TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School *of* Medicine™

El Paso - *Ambulatory Clinic Policy and Procedure*

Title: **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**	Policy Number: **EP 7.3**
Regulation Reference: Joint Commission	Effective Date: **01/2025**

Policy Statement:

This exposure control plan applies to employees who provide services at Texas Tech Physicians of El Paso (TTP EP) ambulatory clinics that have a risk of exposure to blood or other potentially infectious material (OPIM) that possibly contain bloodborne pathogens in connection with exposure to sharps or fluids.

Scope and Distribution:

This policy applies and will be distributed to all TTP EP ambulatory clinics, staff, & students.

Review:

This plan is provided 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 and the Texas Administrative Code §96.203.

The appointed Infection Control practitioner, in consultation with the Infection Control Committee Members, will review this TTP EP Policy on January 1 of every even-numbered year.

Definitions:

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

Bloodborne pathogens – Pathogenic microorganisms that are present in human blood and that can cause diseases in humans, and include:

a) Hepatitis B virus (HBV);
b) Hepatitis C virus (HCV); and
c) human immunodeficiency virus (HIV).

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

Contaminated equipment - Any equipment used in the workplace that has been soiled with 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.

Device: An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory that is:

a) recognized in the official United States Pharmacopoeia National Formulary or any supplement t it;

b) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in many or other animals; or
c) intended to affect the structure or any function of the body of man or other animals and that does not achieve any of its principle intended purposes through chemical action within or on the body of man or other animals and is not dependent on metabolization for the achievement of any of its principal intended purposes.

Engineering Controls: Engineering Controls include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers and retractable or self-sheathing needles.

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.

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

Healthcare personnel (HCP): A paid or unpaid clinical or non-clinical individual who has the potential for exposure to patients and/or infectious material found on body substances, contaminated air, devices, environmental surfaces, equipment or medical supplies.

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 (OPIM):
a) 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;
b) any unfixed tissue or organ (other than intact skin) from a human, living or dead; and
c) 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.

Personal protective equipment (PPE): Devices worn to minimize exposure to hazards that cause serious workplace injuries or illnesses.

Regulated waste/special waste: 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

Sharp: An object used or encountered in a health care setting that can be reasonable 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.

Procedure:

I. Exposure Determination:

TTP EP ambulatory clinics has determined the following personnel to which job classification has a potential for occupational exposure and is made without regard to the use of PPE.

The following job classifications apply:

A. Doctors – Faculty, Residents
B. Practitioners – APRN's, CNM's, FNP's, NP's, PA's, WHNP's
C. Nurses – LVN's / LPN's, RN's
D. Licensed Counselors and Social Workers
E. Medical/Nursing Assistants – CMA's, RMA'S, MA's, NA's
F. Ophthalmology Assistant – COA's/OA's
G. Students
H. Facilities Operations & Maintenance personnel

Appendix A will include the recommended PPE Texas Tech University Sciences Center El Paso (TTUHSC EP) personnel should wear. The list coincides with tasks and procedures or groups of related tasks and procedures performed in which occupational exposure can occur, regardless of frequency.

II. Compliance:

TTP EP will incorporate Standard and Transmission Based Precautions along with engineering and work practices.

A. Standard precautions is used to care for all TTP EP ambulatory clinic patients and to prevent contact with blood or other potentially infectious materials. All blood or OPIM is considered infectious regardless of the perceived status of the source individual.
   1. Reference Policy EP 7.2, Standard and Transmission Based Precautions.
   2. Hand Hygiene process is followed as per Policy EP 7.16

B. Engineering and work practice controls is used to eliminate or minimize exposure to employees.

C. Where occupational exposure remains after institution of above controls, PPE is used.
   1. PPE is chosen based on the anticipated exposure to blood or other potentially infectious materials.

D. Environmental cleaning, disinfecting and handling will adhere to Policy EP 7.2, Standard and Transmission Based Precautions.
   1. Disposable linen is used almost exclusively at TTP EP. If reusable linen is used, it will be sent to an approved laundered facility.
   2. Texas Tech environmental service department determines and implements an appropriate written schedule for cleaning and method of decontamination based on the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

E. Personnel will use safety designed devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, and will pass instruments in a neutral zone, etc.
   1. Supervisors and workers examine and maintain engineering and work practice controls within the work area on a regular basis.
   2. Specimen collection processes will follow best practices.
   3. Appropriate warning labels and signs will be affixed to any container used to store, transport, or ship blood or OPIM materials.

F. Transmission Based Precautions is a second tier of precautions designed to supplement Standard Precautions and is used with patients documented or suspected to be infected or colonized with highly transmissible, important pathogens.

G. TTUHSC EP personnel who have an occupational exposure to bloodborne pathogens will follow HSCEP OP: 75.11A, TTUHSC El Paso Health Surveillance Program Exposure Management for post incident evaluation and follow-up guidance.

III. Training and educational requirements:

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

training. Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. OSHA Blood borne Pathogens Standard;
2. Epidemiology and symptomatology of bloodborne diseases;
3. Modes of transmission of blood borne pathogens;
4. TTUHSC EP exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility;
6. Control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
7. Personal protective equipment available at this facility (types, use, location, etc.);
8. Hepatitis B vaccine program at the facility;
9. Procedures to follow in an emergency involving blood or other potentially infectious materials;
10. Procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
11. Post exposure evaluation and follow up;
12. Signs and labels used at the facility; and,
13. An opportunity to ask questions with the individual conducting the training.

IV. Hepatitis B Vaccine:

A. TTP EP personnel who have been identified as having potential occupational exposure to blood or OPIM are offered the Hepatitis B vaccine, at no cost. The vaccine is offered within 10 working days of initial assignment to work unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

1. Individuals can receive the vaccine at TTUHSC EP Occupational Health Clinic.
2. Individuals who decline the Hepatitis B vaccine will sign a declination statement.
3. Individuals **who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.**

V. Personal Protective Equipment

A. All personal protective equipment used is provided without cost to employees and is chosen based on the anticipated exposure to blood or other potentially infectious materials.

B. The protective equipment is 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 other mucous membranes under normal conditions of use and for the duration of the time, which the protective equipment is used.

C. Examples of PPE include gloves, eyewear with side shields, gowns, aprons, shoe covers, face shields, goggles and masks. All personal protective equipment is

fluid resistant.

D. PPE is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees. All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container.

E. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

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

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

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

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

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