



Occupational Exposure Control Plan (ECP) for Bloodborne  
Pathogens, Needle sticks and Other Sharps

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The Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the Bloodborne Pathogen standard, thereby protecting our employees and students.

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## **INTRODUCTION**

Gateway Community and Technical College is committed to providing a safe and healthful work and learning environment for our faculty, staff and student population. In pursuit of this goal, the following exposure control plan (ECP) was developed as a means to eliminate or minimize employee and student exposure to human blood and other potentially infectious materials. It is designed to comply with the standards enunciated by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) in Part 1910.1030, Title 29 of the Code of Federal Regulations concerning Occupational Exposure to Blood Borne Pathogens and the Kentucky Standard 803 KAR2:320. Each employee and student who's educational and/or work duties involve reasonable anticipated exposure to blood or other potentially infectious materials must become familiar with, and adhere to the provisions of this Exposure Control Plan (ECP). In order to promote this objective, a copy of this plan shall be readily accessible to all employees and students from the College website.

## **I. DEFINITIONS**

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

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

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

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

**CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

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

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

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

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

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

**EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties. "Non-intact skin" includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

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

**LICENSED HEALTHCARE PROFESSIONAL** is a person whose legally permitted scope of practice allows him/her to independently perform the activities required.

**NEEDLELESS SYSTEMS** means a device that does not use needles for: (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**NON-INTACT SKIN** means skin that has a break in the surface, includes abrasion, cuts, hangnails, paper cuts, and burns.

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

**OTHER POTENTIALLY INFECTIOUS MATERIALS** means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

**PERSONAL PROTECTIVE EQUIPMENT** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against hazard are not considered to be personal protective equipment.

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

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

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

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

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

**STANDARD PRECAUTIONS** represents a system of barrier precautions to be used by all personnel for contact with blood, all body fluids, secretions, excretions, non intact skin, and mucous membranes of **ALL** patients, regardless of the patient's diagnosis. These precautions are the "standard of care." This system embodies the concepts of "Universal Precautions" and "Body Substance Isolation". Standard Precautions focuses on reducing the risk of transmission of microorganisms. The use of barriers is determined by the care provider's "interaction" with the patient and the level of potential contact with body substances.

**Standard Precautions** apply to: Blood, all body fluids, secretions, and excretions except sweat, non-intact skin and mucous membranes

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

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

**Universal Precautions** apply to: blood and blood products, human tissue, semen and vaginal secretions, saliva from dental procedures, cerebrospinal fluid, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Other body fluids, if visibly contaminated with blood or of questionable origin in the body. Breast milk, while not on the list of fluids covered by Universal Precautions, is generally treated

as such because it has been shown that mothers can pass along the human immunodeficiency virus (HIV) to their infants through breast milk.

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

## **II. PROGRAM ADMINISTRATION**

- Gateway CTC is responsible for the implementation and review of the Exposure Control Plan (ECP). The ECP is to be updated yearly by the Dean of Health Professions, and whenever necessary to include new or modified tasks and procedures.
  - The following individuals at Gateway CTC are identified as having the additional responsibility for the oversight of the Exposure Control Plan.
    1. Director of Safety and Security
    2. Director of Nursing (Faculty Administrator)
    3. Division of Health Profession's Faculty/Staff
    4. Maintenance and Operations Representative
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Gateway CTC is responsible for maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and biohazard bags as required by the standard and ensure that adequate supplies of the aforementioned equipment are available.
- Program coordinators for the academic programs identified below in Section III will be responsible for training, documentation of training, and making the written ECP available to program area employees, students and outside clinical agencies as requested.
- Gateway's Human Resource Department will be responsible for maintaining documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Training will be conducted by the respective departments and respective programs. All training records for faculty will be initiated by KCTCS and maintained in SafeColleges Training website.
- Gateway's Dean of Health Professions is for distributing the most recent edition of the ECP. The Director of Security and Safety will ensure the document has been posted for employee and student access on the Gateway website.
- Gateway will be responsible for ensuring that all medical actions required are performed and that appropriate employee or student health and OSHA records are maintained.

## **III. EXPOSURE DETERMINATION**

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

- A. The following is a list of all job classifications at Gateway CTC in which all employees and students have occupational exposure:

1. Nursing Faculty and Students

Location: Edgewood Campus and Clinical Affiliation Sites

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

2. Nursing Assistant Faculty and Students

Location: Edgewood Campus and Clinical Affiliation Sites

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

3. Medical Assisting Faculty and Students

Location: Edgewood Campus and Clinical Affiliation Sites

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

4. Phlebotomy Faculty and Students

Location: Edgewood Campus and Clinical Affiliation Sites

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

5. EMT Faculty and Students

Location: Edgewood/Boone Campus and Clinical Affiliation Sites

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

6. Paramedic Faculty and Students

Location: Edgewood Campus and Clinical Affiliation Sites

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

B. The following is a list of job classifications in which some employees or students at Gateway CTC have an occupation exposure, includes tasks and procedures, or groups of related tasks and procedures in which occupation exposure may occur for these individuals.

