24.01.01.00-G1 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
TEXAS A&M UNIVERSITY-SAN ANTONIO
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, Texas A&M University-San Antonio (A&M-San Antonio) uses the Exposure Control Plan to prevent or minimize the exposure of employees to bloodborne pathogens.

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, including hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

EMPLOYER – for the purposes of the A&M-San Antonio Bloodborne Pathogens Exposure Control Plan, an employer is considered to be the department or unit in which the employee is employed.

OCCUPATIONAL EXPOSURE – a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infection materials that may result from the performance of an employee’s duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) – include the following:

• Human body fluids – semen, vaginal secretions, cerebrospinal fluid, synovial fluids, pleural fluids, pericardial fluids, peritoneal fluids, amniotic fluid, saliva in dental procedures, and 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.
• Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
• HIV-containing cell or tissue cultures, organs cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organism or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE DETERMINATION

The Texas Department of Health (department) Bloodborne Pathogens Exposure Control Plan (plan) requires A&M-San Antonio to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials (OPIM). 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 A&M-San Antonio job titles/classifications in which employees in those positions have occupational exposure are listed in Appendix C.
IMPLEMENTATION SCHEDULE AND METHODOLOGY

The department’s plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

Compliance Methods

Universal precautions are observed to prevent contact with blood or OPIM. All blood or OPIM are considered infectious regardless of the perceived status of the source individual.

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 design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, autoclaves, disposable resuscitation equipment, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand washing facilities are also available to the employees who incur exposure to blood or OPIM. The department’s plan requires that these facilities be readily accessible after incurring exposure.

If hand washing facilities are not feasible, A&M-San Antonio is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

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 their 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.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The department’s 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.

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 replaced routinely.
**Work Area Restrictions**

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

Mouth pipetting/suctioning of blood or OPIM is prohibited.

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

**Collection of Specimens**

Specimens of blood or OPIM 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 universal precautions are used throughout the procedure and the specimens and 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. These specimens are appropriately labeled to indicate the contents and other pertinent information.

In facilities where specimen containers are sent to other facilities and/or universal 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.

A&M-San Antonio is not in the practice of collecting specimens at this time. However, should this process change, a more in depth procedure will be developed.

**Contaminated Equipment**

Equipment which may become contaminated with blood or OPIM is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. A&M-San Antonio will place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

**Personal Protective Equipment**

When occupational exposure remains after institution of engineering controls and work practice controls, proper personal protective equipment is used.
All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or OPIM. The protective equipment is considered appropriate only if it 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 the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, mouthpieces and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by A&M-San Antonio at no cost to employees. All repairs and replacements are made by A&M-San Antonio at no cost to employees.

All garments 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, OPIM, non-intact skin, and 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.

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 OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

**Housekeeping**

A&M-San Antonio shall ensure that the worksite is maintained in a clean and sanitary condition. A&M-San Antonio is cleaned through a contract with an outside contractor. A&M-San Antonio 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, type of soil present, and tasks or procedures being performed in the area. This information shall be contained within the contract supplied to the outside custodial contractor.

All contaminated work surfaces are decontaminated 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.

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 that may be contaminated is not picked up directly with the hands. Tools such as forceps are used to pick up the glass fragments.

**Regulated Waste Disposal (See Appendix D for Biohazard Waste Disposal Procedures)**

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 25 T.A.C and local requirements.

**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. The methods for handling, transporting, and laundering of soiled linen are determined by the agencies written policy and any applicable regulations.

**Hepatitis B Vaccine**

All employees who have been identified as having 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 bloodborne pathogen training is completed. Employees may receive the vaccine at San Antonio clinics offering preventative care and immunizations, or their personal physician.

Employees who decline the Hepatitis B vaccine sign a declination statement (See Appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.
Post Exposure Evaluation and Follow up

When the employee incurs an exposure incident, the employee reports to NOVA Health Clinic, 215 W Olmos Drive, San Antonio, TX 78212. All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

* Documentation of the route(s) of exposure and the circumstances related to the incident.

* 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.

* 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.

* 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.

* The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

* 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.

* The Director of Safety, Risk and Emergency Management is designated to assure that the policy outlined here is effectively carried out. A&M-San Antonio Human Resources maintains records related to this policy.
Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization 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 A&M-San Antonio 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 in these 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 resulting 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 ); and,
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 symbols will be affixed to containers or placed in color-coded bags containing regulated waste, such as 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.

Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. Bloodborne Pathogens Online Training - System Version 2111525 is required for employees where occupational exposure may occur. Required employees must also complete annual BPP training.

