


# Bloodborne Pathogens Exposure Control Plan



**Texas A&M University – Central Texas  
Office of Safety & Risk Management**

**March 18, 2019**

**Texas A&M University – Central Texas  
Bloodborne Pathogens Exposure Control Plan**

	The Texas A&M University Central Texas		
	Environmental Management System: Document and Records Control Guidance	Program:	Bloodborne Pathogen Control Plan
		Doc. No.:	BIOS-24-L2-S0-CH0-001
		Rev No:	005
	Level 2	Date:	03/18/2019
Office:		TAMUCT Safety & Risk Management	

Submitted by: Safety and Risk Management Officer

### Approval Document

On file in Founder's Hall, RM 317

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Safety and Risk Management Officer

\_\_\_\_\_  
Date

On file in Founder's Hall, RM 317

\_\_\_\_\_  
Vice President for Finance and Administration

\_\_\_\_\_  
Date

On file in Founder's Hall, RM 317

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Provost & VP for Academic and Student Affairs

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Date

On file in Founder's Hall, RM 317


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Vice President for Research and Economic Development

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Date

On file in Founder's Hall, RM 317


\_\_\_\_\_  
President

\_\_\_\_\_  
Date

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### RECORD OF CHANGES

Change No.	Date of Change	Description of Change	Change Made by:
<b>Initial</b>	April 1, 2015	Initial document	Shawn Kelley
<b>001</b>	May 21, 2015	Update to TAMU System document number guidelines	Shawn Kelley
<b>002</b>	April 19, 2016	Reviewed and updated: Added all lab personnel to the BBP training requirement.	Shawn Kelley
<b>003</b>	March 2, 2017	Reviewed and updated	Shawn Kelley
<b>004</b>	December 7, 2017	Reviewed and updated: Add sports recreation employees to Appendix A.	Shawn Kelley
<b>005</b>	April 15, 20219	Edits to job descriptions require BBP training	Shawn Kelley
	April 16, 2019	Update to reporting mechanism to include the use of WorkDay	Shawn Kelley

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**INTRODUCTION**


This Bloodborne Pathogens Exposure Control Plan is adopted in accordance with the [Texas Health and Safety Code, Chapter 81, Subchapter H](#), and analogous to the [OSHA Bloodborne Pathogens Standard](#). Its purpose is to provide guidance by setting forth the recommended minimum protective requirements to minimize occupational exposure to bloodborne pathogens and Other Potentially Infectious Materials (OPIM).

**APPLICABILITY**

This plan is to assist our institution in ensuring compliance and protecting our employees from exposure; therefore, it is applicable to all personnel whose required duties include routine or reasonably anticipated tasks where there is a reasonably anticipated risk of occupational exposure to blood or other potentially infectious materials or contaminated sharps. Additional measures may be instituted at the departmental level to cover specific tasks. Neither students who are not employees nor “Good Samaritans” are covered by this plan, however students in teaching, research or testing are covered.

**DEFINITIONS**

- A. BLOOD – human blood, human blood components, and products made from human blood.
- B. BLOODBORNE PATHOGENS – pathogenic microorganisms that are present in human blood and that can cause diseases in humans such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- C. CONTAMINATED – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. 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.
- E. EXPOSURE INCIDENT – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- F. OCCUPATIONAL EXPOSURE – a 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.
- G. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) - include the following:

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1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood.
2. Any unfixed tissue or organ (other than intact skin) from a human, living or dead
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

H. PARENTERAL CONTACT – piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

I. PERSONAL PROTECTIVE EQUIPMENT – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment ([see appendix C](#)).

J. REGULATED WASTE – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

K. SHARPS - any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

L. SOURCE INDIVIDUAL – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.


M. UNIVERSAL PRECAUTIONS – an approach to infections control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

### **METHODS OF BLOODBORNE PATHOGENS TRANSMISSION**

A. Bloodborne pathogens may be transmitted in the following ways:

1. By having sex with an infected person (through semen, vaginal fluids, or blood);
2. Being punctured by or sharing needles and syringes or any injury by a contaminated sharps object;
3. From the mother to the fetus during pregnancy or possibly to the baby through breast feeding;
4. By receiving infected blood or blood products;
5. Transferring the infectious material to the mouth, eyes, nose, or open skin;
6. Sharing razors, toothbrushes or contact lenses; tattooing and body piercing; or
7. Exposure of open wounds/mucous membranes to the blood of an infected person. See CDC web site for current information: [www.cdc.gov](http://www.cdc.gov).

