRAINING (HAZARD COMMUNICATION AND BLOODBORNE PATHOGENS)**: A technical course designed for faculty and clinical personnel exposed through clinical related activities.

2. **BIOLOGICAL SAFETY (BSL-2)/CITI TRAINING:** A technical course specifically designed for research personnel working with BSL-2 agents.

3. **BLOODBORNE PATHOGENS AWARENESS** : This is a course designed specifically for administrative, custodial services, facilities management, and UTRGV Police Department staff peripherally exposed to bloodborne pathogens.

4. **TRAINING FREQUENCY:** Training shall be provided within 30 days 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.
   a. UTRGV 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.

5. **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.

6. **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, 4th Edition* (Health and Human Services, Publication no. 93-8395).

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 (BBPC = Basic Bloodborne Pathogens Course):

Employee Type	Potential Exposure	Appropriate Training Course
Research	Medium	Biosafety & BBP
Clinical	Medium	BBP
Ancillary	Low	BBP
Laboratory Animal Resources	Medium	Biosafety
Safety	Medium	Biosafety

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.

CHAPTER XII
RECORDKEEPING

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

1. **MEDICAL RECORDS:** Each department shall maintain or 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 vaccinations 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 department(s) maintaining medical records activity shall ensure that employee medical records:
      i. Are secured from authorized 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 UTRGV 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 UTRGV *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), syphilis, and *Plasmodium malariae*.

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 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.

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 UTRGV to perform work for the Health Science Center compensated by wages or salary paid through the University payroll system and who is subject to UTRGV policies and procedures.

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.

Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of an employee's duties.

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

HBV: means Hepatitis B virus.

HCV*:* means Hepatitis C virus.

HCP*:* means Health Care Personnel.

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

HIV: means human immunodeficiency virus.

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 UTRGV), consultants acting in the course and scope of institution-sanctioned activities

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: 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 UTRGV .

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 # 93-8395.

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
THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
UTRGV EMPLOYEE EXPOSURE ASSESSMENT BY JOB CLASSIFICATION

1. UTRGV job titles that require exposure to materials containing potential bloodborne pathogens as a normal job duty:

Department	Job Titles(s)	Exposure
Environmental Health and Safety	Safety Specialist Director	Responding to spills Waste disposal
Medical School	Student' Resident	Patient Contact
Student Health Services	Nurses, technicians	Patient Contact
Physicians Assistant Program	Physician Assistants	Patient Contact
Nursing Program	Nursing	Patient Contact
Clinical Laboratory Services	Medical Technologist	Clinical Laboratory ; Patient Contact
Chemistry / Biology Department	Laboratory Technicians	Research laboratory

6. UTRGV departments/positions in which some, but not all, employees may have occasional or ancillary exposure to materials containing blood borne pathogens as a required job duty:

Department	Titles	Exposure
Facilities Management	Housekeeper Plumber Carpenter	Cleaning blood spills Plumbing Repair/remodeling jobs
UT Police	Officer	Emergency response to injuries
UT Athletics	Trainer	Emergency response to injuries
Residence Housing	Housing personnel	Emergency response to injuries

APPENDIX C
THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
NEW EMPLOYEE EXPOSURE ASSESSMENT FORM

Welcome! The University of Texas Rio Grande Valley (UTRGV) is committed to providing a workplace free of recognized hazards that is conducive to world-class education, research, and patient care. An important part of a model health and safety program is appropriate training regarding the potential hazards you may encounter in the course of your employment.

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:

☐ **Laboratory** ☐ **Hospital Clinic/Patient Care** ☐ **Administrative/Service/Other**
Room#:_____

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 your supervisor of any additional safety training requirements. Contact Environmental Health & Safety at (956) 381-3690 with questions and to determine the next course offering.

Workplace Exposure Hazard	**Yes**	**No**	**Additional Required Training**
Hazardous chemicals	☐	☐	Laboratory Safety & Hazardous Waste Generator's Course
Human blood, tissues, medical waste	☐	☐	Basic Bloodborne Pathogens Course
Potentially infectious agents (research)	☐	☐	Basic Biosafety & Bloodborne Pathogens Course
Biosafety Level 3/2Select Agent or Toxin	☐	☐	BSL-3/2: Select Agent & Toxins
Radioactive materials	☐	☐	Basic Radiation Safety Course
X-ray or other radiation producing device	☐	☐	Basic X-ray Safety Course
Laser-producing machines	☐	☐	Basic Laser Safety Course

ACKNOWLEDGMENT:

I have read and understood the exposure assessment and training requirements provided to me. I also understand that my supervisor/principal investigator must provide additional site-specific safety training 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.

