



Bloodborne Pathogen Exposure Control Plan

ABSTRACT

The purpose of the University of North Texas (UNT) Bloodborne Pathogen Exposure Control Plan (ECP) is to protect faculty, staff, students, and visitors from bloodborne pathogens. Protection is particularly targeted toward faculty/staff (employees) and students who are exposed to blood or other potentially infectious materials (OPIM) in the course of their occupation or education.

Environmental Health & Safety

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I. PURPOSE

The purpose of the University of North Texas (UNT) Bloodborne Pathogen Exposure Control Plan (ECP) is to protect faculty, staff, students, and visitors from bloodborne pathogens by using established policies, procedures, and responsibilities necessary to eliminate or minimize occupational exposure to bloodborne pathogens (BBPs) at the University. This protection specifically applies to faculty, staff, and students whose job duties or academic activities may reasonably anticipate exposure to blood or other potentially infectious materials (OPIM), and is mandated in accordance with the following regulatory requirements:

- [UNT Policy 15.012](#)
- U.S. Occupational Health and Safety Administration (OSHA) Bloodborne Pathogen standard ([29 CFR 1910.1030](#))
- The Texas Health and Safety Code, including Bloodborne Pathogen Control Plan ([Chapter 81 Subchapter H](#)) and Prevention Of Transmission Of HIV And Hepatitis B Virus By Infected Health Care Workers ([Chapter 85 Subchapter I](#))
- **Texas Department of State Health Services (DSHS)** regulations including Bloodborne Pathogen Control ([25 TAC 96](#)), and Communicable Diseases ([25 TAC 97](#))

All University departments must comply with this Exposure Control Plan (ECP) to protect faculty, staff, and students from occupational exposure to bloodborne pathogens, in accordance with applicable federal and state regulations.

Departments are required to implement additional written procedures as necessary to address specific operational requirements, provided such procedures meet or exceed the minimum standards established by this ECP.

II. RESPONSIBILITIES

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

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

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

Environmental Health & Safety shall be responsible for assisting departments by developing and presenting training materials for faculty, staff, and students, for disposing of biohazardous waste, and guidance on maintaining required records as described in this plan.

III. DEFINITIONS

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

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

Note: Under OSHA's Bloodborne Pathogens Standard (BPS), animal blood is not classified as a regulated material, except in cases involving *"...blood, organs, or other tissues from experimental animals infected with HIV or HBV."* Accordingly, most animal blood and tissues fall outside the scope of OSHA's BBP requirements.

- However, because zoonotic diseases can be transmitted from animals to humans, and because the OSHA standard does not address all potential exposures involving animal blood, tissues, or cells, animal materials must be handled using practices equivalent to Universal Precautions.
- If an animal is known or suspected of being infected with an OSHA-regulated bloodborne pathogen, or if work involves any animal materials outside standard practice, the Institutional Animal Care and Use Committee (IACUC) must be consulted, with ongoing oversight and compliance requirements managed by both IACUC and the Institutional Biosafety Committee (IBC).

Bloodborne Pathogens – Pathogenic microorganisms that are present in human

blood and other potentially infectious materials and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV).

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

Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials.

Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to, needles/needle devices, scalpels, lancets, broken glass, broken capillary tubes, glass pipettes, exposed ends of dental wires, and dental knives, drills, or burs.

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Employee – All persons working directly for University of North Texas, including student employees. Employees of other companies, contractors, or subcontractors performing work for UNT are not considered to be employees under this ECP.

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

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

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

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

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

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

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

- Characterization of human cells, for inclusion or exclusion from compliance with OSHA's Bloodborne Pathogens Standard (BPS), would include screening of the cells lines or "strains" for viruses characterized as bloodborne pathogens by the Standard, including human immunodeficiency viruses, hepatitis viruses or EBV, if the cells can propagate such viruses. Most cell lines are screened for human mycoplasmas and are free of bacterial and mycotic contaminants. Testing may include antigenic screening for viral or agent markers, co-cultivation with various indicator cells that allow contaminants to grow, or using molecular technology (polymerase chain reaction or nucleic acid hybridization) to identify latent viruses capable of infecting humans such as Herpesviruses (e.g., EBV), or papilloma members of the Papovavirus group, etc.
- Established human or other animal cell lines which are known to be or likely infected/contaminated with agents classed as bloodborne pathogens, especially hepatitis viruses and human immunodeficiency viruses, are covered by the BPS.
- Cell lines that are procured from commercial vendors or other sources with documented testing to be free of human bloodborne pathogens and which have been protected by the employer from environmental contamination may be excluded from the BPS. An example of an exclusion which would not have to comply with the requirements of the bloodborne pathogens standard would be human HeLa cells that are documented to be pure HeLa cells and shown to be free of bloodborne pathogens by testing.

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

Human Immunodeficiency Virus (HIV) – The HIV virus may be contracted through blood and/or body fluids and can result in Acquired Immune Deficiency Syndrome (AIDS), a condition in which the body is unable to fight infections.

Licensed Healthcare Professional – A person whose legally permitted scope of practice allows them to independently perform Hepatitis B vaccinations and/or post-exposure evaluations and follow-up as described in this ECP.

