

Tarleton State University  
**Bloodborne Pathogen (BBP)**  
**Program**

Program Name: Bloodborne Pathogens  
Department Name: TSU Risk Management & Compliance  
Doc. No.: BIOS-04-L2-S0-CH0-001  
Rev. No.: 5

## **Concurrence and Approval**

This Environmental Management System Document was developed for use by all Tarleton State University Employees and has been reviewed and approved by the following approvers.

### **Document Custodian:**

Hector C. Davis, Environmental Health and Safety Coordinator

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## Change History

<b>Revision Number</b>	<b>Interim Change No.</b>	<b>Effective Date</b>	<b>Description of Change</b>
001	0	10-March-2014	Initial document release under new document and record control guidance
002	0	06-July-2015	Annual review per DSHS requirements
003	0	02-June-2016	Annual review per DSHS requirements
004	0	27-Sept-2016	Departmental review to confirm compliance with current operations
005	0	04-Aug-2017	Annual review per DSHS requirements

## **EXECUTIVE SUMMARY**

Tarleton State University is committed to providing a workplace free of recognized hazards that is conducive to education and research. In the pursuit of these endeavors, occupational exposure to potentially infectious agents may be required for some employees. This Exposure Control Plan (ECP) contains guidelines and procedures that should be used in conjunction with standard operational, healthcare or research techniques to minimize exposure to bloodborne pathogens.

This plan should not be construed as a limitation on the use of infectious materials in the course of education or research goals. However, this plan should be used to develop receipt, use, handling and disposal procedures in order to minimize the potential for exposure to bloodborne pathogens. This ECP is intended to assist all levels of management in implementing effective policies for the safe use of blood or other potentially infectious materials (OPIM) during the course of employment at Tarleton State University.

The ECP is not intended to be an exhaustive or fully comprehensive reference on this subject, but rather a guide for use by applicable workers and researchers. Further advice concerning hazards associated with specific biological agents, recombinant DNA, and the development of new or unfamiliar activities should be obtained through consultation with the Tarleton State University Biosafety Officer and the Department of Risk Management & Compliance.

All Tarleton personnel with significant potential for exposure to bloodborne pathogens must be familiar with the requirements set forth in this plan and must conduct their operations accordingly.

## **OBJECTIVE**

The objective of the Tarleton State University Bloodborne Pathogen Exposure Control Plan is to comply with Texas Administrative Code Title 25 Part 1 Chapter 96, and Texas Health & Safety Code, Chapter 81, Subchapter H. Tarleton State University uses this ECP to prevent or minimize the exposure of employees to bloodborne pathogens.

## **ENVIRONMENTAL HEALTH & SAFETY CONTACT INFORMATION**

### **Tarleton Environmental Health & Safety**

**Coordinator**

**Hector Davis**

**Office - 254-968-9842**

**Main Line – 254-968-9415**

## DEFINITIONS

1. BLOOD- human blood, human blood components, and products made from human blood
2. BLOOD BORNE PATHOGENS- pathogenic microorganisms that are present in human blood and that can cause diseases in humans, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
3. CONTAMINATED- the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. DECONTAMINATE- 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.
5. EMPLOYER- for the purposes of Tarleton's Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the college or department in which the employee is employed.
6. ENGINEERING CONTROLS- controls (e.g., sharps disposal containers, self-sheathing needles or shielded needle devices, needleless devices, blunt needles, plastic capillary tubes) that isolate or remove the bloodborne pathogens hazards from the workplace.
7. EXPOSURE INCIDENT- a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
8. 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.
9. OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)- include the following:
  - a. human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids and blood.
  - b. any unfixed tissue or organ (other than intact skin) from a human, living or dead
  - 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.
10. PERSONAL PROTECTIVE EQUIPMENT (PPE) - is 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 personal protective equipment.

11. **SOURCE INDIVIDUAL**- any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
12. **STANDARD PRECAUTIONS**- is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
13. **WORK PRACTICE CONTROLS**- controls that reduce the likelihood of exposure by altering the manner in which a task is performed such as prohibiting recapping of needles by a two-handed technique.

### **ASSIGNMENT OF RESPONSIBILITY**

#### **A. Program Administration**

Risk Management & Compliance (RMC) shall maintain the Tarleton Bloodborne Pathogen Exposure Control Plan and will ensure proper adherence to this plan through periodic audits.

