



8.1.5 Interaction with Patients with Bloodborne Pathogens

Chapter 8 - Health & Safety	Original Effective Date: June 2000
Section: 8.1 Bloodborne Pathogens Policy	Date Last Reviewed: April 2023
Responsible Entity: Vice President for Facilities and Capital Planning	Date Last Revised: April 2023

I. Purpose

The Purpose of this policy is to provide guidance in complying with statutes concerning bloodborne pathogens including human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV).

II. Scope

This Policy is applicable to students, faculty, and employees of UT Health San Antonio (UTHSA) and shall be made available to students, faculty, and staff members of the University by its inclusion in the student, faculty, and personnel guides if practicable, or by any other method.

III. Policy

A. Responsibilities

Entry into the healthcare professions is a privilege offered to those who are prepared for a lifetime of patient care. Students, faculty, and healthcare staff have a fundamental responsibility to provide care to all patients assigned to them, regardless of diagnosis. A failure to accept this responsibility violates a basic tenet of the medical profession: to place the patient's interests and welfare first.

Individuals who feel that their activities within UTHSA pose a special risk to their health because of exposure to bloodborne pathogen-infected patients, working conditions presenting a risk of exposure to bloodborne pathogens, or the presence of a bloodborne pathogen infection in the individual himself or herself, should seek the assistance of their immediate supervisor.

B. Infection Policy and Education Committee

UTHSA has established an Infection Policy and Education Committee that exists as a resource to address issues related to bloodborne pathogen infection on a case-by-case basis in UTHSA. The Committee serves as an advisory body to the Executive

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Committee of UTHSA and may arbitrate concerns or provide recommendations for the resolution of these infection-related issues.

IV. Definitions

There are no defined terms used in this Policy.

V. Related References

There are no related documents associated with this Policy.

VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
06/2000	Policy Origination		
09/2005	Policy Revision		
04/2023	Policy Update/Discretionary Edit		