



## Guidelines/Procedures

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**SUBJECT:** ACC Bloodborne Pathogen Exposure Control Plan  
**Guideline/Procedure for** ACC Management Safety Statement  
**AR#: 3.03.006**  
**Date Effective:**

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*AUSTIN COMMUNITY COLLEGE BLOODBORNE PATHOGEN  
EXPOSURE CONTROL PLAN*

**VALUE:**

The Texas Health and Safety Code requires that governmental employers, including educational institutions, implement a Blood Borne Exposure Control Plan. The plan is designed to minimize exposure of employees who:

1. provide services in a public or private facility providing health care-related services, including home health care organizations; or
2. otherwise have a risk of exposure to blood or other material potentially containing blood borne pathogens in connection with exposure to sharps.

and includes policies relating to occupational exposure to blood borne pathogens, training and educational requirements for employees, measures to increase vaccination of employees, and increased use of personnel protective equipment by employees.

This exposure control plan is provided by the Texas Department of Health (department) to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard as specified in Health and Safety Code, §81.304.

The exposure control plan, developed by the Texas Department of State Health Services (department), is adopted as the minimum standard to implement Health and Safety Code, §81.304.

Copies of the plan are available on the Internet at  
[http://www.dshs.state.tx.us/idcu/health/bloodborne\\_pathogens/exposure\\_control/](http://www.dshs.state.tx.us/idcu/health/bloodborne_pathogens/exposure_control/)  
or from the Texas Department of Health Public Health Regional offices.

**PURPOSE:**

The purpose of the ACC exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. Other potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid visible

President/Executive Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

An occupational exposure is a percutaneous injury (i.e., a needle stick or cut with a sharp object), contact of mucous membranes, or contact of skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or when the contact is prolonged or involves an extensive area) with blood, tissues, or other potentially infectious body fluids (i.e., those to which universal precautions apply).

## **RESPONSIBILITIES:**

### ACC President:

1. Provide support for the ACC Blood Borne Pathogen Exposure Control Program through appropriate staffing and funding.

### Executive Team/ Administration:

1. Provide support for the ACC Blood Borne Pathogen Exposure Control Program through insuring implementation of the ACC Blood Borne Pathogen Exposure Control Program in their areas of responsibility.
2. Provide visible support for the ACC Blood Borne Pathogen Exposure Control Program.

### Deans / Unit Directors / Program Coordinators:

1. Insure departmental implementation of the ACC Blood Borne Pathogen Exposure Control Program within their department(s).
2. Each area is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach and labels.
3. Shall assist faculty member / supervisors in following an exposure to an employee or student.
4. Provide visible support for the ACC Blood Borne Pathogen Exposure Control Program, by instilling safety attitudes/behaviors through leadership by example.

### Environmental Health Safety and Insurance Office

1. Administers the ACC Blood Borne Pathogen Control Program and provides technical assistance in the implementation of the college wide program.
2. Provides, coordinates training for all identified employees.
3. Provides Hepatitis B vaccinations for identified high risk ACC employees.
4. Assists in the identification of affected high risk ACC employees.
5. Annual review of the ACC Blood Borne Pathogen Control Program.
6. Arranges for disposal of biohazard wastes contained in biohazard bags.
7. Maintains required documentation.
8. Required reporting of sharps injuries to Texas Department of State Health Services.

### Supervisors

1. Shall be responsible for ensuring their employees comply with the provisions of this plan.
2. Shall take the appropriate steps to ensure the safety and well-being of the injured employee
3. Ensure employees receive required training annual training

4. Document training which should be conducted with all new personnel and annually thereafter.
5. Immediately report “sharps” incidents to EHS and Insurance Office and assist injured employee.

#### Faculty

1. Shall be responsible for ensuring students in high risk classes comply with the provisions of this plan.
2. Shall take the appropriate steps to ensure the safety and well-being of the injured students.

#### Affected Employees:

1. Shall insure they follow established ACC Blood Borne Pathogen Exposure Control Plan.
2. Shall report “sharps” injuries immediately to supervisor. Must be reported within one (1) hour of incident.