#### **B. Employer**

The employer will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees.

#### **C. Supervisors**

Supervisors shall themselves follow and ensure that their employees are fully trained and follow procedures and use the appropriate equipment correctly. Supervisors must make certain that personal protective equipment (PPE) is available, appropriate, and provided free of charge to employees. They must ensure that contaminated PPE is properly laundered, cleaned, disposed of, and/or replaced as necessary at no cost to the employee. Supervisors must also complete a Texas Workers' Compensation Commission (TWCC-1) First Report of Injury or Illness form when an employee exposure incident occurs. This form can be found at the following web address: <http://www.tdi.texas.gov/forms/dwc/dwc1s.pdf>

#### **D. Employees**

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment, cleanup/disposal techniques as described in this plan, as well as completing appropriate training. Employees are also responsible for immediately reporting all exposure incidents to their supervisor. Please see attached BBP Accident Form (Appendix A).

## EXPOSURE DETERMINATION

All job classifications in which employees may be expected to incur occupational exposure to blood or other potentially infectious materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by their employer. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment (**employees are considered to be exposed even if they wear personal protective equipment**).

These job classifications include those in which employees have potential exposures to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work. The employer shall maintain a list of these job classifications and the departments in which the work will be performed (see Appendix A).

## COMPLIANCE METHODOLOGY

- A. Universal Precautions** are observed to prevent contact with blood or other potentially infectious body fluids. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.
- B. Engineering Controls** are important in eliminating or minimizing employee exposure to bloodborne pathogens, and reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Engineering controls shall be examined and maintained or replaced (if necessary) to ensure their effectiveness. This shall include the review of new equipment and/or technologies.
  - 1. Engineering control equipment includes but is not limited to:
    - a. Sharps disposal containers
    - b. Needleless systems
    - c. Sharps with engineered sharps injury protection
    - d. Biological safety cabinets
    - e. Disposable pipette bulbs
    - f. Automatic pipetters
    - g. Disposable resuscitation equipment
    - h. Autoclave
  - 2. Additional engineering controls used throughout the facility may include:
    - a. Hand washing facilities to be readily accessible to all employees who have exposure to blood or OPIM.
    - b. Antiseptic towelettes or waterless disinfectant when proper hand washing facilities are not available.
- C. Work Practice Controls** establish standard practices by which a task is performed.
  - 1. Employees shall wash hands and any other potentially contaminated skin area immediately after glove removal. Employees shall wash hands as soon as possible with soap and water when waterless disinfectants have been used first.



2. Whenever an employee's skin or mucous membranes have been exposed to blood or OPIM, the affected area shall immediately be washed with soap and water or flushed with water for 15 minutes.
3. Contaminated needles and sharps shall not be bent, broken, recapped, removed, sheared or purposely broken. They shall be discarded immediately in a container that is closable, leak- proof, puncture resistant, and biohazard labeled or color- coded.
4. Contaminated, reusable sharps shall be placed in a puncture-resistant, leak- proof container, properly labeled or color-coded, until they can be processed. The employee shall use the appropriate protective equipment to remove these reusable sharps for decontamination.
5. During use, containers for contaminated sharps shall be 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; maintained upright throughout use; not allowed to overfill; and replaced routinely.
6. Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lenses is prohibited where blood or OPIM may be present.
7. Mouth pipetting/suctioning is prohibited.
8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
9. When working in the laboratory, all lab personnel must wear closed toe shoes and long pants.
10. All procedures in which blood or OPIM are present shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these materials.

#### **D. Collection of Specimens**

1. Specimens of blood or OPIM shall be placed in a container that will prevent leakage during the collection, handling processing, storage, transport, or shipping of the specimens.
2. The container used to collect specimens shall be labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. If the specimen containers are sent to another facility, a biohazard or color-coded label shall be affixed to the outside of the container.
3. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a clinic, doctor's office, or laboratory setting. These specimens shall be appropriately labeled to indicate the contents and other pertinent information.
4. Any specimen that could puncture a primary container shall be placed within a secondary container that is puncture proof.