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

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

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

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

- Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (joint lubricant), pleural fluid (around lungs), pericardial fluid (around heart), peritoneal fluid (around abdomen), amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
- Primary human cells, strains, and explants
- All primary human cell explants from tissues and subsequent in vitro passages of human tissue explant cultures must be regarded as containing potential bloodborne pathogens and should be handled in accordance with the Bloodborne Pathogens Standard (BPS). Non-transformed, human cell "strains", characterized by documented, reasonable laboratory testing to be free of human immunodeficiency virus, hepatitis viruses, or other bloodborne pathogens may be exempted from the standard's requirements. However, if such tissue explants or subsequent cultures are derived from human subjects known to carry bloodborne pathogens, such as hepatitis viruses or human immunodeficiency viruses or are deliberately infected with bloodborne pathogens, they must be handled in accordance with the precautions noted in the BPS. Likewise, animal tissues, explants or cell cultures known to be contaminated by deliberate infection with human immunodeficiency virus or Hepatitis B virus are also subject to the BPS.
- NOTE: All laboratory work with primary human tissues or body fluids is covered by the BPS.

- Established human cells which are NOT documented to be free of bloodborne pathogens HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV, or HCV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

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

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

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

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

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

Source Individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee or student.

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

Universal Precautions – An approach to infection control which assumes that all human blood and other potentially infectious materials are treated **as if known to be infectious** for HIV, HBV, and other bloodborne pathogens.

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

IV.EXPOSURE DETERMINATION

Each department at UNT must work with Environmental Health & Safety (EHS) to determine whether any job classifications or specific work tasks involve occupational exposure to bloodborne pathogens as defined by **OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030)**. This determination must include student employees, faculty, staff, and any students who may be exposed to bloodborne pathogens as a required component of their academic training or coursework. For the purposes of this ECP, such students are considered to have occupational exposure.

- Exposure determinations **must be made without regard to personal protective equipment (PPE)**.
- Exposure determinations must be completed **when a position is created** and updated **whenever job duties or tasks change** in ways that may alter exposure risk.
- All individuals identified as having occupational exposure are required to comply with every provision of this ECP.

Examples of Work Tasks That Constitute Occupational Exposure

Tasks that may involve occupational exposure include, but are not limited to:

- Processing or handling equipment, materials, or waste contaminated with human blood or Other Potentially Infectious Materials (OPIM)
- Routine administration of first aid
- Direct patient care activities with potential exposure to blood or body fluids.
- Processing or handling human blood, body fluids, tissues, or organs.
- Processing or handling primary human cells or tissues.
- Processing or handling established human cell lines or cell strains not documented to be free of bloodborne pathogens.
- Processing or handling human cell culture supernatants from cells not documented to be pathogen-free.

Job Classification Categories

Job classifications are grouped into two categories for the purpose of exposure determination:

1. **Positions in which occupational exposure is reasonably anticipated** as part of routine job duties (e.g., athletic trainers, police officers, custodial staff).
2. **Positions not required to provide first aid and not expected to have exposure**, but where employees may encounter situations where they voluntarily provide assistance (e.g., Dining Services personnel, Audiology & Speech Pathology faculty).

For each classification, the exposure determination must account for the **tasks and procedures** (or groups of similar tasks) that may involve exposure.

Documentation and Review

The results of the exposure determination for UNT are maintained as **Appendix I of this ECP.**

This exposure determination must be **reviewed at least annually** and updated as necessary to reflect new or modified tasks, procedures, or job classifications that affect occupational exposure.

Supervisors and faculty overseeing student activities must assess the potential for newly arising occupational exposures and must notify Environmental Health & Safety so this ECP can be updated. Supervisors must also notify Environmental Health & Safety whenever an employee's position changes from one without occupational exposure to one with exposure potential.

V. METHODS OF COMPLIANCE

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

A. Universal Precautions

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

B. Engineering Controls

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

- Sharps disposal containers
- Biological safety cabinets (refer to the UNT Biosafety Policy 15.009 for more information)
- Disposable resuscitation equipment
- Disposable pipette bulbs

- Needleless systems
- Sharps with engineered sharps injury protection
- Hand washing facilities
- Antiseptic towelettes or waterless disinfectants when proper hand washing facilities are not available.

C. Work Practice Controls

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

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

D. Hygiene

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

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

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

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

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

shelves, cabinets, or on countertops or benchtops in rooms or areas where blood or OPIM are present.

- Mouth pipetting/suctioning is strictly prohibited.

E. Sharps

Contaminated needles and other sharps are not to be bent, broken, recapped, removed, sheared, or purposely broken.

If there is no feasible alternative, or such action is required by a specific research procedure, an exception to this rule may be granted by the Environmental Health & Safety Program.

An exception must be requested in writing by the department in which the activity will be taking place. The Environmental Health & Safety Program will approve or disapprove of the exception in writing. The activity may not begin until written approval is obtained.

Even if approved by the Environmental Health & Safety Program, such actions **must** be accomplished through the use of a mechanical device or a one-handed technique.

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

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

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

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

Reusable sharps shall be placed immediately or as soon as possible in a collection container and preferentially decontaminated or sterilized in this

initial collection container (e.g. immediately placed in a pan of decontamination or sterilization solution).

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

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

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

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

When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Placed in a secondary container if leakage is possible. The secondary container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled in accordance with the Communication of Hazards section below.

It is UNT's policy to handle all sharps as if they were contaminated by placing them into sharps containers.

F. Specimen Handling

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

Containers for storage, transport, or shipping shall be closed prior to being stored, transported, or shipped. All containers with blood or OPIM must be labeled in accordance with the Communication of Hazards section below. Such labeling is also required when such specimens/containers leave UNT facilities.

If outside contamination of a primary container occurs, the primary container shall be placed within a second container which prevents

leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

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

G. Housekeeping

Housekeeping responsibilities are shared between individual departments and the Facilities department.

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

Departments must develop and implement appropriate written schedules for cleaning and methods of decontamination for tasks not conducted by Facilities, based upon the location within the facility, type of surface to be cleaned, type of contamination present, and tasks or procedures being performed in the area.