#### **MINIMUM STANDARD:**

Austin Community College adopts this plan as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in the State of Texas Health and Safety Code Chapter 81.304 and analogous to OSHA Bloodborne Pathogen Standard Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), as specified in Health and Safety Code, §81.304. ACC will include provisions relevant to their particular facility or organization in order to develop an effective, comprehensive exposure control plan specific to their facility or organization..

These minimum standards apply to all departments, units, centers or other organizational components at Austin Community College that employ employees who: provide services in a facility offering health care related services; or otherwise have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with exposure to sharps.

ACC will review the exposure control plan annually, update when necessary and document when review is completed.

#### **ENGINEERING AND WORK PRACTICE CONTROLS:**

Universal / Standard precautions will be observed by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees working at Austin Community College. Examples of engineering and work practice controls include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments / needles in a neutral zone and others as appropriate. Supervisors and workers examine and maintain engineering and work practice controls within the work area on a regular schedule.

The following work practice controls are to be followed :

1. Employees must wash their hands or other skin with soap and water, or flush mucous membranes with water, as soon as possible following an exposure incident (such as a splash of blood to the eyes or an accidental needle stick). \*\*
2. Employees must wash their hands immediately (or as soon as feasible) after removal of gloves or other personal protective equipment.\*\*

\*\*Employees shall familiarize themselves with the nearest hand washing facilities for the buildings in which they work. Because most ACC buildings are public access, they will have available hand washing facilities in public restrooms and custodial/janitorial closets. If hand washing facilities are not available, ACC will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and water as soon as feasible.

3. Employees who encounter improperly disposed needles shall notify Environmental Health Safety and Insurance Office of the location of the needle(s). Additionally, the appropriate authorities at the location shall be notified (i.e., lab manager, Campus Manager, Campus Police). Needles shall be disposed of in labeled sharps containers provided at the location. If sharps containers are not available at that location, contact the Environmental Health Safety and Insurance Office to arrange for pick up and disposal of the needles in an appropriate, labeled sharps container.
  - a. Needles should never be recapped.
  - b. Needles may be moved or picked up only by using a mechanical device or tool (forceps, pliers, broom and dust pan).
4. Breaking or shearing of needles is prohibited.
5. No eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in a work area where there is a reasonable likelihood of occupational exposure.
6. No food or drinks shall be kept in refrigerators, freezers, cabinets, shelves, or on counter tops or bench tops where blood or other potentially infectious materials are present.
7. Employees must perform all procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

### **Contaminated Sharps Discarding and Containment**

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

### **Work Area Restrictions**

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

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

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

### **Housekeeping:**

Decontamination will be accomplished by utilizing the following materials:

- a. 10% (minimum) solution of chlorine bleach
  - b. Lysol or other EPA-registered disinfectants
- All contaminated work surfaces, tools, objects, etc. will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. The bleach solution or disinfectant must be left in contact with contaminated work surfaces, tools, objects, or potentially infectious materials for at least 10 minutes before cleaning.
  - Equipment that may become contaminated with blood or other potentially infectious materials will be examined and decontaminated before servicing or use.
  - Broken glassware will not be picked up directly with the hands. Sweep or brush material into a dustpan.
  - Known or suspected contaminated sharps shall be discarded immediately or as soon as feasible in containers which are closable, puncture-resistant, leak-proof on sides and bottom, and marked with an appropriate biohazard label. If sharps container is not pre-labeled, biohazard labels are available through Environmental Health Safety and Insurance Office.
  - When containers of contaminated sharps are being moved from the area of use or discovery, the containers shall be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
  - Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of cutaneous injury.

## **REGULATED WASTE AND LABELING :**

Other regulated waste (biohazard waste) shall be placed in containers that are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. Containers must be closed before removal to prevent spillage or protrusion of contents during handling, storage, or transport. See [ACC Hazardous Waste Program](#) for information on procedures for handling other regulated waste or contact the Environmental Health Safety and Insurance Office. A biological waste destructor shall handle incineration of biohazardous waste. This shall be administered and coordinated through the Environmental Health Safety and Insurance Office.

Biohazard warning labels will use the standard biohazard legend with the word “biohazard”. The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color. Red bags or red containers may be substituted for labels.



