



First Aid Policy

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Policy

In compliance with the OSHA standard 1910.151 (b) an employer must have "adequate first aid supplies...readily available," although specific first aid supplies are not listed. Depending on the potential for injury, a more complete kit may be necessary. OSHA recommendations do not include an automated external defibrillator (AED), but current emergency cardiac care guidelines from the American Heart Association recommend AEDs in most public places.

Scope

This policy applies to all locations that are under the control of UT Dallas students, operations and staff. In general, employees identified as first-aid trained for the purposes of meeting this requirement do so as a collateral duty in that providing first aid or other medical assistance is not their primary job assignment.

UTD Responsibility

It is University policy that each dean, director, department chair, and supervisor is responsible for the health and safety performance in their respective units. This responsibility can neither be transferred nor delegated.

a. Employing Unit

Employing units are responsible for meeting the first-aid requirements including assuring the availability of first-aid certified employees and making sure first-aid supplies appropriate to the work area are maintained and accessible to all employees. Each organizational unit shall determine the best method for meeting the first-aid requirements for their area(s) from the options and guidelines below. In addition, each unit must document their first-aid plan in the appropriate unit health and safety plan.

b. Purchasing and Stores

UTD Purchasing and Stores consults with EH&S to assure the appropriate first-aid supplies are stocked at University Stores.

c. Environmental Health and Safety (EHS)

EH&S interprets the first-aid requirements for the University and serves as a liaison to, among other things, first-aid requirements. In addition, EH&S assures compliance with the first-aid regulations through program oversight and provision of services to assist in compliance.

d. UTD Police Department (UTD-PD)

University Police are first-aid certified and provide first-aid response on the campus.

General First-Aid Response Plan

a. The University provides these First-Aid Plan Guidelines to accommodate the wide variety of work types, locations, and environments shared by the University's employees.

Employing units can consult these guidelines to determine if they are required to have first-aid certified employees and how many, and to determine what first-aid supplies they should stock and how to obtain them.

b. The majority of University employees work in typical administrative office environments with large numbers also working in laboratories, medical/clinical settings, skilled trades and shops, grounds maintenance, custodial services, and food services. While the plan addresses the differing needs of these work environments for first-aid response, it also takes into consideration the common elements shared by University work areas. The following applies to all University work areas:

- 1) University work locations are served by municipal or county enhanced 911 Emergency Medical Services. Where there might be exceptions, such as field trips or remote research field stations, the first-aid response plan for the unit or activity requires more rigorous first-aid coverage and emergency planning.
- 2) University policy requires that emergency access phone numbers be posted on all telephones.
- 3) First-aid trained employees are identified in the employing unit Health and Safety Plan, which supervisors must review with new employees. Units are required to identify first-aid certified employees including contact information, phone number and location, on or near first-aid kits. In some locations first-aid certified employees may be shared between units in order to provide adequate coverage during absences.

How to Obtain First-Aid Training

a. EHS schedules first-aid training. The first aid training schedules are distributed widely on campus and published on the EH&S web site.

b. First-aid training provided by EH&S covers the following required subjects:

- Role and responsibilities of the first-aid provider
- Assessing a scene
- Performing an initial and ongoing assessment of an injured or ill person
- Scene safety
- Body substance isolation/bloodborne pathogens
- Performing an emergency move
- Placing an ill person in the recovery position
- Opening and maintaining an airway
- Providing rescue breathing
- Managing an obstructed airway
- Performing adult/one-rescuer CPR
- Recognizing the warning signs and symptoms of medical problems
- Recognizing and caring for an injured or ill person with decreased levels of responsiveness
- Controlling external bleeding and recognizing internal bleeding
- Recognizing and caring for victims of shock
- Recognizing and stabilizing spinal injury
- Recognizing and manually stabilizing suspected skeletal injuries
- Knowledge of voluntary provisions of first aid, consent and confidentiality

- c. First-aid training acquired through other approved providers must be documented within the employing unit.
- d. First-aid training must be repeated every two years to maintain a valid first-aid certificate.

