



# Exposure Control Plan

## POLICY

Rocky Vista University (RVU) is committed to providing a safe and healthful work environment for all our staff and students. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.01030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist RVU in implementing and ensuring compliance with the standard, thereby protecting our employees and students. This ECP includes:

- Determination of employee and student exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluations and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation Methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## PROGRAM ADMINISTRATION

- The Compliance Office is responsible for the implementation of this ECP. The Office will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

- Assistant Director, Compliance and Quality Assurance: Terence Brennan
- Contact: 720-874-2481
- Those employees and students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlines in this ECP.
- The Practice Administrator will provide and maintain all necessary personal protective equipment (PPE), engineering controls, labels and red bags in the Health Center as required by the standard. The Practice Director will ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes.
  - Practice Administrator: Roy Merrill
  - Contact: 720-875-2870
- The Manager of Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate health and OSHA records are maintained.
  - Manager of Human Resources: Patty Gordon
  - Contact: 720-875-2458
- The Assistant Director, Compliance and Quality Assurance will be responsible for training, documentation of training and making the written ECP available to employees and students, OSHA and NIOSH representatives.
  - Terence Brennan
  - Contact: 720-874-2871

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job types at RVU in which employees have occupational exposure:

<u>Classification</u>	<u>Training Schedule</u>	<u>Method</u>
<p><i>Medical Students</i></p> <ul style="list-style-type: none"> <li>● 1<sup>st</sup> Year</li> <li>● 2<sup>nd</sup> Year</li> <li>● 3<sup>rd</sup> Year</li> <li>● 4<sup>th</sup> Year</li> </ul>	<ul style="list-style-type: none"> <li>● Annual</li> <li>● Annual</li> <li>● Annual</li> <li>● Annual</li> </ul>	<ul style="list-style-type: none"> <li>● Live presentation during orientation</li> <li>● Live presentation or online CITI training prior to shadowing</li> <li>● Live presentation or online CITI training prior to rotations</li> <li>● Live presentation or online CITI training prior to rotations</li> </ul>
All employees whose official job description or contract includes any time in a clinical setting.	Annual; prior to starting clinical duties	Live presentation or online CITI training

<u>Classification</u>	<u>Training Schedule</u>	<u>Method</u>
All employees whose official job description or contract includes any time in the Anatomy Lab.	Annual; prior to starting duties in the Anatomy Lab	Live presentation or online CITI training
Any employee whose official job description or contract includes duties with potential exposure to human blood or other potentially infectious materials.	Annual	Live presentation or online CITI training
All other employees	Not Required	

## **METHODS OF IMPLEMENTATION AND CONTROL**

Universal Precautions: All employees and students will utilize Universal Precautions at all times. All patients must be regarded as potentially infected with blood-borne pathogens.

- All workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids 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 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.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- All health-care 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 sharps are used, they should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area.

- Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Exposure Control Plan: Employees and students covered by the bloodborne pathogens standards receive an explanation of this ECP during their initial training. It will also be reviewed in their annual refresher training. All employees and students can review this plan at any time by contacting the Assistant Director, Compliance and Quality Assurance.

The Assistant Director, Compliance and Quality Assurance is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised positions with occupational exposure.

Engineering Controls and Work Practices: Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Hand-washing facilities are readily available
- Antiseptic hand cleanser is available throughout the campus
- Contaminated needles and other sharps shall not be recapped, bent or broken
- Puncture-resistant, leak-proof sharps containers are conveniently located
- Never reach into a sharps container
- Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas is strictly prohibited
- Food and drinks must never be stored where potentially contaminated materials are stored
- All procedures must be done in such a way as to minimize splashing, spraying and spattering
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited
- All containers for storage, transport, shipping or disposal must be clearly labeled

Sharps disposal containers are inspected and maintained or replaced by the Practice Director in the Health Clinic, and the Chair of Primary Care Medicine in university labs every 2 months, or more whenever necessary to prevent overfilling.

RVU identifies the need for changes in engineering controls and work practices through an annual review of OSHA records and employee interviews. RVU evaluates new products regularly by researching new and innovative engineering controls and work practices. Both front-line workers and management officials are involved in this process by participating in OSHA review committees. The Assistant Director, Compliance and Quality Assurance is responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE): PPE is provided to employees at no cost to them. Students are required to supply their own PPE for use on campus; during off-site clinical education, PPE will be provided by the clinical training site. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Practice Director in the Health Clinic and by the Chair of Primary Care Medicine at the university.

