

WNC Policies and Procedures Manual

Procedure: BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

Policy No.: 11-9-3

Department: Environmental Health and Safety (EH&S)

Contact: Environmental Health and Safety Coordinator

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

Table of Contents

	Page
Section 1	
Emergency Information	2
• Bloodborne Pathogen Exposure Emergency Checklist-For Use in a College Emergency	3
• Bloodborne Pathogen Exposure Emergency Checklist-For Use in a Clinical Setting	4
• Written Statement of Exposure to Blood	5
• EH&S Incident Report	7
• Consent form for HIV Antibody Testing	8
• Post Exposure Prophylaxis Consent For HIV Exposure	9
• Notice Of Injury Or Occupational Disease/Incident Report (Form C-1) this form can be accessed at the web link below: http://www.wnc.edu/ehs/docs/c1form.pdf	
Section 2	10
Section 7	17
Section 8	18
A. Exposure Determination	
B. Control Methods	
C. HBV Vaccination	
D. Post Exposure Evaluation and Follow-Up (to be modified)	
E. Infectious Waste Disposal	
F. Biohazard Labels and Signs	
G. Housekeeping Practices	
H. Laundry Practices	
I. Training and Education of Employees	
J. Recordkeeping	
K. WNC EH&S Advisory Committee	

Appendix “A” Universal Precautions	28
Appendix “B” Personal Protective Equipment Assessment Form	32
Appendix “C” Exposure to Bloodborne Pathogens Determination Form	35
Appendix “D” WNC Clinical Related Incident/Accident Report	36
Appendix “E” HBV Declination Form	37
Appendix “F” Supplemental WNC Nursing and Allied Health Bloodborne Pathogen Exposure and Prevention Policy for Students (to be revised)	38

Forms:

- Bloodborne Pathogen Exposure Emergency Checklist- For Use in a College Emergency (See Section 1)
- Bloodborne Pathogen Exposure Emergency Checklist- For Use in a Clinical Setting (See Section 1)
- WNC Written Statement of Exposure to Bloodborne Pathogen (See Section 1)
- Report on Exposure to Bloodborne Pathogens (See Section 1)
- Post Exposure Prophalaxis Consent Form for HIV Exposure (See Section 1)
- Notice of Injury or Occupational ittn1(aon 16 5(s)T204 D057011 T07503 Wn)Peeee rp1C(1)15-1 H 7469
-

Section 1 Emergency Information

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

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

Western Nevada College

BLOODBORNE PATHOGEN EXPOSURE

Emergency Checklist

For Use in a College Emergency

Procedures to Follow in the event of a bloodborne pathogen exposure

1. Cleanse, flush, and remove as appropriate:

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

2. Notify:

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

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

- Medical evaluation should take pla

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

Procedures to follow in the event of a bloodborne pathogen exposure

1. Cleanse, flush, and remove as appropriate:

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

2. Notify:

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

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

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

4. Continue with follow-up medical care:

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

5. Complete paperwork with WNC:

-

Western Nevada College
Written Statement of Exposure to Blood

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

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

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

EXPOSED INDIVIDUAL

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

Name: PRINT _____ Sex: M/F

Date of Birth _____

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

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

Check one:

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

SOURCE INDIVIDUAL

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

Name: _____

Phone (if known): _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____

Time Incident was reported: _____

Name and title of person initially notified: _____

Location where incident took place: _____

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

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

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

Yes No describe: _____

EXPOSED INDIVIDUAL'S STATEMENT

Describe precisely how the incident occurred _____

Describe what was done immediately after the incident _____

Describe how this incident could have been prevented _____

Signature of person making report

Date

Signature of supervisor/witness

Date

END OF REPORT

BB-1

Western Nevada College
CONSENT FORM FOR HIV ANTIBODY TESTING

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

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

CONSENT:

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

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

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

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

I, THEREFORE, TAKE FULL RESPONSIBILITY FOR MY DECISION AND HOLD HARMLESS BOT.010eTw04

Western Nevada College

Post Exposure Prophalaxis Consent for HIV Exposure Form

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

I have been advised to contact _____ for consultation.

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

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

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

Employee/Student Signature: _____ Date: _____

Employee/Student Name (Print): _____

If prophylaxis is started:

Date: _____ Medications: _____

Dosage: _____

Physician Signature: _____

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

Yes: _____ No: _____

Physician Signature: _____

- 1) **Make photocopy and place in exposure packet.**
- 2)

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

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

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

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

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

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

NSHE - Nevada System of Higher Education

Other Potentially Infectious Materials (OPIM) - Human body fluids: blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between

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

Personal Protective Equipment (PPE):

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

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

Handwashing:

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

Disinfectant Chemicals:

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

Specific Procedures:

Specific procedures follow.