Documentation of First-Aid Training

Each employee who completes the EH&S sponsored first-aid course will receive a first-aid certificate, which serves as documentation. Each unit Health and Safety Plan shall identify first-aid certified employees. In addition, Environmental Health and Safety maintains training records for all EH&S sponsored courses and can arrange for refreshers.

First-Aid Supplies

- a. First-aid supplies must be readily available to all employees, stored in clean, clearly marked, portable containers. Each department is responsible for the purchase and distribution of any supplies needed.
- b. Post name, location and phone number of first-aid certified employees on first-aid kit or where first-aid supplies are stored.
- c. Post a “first-aid kit/supplies” sign near the location of first-aid kits and supplies.
- d. Indicate exact locations of first-aid supplies in unit Health and Safety Plan.
- e. Identify the individuals responsible for maintaining first-aid supplies, including stocking and checking expiration dates, in unit Health and Safety Plan.

Good Samaritan Act

Employees who obtain first-aid training to comply with this regulation do so as a collateral duty and not as a primary job assignment. Employees who may render first-aid to another employee in the work place are covered by the Good Samaritan Statute (RCW 4.24.300) which states in part:

“Any person who in good faith and not for compensation renders emergency care at the scene of an emergency or who participates in transporting, not for compensation, there from an injured person or persons for emergency medical treatment shall not be liable for civil damages resulting from any act or omission in the rendering of such emergency care or in transporting such persons, other than acts or omissions constituting negligence or willful or wanton misconduct.”

Bloodborne Pathogens

- a. University employees who are first-aid trained as a collateral job duty are not required to have annual bloodborne pathogen training nor are they required to be offered a Hepatitis B immunization.

- b. In the event that a University employee is exposed to human blood or body fluids during the administration of first-aid or any other activity in the work place, the employee should notify their supervisor immediately so that they can be referred to the appropriate employee health clinic for post exposure follow-up. In addition, a UTD incident/injury/illness report must be completed.
- c. Employees who render first-aid or other medical assistance as a primary job duty are required to be included in the UTD Bloodborne Pathogen Program and are required to have annual training and to be offered a Hepatitis B immunization.
- d. The first-aid training scheduled by EHS includes instruction in universal precautions for protection against bloodborne pathogens while administering first-aid.

Definitions

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

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

Clinical Laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated sharps injury: Any sharps injury that occurs with a sharp used or encountered in a health care setting that is contaminated with human blood or body fluids.

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: An individual who works for a governmental unit or on premises owned or operated by a governmental unit whether or not he or she is directly compensated by the governmental unit.

Employs: Engages the services of employees.

Engineered sharps injury protection: A physical attribute that: (A) is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or (B) is built into any other type of needle device, into a non-needle sharp, or into a

non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

Engineering Controls: means controls (e.g., sharps disposal containers, self sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.

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

Governmental unit: This state and any agency of the state, including a department, bureau, board, commission, or office and includes: (A) a political subdivision of this state, including any municipality, county, or special district; or (B) Any other institution of government, including an institution of higher education.

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

Licensed Healthcare Professional: is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Postexposure Evaluation and Follow up.

HBV: Hepatitis B virus.

HCV: Hepatitis C virus.

Health care professional: A person whose legally permitted scope of practice allows him or her to independently evaluate an employee of a governmental unit and determine the appropriate interventions after an exposure incident; this would include hepatitis B vaccination and post exposure evaluation and follow up.

HIV: Human immunodeficiency virus.

Needleless system: A device that does not use a needle and that is used: (A) to withdraw body fluids after initial venous or arterial access is established; (B) to administer medication or fluids; or (C) for any other procedure involving the potential for an exposure incident.

