

WNC Policies and Procedures Manual

Procedure: BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

Policy No.: 11-9-3

Department: Environmental Health and Safety (EH&S)

Contact: Environmental Health and Safety Coordinator

Policy: The bloodborne pathogen exposure control program is designed to protect all WNC personnel from exposure to human blood and Other Potentially Infectious Materials (OPIM). This program is designed to comply with the Occupational Health and Safety Administration Standards, specifically 29CFR1910.1030.

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Forms:

- Bloodborne Pathogen Exposure Emergency Checklist- For Use in a College Emergency (See Section 1)
- Bloodborne Pathogen Exposure Emergency Checklist- For Use in a Clinical Setting (See Section 1)
- WNC Written Statement of Exposure to Bloodborne Pathogen (See Section 1)
- Report on Exposure to Bloodborne Pathogens (See Section 1)
- Post Exposure Prophalaxis Consent Form for HIV Exposure (See Section 1)
- Notice of Injury or Occupational Disease Incident Report (C-1) (on EH&S website)
- WNC EH&S Incident Report (See Section 1)
- Exposure to Bloodborne Pathogens Determination Form (Appendix “C”)

Section 1 Emergency Information

The following emergency information is placed at the beginning of this program for quick access in an emergency. The emergency information and forms are included in Section 1.

The 8 ½ x 11 Bloodborne Pathogens Exposure Emergency Checklists are for reference during an emergency (see pages 3 and 4)

Western Nevada College

BLOODBORNE PATHOGEN EXPOSURE

**Emergency Checklist
For Use in a College Emergency**

Procedures to Follow in the event of a bloodborne pathogen exposure

1. Cleanse, flush, and remove as appropriate:

- Wash needle stick and cuts with soap and water
- Flush the nose, mouth or skin with copious amounts of water
- Irrigate eyes with clean water, saline or sterile irrigants
- Remove soiled personal –protective equipment and/or clothing

2. Notify:

- Your supervisor
- Identify the source of exposure
- Notify Environmental Health and Safety at 291-1355 at night or during weekends
notify public safety at 230-1952

3. Seek medical evaluation: (You must have your medical insurance card.)

- Medical evaluation should take place within 1-2 hours after exposure
- Go immediately to the nearest emergency room (ER) for treatment

4. Continue with follow-up medical care:

- See your personal physician as soon as possible for long-term care
- If you take a post exposure drug make sure you continue the medication as required

5. Complete paperwork with WNC:

- An Incident Report (see page 7)
- A worker compensation C-1 Form (if appropriate)

Western Nevada College
BLOODBORNE PATHOGEN EXPOSURE
Emergency Checklist
For Use in a Clinical Setting
(Nursing and Allied Health only)

Procedures to follow in the event of a bloodborne pathogen exposure

1. Cleanse, flush, and remove as appropriate:

- Wash needle stick and cuts with soap and water
- Flush the nose, mouth or skin with copious amounts of water
- Irrigate eyes with clean water, saline or sterile irrigants
- Remove soiled personal protective equipment and/or clothing

2. Notify:

- Appropriate RN or supervisor at clinical site
- Notify appropriate WNC faculty member(s) and administrator
- Identify the source of exposure
- The WNC Faculty member to notify the WNC Nursing and Allied Health Division Chair

3. Seek medical evaluation: (You must have your medical insurance card.)

- Medical evaluation should take place within 1-2 hours after exposure
- Follow the protocols of hospital/nursing home; this may include going to the Emergency Department or Employee Health depending on the agency or to a private health care provider

4. Continue with follow-up medical care:

- Follow the direction that you received in the medical institution
- See your personal physician immediately for long term care.
- If you take post exposure drug make sure you continue the medication as requested.

5. Complete paperwork with WNC:

- Complete Appendix D Form WNC clinical related incident/accident report and submit to the Nursing and Allied Health Office at WNC.
-

Re: 8.11.08

Western Nevada College
Written Statement of Exposure to Blood

Following an exposure to blood incident, please notify the EH&S Coordinator by phone and by sending this completed form to:

Environmental Health and Safety Coordinator
2201 West College Parkway
Carson City, Nevada 89703
Reynolds 104 F
775-445-3327 Office
775- 445-3027 Fax
775-291-1355 Cell

<p>Do not write in this space WNC EH&S Incident Report Number: _____ SIIS Report Number (if employee): _____ Exposure Control Report Number: _____ Number of Written Statements Taken for the Incident: _____</p>
--

EXPOSED INDIVIDUAL

(If confidentiality is requested, do not complete this section)

Name: PRINT _____ Sex: M/F

Date of Birth _____

Phone: home _____ Phone: cell _____ Phone: work _____

Address: _____ City: _____ State: _____ Zip: _____

Check one:

- Employee: indicate department _____
- Student: indicate program where enrolled _____
- Campus Visitor _____

SOURCE INDIVIDUAL

Identify the source individual (the person to whom the exposed individual was exposed), if one exists:

Name: _____

Phone (if known): _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____

Time Incident was reported: _____

Name and title of person initially notified: _____

Location where incident took place: _____

Did the accident/exposure result in any of the following? (check all that apply)

- Percutaneous exposure (break in skin that caused bleeding)
- Mucous membrane contact (eyes, nose, mouth)
- Abraded skin, chapped skin, dermatitis
- Other, please explain _____

Did the incident involve exposure to potentially infectious materials (blood, saliva, body fluids, and contaminated solution)?

Yes No describe: _____

EXPOSED INDIVIDUAL'S STATEMENT

Describe precisely how the incident occurred _____

Describe what was done immediately after the incident _____

Describe how this incident could have been prevented _____

Signature of person making report

Date

Signature of supervisor/witness

Date

END OF REPORT

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**Western Nevada College
Environmental Health and Safety**

Incident Report

Narrative:

[Please include: date, time, and names of those involved including witnesses, cause of injury/damage, and extent of injury/damage, the sequence of events, and the location as a sketch may be helpful, and other pertinent details.]

(Use additional sheets if required) (This report may also be used as a witness statement)

Individual: (print) _____

Contact Information: Address _____

Phone: (home) _____ (cell) _____

Signature: _____

Instructor/Supervisor: (print) _____

Signature: _____

Date: _____ EH&S Incident # _____

**(Send completed form to Environmental Health and Safety Carson Campus attention
EH&S Coordinator)**

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Western Nevada College
CONSENT FORM FOR HIV ANTIBODY TESTING

Important information regarding the HIV (Human Immunodeficiency Virus) antibody test:

The HIV antibody test is a blood test that detects the presence of antibodies, naturally occurring proteins in the blood produced by the body in response to exposure to the HIV virus (AIDS related virus). This is not a test for AIDS. The test does not tell you whether you have AIDS or AIDS related complex (ARC). It does show whether you are infected with the virus that can cause AIDS. Antibodies may not be formed for up to six months following exposure to the virus. Therefore, the baseline test is followed by a six week, three month, and six-month antibody tests.

CONSENT:

I agree to have my blood tested for the presence of the HIV antibody. I understand that this test result will become a part of a confidential medical file. I understand that every effort will be made to protect my privacy and the confidentiality of the HIV test results as required by the Nevada Revised Statutes.

I have been given the opportunity to ask questions regarding this test, and questions have been answered to my satisfaction.

I have been informed about the HIV antibody test, including its limitations and implications.

I understand that should the results of this test be positive, it will be reported to the Nevada State Department of Human Resources, as required by Nevada State Law.

I, THEREFORE, TAKE FULL RESPONSIBILITY FOR MY DECISION AND HOLD HARMLESS BOTH WESTERN NEVADA COLLEGE (WNC) ITS OFFICERS, DIRECTORS, REPRESENTATIVES, AND EMPLOYEES FOR ANY AND ALL LIABILITY WHICH MAY RESULT FROM MY DECISION.

