



OSHA
Infection Control
Compliance Program

Exposure Control Plan

Occupational Exposure to Bloodborne Pathogens,
Needlesticks and Other Sharps Injuries



Revised December 2011

TABLE OF CONTENTS

INTRODUCTION.....	1
I. DEFINITIONS.....	2
II. PROGRAM ADMINISTRATION	5
III. EXPOSURE DETERMINATION	6
A. Job classifications in which employees and students whose work duties involve a reasonable likelihood of contact with blood or other potentially infectious materials.....	6
Nursing Faculty and Students	6
Physical Therapist Assistant Faculty and Students	6
Clinical Laboratory Technician Faculty and Students	6
Dental Assisting/Dental Hygiene Faculty and Students.....	6
Surgical Technology Faculty and Students	6
Radiography Faculty and Students	6
Diagnostic Medical Sonography Faculty and Students.....	6
Respiratory Care Faculty and Students.....	7
Nursing Assistant Faculty and Students.....	7
Cosmetology Faculty and Students.....	7
Maintenance and Operations Personnel	7
Science Laboratory Technician	7
B. Tasks and procedures, or groups of related tasks and and procedures, performed by employees and students in which occupational exposure occurs.....	7
Nursing Programs.....	7
Physical Therapist Assistant Program	7
Clinical Laboratory Technician Program	8
Dental Assisting/Dental Hygiene Programs	8
Surgical Technology Program	8
Radiography Program	8
Diagnostic Medical Sonography Program.....	8
Respiratory Care Program.....	8
Nursing Assistant Program.....	8
Cosmetology Program	9
Maintenance and Operations Personnel	9
Science and Laboratory Technician	9
IV. SCHEDULE AND METHODS OF IMPLEMENTATION.....	9
V. EXPOSURE CONTROL ELEMENTS	10
A. Universal/Standard Precautions	10
B. Personal Protection Equipment.....	13
C. All campus laboratory areas must be maintained in a clean, orderly, and sanitary condition.....	13
D. Contaminated Sharps.....	13

E.	Work Practices Controls.....	14
F.	Disposal of Regulated Waste	15
G.	Cardiopulmonary Resuscitation (CPR)Training.....	15
VI.	COMMUNICATION OF HAZARDS TO EMPLOYEES	16
A.	Labels	16
B.	Information and Training	17
C.	Annual Bloodborne Pathogen Training Flow Chart	20
VII.	HEPATITIS B VIRUS AND VACCINE INFORMATION	21
A.	Hepatitis B Virus.....	21
B.	Hepatitis B Vaccine and Vaccination Series	21
C.	Hepatitis B Vaccination Information.....	22
VIII.	POST-EXPOSURE EVALUATION AND FOLLOW-UP	24
A.	OSHA Post Exposure Evaluation and Follow-up	27
B.	WKCTC Bloodborne Pathogen Exposure Flow Chart	28
IX.	RECORDKEEPING	29
A.	Medical Records.....	29
B.	Training Records	29
C.	Availability.....	29
D.	Transfer of Records.....	30
E.	Sharps Injury Log.....	30
F.	Documentation of Employee non-use of protective equipment	30
G.	U.S. Dept. Of Labor reporting for employers with 10 or more employees following the occurrence of an exposure incident	31
X.	VIOLATION REPORTING	31
	APPENDICES	32
	APPENDIX A – Faculty and Staff Instructional Session Form	33
	APPENDIX B – Infection Control Program Form	34
	APPENDIX C –Hepatitis B Vaccination Record	35
	APPENDIX D – Student Infection Control Program.....	36
	APPENDIX E – Exposure Incident Control Program	37
	APPENDIX F(1) – Occunet Post Exposure Evaluation and Follow-up.....	38
	APPENDIX F(2) – HealthWorks Medical Exposure Control Plan	39
	APPENDIX F(3) – WKCTC Post Exposure and Follow-up	40
	APPENDIX G – Sharps Injury Log	41
	APPENDIX H – Device Evaluation Form	42

INTRODUCTION

This plan was developed as a means to eliminate or minimize employee exposure to human blood and other potentially infectious materials. It is designed to comply with the standards enunciated by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) in Part 1910.1030, Title 29 of the Code of Federal Regulations concerning Occupational Exposure to Blood Borne Pathogens and the Kentucky Standard 803 KAR2:320. Each employee whose work duties involve reasonable anticipated exposure to blood or other potentially infectious materials must become familiar with, and adhere to the provisions of this Exposure Control Plan (ECP). In order to promote this objective, a copy of this Plan shall be readily accessible to all employees.

The following individuals are identified as having the authority and responsibility for the implementation of this Exposure Control Plan.

- | | | |
|----|---------------|---|
| 1. | Debbie Walker | 534-3488 |
| 3. | Carrie Day | 534-3412 |
| 4. | Jerri West | 564-9390 (Keith Yearry, Dir. Of M & O cell phone) |
| 5. | Laura Durbin | 534-3131 |
| 6. | Nancy Todd | 534-3480 |

I. DEFINITIONS

ASSISTANT SECRETARY means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

BLOOD means human blood, human blood components, and products made from human blood. The term “human blood components” includes plasma, platelets, and serosanguineous fluids (e.g. exudates from wounds). Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

BLOODBORNE PATHOGENS means pathogenic microorganisms that are present in human blood or other potentially infectious materials (OPIM) and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Pathogenic microorganisms can also cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever.

CLINICAL LABORATORY means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

CONTAMINATED LAUNDRY means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

DECONTAMINATION means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

DIRECTOR means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

ENGINEERING CONTROLS means controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protection (SEPSIS) and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

EXPOSURE INCIDENT means 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. “Nonintact skin” includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

HANDWASHING FACILITIES means a facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

LICENSED HEALTHCARE PROFESSIONAL is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

NEEDLELESS SYSTEMS means a device that does not use needles for:

- (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) the administration of medication or fluids; or
- (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

OCCUPATIONAL EXPOSURE means reasonably anticipated skin, eye, mucous membrane, or other potentially infectious materials that may result from the performance of an employee's duties. The term "reasonably anticipated contact" includes the potential for contact as well as actual contact with blood or OPIM. "Reasonably anticipated contact" includes among others, contact with blood or OPIM (including regulated waste) as well as incidents of needlesticks.

OTHER POTENTIALLY INFECTIOUS MATERIALS means

- (1) 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;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) 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.

PARENTERAL means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites that break the skin, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT is 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 hazard are not considered to be personal protective equipment.

PRODUCTION FACILITY means a facility engaged in industrial-scale, large volume or high concentration production of HIV or HBV.

REGULATED WASTE means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

RESEARCH LABORATORY means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

SHARPS WITH ENGINEERED SHARPS INJURY PROTECTION (SEPSIS) means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident. This term encompasses a broad array of devices that make injury involving a contaminated sharp less likely. They include, but are not limited to: syringes with guards or sliding sheaths that shield the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids; intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering; blunt suture needles; and plastic (instead of glass) capillary tubes.