Occupational exposure: A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials: 1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ (other than intact skin) from a human (living or

dead); and 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, e.g., uniforms, pants, shirts, or blouses, not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Regulated waste/special waste from health care related facilities: Solid waste which if improperly treated or handled may serve to transmit an infectious disease(s) and which is composed of the following: (A) animal waste; (B) bulk blood, bulk human blood products, or bulk human body fluids; (C) microbiological waste; (D) pathological waste; or (E) sharps.

Research Laboratory: a laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharp: An object used or encountered in a health care setting that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident and includes: (A) needle devices; (B) scalpels; (C) lancets; (D) a piece of broken glass; (E) a broken capillary tube; (F) an exposed end of a dental wire; or (G) a dental knife, drill, or bur.

Sharps injury: Any injury caused by a sharp, including a cut, abrasion, or needlestick.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions/standard precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids 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 manner in which a task is performed, e.g., prohibiting recapping of needles by a two handed technique.

Applicability

Although the Environmental Health and Safety Office (EH&S) is charged with the overall responsibility to develop and implement the University's exposure control plan, several other University departments will provide vital support in the effort to adequately protect University employees with occupational exposure and to achieve regulatory compliance with the Texas DSHS requirements.

Individual departments will be responsible for ensuring that the provisions of the University's exposure control plan and the mandates of the Texas DSHS bloodborne pathogen standard are carried out.

Departments that have been identified as having employees with occupational exposure include, but are not necessarily limited to:

- Athletics
- Biology
- Chemistry & Biochemistry
- Environmental Health and Safety
- Physical Plant
- Police Department
- Brain Sciences
- Student Health Services

Exposure Determination

A review of all employee positions at the University has been conducted to determine which employees have occupational exposure to blood or other potentially infectious materials during the performance of their duties.

EH&S and individual University departments completed the review. The review identified job classification/descriptions in which all employees in those job classifications have occupational exposure and job classifications in which some employees have occupational exposure. In addition, for those job classifications in which some employees have occupational exposure, tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs was identified. The exposure determination was conducted without regard to the use of personal protective equipment.

Job classifications in which *all* University employees in the specific job classification have occupational exposure pursuant to 29 CFR § 1910.1030:

- Environmental Health & Safety Personnel
- Lifeguards
- Patrol Officers
- Police Guards

Job classifications in which *some* University employees in the specific job classification have occupational exposure pursuant to 29 CFR § 1910.1030:

- Custodial/Housekeeping Personnel
- Residential Assistants
- Plumbers
- Grounds Personnel
- Athletic Trainers
- Research Professors
- Research Assistants
- Research Associates
- Research Technicians
- Laboratory Assistants
- Laboratory Technicians
- Locker room Attendants

OSHA identified occupational settings where individuals are reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties; these include, in part: health care facilities, health clinics, research laboratories, linen services, law enforcement, fire and rescue, schools, life saving, and regulated waste removal. Considering the scope of applicability of the standard and the fact that UTD conducts activities utilizing or involving blood and other potentially infectious materials and employs individuals identified as employees who may be reasonably anticipated to come into contact with blood or other potentially infectious materials during the performance of their duties, the University is required to comply with the requirements established in the standard.

EH&S is charged with the overall responsibility for the development and implementation of a bloodborne pathogens compliance program. The program is designed to provide and achieve regulatory compliance and, most importantly, will provide a means in which University employees will be better informed and protected from exposures to blood and other potentially infectious materials during the performance of their duties. EH&S will provide technical assistance to individual University departments in their effort to address the mandates established in the standard.

Exposure Control

Employees incur risk each time they are exposed to blood or other potentially infectious materials. Any exposure incident may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of the bloodborne pathogen standard is to reduce the significant risk of infection by:

- Eliminating or minimizing occupational exposure to blood and other potentially infectious materials
- Providing the hepatitis B vaccine
- Providing post exposure medical evaluation and follow up

Identifying the tasks and procedures where occupational exposure may occur and the positions whose duties include those tasks and procedures are a critical element of exposure control. By identifying those job classifications with occupational exposure, identification can be

made of those employees who are entitled to the provisions of the standard. All personnel who hold positions determined to have occupational exposure are entitled to the protection afforded by the standard.

