



***El Paso - Ambulatory Clinic Policy and Procedure***

Title: <b>EXPOSURE CONTROL PLAN, BLOODBORNE PATHOGENS</b>	Policy Number: <b>EP 7.3A</b>
Regulation Joint Commission Reference:	Effective Date: <b>6/2010</b>

**Policy Statement:**

This exposure control plan is adopted as the minimum standard to implement the Blood Borne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304. CHAPTER 81, HEALTH AND SAFETY CODE SUB-CHAPTER H.

**Scope and Distribution:**

This policy applies and will be distributed to all TTUHSC- EP Clinics, staff, & students.

**Procedure:**

These minimum standards apply to a governmental unit that employs people who: Provide services in a public or private facility providing health care related services and have a risk of exposure to blood or other material potentially containing blood borne pathogens in connection with exposure to sharps or other potentially infectious material (OPIM).

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.

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Blood borne Pathogens Standard, the following exposure control plan exists:

**1. Exposure Determination:**

The Texas Department of Health Blood Borne Pathogens Exposure Control Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment.

This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

The following job classifications apply:

- (a.) Doctors: Faculty, Residents
- (b.) Nurses – RN’s, LVN’s
- (c.) Nursing Assistants - CMA’s, RMA’S, NA’s
- (d.) Plumbers
- (e.) Custodial Staff
- (f.) Maintenance Staff

The job descriptions for the above employees encompass the potential occupational exposure risks to blood borne pathogens.

See Appendix A for required Personal Protective Equipment by task.



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### **2. Implementation Methodology :**

#### **Compliance Methods:**

##### **A. Standard precautions-**

Are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual. Standard precautions will be used for care of all Ambulatory Clinic patients.

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used.

Examples include safety designed devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc. Supervisors and workers examine and maintain engineering and work practice controls within the work area on a regular basis.

Standard precautions combine the major features of Universal Precautions with Transmission Based Precautions. Transmission Based Precautions are the second tier of precautions designed to supplement Standard Precautions and are used with patients documented or suspected to be infected or colonized with highly transmissible, important pathogens. Transmission Based Precautions Overview:

#### **1. Transmission-Based Precautions Overview:**

**a. Airborne Precautions** should be used in addition to standard precautions for patients know or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (five microns or smaller)

##### **1. Patient placement:**

Place immediately upon arrival in an exam room. Keep door closed. Place a surgical mask on patient if possible.

##### **2. Respiratory protection:**

Wear respirator protection (N95 mask) when entering the room of a patient with known or suspected active tuberculosis. Do not enter the room of patients know or suspected to have measles or varicella if susceptible to these infections.

##### **3. Patient Transport:**

Limit the movement and transport the patient for essential purposes only. If transport or movement is necessary, place a surgical mask on the patient.

##### **4. Some examples of infections or diseases requiring airborne precautions:**

Tuberculosis, Measles, and Varicella (including Disseminated Zoster).

**b. Droplet Precautions** should be used in addition to standard precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets



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larger than five microns that can be transmitted by coughing, sneezing, talking, or by the performance of procedures such as suctioning.

### **1. Patient placement**

Place the patient in a designated exam room, keep door closed. If a room is not available, maintain a separation of at least three feet between the infected patient and other patients and visitors.

### **2. Masking**

Wear a mask when working within three feet of patient.

### **3. Patient transport**

Limit the movement and transport of the patient to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient.

### **4. Some examples of infections or diseases requiring droplet precautions:**

Neisseria Meningitis, multidrug-resistant Streptococcal Pneumonia, Pertussis, Streptococcal pharyngitis, Influenza, Mumps, and Rubella.

- c. **Contact Precautions** should be used in addition to standard precautions for a patient known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by hand or skin-to-skin contact or indirect contact with environmental surfaces or patient-care items in the patient environment.

#### **1. Patient placement**

Place the patient in a designated exam room.

#### **2. Gloves and handwashing**

Wear gloves when entering the patient's exam room. Remove gloves before leaving the room and scrub hands with an antimicrobial agent. After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces.