#### **E. Contaminated Equipment**

1. Equipment shall be decontaminated prior to handling or servicing, unless the decontamination of the equipment is not feasible.
2. Contaminated equipment shall be labeled with a biohazard label.

#### **F. Personal Protective Equipment**

1. Where occupational exposure remains after institution of engineering controls and work practice controls, personal protective equipment shall be used.
2. Personal protective equipment shall be provided by the employer at no cost to the employee.
3. Personal protective equipment is considered appropriate only if it is fluid resistant and does not permit blood or OPIM 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 time which the protective equipment is used.

4. Examples of personal protective equipment include:
  - a. Gloves
  - b. Gowns
  - c. Lab coats
  - d. Masks
  - e. Face shields
  - f. Eye protection – goggles, safety glasses, face shields, etc
  - g. Pocket Masks
  - h. Resuscitation bags
  - i. Aprons
  - j. Shoe covers
5. All personal protective equipment shall be cleaned, laundered\*, and/or disposed of by the employer at no cost to employees. All repairs and replacements shall be made by the employer at no cost to employees.
 

\*Home laundering of PPE is not permitted.
6. Personal protective equipment shall be utilized whenever contact with blood or OPIM may occur.
  - a. Gloves\* shall be worn whenever it is reasonably anticipated that hand exposure to blood, OPIM, non-intact skin, or mucous membranes may occur.
  - b. If the employee is allergic to certain kinds of gloves, hypoallergenic gloves or other alternatives shall be provided.
 

\*The use of plastic food handling gloves is not appropriate.
  - c. Disposable gloves shall not be re-used and shall be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or compromised.
  - d. Utility gloves can be decontaminated for re-use only if the gloves do not have any punctures, cracks, or tears. They shall be discarded if they are cracked, peeling, torn, punctured, deteriorated, etc.
  - e. Masks in combination with eye protection devices shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
  - f. Appropriate protective body coverings such as gowns, aprons, caps, and/or shoe covers shall be worn when gross contamination can be reasonably anticipated.
  - g. All garments that are penetrated by blood shall be removed immediately or as soon as feasible.
  - h. Personal protective equipment shall be removed before leaving the work area and after a garment becomes contaminated. Do not wear gloves in common areas, especially when opening doors and riding elevators.
  - i. Used protective equipment shall be placed in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

## **G. Housekeeping**

1. Employers shall ensure that the work site is maintained in a clean and sanitary condition.
2. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility,

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

3. All contaminated work surfaces shall be decontaminated with an EPA registered disinfectant after completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift.  
\* EPA Registered Disinfectants can be found at: <http://www.epa.gov/oppad001/chemregindex.htm>
4. Protective coverings (e.g., plastic wrap, aluminum foil, etc) used to cover equipment and work surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
5. Bins, pails, cans, and similar receptacles shall be inspected and decontaminated as required.
6. Any broken glassware that may be contaminated shall not be picked up directly with the hands. A tool such as forceps should be used to pick up the glass fragments.

## **H. Regulated Waste Disposal**

1. All contaminated sharps shall be discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Please dispose of sharps containers when  $\frac{3}{4}$  full to reduce the potential for needle sticks. Sharps containers should be closed and disposed of in the appropriate biological hazard container. If there are any questions about disposal or if assistance is required please contact RMC.
2. Regulated waste other than sharps shall be placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal.
3. All regulated waste shall be properly disposed in accordance with the local, state and federal laws and in conjunction with Tarleton regulated waste management procedures.

## **I. Laundry Procedures**

1. Any laundry contaminated with blood/bloody body fluids or OPIM shall be placed in a biohazard bag or color-coded laundry bag prior to shipping/pickup for decontamination.
2. The use of disposable lab coats/gowns is an acceptable alternative to gowns that require laundering. Disposable lab coats/gowns shall be disposed of as regulated waste.