Employee Name (print): _____ Date:_____

Signature: _____

Department:_____ Phone:_____

Job Title: _____ Supervisor/PI:_____

(*Return completed form to:* ***Department of Environmental Health & Safety, EHSRM Bld.)***

APPENDIX D
THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
HEPATITIS B VIRUS ACCEPTANCE OR DECLINATION FORM

Acceptance Statement

I, the undersigned, acknowledge that my employer, The University of Texas Rio Grande Valley, has offered the hepatitis B virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. **I wish to receive the hepatitis B virus vaccine.**

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

NOTE: If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this 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	
_____	_____	_____
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

Texas Department of State Health Services
Infectious Disease Control

Contaminated Sharps Injury Reporting Form

Pub No EF59-10666 (04/04)

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 Internet at http://www.tdh.state.tx.us/brlho/regions.htm. 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. Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at http://www.tdh.state.tx.us/ideas/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 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 (no Post Office Box):			
Date filled out (mm/dd/yy):	**Reporter's Name:**	**Phone:**	
Reporter's Email:			
1. Date of injury(mm/dd/yy):	**Time of injury:** ☐ am ☐ pm	**Age of injured:**	**Sex of injured:** ☐ M ☐ F

2. Type and Brand of Sharp Involved (*Check one box)*

List Brand Name of Sharp:

Needles

- ☐ Arterial Catheter Introducer Needle
- ☐ Blood Gas Syringe
- ☐ Central Line Catheter Needle (cardiac, etc.)
- *Disposable Syringe*
  - ☐ Insulin
  - ☐ 20-gauge needle
  - ☐ 21-gauge needle
  - ☐ 22-gauge needle
  - ☐ 23-gauge needle
  - ☐ 24/25-gauge needle
  - ☐ Tuberculin
- ☐ Drum Catheter Needle
- ☐ IV Catheter Stylet
- ☐ Needle on IV Line (includes piggybacks & IV line connectors)
- ☐ Needle, not sure what kind
- ☐ Pre-filled Cartridge Syringe
- ☐ Spinal or Epidural Needle
- ☐ Suture Needle
- ☐ Syringe, other type
- ☐ Unattached Hypodermic Needle
- ☐ Vacuum Tube Blood Collection Holder/Needle
- ☐ Winged Steel Needle (includes butterfly, winged-set type devices)

Other

- ☐ Other Vascular Catheter Needle (cardiac, etc.)
- ☐ Other Non-vascular Catheter Needle (ophthalmology, etc.)
- ☐ Other Nonsuture _____

Surgical Instruments (or other sharp items)

- ☐ Bone Chip/Chipped Tooth
- ☐ Bone Cutter
- ☐ Drill Bit/Bur
- ☐ Electro-cautery Device
- ☐ Fingernails/Teeth
- ☐ Huber Needle
- ☐ Lancet (finger or heel stick)
- ☐ Microtome Blade
- ☐ Pickups/Forceps/ Hemostats/Clamps
- ☐ Pin (fixation, guide pin)
- ☐ Pipette (plastic)
- ☐ Razor
- ☐ Retractors, Skin/Bone Hooks
- ☐ Scalpel, disposable
- ☐ Scalpel, reusable
- ☐ Scissors
- ☐ Sharp Item, not sure what kind
- ☐ Specimen/Test Tube (plastic)
- ☐ Staples/Steel Sutures
- ☐ Towel Clip
- ☐ Trocar
- ☐ Vacuum Tube (plastic)
- ☐ Wire (suture/fixation/guide wire)
- ☐ Other Sharp _____

Glass

- ☐ Capillary Tube
- ☐ Glass Slide
- ☐ Glass Item, not sure what kind
- ☐ MedicationAmpule/ Vial/IV Bottle
- ☐ Pipette
- ☐ Specimen/Test Tube
- ☐ Vacuum Tube
- ☐ Other Glass Item: _____

3. Original Intended Use of Sharp *(check one box)*

☐ **Connect IV Line (intermittent IV/piggyback/IV infusion/other IV line connection**
☐ **Contain a Specimen or Pharmaceutical (glass item)**
☐ **Cutting**
☐ **Dental** ☐ **Extraction** ☐ **Hygiene** ☐ **Orthodontic** ☐ **Periodontal** ☐ **Restorative** ☐ **Root Canal**
☐ **Dialysis**
☐ **Draw Arterial Blood Sample…if used to draw blood was it** ☐ **direct stick or** ☐ **drawn from a line**
☐ **Draw Venous Blood Sample**
☐ **Drilling**
☐ **Electrocautery**
☐ **Finger Stick/Heel Stick**
☐ **Heparin or Saline Flush**
☐ **Injection, Intra-Muscular/Subcutaneous/Intra-dermal, or other injection through the skin (syringe)**
☐ **Obtain a Body Fluid or Tissue Sample (urine/CSF/amniotic fluid/other fluid, biopsy)**
☐ **Other Injection into (or aspiration from) IV Injection Site or IV Port (syringe)**
☐ **Remove Central Line/Porta Catheter**
☐ **Start IV or Set Up Heparin Lock (IV catheter or winged set-type needle)**
☐ **Suturing** ☐ **Deep** ☐ **Skin**
☐ **Tattoo**
☐ **Unknown/Not Applicable**
☐ **Wiring**
☐ **Other** _____

