



# Texas A&M Forest Service Safety Manual

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## Bloodborne Pathogen (BBP) Exposure Control Plan

This safety manual covers the prevention of exposure to bloodborne pathogens by agency employees. This plan is a component of the Texas A&M Forest Service Safety Manual series and provides specific guidance on decontamination methods and the legal disposal of contaminated PPE. It also provides guidance on BBP training and records retention. Finally, it provides all employees the information needed to obtain Hepatitis B vaccinations.

## *Bloodborne Pathogen Exposure Control Plan*

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### TABLE OF CONTENTS

<b>SUBJECT</b>	<b>PAGE</b>
Purpose.....	2
Definitions.....	2
Responsibilities.....	2
Exposure Determination.....	2
Exposure Control Plan:	
Compliance Methods.....	3
Personal Protective Equipment.....	4
Housekeeping.....	4
Warning Labels.....	5
Regulated Waste Disposal.....	5
Hepatitis B Vaccinations.....	5
Post-Exposure Evaluation.....	6
Communication with Healthcare Provider.....	6
Healthcare Provider's Written Opinion.....	7
Training in Bloodborne Pathogens.....	7
Record Keeping.....	8
Evaluation and Review.....	8
Appendix A - Cat I Job Classification.....	9
Appendix B - Cat II Job Classification.....	10
Hepatitis B Sample Form.....	11

## *Bloodborne Pathogen Exposure Control Plan*

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### **PURPOSE**

The objective of the Texas A&M Forest Service Bloodborne Pathogen (BBP) Exposure Control Plan is to identify employees who may be exposed to blood or other potentially infectious materials (OPIM) in order to minimize employee exposure by identifying necessary protection for those employees in the form of engineering controls, personal protective equipment, and training; it also identifies the agency's best practices for employees to follow when dealing with blood or OPIM.

### **DEFINITIONS**

- **Blood** - human blood.
- **Bodily fluid** - any body fluid that is visibly contaminated with blood and all other body fluids where it is difficult to differentiate between body fluids and blood contamination.
- **Other potentially infectious material (OPIM)** - any tissue or organ from a human.
- **Sharps** - any object that could cut or jab a person—for this manual it means needles.
- **Unit Leaders** - supervisors and team leaders.

### **RESPONSIBILITIES**

- **Program Administrator** - Environmental Health and Safety Officer (EHSO) manages the Bloodborne Pathogen Exposure Control Plan, coordinates for the maintenance of records pertaining to the plan, conducts investigations of exposure, and coordinates BBP training.
- **Department Heads** - provide the resources needed to eliminate the potential for infection from blood or OPIM.
- **Unit Leaders** - ensure employees complete BBP training and lead by example by complying with the precautions and protection measures outlined in this plan.
- **Employee** - use proper work practices to prevent acquiring a BBP by wearing protective equipment. If exposed to blood or OPIM, promptly report it to the EHSO within 2 days using the [Preliminary Report of Injury](#) report form.

### **EXPOSURE DETERMINATION**

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or OPIM, based on the nature of the job, are identified by the program administrator. The following lists are updated as job classifications or work situations change.

- **Category I** - job classification with duties in which employees are exposed to blood or OPIM on a regular basis and where exposure is considered normal course of work. See Appendix A.
- **Category II** – job classification with duties in which employees may have an incidental exposure to blood or OPIM and where such exposures occur only during certain conditions or tasks. See Appendix B.

## *Bloodborne Pathogen Exposure Control Plan*

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### **EXPOSURE CONTROL PLAN**

#### **Compliance Methods**

- Universal precautions are used to prevent contact with blood or OPIM. All blood or OPIM are considered infectious, regardless of the individual.
- Follow these engineering and work practice controls to minimize or eliminate exposure:
  - Units with syringe users will maintain a sharps disposal container in the office restroom for their use.
  - No employee may administer a therapy or procedure which includes needles, except to assist another individual with their prescribed medication, e.g., epi-pen, if necessary.
- Unit leaders should periodically review all personnel assigned to ensure the agency is meeting the sharps container provision of this plan.
- Needle (sharps) safety:
  - Do not bend, recap, or purposely break used needles.
  - Place used needles in an approved sharps disposal container.
  - Ensure that sharps disposal containers are puncture resistant, labeled with a biohazard label, and leak-proof.
  - Keep sharps disposal containers upright throughout use, easily accessible to employees, and located near the area where sharps may be used.
  - Replace sharps disposal containers when needed—do not allow them to overfill.
- Sharps Injury Log:
  - Any employee who is punctured by a used needle—from another person—in the course of work should report the exposure on the [Preliminary Report of Injury](#) form.
  - The sharps injury log is maintained by the EHSO.
- Hand Washing Facilities:
  - Where hand washing facilities are not available to employees who may be exposed to blood or OPIM the agency will provide an alcohol-based hand sanitizer.
  - When this alternative is used, employees should wash their hands with soap and water as soon as possible.
- Contaminated Equipment:
  - Decontaminate equipment contaminated with blood or OPIM before reuse.
  - The decontamination method should be a solution of 10% bleach and water.
  - The alternative decontamination method is to wash off all visible traces and leave tools exposed to the Sun's UV rays for 48-72 hours.

