



University of Houston  Clear Lake

BLOODBORNE PATHOGENS

EXPOSURE CONTROL PLAN

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University of Houston-Clear Lake Bloodborne Pathogens Exposure Control Plan

PURPOSE

University of Houston-Clear Lake (UHCL) is committed to providing a safe and healthy work environment for our university community. This plan applies to all branch campuses, departments, and other organized components of UHCL where individuals have been assessed to have reasonably anticipated risk of occupational exposure to bloodborne pathogens. This exposure control plan outlines steps to eliminate or minimize individual occupational exposure to bloodborne pathogens in research, teaching, and administrative units at UHCL.

SCOPE

The Federal Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard which is also analogous to Health and Safety Code, §81.304 requires employers to perform exposure determinations for employees who may have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. Job classifications that have potential occupational exposure risks are biological laboratory personnel, custodial personnel, grounds keeping personnel, construction and maintenance personnel, nutrition services personnel, medical personnel, law enforcement personnel, plumbing personnel, solid waste personnel, wellness center personnel, and fire and safety personnel.

RESPONSIBILITIES

Departmental supervisors are responsible for ensuring their staff complies with the provisions of this plan. Each department is also responsible for providing all supplies necessary for compliance with this plan, including, but not limited to personal protective equipment (PPE), soap, agent-specific disinfectants, commercially constructed sharps containers, biohazard labeling materials, and biohazard waste disposal bags. The Environmental, Health and Safety (EHS) department is responsible for providing or having access to Bloodborne Pathogens Awareness training, coordinating Hepatitis-B vaccinations to employees, inspecting departments' adherence to the BBP plan, reporting sharps injuries to the Texas Department of State Services and facilitating access to competent occupational health services in the event of a potential exposure. The EHS department is responsible for providing guidance on acceptable methods for biohazard clean up and disposal of medical and other infectious waste.

IMPORTANT DEFINITIONS

Universal Precautions is an approach to infection control. Everyone must practice universal precautions. All blood or other potentially infectious material must be handled as if it is infectious.

In this document, any reference to “**blood**” includes human or primate blood and any reference to “other potentially infectious material” or “**OPIM**” includes human or primate blood products, cell lines, bodily fluids, tissues, or other materials derived from human or primates.

According to the OSHA standard:

Blood: any human blood, human blood components, and products made from human blood.

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.

Parenteral: piercing mucous membranes or the skin barrier through such events as the needle sticks, human bites, cuts, and abrasions.

Contaminated sharps: any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes and exposed dental wire.

Bloodborne pathogens: means pathogenic organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

ENGINEERING AND WORK PRACTICE EXPOSURE CONTROLS

Hazard Controls reduce the individual's risk of exposure by removing or isolating the hazard, substituting the hazard, or using engineering and work practice controls.

Engineering controls include:

- a. Commercially constructed sharps disposal containers
- b. Autoclaves
- c. Disposable laboratory pipetting materials
- d. Biological safety cabinets
- e. Needleless systems
- f. Sharps with engineered sharps injury protection
- g. High Efficiency Particulate Air (HEPA) filtration
- h. Readily accessible hand washing facilities equipped with soap, water and drying materials. (FDA-approved waterless hand sanitizer may be used when hand washing facilities are not available.)

Personal Protective Equipment (PPE)

Applying PPE is the last step after all possible engineering, work place controls, and mitigation of risk has been performed.

PPE includes, but not limited to:

- a. gloves
- b. gowns
- c. laboratory coats
- d. respirators
- e. surgical masks
- f. face shields

- g. eyewear with side shields
- h. aprons
- i. shoe covers
- j. head covers/hoods/surgical caps
- k. disposable outerwear

Individuals must:

- a. Wear all required protective equipment in any potential exposure situation.
- b. Remove garments that become penetrated by blood or other potentially infectious material immediately or as soon as feasible.
- c. Replace garments that are torn or punctured, or that lose their ability to function as a barrier to bloodborne pathogens.
- d. Remove all PPE before leaving the work area.
- e. Place all reusable garments in the appropriate designated area or container for storage, cleaning, or decontamination.
- f. Place all disposable garments in the appropriate designated area.

Provision and Care

- a. The employer must provide PPE at no cost to the individual.
- b. The employer must repair or replace PPE at no cost to the individual.
- c. The employer must clean and launder reusable PPE (such as a lab coat) and dispose of contaminated, disposable PPE at no cost to the individual.
- d. Choose PPE based on the anticipated exposure to blood or OPIM. PPE is considered appropriate only if it is fluid resistant and will not permit blood or OPIM to pass through or reach the individual's clothing of use, and for the duration of time which it is used.