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

- After completion of procedures involving blood or OPIM
- Immediately when overtly contaminated
- After any spill of blood or OPIM, **and**
- At the end of the workday when surfaces have become contaminated.

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

- A readily observable label in accordance with the Communication of Hazards section below must be attached to the equipment indicating which portions remain contaminated.
- All affected personnel, the servicing representative, and/or the manufacturer, as appropriate, must be made aware that the equipment remains contaminated prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and work surfaces are to be removed and replaced as soon as feasible when they become contaminated, or at the end of the work shift.
- Bins, pails, cans, and similar receptacles shall be inspected and

decontaminated, as necessary.

- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose individuals to the risk of injury.

Decontamination will be accomplished as follows:

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

H. Laboratory Practices

Faculty, staff, and students conducting work in laboratories with infectious or contaminated materials must comply with the provisions of this ECP as well as the requirements of the UNT Biosafety Policy 15.009. Primary human cells, tissues, etc., as well as established cell lines and human cell strains not documented to be free of bloodborne pathogens, are included in the definition of Other Potentially Infectious Materials.

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

- The Institutional Biosafety Committee (IBC) (if other practices related to research require IBC approval)

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

I. Personal Protective Equipment (PPE)

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

considered the *last* line of defense.

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

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

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

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

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

J. Selection

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

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

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

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, must be used

whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

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

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

1. Gloves

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

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

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

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those individuals who are allergic to the gloves normally provided. For example, individuals with latex sensitivities must be provided with nitrile or other non-latex containing gloves.

2. Garments

If blood or OPIM penetrate a garment, the garment must be removed immediately or as soon as feasible.

Do not attempt to rinse the garment.

Place contaminated disposable garments immediately into an appropriate biohazardous waste container (see the Biohazardous Waste Handling and Disposal section).

Place contaminated reusable garments in appropriate contaminated laundry container.

a) Contaminated Laundry

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

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

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

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

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

K. Biohazardous Waste Handling and Disposal

All biohazardous waste must be placed in containers which are:

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Labeled in accordance with the Communication of Hazards section below.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: for *short term use* such as during active work in a Biosafety Cabinet, smaller wire racks (or similar) lined with a biohazard bag may be used. Since these are not closeable, they must be discarded into a larger biohazardous waste container at the end of your workday.

If the outside of a biohazardous waste container becomes contaminated, it will be placed into a second container meeting all the above requirements.

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

Biohazard bags and sharps containers will need to be obtained by departments as necessary. Contact Environmental Health & Safety (EHS) for questions regarding biohazard shipping containers.

Biohazardous waste must be disposed of in one of two ways:

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

Note: this is only if there is a current autoclave performance testing program in place and the autoclave has been deemed suitable to treat biohazardous waste. Testing is performed one to two times per month and thus an autoclave may be taken out of service at any time if it fails performance testing.

Biohazardous wastes that also meet the definitions of "Hazardous Waste" or "Radiological Wastes" cannot be disposed of in this manner. Such wastes must be disposed of in accordance with the UNT Hazardous Waste Disposal Procedures, or the UNT Radiation Safety Policy 15.010 in such circumstances, the waste will either have to be handled by an appropriate specialized waste disposal firm, or the biohazardous or radiological aspect of the wastes will have to be eliminated prior to disposal.

Most laboratories must contact Environmental Health & Safety (EHS) to

arrange a pickup of biohazardous waste. The Biohazardous Waste Disposal vendor will pick up waste from certain designated locations on campus. These designated locations have their own accumulation area for biohazardous waste and must ensure proper waste management practices (labeling, containerizing, etc.) are followed.

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

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

VI. HEPATITIS B VACCINATION PROGRAM

A. Availability of Hepatitis B Vaccination

1. UNT will provide the Hepatitis B (HBV) vaccination **at no cost** to all employees, including student employees, who have been determined to have occupational exposure.
2. HBV vaccinations will be made available to employees **during working hours** and at a **reasonable time and place**.
3. Vaccinations will be administered **under the supervision of a licensed physician or other licensed health care professional**, and in accordance with **U.S. Public Health Service (USPHS)** recommendations.
4. The HBV vaccine must be offered:
 - **After completion of bloodborne pathogens training**, and
 - **Within 10 working days** of initial assignment to a task or position with occupational exposure.

A.1. Student Vaccination

1. Students in research courses with exposure to bloodborne pathogens are **strongly encouraged** to obtain the HBV vaccination; however, vaccination for non-employee students is:

- Paid for **by the student** through their personal funds or health insurance.
2. All students with exposure potential must sign a **Student Hepatitis B Vaccine Information Form** (Appendix II), to be kept on file with the **Principal Investigator's department**.

A.2. Vaccination Exemptions

Employees are **not recommended** to receive the vaccine if:

1. They have **previously completed** the Hepatitis B vaccination series,
OR
2. The vaccine is **medically contraindicated**.

Employees are **not required** to receive the vaccine, but if declining, must sign the **Hepatitis B Vaccine Declination Statement** (Appendix II).

If an employee later elects vaccination while still covered under the exposure determination, the vaccination series will be provided at no cost.

B. Deferred Vaccination (Non-Designated First Aid Providers)

Deferred vaccination may only apply when:

- An employee's **only** occupational exposure occurs **while rendering first aid** as a result of a workplace incident, AND
- Providing first aid is **not** a designated job duty.

This option may be used **only** if all requirements below are met.

B.1. Requirements for Deferred Vaccination

1. Post-Incident Offer:

The **first time** a non-designated employee renders assistance involving blood or OPIM, the HBV vaccine must be offered **within 24 hours**, even if no exposure incident occurred.

2. Incident Reporting:

All first aid incidents involving blood or OPIM must be **reported before the end of the work shift** to the supervisor or other designated department representative.