## *Bloodborne Pathogen Exposure Control Plan*

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### **Personal Protective Equipment (PPE)**

- Types of PPE:
  - Disposable gloves are blood resistant barriers that may not be decontaminated for reuse. Replace nitrile gloves in first aid kits and medical equipment bags as soon as possible after use.
  - Eye protection—assigned goggles—should be worn when the occurrence of splatters or droplets of blood or OPIM can reasonably be anticipated to contaminate an employee's eyes.
- PPE Use:
  - Unit leaders must ensure that employees use PPE if a potential for exposure exists.
- PPE Accessibility:
  - Unit Leaders must ensure that PPE is accessible at the work site.
  - PPE will be issued at no cost to employees.
  - Hypoallergenic gloves or other similar alternatives will be available to employees who are allergic to the gloves normally provided.

### **Housekeeping**

- Post Care Cleanup:
  - Upon completion of rendering first aid, each person exposed will clean and sanitize the area with a solution of 10% bleach and water before removing their PPE.
  - Sterilize used PPE and unusable equipment with a solution of 10% bleach and water by placing them in a heavy-duty plastic bag containing the bleach and water solution.
- Contaminated Clothing:
  - Remove contaminated garments before leaving the scene and place them in a marked bag for cleaning or disposal—decontaminate with bleach before disposal.
  - Clothing contaminated with blood or OPIM should be handled as little as possible.
  - Contaminated clothing may be cleaned at any laundry facility that will accept it after informing them of the nature of the contamination.
- Used Sharps:
  - Contaminated sharps shall be discarded in sharps disposal containers that are closable, puncture resistant, leak proof, and labeled.
  - When moving sharps disposal containers, close them to prevent spillage or protrusion of contents during handling or transportation.
  - If leaking, place sharps disposal containers in a secondary container.
  - Secondary containers must also be labeled or color-coded to identify the contents.
  - Secondary containers must close and not leak.
  - Do not reuse sharps disposal containers, even if reusable.

## *Bloodborne Pathogen Exposure Control Plan*

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### **Warning Labels**

Unit leaders must ensure that biohazard labels are affixed to containers of waste containing blood or OPIM. The labels are fluorescent orange or orange-red with the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels.

### **Regulated Waste Disposal**

- Treated medical waste may be managed as routine municipal solid waste.
- Chlorine (bleach) treated medical waste that contains hypodermic needles or syringes that are sent to a landfill for disposal shall be accompanied by a shipping document that includes a statement that the shipment contains “whole, non-encapsulated hypodermic needles or syringes” and that “the medical waste was treated in accordance with 25 TAC §1.136”—which is chlorine bleach disinfection.
- Alternatively, if an office has syringe users, they may contract with a local vendor to periodically replace and properly dispose of sharps disposal containers.

### **Hepatitis B Vaccination**

The agency will fund the Hepatitis B vaccination series for all employees who have the potential for exposure to blood or OPIM while rendering first aid or while on a disaster response assignment.

- Category I Employees:
  - Not applicable
- Category II Employees:
  - The Hepatitis B vaccination will be made available to Category II employees after completion of the following requirements:
    - BBP prevention training—offered through TrainTraQ.
- Any category II employee who declines the Hepatitis B vaccination must sign a refusal waiver.
- The Hepatitis B vaccination series is available to any employee after a work exposure to blood or OPIM.

## *Bloodborne Pathogen Exposure Control Plan*

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### **Post-Exposure Evaluation**

Employees must report workplace exposure to blood or OPIM to the EHSO within 2 days using the [Preliminary Report of Injury](#) form. The EHSO will investigate and document the exposure incident. The exposed employee will receive a confidential post-exposure evaluation and follow up, to be provided by a worker's compensation insurance (WCI) approved physician. The post-exposure evaluation and follow up shall include the following elements:

- Documentation of the route of exposure, and the circumstances of the exposure.
- Identification of the source individual, unless identification is not possible or prohibited.
- If identified and consent is obtained, the source individual's blood will be tested as soon as possible to determine Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) infectivity.
- If consent cannot be obtained, the EHSO shall verify that consent cannot be obtained.
- When the source individual is already known to be infected with the HBV or HIV, testing does not need to be repeated.
- 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.
- The exposed employee's blood shall be collected and tested after consent is obtained.
- The exposed employee shall be offered the option of having their blood tested for HBV and HIV serological status.
- If time is needed, the blood sample may be held for up to 90 days to allow the employee to decide if their blood should be tested for HBV and HIV serological status.
- Names of employees that contract HIV, Hepatitis, or tuberculosis may not be recorded.