## **HEPATITIS B VACCINATION PROGRAM**

- A. Employees identified as having occupational exposure to blood or OPIM shall be offered the hepatitis B vaccine (HBV) series by the employer at no cost to the employee.
- B. The vaccination program is administered under the supervision of a licensed physician or licensed healthcare professional.
- C. The HBV series is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless
  - the employee has previously received the complete HBV series
  - antibody testing has revealed that the employee is immune
  - the vaccine is contraindicated for medical reasons
  - the employee declines the vaccine (submission of declination form required)
- D. Tarleton employees may receive the HBV series at a healthcare facility contracted by the employer.
- E. Vaccination is offered with post vaccination laboratory screening to assess immune status.
- F. Employees will complete the online [Hepatitis B Acceptance/Declination Form](#), choosing to receive or decline the vaccine. Employees who decline but later elect to receive the Hepatitis B vaccine may then have the vaccine provided at no cost.
- G. If needed, any necessary booster doses of the HBV are provided by the employer at no cost to the employee.

## **EXPOSURE INCIDENTS**

If an exposure to blood or other potentially infectious material (OPIM) occurs:

- A. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
- B. The employee should notify their supervisor of the exposure incident. The supervisor should complete a TWCC-1 First Report of Injury of Illness Form and if necessary a Contaminated Sharps Form and submit to Risk Management & Compliance. TWCC-1 can be found at the following web address: <http://www.tdi.texas.gov/forms/dwc/dwc1s.pdf>  
Contaminated Sharps Form can be found in Appendix C
- C. The employee should then contact the Occupational Health Program to be directed to the appropriate Healthcare Facility for a medical evaluation.

If the exposure occurs after hours:

- A. The employee shall immediately wash skin with soap and water or flush mucous membrane with water for 15 minutes.
- B. The employee should then seek medical attention at the nearest Emergency Room and indicate that they are enrolled in the Occupational Health Program at the Tarleton.

- C. The employee should notify their supervisor and the Occupational Health Program about the exposure as soon as possible.
- D. The supervisor should then fill out the appropriate forms outlined above.

### POST EXPOSURE EVALUATION & FOLLOW UP

- A. The employee is offered a confidential medical evaluation and follow up that includes:
  - 1. Documentation of the route(s) of exposure and the circumstances related to the incident.
  - 2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible or prohibited by state or local law.
  - 3. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
  - 4. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
    - \* NOTE: In order for medical expenses associated with future development of disease resulting from this exposure to be compensable as a Worker's Compensation Insurance claim, the employee must have his/ her blood tested within 10 days of the exposure to demonstrate absence of disease at the time of the exposure.
  - 5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
  - 6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
  - 7. The department head or supervisor of an employee with occupational exposure is designated to assure that the Tarleton Exposure Control Plan is followed and maintains records required by the Plan.

## INTERACTION WITH HEALTH CARE PROFESSIONALS

- A. A written opinion is obtained from the healthcare professional when a Tarleton employee is sent to obtain the HBV, or when a Tarleton employee is evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:
1. A copy of the Tarleton Exposure Control Plan
  2. A description of the exposed employee's duties as they relate to the exposure incident
  3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred
  4. Results of the source individual's blood tests (if available)
  5. Medical records relevant to the appropriate treatment of the employee
- B. Healthcare professionals should limit their written opinions to:
1. Whether the Hepatitis B virus is indicated
  2. Whether the employee has received the vaccine
  3. The evaluation following an exposure incident
  4. Whether the employee has been informed of the results of the evaluation
  5. Whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report)
  6. Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

## USE OF BIOHAZARD LABELS

Biohazard warning labels and/or color-coding are used to identify any work area or object that has the potential to be exposed to blood or other infectious materials. Labels should be placed on objects such as: sharps containers; specimen containers; contaminated equipment; regulated waste containers; contaminated laundry bags; refrigerators and freezers containing blood or OPIM; and containers used to store, transport, or ship blood or OPIM.