3. Department Reporting to Risk Management:

Departments using deferred vaccination must notify Environmental Health & Safety (EHS) of every first aid incident involving blood/OPIM

rendered by an employee who had not previously been offered the vaccine.

Environmental Health & Safety (EHS) +maintains a log of these incidents, which is available to employees upon request.

C. Documentation Requirements

1. If an employee declines the HBV vaccine, they must sign the **mandatory declination statement** (Appendix II), available in physical or digital format.
2. Supervisors must ensure that the licensed healthcare professional administering the vaccination has **access to**:
 - The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030), and
 - The Texas DSHS Bloodborne Pathogen Control Standard.

D. Booster Doses

If the **Centers for Disease Control and Prevention (CDC)** recommend a routine booster dose at a future date, UNT will provide such booster(s) **at no cost** to vaccinated employees.

VII. POST-EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

When an employee or student has an exposure incident, the incident must be treated as a medical emergency and the following steps must be completed:

- Stop work and immediately cleanse the wound and surrounding area with soap and water for 15 minutes (for a puncture, cut, or similar incident), and/or flush eyes, nose, or mouth with copious amounts of tap water for 15 minutes (for a splash to the face).
- Report the incident to the exposed individual's supervisor or instructor immediately. For incidents occurring at non-UNT facilities, the exposed individual must still report the incident to their UNT supervisor or instructor. The supervisor or instructor remains responsible for ensuring the exposed individual receives prompt medical attention, in addition to meeting any host-facility requirements or affiliation-agreement procedures.

Exposure incidents are urgent medical concerns. Per CDC guidance, post-exposure preventive medications are most effective when initiated as soon as

possible (within hours, not days). The supervisor or instructor must ensure the exposed individual receives medical attention immediately.

A. Medical Evaluation Locations

If the exposed individual is a student:

- For incidents on the Denton and Discovery Park campus, the student must be sent to **CareNow Urgent Care (310 W University Dr Suite 1500, Denton, TX 76201)** between 8 AM–8 PM (Mon–Fri) and 8 AM–5 PM (Sat–Sun).

- The Student Health and Wellness Center does **not** provide bloodborne pathogen post-exposure care and can provide only basic first aid.
 - If the exposure occurs outside CareNow operating hours, the student must be sent to the-nearest-hospital.
 - If the incident occurs away from the Denton campus, the student must be directed to the nearest appropriate clinic or hospital.

If the exposed individual is an employee:

- For incidents on the Denton and Discovery Park campus, employees must be sent to: **CareNow Urgent Care (310 W University Dr Suite 1500, Denton, TX 76201)** between 8 AM–8 PM (Mon–Fri) and 8 AM–5 PM (Sat–Sun) Outside these hours, the nearest hospital must be used.

- For incidents on the Frisco campus, employees must be sent to: **Concentra Urgent Care (8756 Teel Pkwy Suite 350, Frisco, TX 75034)** between 8 AM–5 PM, Monday–Friday. After hours, the nearest hospital must be used.

If the exposed individual is an employee covered under the deferred Hepatitis B vaccination program and has not yet been offered the vaccination, the Hepatitis B vaccine must be offered **within 24 hours** of the exposure incident.

B. Required Elements of the Confidential Medical Evaluation

The exposed individual must receive a **confidential medical evaluation and follow-up at no cost to the employee**, which must include, at minimum:

- 1. Documentation of the route(s) of exposure Circumstances of the incident**
- 2. Identification and evaluation of the source individual.**

- When feasible and permitted by applicable law, the source individual's blood must be tested for HBV, HCV, and HIV as soon as possible.
- Consent should be obtained when required by law. Testing may proceed without consent only when allowed under Texas law and applicable regulations.
- If existing documentation shows the source is already known to be HBV-, HCV-, or HIV-positive, repeat testing is not required.
- Results of source testing must be made available to the exposed individual, in accordance with confidentiality laws.
- If blood is tested without the source's consent (as allowed by law), all identifying information must be destroyed once the exposed individual has been notified of results.
- Positive test results for both the source individual and exposed individual must be reported to DSHS as required by Texas regulations.

3. Testing of the exposed individual's blood

- Blood must be collected as soon as feasible after consent is obtained.
- If the exposed individual consents to baseline blood collection but declines HIV testing at that time, the sample must be preserved for at least **90 days**.
- If, within those 90 days, the exposed individual elects to have the sample tested, the testing must be performed as soon as feasible.

4. Post-exposure prophylaxis (PEP)

- Post-exposure prophylaxis must be provided when medically indicated and in accordance with U.S. Public Health Service recommendations, including consultation with the Clinical Consultation Center Post-Exposure Prophylaxis Hotline (**PEPline**): **888-448-4911**

5. Counseling

At minimum, appropriate counseling concerning infection status includes:

- Explanation of test results and interpretations.
- Precautions during the follow-up period.
- Information about possible related illnesses and the need for early evaluation and treatment.

C. Information Provided to the Healthcare Professional

The supervisor or instructor must ensure that the licensed physician or licensed healthcare professional conducting the evaluation receives the following information (using Appendix III forms whenever possible):

- A copy of, or access to, the OSHA Bloodborne Pathogens Standard and the Texas DSHS bloodborne pathogen control standard.
- A description of the exposed individual's duties related to the exposure.
- Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- Source individual test results, if available.
- All medical records relevant to the appropriate treatment of the exposed individual, including vaccination status.

If any document is not immediately available, the exposed individual must still receive medical care immediately, with remaining information sent as soon as possible.