_____ I **DO** CONSENT TO HAVE AN HIV BLOOD SAMPLE DRAWN

_____ I **DO NOT** COSENT TO HAVE AN HIV BLOOD SAMPLE DRAWN

Signature: _____ Date: _____

Print Name: _____

Physician/Counselor Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____

Date: _____ Time: _____

BB-3

Western Nevada College

Post Exposure Prophalaxis Consent for HIV Exposure Form

I contacted the Post Exposure Prophalaxis (PEP) line (1-888-448-4911), and discussed the potential medication and side effects. I understand that the effectiveness of this medication cannot be assessed at this time due to insufficient data from the FDA and the U.S. Public Health Department. I am aware that with short courses of treatment, the chances of severe side effects are slight; however, that the full range of long-term side effects associated with this class of drug is still unknown.

I have been advised to contact _____ for consultation.

I take full responsibility for my decision and hold Western Nevada College (WNC), its officers, directors, representatives, and employees harmless from any and all liability which may result from my decision.

_____ I **DO** consent to begin prophylaxis.

_____ I **DO NOT** wish to begin prophylaxis

Employee/Student Signature: _____ Date: _____

Employee/Student Name (Print): _____

If prophylaxis is started:

Date: _____ Medications: _____

Dosage: _____

Physician Signature: _____

Prior to medication administration, baseline labs to be drawn include: CBC, UA, Chempanel, and pregnancy test (if female).

Yes: _____ No: _____

Physician Signature: _____

- 1) Make photocopy and place in exposure packet.**
- 2) Place original in the medical record.**

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Section 2. Introduction:

Bloodborne pathogens are microorganisms that spread disease by contact with blood or other body fluids from an infected person. Diseases such as hepatitis B, hepatitis C, and HIV can be transmitted if infected blood from one person enters the bloodstream of an uninfected person. Bloodborne pathogens can also be present in other body fluids such as semen, vaginal secretions, fluid around the brain, heart, and chest organs, unfixed organs and tissues from living or dead humans, saliva during dental procedures and Other Potentially Infected Materials (OPIM).

An occupational exposure to bloodborne pathogens can occur when, during the performance of your job, you get a needlestick or cut from a sharp instrument contaminated with infected blood or Other Potentially Infected Materials (OPIM). Occupational exposures can also occur when infected blood or other body fluid contaminated with infected blood splashes in the eye, nose, mouth or opening of the skin. Though most exposures do not result in infection, professionals use several factors to estimate the risk of disease transmission following an occupational exposure:

- **The pathogen involved.** It is far more likely to contract hepatitis B than HIV following an occupational exposure.
- **The type of exposure.** A deep puncture to the skin with a hollow needle containing contaminated blood is more likely to transmit disease than a minor scratch from a solid sharp instrument with contaminated blood on its surface.
- **The amount of blood involved in the exposure.** A higher volume of contaminated blood increases the risk of disease transmission.
- **The amount of virus in the sick person's blood at the time of the exposure.** Blood containing a large number of bloodborne pathogens can transmit disease more easily than blood containing a small number of bloodborne pathogens.

Following an occupational exposure to bloodborne pathogens, a physician should quickly evaluate the risk of infection, inform you about treatments available to help prevent infection monitor you for side effects of treatment, be available to help prevent infection, and determine if infection occurs. This may involve testing your blood and that of the second individual, offering you post-exposure treatment and recommending medical follow-up.

Many occupational exposures can be prevented by using safe techniques while handling items contaminated with blood or other body fluids, cleaning up body fluids in a safe manner, and working safely while performing your job duties. The use of appropriate personal protective equipment such as gloves, eye protection and masks while performing high-risk job duties is critical to prevent occupational exposures.

This exposure control program should help you minimize your potential for exposure as well as providing you with critical information in the event you are exposed.

Section 3. Scope

This program applies to all WNC personnel, but excludes the employees of the WNC Child Development Center. The licensed Child Development Center operates under a separate bloodborne pathogen exposure control program.

Section 4. Definitions

Blood - Human blood, human blood components, and products made from human blood

Bloodborne Pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. Bloodborne pathogens include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)

Bloodborne Pathogen Exposure - Specific skin, eye, mouth, or other mucous membrane, non-intact skin, or potential (injury that breaks the skin) contact with blood or other potentially infectious materials that results from the performance of an employee's duties

Contact Time - Amount of time a chemical must stay in contact with bacteria or viruses to render them inactive

Contaminated - Presence, or the reasonably anticipated presence of blood or other potentially infectious material, on an item or surface

Decontaminated - 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

Disinfectant - Must be Environmental Protection Agency (EPA) registered as a hospital disinfectant. Must kill Mycobacterium tuberculosis within a reasonably short period of time (maximum 10 minutes)

EH&S Incident Report - Must be completed by an employee or student following any injury, accident or incident that may occur while performing his/her job or involved in activities as a WNC employee/student or visitor

Engineering Controls - Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace

Environmental Health and Safety Department - Office to which all injuries, accidents and exposure incidents must be reported. The Workers Compensation C-1 form must be completed for all employee injuries

Hepatitis B - Serious disease caused by the hepatitis B virus (HBV) that attacks the liver causing cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is spread by contact with the blood of an infected person

Hepatitis C - Liver serious disease caused by the hepatitis C virus (HCV), which is in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person

HIV - Human immunodeficiency virus (HIV) which is responsible for a condition that suppresses ones immune system and reduces ones defenses against many other diseases. Eventually leads to Acquired Immunodeficiency Syndrome (AIDS) and eventually death.

Incident Report – a form used to document any campus injury, accident or incident which is normally completed by the injured party or their supervisor or instructor

Initial Emergency Care Provider - Nearest facility to which an employee may initially report following a post exposure incident; this may or may not be the Primary Healthcare Provider for Exposures to Bloodborne Pathogens preferred by WNC or an enter-network provider. The Primary Healthcare Provider must provide follow-up care and health management for exposures to bloodborne pathogens preferred by WNC.

Material Safety Data Sheets (MSDS) - Valuable information regarding chemicals or potentially dangerous materials found in the workplace. MSDS's must be available to the employee

NSHE - Nevada System of Higher Education

Other Potentially Infectious Materials (OPIM) - Human body fluids: blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal 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; also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead), HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Personal Protective Equipment (PPE) - Items that protect the workers' clothing, skin and mucous membranes from coming into contact with blood and OPIM (i.e., gloves, mask, eye protection, gowns, shoe covers, etc.). For a Personal Protective Equipment (PPE) assessment form see Appendix "B"

Primary Healthcare Provider for Exposures to Bloodborne Pathogens - Licensed physician knowledgeable in U.S. Centers for Disease Control and Prevention's post-exposure medical evaluation and management procedures

Provider Network - Contact WNC Human Resources for a copy of the enter-network provider health care facilities for the available healthcare program

Regulated Waste - 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.

Sharps - Any object that can penetrate the human skin, including needles, wire, and/or broken glass

Sharps, Contaminated - Sharps contaminated with blood or other potentially infectious materials (OPIM)

Sterilize - Use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores

Universal Precautions - 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 (See Appendix “A”)

Work Practice Controls - 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-hand technique)

Section 5. Exposure Determination

At the time of hire, Human Resources require all new employees to complete an *Exposure to Bloodborne Pathogens Determination Form*. This information identifies employees who may incur occupational exposure to blood or other potentially infectious materials while performing his/her assigned duties. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). The completed *Exposure to Bloodborne Pathogens Determination Forms* are forwarded to and reviewed by the Environmental Health and Safety coordinator.