#### **3. Gowns**

Wear a gown when entering the exam room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the room especially if, the patient is incontinent or has diarrhea, an ileostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.

#### **4. Patient transport**

Limit the movement and transport of the patient to essential purposes only. If the patient is transported out of the room, ensure that precautions are maintained.

#### **5. Environmental control**

Ensure that patient care items, bedside equipment, and frequently touched surfaces receive cleaning after the patient is discharged.

#### **6. Patient care equipment**

When possible, dedicate the use of non-critical patient-care equipment and items such as stethoscopes, syhygomanometers, bedside commodes, or electronic rectal thermometers to a



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single patient (or cohorted patients). If use of common equipment is unavoidable, items must be adequately cleaned and disinfected before use with another patient.

### **7. Some examples of infections or diseases requiring contact precautions:**

Uncontained major abscesses or decubitus ulcers, scabies, pediculosis, Staphylococcal skin infections, Impetigo, Enteric infections (*Clostridium difficile*, *Escherichia coli* 0157.h7), Respiratory Syncytial Virus.

### **B. Hand washing facilities-**

Are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible. If hand washing facilities are not feasible, TTUHSC-EP provides alcohol based hand wash products. When alcohol based hand wash products are used, hands should be washed with soap and running water occasionally.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

### **C. Needles:**

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. This plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

### **D. 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, maintained upright throughout use; are not allowed to overfill; and are replaced routinely.

### **E. 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, 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.

### **3. Collection of Specimens:**

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless standard precautions are used throughout the procedure and the specimens and



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containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or standard precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container. If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

### **4. Contaminated Equipment:**

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. TTMC Employees will place a biohazard label on all portions of contaminated equipment that remain to inform other employees, service representatives, and/or the manufacturer, as appropriate.

### **5. Personal Protective Equipment:**

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

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

All personal protective equipment 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.

All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle. Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, or mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment. 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.



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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.

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

### **6. Housekeeping:**

Texas Tech Custodial Department ensures that all worksites are maintained in a clean and sanitary condition. The Custodial 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. All contaminated work surfaces are decontaminated after completion of a procedure, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis. Any broken glassware, which may be contaminated, is not picked up directly with the hands, a dust pan & broom are used.

### **7. Regulated Waste Disposal:**

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area. Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

### **8. Laundry Procedures:**

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended.



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Disposable linen is used almost exclusively at the Texas Tech Medical Center. Occasional use of reusable linen is done in conjunction with Thomason Hospital and is returned to Thomason when soiled for laundering in leak resistant bags.

### **9. Hepatitis B Vaccine:**

All employees who have been identified as having potential occupational exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after blood borne pathogens training and 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. Employees receive the vaccine at University Medical Center Occupational Health Clinic. Employees who decline the Hepatitis B vaccine sign a declination statement. Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost. See Appendix B – Declination Statement Form.

### **10. Post Exposure Evaluation and Follow up:**

When an employee incurs an exposure incident, the employee reports to the Occupational Health Clinic at University Medical Center, Monday thro Friday 7:30am to 4:30pm. All other times employees will report to the Emergency Room at UMC.

All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

- i. Documentation of the route(s) of exposure and the circumstances related to the incident.
- ii. 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.
- iii. 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.
- iv. The employee is offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
- v. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- vi. 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.



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- vii. The Health and Safety Department at Texas Tech is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

### **11. Interaction with Healthcare Professionals:**

A written opinion is obtained from the healthcare professional who evaluates employees of this facility 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 this facilities 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); and,
- 5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional at least in the following instances:

- 1) when the employee is sent to obtain the Hepatitis B vaccine, or
- 2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

- 1) whether the Hepatitis B vaccine 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 that may result from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report).

### **12. Use of Biohazard Labels:**

TTMC has a procedure that determines when biohazard-warning labels are to be affixed to containers or items are to be placed in color-coded bags. This procedure includes the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

### **13. Training:**

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





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conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

### Chapter 96. Blood Borne Pathogen Control

- 2) OSHA Blood borne Pathogen Final Rule;
- 3) Epidemiology and symptomatology of bloodborne diseases;
- 4) modes of transmission of blood borne pathogens;
- 5) (this facility's or organization's) exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
- 6) procedures which might cause exposure to blood or other potentially infectious materials at this facility;
- 7) control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
- 8) personal protective equipment available at this facility (types, use, location, etc.);
- 9) hepatitis B vaccine program at the facility;
- 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.