1. Maintenance and Operations Personnel

Location: All Campuses and Facilities owned by Gateway

Occupational exposure is unlikely, but may occur during building maintenance procedures in laboratory facilities, during bathroom facility repair and cleaning, repair of contaminated equipment, waste disposal procedures, and cleaning of blood spills in the event of a medical emergency or accident on campus. The nature of maintenance operations lends itself to causing many minor scrapes and cuts which can potentially cause an exposure to another employee if not properly handled.

2. Biology Courses (Faculty and Students)

Location: Edgewood Campus Labs

Tasks include sharp instruments and accidental exposure to blood or blood-contaminated materials during the analysis of human specimens.

#### **IV. SCHEDULE AND METHODS OF IMPLEMENTATION**

All policies and procedures in this Exposure Control Plan shall be implemented as described, effective February 1, 2012 and revised yearly in accordance to changes.

The plan shall be reviewed and updated at least every year and whenever necessary to reflect new or modified task and procedures which will affect occupational exposure, in addition to reflect or revised employee position with occupation exposure. (OHSa Standard 29 CFR 1910.1030)

As new equipment, procedures and/or programs are implemented; the appropriate program faculty and the Buildings, Grounds, and Safety Committee of the Gateway will identify, evaluate, and select the effective exposure control elements necessary to assure safety.

#### **V. EXPOSURE CONTROL ELEMENTS**

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

##### **A. Universal/Standard Precautions**

All faculty, staff, and students of Gateway will utilize universal/standard practices while functioning in on-campus laboratory and clinical affiliation sites. Since medical history and examination cannot reliably identify all patients infected with HIV or other bloodborne pathogens, blood and body fluid precautions should be consistently used for all patients, especially including those in the emergency care setting in which the risk for blood exposure is increased and the infectious status of the patient is usually unknown. These precautions should also be used if there is a chance of exposure to blood or other body fluids in the on-campus laboratory.

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

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

##### **B. Engineering Controls and Work Practices**

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

1. All procedures involving blood or other body fluids shall be performed in such a manner to minimize splashing, spraying, spattering, and generation of aerosols.
2. Mouth pipetting/suctioning of blood and other body fluids is prohibited.



3. If contamination with blood or other body fluids occurs, hands and other skin surfaces should be washed thoroughly with soap and water and mucous membranes should be flushed with water immediately. Hands should be washed immediately after gloves or other personal protective equipment is removed. Hands should also be washed after contact with blood, other body fluids, or potentially infectious material, and upon leaving the work area.
4. All faculty, staff, and/or students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments. They should also take precautions during procedures and when cleaning used instruments, disposing of used needles, and when handling sharp instruments after procedures. To prevent needle stick injuries, the faculty, staff, or student should use the appropriate type of self-sheathing needles or needleless systems.
  - a. This may include, but not limited to, syringes with a sliding sheath that shields the attached needle after use, needles that retract into a syringe after use, shielded or retracting catheters, and intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective cover. Also, some examples of needleless systems will include, but not limited to, IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle. If not available, other precautions should be taken to prevent sharps injuries.
  - b. Therefore, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Recapping or removing of contaminated needles or sharps should only be done if no other alternative is feasible and required by a specific medical procedure and if performed must be done through the use of a mechanical device or a one-handed technique.
  - c. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal; the puncture resistant container should be located as close as practical to the use area. Large bore reusable needles should be placed in a puncture resistant container for transport to the reprocessing area.
5. 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.
6. All faculty, staff, and/or students who have exudative lesions or weeping dermatitis should refrain from all direct patient or student care and from handling patient care equipment until the condition resolves.
7. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in the laboratory and any patient care area where blood or other potentially infectious material are likely to be present. Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other infectious material may be present.
8. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood, other blood fluids, and/or potentially infectious material are present.
9. Should an exposure incident occur at a clinical agency, the post exposure evaluation and follow up plan of the affiliation site will be utilized.

10. Maintenance and Operations (M&O) employees shall wear impervious utility gloves when handling all biohazardous waste materials.
11. M&O employees shall double bag waste disposal material that contains a potential for leaking or contains regular medical waste.

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

1. M&O employees will wear double impervious gloves and protective clothing during cleaning.
2. Spills of blood, body fluids, or potentially infectious materials should be cleaned immediately by mechanical means. Liquids should be covered with a single layer of absorbent rags or paper towel and thoroughly flooded with an appropriate disinfectant solution or spray and allowed to stand for a minimum of 20 minutes.
3. The area must be decontaminated with a solution of 1:10 dilution of sodium hypochlorite (household bleach) and water. The spill is then cleaned up with disposable paper towel.
4. Rags and other soiled items will be doubled bagged, labeled appropriately, and properly disposed of as regulated waste.