CLEAN UP PROTOCOL
SMALL SPILL ON HARD SURFACES

1. Assure all EQUIPMENT is in the immediate vicinity of the spill
2. WASH HANDS
3. WASH HANDS

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

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

B. Division Chairs and Department Directors

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

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

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

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

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

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

Section 8. Methods

A. Exposure Determination

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

B. Control Methods

1. WNC personnel will use four methods, eith

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

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

Table 1
PERSONAL PROTECTIVE EQUIPMENT AND USES

Hazard	Recommended Personal Protective Equipment		
	Eye	Face	Hand/Body
Any Use of Chemicals	Self-venting goggles (based on hazard)		As described in the WNC Chemical Hygiene Plan

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

C. HBV Vaccination

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

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

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

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

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

- b. Document the identity and infectious status of the source individual. If the infectious status is not established, the source individual's blood shall be tested immediately after obtaining consent. As per law, should the source individual refuse to give consent to have their blood tested for bloodborne pathogen presence, their requests must be honored.
- c. Notify the exposed employee of the source individuals test results if these results are available.
- d. Collect and test the exposed employee's blood as soon as feasible after obtaining consent, and if sample testing is not authorized, store for 90 days.
- e. Follow CDC recommended guidelines

F. Biohazard Labels and Signs

Warning labels must be affixed to waste containers, refrigerators, freezers, and

APPENDIX A

UNIVERSAL PRECAUTIONS

A. General Guidelines

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

- 1. All healthcare workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or OPIM of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with*

B. Precautions for Invasive Procedures:

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

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

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

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

C. Precautions for Dentistry:

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

1. *In addition to wearing gloves for contact with oral mucous membranes of all patients, all dental workers should wear surgical masks and protective eyewear or chin length*

2. *Handpieces should be sterilized after use with each patient, since blood, saliva, or gingival fluid of patients may be aspirated into the handpiece or waterline. Handpieces that cannot be sterilized should at least be flushed, the outside surface cleaned and wiped with a suitable chemical germicide, then rinsed. Handpieces should be flushed at the beginning of the day and after use with each patient. Manufacturers' recommendations should be followed for use and maintenance of waterlines and check valves and for flushing of handpieces. The same precautions should be used for ultrasonic scalers and air/water syringes.*
3. *Blood and saliva should be thoroughly and carefully cleaned from material that has*

3. *For routine procedures, such as histologic and pathologic studies or microbiologic culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (Class I or II) should be used whenever procedures are conducted that have a high potential for generating droplets. These include activities such as blending, sonicating, and vigorous mixing.*
4. *Mechanical pipetting devices should be used for manipulating all liquids in the laboratory. **Mouth pipetting must not be done.***
5. *Use of needles and syringes should be limited to situations in which there is no alternative, and the recommendations for preventing injuries with needles outlined in the universal precautions section should be followed.*
6. *Laboratory work surfaces should be decontaminated as soon as possible with an*

APPENDIX B

**PERSONAL PROTECTIVE EQUIPMENT
ASSESSMENT FORM**

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

Department: _____ Job Classification: _____

Assessor: _____ Date and Time: _____

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

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

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

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

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

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

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

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

BB-6

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

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

1) Type of head protection selected:

2) Type of eye/face protection selected:

3)

APPENDIX C

WESTERN NEVADA COLLEGE
Exposure to Bloodborne Pathogens
Determination Form

This form is used to determine an employee's potential exposure to bloodborne pathogens during the performance of his/her job. Please complete and return to:

Brian Crowe, Environmental Health and Safety Coordinator
2201 West College Parkway
Carson City, Nevada, 89703
Phone: 775-445-3327
Fax: 775-445-3144

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

- 1. Do you come into contact with any of the following in the performance of your job at WNC?**

APPENDIX D

WNC CLINICAL RELATED INCIDENT/ACCIDENT REPORT

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

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

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

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

Reported to: _____ Date: _____ Time: _____

Physician notified: _____ Was person seen by doctor? _____

Action taken/treatment ordered:

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

(Student signature)

(Date)

APPENDIX E HBV Declination Form

Western Nevada College
Environmental Health and Safety

Hepatitis B Vaccine Declination Form (mandatory)

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

COMMENT: _____

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

APPENDIX F

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

I. Purpose and Policy

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

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

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

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

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

In addition, the student must:

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

Additional responsibilities:

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

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

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

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

Incompetent Immunological Systems:

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

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

Based on this information, students with HIV infection need not be restricted from clinical experience unless they have some other illness for which any health care worker would be

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

Individuals involved with health care-giving services that know they are infected with a