SOURCE INDIVIDUAL means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STANDARD PRECAUTIONS represents a system of barrier precautions to be used by all personnel for contact with blood, all body fluids, secretions, excretions, non intact skin, and mucous membranes of **ALL** patients, regardless of the patient's diagnosis. These precautions are the "standard of care." This system embodies the concepts of "Universal Precautions" and "Body Substance Isolation".

Standard Precautions focuses on reducing the risk of transmission of microorganisms. The use of barriers is determined by the care provider's "interaction" with the patient and the level of potential contact with body substances.

STERILIZE means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNIVERSAL PRECAUTIONS is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

WORK PRACTICE CONTROL means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. PROGRAM ADMINISTRATION

- Persons listed below are responsible for the implementation of the ECP. They will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Shari Gholson	Allied Health Building	534-3372
Peggy Block	Allied Health Building	534-3464
Nancy Todd	Allied Health Building	534-3480
Debbie Swain	Allied Health Building	534-3482
David Heflin	Allied Health Building	534-3479
Alice Robertson	Allied Health Building	534-3487
Ruth Thompson	Allied Health Building	534-3486
Tracy Ivitts	Anderson Building	534-3387
Keith Yearry	Anderson Building	534-3418
Christine Stalions	Waller Hall	534-3234

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Persons listed below are responsible for maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. They will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact person, program and phone number listed below:

Shari Gholson	Nursing	534-3372
Peggy Block	Physical Therapist Assistant program	534-3464
Nancy Todd	Clinical Laboratory Technician program	534-3480
Debbie Swain	Surgical Technology program	534-3479
David Heflin	Radiography program	534-3479
Alice Robertson	Diagnostic Medical Sonography program	534-3487
Ruth Thompson	Respiratory Care program	534-3486
Tracy Ivitts	Cosmetology program	534-3387
Keith Yearry	Anderson Building	534-3418

- John Carrico will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: Carson Hall 534-3089.
- John Carrico will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: Carson Hall, 534-3089.

III. EXPOSURE DETERMINATION

The Exposure Determination must include a list of all job classifications in which employees and students have occupational exposure and a list of all tasks and procedures in which occupational exposure occurs.

A. Job classifications in which employees and students whose work duties involve a reasonable likelihood of contact with blood or other potentially infectious materials.

1. Nursing Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient care while at clinical affiliation sites.

2. Physical Therapist Assistant Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient care while at clinical affiliation sites.

3. Clinical Laboratory Technician Faculty and Students

Faculty, staff and students have the risk of occupational exposure involving direct patient care while at clinical affiliation sites as well as in clinical laboratory technician campus laboratory experiences.

4. Dental Assisting/Dental Hygiene Faculty and Students

Faculty, staff and students have the risk of occupational exposure involving direct patient care in the dental hygiene clinic and while at clinical affiliation sites as well as in dental assisting/dental hygiene campus clinical laboratory experiences.

5. Surgical Technology Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient contact while at clinical affiliates.

6. Radiography Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient contact while at clinical affiliates.

7. Diagnostic Medical Sonography Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient contact while at clinical affiliates.

8. Respiratory Care Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient contact while at clinical affiliates.

9. Nursing Assistant Faculty and Students

Faculty and students have the risk of occupational exposure involving direct patient contact while at clinical affiliates.

10. Cosmetology Faculty and Students

Faculty and students have the risk of occupational exposure during direct client contact while performing campus laboratory procedures.

11. Maintenance and Operations Personnel

Maintenance and operations personnel have the risk of occupational exposure while they are responding to emergencies.

12. Science Laboratory Technician

Occupational exposure is unlikely, but may occur during the performance of laboratory set up and maintenance.

B. Tasks and procedures, or groups of related tasks and procedures, performed by employees and students in which occupational exposure occurs.

1. Nursing Programs

Tasks include parenteral injections, handling of contaminated sharps, IV care, wound care and exposure to body fluids, blood and blood-contaminated material during direct patient contact.

2. Physical Therapist Assistant Program

Tasks include wound care and physical therapy modalities involving possible contact with urine, feces, blood and blood-contaminated materials during direct patient contact.

3. Clinical Laboratory Technician Program

Tasks include venipuncture, fingerstick, handling and testing of urine, stool, microbiology specimens, whole blood, plasma, and serum, contact with contaminated sharps and exposure to blood and blood-contaminated material during direct patient contact and campus laboratory experiences.

4. Dental Assisting/Dental Hygiene Programs

Tasks include direct patient care involving contact with contaminated sharps, dental instruments, and exposure to blood and blood-contaminated materials.

5. Surgical Technology Program

Tasks include removal of contaminated instruments from the OR, disposal of contaminated supplies, cleaning and disinfecting contaminated equipment, room clean up, preparation of instruments and equipment for sterilization, disinfection of instruments and equipment by soaking, preparation of the incision site, counting instruments, sharps and sponges, preparation of specimens, assisting with administration of CPR, retracting tissue, irrigation, suction and sponging of the operative site, assisting with cauterization of bleeders, cutting of suture, stapling of incisions sites, and assisting during incision and wound closure, breast procedures, thyroid procedures, hernia repair, rectal surgery, vein ligation and stripping, esophagus and gastric procedures, colorectal procedures, biliary procedures, OB and GYN procedures during direct patient contact.

6. Radiography Program

Tasks include administering barium enemas, colostomy examinations, hysterosalpingography, examinations that take place in surgery or in the emergency room and involve trauma patients, nuclear medicine and angiographic intraventional procedures, myelography, arthrography, all intravenous examinations including urography and cholecystography, intravenous injection for computed tomography (DT) and magnetic resonance imaging (MRI), biopsies, amniocentesis, upper gastrointestinal examinations (UGI's), esophagrams, cystograms, voiding cystourethrograms, and endoscopic retrograde cholangiopancreatography (ERCP's), contact with contaminated sharps, exposure to blood, feces, urine and blood-contaminated materials during direct patient contact.

7. Diagnostic Medical Sonography Faculty and Students

Tasks include venipuncture, assisting with amniocentesis, exposure while performing examination on trauma patients and exposure while performing examinations on patients during surgery, exposure to blood and blood-contaminated materials during direct patient care.

8. Respiratory Care Program

Tasks include arterial puncture, oral, nasal, and tracheal suctioning, contact with sharps and exposure to blood and blood-contaminated materials during direct patient care.

9. Nursing Assistant Program

Tasks include patient care procedures involving urine and feces, and exposure to blood and blood-contaminated materials while providing direct patient care.

10. Cosmetology Program

Tasks include handling razors, sharp instruments and accidental exposure to blood or blood-contaminated materials during the provision of client services.

11. Maintenance and Operations Personnel

Tasks include waste disposal procedures, bathroom facility cleaning, and cleaning of blood or blood-contaminated spills, and possible puncture by used needles in trash bags and during clean-up while responding to an emergency.

12. Science Laboratory Technician

Occupational exposure is unlikely, but may occur during laboratory experimentation accidents as a result of frequent utilization of equipment such as test tubes, glassware, and dissection sharps.

IV. SCHEDULE AND METHODS OF IMPLEMENTATION

All policies and procedures in this Exposure Control Plan shall be implemented as described, effective November 30, 2010.

The plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. (29 CFR § 1910.1030)

As new equipment or procedures are implemented, the appropriate program faculty and the Bloodborne Pathogens Committee of the West Kentucky Community and Technical College (WKCTC) will identify, evaluate, and select the effective exposure control elements necessary to assure safety.

Documentation of the employees input will include listing the employees involved and describing the process by which input was requested, including references to the minutes of meeting, copies of documentation used to request employee participation, or records of

responses received from employees. Employee input will be obtained annually and whenever necessary.

Along with the above, documentation of the equipment and procedures being considered, the method used to evaluate the devices or procedures, and justification for the eventual selection will be included.

V. EXPOSURE CONTROL ELEMENTS

Sharp injuries will occur, but engineering controls along with updated policies and procedures will be in place to prevent them. Every attempt should be made to use the most recent and safest equipment and procedures to prevent sharp injuries. During clinical laboratory experiences at affiliating agencies, faculty and students will adhere to the exposure control policies of the agency and of the college.

A. Universal/Standard Precautions

All faculty, staff, and students of WKCTC will utilize universal/standard practices while functioning in on-campus laboratory and clinical affiliation sites.

Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, blood and body fluid precautions should be consistently used for all patients, especially including those in the emergency care setting in which the risk for blood exposure is increased and the infectious status of the patient is usually unknown. These precautions should also be used if there is a chance of exposure to blood or other body fluids in the on-campus laboratory.

OSHA requires medical professionals to follow specific “universal blood and body fluid precautions” as set forth by the Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC). These Universal Precautions prevent health-care workers from exposing themselves and others to infections.

Universal Precautions means assuming that all blood and body fluids are infected with blood-borne pathogens. **Universal Precautions** apply to:

- Blood and blood products
- Human tissue
- Semen and vaginal secretions
- Saliva from dental procedures
- Cerebrospinal fluid, synovial, pleural, peritoneal, pericardial, and amniotic fluids
- Other body fluids, if visibly contaminated with blood or of questionable origin in the body

Breast milk, while not on the list of fluids covered by Universal Precautions, is generally treated as such because it has been shown that mothers can pass along the human immunodeficiency virus (HIV) to their infants through breast milk.

Standard Precautions are a combination of Universal Precautions and rules to reduce the risk of disease transmission by means of moist body substances, known as Body Substance Isolation Guidelines. **Standard Precautions** apply to:

- Blood
- All body fluids, secretions, and excretions except sweat
- Nonintact skin
- Mucous membranes

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and use of gloves to prevent gross microbial contamination of hands. Hand washing facilities should be readily available. If facilities are not and cannot be made available, an appropriate hand cleaner in conjunction with clean towels or antiseptic towelettes must be available and the hands washed with soap and running water as soon as feasible.

1. All faculty, staff, and/or students should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any other person is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Mask and protective eyewear or face shield should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. All procedures involving blood or other body fluids shall be performed in such a manner to minimize splashing, spraying, spattering, and generation of aerosols.
3. Mouth pipetting/suctioning of blood and other body fluids is prohibited.
4. If contamination with blood or other body fluids occurs, hands and other skin surfaces should be washed thoroughly with soap and water and mucous membranes should be flushed with water immediately. Hands should be washed immediately after gloves or other personal protective equipment are removed. Hands should also be washed after contact with blood, other body fluids, or potentially infectious material, and upon leaving the work area.
5. All faculty, staff, and/or students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments. They should also take precautions during procedures and when cleaning used

instruments, disposing of used needles, and when handling sharp instruments after procedures. To prevent needlestick injuries, the faculty, staff, or student should use the appropriate type of self-sheathing needles or needleless systems. This may include, but not limited to, syringes with a sliding sheath that shields the attached needle after use, needles that retract into a syringe after use, shielded or retracting catheters, and intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective cover. Also, some examples of needleless systems will include, but not limited to, IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle. If not available, other precautions should be taken to prevent sharps injuries. Therefore, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Recapping or removing of contaminated needles or sharps should only be done if no other alternative is feasible and required by a specific medical procedure and if performed must be done through the use of a mechanical device or a one-handed technique. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal; the puncture resistant container should be located as close as practical to the use area. Large bore reusable needles should be placed in a puncture resistant container for transport to the reprocessing area.

6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
7. All faculty, staff, and/or students who have exudative lesions or weeping dermatitis should refrain from all direct patient or student care and from handling patient care equipment until the condition resolves.
8. Pregnant faculty, staff, and/or students are not known to be at greater risk of contracting HIV than other faculty, staff, and/or students who are not pregnant; however, if a faculty, staff, and/or student develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant faculty, staff, and/or students should be especially familiar with and strictly adhere to precaution to minimize the risk for HIV transmission.
9. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in the laboratory and any patient care area where blood or other potentially infectious material are likely to be present
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood, other blood fluids, and/or potentially infectious material are present.

Should an exposure incident occur, post exposure evaluation and follow up plan of the affiliation site or through Occunet or HealthWorks Medical will be utilized.

- B. Personal Protection Equipment
1. Appropriately sized and fluid impervious gloves must be worn when:
 - a. direct contact with blood, body fluids, or other potentially infectious material is anticipated;
 - b. during invasive procedures;
 - c. examining non-intact skin;
 - d. during examination of the oral cavity, gastrointestinal and genitourinary tracts;
 - e. working directly with contaminated instruments;
 - f. the employee has cuts, lesions, or dermatitis; and,
 - g. during phlebotomy.
 2. Single-use gloves must be available of the proper size, material, and quantity. Hypoallergenic gloves or glove liners will be provided for those faculty, staff, and/or students who may have hypersensitivity to regular gloves.
 3. A fastened laboratory coat or gown must be worn when working with blood, body fluids, or other potentially infectious material.
 4. If there is a chance of blood, body fluids, or other potentially infectious material to be splashed or spattered into the eyes or mouth, eye and face protection must be used. This shall consist of a:
 - a. Mask in combination with goggles or glasses with solid side shields, or
 - b. Chin-length face shields, or
 - c. Splash shield positioned between the worker and the infectious material.
 5. Gloves, laboratory coats, gowns, and other personal protective equipment must be removed prior to leaving the laboratory area or patient care area.
- C. All campus laboratory areas must be maintained in a clean, orderly, and sanitary condition.
1. Each campus laboratory that contains blood or body fluid shall have a written schedule for cleaning and disinfection of equipment and work surfaces, which contaminants are appropriate to the facility and the type of tasks being performed.
 2. Any laboratory where blood, body fluids, or other potentially infectious material are routinely handled shall have an appropriate biohazard sign posted at the entrance(s).
 3. Housekeeping personnel must be instructed in proper precautionary measures appropriate to each laboratory area.
- D. Contaminated Sharps
1. Contaminated sharps means any contaminated object that can penetrate skin including, but not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, and exposed ends of dental wires.
 2. Contaminated needles and other contaminated sharps shall not be re-

capped, sheared, bent, or broken by hand. Any needle recapping or breaking shall be accomplished by the use of a mechanical device or one-handed technique.