Exposure Control Plan

The key provision of the bloodborne pathogens standard is the written Exposure Control Plan. The Exposure Control Plan identifies individuals who will receive training, protective equipment, vaccinations, and other provisions of the standard. Exposure Control Plan is designed to eliminate or minimize employee exposure and:

- Provide a means in which employees are able to find out what provisions are in place in his or her workplace
- Provide a document for regulatory officials to evaluate the University's compliance status
- Can be used for the employee training effort

Based on the requirements established by the standard, the University of Texas at Dallas Exposure Control Plan for Bloodborne Pathogens has been developed and designed to eliminate or minimize University employee occupational exposure to bloodborne pathogens during the performance of their duties, and to achieve regulatory compliance with the OSHA Bloodborne Pathogens Standard.

The University's plan contains the following elements:

- Exposure determination.
- Schedule and methods of implementation for:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - HIV and HBV research laboratories
 - Hepatitis B vaccination and post exposure evaluation and follow up
 - Communication of hazards to employees
 - Record keeping
- Procedure for the evaluation of circumstances surrounding exposure

The plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The plan will be provided upon request for examination and copying to all University employees, employee representatives, and regulatory authorities. EH&S is the custodian of the document. Arrangements to examine or copy the document can be made by contacting EH&S at (972) 883-4111.

Methods of Compliance

Universal Precautions

Universal precautions will be observed by all University employees to prevent contact with blood and other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Universal precautions are methods of preventing disease by preventing transfer of blood and body fluids, e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. The underlying concept of universal precautions is that all blood and certain body fluids are considered to be infectious for bloodborne pathogens. An employee will treat all blood and certain body fluids as though they are contained with bloodborne pathogens and will accomplish this through a variety of measures including, but not necessary limited to:

- Engineering controls and Work practice controls
- Personal protective equipment
- Housekeeping

The only exception to the use of universal precautions is in rare instances, such as unexpected medical emergency, where employees may not be able to put on gloves, don a gown, or tie on a facemask immediately. In those situations where leeway must be accorded the provider of health care or public safety services, the employees must not ignore the underlying concept of universal precautions. Only under unexpected extraordinary circumstances will employees have the option of deciding not to use personal protective equipment if they feel such equipment will prevent the proper delivery of health care or public safety services or will create a greater hazard to their personal safety if they used such equipment. The universal precaution exemption provided in the standard applies not to the general concept of Universal Precautions, but only to the use of personal protective equipment under rare and relatively limited circumstances.

Engineering and Work Practice Controls

Engineering and work practice controls serve to reduce employee's exposure in the workplace by either removing the hazard or isolating the worker from exposure. In fact, these control measures are viewed as the primary means of eliminating or minimizing employee exposure. These controls may include process or equipment redesign, e.g., self sheathing needles, process or equipment enclosure, e.g., biosafety cabinets, and employee isolation. In general, engineering controls act on the source of the hazard and eliminate or reduce employee exposure without reliance on the employee to take self protective action. By comparison, work practice controls reduce the likelihood of exposure through alteration of the manner in which a task is performed. While work practice controls also act on the source of the hazard, the protection they provide is based upon the behavior of the employer and employee behavior rather than installation of a physical device such as a protective shield.

The two control methodologies frequently work in tandem because it is often necessary to employ work practice controls to assure effective operation of engineering controls. Where occupational exposure remains after institution of these controls, departments must provide and assure employees use personal protective equipment. Primary reliance on engineering controls and work practices for controlling exposure is consistent with good industrial hygiene practice and with the TDH adherence to a hierarchy of controls.