B. Current scientific and medical technology has determined that bloodborne pathogens are transmitted through certain behaviors, not the environment, and that there is no risk of infection through routine daily contact. Live

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Bloodborne pathogens must gain entry to the blood stream or mucous membranes to cause infection. Employees and students are not at risk of exposure to bloodborne pathogens through:

1. Casual contact (shaking hands, working side-by-side);
2. Use of equipment or supplies (tools, telephones, machinery, furniture, computers);
3. Use of restrooms, eating or cooking facilities, water fountains;
4. The environment (air, water, insects); or
5. Donating blood for blood drives.

### EXPOSURE DETERMINATION

The Texas Department of Health Bloodborne Pathogens Rule requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials (OPIM). Employees are considered to have potential exposure even if they wear personal protective equipment; therefore, the exposure determination is made without regard to the use of such equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.


Professions at risk of exposure include all which require contact with someone bleeding or responsible for the cleanup of blood of other infectious materials. Employees must be assigned training prior to initial assignment to tasks where occupational exposure may occur has been determined for The Texas A&M University System Office of Risk Management.. Departments in which employees, while in the performance of their job duties, may have occupational exposure to bloodborne pathogens are listed in [Appendix A](#).

### TRAINING

A. A process has been developed using the HR software Workday to identify a set of job profiles that always have an occupational risk of exposure to bloodborne pathogens. The bloodborne pathogen training requirement will be included automatically in the job descriptions for these identified job profiles. Additionally, within Workday, the bloodborne pathogen training requirement can be added to any job profile on a case-by-case basis. The hiring supervisor should make this assessment determination based on the duties their employee(s) will perform and add this to an employee’s job description as needed. If the bloodborne pathogen training requirement is listed in an employee’s job description, then bloodborne pathogen training should be assigned immediately upon hire. The bloodborne pathogen job list Appendix A is a list of job titles requiring bloodborne pathogen training.

B. Those determined to be at high risk for occupational exposure to bloodborne pathogens shall receive training prior to their initial assignment to tasks where occupational exposure may occur, and refresher training each year thereafter. Additional training can be provided or required at any time as new information becomes available. The Texas A&M System Risk Management bloodborne pathogen information is located at the follow link: <http://www.tamus.edu/business/risk-management/safety/health-safety/bloodbornepathogens/>

C. System Risk Management has made the default notification settings of TrainTraq course 2111525: Bloodborne Pathogens Online Training – System Version to notify the employee of the initial assignment

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immediately and weekly notifications thereafter (notifications can only be configured weekly or monthly). The employee’s supervisor will be added to the notifications when the training is past due. The employee’s supervisor is responsible for ensuring employees complete the required training within the required timeline.

D. System Risk Management has modified TrainTraq course 2111525: Bloodborne Pathogens Online Training – System Version to include the official offer for Hepatitis B Vaccination and acknowledgement of declination as the last slide of the course (see Appendix B). To reach this slide, an employee must complete the entire course and pass the required quiz. Therefore, the official offer is made after the course is completed and within 10 working days, since it is made immediately following course completion. Additionally, the slide notifies the employee that by clicking “Acknowledge” to complete the course, they are declining vaccination or certifying that they have completed the Hepatitis B vaccination acceptance form. This acknowledgement meets the definition of an electronic signature since TrainTraq is accessed through SSO, which requires identity validation. Therefore, the date of course completion on an employee’s transcript is proof of bloodborne pathogen training completion, offer of Hepatitis B vaccination, and declination of vaccination (unless employee fills out the acceptance form, in which case the member is notified and should send the employee further instructions on receiving the vaccination).

E. All training shall be taken during working hours, and training records shall be maintained in Train Traq.

**VACCINATION**

A. All employees who have been identified as having potential risk of occupational exposure to blood or OPIM (listed in Appendix A) are offered the hepatitis B vaccine series by the employer at no cost to the employee.

B. The vaccinations will be administered under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

C. Those employees who are occupationally at risk of having an exposure incident will receive the hepatitis B vaccination series at a facility contracted by the University.