All WNC employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials:

Job Classification	Job Task/Procedures that may lead to occupational exposure to bloodborne pathogens
Biotechnology faculty	Preparing samples of blood or other bodily fluids for microscopic examination, working at laboratory benches and other areas where potentially infectious materials are handled
Custodian	Cleaning sinks, toilets, bathroom fixtures, clean-up of vomit, excrement, urine, blood spills, removal of waste containing bloody fluids including feminine hygiene wastes
Early Childhood Education, Child Care facility faculty, teaching aids	Caring for children, rendering first aid, assisting in personal hygiene tasks, cleaning up after body function accidents
Emergency Medical Science faculty	Collecting specimens of blood and other body fluids and

	administration of cardio-pulmonary resuscitation
Licensed Practical Nursing faculty	Contact with patients, with potential for direct contact with body fluids, handling contaminated needles and equipment
Medical Lab Technology faculty	Contact with blood and other body fluids, handling contaminated needles and sharps, collecting specimens of blood and other body fluids, handling vials, and other containers of blood and bodily fluids
Science, Biological faculty	Teaching physiology and microbiology labs where blood and body fluids are examined and handled
Surgical Technology faculty	Contact with human body fluids through contact with contaminated items in the surgical suite
Nursing Lab Technician	Setting up or cleaning up following laboratory activities involving contaminated sharps, contact with infectious waste
Paramedic Medicine faculty	Performing invasive procedures related to emergency responses. Working with equipment and needles contaminated with human blood and other body fluids, administration of cardio-pulmonary resuscitation, and treating emergency patients
Phlebotomy faculty	Collecting specimens of blood and other body fluids; working with contaminated needles and equipment

SOME WNC employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials:

Maintenance Worker	Repair of lab and clinic facilities/equipment, repair of sanitary fixtures and sewer lines
Nursing or Lab Assistant, faculty	Sterilization of instruments, basic laboratory tests involving human body fluids, assisting with minor surgical procedures
Nursing faculty	Clinical instruction at off-campus sites involving blood and other body fluids, handling of contaminated sharps and equipment
Science, Biology Lab faculty, instructors	Laboratory exercises involving human blood and other body fluids

Section 6. General Information

Sharps:

To prevent injuries, **SHARPS MAY NOT** be picked up directly with the hands and shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Dispose of non-contaminated sharps in a puncture proof container.

Sharp items contaminated with blood or OPIM are potentially infectious. Since it is impossible to determine visually whether a contaminated sharp is infectious, ALL needles and other sharp items with visible blood must be considered infectious and handled with a mechanical device (tongs, forceps, broom and dust pan, etc.). **NEVER PICK UP SHARP ITEMS MANUALLY.** Dispose of needles, broken glass and other sharps contaminated with blood in the designated sharps container or designated puncture proof biohazard waste container.

Personal Protective Equipment (PPE):

PPE must be worn during all clean-up procedures, as outlined in this protocol.

- GLOVES help protect workers' hands from contacting blood and the chemicals used to disinfect the area. Proper gloves must be worn when cleaning up blood or other potentially infectious body fluids
- EYE PROTECTION and MASK will prevent infection in mucous membrane of the eyes, nose, and mouth
- When the spill is large, wear a GOWN and SHOE COVERS to avoid contamination to personal clothing and skin.

Handwashing:

Prior to beginning clean-up procedures and putting on gloves, always wash hands thoroughly with warm water and hand soap. Pay special attention to between fingers and around nail beds. Hand washing for at least fifteen seconds is recommended and then rinse and then dry thoroughly. Following clean up and glove removal, repeat handwashing.

Disinfectant Chemicals:

Disinfectants used to kill bloodborne pathogens effectively must be prepared and used in accordance with the manufacturer's directions. In order to make the blood harmless, the disinfectant must remain wet and in contact with the blood for the recommended time. This contact time will vary depending on the disinfectant's directions. Follow the manufacturer's directions.

Specific Procedures:

Specific procedures follow.

CLEAN UP PROTOCOL **SMALL SPILL ON HARD SURFACES**

1. Assure all EQUIPMENT is in the immediate vicinity of the spill
2. WASH HANDS
3. Put on GLOVES, MASK, and EYE PROTECTION
4. Use spray type disinfectant
5. SPRAY DISINFECTANT on and around spill
6. SOAK UP SPILL with paper towel; pick up all visible signs of the spill material
7. PLACE soiled TOWEL in BIOHAZARD BAG
8. SPRAY AGAIN liberally and LET DRY
9. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG
 - If heavy reusable gloves are used, spray all out surfaces with disinfectant and allow to dry
 - Disinfect eye protection with spray disinfectant and allow to air dry
10. CLOSE biohazard bag
11. WASH hands
12. DISPOSE of biohazard bag in centralized BIOHAZARD PICK-UP AREA

13. REPLACE all used PPE

MAJOR SPILL ON HARD FLOORS

1. PLACE WET FLOOR SIGNS around spill area
2. Assure all EQUIPMENT is in the immediate vicinity of the spill
3. MIX DISINFECTANT in appropriate bucket
4. WASH hands
5. Put on GLOVES, MASK, and EYE PROTECTION
6. Put on SHOE COVERS and protective GOWN.
7. DIP mop head in disinfectant. DO NOT WRING OUT
8. DO NOT TOUCH MOP TO SPILL. DRIP disinfectant over spill, COMPLETELY COVER SPILL
9. AVOID SPLASHING
10. WAIT the required time. INCREASE TIME if heavily soiled and KEEP spill area WET.
11. Return mop head to disinfectant; wring out
12. Thoroughly, MOP UP spill
 - Rewet and wring mop head as needed.
 - LARGE ABSORBENT PADS MAY BE USED TO SOAK UP SOLUTION.
13. Leave MOP HEAD in the disinfectant solution for the recommended contact time; wring out mop head as needed.
14. Discard solution in custodial sink. If used, discard large absorbent pads in biohazard containers.
15. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG.
 - If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit on cart.
16. CLOSE biohazard BAG
17. WASH hands
18. DISPOSE of biohazard BAG in centralized BIOHAZARD PICK-UP AREA
19. Assure surface is dry
20. Remove wet floor signs.
21. REPLACE all used PPE on CART

SPILL ON CARPET

1. PLACE WET FLOOR SIGNS around spill area
2. Assure all EQUIPMENT is in the immediate vicinity of the spill
3. WASH hands
4. Put on GLOVES, MASK, AND EYE PROTECTION
5. MIX DISINFECTANT in appropriate bucket

6. Put on SHOE COVERS and protective GOWN
7. DO NOT TOUCH MOP TO SPILL. DIP mop head in disinfectant. DO NOT WRING OUT.
8. APPLY disinfectant over spill. COMPLETELY COVER SPILL.
9. AVOID SPLASHING
10. WAIT the required time. INCREASE TIME if heavily soiled. Keep spill area wet. LINE the collection tanks of the wet/dry vacuum with TWO layers of PLASTIC BAGS. This can be disposed of easily and requires minimal cleaning of the tank.
11. Pick-up all visible signs of the decontaminated spill with WET/DRY vacuum.
12. REPEAT-DRIP disinfectant over spill and pick-up with WET/DRY vacuum.
13. Wring out mop head and allow to air dry
14. Discard solution in custodial sink. Dispose of plastic bags in BIOHAZARD BAG
15. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG
 - If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit on cart.
16. CLOSE biohazard BAG
17. Wash hands
18. DISPOSE of biohazard BAG in centralized BIOHAZARD PICK-UP AREA.
19. Assure surface is dry
20. Remove wet floor signs
21. Replace all used PPE on cart

EXPOSURE INCIDENT

In the event that an employee experiences a bloodborne pathogen exposure, perform the following steps:

1. Wash injured area with soap or flush eyes/nose/mouth with copious amounts of water at an eyewash station.
2. Secure first aid for the injury
3. Immediately report the incident/injury to a supervisor
4. Immediately contact an infection control manager
5. Report the accident/injury to Public Safety
6. Complete the required incident report forms
7. Contact Workers Compensation Office-Complete a C-1 form (employee only).
8. Refer to **Section 1** of this program for additional information and forms.