### **C. Personal Protective Equipment**

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training in the use of appropriate PPE for specific task or procedures is provided by the coordinator of each department.

The type of PPE available to employees are as follows: gloves, mask, face shields, and gowns. PPE is should be located in each of the laboratories identified as having an occupational exposure. M&O staff can access PPEs on all campus in the appropriate maintenance work stations.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
2. Remove PPE after it becomes contaminated or before leaving the work area.
3. Used PPE may be disposed of the regular waste cans if they are single-use items.
4. All faculty, staff, and/or students should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any other person is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures.
5. Gloves should be changed after contact with each patient. Mask and protective eyewear or face shield should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.

6. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
7. Appropriately sized and fluid impervious gloves must be worn when
  - a. during invasive procedures; direct contact with blood, body fluids, or other potentially infectious material is anticipated;
  - b. examining non-intact skin;
  - c. during examination of the oral cavity, gastrointestinal and genitourinary tracts;
  - d. working directly with contaminated instruments;
  - e. the employee has cuts, lesions, or dermatitis;
  - f. during phlebotomy.
8. Single-use gloves must be available of the proper size, material, and quantity. Never wash or decontaminate disposable gloves for reuse.
9. Hypoallergenic gloves or glove liners will be provided for faculty, staff, and/or students who may have hypersensitivity to regular latex gloves.
10. If there is a chance of blood, body fluids, or other potentially infectious material to be splashed or spattered into the eyes or mouth, eye and face protection must be used. This shall consist of a:
  - a. Mask in combination with goggles or glasses with solid side shields, or
  - b. Chin-length face shields, or
  - c. Splash shield positioned between the worker and the infectious material.
11. Gloves, laboratory coats, gowns, and other personal protective equipment must be removed prior to leaving the laboratory area or patient care area.

#### **D. Housekeeping of Campus Laboratories**

All campus laboratory areas must be maintained in a clean, orderly, and sanitary condition.

1. Any campus laboratory that contains blood or body fluid shall have a written schedule for cleaning and disinfection of equipment and work surfaces, which contaminates are appropriate to the facility and the type of task being performed.
2. Any laboratory where potentially infectious materials are routinely handled shall have an appropriate biohazard sign posted at the entrance(s).
3. Housekeeping personnel must be instructed in proper precautionary measures appropriate to each laboratory area.

#### **E. Contaminated Sharps**

1. Contaminated sharps means any contaminated object that can penetrate skin including, but not limited to, needles, scalpels, lancets, broken glass, broken capillary tubes, and exposed ends of dental wires.
2. Contaminated needles and other contaminated sharps shall not be recapped, sheared, bent, or broken by hand. Any needle recapping or breaking shall be accomplished by the use of a mechanical device or one-handed technique.

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

#### **F. Disposal of Regulated Waste**

1. Infectious waste containers must be closable, prevent leakage, and be labeled, tagged, or color-coded as potentially hazardous.
2. Infectious waste shall be disposed of in an appropriate leak-resistant biohazard bag at the site of use prior to removal by housekeeping personnel.
3. Containers intended for infectious waste must be routinely inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
4. Disposal of regulated waste will be outsourced to the current contract agency. All regulated waste will be transported packaged for disposal per the contracted agency and housed in the program laboratory area, for scheduling of pickup.

#### **G. Cardiopulmonary Resuscitation (CPR) Training**

Policy for minimizing risk transmission of Bloodborne Pathogens and other diseases during CPR training – the following general recommendations will be followed:

1. The manufacturer's recommendations and provisions for sanitary practices for the training mannequins shall be followed by all CPR instructors.
2. Students or instructors will not actively participate in training sessions (hands-on-training with mannequins) if they have dermatologic lesions on hands or in oral or circumoral areas, known to be seropositive for hepatitis B surface antigens, have upper respiratory tract infections, have AIDS, or are in the active stage of any infectious process.
3. Students will be informed in advance that the training sessions will involve close physical contact with their fellow students.
4. If more than one CPR mannequin is used in a particular training class, students should preferably be assigned in pairs, with each pair having contact with only one mannequin. This approach would lessen the possible contamination of several mannequins by one individual and therefore limit possible exposure of other class members. Disposable elements will be used as much as possible.