Biohazard warning labels will be affixed securely to the following:

- Containers of regulated waste and all other containers used to store, transport or ship blood or Other Potentially Infectious Materials (**OPIM**)
- Contaminated equipment and to portions of equipment that remain contaminated.
- Biohazard waste that has not been decontaminated must be labeled or color-coded and Biohazard waste labels applied.

Biohazard warning labels or color-coded containers are NOT required on:

- Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal.
- Regulated wastes that have been decontaminated.

Biohazard bags and labels are available through the Environmental Health Safety and Insurance Office

See ACC Biohazard Waste Procedures.

## **LAUNDRY PROCEDURES:**

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will not be sorted or rinsed in the area of use.

Environmental Health Safety and Insurance Office shall coordinate cleaning or disposal of contaminated laundry.

**PERSONAL PROTECTIVE EQUIPMENT:**

Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall also be utilized. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. All personal protective equipment will be provided without cost to employees.

All personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant. Employees must:

- Utilize protective equipment in occupational exposure situations.
- Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- Replace all garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- Remove all personal protective equipment before leaving the work area.
- Place all garments in the appropriate designated area or container for storage, cleaning, decontamination, or disposal.

**HEPATITIS B VACCINE:**

The Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. It shall be made available to all employees who have potential occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

If the employee initially declines Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the OSHA-required waiver indicating their refusal.

If a routine booster dose of Hepatitis B vaccine is recommended by U.S. Public Health Service at a future date, such booster doses shall be made available at no cost to the employee.

The Hepatitis B Vaccine shall be offered to all ACC Campus Police, ACC custodial staff and depending on their job situation and likelihood of exposure, the vaccine may also be offered to plumbers, preventive maintenance personnel, electricians, and other personnel as necessary. The

exposure determination is made without regard to the use of personal protective equipment. The exposure determination lists all job classifications in which employees have occupational exposure regardless of frequency. Job classifications are identified in Appendix A.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

### **Procedures**

ACC employees and ACC students and who experience an exposure to any potentially infectious materials (needle stick, mucous membrane, or non-intact skin) or airborne inhalation require specific follow-up. It is the responsibility of the individual to initiate certain actions and to report the incident as soon as possible (preferably within one hour) to their immediate supervisor or faculty member, in the case of a student exposure. It is important that a medical evaluation be performed within one hour, in the event that a medication prophylaxis is required.

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported immediately to their supervisor. The supervisor is to contact the Environmental Health Safety and Insurance Office immediately upon notification of an incident.

Following a report of an ACC work related exposure incident, the exposed employee may go to ProMed, Concentra, St. David's Occupational Health Services Center or any other medical provider who accepts Worker's Compensation Insurance for a confidential medical evaluation and follow-up. Students should refer to the Student Accident Insurance guidelines located at <http://www.austincc.edu/ehs/insurance.html> under Student Accident Insurance.

The medical evaluation / followup will include, at a minimum, the following elements:

1. Documentation of the route(s) of exposure.
2. A description of the circumstances under which the exposure occurred.
3. The identification and documentation of the source individual. (The identification is not required if the employer can establish that identification is impossible or prohibited by state or local law.)
4. The collection and testing of the source individual's blood for HBV and HIV serological status.
5. Post-exposure treatment for the employee, when medically indicated in accordance with the U.S. Public Health Service.
6. Counseling.
7. Evaluation of any reported illness.

The Healthcare professional evaluating an employee will be provided with the following information:

1. A copy of this plan.
2. A copy of the OSHA Bloodborne Pathogen regulations (29 CFR 1910.1030)
3. Documentation of the route(s) of exposure.
4. A description of the circumstances under which the exposure occurred.
5. Results of the source individual's blood testing, if available.
6. All medical records applicable to treatment of the employee, including vaccination status.

The employee will receive 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 Hepatitis B vaccination is limited to the following: (1) whether the employee needs Hepatitis B vaccination; (2) whether the employee has received such a vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up is limited to the following information:

1. That the employee was informed of the results of the evaluation.
2. That the employee was informed about any medical conditions resulting from exposure to blood or other infectious materials that require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be in a written report.

All medical evaluations shall be made by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional. All laboratory tests must be conducted by an accredited laboratory at no cost to the employee. All medical records will be kept in accordance with 29 CFR 1910.20.