4. When and How Injury Occurred…

☐ **before (DO NOT report to DSHS)** ☐ **during** ☐ **after the sharp was used for its intended purpose.**

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

☐ **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? ☐ yes ☐ no ☐ don't know

A. Was the protective mechanism activated? ☐ yes ☐ no ☐ don't know
B. Did the exposure incident occur… ☐ before ☐ during ☐ after activation of the protective mechanism?

6. Was the injured person wearing gloves? ☐ yes ☐ no

7. Had the injured person completed a hepatitis B vaccination series? ☐ yes ☐ no ☐ don't 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 one box)*

☐ Aide (eg. CAN, HHA, orderly)	☐ Maintenance Staff
☐ Attending Physician (MD/DO)	☐ Morgue Tech/Autopsy Technician
☐ Central Supply	☐ Medical Student
☐ Chiropractor	☐ Nurse Midwife
☐ Clerical/Administrative	☐ Nursing Student
☐ Clinical Lab Technician	☐ OR/Surgical Technician
☐ Counselor/Social Worker	☐ Pharmacist
☐ CRNA/NP	☐ Phlebotomist/Venipuncture/IV Team
☐ Dentist	☐ Physician Assistant
☐ Dental Assistant/Technician	☐ Physical Therapist
☐ Dental Hygienist	☐ Psychiatric Technician
☐ Dental Student	☐ Public Health Worker
☐ Dietician	☐ Radiologic Technician
☐ EMT/Paramedic	☐ Registered Nurse
☐ Fellow	☐ Researcher
☐ Firefighter	☐ Respiratory Therapist/Technician
☐ Food Service	☐ Safety/Security
☐ Hemodialysis Technician	☐ School Personnel (not nurse)
☐ Housekeeper/Laundry	☐ Transport/Messenger
☐ Intern/Resident	☐ Volunteer
☐ Law Enforcement Officer	☐ Other _____
☐ Licensed Vocational Nurse	

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

☐ **Employee** ☐ **Student** ☐ **Contractor/Contract Employee** ☐ **Volunteer** ☐ **Other** _____	**If not directly employed by reporter, name of employer/service/agency/school:** _____

13. Location/Facility/Agency in Which Sharps Injury Occurred ***(check one box)***

☐ **Blood Bank/Center/Mobile** ☐ **Clinic** ☐ **Correctional Facility** ☐ **Dental Facility** ☐ **EMS/Fire/Police** ☐ **Home Health**	☐ **Hospital** ☐ **Laboratory (freestanding)** ☐ **Medical Examiner Office/Morgue** ☐ **OUTRGVtient treatment (eg. dialysis, infusion therapy)** ☐ **Residential Facility (eg. MHMR, shelter)** ☐ **School/College** ☐ **Other**

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

☐ **Ambulance** ☐ **Autopsy/Pathology** ☐ **Blood Bank Center/Mobile** ☐ **Central Supply** ☐ **Critical Care Unit** ☐ **Dental Clinic** ☐ **Dialysis Room/Center** ☐ **Emergency Department** ☐ **Endoscopy/Bronchoscopy/Cystoscopy** ☐ **Field (non EMS)** ☐ **Floor, not Patient Room** ☐ **Home** ☐ **Infirmary** ☐ **Jail Unit** ☐ **Laboratory**	☐ **L & D/Gynecology Unit** ☐ **Medical/OUTRGVtient Clinic** ☐ **Medical/Surgical Unit** ☐ **Nursery** ☐ **Patient/Resident Room** ☐ **Pediatrics** ☐ **Pre-op or PACU** ☐ **Procedure Room** ☐ **Rescue Setting (non ER)** ☐ **Radiology Department** ☐ **Seclusion Room/Psychiatric Unit** ☐ **Service/Utility Area (eg. laundry)** ☐ **Surgery/Operating Room** ☐ **Other** _____

COMMENTS:

Return completed form to the
Department of Environmental Health, Safety and Risk Management

APPENDIX F
THE UNIVERSITY OF TEXAS RIO GRANDEVALLEY
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 Rio Grande Valley (UTRGV) 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 UTRGV WCI coverage:
Tel. (956) 665-3690 FAX (956) 665-2699

Original: UTRGV HR – WCI **Copies:** Treating physician/health care provider; employee