5. All persons responsible for CPR training are thoroughly familiar with hygienic concepts. They will follow appropriate procedures for the cleaning and maintenance of the mannequins.
6. During the training of two-rescuer CPR, there is no opportunity to disinfect the mannequin between students when the so-called switching procedure is practiced. To limit the potential for disease transmission during this exercise, the student taking over ventilation on the mannequin will simulate ventilation instead of blowing into the mannequin. This recommendation is consistent with current recommendation of the American Red Cross and the American Heart Association.
7. Training for the obstructed airway procedure involves the student using his or her finger to sweep foreign matter out of the mannequin's mouth. This action could contaminate the student's finger with exhaled moisture and saliva from previous students in the same class or contaminate the mannequin with material from the student's finger. When practicing this procedure, the finger sweep should be either simulated or done on a mannequin whose airway was decontaminated before the procedure and will be decontaminated after the procedure.
8. Personnel conducting the mannequin disassembly and decontamination should wear protective latex gloves and wash their hands after finishing. At the end of each class, the following procedures will be completed:
  - a. disassemble the mannequin as directed by manufacturer,
  - b. as indicated, thoroughly wash all external and internal surfaces (also reusable protective face shields or devices) with 70% alcohol (isopropanol or ethanol).
  - c. Cleaning with alcohol will aid drying of internal surfaces and this drying will prevent survival and growth of bacterial or fungal pathogens of the mannequins are stored for a period longer than the day of cleaning.

Each time a different student uses the mannequin in a training class, the individual protective face shield, if used, will be changed. Between students or after the instructor demonstrates a procedure such as cleaning any obstruction from the airway, the face and inside of the mouth of the mannequin should be wiped vigorously with clean, absorbent material (e.g. 4 inch by 4 inch gauze pad, wet with either the hypochlorite solution described above or with 70% alcohol (isopropanol or ethanol). The surfaces should remain wet for at least 30 seconds before they are wiped dry with a second piece of clean, absorbent material.

## **VI. COMMUNICATION OF HAZARDS**

### **A. Labels**

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

6. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
7. Red bags or red containers may be substituted for labels.
8. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.
9. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
10. All federal, state and local regulations shall be observed.

## **B. Training and Information**

1. Annually, employees with a potential for occupational exposure will participate in a training program as deemed necessary by the Kentucky Community and Technical College System Office. Training is to be provided at no cost to the employee and to be presented during working hours.

\*\*This includes faculty, staff and students from these areas, but not limited to these areas:

1. Associate Degree Nursing
  2. Phlebotomy and Medical Assisting
  3. Kentucky Medication Aide and Medicaid Nurse Aide
  4. EMT and Paramedic
  5. Biology classes in the laboratory setting, if applicable
  6. Maintenance and Operations (M&O)
2. Training is to be provided at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.
  3. Materials appropriate in content and vocabulary to education level, literacy and language of employees shall be used.
  4. Additional training is to be provided when changes, such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's potential for occupation exposure.
  5. The training program must contain, at a minimum, the following elements:
    - a. An accessible copy of the regulatory text of standards and an explanation.
    - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
    - c. An explanation of the modes of transmission of bloodborne pathogens
    - d. An explanation of the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
    - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.

- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
  - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
  - h. An explanation of the basis for selection of personal protective equipment.
  - i. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
  - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  - k. An explanation of the procedure to follow if an incident occurs, including: what to do, who to contact, the method of reporting the incident and the post exposure evaluations and medical follow-up that will be made available.
  - l. Information on the post-exposure evaluation and follow-up that is provided following an exposure incident.
  - m. An explanation of required labels, proper signs, and/or color-coding.
  - n. An opportunity for interactive questions and answers with the person conducting the training session.
6. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.
  7. Records of each training session shall be kept, including:
    - a. Dates of the training session
    - b. The content or a summary of training;
    - c. Names and qualifications of person(s) conducting the training and,
    - d. Names and job titles of all person(s) attending training.
  8. All personnel and students will complete the “Bloodborne Pathogens Instructional Session” training form upon completion of training (see Appendix A)
  9. Training records shall be maintained for a period of three (3) years from date of training. Employee records will be maintained by the Director of Safety and Security; student records will be maintained by the appropriate program coordinator or designee.

### **C. Additional Procedures for Student Training**

1. It is the responsibility of the faculty member to train students and publish Gateway’s Exposure Control Plan on Blackboard for each laboratory and clinical course.
2. All syllabi for laboratory and clinical courses must include the statement of understanding, listed below:

*Students who become exposed to bloodborne pathogens at the college or at the clinical site must complete an Exposure Incident Investigation Report for Gateway Students (appendix F) for implementation of the post exposure plan as detailed in the GCTC Occupational Exposure Control Plan (ECP) for Bloodborne Pathogens, Needle sticks and Other Sharps. The clinical faculty member, or the lead faculty member in instances where a clinical faculty member is not utilized, will assist the student in completing the form. Additional laboratory tests and post exposure treatment may be required at the student’s expense.*

## **VII. HEPATITIS B VIRUS AND VACCINATION INFORMATION**

### **A. Hepatitis B Virus**

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

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

### **B. Hepatitis B Vaccine and Vaccination Series**

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

#### **Faculty and Staff**

Hepatitis B vaccination is to be made available to designated faculty and staff after he/she has been informed of its efficacy, and safe method of administration along with the benefits of being vaccinated. The vaccine is offered free of charge within 10 days of initial assignment of duties which may present the potential for occupational exposure unless the employee has previously received the complete hepatitis B series, antibody testing revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Faculty and staff who decline to accept the hepatitis B vaccination offered are to sign the Statement of Declination found on the Statement of Understanding - Standard Precautions for Hepatitis B Vaccination. (see Appendix C) The hepatitis B vaccine is available to them at a later date should they want to receive it at no charge. No cost means no out of pocket expense to the employee.

