



BLOODBORNE PATHOGENS PROGRAM

I. PURPOSE

The SHSU Bloodborne Pathogens program ensures SHSU compliance with Occupational Safety and Health (OSHA) Standard, 29 CFR 1910.1030, Blood Borne Pathogens.

II. SCOPE

The Bloodborne Pathogens program covers all SHSU staff, faculty and student employees that may be exposed to human blood and other body fluids during the course and scope of their employment.

III. DEFINITIONS

1. Bloodborne pathogen (BBP): Pathogenic microorganisms that cause disease in humans. Examples include; hepatitis B virus (HBV) and human immunodeficiency virus (HIV), hepatitis, syphilis, and malaria.
2. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
3. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy BBP 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.
4. Engineering Controls: Prevention of exposure to BBP include proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment that isolate or remove the BBP hazard from the workplace.
5. 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.
6. Medical Wastes/Infectious Wastes: All waste emanating from human tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.
7. Occupational Exposure: 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.



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8. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard are not considered to be personal protective equipment.
9. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
10. Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
11. Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

IV. MEANS & MODES OF TRANSMISSION

Bloodborne pathogens may enter the body and infect you through a variety of means, including the following:

1. Accidental injury with a sharp object contaminated with infectious material.
2. Open cuts, nicks, and skin abrasions that come into contact with infectious materials. Other potential sites of transmission include acne sores and the mucous membranes of the mouth, nose, or eyes.
3. Unprotected sexual activity with someone who is infected with the pathogen.
4. Indirect transmission, such as touching a contaminated object and then transferring the pathogen to the mouth, eyes, nose, or open skin.

V. HAZARD CONTROL

Prevention of exposure to bloodborne pathogens include the following.

1. Universal precautions
2. Wearing appropriate PPE
3. Employee training
4. Use of spill kits specifically designed for blood and body fluids
5. Restricted access to waste collection points and waste disposal procedures

VI. REPORTING AND RECORD KEEPING

1. All incidents involving potential exposure to BBP shall be documented in the EHS&RM Incident Reporting System (<https://samweb.shsu.edu/updx02wp/>)
2. All training will be documented in Talent Management.



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VII. TRAINING

1. All staff, faculty and student employees, with job duties that present the possible exposure to BBP will receive initial and annual training. Trainings should include:
 - a. Bloodborne Pathogens
 - b. Biohazardous Waste
 - c. Hazard Communication
2. All other staff, faculty and student employees with job duties that do not present the possible exposure to BBP will receive initial training on the bloodborne pathogens within 30 days of their employment.

VIII. GENERAL PROCEDURES

The following procedures shall be followed by personnel potentially exposed to BBP during the course and scope of their job responsibilities.

1. Treat all human body fluids and items soiled with human body fluids (blood, blood products, vaginal secretions, saliva, and semen as if contaminated with HIV/HAV/HBV.
2. All supervisors shall ensure their staff are trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper cleanup and disposal techniques.
3. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to BBP.
4. Foods and drinks shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious material is stored or in other areas of possible contamination.
5. According to the level of risk, wearing laboratory or protective clothing may be required for all individuals.
6. Gowns, aprons, or lab coats shall be worn whenever there is a possibility that body fluids could splash on skin or clothing. Gloves shall be made of appropriate disposable material, usually intact nitrile, latex or vinyl. They shall be used in the following circumstances:
 - a. When the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions.
 - b. While handling blood or blood products or other body fluids during routine work procedures.
7. Employees shall wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

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8. All personal protective equipment shall be removed immediately upon leaving the work area, and if this equipment is overtly contaminated, it must be placed in an appropriate area or container for storage, washing, decontamination, or disposal.
9. All work processes involving blood or other potentially infectious agents shall be performed in a manner that will minimize splashing, spraying, and aerosolization.

IX. MEDICAL WASTES

1. Medical/infectious waste shall be segregated from other waste at the point of origin.
2. Medical/infectious waste, except for sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, shall be contained in double disposable red bags conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD."
3. Used needles or other sharps (razor blades, broken glass, scalpels, etc.) shall not be sheared, bent, broken, recapped, or sheathed.
4. Infectious sharps shall be contained for disposal in leak-proof, rigid puncture-resistant containers. Infectious waste contained as described above shall be placed in reusable or disposable leak-proof bins or barrels that are conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD." These waste barrels are picked up regularly by an outside company licensed to handle infectious wastes.
5. All infectious agents, equipment, or apparatus shall be disinfected in an autoclave or otherwise disinfected before being washed or disposed of. Each individual working with infectious bio-hazardous agents is responsible for dis-infection and disposal of these agents.
6. Biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) then disposed of in the regular trash.
7. Liquid bio-hazardous waste may be disposed of in the sewage system following chemical decontamination.
8. Reusable glassware shall be decontaminated in sodium hypo chlorite (household bleach) solution (1 part bleach and 9 parts water) prior to rinsing and acid washing. The glassware shall then be sterilized in an autoclave.
9. To minimize the hazard to firefighters or emergency response personnel, at the close of each work day and before the building is closed, all infectious material shall be properly stored in a refrigerator, placed in an incubator, autoclaved, or otherwise disinfected.
10. Infectious agents shall not be placed in an autoclave and left overnight in anticipation of autoclaving the next day.
11. Floors, laboratory benches, and other surfaces in buildings where infectious agents are handled shall be disinfected with a suitable germicide, such as 1:9 sodium hypo



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chlorite solution (household bleach) as often as necessary as determined by the supervisor.

12. The surroundings shall be disinfected after completion of operations involving planting, pipetting, centrifuging, and spill clean-up from infectious agents.
13. Infectious agents shall not be dumped into the building drainage system without prior disinfection.

Hepatitis-B Virus (HBV) Vaccinations

Individuals identified as having to work with potentially infectious materials during the course and scope of their employment shall be offered Hepatitis-B Virus (HBV) Vaccinations at University expense. Employees that transfer to a job or their job is reclassified to include exposure to bloodborne pathogens will be offered HBV Vaccinations within 10 working days of the transfer or reclassification.

The choice for HBV vaccination is not mandatory. If an affected Employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated at a later date. The University will document the offer, acceptance or declination, and vaccination dates.

Post Exposure Treatment and Notification Procedures

Should an affected employee or an employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected Employee will report the exposure to the University through the EHS&RM Incident Reporting procedure. The University will offer the affected employee coverage under the Texas Workers' Compensation program. Following the initial blood test at time of exposure, seronegative employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the employee should follow the recommendations provided by their Physician or the U. S. Public Health Service.