D. Written Opinion

The supervisor must obtain and provide the exposed individual with a copy of the healthcare professional's written opinion within **15 days** of the evaluation's completion. The written opinion must be limited to:

- Whether the Hepatitis B vaccination is indicated for the exposed individual and if the individual has received such vaccination.
- Whether the exposed individual has been informed of the evaluation results.
- Whether the exposed individual has been informed of any medical conditions resulting from exposure that require further evaluation or treatment.

E. Deferred Vaccination Reminder

For employees in deferred vaccination positions, supervisors must ensure the employee is offered the Hepatitis B vaccine within 24 hours of providing first aid involving blood or OPIM—even if the employee was not personally exposed and does not require full medical follow-up.

F. Reporting Requirements

Supervisors must notify the Program Manager – Insurance & Claims (ULD: Risk Management) at 940-565-2109 as soon as possible after receiving an exposure report. The employee and supervisor must complete all applicable

forms (SORM-29, SORM-703, SORM-16, SORM-80, SORM-74), available on the UNT Environmental Health & Safety Bloodborne Pathogens webpage.

In accordance with OSHA and Texas Department of State Health Services (DSHS) requirements, Environmental Health & Safety must complete the DSHS “Contaminated Sharps Injury Reporting Form” within 10 calendar days of any percutaneous injury involving contaminated sharps. These records collectively constitute UNT’s Sharps Injury Log.

Positive HIV/AIDS results and other notifiable conditions must be reported in accordance with DSHS reporting timelines and confidentiality requirements.

VIII. MEDICAL RECORDS

1. Departmental Recordkeeping

Departments shall maintain vaccination records for employees who received the Hepatitis B vaccine through departmental processes. Environmental Health & Safety will also maintain copies of vaccination records provided to employees by medical providers. These records must include:

- The employee’s name and employee ID
- Dates of all Hepatitis B vaccinations provided by UNT
- Hepatitis B Vaccination Declination Forms, if applicable

2. Post-Exposure Medical Records

Environmental Health & Safety will maintain medical records for all individuals who experience an exposure incident and receive a post-exposure medical evaluation and follow-up. Departments must forward the following information to Environmental Health & Safety, addressed to the Public Health Program Manager, in a sealed envelope marked **“CONFIDENTIAL MEDICAL RECORDS”**:

- All of examinations, medical testing, and follow-up procedures related to post-exposure evaluations.
- Copies of information provided to the healthcare professional during the post-exposure evaluation.
- Written opinions from the treating healthcare professional regarding post-exposure evaluation and follow-up.

3. Confidentiality

In accordance with HIPAA and OSHA 1910.1030(h)(1)(iv), all medical records must remain strictly confidential and may not be disclosed without the written consent of the employee unless required by law.

4. Record Retention Period

Employee medical records must be maintained **for the duration of employment plus 30 years**, as required by OSHA 1910.1020(d). Student medical records must be maintained for **10 years**.

5. Access to Records

Medical records must be provided upon request to:

- The subject individual, or
- Anyone with written authorization from the subject individual.

IX. COMMUNICATION OF HAZARDS

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

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



Labels for contaminated equipment must also indicate which portions of the equipment remain contaminated. Labels shall be affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

1. Labeling Requirements

Warning labels must be affixed to:

- Containers of regulated biological waste (including sharps containers)
- Refrigerators, freezers, and centrifuges containing blood or OPIM
- Containers used to store, transport, or ship blood or OPIM
- Containers of contaminated laundry
- Contaminated equipment

2. Label Format

Labels must include:

- The **word “BIOHAZARD”**
- The **universal biohazard symbol**
- A **fluorescent orange or orange-red** background, with symbols and lettering in a contrasting color

3. Contaminated Equipment Labeling

Labels on contaminated equipment must clearly indicate **which specific portions of the equipment remain contaminated**.

4. Durability of Label Attachment

Labels must be attached by string, wire, adhesive, or any method that prevents accidental loss or removal.

5. Use of Red Bags/Containers

Red bags and red containers with the preprinted biohazard symbol are acceptable substitutes for labels.

6. Exceptions

Individual containers of blood or OPIM **do not need a label** if they are placed into a larger, properly labeled container for storage, transport, shipping, or disposal.

X. DEMONSTRATION APPROVAL

Individuals wanting to conduct demonstrations involving blood, OPIM, or any other unfixed/unpreserved human tissues, fluids, or body parts need to contact

Environmental Health & Safety for written approval in advance.

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

Environmental Health & Safety approval is not required for demonstrations where all participants and observers are already covered by this Exposure Control Plan.

XI. TRAINING

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

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

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

1. Training Requirements

All UNT employees and students identified as having occupational exposure to blood or OPIM must receive:

- **Initial bloodborne pathogen training** upon assignment, and
- **Annual refresher training** thereafter.

2. Instructor Qualifications

Training must be conducted or developed by an individual with **demonstrated knowledge** of the subject matter and the tasks being performed.

3. Training Provision Standards

Training must:

- Be provided **at no cost** to employees
- Occur **during normal working hours**
- Be presented in a language and vocabulary appropriate to the trainees' educational levels and literacy.

4. Required Training Content

Training must cover, at minimum:

- How to access the OSHA Bloodborne Pathogens Standard and explanation of its contents
- Overview of bloodborne diseases, including epidemiology and symptoms
- Modes of transmission
- The contents of the UNT Exposure Control Plan and how to obtain a copy
- Methods for recognizing tasks that may involve exposure
- Proper use and limitations of engineering controls, work practices, and PPE
- Types, proper use, location, removal, handling, decontamination, and disposal of PPE
- Information on the Hepatitis B vaccine (efficacy, safety, administration, benefits) and notice that it is offered free of charge to employees
- Procedures and contacts for emergencies involving blood or OPIM
- Explanation of post-exposure evaluation and follow-up
- Steps to take if an exposure occurs
- Explanation of biohazard signage and labeling
- Opportunity for interactive Q&A

Note: If training is not held in person, the Q&A requirement may be met by providing contact information for Environmental Health & Safety or the appropriate departmental contact.