## TRAINING

- A. Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. Annual refresher training is provided within one year of the employee's previous training. Bloodborne Pathogens Training Courses are available in TrainTraq.
- B. All employees who have been identified as having occupational exposure to blood or OPIM shall be assigned bloodborne pathogen training to be completed within two days of their hire date. In the event that this training is not completed within two working days, a notification will be sent to the employee and employee's supervisor. Weekly reminders will be sent thereafter until training has been completed.
- C. Training will include an explanation of the following:
  - 1. Title 25 Health Services, Part I Texas Department of Health, Chapter 96 Bloodborne Pathogen Control
  - 2. OSHA Bloodborne Pathogen Final Rule
  - 3. Epidemiology and symptomatology of blood borne diseases
  - 4. Modes of transmission of bloodborne pathogens
  - 5. How to recognize tasks and activities that may place employees at risk of exposure to blood or OPIM
  - 6. The Tarleton Bloodborne Pathogens Exposure Control Plan
  - 7. The use and limitations of work practices, engineering controls, and personal protective equipment
  - 8. The types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
  - 9. The employee's responsibility to reduce the risk of exposure to blood borne pathogens for himself/herself and for co-workers
  - 10. The Tarleton Hepatitis B Vaccination Program
  - 11. Procedures to follow in an emergency involving blood or OPIM
  - 12. Procedures to follow if an exposure incident occurs to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines
  - 13. Post exposure evaluation and follow up
  - 14. Warning labels and signs, where applicable, and color coding
  - 15. An opportunity to ask questions after completing the training



D. Additional training is given as new information/technology is acquired or job duties change.

## RECORDKEEPING

- A. Employee medical records shall include:
  - 1. The employee's name and social security number
  - 2. Hepatitis B vaccination status, including the dates of all the HBV vaccinations
  - 3. A copy of all results of examinations, medical testing, and follow-up procedures related to an occupational exposure
  - 4. The employer's copy of the healthcare professional's written opinion
  - 5. A description of the employee's duties as they related to the exposure incident
  - 6. A description of the route of exposure and the circumstances under which exposure occurred
  - 7. Results of the source individual's blood testing, if available.
- B. Confidentiality of medical records is maintained.
- C. Employee medical records are maintained in the personnel files by the employer.
- D. Employee medical records are maintained in accordance with the TAMUS Records Retention Schedule.
- E. Training records are maintained by the employer in the employee's personnel files for at least three years from the date on which the training occurred. Training records include:
  - 1. The dates of the training sessions
  - 2. The contents or a summary of the sessions
  - 3. Name(s) and qualifications of the person(s) conducting the training
  - 4. Names and job titles of those in attendance.

## CONTAMINATED SHARPS INJURY LOG

- A. In accordance with the requirements of the Texas Bloodborne Pathogens Rule, Texas A&M System Office of Risk Management and Safety maintains a log and reports injuries from contaminated sharps to the Texas Department of State Health Services. A contaminated sharp includes, but is not limited to, a needle, scalpel, lancet, broken glass, and/or broken capillary tube used or encountered that is contaminated with human blood or body fluids.
- B. The sharps injury log includes the following information:
  - 1. Name and address of the facility where the injury occurred
  - 2. Name and address of the reporting official
  - 3. Date and time of the injury
  - 4. Age and sex of the injured employee
  - 5. Type and brand of sharp involved
  - 6. Original intended use of the sharp
  - 7. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose
  - 8. Whether the exposure was during or after the sharp was used

9. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanisms activated and did the exposure incident occur before, during, or after activation of the protective mechanism
  10. Whether the injured person was wearing gloves at the time of the injury
  11. Whether the injured person had completed a hepatitis B vaccination series
  12. Whether a sharps container was readily available for disposal of the sharp
  13. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident
  14. The involved body part
  15. The job classification of the injured person
  16. The employment status of the injured person
  17. The location/facility/agency and the work area where the sharps injury occurred
  18. A listing of the implemented needleless systems and sharps with engineered sharps injury protection for employees provided by the employer
- C. Most of the information listed above will be included on a TWCC-1 First Report of Injury or Illness form that is filed by the employer of the injured employee. The employer must attach an addendum to the TWCC-1 form with the remainder of the required data (e.g., #5 -13 and #18). The employer provides all of the required information for a contaminated sharps injury report to the WCI division of the TAMUS Office of Risk Management and Safety (ORMS). The form used for this purpose can be found on the web at <https://www.dshs.texas.gov/idcu/investigation/forms/sharpsShortForm.doc>
- D. ORMS reports to the Texas Department of State Health Services (TDSHS) an incident in which a Tarleton employee sustains a contaminated sharps injury.
- E. The required information is reported to TDSHS not later than ten working days after the end of the calendar month in which the contaminated sharps injury occurred.