3. Contaminated sharps must be discarded in an appropriate closable container, which is (a) puncture resistant, (b) leak-proof on the sides and bottom, and (c) labeled with the biohazard symbol and/or color-coded red.
 - (a) Contaminated sharps containers must be readily and easily accessible and not be allowed to over-fill and must be maintained upright prior to disposal. They must be securely closed when moving and must be placed in a secondary container if leakage or spills are possible.
 - (b) Contaminated sharps containers must be closed immediately prior to removal or replacement.
4. Broken glassware must not be picked up by hand. It shall be picked up with tongs or forceps, or swept up with a sterilizable brush or squeegee and dustpan, and placed in an appropriate contaminated sharps container.

E. Work Practices Controls

Maintenance and operations and lab assistant employees were evaluated. Due to existing controls (wearing of impervious utility gloves and double bagging during waste disposal), their potential risk was determined to be minimal. No additional controls are currently necessary to provide protection from bloodborne pathogens; however, as an added precaution, training is provided to supplement the controls in place.

In the event of an untoward accident on campus that results in blood, body fluids, or other potentially infectious material, cleaning practices will be as follows:

1. Maintenance and Operations employees will wear double impervious gloves and protective clothing during cleaning. They will utilize the staff protection kit to clean the spills. The kit contains:
 - a. One isolation gown, impervious, poly-coated white
 - b. One arch mask with ties
 - c. One standard goggles with vent
 - d. Two pairs of latex examination gloves, medium
 - e. One pair of Tyrek shoe covers
 - f. One sheer fit bouffant cap
 - g. One infectious waste bag, red
2. Spills of blood, body fluids, or potentially infectious materials should be cleaned immediately by mechanical means. Liquids should be covered with a single layer of absorbent rags or paper towel and thoroughly flooded with an appropriate disinfectant solution and allowed to stand for a minimum of 20 minutes.
3. The area must be decontaminated with a solution of 1:10 dilution of

sodium hypochlorite (household bleach) and water. The spill is then cleaned up with disposable paper towel or rags.

4. Rags and other soiled items will be doubled bagged, labeled appropriately, and properly disposed of as regulated waste.

F. Disposal of Regulated Waste

1. Infectious waste containers must be closable, prevent leakage, and be labeled, tagged, or color-coded as potentially hazardous.
2. Infectious waste shall be disposed of in an appropriate leak-resistant biohazard bag at the site of use prior to removal by housekeeping personnel.
3. Containers intended for infectious waste must be routinely inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
4. Disposal of regulated waste will be outsourced to Stericycle at phone number 1-800-264-9218.

G. Cardiopulmonary Resuscitation (CPR) Training

Policy for minimizing risk transmission of HIV during CPR training – the following general recommendations will be followed:

1. The manufacturer's recommendations and provisions for sanitary practices for the training mannequins shall be followed.
2. Students or instructors will not actively participate in training sessions (hands-on-training with mannequins) if they have dermatologic lesions on hands or in oral or circumoral areas, known to be seropositive for hepatitis B surface antigens, have upper respiratory tract infections, have AIDS, or is in the active stage of any infectious process.
3. Students will be informed in advance that the training sessions will involve close physical contact with their fellow students.
4. If more than one CPR mannequin is used in a particular training class, students should preferably be assigned in pairs, with each pair having contact with only one mannequin. This approach would lessen the possible contamination of several mannequins by one individual and therefore limit possible exposure of other class members.
5. All persons responsible for CPR training are thoroughly familiar with hygienic concepts. They will follow appropriate procedures for the cleaning and maintenance of the mannequins. (e.g., monthly or whenever visible soiled).
6. During the training of two-rescuer CPR, there is no opportunity to disinfect the mannequin between students when the so-called switching procedure is practiced. To limit the potential for disease transmission during this exercise, the student taking over ventilation on the mannequin will simulate ventilation instead of blowing into the mannequin. This recommendation is consistent with current recommendation of the American Red Cross and the American Heart Association.
7. Training for the obstructed airway procedure involves the student looking in the mannequin's mouth and simulating the removal of an object if visualized.. This action could contaminate the student's finger with exhaled

moisture and saliva from previous students in the same class or contaminate the mannequin with material from the student's finger. When practicing this procedure, it should be either simulated or done on a mannequin whose airway was decontaminated before the procedure and will be decontaminated after the procedure.

8. Personnel conducting the mannequin disassembly and decontamination should wear protective latex gloves or equivalent if the personnel is allergic to latex and wash their hands after finishing. At the end of each class, the following procedures will be completed as soon as possible to avoid drying of contaminants on mannequin surfaces:
 - a. disassemble the mannequin as directed by manufacturer,
 - b. as indicated, thoroughly wash all external and internal surfaces (also reusable masks) with warm soapy water,
 - c. rinse all surfaces with fresh water,
 - d. wet all surfaces with a sodium hydrochlorine solution having at least 500 ppm free available chlorine (one-quarter cup of liquid household bleach per gallon of tap water) for 10 minutes (this solution must be made fresh at each class and discarded after each use),
 - e. rinse with fresh water and immediately dry all external and internal surfaces. Rinsing with alcohol will aid drying of internal surfaces. This drying will prevent survival and growth of bacterial or fungal pathogens.
9. Each time a different student uses the mannequin in a training class, the individual protective mask will be changed. Each student must have their personal airway device.

VI. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels

1. Labels are to include the universal biohazard symbol.



2. Labels are to be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
3. Labels are required to be affixed to the container in such a manner as to prevent their loss or intentional removal or shall be an integral part of the container.
4. Blood spill clean up materials will be double bagged and placed in red bags marked contaminated.
5. Regulated waste that has been decontaminated need not be labeled or color coded.

6. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as in paragraph 7, 8, and 9.

7. Red bags or red containers may be substituted for labels.

8. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.

9. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

10. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

11. All federal, state and local regulations shall be observed.

B. Information and Training

1. Annually, all employees with a potential for occupational exposure must participate in a training program which is to be provided at no cost to the employee and to be presented during working hours.

These include faculty, staff and students from these areas, but are not limited to these areas:

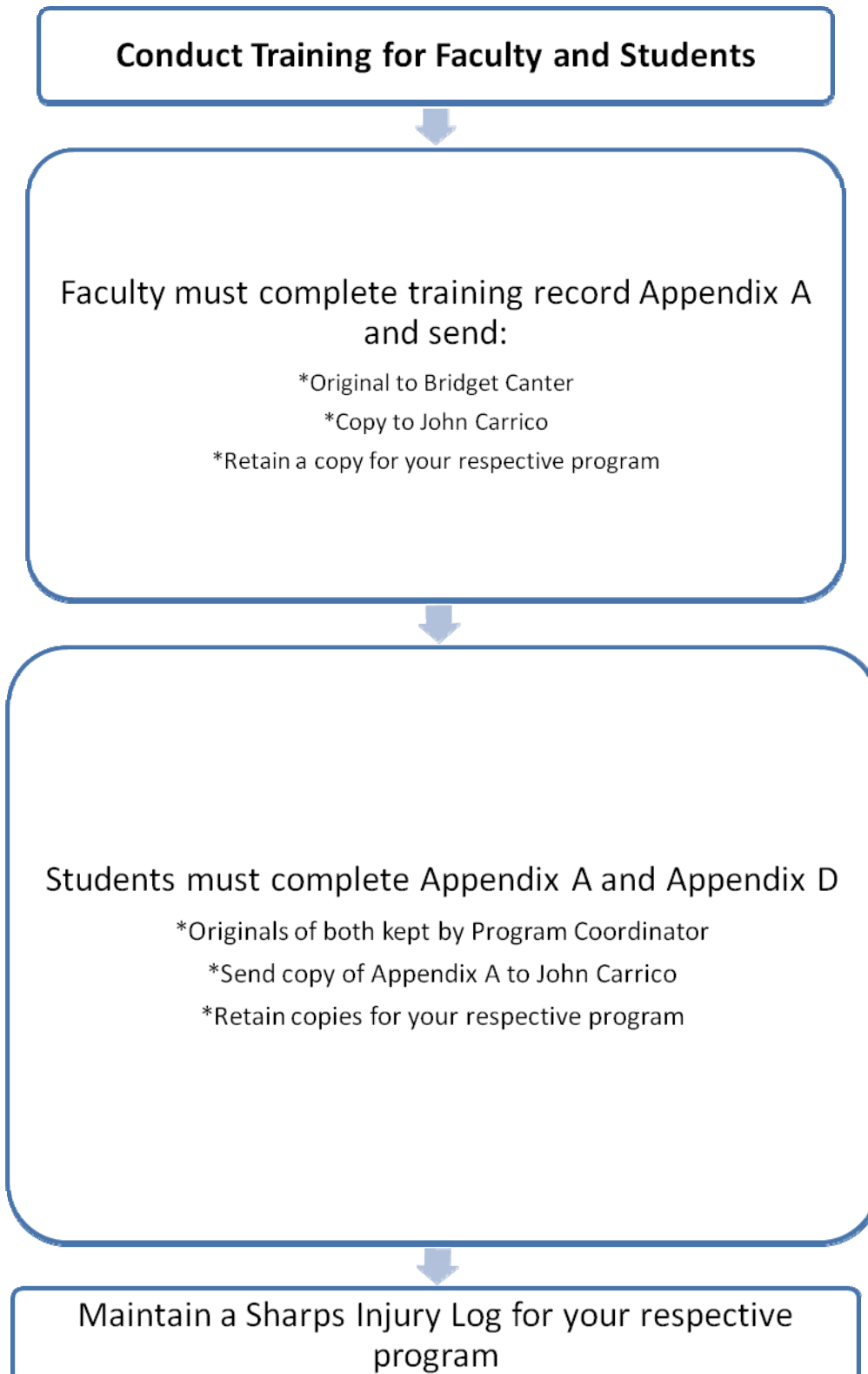
- a. Practical Nursing Program
- b. Clinical Laboratory/Phlebotomy Program
- c. Dental Assisting/Dental Hygiene Programs
- d. Surgical Technology Program
- e. Radiography Program
- f. Diagnostic Medical Sonography Program
- g. Respiratory Care Program
- h. Nursing Assistant Program
- i. Physical Therapist Assistant Program
- j. Cosmetology Program
- k. Nursing Program
- l. Instructional Laboratory Specialist
- m. Maintenance and Operations personnel

2. Training is to be provided at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.

3. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
4. Additional training is to be provided when changes, such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's potential for occupational exposure.
5. The training program must contain, at a minimum, the following elements:
 - a. An accessible copy of the regulatory text of this standard and an explanation.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment.
 - i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information 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 procedure to follow if an incident occurs, including: what to do, who to contact, the method of reporting the incident and the post exposure evaluations and medical follow-up that will be made available.

- l. Information on the post-exposure evaluation and follow-up that is provided following an exposure incident.
 - m. An explanation of required labels, proper signs, and/or color-coding.
 - n. An opportunity for interactive questions and answers with the person conducting the training session.
- 6. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
- 7. Records of each training session shall be kept, including:
 - a. Dates of the training session
 - b. The content or a summary of training;
 - c. Names and qualifications of person(s) conducting the training and,
 - d. Names and job titles of all person(s) attending training.
- 8. All personnel and students will complete the “Bloodborne Pathogens Instructional Session” training form upon completion of training (see Appendix A).
- 9. Training records shall be maintained for a period of three (3) years from date of training.

Annual Bloodborne Pathogen Training Flow Chart



VII. Hepatitis B Virus and Vaccine Information

A. Hepatitis B Virus

The Hepatitis B Virus (HBV) is one of at least three hepatotropic viruses that causes a systemic infection with major pathology to the liver. The serious complications and sequelae of HBV infection include massive hepatic necrosis, chronic hepatitis, cirrhosis of the liver, and hepatocellular carcinoma.

Vehicles for transmission of the virus are often blood and blood products. The viral antigen is also found in, but not limited to; tears, saliva, breast milk, urine, semen, and vaginal secretions. Infection may occur when HBV, transmitted by infected body fluids, is implanted via mucous surfaces or percutaneously introduced through accidental or deliberate breaks in the skin.

B. Hepatitis B Vaccine and Vaccination Series

Hepatitis B vaccine is recommended for all persons who have occupational exposure blood or other potentially infectious materials that result from the employee's duties. It also ensures that faculty, staff and students receive appropriate medical follow-up after each specific identified exposure incident.*

Faculty and Staff

Hepatitis B vaccination is to be made available to designated faculty and staff after he/she has been informed of its efficacy, and safe method of administration along with the benefits of being vaccinated. The vaccine is offered free of charge within 10 days of initial assignment of duties which may present the potential for occupational exposure unless the employee has previously received the complete hepatitis B series, antibody testing revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.*

Faculty and staff who decline to accept the hepatitis B vaccination offered are to sign the Statement of Declination. (see Appendix B) The hepatitis B vaccine is available to them at a later date should they want to receive it at no charge. No cost means no out of pocket expense to the employee.* A Hepatitis B vaccination record will be maintained on all identified faculty and staff of WKCTC. (see Appendix C)

Students

All identified students will be informed of the efficacy, administration procedures and recommendation for receiving the Hepatitis B vaccine. Students are individually responsible for obtaining the vaccine. All students must complete the Statement of Understanding Universal Precautions Hepatitis B vaccine. (Appendix D)

The Center for Disease Control (CDC) is responsible for issuing guidelines and making recommendations regarding infectious agents. OSHA requires employees to follow CDC current

guidelines. Employees who have ongoing contact with patients or blood and are at ongoing risk for percutaneous injury are to be tested for antibody to Hepatitis B surface antigen, one to two months after the completion of the three-dose vaccination series. Employees who do not respond to the primary vaccination series must be revaccinated with a second three-dose vaccine series and retested, unless they are HbsAg-positive. The inoculation will be per CDC guidelines.*

*(OSHA regulation 29 CFR 1910.1030).

C. **Hepatitis B Vaccination Information**

1. Contraindications

Hypersensitivity to yeast or any component of the vaccine.