Section 7. Responsibilities

A. Responsible Supervisors or Responsible Supervisory Personnel

This Bloodborne Pathogen Exposure Control Program defines a responsible supervisor as any person that directs or instructs activities that involve potential exposure to bloodborne pathogen exposure control program including assuring that all facets of the program are followed and documented. From employee

exposure categorization to HBV shots to employee training and record keeping. The responsible supervisor is the front line in program implementation.

B. Division Chairs and Department Directors

Division chairs and department directors are responsible for advising their employees of the requirements of the bloodborne pathogen exposure control program. They are also responsible for the annual review of all employee exposure assessment, to assure that proper training is given, and the control program followed when the employee's duties are changed.

For the Nursing and Allied Health division, see Appendix "F" Supplemental WNC Nursing and Allied Health Bloodborne Pathogen Exposure and Prevention Policy for Students.

The division chairs and department directors will enforce procedural compliance. They shall assure their employees obtain the required vaccinations or sign the appropriate post exposure follow-up. They shall also maintain employee medical records.

They are also responsible for processing exposure reports and in maintaining the confidentiality of the exposed individual as required. They should also ensure that the student or employee has access to proper medical advice and treatment.

C. Environmental Health and Safety (EH&S) Coordinator

The EH&S Coordinator shall maintain and update the written program. The EH&S coordinator shall also assist with implementation and monitor compliance with the program, perform audits when requested by the division chairs or department directors, and provide follow-up to any incident or near miss under this procedure. The EH&S coordinator shall assist with training and assist in minimization of bloodborne pathogen risks, when requested. The EH&S coordinator shall maintain training records under this program.

Section 8. Methods

A. Exposure Determination

1. The following conditions should be considered as constituting a potential exposure:
 - a. Any needle stick by used or contaminated equipment
 - b. Any cut or other puncture of the skin caused by contaminated equipment, tools, scalpels, etc.
 - c. Any exposure by blood or OPIM to the mucous membrane, such as contact to the mouth, eye, nostril, etc.
 - d. Any cutaneous exposure involving large amounts of blood or OPIM or prolonged contact, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis.

B. Control Methods

1. WNC personnel will use four methods, either singly or in combination, to control occupational exposures to bloodborne pathogens. They are universal/standard precautions, engineering controls, personal protective equipment, and established work practices.
2. **Universal Precautions:** Under normal circumstances, an individual does not know if a patient or a laboratory sample is infected by a bloodborne pathogen. In view of the above, the Centers of Disease Control and Prevention (CDC) recommends precautions against contact with blood and OPIM of all victims/patients and laboratory samples. This is particularly true in emergency-care situations where the risk of exposure is increased and little or nothing is known about the infectious status of the injured individual. These **universal precautions** are categorized as follows (see Appendix "A").
 - a. General Guidelines (all health-care workers)
 - b. Precautions for Invasive Procedures
 - c. Precautions for Dentistry
 - d. Precautions for Autopsies or Morticians' Services
 - e. Precaution or Laboratories
3. Engineering Controls: These controls must be employed in order to minimize employee exposures while performing their job duties. This includes engineering controls used to prevent needle stick injuries. Any device or procedure that requires the use of a needle must be engineered using the best available technology. Preferably, a needle is not required to perform the task, but if use of a needle is necessary, the operator must be protected from a potential needle stick injury.
 - a. Engineering controls to be used include, but may not be limited to the following:
 - 1) Self-sheathing needles
 - 2) Jet injection devices
 - 3) Catheter safety systems
 - 4) Needle less systems
 - 5) Appropriate sharps containers
 - 6) Splash guards
 - 7) Mechanical pipetting devices
 - 8) Biological Safety Cabinets (BSC)
 - 9) Washing facilities
 - 10) Autoclaves
 - 11) Clean-up of contaminated areas
 - b. Equipment shall be examined on at least an annually or more frequently if determined by the manufacturer's recommendations. This review shall be conducted by the responsible supervisor. Equipment evaluation results will be forwarded to the responsible supervisor/instructor/professor with copies to the division chair. These findings are to be used to determine effectiveness of equipment as well as service or maintenance requirements. The responsible supervisor is designated as being responsible for insuring completion of these activities.

4. Personal Protective Equipment: (PPE) is any specialized equipment or clothing worn or used by employees that is designed to provide an effective barrier between the employee and an exposure source of blood or OPIM. The responsible supervisor is responsible for providing all affected staff members with necessary PPE (except safety shoes and prescription safety eyewear). PPE is not to be considered a substitute for proper work procedures.

A personal protective equipment form is included (see attachment “B” in Table I).

Table 1
PERSONAL PROTECTIVE EQUIPMENT AND USES

Hazard	Recommended Personal Protective Equipment		
	Eye	Face	Hand/Body
Any Use of Chemicals	Self-venting goggles (based on hazard)		As described in the WNC Chemical Hygiene Plan
Clinical Functions, Medical Exams,	Safety Glasses		Lab Coat, or Gown and appropriate gloves
Biomedical Research and General Laboratory Work involving BBP's	Safety Glasses/Self venting goggles	face shields	Lab Coat, Gloves
Use of Carcinogens, Reproductive Toxins, and Other Highly Toxic Compounds	Chemical Splash Goggles	Full Face Shield and Goggles for Large Liquid Volumes (≥ 4 L)	Chemical Resistant Gloves, Lab Coat, Rubber Apron
Cryogenic Liquids	Chemical Splash Goggles	Full face shield and goggles when pouring or other transfers	Lab Coat, Cryogenic Gloves or Other Insulated Gloves That Provide Cold Protection
Aerosol Generating Processes	Safety Goggles	Full face shield and goggles for large liquid volumes (≥ 4 L)	Lab Coat, Gown, Gloves

5. Established Work Procedures: This method utilizes “best practice” work procedures, such as listed below, to eliminate or minimize the occupational exposure potential to the employee.
 - a. Remove PPE:
 - (1) Before leaving the work or research area
 - (2) Immediately after completing source contact
 - (3) If PPE no longer works as an effective barrier

- b. Place soiled or used equipment in appropriately designated containers or areas for storage, washing, decontamination, or disposal.
- c. Use water to flush thoroughly the skin or mucous membranes as soon as possible if they are exposed to blood or other potentially infectious materials. Personnel will wash hands as soon as possible after removal of gloves or other PPE.
- d. When needles or other sharps are used, the best available engineering controls must be in place to avoid a laceration or needle stick incident. Do not shear, bend, break, recap or resheathe used needles and other sharps by hand. For reusable syringes, a recapping method that prevents accidental needle sticks shall be used (e.g., mechanical device or one-handed technique).
- e. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing and spraying.
- f. Use a pipet bulb or aspirator for pipetting, NEVER pipet by mouth (Nevada State Law).
- g. Food, beverages, cosmetics, lip balm, etc. shall not be consumed or applied in laboratories and work areas where the possibility of contamination by infectious materials exists.
- h. Work surfaces must be decontaminated using an approved disinfectant as soon as possible after a spill of blood or OPIM, and at the completion of the work schedule.
- i. Contact lenses shall not be installed or removed where blood or human fluids are present.