The types of PPE available to employees are as follows:

- Gloves (all sizes)
- Eye goggles
- Face masks

All employees and students using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in appropriate containers.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM in such a way as to avoid contact with the outer surface.

Housekeeping: Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

- Container is properly sealed
- Placed in biohazard transport container
- Off-site contractor picks up as needed

The procedure for handling other regulated waste is:

- Container is properly sealed
- Placed in biohazard transport container
- Off-site contractor picks up as needed

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in the Anatomy Lab and the Health Center.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a broom and dustpan.

Laundry: RVU does not produce, nor does it launder any contaminated articles.

Labels: The following labeling methods are used in this facility:

- Red bags
- Bio-hazard stickers

- Properly labeled with RVU's name and address

The Practice Director in the Health Clinic and the Chair of Primary Care Medicine at the university are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Practice Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipments, etc., without proper labels.

## **HEPATITIS B VACCINATION**

The Assistant Director, Compliance and Quality Assurance will provide training to employees and students on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at a reduced cost in the RVU Health Clinic after initial employee training and within ten days of initial assignment to all employees identified in the expose determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at their own cost. Documentation of refusal of the vaccination is kept in the Legal and Compliance Office.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact:

- Patty Gordon, Manager of Human Resources: 720-875-2400.
- Terence Brennan, Assistant Director, Compliance and Quality Assurance: 720-875-2824

An immediately available confidential medical evaluation and follow-up will be conducted by the Practice Director, or by the workers' compensation provider selected by RVU. Following initial first aid, the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless RVU can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

- Assure that the exposed employee or student is provided with the source individual's test results and with information about applicable disclosure laws and regulation concerning the identity and infectious status of the source individual.
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee or student does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as possible.

#### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Assistant Director, Compliance and Quality Assurance and/or the Manager of Human Resources ensures that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogen standard.

The Assistant Director, Compliance and Quality Assurance and/or the Manager of Human Resources ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The Assistant Director, Compliance and Quality Assurance and/or the Manager of Human Resources provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

#### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Assistant Director, Compliance and Quality Assurance and/or the Manager of Human Resources will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

The Assistant Director, Compliance and Quality Assurance and/or the Manager of Human Resources will record all percutaneous injuries from contaminated sharps in the *Sharps Injury Log* (found in Appendix).

If revisions to this ECP are necessary the Assistant Director, Compliance and Quality Assurance will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Assistant Director, Compliance and Quality Assurance. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available in the Human Resources office and/or Compliance Office.

## **RECORDKEEPING**

### Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the HR Office. (Student training records are maintained the Offices of Clinical Affairs and Primary Care.)

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training

- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to:

- Patty Gordon, Manager of Human Resources

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Manager of Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resource Office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to:

- Patty Gordon, Manager of Human Resources

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Assistant Director, Compliance and Quality Assurance.

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is maintained by the Office of Human Resources reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

## Part 2 Hazard Communication Standard

The following model Hazard Communication Program is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910. 1200. The intent of this model is to provide an easy-to-use format to tailor to the specific requirements of your establishment.

### MODEL HAZARD COMMUNICATION PROGRAM

#### 1. Company Policy

To ensure that information about the dangers of all hazardous chemicals used by Rocky Vista University is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in our company where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this company will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the Compliance Office and Human Resource Office for review by any interested employee.

The Assistant Director, Compliance and Quality Assurance is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

#### 2. Container Labeling

The Practice Director will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The Practice Director will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning.

The will review the company labeling procedures every 6 months and will update labels as required.

#### 3. Material Safety Data Sheets (MSDSs)

The Assistant Director, Compliance and Quality Assurance is responsible for establishing and monitoring the company MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is not received at the time of initial shipment:

- The originator will be contacted immediately by the Chief of Structural Medicine to obtain MSDS information.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the Anatomy Lab and the Compliance Office.

MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, contact the Assistant Director, Compliance and Quality Assurance.