#### **Students**

All identified students will be informed of the efficacy, administration procedures and recommendation for receiving the Hepatitis B vaccine. Students are individually responsible for obtaining the vaccine. Individual programs may require the student to provide documentation of Hep-B vaccination or to sign a declination form as part of the program enrollment process. Found on the Statement of Understanding - Standard Precautions for Hepatitis B Vaccination (see Appendix B)

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

**A. Immediately following an exposure, the Exposure Incident Investigation Report for Gateway Students/Employees will be completed and sent to the Director of Safety and Security in relationship with the Faculty Representative for implementation post-exposure and follow-up.**

Post-exposure evaluation and follow-up at Gateway addresses two groups of individuals:

- 1) Faculty and staff of Gateway
- 2) Students of Gateway.

If the exposure happens on campus, Faculty and Staff of Gateway will follow the post exposure protocol of St. Elizabeth Business Health. Students should be directed to consult their family physician for post exposure



evaluation and follow-up plan. If the incident occurs at a hospital based clinical affiliate, faculty and students of Gateway will follow the post exposure evaluation and follow up plan of the agency. If the incident occurs in a non-hospital based affiliate, the student will follow the post-exposure evaluation and follow-up plan of the office, however, students should be directed to consult their family physician. (see Appendix D, E and G)

### **B. St. Elizabeth Business Health Post-Exposure Evaluation and Follow-up (Gateway Employees ONLY)**

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

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

If after business hours, have the employee complete an Exposure Incident Investigation Report for Gateway Students/Employees, making sure they include the source of the exposure's name and date of birth then send the employee to the St. Elizabeth Emergency Department (see Appendix D and E)

## **IX. RECORDKEEPING**

### **A. Medical Records**

Medical records are maintained for each employee with occupational exposure to blood or other potentially infectious materials in accordance with OSHA Standard 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records". The record is to be maintained by the Human Resources Director and is to include:

1. The name and social security number of the employee.
2. A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any records relative to the employee's ability to receive the vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures following an exposure incident.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of medical necessity information provided to the healthcare professional performing post-exposure evaluations. Medical record entries related to post-exposure evaluation are to be kept confidential and are not to be disclosed without the employee's expressed written consent to any person

within or outside the workplace except as required by OSHA Regulation 29 CFR 1910.1030 or as may be required by law.

6. Records related to an employee's post-exposure evaluation are to be maintained for at least the duration of employment plus 30 years and shall be provided upon request for examination and copying to the subject employee or anyone having written consent of the subject.

### **B. Training Records**

Training records of employees (Appendix A) will be maintained in the SafeColleges Training website. Training record for students will be maintained by the program coordinator for the respective program or their designee. Separate training documentation is not required for student training if content of the training is built into the curriculum and lesson plans.

1. The dates of the training sessions.
2. The contents, or a summary, of the training sessions.
3. Training records will be maintained for three years from the date on which the training occurred and shall be provided upon request for examination and copying to employees or employee's representative.
4. Employee training records are provided upon request to the employee within 15 working days.

### **C. Sharps Injury Log**

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

### **D. Documentation of employee non-use of personal protective equipment:**

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

1. An employee may temporarily and briefly decline the use of personal protective equipment only under rare and extraordinary circumstances when, in the employee's professional judgment, its use will prevent the delivery of healthcare or public safety services, or will pose an increased hazard to themselves or a co-worker.
2. When an employee makes such a judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **E. U.S. Dept. of Labor reporting for employers with 10 or more employees following the occurrence of an exposure incident:**

*Following the report of an exposure incident, employers who employ ten (10) or more employees shall also complete U.S. Dept. of Labor, OSHA, forms No.300, 300A, 301 found at <http://www.osha.gov/recordkeeping/RKforms.html> and 101.*

## **X. VIOLATION REPORTING**

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

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



## **APPENDICES**

- A. Training Session Form
- B. Statement of Understanding (Student)
- C. Statement of Understanding (Employee)
- D. St. Elizabeth Business Health Exposure Follow-up (Student)
- E. St. Elizabeth Business Health Exposure Follow-up (Employee)
- F. Exposure Incident Investigation Report (Gateway)
- G. BBP Student Training Flow Chart
- H. Sharps Injury Log

APPENDIX A



BLOODBORNE PATHOGENS TRAINING SESSION

Dates of the training session \_\_\_\_\_

The content or a summary of training:

Names and qualifications of person(s) conducting the training:

Names

Qualifications

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* A list of names and job titles of all person(s) attending training must be appended to this form.