# Appendix A

## Job Classification/Expected Exposure List Tarleton State University

At Tarleton, the following job titles are expected to incur occupational exposure to blood or other possibly infectious materials:	
<b>Job Title</b>	<b>Department</b>
Director, Risk and Compliance (first responder) Emergency Mgmt. Coordinator (first responder) Fire and Life Safety Officer (first responder)	Risk Management & Compliance
Head Athletic Trainer Athletic Trainer Associate Professor GA Teaching II Student Worker (Lifeguard) Technician II (Lifeguard)	College of Kinesiology
Head Athletic Trainer Athletic Trainer Assistant Athletic Director P11	Department of Athletics
Associate Professor & Department Head Assistant Dean Associate Dean Advanced Practice Nurse Assistant Professor – Nursing Assistant Professor & Director– Nursing Instructor – Nursing Instructor & Coordinator - Nursing Nursing Simulation Laboratory Supervisor Professor Professor & Head Registered Nurse II Professor & Director Teaching Specialist Instructor & Manager Adjunct Instructor	College of Nursing
Chief of Police Assistant Chief, P16 Police Investigator P11 Police Lieutenant P13 Police Officer I, II, III, IV Police Sergeant P12	University Police Department
Director, Student Health Center Registered Nurse II Advanced Practice Nurse	Health Center
Director Assistant Teacher Lead Teacher Student Worker II Early Child Teacher III Intern 2 Learn – Associate Intern	Child Development Center

Program Coordinator I P9 Associate Professor & Coordinator Assistant Professor & Coordinator Associate Professor & Director Assistant Professor & Director Adjunct Instructor	Medical Laboratory Sciences
Professor & Department Head Associate Professor & Department Head	College of Health & Human Services

Appendix B  
**Texas Workers' Compensation Commission  
(TWCC-1) First Report of Injury**

Mail this form to:  
 STATE OFFICE OF RISK MANAGEMENT  
 P. O. Box 13777  
 Austin, Texas 78711

Please read instruction sheet CAREFULLY,  
 giving special attention to items marked  
 with an asterisk (\*).

CLAIM # _____
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SORM CLAIM # _____
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**EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS**

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number	4. Home Phone ( )	5. Date of Birth (m-d-y) - -	
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>			
7. Employee Telephone #		8. Block no longer used	
9. Mailing Address Street or P.O. Box			
City	State	Zip Code	County
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
11. Number of Dependent Children		12. Spouse's Name	
13. Doctor's Name		Telephone #	
14. Doctor's Mailing Address (Street or P.O.Box)			
City	State	Zip Code	

15. Date of Injury (m-d-y) - -	16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Lost Time Began (m-d-y) - -	
18. Nature of Injury*		19. Part of Body Injured or Exposed*	
20. How and Why Accident/Injury Occurred*			
21. Was employee doing his/her regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site			
Street or P.O. Box		County	
City		State	Zip Code
24. Cause of Injury (fall, tool, machine, etc.)*			
25. List Witnesses (Name, Telephone #			
26. Return to work date (m-d-y)	27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	28. Supervisor's Name	29. Date Reported (m-d-y)

30. Date of Hire (m-d-y)	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Years _____ Months _____	33. Length of Service in Occupation Years _____ Months _____
34. State Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this Job \$ _____ Hourly \$ _____ Weekly \$ _____ Monthly	37. Full Work Week is: _____ Hours _____ Days	38. Last Paycheck was: \$ _____	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

40. Name and Title of Person Completing Form Claims Coordinator		41. Name of Agency	
42. Agency Mailing Address and Telephone Number Street or P.O. Box Telephone ( )		43. Agency Location Code _____/_____/_____ Name of Location: _____	
City	State	Zip Code	
44. Federal Tax Identification Number	45. Primary North American Industrial Classification System Sector Code (NAICS) (2 digits)	46. Specific NAICS Code	47. Comptroller Agency Code
48. Workers' Compensation Insurance Company <b>State Office of Risk Management</b>		49. Policy Number <b>TXSTATEPOL001</b>	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>		52. Number of Hours of Sick/Annual Leave Credited to Employee or Date of Injury	
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)			

## DWC FORM-1S Instructions

**PLEASE COMPLETE ALL APPLICABLE FIELDS.** Most fields are self-explanatory; however, the following items may require more attention:

**Item 4:** If no home phone, please give a phone number where the employee can be reached.

**Item 7:** Employees work phone number.

**Item 8:** This information is no longer required.

**Item 13:** This information should include the doctor's telephone number.

**Item 15:** This should be the actual date of injury, or (for occupational diseases) the date the employee knew or should have known the condition was work-related.