All persons using PPE must observe the following precautions:

- a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- b. Remove PPE after it becomes contaminated and before leaving the work area.
- c. Never wash or disinfect disposable gloves for reuse. Replace disposable gloves as soon as possible, if they become contaminated or as soon as feasible if they are torn, punctured or their ability to function as a barrier is compromised.
- d. Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration. Utility gloves must be disinfected.
- e. Wear appropriate face and eye protection when splashes, sprays, spatters, or other droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- f. Remove immediately, or as soon as feasible, any garment contaminated with blood or OPIM, in such a way as to avoid contact with the contaminated outer surface.

Hand Washing

- a. Clean hands immediately after removal of gloves or other personal protective equipment for at least 20 seconds.
- b. Wash hands or other exposed skin with soap and water (flush mucous membranes with water only) as soon as feasible following an exposure incident (such as a splash of blood or OPIM, or other type of exposure).

- c. If soap and water are not immediately available, use waterless disinfectants first, then wash hands with soap and water as soon as feasible.

Laundry Procedures

- a. Handle laundry contaminated with blood or other potentially infectious materials as little as possible with minimal agitation. Persons should wear gloves when handling potentially contaminated laundry.
- b. PPE that has blood must be cleaned and paid for by the employer. The methods for handling, transporting, and laundering of soiled linen are determined in the policy written by each department.

Sharps Control

- a. Make every effort to eliminate the use of non-safety-engineered sharps. Refer to the International Sharps Injury Prevention Society's website (http://www.isips.org/page/safety_product_list) for a listing of available safety engineered sharps and other injury reducing products and practices.
- b. Do not bend, recap, remove, shear or purposely break needles or scalpel blades or other disposable small sharps. Discard sharps into a container which is closable, leak-proof, puncture resistant, color-coded and clearly labeled with the biohazard symbol. The container should be no more than one arm's length away from the point of use.
- c. Dispose of all needles, scalpels or other disposable sharps found unattended into a sharps container.
- d. Do not pass syringes, scalpels or other sharps directly by hand (person to person). Instead, transfer sharps in a three-part process: place the sharp in a previously agreed upon designated area; verbally notify the recipient of the sharp location; the recipient picks up the sharp in a safe manner.
- e. Place contaminated, reusable sharps in a properly labeled, color-coded, puncture-resistant, leak-proof container until they can be disinfected. Wear appropriate protective equipment when cleaning and disinfecting reusable sharps.
- f. Pick up potentially contaminated broken glassware by mechanical means only. Use forceps, tongs, broom and dustpan, or other similar method to pick up sharps; do not use your bare hands.
- g. Make commercially constructed sharps containers accessible to persons, located as close as feasible to the immediate area where sharps are being used or in a reasonably anticipated location. Maintain containers in an upright position throughout use. Never overfill, keep closed and properly dispose of the containers when they are three-fourths full, or on a regular schedule, but always no more than three-fourths full. Contact EHS at [EHS @UHCL.edu](mailto:EHS@UHCL.edu) for pick-up.

- h. When moving sharps containers from the area of use, close containers before moving to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Sanitation

- a. Avoid activities that may transfer blood or OPIM to your mucus membranes. Do not eat, drink, smoke or use smokeless tobacco, apply cosmetics or lip balm, take medications, or handle contact lenses in areas where exposure to blood or OPIM may occur.
- b. Do not handle cell phones, portable music devices, earphones, ear buds, wireless phone headsets, electronic tablets or other devices in the laboratory or work area which may become contaminated and carry contamination out of the laboratory or work area. Be especially careful with writing instruments, notebooks and textbooks. If materials become contaminated, disinfect them immediately.
- c. Do not store food and beverages in laboratories or sample refrigerators where blood or other potentially infectious materials are present.
- d. Do not pipette or suction blood or other potentially infectious materials by mouth.
- e. Perform all procedures in which blood or OPIM are or may be present in such a manner as to minimize splashing spraying, splattering, and generation droplets of these materials.