APPENDIX B



**GATEWAY**  
COMMUNITY  
& TECHNICAL COLLEGE

Statement of Understanding - Standard Precautions  
Hepatitis B Vaccination

STUDENT

NAME: \_\_\_\_\_ ID # \_\_\_\_\_

I acknowledge that I have been informed of the Occupational Safety and Health Administration Standards on blood-borne pathogens that make universal precautions mandatory in all healthcare settings.

If I am involved in an exposure incident, I will immediately contact the program/clinical coordinator and complete the appropriate Exposure Incident Investigation Report for Gateway Students. I further understand that I am to contact my personal physician for post-exposure evaluation and follow up if I decline services offered by the clinical affiliate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that due to the potential of exposure to bodily fluids or other potential infectious material during my educational program that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been informed that Gateway CTC recommends that I take the Hepatitis B vaccination before entering training. I understand that by declining the recommendation to take the vaccine, I will be at risk of acquiring the Hepatitis B. I understand that if in the future, if I want to be vaccinated, I can take the vaccine series at any time. If I choose to do so, I will furnish Gateway CTC with proof of vaccination within 10 days of taking the vaccine.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-OR-**

I received the hepatitis B vaccination series on the following dates \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Attached is submitted proof of vaccination to Gateway CTC for work experience and laboratory safety purposes.  
Or an Anti-HBsAg titer (if applicable) date results reported on \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C



Statement of Understanding - Standard Precautions  
Hepatitis B Vaccination

EMPLOYEE

NAME: \_\_\_\_\_ SSN # \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

I acknowledge that I have been informed of the Occupational Safety and Health Administration Standards on blood-borne pathogens and received a copy of the Exposure Control Plan for Gateway.

If I am involved in an exposure incident, I will immediately complete the appropriate Exposure Incident Investigation Report for Gateway Employees.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-OR-**

I received the hepatitis B vaccination series on the following dates \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Attached is submitted proof of vaccination to Gateway CTC for work experience and laboratory safety purposes.  
Or an Anti-HBsAg titer (if applicable) date results reported on \_\_\_\_\_.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX D

### EXPOSURE TO BLOODBORNE PATHOGEN PROCEDURE FOR STUDENTS

If a student has an exposure event:

(Used needle stick or blood splash to the eye, nose or mouth or any other questionable event)

#### **For Incidents Occurring On Campus:**

1. Wash the area immediately.
2. Fill out an Exposure Incident Investigation Report of Gateway Students with faculty representative and give to Director of Safety and Security, Tim Chesser @859-442-4129.
3. Faculty Representative is responsible for informing the student to contact their primary care physician or St. Elizabeth Emergency Department for post exposure evaluation and follow-up. St. Elizabeth Business Health is not recommended for student exposures.
4. If event occurs outside of hours listed above:
  - a. Faculty Representative will have the student complete the Exposure Incident Investigation Report for Gateway Students.
  - b. Have student report to their primary care physician or St. Elizabeth Emergency Department.

#### **For Incidents Occurring Off Campus:**

1. Wash the area immediately.
2. Faculty Representative or the clinical preceptor will have the student complete the Exposure Incident Investigation Report for Gateway Students or have the student follow the exposure control plan of the site at which the exposure occurs.
3. Faculty Representative will obtain a copy of the incident report used at that facility, and maintain a copy in program records.
4. Have student report to their primary care physician or St. Elizabeth Emergency Department.
  - a. In some cases students may report to St. Elizabeth Business Health, depending on the facility in which they completing clinicals during the exposure.



## APPENDIX E

### EXPOSURE TO BLOODBORNE PATHOGEN PROCEDURE FOR EMPLOYEES

If a faculty/staff member has a potential exposure event:

(Used needle stick or blood splash to the eye, nose or mouth or any other questionable event)

#### **For Incidents Occurring On Campus:**

1. Wash the area immediately.
2. Fill out an Exposure Incident Investigation Report for Gateway Employees and give to Director of Safety and Security, Tim Chesser @859-442-4129.
3. Call St. Elizabeth Business Health @ 859-301-2999 if the event occurs:

Monday thru Thursday between the hours of 7: 30 am until 6: 00 pm

Friday between the hours of 8:00 am until 5: 00 pm

Saturday between the hours of 7: 30 am until 12: 30 pm

Instructions on how to proceed will be provided by Business Health

4. If event occurs outside of hours listed above:
  - a. Complete the Exposure Incident Investigation Report for Gateway Employees
  - b. Report to the St. Elizabeth Emergency Department
  - c. The next day, fax a copy of the completed Incident Report to St. Elizabeth's Business Health at 859-301-2984 and follow up if required.

#### **For Incidents Occurring Off Campus:**

1. Wash the area immediately.
2. Complete the Exposure Incident Investigation Report for Gateway Employees, and follow the exposure control plan of the site at which the exposure occurs.
3. Obtain a copy of the incident report used at that facility, along with Gateway's Exposure Incident Investigation Report for Gateway Employees and provide both to the Director of Safety and Security at Gateway.