If not completed in TrainTraq, training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1) Chapter 96. Bloodborne Pathogen Control
2) OSHA Bloodborne Pathogen Final Rule;
3) Epidemiology and symptomatology of bloodborne diseases;
4) Modes of transmission of bloodborne pathogens;
5) BPP 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.

Recordkeeping

According to OSHA’s Bloodborne Pathogens Standard, medical and training records are maintained by A&M-San Antonio Human Resources.
### Review history
The following information lists at least the last two reviews to this document, and all reviews that were done in the last 12 months.

<table>
<thead>
<tr>
<th>Date</th>
<th>Reviewed By</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/14/2014</td>
<td>Mercedes Florez</td>
<td>Initial review completed &amp; revised to reflect current offices, not specific names addressed, added new Hepatitis-B Vaccination Form, &amp; the Biohazard Disposal Procedure.</td>
</tr>
<tr>
<td>5/16/2014</td>
<td>Sam Lewis, System Risk Mgmt</td>
<td>Reviewed by Sam Lewis, Health &amp; Safety Manager from System Risk Mgmt. Current changes reflect his review.</td>
</tr>
</tbody>
</table>

### Revision history
The following information documents at least the last 3 changes to this document, with all the changes listed for the last 6 months.

<table>
<thead>
<tr>
<th>Date</th>
<th>Revised By</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/2011</td>
<td>Damon Shodrock</td>
<td>First draft adopted from Texas A&amp;M International University and the Texas Department of Health</td>
</tr>
<tr>
<td>10/7/2011</td>
<td>Damon Shodrock</td>
<td>Finalized plan with selection of an Occupational Health Clinic.</td>
</tr>
<tr>
<td>4/4/2012</td>
<td>Damon Shodrock</td>
<td>Updated plan with Occupational Health Clinic.</td>
</tr>
</tbody>
</table>
**APPENDIX A**

**The Texas A&M University System**

**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.

<table>
<thead>
<tr>
<th>Employee’s Name (printed)</th>
<th>Employee’s signature</th>
<th>Employee ID no.</th>
<th>Date</th>
</tr>
</thead>
</table>

**Option B – Already Immunized**

**STATEMENT OF CURRENT IMMUNIZATION**
I attest that I have already been immunized against hepatitis B virus (HBV) infection.

<table>
<thead>
<tr>
<th>Employee’s Name (printed)</th>
<th>Employee’s signature</th>
<th>Employee ID no.</th>
<th>Date</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Employee’s Name (printed)</th>
<th>Employee’s signature</th>
<th>Employee ID no.</th>
<th>Date</th>
</tr>
</thead>
</table>
### APPENDIX B

#### ASSESSMENT TOOL

**ASSESSMENT DATE:**

**ASSESSOR:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The exposure control plan is located in each work center</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Employees at occupational risk for bloodborne pathogens exposure are identified</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Employees comply with universal precautions when performing duties</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employees appropriately use engineering controls in the work center</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Employees employ safe work practices in performance of duties</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Handwashing facilities are readily accessible in the work centers</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Employees regularly wash their hands, especially after glove removal</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Employees deposit contaminated sharps in biohazard containers immediately after use</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Employees change filled biohazard containers when full</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Food and beverages are not kept in close proximity to blood or bodily fluids</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Employees do not mouth pipette/suction blood or bodily fluids</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Employees place specimens in leak resistant containers after collection</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Employees place specimens in biohazard leakproof containers for shipment</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Employees place the contaminated personal protective equipment in the appropriate receptacles</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Employees maintain a clean environment at all times</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Employees know the safe procedure for contaminated, broken glass clean up</td>
<td></td>
</tr>
</tbody>
</table>
21. Employees demonstrate knowledge of the agency’s policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy

22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers

23. Each employee knows his documented hepatitis B vaccine status

24. Employees know where and to whom to report exposure incidents

25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service

26. Employees are oriented and receive annual training to the exposure control plan

27. Recording and reporting occupational exposures are conducted using the Preliminary Report of Injury Form

28. Medical and training records are maintained by A&M-San Antonio Human Resources Office.
APPENDIX C
JOB TITLES OF A&M-SAN ANTONIO EMPLOYEES WITH OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>JOB TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Education</td>
<td>Physical Education (Kinesiology) Instructors</td>
</tr>
<tr>
<td>University Police Department</td>
<td>Chief of Police</td>
</tr>
<tr>
<td></td>
<td>Campus Security Assistant</td>
</tr>
<tr>
<td></td>
<td>Law Enforcement Officers</td>
</tr>
<tr>
<td>Finance &amp; Administration</td>
<td>Director of Safety, Risk and Emergency Management</td>
</tr>
<tr>
<td>Campus Volunteers</td>
<td>First Aid Responders/Safety Captains</td>
</tr>
<tr>
<td></td>
<td>CERT Members</td>
</tr>
</tbody>
</table>

APPENDIX D
Biohazardous Waste Disposal Guideline

Scope
This procedure conveys instructions to properly dispose of biohazardous waste at A&M-San Antonio. Currently, this procedure addresses biohazard generation and disposal for the Kinesiology lab at the Brooks City-Base campus, as well as housekeeping at Gillette and Main campuses.

