Model Bloodborne Pathogens Exposure Control Plan

As Required by
Chapter 81, Texas Health and Safety Code

Texas Health and Human Services
Department of State Health Services

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Table of Contents

Minimum Standard

This model exposure control plan is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Texas Health and Safety Code, §81.304.

Applicability

These minimum standards apply to a governmental unit that employs personnel who provide services in a public or private facility providing health care related services, including a home health care organization or otherwise have a risk of exposure to blood or other potentially infectious material.

Purpose

The Bloodborne Pathogens Exposure Control Plan details in writing the steps to reduce or eliminate occupational exposure to bloodborne pathogens and other potentially infectious material and actions to take if exposure occurs.

Guidance

This model exposure control plan is provided by the Texas Department of State Health Services (DSHS) to meet the requirements of Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Texas Health and Safety Code, §81.304. Employers should review the plan for requirements applicable to their specific setting. Governmental units may modify the plan as appropriate to their respective practice settings. Employers need to include provisions relevant to their facility or organization to develop an effective, comprehensive exposure control plan.

Review

Employers review and update the exposure control plan at least annually (and as needed) to reflect new or modified tasks, procedures, or employee positions.

Instructions

Specific instructions to employers to modify details of the exposure plan are noted in parentheses.

Bloodborne Pathogens Exposure Control Plan

Facility Name:_____

Date of Preparation:_____

In accordance with Texas Health and Safety Code, Chapter 81, Subchapter H, and comparable to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

Exposure Determination

The Texas DSHS Bloodborne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

(List the job titles appropriate to the facility or organization, e.g., nurse, paramedic, lab technician)

1. _____
2. _____
3. _____
4. _____

The job descriptions for the above employees include the potential occupational exposure risks to bloodborne pathogens.

Implementation Methods and Controls

The department's exposure control plan outlines methods and controls to reduce the potential of exposure.

Universal Precautions

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens. Universal precautions are observed to

prevent contact with blood or other potentially infectious materials. All blood and body fluids should be considered potentially infectious regardless of source.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. If the potential for occupational exposure remains after implementation of these controls, personal protective equipment is used. Examples include but are not limited to safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, and passing instruments in a neutral zone.

Supervisors and workers maintain and review engineering and work practice controls within the work center on a regular schedule.

Handwashing

Handwashing facilities include adequate running potable water, soap, and single-use towels or air-drying machines. Handwashing facilities are available to employees who may be exposed to blood or infectious materials. The department's exposure control plan requires that these facilities are readily accessible.

If handwashing facilities are not immediately accessible, the employer is required to provide either an antiseptic cleanser with clean towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.

After removal of gloves or other personal protective equipment, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The department's plan allows an exception to this if no alternative is feasible, and the action is required by a specific medical procedure. If such action is required, then recapping or removal of the needle must be done by the use of a device or a one-handed technique.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture-resistant, leakproof on sides and bottom, and labeled as a biohazard. Contaminated sharps containers are easily accessible to personnel; located as close as is feasible to the immediate area where sharps

are being used or can be anticipated to be found (e.g., medication rooms, laundries); maintained upright throughout use; and discarded when three-fourths full.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, on countertops or benchtops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container is labeled with a biohazard label unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the organization's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities or universal precautions are not used throughout the procedure, a biohazard label should be affixed to the outside of the container.

If the outside of the primary container becomes contaminated, it is placed inside a secondary container, which prevents leakage during handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label.

Any specimen, which could puncture a primary container, is placed within a puncture proof secondary container.

Contaminated Equipment

Equipment which may be contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary (unless decontamination is not feasible). Employers place a biohazard

label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

All personal protective equipment (PPE) is provided at no cost to employees. PPE is chosen based on the anticipated exposure to blood or other potentially infectious materials. The PPE is considered appropriate if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. PPE examples include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All PPE is fluid-resistant.

PPE is cleaned, laundered, and disposed by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All PPE is removed prior to leaving the work area and placed in the designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex-sensitive employees are provided with suitable alternative PPE.

Disposable (single use) gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, are torn, punctured, or when their ability to function as a barrier is compromised.

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

Masks, combined with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination is reasonably anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn when gross contamination is reasonably anticipated.

Housekeeping

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location

within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

All bins, buckets, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

Reusable sharps that are contaminated with blood or other potentially infectious materials are not stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Regulated Waste Disposal

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use in each work area. Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label, or color-coded, and closed prior to removal. If the outside of the regulated waste container becomes contaminated, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed in accordance with federal, state, county, and local requirements.

Laundry Procedures

Laundry soiled with blood or other potentially infectious materials or containing sharps is considered contaminated. Contaminated or soiled laundry should be handled carefully without agitation while using universal precautions to avoid transfer of microorganisms. If laundry is sent offsite for cleaning, soiled or blood-soaked laundry should be placed and transported in biohazard labeled, leak proof bags. The methods for handling, transporting, and laundering of soiled linen are determined by organization written policy and any applicable regulations.

Laundry is cleaned at: (*complete this statement to designate laundry is either cleaned onsite or to document name of offsite facility*).

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at (*complete this statement to designate location where employee may receive the vaccine, such as Employee Health Services or Immunization Clinic*).

Employees who decline the Hepatitis B vaccine sign a declination statement (See Appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may have the vaccine provided at no cost.

Post Exposure Evaluation and Follow Up

When the employee has an exposure incident, the employee reports to (*complete this statement to designate location such as Employee Health Services, or person such as Employee Health Nurse to report exposure incident*). The following person(s)___is(are) designated to assure compliance with post-exposure evaluation and to maintain records related to this policy (*complete this statement to designate person responsible for compliance*).