APPENDIX F (1)

Exposure Incident Investigation Report for Gateway Students/Employees

Facility name: \_\_\_\_\_

Name of exposed: Last \_\_\_\_\_ First: \_\_\_\_\_ ID #: \_\_\_\_\_

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of exposure: \_\_\_\_:\_\_\_\_ AM PM (Circle)

Job title/occupation: \_\_\_\_\_ Department/work unit: \_\_\_\_\_

Location where exposure occurred: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Section I. Type of Exposure (Check all that apply.)

Percutaneous (Needle or sharp object that was in contact with blood or body fluids)  
(Complete Sections II, III, IV, and V.)

Mucocutaneous (Check below and complete Sections III, IV, and VI.)  
\_\_\_ Mucous Membrane \_\_\_ Skin

Bite (Complete Sections III, IV, and VI.)

Section II. Needle/Sharp Device Information

(If exposure was percutaneous, provide the following information about the device involved.)

Name of device: \_\_\_\_\_  Unknown/Unable to determine

Brand/manufacturer: \_\_\_\_\_  Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

Yes  No  Unknown/Unable to determine

If yes, when did the injury occur?

Before activation of safety feature was appropriate  Safety feature failed after activation  
 During activation of the safety feature  Safety feature not activated  
 Safety feature improperly activated  Other: \_\_\_\_\_

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: \_\_\_\_\_

Section III. Employee Narrative (Optional)

Describe how the exposure occurred and how it might have been prevented:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities' prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.

APPENDIX F (2)

Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

- Four checkboxes for: Blood/blood products, Visibly bloody body fluid\*, Non-visibly bloody body fluid\*, Visibly bloody solution (e.g., water used to clean a blood spill)

\*Identify which body fluid

- Grid of checkboxes for: Cerebrospinal, Amniotic, Pericardial, Pleural, Urine, Sputum, Saliva, Feces/stool, Synovial, Peritoneal, Semen/vaginal, Other/Unknown

2. Body site of exposure. (Check all that apply.)

- Checkboxes for: Hand/finger, Eye, Mouth/nose, Face, Arm, Leg, Other (Describe: \_\_\_\_\_)

3. If percutaneous exposure:

Depth of injury (Check only one.)

- Checkboxes for: Superficial (e.g., scratch, no or little blood), Moderate (e.g., penetrated through skin, wound bled), Deep (e.g., intramuscular penetration), Unsure/Unknown

Was blood visible on device before exposure? Yes No Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

- Checkboxes for: Small (e.g., few drops), Large (e.g., major blood splash)

If skin exposure, was skin intact? Yes No Unsure/Unknown

B. Source Information

1. Was the source individual identified? Yes No Unsure/Unknown

Source name: \_\_\_\_\_ Source DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Provide the serostatus of the source patient for the following pathogens.

Table with 4 columns: Positive, Negative, Refused, Unknown. Rows: HIV Antibody, HCV Antibody, HbsAg

3. If known, when was the serostatus of the source determined?

- Checkboxes for: Known at the time of exposure, Determined through testing at the time of or soon after the exposure

**APPENDIX F (3)**

**Section V. Percutaneous Injury Circumstances**

**A. What device or item caused the injury?**

**Hollow-bore needle**

- Hypodermic needle  
     \_\_\_ Attached to syringe   \_\_\_ Attached to IV tubing  
     \_\_\_ Unattached
- Prefilled cartridge syringe needle
- Winged steel needle (i.e., butterfly<sup>R</sup> type devices)  
     \_\_\_ Attached to syringe, tube holder, or IV tubing  
     \_\_\_ Unattached
- IV stylet
- Phlebotomy needle
- Spinal or epidural needle
- Bone marrow needle
- Biopsy needle
- Huber needle
- Other type of hollow-bore needle (type: \_\_\_\_\_)
- Hollow-bore needle, type unknown

**Suture needle**

- Suture needle

**Glass**

- Capillary tube
- Pipette (glass)
- Slide
- Specimen/test/vacuum
- Other: \_\_\_\_\_

**Other sharp objects**

- Bone chip/chipped tooth
- Bone cutter
- Bovie electrocautery device
- Bur
- Explorer
- Extraction forceps
- Elevator
- Histology cutting blade
- Lancet
- Pin
- Razor
- Retractor
- Rod (orthopaedic applications)
- Root canal file
- Scaler/curette
- Scalpel blade
- Scissors
- Tenaculum
- Trocar
- Wire
- Other type of sharp object
- Sharp object, type unknown

**Other device or item**

- Other: \_\_\_\_\_

**B. Purpose or procedure for which sharp item was used or intended.**

(Check one procedure type and complete information in corresponding box as applicable.)