Specimen Handling

- a. Place blood vials or specimens containing other potentially infectious materials in a primary container to prevent leakage during specimen collection.
- b. Label the primary container used to collect specimens with a biohazard label. If specimens are sent to another facility, a biohazard sticker must be affixed to the outside of the primary container.
- c. Place the primary container within a secure secondary container to prevent leakage during handling, processing, storage, transport, or shipping of the specimen. Label secondary container with a biohazard label.
- d. The secondary container must be puncture proof if a specimen can puncture the primary container.
- e. Contact EHS for shipping assistance at EHS@UHCL.edu. You must have USDOT and International Air Transport Association (IATA) certifications to ship biologicals. If you intend on shipping biological substances, you must take the CITI Program's *Shipping and Transport of Regulated Biological materials* course. This is free to all UHCL employees and students. <https://www.citiprogram.org>

Contaminated Equipment

Disinfect contaminated equipment (Biosafety Cabinet, etc.) using an EPA registered disinfectant and document that it was disinfected before servicing or shipping. If disinfection

is not feasible, place a biohazard label on all portions of contaminated equipment to inform all others.

Housekeeping

- a. Supervisors must ensure that their work areas are clean and disinfected.
- b. Use either a freshly made 10% (1-part bleach: 9 parts water) solution (minimum) of household bleach, or another agent-specific EPA-registered disinfectant (Cavicide, etc.), at a concentration specified by the manufacture.
- c. Disinfect all contaminated work surfaces, equipment, tools or other objects after completion of procedures, at the end of the work shift, and immediately or as soon as feasible after any spill of blood or other potentially infectious materials.
- d. Immediately, or as soon as feasible, discard contaminated sharps in containers that are commercially constructed, closable, puncture-resistant, leak proof on slides and bottoms, and appropriately labeled or color-coded. Contact EHS at EHS@UHCL.edu when $\frac{3}{4}$ full.
- e. Clean and disinfect sinks and pails (e.g. wash bowls or emesis basins) as soon as feasible following potential contamination with blood or OPIM.

When cleaning a blood spill:

- a. Close any doors leading to the area where the blood is located, and block any open entrances.
- b. If the amount is more than $\frac{1}{4}$ cup, contact the Environmental, Health & Safety (EHS) Department for assistance.
- c. Don PPE. Eye protection and double gloves are the minimum.
- d. Use the brush and dustpan or tongs/forceps to remove broken glass or other pointed shards. Place each piece into a leak proof sharps container.
 - i. Under no circumstances should you ever remove these objects by hand.
- e. Cover the spill and an area three times the spill width in diameter with absorbent material or paper towels.
 - i. Apply absorbent or paper towels to the perimeter of the spill to stop the spill from moving.
- f. Scoop up the soiled absorbent or pick up the soiled paper towels. Place in red biohazard bag.
- g. Saturate the affected area with 10% bleach (1-part bleach: 9 parts water, made fresh) or an EPA-registered disinfectant, such as Cavicide. **Do not mix products!** Mixing chemicals and some absorbents can create a toxic gas.
 - i. Gently pour disinfectant starting at the outermost perimeter and move toward the center in a spiral pattern, covering the entire spill area.
 - ii. Do not spray disinfectant onto spill; this will generate an aerosol, which will increase your risk of exposure.
- h. Allow sufficient contact time for the disinfectant, i.e. At least 10 min (or as specified by product manufacturer).
 - i. Collect and discard absorbents and other spill related cleanup materials appropriately.
 - ii. Repeat application of disinfectant a second time to ensure substrate/surface disinfection.

- iii. For additional assistance regarding disinfection procedures, take the CITI online Emergency and Incident Response to Biohazard Spills and Releases course. This is free to all UHCL employees and students. <https://www.citiprogram.org>

Medical Waste Disposal

Treated Medical Waste

Each department is responsible for providing their own biohazard bags and labels.

- a. Place regulated solid waste (**other than sharps**) in an autoclave biohazard bag.
- b. Decontaminate the outside surface of the primary waste container with an appropriate disinfectant. Transport to the autoclave for steam sterilization using a validated autoclave cycle. Upon completion of the cycle, place treatment sticker on the now autoclaved primary bag.
- c. Both primary and secondary containers must be constructed to contain all contents, prevent protrusion of contents and prevent leakage of fluids during handling, storage and transport.
- d. Document the treatment on the waste treatment log. Place waste in a black trash bag for regular waste disposal.

Untreated Medical Waste

- a. Place sharps into a commercially manufactured sharps container (this is also considered a primary waste container). Place sharp container in a biohazard box or tub. The box or plastic tub will be used to transport the medical waste.
- b. Place untreated, non-sharp medical waste in a sealed biohazard bag. Place the bags in a plastic biohazard tub or box.
- c. Contact EHS (EHS@uhcl.edu or 281-283-2106) for waste pickup.