University facilities and employees will use engineering and work practice controls to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Work Practice Control

The following work practice controls shall be used to minimize employee exposure: Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers. These containers shall be:

- Puncture resistant
- Appropriately labeled or color coded
- Leak proof on the sides and bottoms

Eating, smoking, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on cabinet tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting/suctioning of blood or other potentially infectious materials is strictly prohibited. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container for storage, transport, or shipping shall be labeled or appropriately color coded and closed prior to being stored, transported, or shipped.

Appropriate labeling/color coding is required when such specimens/containers leave the facility.

If outside contamination of the container occurs, the primary container will be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and will be appropriately labeled. If the specimen could puncture the primary container, the primary container will be placed within a secondary container, which is puncture resistant in addition to the above characteristics.

Universal precaution will be observed at this campus in order to prevent contact with blood or other potentially infectious materials. All blood and body fluids will be considered infectious regardless of the perceived status of the source individual.

Equipment that may become contaminated with blood or potentially infectious materials shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible. If decontamination is not feasible:

- A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- The appropriate administrator shall inform all affected employees, the servicing representative, and/or manufacturer, in writing, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Personal Protective Equipment

University departments will provide at no cost to the employee, appropriate personal protective equipment to prohibit 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 membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Employee will use appropriate personal protective equipment unless it can be demonstrated that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker.

When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Cleaning, laundering, and/or disposal, repair and replacement of personal protective equipment will be the responsibility of the departments.

All personal protective equipment will be removed prior to leaving the work area. If blood or other potentially infectious material penetrates a garment, the garment will be removed immediately or as soon as feasible.

When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
- Disposable, single use gloves will 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 will not be washed or decontaminated for reuse.
- Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
- Latex Gloves used in a wet procedure will be replaced after one hour of use. University departments at no cost shall provide personal protective Equipment to the employees.

Masks, Eye Protection and Face Shields

- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, will be worn 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.
- Gowns, Apron and Other Protective Body Clothing
- Appropriate protective clothing will be worn in occupational situations.

Laundry

- Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be bagged or containerized and will not be sorted or rinsed in the location of use.
- Contaminated laundry shall be placed in red bags. If contaminated laundry is sent to a facility that does not utilize Universal Precautions in the handling of all laundry, the

department will ensure that the red bags are labeled with the universal biohazard symbol and the word “biohazard”.

- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak through or of leakage from the bag or container, the laundry will be placed and transported in bags or containers that prevent soak through and/or leakage of fluids to the exterior.
- The department will provide employees who have contact with contaminated laundry with protective gloves and other appropriate personal protective equipment.

Housekeeping

Departments will maintain worksites in a clean and sanitary condition. The department will determine and implement an appropriate written schedule for cleaning and method of decontamination.

Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated following the last cleaning.

Protective coverings, e.g., plastic wrap, aluminum foil, or imperviously backed absorbent paper, used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware, which may be contaminated, will not be picked up directly with the hands. The spill and/or debris will be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious material. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

Medical Waste – Sharps

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable

- Puncture resistant
- Leak proof on sides and bottom
- Appropriately labeled or color coded

Reusable containers will not be used. During use containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g., laundries
- Maintained upright throughout use
- Replaced routinely and not be allowed to overflow

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

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- Placed in containers located in the designated medical waste accumulation area
- Placed in a secondary container if leakage is possible

Other Regulated Waste Containment. Regulated waste will be placed in containers, which are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping
- Appropriately labeled or color coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping
- Placed in containers located in the designated medical waste accumulation area

If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping

- Appropriately labeled or color coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

Disposal of all regulated waste will be in accordance with applicable regulations of the Texas DSHS. “Sharps Waste” means any device having acute ridged corners, or edges capable of cutting or piercing.

HIV & HBV Research Labs

HIV and HBV research laboratories engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV are required to comply with the special provisions outlined in this section in addition to the other requirements contained in this plan and guidelines established by the National Institutes for Health and the Centers for Disease Control.

These special provisions do not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissue, or organs. Research laboratories will adhere to the following special practices.