5. Training Records

Training records must include:

- Date of training
- Content or summary of the session
- Name and qualifications of the instructor
- Names and job titles of participants

6. Training Record Retention

- Departments must forward all training records to Environmental Health & Safety.

- Environmental Health & Safety will maintain records for trainings it conducts.
- Records must be kept **for the duration of employment/education plus 5 years** (per Texas state policy).

XII. ANNUAL REVIEW

This Exposure Control Plan (ECP) shall be reviewed and updated at least annually or whenever necessary to reflect new or modified tasks, procedures, or activities that affect occupational exposure, and to reflect new or revised employee classifications with reasonably anticipated occupational exposure to bloodborne pathogens.

The annual review and update of this ECP shall also:

- A. Reflect changes in technology** that eliminate or reduce occupational exposure to bloodborne pathogens.
- B. Document the annual consideration, evaluation, and implementation**, where feasible, of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, including but not limited to sharps with engineered sharps injury protections and needleless systems.

As required by OSHA and the Texas Health and Safety Code, the annual review process shall include soliciting and documenting input from non-managerial employees who are responsible for direct patient care or who are potentially exposed to injuries from contaminated sharps, in the identification, evaluation, and selection of effective engineering controls and work practice controls.

The Environmental, Health & Safety department shall conduct the annual review.

All reviews and updates shall be documented using the Annual Review Form and maintained with the Exposure Control Plan by Risk Management in accordance with record retention requirements.

Appendix I: Exposure Determination

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

TABLE 1

Department	Job Code and Title
132700 - UNT Center for Young Children	47420-Child Development Lab Teacher
132700 - UNT Center for Young Children	40750-Dir Center for Young Children
132700 - UNT Center for Young Children	43510-Program Project Specialist
132700 - UNT Center for Young Children	50010-Administrative Coordinator
132700 - UNT Center for Young Children	1710-Student Assistant - Regular
132710 - Autism Center	65420-Behavior Analyst
132710 - Autism Center	65400-Behavioral Technician
132710 - Autism Center	41750-Director, Autism Center
132710 - Autism Center	65422-Sr Behavior Technician
132710 - Autism Center	41040- Assistant Director, Training
132710 - Autism Center	40740- Asst Dir, Aut Ctr Outrch & Trn
132710 - Autism Center	41760- Executive Dir, Autism Center
132710 - Autism Center	1710-Student Assistant - Regular
132710 - Autism Center	1814-Non-Student Help - Hourly
132710 - Autism Center	1711-Federal CWSP
132710 - Autism Center	1751-Texas CWSP
132710 - Autism Center	0823-Salaried Grad Research Asst L3
152000 - Facilities-Gen	81330-Custodial Services Supervisor
152000 - Facilities-Gen	81331-Custodial Svcs Asst Mgr
152000 - Facilities-Gen	81310-Custodian
152000 - Facilities-Gen	73320-Lead Plumber
152000 - Facilities-Gen	73310-Plumber
152000 - Facilities-Gen	73330-Plumbing Supervisor
152000 - Facilities-Gen	81341-Sr Lead Custodian
152500 - Police Services	80100-Chief of Police
152500 - Police Services	80110-Police Captain
152500 - Police Services	81082-Police Corporal
152500 - Police Services	80120-Police Lieutenant
152500 - Police Services	84100-Police Officer
152500 - Police Services	84102-Police Officer, Recruit
152500 - Police Services	81084-Police Sergeant
152500 - Police Services	84200-Public Service Officer
152600 - Risk Mgmt Services-Gen	45541-Biological Safety Program Mgr
152600 - Risk Mgmt Services-Gen	45524-Laboratory Safety Officer
152600 - Risk Mgmt Services-Gen	45532-Occupational Safety Prgm Mgr

152600 - Risk Mgmt Services-Gen	1711-Federal CWSP
160530 - Student Activities Center	1081-Spirit Group Coach
160720 - Recreational Sports	160720 - Recreational Sports
160720 - Recreational Sports	41540-Assoc Dir, Recreational Sports
160720 - Recreational Sports	41530-Asst Dir, Recreational Sports
160720 - Recreational Sports	41560-Director, Recreational Sports
160720 - Recreational Sports	80020-Rec Facilities Maint Supvsr
160720 - Recreational Sports	41520-Recreation Program Specialist
160720 - Recreational Sports	1711-Federal CWSP
160720 - Recreational Sports	1710-Student Assistant - Regular
160720 - Recreational Sports	0831-Graduate Services Assistant L1
160720 - Recreational Sports	1814-Non-Student Help - Hourly
160720 - Recreational Sports	Fitness & Membership Coordinator
163800 - Housing-Admin	1796-Residence Hall Advisor
163800 - Housing-Admin	0832-Graduate Services Assistant L2
163110 - Union Admin	81004-Custodial Svcs Asst Supv
163110 - Union Admin	81310-Custodian
163601 - Coliseum/Gateway Center	81004-Custodial Svcs Asst Supv
163601 - Coliseum/Gateway Center	81310-Custodian
163801 - Housing-Custodial	41453-Assoc Dir Housing Custodial
163801 - Housing-Custodial	81330-Custodial Services Supervisor
163801 - Housing-Custodial	81310-Custodian
163801 - Housing-Custodial	1796-Residence Hall Advisor
163801 - Housing-Custodial	1814-Non-Student Help - Hourly
163803 - Residence Hall Operations	41422-Assistant Community Director
163803 - Residence Hall Operations	41424-Community Director
163803 - Residence Hall Operations	1796-Residence Hall Advisor
163803 - Residence Hall Operations	0831-Graduate Services Assistant L1
163803 - Residence Hall Operations	0832-Graduate Services Assistant L2
220410 - Athletics Facilities	46822-Athletic Trainer
220410 - Athletics Facilities	46850-Sr Associate Athletic Director (JEFF SMITH ONLY)
220410 - Athletics Facilities	81310-Custodian
135370 - Audiology & Speech - Lang Path	0300-Assoc Professor
135370 - Audiology & Speech - Lang Path	0400-Asst Professor
135370 - Audiology & Speech - Lang Path	48032-Audiologist
135370 - Audiology & Speech - Lang Path	480329-Audiologist - 9mth
135370 - Audiology & Speech - Lang Path	0630-Clinical Associate Professor
135370 - Audiology & Speech - Lang Path	64430-Speech Pathologist
135370 - Audiology & Speech - Lang Path	1814-Non-Student Help - Hourly
135370 - Audiology & Speech - Lang Path	1351-Hourly Graduate Research Asst