HEPATITIS-B VACCINATION PROGRAM

1. All persons having been assessed as having a reasonably anticipated risk of occupational exposure to blood or other potentially infectious materials are offered the Hepatitis-B vaccine at no cost to the individual, under the supervision of a licensed physician or licensed healthcare professional.
2. Vaccination is offered after bloodborne pathogen training and within 10 working days of their initial assignment to work unless: 1) the individual has previously received the complete hepatitis series, 2) antibody testing has revealed that the individual is immune, or 3) the vaccine is not advisable for medical reasons.
3. Persons who accept vaccination must keep track of their vaccine series.
4. Individuals who decline the vaccination must select decline on the Hepatitis-B Vaccination Form. An example of the form is available on page 14. Persons who later elect to receive the vaccination may then have the vaccine provided at no cost.

POST EXPOSURE EVALUATION AND FOLLOW UP

1. All exposure incidents must be reported (using the *First Report of Injury or Illness* or the *Student/Visitor Incident Form*, referenced on page 15 and 16).
2. Employees will be offered a confidential occupational health consultation with UT Health Science Center following a BBP incident. After initial first aid (clean and flush the wound, flush eyes or other mucous membrane for 15 minutes, etc.) and reporting of the incident, these activities should be performed:
 - a. Documentation of the route(s) of exposure and the circumstances related to the incident.
 - b. Identification and documentation of the source;
 - i. The source is an individual person: 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/HCV infectivity as soon as feasible, 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 confidentially made available to the designated Occupational Health care provider in order to guide occupational health recommendations. The exposed individual will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - c. The exposed individual is offered the option of having his/her blood collected for testing for HIV/HBV/HCV serological status as soon as feasible after exposure.

- d. The individual will be offered laboratory testing, post exposure prophylaxis, medical treatment, and follow up visits in accordance with the current recommendations of the U.S. Public Health Service.
 - e. The individual is given appropriate counseling concerning infection status, results and interpretation of tests, and precautions to take during the period after the exposure incident. The individual is informed about what potential illness can develop and to seek early occupational health evaluation and subsequent treatment.
3. A written opinion is obtained from the healthcare professional when an individual is evaluated after an exposure incident. In order for the healthcare professional to adequately evaluate the individual, the healthcare professional is provided with:
 - a. a copy of the University of Houston-Clear Lake Exposure Control Plan;
 - b. a description of the exposed individual's duties as they relate to the exposure incident;
 - c. documentation of the route(s) of exposure and circumstance under which the exposure occurred;
 - d. results of the source individual's blood tests (if available); and
 - e. occupational health records relevant to the appropriate treatment of the individual, including Hepatitis-B vaccination status.
 4. Written opinions are obtained from the healthcare professional in the following instances:
 - a. when the individual is sent to obtain the Hepatitis-B vaccine; or
 - b. whenever the individual is sent to a healthcare professional following an exposure incident.
 5. Healthcare professionals should limit their written report to the employer to:
 - a. whether the Hepatitis-B Vaccine is indicated;
 - b. whether the individual received the vaccine;
 - c. the evaluation following an exposure incident;
 - d. whether the individual was informed of the results of the evaluation;
 - e. whether the individual was told about any occupation health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation treatment (all other findings or diagnosis shall remain confidential and shall remain confidential and shall not be included in the written report); and
 - f. whether the healthcare professional's written opinion was provided to the individual within 15 days of completion of the evaluation.
 6. The EHS department will review the circumstance of all exposure incidents to determine:
 - a. whether engineering controls were in use at the time of incident;
 - b. work practices followed;
 - c. a description of the device being used (including type and brand);
 - d. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye protection, etc.);
 - e. location of the incident; i.e. where the incident occurred and/or what body part was involved;
 - f. procedure being performed when the incident occurred; and
 - status of employee's training with regards to bloodborne pathogen exposure.

HAZARD COMMUNICATION

1. Labels:
 - a. Warning labels must be placed on all containers or bags of regulated waste, freezers and refrigerators containing blood or OPIM, and on containers used to store, transport or ship blood or OPIM, unless:
 - i. In clinical use;
 - ii. Regulated waste has been decontaminated.
 - b. Labels are required to be a universal label and symbol printed in fluorescent orange or orange-red with letters and symbols in contrasting color;
 - c. Labels should be placed directly on containers in such a manner to prevent their loss or unintentional removal.
2. Signs:
 - a. Employer must post signs at the entrance to work areas bearing the following information:
 - i. Name of the infectious Agent they are working with.
 - ii. Identification of Biosafety hazard level 1 or 2.
 - iii. Special requirements for entry;
 - iv. Name and contact information for responsible person.
 - b. Signs must be fluorescent orange/red, or in some way predominant, with lettering and symbols in contrasting color.