2. Precautions

- a. Any serious active infection is reason for delaying use of the vaccine except when in the opinion of the physician, withholding the vaccine entails a greater risk.
- b. Caution should be exercised in administering the vaccine to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.
- c. Pregnancy: It is not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The vaccine should be given to a pregnant woman only if clearly needed. Caution should be exercised when the vaccine is administered to a nursing woman.
- d. Adverse reactions, as reported in the drug literature, are printed in Item
- e. If you are undecided as to whether to take the vaccine or not, discuss the matter with your personal physician.

3. Adverse Reactions of HBV Vaccine

RECOMBIVAX HB is generally well-tolerated. No serious adverse reactions attributable to the vaccine have been reported during the course of clinical trials. No adverse experiences have been reported during clinical trials which could be related to changes in the titers of antibody to yeast. As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials.

In a group of studies, 3,256 doses of RECOMBIVAX HB were administered to 1252 healthy adults who were monitored for 5 days after each dose. Injection site and systemic complaints were reported following 17% and 15% of the injections, respectively. The following adverse reactions were reported:

Incidence equal to or greater than 1% of injections:

- a. Local reactions (injection site) – soreness, pain, tenderness, pruritus, erythema, ecchymosis, swelling, warmth, and nodule formation.

- b. Systemic reactions – the most frequent complaints included fatigue/weakness, headache, fever (≥ 100 F), and malaise.
- c. Digestive system – nausea and diarrhea.
- d. Incidence less than 1% of injections:
 1. Systemic reactions – sweating, achiness, sensation of warmth, lightheadedness, chills, and flushing.
 2. Digestive system – vomiting, abdominal pains/cramps, dyspepsia, and diminished appetite.
 3. Respiratory system – rhinitis and cough.
 4. Nervous system – vertigo/dizziness, and paresthesia.
 5. Integumentary system – pruritus, rash (non-specific), angioedema, and urticaria.
 6. Musculoskeletal system – arthralgia, including monoarticular, myalgia, back pain, neck pain, shoulder pain, and neck stiffness.
 7. Cardiovascular system – hypotension.
 8. Urogenital system – dysuria.
 9. Other – lymphadenopathy, insomnia/disturbed sleep and earache.
- e. The following additional adverse reactions have been reported with use of the marketed vaccine. In many instances, their relationship to the vaccine is unclear:
 1. Hypersensitivity – anaphylaxis and symptoms of immediate hypersensitivity reactions including rash, pruritis, urticaria, edema, angioedema, dyspnea, chest discomfort, bronchial spasm, palpitation, or symptoms consistent with a hypotensive episode have been reported within the first few hours after vaccination. An apparent hypersensitivity syndrome (serum-sickness-like) of delayed onset has been reported days to weeks after vaccination, including arthralgia/arthritis (usually transient), fever, and dermatological reactions such as urticaria, erythema multiforme, echymoses, and erythema nodosum.
 2. Peripheral neuropathy, including Bell’s palsy, muscle weakness, and Guillain-Barre syndrome.
 3. Increased erythrocyte sedimentation rate.
 4. Optic neuritis and tinnitus.
- f. In addition, a variety of adverse effects not observed in clinical trials with RECOMBIVAX HB have been reported with HEPTAVAX-B (plasma-derived

hepatitis B vaccine). Those listed below are to serve as alerting information to physicians:

1. Neurological disorders including transverse-myelitis, acute radiculoneuropathy, and herpes zoster.
2. Thrombocytopenia.
3. Visual disturbances.

NOTE: If after taking the hepatitis B vaccine you experience any adverse reaction, notify your physician.

VIII. Post-Exposure Evaluation and Follow-Up

A. Immediately following an exposure, the Exposure Incident Investigation Report will be completed and sent to the Safety Director for implementation of the post-exposure and follow-up. (see Appendix E) Post-exposure evaluation and follow-up at WKCTC addresses two groups of individual: 1) faculty and staff of WKCTC; 2) students of WKCTC. Faculty and staff of WKCTC will follow the post exposure protocol of Occunet-Occupational Healthcare Resources Consultants, Inc. (see Appendix F1) or HealthWorks Medical, LLC (Appendix F2). If the incident occurs at a hospital based clinical affiliate, students of WKCTC will follow the post exposure evaluation and follow up plan of the agency. If the incident occurs in a campus clinical laboratory or a non-hospital based affiliate, the student will follow the post-exposure evaluation and follow-up plan of Occunet or HealthWorks Medical.

B. Occunet Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, OHRC, Inc. will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- Assessment of level of risk by a healthcare professional
- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- Identification and documentation of the source individual, unless the healthcare professional can establish that identification is not feasible or is prohibited by state or local law
- The source individual's blood is tested as soon as feasible after consent is obtained (from the parent or guardian in the instance of a minor) in order to determine Hepatitis B (HBV) and HIV (AIDS) infectivity. If consent is not obtained, the college will document that legally required consent cannot be obtained
- When the source individual is already known to be infected with Hepatitis B or HIV, testing for the source individual's known HBV or HIV status need not be repeated
- Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual

- Collections and testing of blood for HBV and HIV serological status will be offered; the exposed employee's blood will be collected as soon as feasible and tested after consent is obtained
- Post-exposure prophylaxis will be provided, when medically indicated, as recommended by the U.S. Public Health Service, Centers for Disease Control and the oversight physician
- Counseling concerning personal precautions to be taken until negative test results can be obtained; discussion of symptoms of potential illnesses for which to be alert
- Evaluation of reported illnesses as they may relate to HIV or Hepatitis B.
 - (Occupational Healthcare Resource Consultants, Inc.)

C. HealthWorks Medical – Exposure Control Plan

When an employee or student incurs an exposure, it should be reported to the Principal Investigator/Area Supervisor.

All employees or students who incur an exposure will be offered post-exposure and follow-up in accordance with the OSHA Bloodborne Pathogens Standard. When an employee or student incurs an exposure, he/she should report to:

HealthWorks Medical
 127 Alben Barkley Drive
 Paducah, KY 42001

All other times call 270-448-9355 after hours for medical direction or report to Emergency Department at Lourdes.

The evaluation and follow-up will include the following under the direction of the director of Occupational Medicine:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained by the Principal Investigator/Area supervisor) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee/student with the exposed employee/student informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee/student will be offered the option of having blood collected for testing of his/her HIV/HBV serological status.

- The employee/student will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service (USPHS).
- The employee/student will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee/student will also be given information on potential signs and symptoms of illness and told to report these to Occupational Medicine, should they occur.
- Medical records will be obtained and kept in accordance with all applicable regulations.