Special Practices

- All regulated waste will either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
- Laboratory doors will be kept closed when work involving HIV, HBV or any other bloodborne pathogen is in progress.
- Contaminated materials that are to be decontaminated at a site away from the work area will be placed in a durable, leak proof, labeled or color coded container that is closed before being removed from the work area.
- Access to the work area will be limited to authorized persons. Written policies and procedures will be established whereby only persons who have been advised of the potential biohazard, who meet specific entry requirements, and who comply with all entry and exit procedures will be allowed to enter the work areas and animal rooms.
- When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol will be posted on all access doors. The hazard warning sign will comply with established requirements (refer to the Signs section of this plan).
- All activities involving other potentially infectious materials will be conducted in biological safety cabinets or other physical containment devices within the containment module. No work with these other potentially infectious materials will be conducted on the open bench.

- Laboratory coats, gowns, smocks, uniforms, or other appropriate personal protective clothing will be used in the work area and animal rooms. Personal protective clothing will not be worn outside of the work area and will be decontaminated before being laundered.
- Special care will be taken to avoid skin contact with other potentially infectious materials. Gloves will be worn when handling infected materials or animals and when making hand contact with other potentially infectious materials is unavoidable.
- Before disposal all waste from work areas and from animal rooms will either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
- Vacuum lines will be protected with liquid disinfectant traps and high efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.
- Hypodermic needles and syringes will be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle locking syringes or disposable syringe needle units, i.e., where the needle is integral to the syringe, will be used for the injection or aspiration of other potentially infectious materials.
- Extreme caution will be used when handling needles and syringes. A needle will not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe will be promptly placed in a puncture resistant container and autoclaved or decontaminated before reuse or disposal.
- All spills will be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
- A spill or accident that results in an exposure incident will be immediately reported to the laboratory director or other responsible person.
- A biosafety manual will be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel will be advised of potential hazards, will be required to read instructions on practices and procedures, and will be required to follow them.

Containment Equipment

- Certified biological safety cabinets or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for

animals will be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

- Biological Safety Cabinets will be certified when installed, whenever they are moved and at least annually.
- HIV and HBV research laboratories will meet the following criteria:
 - Each laboratory will contain a facility for hand washing and an eye wash facility, which is readily available within the work area
 - An autoclave for decontamination of regulated waste will be available

HEP B Vaccination, Post Exposure Evaluation and Follow up

The department will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure evaluation and follow up to all employees who have had an exposure incident.

The department will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure evaluation and follow up, including prophylaxis are:

- Made available to the employee
- Made available to the employee at a reasonable time and place
- Student will be referred to the Student Health facility on campus
- Performed by or under the supervision of a licensed physician/licensed healthcare professional
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place

An accredited laboratory will be available to the employee to conduct required laboratory tests.

Hepatitis B Vaccination

Hepatitis B vaccination will be offered to employees who have occupational exposure to bloodborne pathogen and has received the required training. Vaccinations will be administered in amounts and at times prescribed by standard medical practice. Each identified employee will receive information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The employee will be offered the hepatitis B vaccine within 10 working days of appointment or assignments unless the employee previously received the complete hepatitis B vaccination series, antibody testing shows that the employee is immune, or the vaccine is contraindicated for medical reasons. The University will

not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

An employee declining a Hepatitis B Vaccination will sign a Hepatitis B declination form. The original signed statement will be maintained in the employee's permanent personnel file and copies will be provided to the employee, the employee's department and EH&S.

If an employee initially declines hepatitis B vaccination, but at a later date while still covered under the standard decides to accept the vaccination, the department will make the hepatitis B vaccination available at that time.

If the U.S. Public Health Service recommends a routine booster dose(s) of hepatitis B vaccine at a future date, such booster dose(s) will be made available.