TRAINING

1. UHCL department heads and supervisors are responsible for ensuring that:
 - a. All employees are assessed if they have a reasonably anticipated risk of occupational bloodborne pathogen exposure. If so, these individuals are made aware of this potential risk and complete the requirement for Bloodborne Pathogen (BBP) training prior to initial assignment. If your job includes this risk and you have not been provided this training, please contact EHS to do so immediately.
 - b. All potentially exposed persons complete annual BBP refresher training within one year of the previous training. It is your responsibility to maintain your training dates.
 - c. Additional training is given as new information is acquired or job duties change.
2. Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. Training shall be repeated every 12 months, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training shall be tailored

to the education level and language of the affected employees, and offered during the normal work shift.

3. Training shall be interactive and shall include:
 - a. a copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;
 - b. a discussion of the epidemiology and symptoms of bloodborne disease;
 - c. an explanation of the modes of transmission of bloodborne pathogens;
 - d. an explanation of UHCL's Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;
 - e. a description and recognition of tasks that may involve exposure;
 - f. an explanation of the use and limitations of the methods employed by UHCL to reduce exposure (such as engineering controls, work practices, and personal protective equipment);
 - g. information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - h. an explanation of the basis of selection of personal protective equipment;
 - i. information about the Hepatitis-B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;
 - j. instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - k. an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
 - l. information on the post-incident evaluation and follow up required for all exposure incidents, and
 - m. an explanation of signs, labels, and color-coding systems.

APPENDIX I. OCCUPATIONAL EXPOSURE RESPONSE

For Bloodborne Exposure Injuries:

- a. Immediately wash the injured area with soap and water for at least 15 minutes.
- b. Where bleeding is minimal, encourage the injury to bleed while washing the wound site.
- c. Provide first-aid treatment as needed.
- d. Flush any exposed mucous membranes with water only for at least 15 minutes.

For reporting all exposure events:

- a. All employee incidents must be reported to their supervisor, Human Resources (HR) and EHS as soon as possible, within 24 hours.
- b. All student and visitor incidents must be reported to EHS as soon as possible, within 24 hours.
- c. All supervisors **MUST** complete the *First Report of Injury or Illness Form* (see page 15) for their employees within 24 hours of the incident. If a student or visitor is injured, complete the *Student/Visitor Incident Report* (see page 16).
- d. If you witness an employee in an incident, complete the *SORM 74 Witness Statement Form* (see page 17). If you witness a student or visitor in an incident, complete the *UHCL Witness Statement Form* (see page 18).
- e. For employee injuries, send all completed documents to HR and EHS. For student and visitor injuries, send all completed documents to EHS only.

APPENDIX II. Healthcare Options

UHCL has a contracted UT-Health for medical assistance. UT-Health is prepared to handle minor BBP injuries for employees and students. You are encouraged to contact their response hot-line as soon as possible. Students may also go to the UHCL- Health Center during normal business hours or see their primary care doctor. Employees must also contact Human Resources to file a worker's compensation claim when they seek treatment from any health care provider.

UT-Health Science Center

7000 Fannin St. #1200

Houston, TX 77030

Mon – Fri (7am-4pm)

713-500-OUCH (713-500-6824)

<https://www.uth.edu/studenthealth/student-health-services/needlesticks.htm>

For Employees

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 1-888.466.6381 Monday- Friday 8-5 p.m. CST or online at www.injurymanagement.com and click “Find a Provider.” If your injury requires emergency care, you may be treated in any emergency care facility.

The SORM Workers Compensation Health Care Network.

Websites:

Reference Guide: <https://www.sorm.state.tx.us/claims-operations/health-care-network/quick-reference-guide>

IMO Network FAQ's: <https://www.sorm.state.tx.us/wp-content/uploads/2018/10/FAQ-SORM-9.14.18.pdf>

APPENDIX III. HEPATITIS-B VACCINATION FORM

Name: _____ ID#: _____
Email _____ Ph: _____ Dept: _____

University of Houston-Clear Lake offers a Hepatitis-B vaccination series at no cost to the employee. The vaccine is administered in the following series:

- Dose 1 is administered on day 1
- Dose 2 is administered 30 days after Dose 1
- Dose 3 is administered five months following Dose 2

Participant Statement – Check one of the statements below.

I agree to receive the Hepatitis-B vaccination at the expense of UHCL.

I decline the Hepatitis-B vaccination because I have previously received the Hepatitis-B vaccination series. Date (if known): _____

I decline the Hepatitis-B vaccination.