135370 - Audiology & Speech - Lang Path	0822-Salaried Grad Research Ast L
Biological Sciences	Researchers that work with BBP
Biomedical Engineering	Researchers that work with BBP
Chemistry	Researchers that work with BBP
Kinesiology	Researchers that work with BBP
Mechanical Engineering	Researchers that work with BBP
Student Health and Wellness Center (SHWC)	SHWC maintains a list of their own employees with BBP exposure internally; available upon request

Table 2 is a list of employee positions who are **not required to provide first-aid/not anticipated to be exposed** but are in a higher likelihood of being in situations where they feel compelled to provide first-aid in event of injury.

TABLE 2

Department	Position
152000 - Facilities-Gen	45141 -Assoc Dir Fac Plan Des Constr
152000 - Facilities-Gen	45090-Associate VP, Facilities
152000 - Facilities-Gen	80060-Asst Dir, Facilities Maint
152000 - Facilities-Gen	45050-Dir, Facs Bus Sup and Srvcs
152000 - Facilities-Gen	42722-Facilities Compliance Coord
152000 - Facilities-Gen	81910-Landscaping Supervisor
152000 - Facilities-Gen	73120-Paint Supervisor
152000 - Facilities-Gen	80051-Sr Facilities Maint Mgr
152000 - Facilities-Gen	70038-Utilities Supervisor
152600 - Risk Mgmt Services-Gen	45554-Chemical Hygiene Officer
152600 - Risk Mgmt Services-Gen	45562-Dir of Envirnmntl Hlth & Sfty
152600 - Risk Mgmt Services-Gen	45543-Public Health Program Manager
152600 - Risk Mgmt Services-Gen	45552-Radiation Safety Officer
163700 - Dining Services	1710-Student Assistant - Regular
163700 - Dining Services	1711-Federal CWSP
163700 - Dining Services	1814-Non-Student Help - Hourly
163710 - Dining-Retail	81880-Food Service Manager
163710 - Dining-Retail	817509-Food Service Specialist - 9mth
163710 - Dining-Retail	81870-Food Service Supervisor
163710 - Dining-Retail	41910-Senior Food Service Manager
163710 - Dining-Retail	1710-Student Assistant - Regular
163710 - Dining-Retail	1711-Federal CWSP
163710 - Dining-Retail	1814-Non-Student Help - Hourly
163720 - Dining-Residential	41940-Assistant Dir, Dining Services
163720 - Dining-Residential	41942-Executive Chef
163720 - Dining-Residential	81880-Food Service Manager
163720 - Dining-Residential	817509-Food Service Specialist - 9mth
163720 - Dining-Residential	81870-Food Service Supervisor
163720 - Dining-Residential	41910-Senior Food Service Manager

163720 - Dining-Residential	1710-Student Assistant - Regular
163720 - Dining-Residential	1814-Non-Student Help - Hourly
163720 - Dining-Residential	1711-Federal CWSP
163720 - Dining-Residential	1751-Texas CWSP
163730 - Catering	41940-Assistant Dir, Dining Services
163730 - Catering	41942-Executive Chef
163730 - Catering	81880-Food Service Manager
163730 - Catering	817509-Food Service Specialist - 9mth
163730 - Catering	81870-Food Service Supervisor
163730 - Catering	41910-Senior Food Service Manager
163730 - Catering	1710-Student Assistant - Regular
163730 - Catering	1711-Federal CWSP
163800 - Housing-Admin	41440-Assistant Director, Housing
163800 - Housing-Admin	41451-Assoc Dir Housing
163800 - Housing-Admin	41450-Director, Housing
163800 - Housing-Admin	1710-Student Assistant - Regular
163803 - Residence Hall Operations	1710-Student Assistant - Regular
163803 - Residence Hall Operations	1711-Federal CWSP
121400 - Dance & Theatre	0700-Adjunct Faculty
121400 - Dance & Theatre	0601- Lecturer (Continuing)
132320 - Kinesiology, Hlth Promo, & Rec	0700-Adjunct Faculty
135320 - Behavior Analysis	0300-Assoc Professor
135320 - Behavior Analysis	0400-Asst Professor
135320 - Behavior Analysis	0100-Dept Chair/Div Head
135320 - Behavior Analysis	0823-Salaried Grad Research Asst L3
135320 - Behavior Analysis	0822-Salaried Grad Research Asst L2
135320 - Behavior Analysis	0821-Salaried Grad Research Asst L1
135370 - Audiology & Speech - Lang Path	0700-Adjunct Faculty
135370 - Audiology & Speech - Lang Path	0100-Dept Chair/Div Head
135370 - Audiology & Speech - Lang Path	0200-Professor
135370 - Audiology & Speech - Lang Path	435109-Program Project Spec - 9mth
135370 - Audiology & Speech - Lang Path	62020-Research Analyst
110010 - UNT at Frisco	43530-Sr Program Project Coordinator

Appendix II:

Hepatitis B Vaccine Forms

Hepatitis B Vaccine Accept or Decline Form

Bloodborne Pathogens are diseases that can be passed from one person to another through blood or other body fluids. This includes Hepatitis B virus (Hep B), which can cause liver cancer. It also includes Human Immunodeficiency Virus (HIV), which weakens a person's immune system. Hep B and HIV do not have a cure, but there are treatment options.