Post Exposure Evaluation and Follow up

An employee who experiences an “exposure incident” must report it immediately to his/her supervisor and/or the Environmental Health and Safety Office. Following a report of an exposure incident, the department will make immediately available to the exposed employee a confidential medical evaluation and follow up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the department will establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, will be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status.
- The exposed employee's blood will be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If,

within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

- Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

Counseling and evaluation of reported illness

The department will ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination will be provided a copy of the bloodborne pathogens standard regulation. The department will provide the healthcare professional evaluating an employee after an exposure incident with the following information:

- A copy of the bloodborne pathogens standard (regulation).
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the University's responsibility to maintain.

Healthcare Professionals Written Opinion

The department will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for HBV vaccination and post exposure follow up will be limited to the following information:

- Whether vaccination is indicated for an employee, and if the employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses will remain confidential and will not be included in the written report.

Hazard Communication to Employees

Efforts directed at communicating hazards of bloodborne pathogens to University employees through the use of labels, signs, and information and training are intended to provide employees with adequate warning to eliminate or minimize their exposure.

Information and Training

All University employees with occupational exposure to blood or other potentially infectious materials will participate in a bloodborne pathogens information and training program, which is provided at no cost to the employee and conducted during their normal working hours. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place or within 90 days after the effective date of the standard and at least annually thereafter.

Annual training will be provided for all employees with occupational exposure within one year of their previous training. Employees will receive additional training when changes or modifications of tasks or procedures occur or when new tasks or procedures affect the employee's occupational exposure. The additional training will be limited in scope by only addressing the new exposure created.

Material will be used that is appropriate in content and vocabulary to educational level, literacy, and language of employees undergoing the training program.

The training program will contain the following elements:

- An accessible copy of the regulatory text of the bloodborne pathogens standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of UTD's Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

- Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow up that will be made available.
- Information of the post exposure evaluation and follow up that the department is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard.
- An opportunity for interactive questions and answers with the person conducting the training session.

Individuals knowledgeable in the subject matter covered in the training program as it relates to the specific workplace being addressed will conduct training.

Labels

- Labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport, or ship blood or other potentially infectious materials.
- The labels will include the universal biohazard symbol and the word “biohazard”. In the case of regulated waste, the words “biohazard waste” may be substituted. The label will be fluorescent orange or orange with lettering or symbols in a contrasting color.

There are several exemptions to the labeling requirement:

- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use do not need to be labeled in accordance with the provisions outlined in this section.
- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal do not need to be labeled in accordance with the provisions outlined in this section.
- Regulated waste that has been decontaminated does not need to be labeled.
- Red bags can be substituted for labels on bags or containers of regulated waste.

Signs

Signs will be posted at the entrance to HIV or HBV research laboratories and will bear the following legend and information:

- Name of Infectious Agent
- Special requirements for entering the area
- Name and telephone number of the laboratory director or other responsible person

These signs will be fluorescent orange or predominately so, with lettering or symbols in a contrasting color.

Record Keeping

Human Resources will maintain an accurate record for each employee. Departments will provide all medical records to Human Resources on employees with occupational exposure, in accordance with Health and Safety Code, Ch. 81, Subchapter H. The record shall include:

- Name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow up procedures required. The copy of the healthcare professional's written opinion as required
- A copy of the information provided to the healthcare professional as required

Human Resources will ensure that employee medical records required are:

- Kept confidential
- Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law

Human Resources will maintain the records required for at least the duration of employment plus thirty years in accordance with Health and Safety Code, Ch. 81, Subchapter H.18

Training Records

Training records will be maintained for three years from the date of training. The following information will be documented:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training.

- The names and job titles of all persons attending the training sessions.

EH&S will serve as the custodian of all bloodborne pathogens standard training records. All training records required by this standard will be provided upon request for examination and copying to all employees, employee representatives, and representatives from the Texas DSHS in accordance with Health and Safety Code, Ch. 81, Subchapter H.

For Additional Information

Questions regarding First-Aid should be directed to EHS at 972-883-4111.