*I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, however; I decline the 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 by notifying EHS and completing a new Vaccination Acceptance Form.

Certification by Participant:

I acknowledge and certify that I have received information on occupational exposure to bloodborne pathogens, universal precautions, Hepatitis-B and vaccinations. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice (as documented above) related to the Hepatitis-B vaccination based on informed choice.

X

Signature and Date

UNIVERSITY OF HOUSTON-CLEAR LAKE

FIRST REPORT OF INJURY OR ILLNESS

To be completed by the employee's supervisor and sent to the Office of Human Resources **AND** the Department of Environmental Health & Safety within **24 hours** of injury/illness.

Please Print Legibly

PERSONAL INFORMATION				
Employee Name (Last, First, MI)		Employee ID #		DOB (MM-DD-YYYY)
Employee Address		Employee Phone Number(s)		
Street Address:		Work:		
City: State: Zip:		Home:		
Employment Type (e.g. full-time, part-time, temp)		Employee Job Title		Hired Date (MM-DD-YYYY)
Employee Department		Employee Building Name (e.g. Bayou, SSB, etc.)		Employee Office #
Marital Status (e.g., married, separated, widowed, divorced, single)		Spouse's Name		# of Dependent Children
Does the Employee Speak English?		If No, Please Specify Language:		
Yes <input type="checkbox"/> No <input type="checkbox"/>				
INJURY/ILLNESS				
Date Injury/Illness Reported (MM-DD-YYYY)		Date of Injury/Illness (MM-DD-YYYY)		Time of Injury/Illness
				: AM/PM
Type of Injury/Illness (e.g. cut, sprain, bite, rash)		Cause of Injury/Illness (e.g. fall, water on floor, broken tool, no PPE)		
How and why did this injury/illness occur? (Please provide detailed information of incident)				
Location where injury/illness occurred - BE SPECIFIC (e.g. Bayou bldg, 2nd floor, right side of hallway in between B2502 & 25RR)				
Body part(s) involved (e.g. left arm, right eye):				
TREATMENT <input type="checkbox"/> N/A				
First Aid (clean wound, bandage, etc.) <input type="checkbox"/>		UHCL Health Center <input type="checkbox"/>		Doctor's Office <input type="checkbox"/>
				CPR/AED <input type="checkbox"/>
				Ambulance/E.R. <input type="checkbox"/>
Name, Address & Ph. Number where treatment was received (doctor's office/clinic/hospital):				
ADDITIONAL INFORMATION				
What is the employee's regular work schedule? (please include days and hours worked)				
Was the employee doing his/her regular job?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Was the employee trained in the duties being performed?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Has the supervisor been informed of the incident?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was this incident reported to UHCL Police?		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date & time reported:		
WITNESSES <input type="checkbox"/> N/A				
Name:		Phone:		
Name:		Phone:		
Supervisor's Name		Supervisor's Phone		Supervisor's Title
Name of person completing this form		Phone		Title

Texas Workers' Compensation Commission will require the employee to receive medical treatment from a healthcare provider who agrees to file claims and accept worker's compensation payments. In addition, the healthcare provider must be willing to follow the rules and regulations of the Texas Worker's Compensation Commission.

**UNIVERSITY OF HOUSTON-CLEAR LAKE
WORKERS' COMPENSATION
INCIDENT REPORTING PROCEDURES FOR FACULTY AND STAFF
(supplements SAM 01.C.03)**

1. Purpose
 - 1.1 To provide faculty and staff with the proper procedures to be followed when an incident or illness occurs on the job.
 - 1.2 To provide a mechanism to allow for the proper administration of treatment, benefits and compensation.
2. Procedures
 - 2.1 Employee, or someone with first hand knowledge of the incident, must immediately report the incident to his/her supervisor.
 - 2.2 The supervisor, or someone with first hand knowledge of the incident, must contact the University Police Department at ext. 2222, if emergency medical response is necessary.
 - 2.3 If able, the employee must report to Health and Disability Services for assessment and/or treatment of any injury or illness. Except for emergencies, the employee must choose a treating doctor from the list of network doctors that agree to file claims and accept worker's compensation payments. The healthcare provider must be willing to follow the rules and regulations of the Texas Worker's Compensation Commission.
 - 2.4 The supervisor is responsible for completing the First Report of Injury Form and sending it to the Benefits Coordinator in the Office of Human Resources and the Department of Environmental Health and Safety within 24 hours to allow for proper filing and timely follow-up.
3. Benefits Coordinator is responsible for:
 - 3.1 Reporting the incident or illness to the State Office of Risk Management (SORM) when appropriate.
 - 3.2 Communicating benefits information to health care providers.
 - 3.3 Providing copy of DWC-1S to and communicating employee rights under workers' compensation to the employee following receipt of workers' compensation claim number provided by SORM.
 - 3.4 Ensuring applicable forms are submitted to the State Office of Risk Management in a timely manner.
4. If lost time occurs:
 - 4.1 The employee is required to report weekly to the Benefits Coordinator in the Office of Human Resources and their department until returning to work.
 - 4.2 Prior to returning to work, the employee must provide the Benefits Coordinator in the Human Resources department a signed medical release allowing the employee to return to work.
 - 4.3 If the employee is released by a physician to "light duty", the Benefits Coordinator will contact the department supervisor and/or manager regarding a return to work assignment in accordance with the UHCL Return to Work Program.
5. For all reported incidents, the employee's supervisor shall arrange with the Department of Environmental Health and Safety a time for post incident evaluation or investigation, which may result in Job Safety Procedures, additional safeguards, and training as deemed necessary.