### **Communication with Healthcare Provider**

After an exposure to blood or OPIM, the EHSO will ensure that the healthcare professional responsible for the exposed employee's Hepatitis B vaccination, as well as the healthcare provider providing the post-exposure evaluation, if different, is provided with the following:

- a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentiality requirements contained therein.
- a written description of the exposed employee's duties as they relate to the exposure incident.
- written documentation of the route of exposure and circumstances under which the exposure occurred.
- results of the source individual's blood testing, if available; and
- all medical records relevant to the appropriate treatment of the employee, including vaccination status.

## *Bloodborne Pathogen Exposure Control Plan*

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### **Healthcare Provider's Written Opinion**

The EHSO will provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination should be limited to whether HBV vaccination is indicated for the employee, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up should be limited to only the following information:

- a statement that the employee has been informed of the results of the evaluation; and
- a statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

No other findings or diagnosis resulting from the post-exposure follow up should be included in the written report.

### **Training in Bloodborne Pathogens**

The agency provides bloodborne pathogen (BBP) training annually to category I and II employees via TrainTraQ. Training will be offered during normal work hours and includes the following elements:

- a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard.
- a discussion of the epidemiology and symptoms of bloodborne diseases.
- an explanation of the modes of transmission of bloodborne pathogens.
- an explanation of this BBP Exposure Control Plan, and how to obtain a copy of the plan.
- a description and recognition of tasks that may involve exposure.
- information about the types, removal, decontamination, and disposal of PPE.
- an explanation of the basis of selection of PPE.
- information about the Hepatitis B vaccination and how to obtain it free of charge.
- instruction on actions to take and persons to contact in situations with blood or OPIM.
- an explanation of the procedures to follow if an exposure occurs, including the method of reporting and medical follow up.
- information on the post exposure evaluation and follow up for all exposure incidents, and an explanation of labels and the color-coding system.



## *Bloodborne Pathogen Exposure Control Plan*

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### **Recordkeeping**

- Medical Records
  - Employee Development, in conjunction with Texas A&M AgriLife Human Resources maintains medical records in College Station, TX. All records are to be kept confidential and retained for at least the duration of employment plus 30 years.
  - All employees whose job duties have been identified in Annex A or B must complete the [Hepatitis B Acceptance Form](#). A copy will then be provided automatically to the EHSO.
- Training Records
  - Employee Development maintains training records indefinitely via TrainTraq.
  - Employees have access to their training records in TrainTraq.
- Transfer of Records
  - Texas A&M Forest Service is a state agency and is not expected to cease doing business; however, if it does and there is no successor agency to receive and retain the records for the prescribed period, Texas A&M AgriLife Human Resources will arrange for the legally required transfer of training and medical documents in accordance with Texas A&M University System directives.

### **Evaluation and Review**

The ESHO in conjunction with the Line Medic program administrator will review this BBP Exposure Control Plan annually and update when necessary.



*Bloodborne Pathogen Exposure Control Plan*

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**Appendix B**

**Category II Job Classification  
Potential for Exposure List**

Duties in which employees may have an <u>incidental exposure</u> to blood or OPIM and where such exposures occur only during certain conditions or tasks:		
<b>Job Classification</b>	<b>Task or Conditions</b>	<b>Division</b>
Fireline Emergency Medical Technician	Working in remote locations and must administer first aid in the event of an accident	FRP and FRD

*Bloodborne Pathogen Exposure Control Plan*

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**Example of accept/decline form offered at the end of BBP training****HBV Official Offer**

Thank you for completing course 2111525: Bloodborne Pathogens Online Training – System Version.

**This slide serves as your official offer to receive the Hepatitis B vaccination at no cost to you. If you choose to accept this offer, you will receive authorization from your employer to receive the Hepatitis B vaccination series from a local health care provider.**

If you want to accept the Hepatitis B vaccination series, click on the link below:

[Hepatitis B Acceptance Form](#)

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

By selecting Acknowledge and clicking Submit, you are acknowledging that you have read the declination statement above and are declining the vaccination OR that you filled out the Hepatitis B Acceptance form by clicking the link above.

Acknowledge

SUBMIT