**Item 17:** This should be the first full day of lost-time from work. (Please note that the date of injury is not considered the first day of lost time.) Mark NLT or N/A if there is no lost time.

**Item 18:** List the nature of the injury. Examples include: burn, cut, or sprain.

**Item 19:** List specific body part, which side of body is affected, e.g., chin, **right leg**, **left upper arm**, etc. If more than one body part is affected, list each part.

**Item 20:** Describe in detail. Use additional sheet of paper if necessary.

**Item 24:** This should state the specific substance or exposure that directly inflicted the injury such as a tool, chemical (list the name of the chemical), or machine.

**Item 26:** The date should be entered even if the employee has returned to work even for a portion of the day. If the employee has returned to work making less than his or her pre-injury wage, a DWC FORM-6 must also be submitted.

**Item 28:** This is the employee's immediate supervisor. Please include a work telephone number.

**Item 29:** This is the date the employee reported the injury to the employer as work related.

**Item 34:** This 4-digit code corresponds to the primary occupation in which the employee was engaged at the time of the injury or exposure. This code is from the state payroll classification table and is available from the State Comptroller of Public Accounts.

**Item 43:** This 9-digit code represents the location of the agency unit that employed the injured worker at the time of their injury or exposure. The first three digits will be 100 for state agencies or 200 for county entities. The second three digits are the agency code. The third three digits are the location code as established by each agency. Contact the SORM's Risk Assessment and Loss Prevention section for information about or changes to your agency location code(s).

**Item 44:** This 9-digit code is assigned to each agency by the Internal Revenue Service for employment, tax, and reporting purposes.

**Item 45:** This 2-digit code is assigned to each agency according to its primary business activity. For specific questions regarding your NAICS code, call your local Texas Workforce Commission (TWC).

**Item 46:** This is a 3- or 4-digit code for the specific subsector of the business activity of the agency.

**Item 47:** This is the state agency code number assigned by the State Comptroller of Public Accounts.

**Item 51:** This must be the signature and title of the claims coordinator. If signed by someone other than the claims coordinator, he or she must list his or her title and state that it was signed for the claims coordinator. The date must also be included.

**Item 52:** Enter the number of sick/annual leave hours credited to the employee as of the date of injury.

### **Distribution:**

Fax a copy or mail the original to:

State Office of Risk Management

Mail a copy to the claimant.

Retain a copy for your file.

**State Office of Risk Management**

**P.O. Box 13777**

**Austin, TX 78711-3777**



Appendix C  
**Bloodborne Pathogen (BBP)  
Contaminated Sharps Report**

<https://www.dshs.texas.gov/idcu/investigation/forms/sharpsShortForm.doc>

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\*FORWARD this completed form to the **Department of Risk Management and Compliance**.

Appendix D  
**Hepatitis B Vaccine Declination Form**

## Hepatitis B Vaccination Form

You have the right to request or decline the hepatitis B (HBV) vaccination series. You should have already received training on the risks and prevention of occupational exposure to bloodborne pathogens, including HBV, and had an opportunity to ask questions. If you have not completed the training, please do so before filling out this form. If you have received the training:

1. Select Option A, B or C below, and fill in your name, employee ID/UIN number, and date.
2. Print and sign the completed form and send it to your institution's hepatitis B immunization contact person.

### Option A – Accept the Vaccination

#### REQUEST TO RECEIVE HEPATITIS B VACCINE

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. **I request to receive the vaccination series.**

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Employee ID no.

\_\_\_\_\_  
Date (mm/dd/yyyy)

### Option B – Already Immunized

#### STATEMENT OF CURRENT IMMUNIZATION

I attest that I have already been immunized against hepatitis B virus (HBV) infection.

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Employee ID no.

\_\_\_\_\_  
Date (mm/dd/yyyy)

### Option C – Decline to be Immunized

#### HEPATITIS B VACCINE – DECLINATION STATEMENT

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, **I decline hepatitis B vaccine 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 me.

All of my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Employee ID no.

\_\_\_\_\_  
Date (mm/dd/yyyy)