UNIVERSITY OF HOUSTON - CLEAR LAKE
DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

STUDENT/VISITOR INCIDENT REPORT

Please Print Legibly

PERSONAL INFORMATION				
Name (Last, First, MI)		Student <input type="checkbox"/>	Visitor <input type="checkbox"/>	Student ID or DL No.
DOB (MM-DD-YYYY)	Sex (M/F)	Speak English? (Y/N)		If No, Please Specify Language
Address			Phone Number(s)	
Street Name:			Cell:	
City:	State:	Zip:	Home:	
INJURY/ILLNESS				
Date Injury/Illness Reported (MM-DD-YYYY)	Date of Injury/Illness (MM-DD-YYYY)		Time of Injury/Illness	
			: AM/PM	
Type of Injury/Illness (e.g. cut, sprain, bite, rash)		Cause of Injury/Illness (e.g. fall, water on floor, broken tool, no PPE)		
How and why did this injury/illness occur? (Please provide detailed information of incident)				
Location where injury/illness occurred- BE SPECIFIC (Ex: Bayou bldg, 2nd floor, right side of hallway in between B2502 & 25RR)				
Body part(s) involved (e.g., left arm, right eye) :				
TREATMENT ■ N/A				
First Aid (clean wound, bandage, etc) <input type="checkbox"/>	UHCL Health Center <input type="checkbox"/>	Doctor's Office <input type="checkbox"/>	CPR/AED <input type="checkbox"/>	Ambulance/E.R. <input type="checkbox"/>
Name, Address, Ph. Number where treatment was received (doctor's office/clinic/hospital) :				
WITNESSES ■ N/A				
Name:		Phone:		
Address:				
Name:		Phone:		
Address:				
Name of person completing this form		Phone Number		Email

Once completed, please return form to the department of Environmental, Health & Safety within 24 hours of injury or illness.

2700 Bay Area Blvd. Houston, TX 77058	NOA 1	Mail Code: 362	(281) 283-2706	(281) 226-7528 (Fax)
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UNIVERSITY OF HOUSTON – CLEAR LAKE

DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

Instructions for Student/Visitor Incident Report

Purpose: To provide faculty and staff with the proper procedures to be followed when an injury or illness occurs to students and visitors on campus.

Procedures for **minor** incidents:

1. Locate and provide first-aid supplies for treatment and assist as needed
 - Send UHCL students to the **Health Service Center** if necessary
(Only UHCL Students can be provided care during normal business hours.)
2. Complete the **Student/Visitor Incident Report**
3. If you witness the incident, complete the **Witness Statement Form**
4. Send all completed documents to ehs@uhcl.edu within **24hrs** of incident

Procedures for **major** incidents:

1. Call 911 and ext.: 2222 (UHCL Police Dept.)
2. Locate and perform first-aid treatment until emergency personnel arrive
3. Complete the **Student/Visitor Incident Report**
4. If you witness the incident, complete the **Witness Statement Form**
5. Send all completed documents to ehs@uhcl.edu within **24hrs** of incident

Below are a few definitions for clarification purposes:

- **Visitor** – A person who has not received an identification number (student ID or employee ID) or compensation from UHCL.
Examples of visitors include: non-paid UHCL students, non-paid volunteers, camp participants, parents, contractors, joggers, etc.
- **Witness** – A person who sees, hears or knows anything about the incident.
- **Medical Emergency** – A problem that could cause death or permanent injury if not treated quickly.
Examples of a medical emergency include: non-responsive person, unconscious person, uncontrollable bleeding, respiratory emergency, etc.