C. HBV Vaccination

1. Vaccination against the hepatitis B virus is offered under the following conditions to all employees whose listed job responsibilities involve contact with blood or other potentially infectious materials:
 - a. HBV vaccination is paid for by the employer, and provided at no cost to the employee.
 - b. The vaccination shall be offered to employees at a reasonable time and place.
 - c. It shall be made available within ten working days of employee's original assignment to the position.
 - d. Valid information about the vaccine must be given to the employee so that an informed decision can be made about the effectiveness of the vaccine.
 - e. Vaccinations shall be given in compliance with OSHA regulations and Center for Disease Control policies.
 - f. Booster HBV vaccinations, if recommended by the U.S. Public Health Service, shall be made available in accordance with the above provisions.
 - g. Employees, whose job tasks involve contact with blood or OPIM, who decline to accept the HBV vaccination, shall sign a statement declaring that refusal (see Appendix "C").

- h. Employees who decline the vaccination must sign a declination form similar to the example in Appendix “C” of The Plan. Should the employees later change their minds, they shall have the vaccination made available to them.
 - 2. Employers are required to provide vaccination to only employees considered at risk to exposure due to job requirements.
- D. Post Exposure Evaluation and Follow-Up
- 1. In the event of an exposure incident, as defined in the Exposure Determination section of this Plan, the employee (victim) shall receive **immediate** first aid to mitigate effects of possible exposure. **Note:** All Nursing and Allied Health division employees and students must comply with the WNC Nursing and Allied Health Bloodborne Pathogen Exposure and Prevention Policy for Students Appendix “F.”

First aid for a possible exposure incident shall consist of the following procedures:

- a. Needlestick with used or contaminated equipment –
 - (1) Wash the area with soap and water
 - (2) Cover the wound with sterile bandage
 - b. Cuts or punctures of the skin caused by contaminated equipment, tools, scalpels, etc –
 - (1) Immediately wash the area with soap and water
 - (2) Cover with sterile bandage
 - c. Mucous membrane exposure to blood or OPIM, such as a splash to the mouth, eye, etc. –
 - (1) Wash the area of possible exposure with running water for fifteen minutes
 - (2) Allow contacts to be flushed out by running water
 - d. Cutaneous exposure involving large amounts or prolonged contact of blood or OPIM especially when the exposed skin is chapped, abraded, or afflicted with dermatitis-
 - (1) Wash the affected area with soap and running water
 - (2) Use antiseptic on the area
2. After first aid treatment, the employee shall report the incident to his/her supervisor. CDC recommendations state that prophylaxis should be initiated within two hours of the incident; therefore, it is imperative that the employee goes to one of the approved occupational medical facilities (a list is available from EH&S) providing services for the Workers’ Compensation program as soon as possible.
- Note:** Use emergency rooms for life threatening injuries or after normal business hours.
3. The victim’s department and health care facility will provide a **confidential** medical evaluation and follow-up to the employee or student. The following elements shall be performed during the evaluation:
- a. Document the route of exposure and circumstances of the incident. If a needlestick causes the incident, it must also be documented on a separate

needlestick incident log. The BCN Workers Compensation Office handles needlestick documentation for our employees. The division chair shall handle it for students.

- b. Document the identity and infectious status of the source individual. If the infectious status is not established, the source individual's blood shall be tested immediately after obtaining consent. As per law, should the source individual refuse to give consent to have their blood tested for bloodborne pathogen presence, their requests must be honored.
 - c. Notify the exposed employee of the source individuals test results if these results are available.
 - d. Collect and test the exposed employee's blood as soon as feasible after obtaining consent, and if sample testing is not authorized, store for 90 days.
 - e. Follow CDC recommended guidelines for post-exposure prophylaxis.
4. The healthcare professional responsible for evaluating the exposed employee must be provided or have available the following:
 - a. A copy of the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030
 - b. A description of the employee's duties related to the incident
 - c. Documentation of the route of entry and exposure circumstances
 - d. The source individuals blood testing results
 - e. A copy of all required medical records relevant to the treatment of the employee, including vaccination status
 5. The results of the medical evaluation are to be strictly **confidential** between the healthcare professional and employee. The employer will obtain a written notice from the healthcare professional and provide a copy to the employee following completion of the medical evaluation. **The notice will not contain any findings or diagnoses.** The notice to the employer should contain the following:
 - a. A statement that the employee has been notified of the evaluation results.
 - b. A statement that the employee has been notified of any medical conditions that may arise from the exposure which may require further treatment.
 6. All records must be kept in accordance with the Record Keeping section of this Plan (Section J.2).
- E. Infectious Waste Disposal
1. All biohazardous waste will be disposed of according to the procedures outlined in the Biohazardous Waste section of the WNC Biosafety Manual. You will need to contact the EH&S office to obtain a copy of the specific procedures. Biological wastes must be properly labeled with a biohazard label and must be in a sealed container prior to turning over to the Environmental Health and Safety department.
 2. Sharps, both contaminated and uncontaminated, must be collected in rigid, leak proof, puncture resistant containers that are properly labeled as biohazardous waste.
 3. Solid biohazardous waste must be collected in an approved autoclavable biohazard bag and autoclaved prior to disposal.

F. Biohazard Labels and Signs

Warning labels must be affixed to waste containers, refrigerators, freezers, and other containers used to store, transport or ship blood or OPIM.

Labels shall:

1. Display the universal biohazard symbol and contain the word "BIOHAZARD".
2. Be predominantly fluorescent orange or orange-red, with lettering and symbols of contrasting color.

Examples of Biohazard labels and signs



3. Be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their accidental loss.
 4. Be optional if red bags or containers are used as a substitute for labeling.
 5. Be optional if individual containers of blood or OPIM are placed in labeled containers.
 6. Not be used on containers of blood or blood products that are labeled as to their contents and released for transfusion or other clinical uses.
 7. Not be required for decontaminated waste.
- G. Housekeeping Practices
1. Responsible/Supervisory personnel are obligated to maintain the work-site in a clean and sanitary condition. They shall establish and implement a written schedule for cleaning and appropriate decontamination based upon the following:
 - a. Type of surface to be cleaned.
 - b. Type of suspected contaminant to be cleaned.
 - c. Tasks or procedures performed in the area.
 2. In lieu of another supervisor-issued special procedure, the following shall be utilized. After contact with blood or OPIM, surfaces shall be decontaminated with an appropriate disinfectant under the following guidelines:
 - a. Contaminated work surfaces will be disinfected at the end of each shift or in laboratories and classrooms at the end of each class.
 - b. Protective coverings, such as imperviously-backed absorbent paper, will be removed and replaced when overtly contaminated or at the end of the work shift.
 - c. All equipment and reusable containers shall be inspected and decontaminated on a scheduled basis and as soon as feasible when visibly contaminated.