ALGORITHM FOR POST EXPOSURE EVALUATION AND FOLLOWUP

(U.S. DEPARTMENT OF LABOR/OSHA, 1992b)

EXPOSURE INCIDENT OCCURS

EMPLOYEE

- REPORTS INCIDENT TO EMPLOYER →

EMPLOYER

- DIRECTS EMPLOYEE TO HCP
- SENDS TO HCP COPY OF STANDARD JOB DESCRIPTION OF EMPLOYEE INCIDENT REPORT (Route, circumstances, etc.) SOURCE INDIVIDUAL'S IDENTITY AND HBV/HIV STATUS (if known) EMPLOYEE'S HBV STATUS AND OTHER RELEVANT MEDICAL INFORMATION
- DOCUMENTS EVENTS ON OK 200 AND OKLA WORKER COMP FORM 2 (if applicable)

- RECEIVES HCP'S WRITTEN OPINION ←
- PROVIDES COPY OF HCP'S WRITTEN OPINION TO EMPLOYEE (within 15 days of completed evaluation)

- RECEIVES COPY OF HCP'S WRITTEN OPINION ←

HEALTHCARE PROFESSIONAL (HCP)

- EVALUATES EXPOSURE INCIDENT
- ARRANGES FOR TESTING OF EMPLOYEE AND SOURCE INDIVIDUAL (if not already known)
- NOTIFIES EMPLOYEE OF RESULTS OF ALL TESTING
- PROVIDES COUNSELING
- PROVIDES POST-EXPOSURE PROPHYLAXIS
- EVALUATES REPORTED ILLNESSES

- SENDS (ONLY) THE HCP WRITTEN OPINION TO EMPLOYER:

– Documentation that employee was informed of test results and the need for any further follow-up

AND

– Whether HBV vaccine is indicated and if vaccine was received

Bloodborne Pathogen Exposure Flow Chart

In the event of an exposure complete these steps immediately.

Complete the Exposure Incident Investigation Report (Appendix E) and send to John Carrico



John Carrico's Office (Johanna Zeiler) will contact Occunet or HealthWorks if applicable to arrange the post-exposure evaluation process



If the exposure occurs in a hospital based clinical affiliate, students will follow the post-exposure evaluation and follow-up plan of the affiliate.

If Occunet or HealthWorks is used, the student may be invoiced for the cost of the evaluation and any follow-up that occurs.



Enter the incident on your program's **Sharps Incident Log**.

IX. RECORDKEEPING

A. Medical Records

An accurate medical record will be maintained for each employee with the potential for occupational exposure to blood or other potentially infectious materials. The record is to be maintained by the Personnel Director in each employee file, and is to include:

1. The name and social security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of information provided to the healthcare professional performing post-exposure evaluations. Medical record entries related to post-exposure evaluation are to be kept confidential and are not to be disclosed without the employee's express written consent to any person within or outside the workplace except as required by OSHA Regulation 29 CFR 1910.1030 or as may be required by law. Records related to an employee's post-exposure evaluation are to be maintained for at least the duration of employment plus 30 years and shall be provided upon request for examination and copying to the subject employee or anyone having written consent of the subject.

B. Training Records

Training records (Appendix A) will be maintained in each employee's personnel file and will include the following information:

1. The dates of the training sessions.
2. The contents, or a summary, of the training sessions.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

Training records will be maintained for three years from the date on which the training occurred and shall be provided upon request for examination and copying to employees or employee's representative.

C. Availability

1. The employer will ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, U.S. Dept. of Health and Human Resources or their representative(s) for examination and copying.

2. Employee training records required by this paragraph will be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.
3. Employee medical records required by this paragraph will be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

D. Transfer of Records

1. The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20.
2. If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

E. Sharps Injury Log.

1. Each identified program area will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. (See Appendix G) The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
 - (a) the type and brand of device involved in the incident,
 - (b) the department or work area where the exposure incident occurred, and
 - (c) an explanation of how the incident occurred.
2. The requirement to establish and maintain a sharps injury log will apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
3. The sharps injury log will be maintained for the period required by 29 CFR 1904.6

F. Documentation of employee non-use of personal protective equipment: Refer to Section VI(D).

Section VI(D) states:

Employees will use appropriate personal protective equipment whenever there is a potential for occupational exposure.

1. An employee may temporarily and briefly decline the use of personal protective equipment only under rare and extraordinary circumstances when, in the employee's professional judgment, its use will prevent the

delivery of healthcare or public safety services, or will pose an increased hazard to themselves or a co-worker.

2. When an employee makes such a judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

G. U.S. Dept. of Labor reporting for employers with 10 or more employees following the occurrence of an exposure incident: Refer to Section XIV(G).

Section XIV(G) states:

Following the report of an exposure incident, employers who employ ten (10) or more employees shall also complete U.S. Dept. of Labor, OSHA, forms No.200 and 101.

X. VIOLATION REPORTING

Section 11(C) of the Occupational Safety and Health Act of 1970 prohibits any employer action against employees for participating in job safety and health activities. Employees may not be punished or discriminated against, in any way, for exercising such rights as:

- A. Participating in OSHA inspections.
- B. Complaining to employers, unions, OSHA, or any other government agency about job safety or health hazards.
- C. Participating in a work place safety and health committee or union activities concerning job safety or health.
- D. Participating in proceedings before the Occupational Safety and Health Review Commission.

APPENDICES

APPENDIX A

West Kentucky Community and Technical College
BLOODBORNE PATHOGENS INSTRUCTIONAL SESSION

Faculty/Staff/Student _____

I attended the instructional session on bloodborne pathogens on

(date and time) _____

taught by _____

I understand the regulatory text (Title 29 CFR 1910.1030) and West Kentucky Community and Technical College OSHA Infection Control Compliance Plan is available in West Kentucky Community and Technical College Policy Manual and also in the following areas: Maintenance and Operations, Human Resources, Chief Academic Officer, Library, and the Nursing Coordinator's Office.

I understand the symptoms of bloodborne diseases and the modes of transmission of bloodborne pathogens. An explanation was given on the exposure control plan and appropriate engineering controls, work practices, and personal protective equipment I need on my job or in the instructional area.

I understand how to locate, use, remove, decontaminate and/or dispose of appropriate personal protective equipment for the tasks that I do.

I have received information on the hepatitis B vaccine and understand my options for taking the vaccine. I understand the signs and labels used to identify biohazardous materials.

NAME (PLEASE PRINT)

SIGNATURE

DEPARTMENT

APPENDIX B

WEST KENTUCKY COMMUNITY AND TECHNICAL COLLEGE
INFECTION CONTROL PROGRAM

Faculty/Staff Statement of Understanding

Employee Name: _____

Social Security Number: _____

Position: Date of Hire: _____

UNIVERSAL PRECAUTIONS

I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that makes universal precautions mandatory in all healthcare settings.

Employee's Signature: _____

Date: _____

HEPATITIS B VACCINE/VACCINATION INFORMATION ACKNOWLEDGMENT

I have received information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

Employee's Signature: _____

Date: _____

HEPATITIS B VACCINATION DECLINATION

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 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 me.

Employee's Signature: _____

Date: _____

-OR-

HEPATITIS B VACCINATION

I had the hepatitis B vaccination on and have submitted proof of vaccination to West Kentucky Community and Technical College.