D. The Hepatitis B vaccination will be made available after the employee has received bloodborne pathogen training and within ten (10) working days of initial assignment to work unless a) the employee has previously received the complete hepatitis B vaccination series, b) antibody testing has revealed that the employee is immune, c) the vaccine is contraindicated for medical reasons, or d) the employee declines the vaccination.

E. Individuals who decline the hepatitis B vaccine must sign a declination statement (in TrainTraq). Those who initially decline, but later elect to receive the vaccination may do so at no cost ([see Appendix B](#)).

**METHODS OF COMPLIANCE**

A. Universal precautions are observed to prevent contact with blood and other potentially infectious body fluids.

B. Personal protective equipment (PPE)

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1. PPE is provided without cost to employees, and will be used during any cleanup or response to an incident where blood or OPIM may be present.
2. Examples include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.
3. Bloodborne Pathogen Personal Protection Kits are available in laboratories, the University Police Department, and the Office of Safety & Risk Management.
4. PPE should be removed prior to leaving the contaminated area, and disposed of properly in a biohazard waste container.

C. Work practice controls shall be used to eliminate or minimize exposure.

1. Flush affected skin or mucous membranes with soap and water or flush with water as soon as possible after exposure to blood or OPIM.
2. Wash hands and any other potentially contaminated skin area with soap and water immediately after removing gloves or other PPE.
3. Use waterless disinfectants first if soap and water are not immediately available, and then wash hands with soap and water as soon as feasible.
4. Pull back and secure long hair with a clip or other device to keep it off of your face prior to putting on gloves to avoid the necessity of brushing it out of the way with gloves that may be potentially contaminated.
5. Avoid touching eyewear while wearing gloves to further reduce exposure.
6. Do not eat, drink, apply cosmetics, smoke, use smokeless tobacco, or handle contact lenses in areas where there is a reasonable likelihood of exposure (i.e., evidence area).
7. Do not store food or beverages in or around areas such as refrigerators, freezers, shelves, cabinets, on or around bench tops where blood or other potentially infectious materials are present (i.e., evidence area or laboratories).
8. Perform all procedures in which blood or OPIM are present in such a manner as to minimize splashing, spraying, and generation of droplets of these materials.
9. Mouth pipetting of any kind, but specifically to include the suctioning of blood or other potentially infectious materials, is strictly prohibited.


D. Engineering controls are important in eliminating or minimizing employee exposure.

1. Bloodborne pathogen personal protections clean up kits.
2. Sharps disposal containers.
3. Biohazard containment bags.
4. Biohazard labeling.
5. Handwashing facilities are readily accessible to all employees who have exposure to blood or OPIM.
6. Antiseptic towelettes or waterless disinfectants are used when handwashing facilities are not available.

E. Housekeeping

1. Maintain work sites in a clean and sanitary condition.
2. Decontaminate work sites immediately or as soon as feasible after blood or OPIM has contaminated the



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surface.

3. Decontaminate all bins, pails, cans, and similar receptacles intended for reuse immediately if they are contaminated with blood or other potentially infectious materials.
4. Observe the manufacturer’s directions regarding proper dilution and standing time when decontaminating with chemicals.
5. Use tools such as forceps, and brush and dustpans to pick up any glassware suspected of being contaminated. Do not pick up glass fragments directly with your hands even while wearing gloves, and wear gloves during cleanup.

### SHARPS


- A. Place contaminated sharps and PPE in proper containers and label accordingly where it will be disposed of by transport to a local facility for proper disposal.
- B. Contaminated needles and sharps are not bent, broken, recapped, removed, sheared or purposely broken. They are placed in proper sharps containers, and labeled accordingly.
- C. “Discovered or found” syringes may be contaminated with potentially infectious material, and should be treated as though they are. Do not move them unless gloves are worn, and a sharps container is present for proper disposal. When picking up sharps of any kind, use tools such as forceps, tongs, sweeper and dustpan to avoid the need to touch with your hands.