- Establish intravenous or arterial access (Indicate type of line.)
- Access established intravenous or arterial line  
(Indicate type of line and reason for line access.)
- Injection through skin or mucous membrane  
(Indicate type of injection.)
- Obtain blood specimen (through skin)  
(Indicate method of specimen collection.)
- Other specimen collection
- Cutting
- Other procedure
- Unknown

Type of Line	
___ Peripheral	___ Arterial
___ Central	___ Other

Reason for Access
___ Connect IV infusion/piggyback
___ Flush with heparin/saline
___ Obtain blood specimen
___ Inject medication

Type of Injection	
___ IM injection	___ Epidural/spinal anesthesia
___ Skin test placement	___ Other injection
___ Other ID/SQ injection	

Type of Blood Sampling	
___ Venipuncture	___ Umbilical vessel
___ Arterial puncture	___ Finger/heelstick
___ Dialysis/AV fistula site	___ Other blood sampling

**APPENDIX F (4)**

**C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)**

During use of the item →

- Select one or two choices:**
- Patient moved and jarred device
  - While inserting needle/sharp
  - While manipulating needle/sharp
  - While withdrawing needle/sharp
  - Passing or receiving equipment
  - Suturing
  - Tying sutures
  - Manipulating suture needle in holder
  - Incising
  - Palpating/Exploring
  - Collided with co-worker or other during procedure
  - Collided with sharp during procedure
  - Sharp object dropped during procedure

After use, before disposal of item →

- Select one or two choices:**
- Handling equipment on a tray or stand
  - Transferring specimen into specimen container
  - Processing specimens
  - Passing or transferring equipment
  - Recapping (missed or pierced cap)
  - Cap fell off after recapping
  - Disassembling device or equipment
  - Decontamination/processing of used equipment
  - During clean-up
  - In transit to disposal
  - Opening/breaking glass containers
  - Collided with co-worker/other person
  - Collided with sharp after procedure
  - Sharp object dropped after procedure
  - Struck by detached IV line needle

During or after disposal of item →

- Select one or two choices:**
- Placing sharp in container:
    - Injured by sharp being disposed
    - Injured by sharp already in container
  - While manipulating container
  - Over-filled sharps container
  - Punctured sharps container
  - Sharp protruding from open container
  - Sharp in unusual location:
    - In trash
    - In linen/laundry
    - Left on table/tray
    - Left in bed/mattress
    - On floor
    - In pocket/clothing
    - Other unusual location
  - Collided with co-worker or other person
  - Collided with sharp
  - Sharp object dropped
  - Struck by detached IV line needle

Other (Describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Unknown

APPENDIX F (5)

**Section VI. Mucous Membrane Exposures Circumstances**

**A. What barriers were used by worker at the time of the exposure?** *(Check all that apply.)*

- Gloves       Goggles       Eyeglasses       Face Shield       Mask       Gown

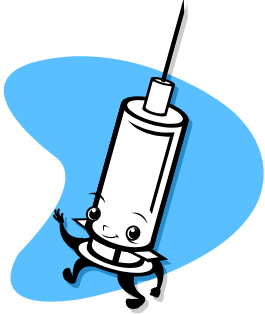
**B. Activity/Event when exposure occurred** *(Check one.)*

- Patient spit/coughed/vomited
- Airway manipulation (e.g., suctioning airway, inducing sputum)
- Endoscopic procedure
- Dental procedure
- Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- Phlebotomy
- IV or arterial line insertion/removal/manipulation
- Irrigation procedure
- Vaginal delivery
- Surgical procedure (e.g., all surgical procedures including C-section)
- Bleeding vessel
- Changing dressing/wound care
- Manipulating blood tube/bottle/specimen container
- Cleaning/transporting contaminated equipment
- Other: \_\_\_\_\_
- Unknown

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX G

# Bloodborne Pathogen (BBP) Student Training Flow Chart



*Requirements for ensuring students are trained on BBP standard and ECP procedure.*

**Faculty must post the ECP on Blackboard for all clinical and laboratory courses with the potential of a Bloodborne pathogen exposure.**

**Faculty should also include the Statement of Understanding in all syllabi following the same previous guidelines.**

*Students who become exposed to bloodborne pathogens at the college or at the clinical site must complete an Exposure Incident Investigation Report for Gateway Students (appendix F) for implementation of the post exposure plan as detailed in the GCTC Occupational Exposure Control Plan (ECP) for Bloodborne Pathogens, Needle sticks and Other Sharps. The clinical faculty member, or the lead faculty member in instances where a clinical faculty member is not utilized, will assist the student in completing the form. Additional laboratory tests and post exposure treatment may be required at the student's expense.*

**Faculty must complete training record (Appendix A) and keep:**

**\*Originals for your respective program**

**Students must complete the training record (Appendix A), if applicable, and the Statement of Understanding in regards to Universal Precautions and Hepatitis B (Appendix B) and keep:**

**\*Originals for your respective program**

**Maintain a Sharps Injury Log for your respective program**