### **TRAINING:**

All high-risk employees shall participate in a training program. Training will occur before assignment to a task where occupational exposure may take place and at least annually thereafter. Additional training will be provided when changes such as modification of tasks or procedures affect the employee's occupational exposure. Training is conducted by the Environmental Health Safety and Insurance Office or in coordination with Environmental Health Safety and Insurance Office by a person knowledgeable in the subject matter

Training records shall include the following information:

1. Date of training session
2. Contents or summary of the training session

3. Name and qualifications of persons conducting training
4. Name and job title of all persons attending the training session.

Training records will be maintained by Environmental Health Safety and Insurance Office and shall be maintained for three (3) years from the date on which the training occurred.

Any employee who is exposed to infectious materials shall receive training, even if the employee was allowed to receive the HBV vaccine after exposure.

The training program will include at least the following elements:

1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
  - Chapter 96. Bloodborne Pathogen Control
  - OSHA Bloodborne Pathogen Final Rule;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
6. 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.
7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Hepatitis B vaccine program at ACC;
10. Procedures to follow in an emergency involving blood or other potentially infectious materials;
11. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. Post exposure evaluation and follow up;
13. Signs and labels used at the facility; and,
14. An opportunity to ask questions with the individual conducting the training

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**APPENDIX A**

## **Exposure Categories**

OSHA has established three (3) exposure categories for protection against occupational exposure to infectious diseases including HBV and HIV infections. All employees, staff and students shall be classified as either Category I, Category II, or Category III. These categories are as follows:

**Category I:** Tasks that involve exposure to human blood, body fluids, or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with human blood, body fluids, or tissues, OR a potential for spills or splashes of them are Category I tasks. Use of appropriate personal protective equipment will be required for every employee engaged in Category I tasks.

*Category I job classifications shall include:* All medical doctors, dentists, nurses, physician's assistants, medical lab technicians, nursing assistants, police officers, security officers, athletic trainers, life guards, designated first aid providers, and child care workers. Also included are researchers, instructors and students who work in laboratories or clinics where human blood and other potentially infectious materials are used, regardless of frequency.

**Category II:** Tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned Category I tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, BUT exposure or potential exposure may be required as a condition of employment. Appropriate personal protective equipment will be readily available to every employee engaged in Category II tasks.

**Category III:** Tasks that involve no exposure to human blood, body fluids or tissues, AND Category I tasks are not a condition of employment

The normal work routine involves no exposure to human blood, body fluids or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

*Category III job classifications shall include:* Auto mechanics, accountants, clerical staff, communications workers, computer operators, crafts workers (except plumbers), economists, electronics technicians, engineers, facility repair workers, food service workers, graphic artists, grounds personnel, instrument makers, maintenance mechanics, motor vehicle operators, personnel services staff, photographers, and power plant operators.

Category III tasks and procedures that may result in occupational exposure:

1. Disposing of soiled tissues or other debris soiled with visible blood from classrooms, laboratories, hallways or offices.
2. Physical contact with other employees, students or visitors with exudative lesions or weeping dermatitis.
3. Provision of emergency first aid or CPR until professional help arrives.

Signatures required for Category I and II release. (Appendix C)

**APPENDIX B**  
**ACC EXPOSURE DETERMINATION**

**Class I and Class II**

The following job titles may have occupational exposure to blood or other potentially infectious material:

<i>Department</i>	<i>Job Title</i>
Campus Police	All personnel
Environmental Health Safety and Insurance	Director Coordinators
Janitorial / Custodial	Building Attendants Supervisors
Health Professions Institute	See Health Sciences listing
Childcare Employees	All personnel Students
Health Sciences	Lab technicians Surgery tech Dental Hygiene EMS Med Lab Veterinarian Tech Kinesiology (athletic trainers) Faculty and students
Biology	Science Lab assistants and Biology Faculty teaching courses involving human blood 1724, 2402, 1408 Students in these courses Laboratory animal caretakers

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**Appendix C**

Infected Disease Prevention and Exposure Response Plan

Category I and II Job Related Tasks - Release

*Category I job classifications:* All medical doctors, dentists, nurses, physician's assistants, medical lab technicians, nursing assistants, police officers, security officers, athletic trainers, lifeguards, designated first aid providers, and child care workers. Also included are faculty and students who work in laboratories (student or clinical), clinics or hospitals where there is high risk of exposure to human blood and other potentially infectious materials, regardless of frequency.