### **14. Record keeping:**

According to OSHA's Blood borne Pathogens Standard, medical records are maintained by: Texas Tech University Health Science Center El Paso Occupational Health Department.



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**Appendix A to Exposure Control Plan**

<b>Procecedures with Exposure Potential</b>	<b>Personal Protective Equipment Recommended</b>
Arterial Specimen collection	Gloves
Assistance to provider with invasive procedures ie: Colonoscopy, Bronchoscopy etc.	Gloves, gown, goggles or face shield, mask
Catheter Care	Gloves
Dressing change/Wound Care	Gloves (gown if splash potential)
Handling of Lab specimens	Gloves (place in sealed container in plastic, puncture resistant Ziploc for transport)
Immunizations, routine	No gloves required
I.M. Injections	Gloves
Medical Equipment, cleaning of; soiled with blood or OPIM	Gloves, long sleeve gown, goggles/face shield
Perineal care – 2 <sup>0</sup> fecal or urinary incontinence	Gloves and long sleeve gown
Sharps disposal	Gloves
Suctioning-Naso-pharyngeal and Endo tracheal	Gloves, goggles or face shield, mask if face shield not used.
Trach care	Gloves, goggles or face shield, mask if face shield not used.
Vaginal exam, assisting with or performing	Gloves ( gown, mask and face shield if potential for Amniotic fluid exposure)
Venipuncture	Gloves



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**APPENDIX B**

**HEPATITIS B VACCINE DECLINATION STATEMENT**

I understand that due to my potential for 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.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_



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**APPENDIX C  
ASSESSMENT TOOL**

	Yes	No
1. The exposure control plan is located in each department.		
2. Employees at occupational risk for bloodborne pathogens exposure are identified.		
3. Employees comply with Standard Precautions when performing duties.		
4. Employees appropriately use engineering controls in the work place.		
5. Employees employ safe work practices in performance of duties.		
6. Hand washing facilities are readily accessible in work areas.		
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 areas.		
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		





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### **Appendix D**

#### **Definitions:**

The following words and terms when used in this Exposure Control Plan have the following meanings unless the context clearly indicates otherwise.

1. **Blood** - Human blood, human blood components, and products made from human blood.
2. **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).
3. **Contaminated** – The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
4. **Contaminated equipment** - Any equipment used in the workplace that has been soiled with blood or other potentially infectious materials on an item or surface.
5. **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.
6. **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 to 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 principal intended purposes through chemical action within or on the body of man or other animals and is not dependent on metabolism for the achievement of any of its principal intended purposes.
7. **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.
8. **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.



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9. **Exposure control plan** – developed by the Texas Department of Health is adopted as the minimum standard to implement Health and Safety Code.
10. **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.
11. **Health care professional** - A person whose legally permitted scope of practice allows him or her to independently evaluate an employee of a governmental unit and determine the appropriate interventions after an exposure incident; this would include hepatitis B vaccination and post exposure evaluation and follow up.
12. **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.
13. **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.
14. **Other potentially infectious materials** include:
  - 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.
15. **Personal protective equipment** – Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
16. **Regulated waste/special waste** from health care-related facilities – Solid waste which if improperly treated or handled may serve to transmit an infectious disease (s) and which is composed of the following;
  - a) animal waste;
  - b) bulk blood, bulk human blood products, or bulk human body fluids;
  - c) microbiological waste;
  - d) pathological waste; or
  - e) sharps
17. **Sharp** – An object used or encountered in a health care setting that can be reasonably anticipated to penetrate the skin or any other part of the body and to result in an exposure incident and includes;
  - a) needle devices;



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- 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.
18. **Sharps injury** – Any injury caused by a sharp, including a cut, abrasion, or needlestick.
19. **Standard precautions** – Approaches to infection control.

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