MSDSs will be readily available to employees in each work area using the following format:

- Paper copies in a clearly identified three-ring binder

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

- The Assistant Director, Compliance and Quality Assurance or the Chief of Structural Medicine will replace the old MSDSs.

#### **4. Employee Training and Information**

The Assistant Director, Compliance and Quality Assurance is responsible for the Hazard Communication Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information
- Location of the MSDS file and written Hazard Communication Program

Prior to introducing a new chemical hazard into any section of this company, each employee in that section will be given information and training as outlined above for the new chemical hazard. The training format will be as follows:

- Live, in person presentation or online training

#### **5. Hazardous Non-routine Tasks**

Periodically, employees are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, tank cleaning, and painting reactor vessels. Prior to starting work on such projects, each affected employee will be given information by the Assistant Director,

Compliance and Quality Assurance about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

Examples of non-routine tasks performed by employees of this company are: NONE

## **6. Informing Other Employers/Contractors**

It is the responsibility of the Assistant Director, Compliance and Quality Assurance to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of Assistant Director, Compliance and Quality Assurance to obtain information about hazardous chemicals used by other employers to which employees of this company may be exposed.

Other employers and contractors will be provided with MSDSs for hazardous chemicals generated by this company's operations in the following manner:

- Provided with a copy of the MSDSs
- Provided access to RVU's ECP and Chemical Hygiene Plan

In addition to providing a copy of an MSDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this company.

Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

## **7. List of Hazardous Chemicals**

A list of all known hazardous chemicals used by our employees is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the MSDSs, located in the Anatomy Lab and the Compliance Office.

When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed:

- The Chief of Structural Medicine will notify the Assistant Director, Compliance and Quality Assurance immediately upon receiving new chemicals.
- The Assistant Director, Compliance and Quality Assurance will update the list, the ECP and the Chemical Hygiene Plan as necessary.

The hazardous chemical inventory is compiled and maintained by the Assistant Director, Compliance and Quality Assurance.

## **8. Chemicals in Unlabeled Pipes**

Work activities are sometimes performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee shall contact the Assistant Director, Compliance and Quality Assurance.

- The chemical in the pipes
- Potential hazards
- Required safety precautions.

## **9. Program Availability**

A copy of this program will be made available, upon request, to employees and their representatives.

## APPENDIX A

### HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Signed: \_\_\_\_\_  
(Employee Name)

Date: \_\_\_\_\_

**APPENDIX B**

**Sharps Injury Log**

**Rocky Vista University and Rocky Vista Health Clinic**

Date	Case - Report #	Type of Device	Work area where injury occurred	Description of incident

29 CFR 1910.1030, OSHA’s Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

## **APPENDIX C**

### **Syllabi Information**

Students in health sciences programs are informed that certain risks are involved in health care. These risks include contact with infectious/communicable diseases through exposure to bloodborne pathogens.

Exposure to bloodborne pathogens occurs in many ways. Although needle stick injuries are the most common means of exposure for health care workers, bloodborne pathogens can also be transmitted through contact with eyes, nose, and mouth or through broken skin.

Any direct exposure of a student to the blood or body fluid of a patient or clinical/laboratory partner must be reported to your clinical instructor/supervisor immediately.

## APPENDIX D

### New Student/Employee Orientation Fact Sheet

#### PREVENTING THE SPREAD OF BLOODBORNE PATHOGENS

Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

- Direct contact. Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.
- Indirect contact. A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.
- Respiratory droplet transmission. A person inhales droplets from an infected person, such as through a cough or sneeze.
- Vector-borne transmission. A person's skin is penetrated by an infectious source, such as an insect bite.

Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious.

Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

#### TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:

- Avoid contact with blood and other body fluids.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different victim.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
- Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

**TO REDUCE THE RISK OF EXPOSURE, FOLLOW THESE ENGINEERING AND WORK PRACTICE CONTROLS:**

- Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
- Use sharps disposal containers to place sharps items, such as needles.
- Clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
  - Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If worn, wash and dry uniforms according to the manufacturer's instructions.