I know that, due to my job, I am exposed to blood or certain body fluids. This means I may be at risk of getting sick from the Hep B virus (HBV). I have been given the chance to get the Hep B vaccines, at no charge to myself.

Right now, I am choosing to ☐ **accept** or ☐ **decline** the Hep B vaccines.

I know that by declining these vaccines, I am at higher risk of getting Hep B. Hep B is a serious disease. However, if change my mind and want to get the Hep B vaccines, after declining, I can still get them at no charge to myself.

Name (Print) _____

Employee Signature _____ **Date** _____

Department _____ **Job Title** _____

Formulario de Aceptación o Rechazo de la Vacuna contra la Hepatitis B

Los patógenos transmitidos por la sangre son enfermedades que pueden transmitirse de una persona a otra a través de la sangre u otros fluidos corporales. Esto incluye el virus de la Hepatitis B (VHB), que puede causar cáncer de hígado. También incluye el Virus de la Inmunodeficiencia Humana (VIH), que debilita el sistema inmunitario. La Hepatitis B y el VIH no tienen cura, pero existen opciones de tratamiento.

Sé que, debido a mi trabajo, estoy expuesto a la sangre o a ciertos fluidos corporales. Esto significa que puedo estar en riesgo de contraer el virus de la Hepatitis B (VHB). Se me ha ofrecido la oportunidad de recibir las vacunas contra la Hepatitis B sin costo alguno.

En este momento, elijo ☐ **aceptar** o ☐ **rechazar** las vacunas contra la Hepatitis B.

Sé que al rechazar estas vacunas, tengo un mayor riesgo de contraer Hepatitis B. La Hepatitis B es una enfermedad grave. Sin embargo, si cambio de opinión y deseo vacunarme contra la Hepatitis B después de haberla rechazado, aún puedo hacerlo sin costo alguno.

Nombre (en letra de imprenta) _____

Firma del empleado _____ **Fecha** _____

Departamento _____ **Puesto de trabajo** _____

Appendix IV:
Exposure Incident Forms

Exposure Incident Reporting Form – Exposed Individual Information

If applicable, this information must be provided to the evaluating healthcare professionals as soon as possible. A copy must also be provided to Risk Management.

Name of Exposed Individual: _____

Address: _____

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

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

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

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

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

Other relevant medical information for exposed individual:

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

Preparer's Name: _____ **Phone:** _____

Preparer's Signature: _____ **Date:** _____

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

- The US Occupational Safety and Health Administration Bloodborne Pathogen Standard
- Texas Department of State Health Services (DSHS)

Exposure Incident Reporting Form – Source Individual Information

If applicable, this information must be provided to the evaluating healthcare professionals as soon as possible. A copy must also be provided to Risk Management.

Name of Exposed Individual: _____

Address: _____

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

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

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

Other relevant medical information for source individual:

Preparer's Name: _____ **Phone:** _____

Preparer's Signature: _____ **Date:** _____

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

- The US Occupational Safety and Health Administration Bloodborne Pathogen Standard
- Texas Department of State Health Services (DSHS)

Appendix IV:
Annual Review Form

Annual Review Form

A review of the Exposure Control Plan must be conducted at least annually by the Environment Health & Safety and documented on this form. The completed forms will be maintained by Risk Management.

Review Date: _____

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

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

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

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

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

Name: _____ **Title:** _____
Signature: _____ **Date:** _____

Appendix V:

References

References

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

Applicable Statutes/Regulations/Policies

- **UNT Policies**
 - Risk Management Program 15.012
 - Biosafety 15.009
- **U.S. Occupational Health and Safety Administration (OSHA) Bloodborne Pathogen standard**
- 29 CFR 1910.1030
(http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
- **Texas Health and Safety Code**
 - Bloodborne Pathogen Control Plan - Chapter 81 Subchapter H
(<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm#81.301>)
 - Prevention Of Transmission Of HIV And Hepatitis B Virus By Infected Health Care Workers - Chapter 85 Subchapter I
(<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm#85.201>)
- **Texas Department of State Health Services Regulations**
 - Bloodborne Pathogen Control - 25 TAC 96
([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=96&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=96&rl=Y))
 - Communicable Diseases 25 TAC 97
([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97))
- **State Office of Risk Management (SORM) injury/illness reporting forms available on the SORM website** (<https://www.sorm.state.tx.us/claims-operations/claims-coordinator-resources/>)
- **Texas Department of State Health Services (DSHS)**
 - Contaminated Sharps Injury Reporting (<https://www.dshs.texas.gov/bloodborne-pathogens/reporting-contaminated-sharps-injuries>)
 - Notifiable Conditions Reporting
(<https://www.dshs.texas.gov/notifiable-conditions>)
- **Health Insurance Portability and Accountability Act**
(<https://www.hhs.gov/hipaa/index.html>)

Additional Information Sources

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