*****Students are advised to carry their own insurance should an incident occur on campus*****

Department of EHS

Main Line: 281-283-2106 – Email: ehs@uhcl.edu

Niki Pearce, EHS Coordinator pearcen@uhcl.edu

Sharna Sanderson, EHS Technician sanderson@uhcl.edu



WITNESS STATEMENT
MUST BE TYPED OR PRINTED

Injured Employee Name: _____ Date of Injury: _____

SORM Claim Number: _____ Statement Taken By: _____

Witness Name: _____

Witness Email Address: _____

Residence Address: _____

Primary Telephone: _____ Secondary Telephone: _____

Witness Employer: _____

On _____, at about _____ in the a.m. / p.m., I was in or at
_____ when an accident involving the above employee is reported to have occurred.

SELECT CHOICE A, B, OR C BELOW:

A. **I saw the incident.** The accident occurred in the following manner:

Other pertinent information and source:

B. **I did not see the incident.** Information given to me by (name of person):

Indicate how it occurred:

Other pertinent information and source:

C. **I know nothing whatsoever about the incident.**

Signature: _____

Date: _____

Instructions Witness Statement

Required:

Immediately after receiving notice of any injury, the Claims Coordinator should determine the names, addresses, and telephone numbers of all witnesses to the incident. A statement should be taken from each witness and forwarded to SORM.

Filing Deadline:

The form must be received by SORM not later than the 5th calendar day after the first notice of injury is reported to the agency.

Completed by:

This form should be completed by the person giving the statement with assistance from the Claims Coordinator.

Instructions:

1. Be as specific and complete as possible.
2. Except for the witness signature, the statement should be typewritten, if possible. If it must be handwritten, PLEASE PRINT to ensure legibility.
3. Please provide the SORM claim number, if known.
4. The witness may have actually seen the incident or may have acquired knowledge about the accident from another source. The witness information may relate to how the incident occurred or to something else that is relevant. Sometimes you will be given a witness name but, when asked, the witness may deny any knowledge of the incident. In such a case the third box should be checked.
5. If the space provided on the form is insufficient please attach additional information.

Distribution:

The Claims Coordinator shall retain the original for the agency file and fax or mail a copy to:

State Office of Risk Management
PO Box 13777 Austin, TX 78711
Fax: (512) 370-9025

Notice: With few exceptions, an individual is entitled, upon request, to be informed about the information a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code the individual is entitled to receive and review the information and under Section 559.004 of the Government Code the individual is entitled to have the state governmental body correct any information about the individual that is incorrect.

UNIVERSITY OF HOUSTON – CLEAR LAKE
DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

WITNESS STATEMENT

Please fill out this form if you are a witness to an injury or illness involving a student or visitor.

*****MUST BE TYPED OR PRINTED*****

Injured individual's name if known: _____

oo

Witness Information

Name: _____

Email Address: _____

Primary Telephone: _____ Secondary Telephone: _____

Are you an employee, student or visitor? _____

If employee or student, what is your university ID badge #? _____

On _____, at about _____ <input type="checkbox"/> a.m. / <input type="checkbox"/> p.m., I was in or at <div style="display: flex; justify-content: space-around;">(Date)(Time)</div> _____ when an incident involving the above individual occurred. <div style="display: flex; justify-content: center;">(Location)</div>
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SELECT CHOICE A, B, OR C BELOW:

A. I witnessed the incident. Describe what you know about the incident.

B. I did not see the incident, but I have valuable information regarding it. Describe what you know about the incident (Did you hear or smell it?).

C. I know nothing whatsoever about the incident.

Signature: _____

Date: _____

UNIVERSITY OF HOUSTON – CLEAR LAKE
DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

Instructions for WITNESS STATEMENT

1. Please fill out this form if you are a witness to an injury or illness involving a student or visitor **only**. If you are a witness to an injury or illness involving an employee, please fill out the **SORM-74** witness statement form.
2. Please type or hand write legibly in print.
3. Be as specific and complete as possible. If the space provided on the form is insufficient, please attach additional information.
4. Witnesses must sign and date the form to certify their comments are true.
5. Submit this document to the EHS department (ehs@uhcl.edu) as soon as possible, within **24rs**.

Contact Information

Department of EHS

Main Line: 281-283-2106 - Email: ehs@uhcl.edu

Niki Pearce, EHS Coordinator pearcen@uhcl.edu

Sharnae Sanderson, EHS Technician sanderson@uhcl.edu