### USE OF BIOHAZARD LABELS

- A. Biohazard warning labels and/or color-coding are used to identify any work area or object that has the potential to be exposed to blood or other infectious materials. All Biosafety Labs at II or higher must indicate potential for bloodborne pathogens and indicate with proper labels if blood or bloodborne teaching, research or testing is conducted.
- B. Labels are placed on such objects as: sharps containers; specimen containers; contaminated equipment; regulated waste containers; contaminated laundry bags; refrigerators and freezers containing blood or OPIM; containers used to store, transport, or ship blood or OPIM; and doors for labs including blood work.

### REGULATED WASTE DISPOSAL

- A. All contaminated sharps are placed in sharps containers and discarded as soon as feasible.
- B. Regulated waste other than sharps, such as PPE, is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label and closed prior to removal to a disposal facility. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closeable, leak proof, labeled with a biohazard label, and closed prior to removal to a disposal facility.
- D. Regulated waste will be picked up and disposed of by a medical waste disposal company.

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## EXPOSURE INCIDENT REPORTING


If an exposure incident should occur:

1. The University Police Department, Office of Human Resources, Office of Safety & Risk Management, Biosafety Officer, and the employee’s supervisor will be notified immediately of an exposure incident.
2. The University Police Department will complete an Incident Report and forward the original to the Office of Human Resources, and copy the Office of Research and the Office of Safety & Risk Management;
3. The employee, supervisor, or the University Police Department will complete a Workday Safety Worklet submission;;
4. The Office of Human Resources will process any Workers Compensation claims in Origami;
5. The University Police Department will complete a [Contaminated Sharps Injury Reporting form](#), if one was involved, and submit the original to the Office of Human Resource and a copy to the Office of Research and the Office of Safety & Risk Management;
6. The Office of Human Resources and/or the Office of Safety & Risk Management will update the Incident Report Log;
7. The Office of Human Resource and/or Office of Safety & Risk Management will update the Contaminated Sharps Injury Log; and
8. The Office of Research shall determine if the Texas A&M System Research Compliance Office (SRCO) shall be informed of the incident. The Incident shall be made aware to the SRCO when the incident was involved in teaching, research or testing.
9. The Exposed employee will be referred for exposure testing.

## POST-EXPOSURE AND FOLLOW-UP

A. Post exposure evaluation and follow-up are offered to those employees who have met the exposure determination and have had an exposure incident. It will be at no cost to the employee, and will include:

1. Identification and documentation of the source individual, unless employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless employer can establish that testing of the source is infeasible or prohibited by state or local law;
2. The results of testing of the source individual are made available to the exposed employee in confidence during the consultation with the designated health care provider in order to guide medical recommendations with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual;
3. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible. (NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/her blood tested within ten days of the exposure to demonstrate absence of disease at the time of exposure);

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4. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service; and
5. The employee is given appropriate counseling concerning infection status, results, and interpretations of tests, and precautions to take during period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

B. A written opinion is obtained from the healthcare professional when an employee is sent to obtain the hepatitis B vaccination or when evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. Copy of the Texas A&M University – Central Texas Exposure Control Plan;
2. Description of the exposed employee's duties as they relate to the exposure incident;
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. Results of the source individual's blood tests, if available; and
5. Bloodborne pathogen records relevant to the appropriate treatment of the employee;


C. Healthcare professionals should limit their written opinions to:

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

## RECORD KEEPING

### A. BLOODBORNE PATHOGENS EXPOSURE RECORDS

1. Will be maintained in the Office of Human Resources, and in accordance with the System's Records Retention Schedule.
2. Shall include the following:
  - a. Copy of Vaccination Declination Form, if applicable;
  - b. Copy of all examination results, medical testing, and follow-up procedures related to exposure incident;
  - c. Copy of the healthcare professional's written opinion;
  - d. Description of employee's duties as they related to the exposure incident;
  - e. Description of the route of exposure and the circumstances under which the exposure occurred;
  - f. Copy of the detail incident report form;
  - g. Copy of the sharps injury report, if applicable; and

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h. Copy of any other records, files, documents, notes, etc. related to the exposure incident.


## B. BLOODBORNE PATHOGENS TRAINING RECORDS

1. Will be maintained in TrainTraq, and in accordance with the System's Records Retention Schedule. Request for training records will be sent to Human Resources.