*Category II job classifications shall include:* Custodial staff, laundry workers, environmental health staff, laboratory animal caretakers, pharmacists, plumbers (medical facility), resident assistants and veterinarians. Task usually involve no exposure to human blood, body fluids, or tissues BUT employment may require performing unplanned Category I tasks.

I understand that while performing my regularly assigned duties, I may be exposed to blood, body fluids, or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection, mouthpieces, resuscitation bags, and other protective equipment.

I have read and I understand the Austin Community College Blood Borne Pathogen Exposure Control Plan and I also understand that if I fail to use available personal protective equipment I will be subject to disciplinary action.

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Signature

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Date

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Printed Name

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SSN

**APPENDIX D**

**ACC HEPATITIS B VACCINE EMPLOYEE DECLINATION STATEMENT**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Name (printed) \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX E**

**ACC Blood Borne Pathogen Exposure Control**

**ASSESSMENT TOOL**

**Yes No**

1. The exposure control plan is located in each work center
2. Employees / students at occupational risk for bloodborne pathogens exposure are identified
3. Employees comply with universal / standard precautions when performing duties
4. Employees appropriately use engineering controls in the work center
5. Employees employ safe work practices in performance of duties
6. Hand washing facilities are readily accessible in the work centers
7. Employees regularly wash their hands, especially after glove removal
8. Employees deposit contaminated sharps in biohazard containers immediately after use
9. Employees change filled biohazard containers when full
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area
11. Food and beverages are not kept in close proximity to blood or bodily fluids
12. Employees do not mouth pipette/suction blood or bodily fluids
13. Employees place specimens in leak resistant containers after collection
14. Employees place specimens in biohazard leak proof containers for shipment
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated
16. Employees wear the designated fluid resistant personal protective equipment /attire appropriate for the task at hand
17. Employees place the contaminated personal protective equipment in the appropriate receptacles
18. Employees maintain a clean environment at all times
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment
20. Employees know the safe procedure for contaminated, broken glass clean up

21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy.
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers
23. Each employee knows his documented hepatitis B vaccine status
24. Employees know where and to whom to report exposure incidents
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service
26. Employees are oriented and receive annual training to the exposure control plan
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard

**ACC EMPLOYEE TRAINING RECORD - BLOODBORNE PATHOGEN TRAINING**

I hereby acknowledge receipt of the Austin Community College Bloodborne Pathogen Training, which includes:

1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of its contents.
  - Chapter 96  
[http://www.dshs.state.tx.us/idcu/health/bloodborne\\_pathogens/pathogen\\_control/#](http://www.dshs.state.tx.us/idcu/health/bloodborne_pathogens/pathogen_control/#)
  - 29 CFR 1910.1030  
[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.  
<http://www.cdc.gov/doc.do/id/0900f3ec8023cbe7>
3. An explanation of the modes of transmission of bloodborne pathogens.  
<http://www.cdc.gov/doc.do/id/0900f3ec8023cbe7>
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
6. 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.
6. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
7. An explanation of the basis for selection of personal protective equipment.

Instructor Name(s)(Print)	Instructor Signature	Date
Employee Name(Print)	Job Title:	Area: Campus: Supervisor:
*Employee Signature		Date

**APPENDIX F:**

**DEFINITIONS:**

(1) "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and that can cause diseases in humans. The term includes hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

(2) "Engineered sharps injury protection" means:

(A) a physical attribute that 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) a physical attribute 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.

(3) "Governmental unit" means:

(A) this state and any agency of the state, including a department, bureau, board, commission, or office;

(B) a political subdivision of this state, including any municipality, county, or special district; and

(C) any other institution of government, including an institution of higher education.

(4) "Needleless system" means 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.

(5) "Sharp" means 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, including a needle device, a scalpel, a lancet, a piece of broken glass, a broken capillary tube, an exposed end of a dental wire, or a dental knife, drill, or bur.

(6) "Sharps injury" means any injury caused by a sharp, including a cut, abrasion, or needlestick.

(7) "Standard precaution" means an action taken to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

[www. cdc.gov/](http://www.cdc.gov/)