Biohazardous waste is generated during Kinesiology laboratories at the Brooks campus. Also, when custodial personnel clean up blood or other bodily fluids, gloves and paper towels must be disposed of as biohazardous waste at Brooks, Gillette or Main campus.

Categories and attributes

<table>
<thead>
<tr>
<th>Categories / Attributes (Operating/Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating / X Routine</td>
</tr>
</tbody>
</table>

Hazards and precautions
The table below lists job hazards and the precautions that should be taken before beginning this procedure.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Precaution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to infectious agents.</td>
<td>Wear disposable gloves when handling chemical or biohazardous waste. Properly remove and discard disposable gloves: <a href="http://www.youtube.com/watch?v=wEnn-Ng-NNs">http://www.youtube.com/watch?v=wEnn-Ng-NNs</a></td>
</tr>
<tr>
<td>Bloodborne pathogen exposure.</td>
<td>Personnel with potential exposure to Bloodborne Pathogens must complete the TrainTraq course below or equivalent course. 2111007 : Bloodborne Pathogens</td>
</tr>
</tbody>
</table>

Key contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Role</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercedes Florez</td>
<td>Director, Safety, Risk &amp; Emergency Management (SREM)</td>
<td>210 784-1150</td>
</tr>
</tbody>
</table>
The tools and equipment listed below are needed to do this job.

<table>
<thead>
<tr>
<th>Tools and/or Equipment</th>
<th>Use (if explanation is needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biohazard bags</td>
<td></td>
</tr>
<tr>
<td>20 gallon Sharps DISPOSAL BYMAIL System® tote</td>
<td></td>
</tr>
<tr>
<td>Hillyard Extra Strength CSP Cleaner</td>
<td>Use this product according to label directions for cleaning blood or other bodily fluid spills. Hillyard Extra Strength CSP Cleaner is a versatile, phosphoric acid-based cleaner that clings to both horizontal and vertical surfaces and delivers superior cleaning action. It cleans a wide variety of surfaces including ceramic, stainless steel and porcelain.</td>
</tr>
</tbody>
</table>

### Procedure

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Biohazardous waste bags, bodily fluid (blood, vomit, etc.), contaminated gloves and paper towels must be disposed of as biohazardous waste.  
A. Either Autoclave using tape to identify, or decontaminate and label before disposal IAW 25 T.A.C, 10% Bleach and 90% water.  
B. Kinesiology Professors or lecturers must contact the Director of SREM when their biohazardous waste container is nearly full. The Director of SREM will collect that waste for storage in the biohazardous waste container. |
| 2    | When the 20 gallon Sharps DISPOSAL BYMAIL System® is full, the Director of Safety and Risk Manager will follow the “INSTURCTIONS FOR PROPER PACKAGING AND MAILING” on the following page. |
| 3    | The Director of SREM will order a replacement 20 gallon Sharps DISPOSAL BYMAIL System® from Sharps Compliance, Inc (http://www.sharpsinc.com/index.htm). |
SHARPS DISPOSAL BY MAIL SYSTEM®
Medical Professional Container System

INSTRUCTIONS FOR PROPER PACKAGING AND Mailing

This Sharps Compliance, Inc. Sharps Disposal By Mail System® includes everything required to safely contain and package your own filled sharps containers and red bags in accordance with OSHA and U.S. Postal Service Medical Professional Packaging regulations for mailing to Sharps disposal site via the U.S. Mail. Return postage will be paid by Sharps Compliance, Inc.

SYSTEM COMPONENTS

- Outer shipping box used to return the 18-gallon/28-gallon primary container and its contents
- Manifold, nesting forms in several on side of shipping box
- Inner box lined with 4mil plastic bag, and twist tie and tape
- One 18-gallon/28-gallon plastic container with 4mL plastic bag liner and twist tie
- Absorbent pads inside container's bag liner to collect medical fluids
- LidLock security bar placement over the 18-gallon/28-gallon container lid when full and ready to ship

IMPORTANT SAFETY INFORMATION

- DO NOT PUT LOOSE SHARPS IN THIS CONTAINER – they must be in a sharps container.
- Place in secured area.
- DO NOT overfill or compress waste.
- DO NOT include any devices containing mercury.
- DO NOT expose container to extreme heat.
- USE SAFE LIFTING TECHNIQUES as container can be heavy.
- DO NOT place more than 50mL (.66 cups) of liquids into any sharps container placed into the 18-gallon/28-gallon primary container.
- Total weight of ready-to-mail package may not exceed 35 lbs.
- Never try to retrieve anything from container.