- d. Contaminated broken glassware shall be collected using mechanical means, such as a brush and dustpan, tongs, or forceps, and be properly decontaminated before disposal. This can be accomplished by either using a chemical disinfectant, or by autoclaving the material.
 3. Responsible supervisory personnel shall establish and implement written procedures for methods of decontamination appropriate for the equipment to be cleaned, the procedures performed, and the relevant contaminate.
- H. Laundry Practices
1. Contaminated laundry shall be handled as little as possible and with a minimum of agitation. Contaminated laundry shall be placed in appropriately labeled containers at the location used, without sorting or rinsing. Containers must prevent leakage or soak-through from wet laundry during storage or transport.
 2. Laundry shall be cleaned in accordance with established written laboratory/department procedures. The appropriate laundry detergent must be used, and any potentially contaminated laundry must be washed in hot (>125 ° F) water. The laundry should have a contact time with the wash water of at least 20 minutes.
- I. Training and Educating of Employees
1. All WNC employees with occupational exposure to blood and other potentially infectious materials will participate in a training and education program. This training shall be provided during normal work hours at no cost to the employee.
 2. The presentation material must be of appropriate content and language so as to be compatible with the educational and literacy level of the employees receiving the training. The person conducting the training shall be knowledgeable in the subject matter taught.
 3. The training shall be provided when:
 - a. Initial assignment is made
 - b. Annually thereafter
 - c. When changes, modifications or additions are made to the tasks and/or procedures employee training needs to address the changes in exposure created.
 4. The training program shall include:
 - a. An accessible copy of the standard
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases
 - c. An explanation of the modes of transmission of the pathogens
 - d. An explanation of the exposure control plan and the means of obtaining a copy
 - e. An explanation of the methods of recognizing tasks and activities, which may involve an exposure potential
 - f. An explanation of the use and limitations of the control methods employed to reduce exposure potentials.
 - g. Instruction and information on the types, location, use, decontamination and disposal methods of the designated personal protective equipment

- h. An explanation of the basis of selection of the personal protective equipment
 - i. Information on the HBV vaccination, including:
 - (1) Efficacy
 - (2) Safety
 - (3) Method of administration
 - (4) Vaccination benefits
 - (5) Lack of cost to the employee
 - j. Information on the actions to take and persons to contact in an emergency involving blood and/or other potentially infectious materials
 - k. An explanation of the procedures to follow in the reporting methods and follow-up procedures following a potential exposure
 - l. Information on the medical evaluation and follow-up procedure that will be offered in the event of an exposure incident
 - m. An explanation of the signs and labels and color-coding to be used
 - n. An opportunity to participate in a question and answer session with the trainer.
- J. Recordkeeping:
1. Medical and training records are required to be maintained in conjunction with this plan. Division and department medical records shall be maintained by Hyman Resources or the Business Center North Workers Compensation office. Division and department training records shall be forwarded to WNC EH&S for retention.
 2. Medical Records: The following requirements apply to medical records of employees with occupational exposures:
 - a. Name and social security number
 - b. HBV vaccination status documents, including:
 - (1) Dates of all HBV vaccinations
 - (2) Medical records related to the employee's ability to receive HBV vaccinations
 - (3) Original signed declination form for personnel who decline vaccination
 - c. Copy of results of all required examinations, medical tests and follow-up procedures
 - d. Employee supervisor's copy of the healthcare professional's written notice provided after evaluation of an exposure incident
 - e. Copy of the information, required by standard, provided to the healthcare professional
 - f. All confidential employee medical records are kept in a **confidential** file at the BCN Workers Compensation Office, and may not be released, except as required by law, without the employee's express written consent
 - g. The appropriate division chair maintains all confidential student medical records.
 3. Training Records: The following stipulations and informational requirements apply to the training records:
 - a. They must contain the dates of the training.

- b. They must contain a summary of the training session.
 - c. They must contain the names and qualifications of the persons conducting the training.
 - d. They must contain the names and job titles of all persons attending the training session.
 - e. Training records must be maintained for three years from the date of training and be kept in a specific location. The records should be kept with EH&S.
4. All records shall be made available to the employee, employee representatives and representatives of the Assistant Secretary of Labor for Occupational and Health and/or the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request for purposes of review and/or copying. Medical records are also to be provided to those persons having express written consent of the employee.
- K. WNC EH&S Advisory Committee:
- WNC has designated that all needlestick evaluations will be performed by the EH&S Advisory Committee. They will make recommendations with regard to sharps awareness issues. This committee must include input from employees that handle the sharps devices directly. The committee includes: the Environmental Health and Safety Coordinator, the Division Chair of Nursing and Allied Health, a member of the Division of Nursing and Allied Health Faculty, and a member of the Division of Science, Math, and Engineering. This WNC committee's responsibilities include:
- a. Ensuring that engineering controls that can prevent sharps incidents in the work place effectively utilized
 - b. Evaluating these controls over time with regard to the usefulness of these controls in the workplace
 - c. Reporting these findings to the supervisor of the workplace and make recommendations as appropriate
 - d. Checking that our needlestick program is consistent with the one of the local medical community where our students train and eventually serve.

UNIVERSAL PRECAUTIONS

A. General Guidelines

Healthcare workers are defined as those persons whose activities involve contact with patients, blood, and/or Other Potentially Infectious Materials (OPIM) of patients in a healthcare setting. The following should be considered as the minimum precautions.

- 1. All healthcare workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or OPIM of any patient 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. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or OPIM 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 OPIM.*
- 2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or OPIM. Hands should be washed immediately after gloves are removed.*
- 3. All healthcare workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. 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 containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transportation to the reprocessing area.*
- 4. 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.*
- 5. Healthcare workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.*
- 6. Pregnant healthcare workers are not known to be at greater risk of contracting HIV infection than healthcare workers who are not pregnant – however, if a healthcare worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant healthcare workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.*

B. Precautions for Invasive Procedures:

Invasive procedures are defined as surgical entry into tissues, cavities, organs and/or repair of major traumatic injuries in:

1. *An operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices*
2. *Cardiac catheterization and angiographic procedures*
3. *Vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur*
4. *Manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.*

The general universal precautions listed on the previous page and those additional precautions listed below should be considered the minimum precautions for **all** such invasive procedures.

1. *All healthcare workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other potentially infectious materials of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or facemasks must be worn for procedures that commonly result in the generation of droplets, splashing of blood or OPIM, or the generation of bone chips. Gowns and aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in splashing of blood or OPIM. All healthcare workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post delivery care of the umbilical cord.*
2. *If a glove is torn, a needle stick, and/or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits – the needle or instrument involved in the incident should also be removed from the sterile field.*

C. Precautions for Dentistry:

Blood, saliva, and gingival fluid from **all** dental patients should be considered infected. Special emphasis should be placed on the following precautions for preventing transmission of bloodborne pathogens in dental practice in both institutions and non-institutional settings.

1. *In addition to wearing gloves for contact with oral mucous membranes of all patients, all dental workers should wear surgical masks and protective eyewear or chin length plastic face shields during dental procedures in which splashing or spattering of blood, saliva, or gingival fluids is likely. Rubber dams, high-speed evacuation, and proper patient positioning, when appropriate, should be utilized to minimize generation of droplets and spatter.*

2. *Handpieces should be sterilized after use with each patient, since blood, saliva, or gingival fluid of patients may be aspirated into the handpiece or waterline. Handpieces that cannot be sterilized should at least be flushed, the outside surface cleaned and wiped with a suitable chemical germicide, then rinsed. Handpieces should be flushed at the beginning of the day and after use with each patient. Manufacturers' recommendations should be followed for use and maintenance of waterlines and check valves and for flushing of handpieces. The same precautions should be used for ultrasonic scalers and air/water syringes.*
3. *Blood and saliva should be thoroughly and carefully cleaned from material that has been used in the mouth (e.g., impression materials, bite registration), especially before polishing and grinding intra-oral devices. Contaminated materials, impressions and intra-oral devices should also be cleaned and disinfected before being handled in the dental laboratory and before they are placed in the patient's mouth. Because of the increasing variety of dental materials used intra-orally, dental workers should consult with manufacturers as to the stability of specific materials when using disinfection procedures.*
4. *Dental equipment and surfaces that are difficult to disinfect (e.g., light handles or X-ray-unit heads) and that may become contaminated should be wrapped with impervious-backed paper, aluminum foil, or in clear plastic wrap. The coverings should be removed and discarded, and clean coverings should be put in place after use with each patient.*

D. Precautions for Autopsies or Morticians' Services

In addition to general universal precautions detailed in the previous sections, the precautions below are to be used by persons performing postmortem procedures:

1. *All persons performing or assisting in postmortem procedures should wear gloves, masks, protective eyewear, gowns and waterproof aprons.*
2. *Instruments and surfaces contaminated during postmortem procedures should be decontaminated with an appropriate chemical germicide.*

E. Precautions for Laboratories

Blood and other potentially infectious materials from **all** patients should be considered infected. To supplement the universal precautions listed and detailed in the previous sections, the following precautions are recommended for healthcare workers in clinical laboratories.