All employees who have an exposure incident are offered a confidential medical evaluation and follow up to include:

1. Documentation of the exposure route(s) and the circumstances related to the incident.
2. Identification and documentation of the source individual, unless the employer can establish that identification is not possible 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 human immunodeficiency virus (HIV) and hepatitis B virus (HBV), unless the employer can establish that testing of the source is not possible or prohibited by state or local law.
3. Providing the test results of the source individual to the exposed employee and informing the employee about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. Offering the employee the option to have his/her blood collected for HIV, HBV, and hepatitis C virus (HCV) serological status testing. The blood sample is preserved for at least 90 days for 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.

5. Offering the employee post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. Appropriate counseling to the employee concerning infection status, test results, interpretations of tests, and precautions to take during the period after the exposure incident.
7. Informing the employee about potential illnesses that can develop and to seek early medical evaluation and subsequent treatment.

Interaction with Healthcare Professionals

The healthcare professional who evaluates employees of this facility or organization after an exposure incident provides a written opinion. In order for the healthcare professional to adequately evaluate the employee, provide the healthcare professional with:

1. Copy of the facility's 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).
5. Medical records relevant to appropriate treatment of the employee.

The healthcare professional provides written opinions when the employee is sent to obtain the Hepatitis B vaccine or the employee is sent to a healthcare professional following an exposure incident.

The healthcare professional's written opinion is limited to:

1. Evaluation following the exposure incident.
2. Decision whether the Hepatitis B vaccine is indicated.
3. Documentation the employee received the vaccine.
4. Confirmation the employee has been informed of the results of the evaluation.
5. Documentation 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, including referral to additional healthcare providers (all other findings or diagnoses shall remain confidential and not be included in the written report).
6. Documentation the employee received the written opinion immediately after or within 15 days of completion of the evaluation.

Communication About Hazards to Employees

Use of Biohazard Labels

Employers have a procedure that determines when biohazard-warning labels are to be affixed to containers or color-coded bags. The label must be fluorescent orange or orange red in color with the biohazard symbol and the word biohazard in contrast coloring. The procedure includes the types of materials that should be labeled as biohazard material. These materials may include, but are not limited to, regulated waste, refrigerators and freezers, and other containers used to store, transport, or ship blood or other potentially infectious materials.

Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual training to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject matter. Employees have the opportunity to ask questions of the person providing the training. The training includes an explanation of the following:

1. Chapter 96. Texas Administrative Code, Bloodborne Pathogen Control.
2. OSHA Bloodborne Pathogens Standard.
3. Epidemiology and symptomatology of bloodborne diseases.
4. Modes of transmission of bloodborne pathogens.
5. Facility exposure control plan (e.g., points of the plan, lines of responsibility, how the plan will be implemented, where plan is located).
6. Procedures which might cause exposure to blood or other potentially infectious materials.
7. Control methods which are used at the facility to control exposure to blood or other potentially infectious materials.
8. PPE available at the facility (types, use, location).
9. Hepatitis B vaccine program at the facility.
10. Procedures to follow in an emergency involving blood or other potentially infectious materials.
11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines.
12. Post exposure evaluation and follow up.
13. Biohazard signs and labels used at the facility.

Recordkeeping

According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by: (*complete this statement to designate the person or department responsible for maintaining medical records*).

Annual Review

The employer shall annually review the exposure control plan (see Appendix B for a sample form). The review shall include:

1. List of new tasks that affect occupational exposure.
2. Modifications of tasks and procedures.
3. Evaluation of available engineering controls including engineered safe needle devices.
4. List of new employee positions with potential for occupational exposure.
5. Solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

Signature_____Date _____

Signature_____Date _____

Signature_____Date _____

Signature_____Date _____

Signature_____Date _____

Appendix A. Hepatitis B Vaccine 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 myself.

Signature_____Date _____

Appendix B. Assessment Tool

Exposure Control	YES	NO
1. The exposure control plan is located in each work center		
2. Employees at occupational risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove and other PPE removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when three-fourths (¾) full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers with biohazard label after collection		
14. Employees place specimens in leak resistant containers with biohazard label for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant PPE or attire appropriate for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		

Exposure Control	YES	NO
18. Employees maintain a clean environment at all times		
19. Employees use an Environmental Protection Agency (EPA) approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport contaminated laundry in biohazard leakproof containers		
23. Each employee knows his/her documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

Appendix C. Definitions

Biohazard label — label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange or orange red in color with the biohazard symbol and the word biohazard in contrast coloring.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

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

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination — 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.

Engineering controls — all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

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

Handwashing facilities — facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV — hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are not included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

1. Items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
2. Items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
3. Intravenous tubing with needles detached.

Medical consultation — consultation between an employee and a licensed healthcare professional to determine the employee's medical condition resulting from exposure to blood or other potentially infectious materials and further evaluation or treatment required.

Needleless systems — devices which provide no needles for various procedures to reduce the risk of injury involving contaminated sharps.

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.

OSHA — Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials — includes (1) these human fluids: semen, vaginal secretions, menstrual blood, vomit, 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 in which 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-containing cell or tissue cultures; organ cultures; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Pathogen — bacteria or virus capable of causing infection or disease.

Personal protective equipment — specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Prophylaxis — measure used to prevent diseases.

Regulated waste — (1) liquid or semi-liquid blood or other potentially infectious materials; (2) contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, Pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an 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; and individuals who donate or sell blood or blood components.

Universal precautions — infection control guidelines to protect employee exposure to bloodborne pathogens and other potentially infectious materials. Wearing personal protective equipment and handwashing are examples.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.