## C. CONTAMINATED SHARPS INJURY LOG

1. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Texas A&M System Office of Risk Management and Safety maintains a log and reports injuries from contaminated sharps to the Texas Department of State Health Services.
2. Shall include the following:
  - a. Name of reporting official;
  - b. Date and time of exposure incident;
  - c. Age and sex of injured employee;
  - d. The job title of the injured person;
  - e. Whether the injured person had completed a hepatitis B vaccination series;
  - f. Whether the injured person received training on bloodborne pathogens within the last twelve months prior to the incident;
  - g. Department, work area, location of sharps injury;
  - h. The injured body part;
  - i. Description of how exposure incident occurred;
  - j. Type and brand of sharp involved;
  - k. Original intended use of the sharp involved;
  - l. Whether the injury occurred before, during, or after the sharp was used for its original purpose.
  - m. Whether sharps injury protection existed, and if yes, was the protective mechanisms activated, and did the exposure incident occur before, during, or after activation of that protective mechanism;
  - n. Whether the injured person was wearing gloves at the time of the injury;
  - o. Whether a sharps container was readily available for disposal of the sharp; and
  - p. The Office of Human Resources and/or Safety & Risk Management will send copy to the System Office of Risk Management who will then report the incident to the Texas Department of Health.

\*Most of the information listed above will be included on the [First Report of Injury or Illness form](#) so an addendum must be attached with the remainder of the required data.
3. All injuries or exposures involving sharps should be reported to the Office of Human Resources, the University Police Department, the Office of Research, and the Office of Safety and Risk Management within 24 hours of occurrence.

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### **CONFIDENTIALITY**


Texas A&M University – Central Texas will preserve the confidentiality of any medical documentation or information provided. Employers are forbidden by law to disclose this information without the employee's knowledge or consent, except as provided by law.

### **RESPONSIBILITIES**

Departmental supervisors are responsible for ensuring their personnel comply with the provisions of this plan. Each University department is responsible for providing all supplies necessary for compliance with this plan, including, but not limited to personal protective equipment, sharps containers, labeling, and biohazard, waste disposal bags.

### **REVIEW**

This Exposure and Control Plan will be reviewed annually and updated when necessary by the Office of Safety and Risk Management.

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[APPENDIX A](#)

**JOB CLASSIFICATIONS WITH RISK OF  
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

**Texas A&M University System Job Titles that require  
BBP training (as of 03/01/19)**

**Athletics/Rec Sports**

Athletic Trainer  
 Director, Outdoor Programs  
 Assistant Director, Outdoor Programs  
 Coordinator, Outdoor Programs

**UPD/Security**

Police Chief  
 Police Officer (I, II, III)  
 Police Sergeant

**Others**

Manager, Biosafety Level (II, III) Laboratory Maintenance  
 Manager, High Containment Laboratory


**BBP-ECP language to use to describe other positions that require BBP training**

**Researchers**

Biosafety Officer/Director of Research Safety  
 Researchers conducting IBC-permitted research using human or non-human primate blood or OPIM

**Others that are REQUIRED to provide emergency first aid as part of their job duties (NOT VOLUNTEERS). Must be added to job profile.**

Employees delegated to provide emergency first aid as part of their essential job function

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[APPENDIX B](#)

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

**HBV Official Offer**

Thank you for completing course n. 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**

[APPENDIX C](#)

**SUBMIT**

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Office: TAMUCT Safety & Risk Management		

## PERSONAL PROTECTIVE EQUIPMENT

- Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
- Gloves are worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or mucous membranes may occur.
- If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives will be provided.
- Disposable gloves will not be re-used and will be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
- .Utility gloves may not be used with blood or blood products or spills.
- Masks in combination with eye protection devices are worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers are worn when gross contamination can be reasonably anticipated.
- All garments that are penetrated by blood are removed immediately or as soon as feasible.
- Personal protective equipment is removed before leaving the work area and after a garment becomes contaminated.
- Used protective equipment is placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

There are Bloodborne Pathogen Cleanup Kits available in the University Police Department Security Desk in the first floor lobby of Founders Hall, the Office of Safety & Risk Management in room 425H in Warrior Hall, the Biology Prep Room 409 in Warrior Hall, the Chemistry/Biochemistry Lab Room 311, the Autoclave/Lab Prep Room 317, the Human Performance Lab front desk in the Beck Family Heritage Hall, and in each police patrol vehicle.