1. *All specimens of blood and OPIM should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen.*
2. *All persons processing blood and OPIM specimens (e.g., removing tops from vacuum tubes) should wear gloves. Masks and protective eyewear should be worn if mucous-membrane contact with blood or OPIM is anticipated. Gloves should be changed and hands washed after completion of specimen processing.*

3. *For routine procedures, such as histologic and pathologic studies or microbiologic culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (Class I or II) should be used whenever procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.*
4. *Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. **Mouth pipetting must not be done.***
5. *Use of needles and syringes should be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined in the universal precautions section should be followed.*
6. *Laboratory work surfaces should be decontaminated as soon as possible with an appropriate chemical germicide after a spill of blood or OPIM and when work activities are completed.*
7. *Contaminated materials used in laboratory tests should be decontaminated before reprocessing or placed in bags and disposed of in accordance with institutional policies for disposal of infectious waste.*
8. *Scientific equipment that has been contaminated with blood or other potentially infectious materials should be decontaminated and cleaned before being repaired in the laboratory or transported to the manufacturer.*
9. *All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.*

APPENDIX B

**PERSONAL PROTECTIVE EQUIPMENT
ASSESSMENT FORM**

Instructions: Use this form when conducting an assessment of an area or activity. Documentation of this assessment is required by OSHA standard 29 CFR 1910.132 (d) (1).

Department: _____ Job Classification: _____

Assessor: _____ Date and Time: _____

Head Hazards Working below other workers who are working with tools or other materials, which could fall.

Falling Objects	Yes	No	Description of hazards: _____
Chemicals	Yes	No	_____
Blood or OPIM	Yes	No	Required PPE: _____

Eye/Face Hazards Working with blood or OPIM, needles, sharps or chopping.

Blood or OPIM	Yes	No	Description of hazards: _____
Chemical Splash	Yes	No	_____
Light/Radiation	Yes	No	Required PPE: _____
Dusts	Yes	No	_____
Impact	Yes	No	

Hand/Wrist/Arm Hazards Working with blood or OPIM, needles, sharps or chopping.

Blood or OPIM	Yes	No	Description of hazards: _____
Chemical Splash	Yes	No	_____
Light/Radiation	Yes	No	Required PPE: _____
Dusts	Yes	No	_____
Impact	Yes	No	_____
Needle	Yes	No	_____

Body Hazards Working with blood or OPIM, needles, sharps or chopping.

Blood or OPIM	Yes	No	Description of hazards: _____
Chemical Splash	Yes	No	_____
Light/Radiation	Yes	No	Required PPE: _____
Dusts	Yes	No	_____
Impact	Yes	No	_____

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Foot/Leg Hazards: Working with blood or OPIM, material handling, and working with chemicals.

Blood or OPIM	Yes	No	Description of hazards: _____
Chemical Exposure	Yes	No	_____
Puncture	Yes	No	Required PPE: _____
Compression	Yes	No	_____
Impact	Yes	No	_____

Respiratory Hazards: Working with or in close proximity of dried or aerosol blood or OPIM chemicals and/or dusts.

Chemical Hazards	Yes	No	Description of hazards: _____
Dust Hazards	Yes	No	_____
Blood or OPIM aerosol	Yes	No	Required PPE: _____

Ear Hazards: Working near high noise producing equipment.

Noise	Yes	No	Description of hazards: _____

			Required PPE: _____

Other Hazards: E.G., Confined Space.

	Yes	No	Description of hazards: _____

			Required PPE _____

**PERSONAL PROTECTIVE EQUIPMENT
ASSESSMENT FORM (page 3)**

1) Type of head protection selected:

2) Type of eye/face protection selected:

3) Type of hand/wrist/arm protection selected:

4) Type of foot/leg protection selected:

5) Type of respiratory protection selected:

6) Type of ear/noise protection selected:

7) Type of body protection selected:

8) Other:

APPENDIX C

WESTERN NEVADA COLLEGE
Exposure to Bloodborne Pathogens
Determination Form

This form is used to determine an employee's potential exposure to bloodborne pathogens during the performance of his/her job. Please complete and return to:
Brian Crowe, Environmental Health and Safety Coordinator
2201 West College Parkway
Carson City, Nevada, 89703
Phone: 775-445-3327
Fax: 775-445-3144

Employee Name (PRINT) _____ Title _____
Department/Program _____ Campus _____
Home Address _____ City _____ State ____ Zip _____
Home Phone _____ Work Phone _____

1. **Do you come into contact with any of the following in the performance of your job at WNC?**
HUMAN BODY FLUIDS including blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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, unfixed tissues or organ (other than intact skin) from a human (living or dead): HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.
(circle) YES NO

2. **Do you come into contact with needles, scalpels, and/or any other sharp devices CONTAMINATED WITH BODY FLUIDS during the performance of your job at WNC?**
(circle) YES NO

3. **Do you handle regulated waste or 'red bags' waste in the performance of your job at WNC?**
Liquid or semi-liquid blood or other potentially infectious materials; contaminated 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 micro biological wastes containing blood or other potentially infectious materials.
(circle) YES NO

4. **Have you received the hepatitis B vaccination series of three (3) injections?**
(circle) YES NO

If YES, please provide the dates of each injection. Give specific dates.

Injection #1 _____
Injection #2 _____
Injection #3 _____

Employee Signature _____ Date _____
THANK YOU. PLEASE RETURN TO WNC ENVIRONMENTAL HEALTH AND SAFETY COORDINATOR-CARSON CAMPUS

APPENDIX D

WNC CLINICAL RELATED INCIDENT/ACCIDENT REPORT

An incident/accident is any event that is not consistent with the routine operation of the hospital/agency, or with the routine care of a patient. It may be an incident/accident or a situation, which might result in an accident or injury.

Student's Name: _____ Date: _____ Course #: _____

Location of Clinical Related Incident/Accident (Health care agency and room/unit)

Describe incident/accident in detail, and any resulting injuries:

Reported to: _____ Date: _____ Time: _____

Physician notified: _____ Was person seen by doctor? _____

Action taken/treatment ordered:

Analysis of what could/should be done to prevent incident/accident in the future:

(Student signature)

(Date)

(Faculty name and signature)

(Date)

Submit completed form to the Director of Nursing and Allied Health at WNC

APPENDIX E HBV Declination Form

Western Nevada College
Environmental Health and Safety

Hepatitis B Vaccine Declination Form (mandatory)

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given an opportunity to be vaccinated with hepatitis B vaccine, at no charge. 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 cost to me.

COMMENT: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

APPENDIX F

Supplemental WNC Nursing and Allied Health Bloodborne Pathogen Exposure and Prevention Policy for Students

I. Purpose and Policy

The purpose of this policy is to reduce the risk of student exposure to air and body substance pathogens such as, but not limited to, Tuberculosis, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV).

Standard Precautions is an approach to infection control that requires the application of blood and bodily fluid precautions for all patients and patient specimens regardless of diagnosis. Standard Precautions will be the minimum standard of practice through out courses offered in the WNC Nursing and Allied Health Division where bloodborne pathogen exposure could occur.

II. Methods of Compliance

Students must become familiar and comply with the WNC Bloodborne Pathogen Exposure Control Program. Students must also become familiar and comply with the exposure control program (needlestick policy) of the clinical sites to which they are assigned. Should a potential bloodborne pathogen injury occur at a health care institution, the policy of the health care institution would be followed as it pertains to testing and initial treatment.