PREPARATION FOR USE

1. Open outer shipping box and remove 18-gallon/28-gallon container.
2. Remove lid and line container with 4mL plastic bag liner.
3. There will be absorbent pads in the bag liner. DO NOT REMOVE ASSOCIATED PADS FROM BAG.
4. DO NOT discard shipping box, inner box, plastic bag, twist tie, or tape. Save all components in a dry area. They must be used to properly reassemble the system prior to shipping for processing. Do not use the plastic bags for waste – they are only intended to line the container and box.

USING THE 18-GALLON/28-GALLON CONTAINER

- Order a new Sharps Disposal By Mail System® before this container is filled.
- Place the container in secure location for use. Make sure absorbent pads are in the bottom of the lined container.
- Keep lid on container when not in use.
- Secure lid on your filled SHARPS container and place it into this 18-gallon/28-gallon lined container.
- There can be no more than 50mL of residual liquid in each Sharps container. (Fig. 1)
- You may place multiple fix-foam plastic bags of regulated medical waste into the 18-gallon/28-gallon container. (Fig. 1)
- When ready for mailing, securely seal bag around waste using twist tie. DO NOT OVERFILL, as the CONTAINER Lid MUST FIT DOWN TIGHTLY. (Fig. 2)
- 1. To secure lid, place level on the container. Apply uniform pressure firmly at each corner of the lid. MAKE SURE THE LID IS TIGHTLY SEATED.
- 2. Pull container handle up on both sides.
- 3. Place the LidLock bar over the sealed lid and slip it over one handle. Next, secure it over the second handle on the other side of the container. (Fig. 3)

PROPER ASSEMBLY FOR MAILING TO TREATMENT FACILITY

1. Carefully lift and place the filled and properly sealed 18-gallon/28-gallon container into the plastic bag-lined box. Securely seal bag around container using twist tie. (Fig. 4)
2. Close inner box flaps and then close the outer shipping box numbered flaps and lock closure. Place a strip of tape over the lock closure to secure it in place.
3. Enter your complete return address on the Merchandise Return Label located on the top of the outer shipping box.
4. Remove the manifest tracking form from the plastic pouch located on the outside of the shipping box. Fill out the Generator portion of the form completely and sign it. Remove the bottom copy of the form and return it for your records. Return the remaining copies of the form into the plastic pouch located on the side of the shipping box. Put the shipping label on the back of the shipping label. POST OFFICE WILL NOT ACCEPT YOUR BOX WITHOUT THE MANIFEST TRACKING FORM.
5. If you are at a business, and need proof of destruction of your waste, enter bar code number into SharpsTracker® for electronic documentation of disposal.
6. ContactSharps Compliance at 1-800-772-5657 with questions about SharpsTracker®.
7. If the system requires reinstatement, please identify on the pouch side of the box under the directional arrow, prior to mailing.
8. Take the properly sealed box to any U.S. Post Office, hand it to the postal carrier or arrange a priority pickup from your post office at www.sharpsafe.com/transport. DO NOT SHIP THROUGH UPS OR FEDERAL Express. Postage will be paid by Sharps Compliance.

FOR ASSISTANCE CALL 1-800-772-5657

HEALTHCARE PROVIDERS: Several states have storage limits and other regulations for regulated medical waste. Check with your state or contact Sharps at 1-800-772-5657 to assure compliance.

New Jersey regulated generators attach NJ Tracking Form to Sharps manifest tracking form before placing into the plastic pouch for mailing.

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### Review history

The following information lists at least the last two reviews to this document, and all reviews that were done in the last 12 months.

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<th>Date</th>
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<th>Comments</th>
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<tr>
<td>3/06/2104</td>
<td>Mercedes Florez</td>
<td>The company no longer carries 18 gallon containers. The containers are 20 gallon. Procedure will be updated/revision when new container is purchased.</td>
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### Revision history

The following information documents at least the last 3 changes to this document, with all the changes listed for the last 6 months.

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<td>6/16/2011</td>
<td>Damon Shodrock</td>
<td>First draft prepared and sent to Facilities Services Director and Kinesiology Professors for review.</td>
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