Employee's Signature: _____

Date: _____

EQUAL EDUCATION AND EMPLOYMENT OPPORTUNITY

M/F/D

REVISED 2005

APPENDIX C

West Kentucky Community and Technical College

HEPATITIS B VACCINATION RECORD

Employee Name: _____

Department: _____

If vaccination administered prior to employment at West Kentucky Community and Technical College,
date series completed:

Record of HBV vaccination:

	DATE ADMINISTERED	SIGNATURE OF NURSE OR PHYSICIAN
First Dose	_____	_____
Second Dose	_____	_____
Third Dose	_____	_____

Anti-HBsAg titer, if known:

Date titer performed:

Revised 2005

APPENDIX D

**WEST KENTUCKY COMMUNITY AND TECHNICAL COLLEGE INFECTION CONTROL PROGRAM
STATEMENT OF UNDERSTANDING UNIVERSAL PRECAUTIONS
HEPATITIS B VACCINE**

STUDENT

NAME: _____

STUDENT ID NUMBER: _____

- I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that makes universal precautions mandatory in all healthcare settings. I understand and agree to follow the exposure plan in the event I am injured or exposed to bloodborne pathogens. Laboratory tests and/or healthcare provider follow-up may be required at student expense.

Student's Signature: _____

- Hepatitis B Vaccination Declination:

I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that West Kentucky Community and Technical College recommends that I take the hepatitis B vaccination prior to entering clinical training. I understand that by declining this recommendation to take the hepatitis B vaccine I will be at risk of acquiring hepatitis B, a serious disease. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish, West Kentucky Community and Technical College with proof of vaccination within 10 days of taking the vaccination.

Student's Signature: _____

-OR-

- I had the hepatitis B vaccination on and have submitted proof of vaccination to West Kentucky Community and Technical College (documentation attached).

Student's Signature: _____

Date Signed: _____

TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR. As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature: _____

Date Signed: _____

APPENDIX E

West Kentucky Community and Technical College

Exposure Incident Investigation Report

Date and time of incident: _____

*The Department or work area where the exposure incident occurred:

Potentially Infectious materials involved (type and source):

Circumstances (tasks being performed, etc):

*Explanation of how incident occurred (accident, equipment malfunction, etc):

*Type and Brand of device involved in the incident:

Type: _____ Brand: _____

Personal protective equipment being used:

Actions taken (decontamination, clean-up, reporting, etc):

Recommendations for avoiding repetition of exposure:

Signature of person completing this investigation report

Date

*Required fields for 29 CFR 1910.30

Revised 2005

Appendix F (1)

Occunet Post-Exposure Evaluation and Follow-up

Following a report of an exposure incident, OHRC, Inc. will make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

- . Assessment of level of risk by a healthcare professional
- . Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred .
- . Identification and documentation of the source individual, unless the healthcare professional can establish that identification is not feasible or is prohibited by state or local law
- . The source individual's blood is tested as soon as feasible after consent is obtained (from the parent or guardian in the instance of a minor) in order to determine Hepatitis B (HBV) and HIV (AIDS) infectivity. If consent is not obtained, the college will document that legally required consent cannot be obtained
- . When the source individual is already known to be infected with Hepatitis B or mv, testing for the source individual's known HBV or HIV status need not be repeated
- . Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual
- . Collections and testing of blood for HBV and HIV serological status will be offered; the exposed employee's blood will be collected as soon as feasible and tested after consent is obtained
- . Post-exposure prophylaxis will be provided, when medically indicated, as recommended by the U.S. Public Health Service, Centers for Disease Control and the oversight physician
- . Counseling concerning personal precautions to be taken until negative test results can be obtained; discussion of symptoms of potential illnesses for which to be alert
- . Evaluation of reported illnesses as they may relate to HIV or Hepatitis B.

Occupational Healthcare Resource Consultants, Inc.

Revised 2009

Appendix F (2)

HealthWorks Medical Exposure Control Plan

When an employee or student incurs an exposure, it should be reported to the Principal Investigator/Area Supervisor.

All employees or students who incur an exposure will be offered post-exposure and follow-up in accordance with the OSHA Bloodborne Pathogens Standard. When an employee or student incurs an exposure, he/she should report to:

**HealthWorks Medical
127 Alben Barkley Drive
Paducah, KY 42001**

All other times call 270-448-9355 after hours for medical direction or report to Emergency Department at Lourdes.

The evaluation and follow-up will include the following under the direction of the director of Occupational Medicine:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (**after consent is obtained by the Principal Investigator/Area supervisor**) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee/student with the exposed employee/student informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee/student will be offered the option of having blood collected for testing of his/her HIV/HBV serological status.
- The employee/student will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service (USPHS).
- The employee/student will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee/student will also be given information on potential signs and symptoms of illness and told to report these to Occupational Medicine, should they occur.
- Medical records will be obtained and kept in accordance with all applicable regulations.

APPENDIX F (3)

WEST KENTUCKY COMMUNITY AND TECHNICAL COLLEGE

**OSHA BLOODBORNE PATHOGENS INFECTION CONTROL PROGRAM POSTEXPOSURE
EVALUATION AND FOLLOW UP**

I, _____, understand that if I am involved in an exposure incident, I will immediately contact the program coordinator and complete the Exposure Incident Investigation Report.

I further understand that I am to contact Occunet-Occupational Healthcare Resources Consultants, Inc. or HealthWorks Medical for post-exposure evaluation and follow up if these services are not offered by the clinical affiliate. I understand and agree to follow the exposure plan in the event I am injured or exposed to bloodborne pathogens. Laboratory tests and/or healthcare provider follow-up may be required at student expense.

Occunet

2535 Broadway
Paducah, KY 42001
270-575-3001
Hours: M-F 7:30 am - 5:00 pm

HealthWorks Medical

127 Alben Barkley Drive
Paducah, KY 42001
270-448-9355
Hours: M-F 8:00 am – 5:00 pm

Student's signature

Date Signed

Instructor's signature

Date Signed

TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR.

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature

Date Signed

Revised 2009

APPENDIX H

Device Evaluation Form

Product: _____ **Date:** _____

Department/Unit: _____ **Position/Title:** _____

1. Number of times you used the device.

- 1-5 6-10 11-25 26-50 More than 50

2. Please mark the box that best describes your experiences with the device. If a question is not applicable to this device, do not fill in an answer for that question.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Patient/Procedure Considerations					
a. Needle penetration is comparable to the standard device.	1	2	3	4	5
b. Patients/residents do not perceive more pain or discomfort with this device.	1	2	3	4	5
c. Use of the device does not increase the number of repeat sticks of patient.	1	2	3	4	5
d. The device does not increase the time it takes to perform the procedure.	1	2	3	4	5
e. Use of the device does not require a change in procedural technique.	1	2	3	4	5
f. The device is compatible with other equipment that must be used with it.	1	2	3	4	5
g. The device can be used for the same purposes as the standard device.	1	2	3	4	5
h. Use of the device is not affected by my hand size.	1	2	3	4	5
i. Age or size of patient/resident does not affect use of this device.	1	2	3	4	5
Experience with the Safety Feature					
j. The safety feature does not interfere with procedural technique.	1	2	3	4	5
k. The safety feature is easy to activate.	1	2	3	4	5
l. The safety feature does not activate before the procedure is completed.	1	2	3	4	5
m. Once activated, the safety feature remains engaged.	1	2	3	4	5
n. I did not experience any injury or <i>near miss</i> of injury with the device.	1	2	3	4	5