III. Prevention of Bloodborne Pathogen Exposure

Education and Training in Standard Precautions and Body Substance Isolation Procedures:

All students in the WNC Nursing and Surgical Technology programs as well as students enrolled in EMS, Nursing Assistant and Phlebotomy courses will be required to participate in a Bloodborne Pathogen Exposure Prevention and Control education experience prior to potential exposure. Student must satisfactorily demonstrate skill using protective equipment and procedures before receiving a patient care assignment, as in the case of nursing, surgical technology, and nursing assistant programs or course, or before potential exposure in a laboratory setting, as occurs in EMS and Phlebotomy courses.

Education sessions in nursing are mandatory each semester. Special training sessions may be set up prior to entering any clinical rotation.

Vaccines:

All students will be required to submit evidence of having received two Rubella and Measles vaccines (MMRs) and one dose of tetanus vaccine within the last 10 years. Students may evidence immunity to measles and rubella through submission of positive titers for rubeola and rubella. In addition, students are required to have completed at least two doses of Hepatitis B vaccine prior to the start of clinical experiences, or sign a declination form for the series prior to going to clinical sites. The third dose of Hepatitis B vaccine must be on file prior to the start of

the second semester. In addition, students in nursing must document a history of chicken pox (varicella) or proof of vaccination before clinical courses begin.

Students are also required to submit annual TB screening results. If a positive TB screening occurs, students are required to submit evidence of a negative chest x-ray.

See the Nursing and Allied Health website for information regarding required health requirements for programs and courses.

IV. Student Acceptance of Clinical Assignment

Students who have received formal classroom instruction in bloodborne pathogen exposure control and can satisfactorily demonstrate knowledge and skills requisite to such care are expected to accept clinical assignments to meet the course objectives. The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course.

V. Insurance

All students must have health insurance upon entering and throughout their enrollment in the Nursing program, Surgical Technology program, selected EMS courses and Phlebotomy courses. Students in the Nursing Assistant course are encouraged to have medical insurance, which may be purchased through the Nevada System of Higher Education. It is the student's responsibility to obtain and pay for this insurance, as well as to understand the benefits and limitations of any insurance policy they maintain or is maintained on their behalf.

VI. HIV Screening

The Western Nevada College Nursing and Allied Health Division will not undertake any program of screening faculty or students for antibody to HIV. Any student or faculty wishing to be tested may be referred to his/her private physician, the University of Nevada, Reno Student Health Center or the county health department.

VII. Accidental Exposure Incidents

A student in the WNC Nursing and Allied Health Division who has exposure to blood, body fluid or other potentially infectious material to non-intact skin or mucous membranes from a needlestick, sharps injury or other cause must immediately:

- Wash needlestick and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with copious amounts of water.
- Irrigate eyes with clean water, saline or sterile irrigants.
- Remove soiled personal protective equipment and/or clothing

After washing, flushing and/or irrigating the exposed area, the student must immediately:

- Notify the appropriate registered nurse at the clinical facility and/or notify the faculty member if the injury occurs at the college.

- Notify clinical faculty, if they are onsite, who will then notify the supervisor within the healthcare facility. (If there is a witness to the incident, have them do this immediately if possible.).
- Identify the source of the exposure.
- Seek medical evaluation. Medical evaluation should take place within 1 to 2 hours of the exposure. Medical evaluation may be completed at the healthcare facility of the clinical agency, with a private health care provider, at an urgent care facility, or at an emergency room. Follow up care with a physician knowledgeable in the care of bloodborne and/or body fluid exposure is essential if it is determined that the student has been exposed to an infectious organism. The student should consult with the Nursing and Allied Health Division if the student does not have access to appropriate medical care. The office will offer names of physicians who may be consulted for follow-up care.

In addition, the student must:

- Complete an incident report at the clinical facility, if required; and be aware of and follow any reporting and follow-up requirements of the clinical facility.
- Complete a WNC Injury Report with the instructor. If possible, a copy of the report should be taken to the medical center when initial medical evaluation takes place.

Additional responsibilities:

- The involved faculty member must notify the director of Nursing and Allied Health of the incident as quickly as possible.
- It is the student's responsibility to make his/her healthcare provider aware of the result of any blood panel drawn because of an exposure.
- It is the student's responsibility to follow-up with any counseling recommended by his/her healthcare provider because of an exposure.
- It is the student's responsibility to follow-up with any treatment recommended by his/her healthcare provider because of an exposure.
- The student has financial responsibility for any cost associated with evaluation, treatment and/or counseling that results from an exposure.
- All on campus injury accidents must be reported to Carson Campus EH&S. This includes accidents that involve employees that are covered by workers compensation. Confidential accidents should be handled based on the direction of the Nursing and Allied Health division chair.

Source information:

- The clinical facility will collect as much information as possible from the source patient following an exposure. While the college will make every effort to maintain confidentiality, the college cannot be held responsible for act and omissions of the clinical agency.

VIII. Guidelines for Exempting Students from Clinical Assignment to Patients with Bloodborne Diseases:

Confirmed Pregnancy:

The risk of transmission of HIV infection to pregnant health care workers is not known to be greater than the risk to those not pregnant.

The risk of transmission of other pathogens such as cytomegalovirus from patients with AIDS to pregnant health care workers is unknown, but is thought to be low to nonexistent.

Based on the above information, there is no epidemiological reason to exempt pregnant students from caring for patients with bloodborne diseases.

Incompetent Immunological Systems:

Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections that may be present in patients with bloodborne diseases, as well as other non-infected patients.

The Centers for Disease Control (CDC) does not recommend barring HIV-infected health care workers from practicing their profession. There is no evidence that infected nurses have ever infected patient with HIV in the process of providing nursing care. Although there is evidence that one dentist infected patients with HIV, the mechanism of transmission has not been established. Look back studies on a number of HIV-infected dentists and surgeons have not discovered any transmission to any of their patients.

Based on this information, students with HIV infection need not be restricted from clinical experience unless they have some other illness for which any health care worker would be restricted. Symptoms of HIV (i.e. fatigue, paresthesia, vision problems, or dementia) may limit a health care worker's ability to safely practice.

Infections:

Any student with an infectious process could further compromise the patient with an incompetent immunological system.

All students with exudative or weeping skin lesions should be restricted from direct patient care contact.

The decision to exempt a student from clinical experience will be made on a case-by-case basis by the faculty responsible for the clinical course. Decisions about longer exemptions (more than one clinical session) will be made in consultation with the student's physician and appropriate college faculty/administrators.

IX. Recordkeeping/Confidentiality

The Nursing and Allied Health Division will maintain all records from testing, vaccination and training.

Within the Code of Federal Regulations are statements designed to protect medical information and the privacy of the individual, providing there is no overriding need for the public to know.

To mandate that a person infected with HIV be required or requested to notify college authorities is difficult, if not impossible to enforce and legally challengeable.

Individuals involved with health care-giving services that know they are infected with a bloodborne disease are ethically and legally obligated to conduct themselves responsibly in accordance with the following protective behaviors.

1. Seek medical advice.
2. Follow college and/or agency guidelines when involved in direct patient care.
3. Be knowledgeable about and practice measures to prevent transmission of bloodborne diseases.

No specific or detailed information concerning complaints or diagnosis will be provided to faculty, administrators, or even parents, without the express written permission of the individual in each case. This position with respect to health records is supported by amendment to the Family Education Rights and Privacy Act of 1974. Health officials and other institutional officers must remember that statutes protect all confidential medical/health care information and that any unauthorized disclosures may create legal liability.