**IF YOU ARE EXPOSED, TAKE THE FOLLOWING STEPS IMMEDIATELY:**

- Stop the activity
- Wash / flush the affected area(s)
- Immediately report the incident to a clinical instructor or supervisor
- Seek medical attention from the RVU Health Clinic
- Complete necessary reports provided by the clinical instructor or the RVU Health Clinic
- The Dean is available for guidance in obtaining medical evaluation, treatment and follow-up

## **APPENDIX E**

### **Standard Operating Procedure (SOP) for Cleanup of Small Blood Spills**

Follow these procedures for cleaning up spills of blood and blood products. The same procedures can be used for cleaning up other body fluids.

#### **STEP 1: REQUIRED PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Prior to beginning the cleanup, don a pair of rubber, latex, PVC or similar type gloves.

For small blood spills no other PPE should be required.

#### **STEP 2: SPILL KIT EQUIPMENT**

The following items may be needed in handling the spill:

- 10% bleach solution (or Lysol, virex or other EPA reg. Tuberculocidal)
- gloves
- clear plastic bags
- biohazard labels
- leak-proof sharps containers
- brush & dustpan, or tongs or forceps for picking up sharps
- disinfectant wipes

#### **STEP 3: SPILL DECONTAMINATION PROCEDURES**

Cover the spill area with a paper towel and then pour freshly mixed 10% bleach and water solution. Allow solution to soak into the contaminated material for 10 minutes. Work from the outside edges of the spill inward when applying the bleach solution.

Any glass, needles, or other sharp objects that may puncture the skin will not be picked up by hand. Only mechanical means such as a brush and dustpan, tongs, or forceps are allowed.

Wipe up bleached material with paper towels or absorbent pads. It may be necessary to use a scrub brush to remove the material if it impacted a hard porous surface such as concrete. If nonporous surfaces, such as a carpet have been contaminated, an outside vendor may be needed to clean the area.

#### **STEP 3: DISPOSAL**

Place bleached material, gloves and other disposable materials into a labeled biohazard bag and place into either another labeled biohazard bag or container. Ensure lids are firmly sealed on all waste containers when spill cleanup is complete.

#### **STEP 4: DECONTAMINATE RE-USEABLE EQUIPMENT**

Decontaminate with the bleach solution all potentially contaminated re-useable tools or protective equipment used in the cleanup. This includes dustpans, brooms, forceps, buckets, etc. Anything that cannot be effectively cleaned (bleach solution must be able to make contact with all surfaces) must be disposed as waste. After the contaminated area has been cleaned, use fresh water to remove bleach residue from all surfaces.

## **STEP 5: WASH YOUR HANDS**

If hand-washing facilities are not available at the job site use disinfectant wipes and then wash your hands as soon as possible.

## **BIOHAZARD EXPOSURE**

If you believe you were exposed (skin puncture or splash to eyes or mucous membranes) to biohazard material that had not been decontaminated with the bleach solution follow these recommended steps:

- Skin exposure: Vigorously wash affected skin with plenty of soap and water while removing contaminated clothing and shoes.
- Eye exposure: Wash eyes for at least 10 minutes with copious amounts of water, lifting the upper and lower eyelids occasionally.
- Seek follow-up medical attention by contacting the RVU Health Clinic.

## APPENDIX F:



# Rocky Vista Health Center Needlestick and Sharps Injuries

### Policy:

Employees must record all work-related needlestick injuries and cuts from sharp objects which are contaminated with another person's blood or other potentially infectious material. You must enter the injury or cut in the OSHA 300 Log as an injury. To protect the employee's privacy, do not enter the employee's name on the OSHA 300 Log.

**Basic requirement.** If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case on the OSHA 300 Log.

**How do I classify medical removal cases on the OSHA 300 Log?** You must enter each medical removal case on the OSHA 300 Log as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must enter the case on the OSHA 300 Log by checking the "poisoning" column.

**Do all of OSHA's standards have medical removal provisions?** No, some OSHA standards, such as the standards covering bloodborne pathogens and noise, do not have medical removal provisions. Many OSHA standards that cover specific chemical substances have medical removal provisions. These standards include, but are not limited to, lead, cadmium, methylene chloride, formaldehyde, and benzene.

**Do I have to record a case where I voluntarily removed the employee from exposure before the medical removal criteria in an OSHA standard are met?** No, if the case involves voluntary medical removal before the medical removal levels required by an OSHA standard, you do not need to record the case on the OSHA 300 Log.