

**UNIVERSITY OF WYOMING / FAY W. WHITNEY SCHOOL OF NURSING  
OSHA EXPOSURE CONTROL PLAN**

**EXPOSURE INFORMATION KIT FOR ALL OCCUPATIONALLY-EXPOSED STUDENTS AND  
EMPLOYEES**

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Photocopy this booklet and give to all employees who may have exposure to bloodborne pathogens. This booklet is to assist and supplement training. All clinical faculty members will review this plan and train their students at the beginning of every semester.

**OSHA Officer Contact Information**

**Denise Gable**

**Fay W. Whitney School of Nursing (FWWSON)**

**University of Wyoming**

**Health Sciences Center Room 359B**

**(307) 766-6573 (office)**

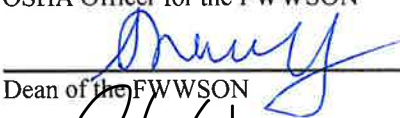
**Updated August 2023**



OSHA Officer for the FWWSN

8/23/2023

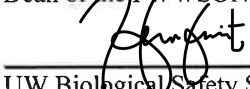
Date



Dean of the FWWSN

8/23/2023

Date



UW Biological Safety Specialist,  
Research and Economic Development Division

8/24/2023

Date

## INTRODUCTION

Because of the nature of nursing care, all nursing students and clinical instructors are at a risk for exposure to blood and body fluids. All nursing students and clinical instructors are required to complete bloodborne pathogen training by reviewing the OSHA Exposure Control Plan on a yearly basis at the beginning of every fall clinical semester. The OSHA Officer or other nursing faculty will present the training. Time is allowed to answer questions and address any concerns. The document can be downloaded from the nursing website and from your clinical course shell. You will be given a paper copy of the document at the beginning of your fall clinical semester.

Universal/Standard Precautions and the use of personal protective equipment (gloves, mask, goggles, and gown) are reviewed at the beginning of each semester.

Each exposure incident is reported to the FWWSO OSHA Officer. The appropriate protocols are followed and appropriate paperwork filled out according to the FWWSO OSHA Exposure Control Plan (recordkeeping). The Bloodborne Pathogen Standard is linked at the end of the FWWSO OSHA Exposure Control Plan.

All students and clinical faculty members are required to have the appropriate vaccinations/immunizations. The clinical faculty members are held to the same vaccination/immunization requirements as the students. The policies for all vaccinations including Hepatitis B are located on the website <http://www.uwyo.edu/nursing/student-forms/>. Click on Program-Specific Forms, and then click on the link titled *Basic BSN Policies & Requirements: Informational Packet* for the Basic BSN Program or *BRAND Policies & Requirements: Informational Packet* for the BRAND program. Students may get their vaccinations/immunizations at UW Student Health or at their personal health care provider. Students are responsible for any costs incurred. Employees may get their vaccinations/immunizations at Grand Avenue Urgent Care or at their personal health care provider with charges incurred by the employee.

An option to sign a Hepatitis B Vaccine Declination Statement is available. Forms can be found on pages 12 and 13 of this OSHA Exposure Control Plan.

All employee vaccination/immunization records are kept in the Faculty Clinical Policy Records Notebook in HSC Room 351B. If questions, please contact Lexi Revis at 307-766-4312 or email her at [adockte3@uwyo.edu](mailto:adockte3@uwyo.edu).

## UNIVERSAL PRECAUTIONS

Universal Precautions shall be followed at the University of Wyoming.

1. Assume all human blood, body fluids, and unfixed tissues are contaminated with Human Immunodeficiency Viruses (HIV), Hepatitis Viruses including Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV), and other bloodborne pathogens. Pathogens are disease-producing microbes.

These human materials are thus considered biohazardous in any work place.

Any direct physical contact with human biohazardous materials is to be avoided. Use protective gloves, gowns, and face/eye protection.

Hand washing should be done before and after any physical contact. Always wash hands after removal of gloves.

2. Understand the biohazardous tasks you must do in your job classification or category as detailed to you by your employer.

Become proficient at using personal protective equipment before performing biohazardous procedures.

Obtain the vaccination against Hepatitis B immediately.

Know the signs and symptoms of Hepatitis viral infections and HIV.

Report unexplained and significant illnesses, rashes, and/or fevers to employer if you handle human biohazardous materials.

3. Avoid needle sticks, cuts, abrasions, and splashes in work associated with human biohazardous materials. Never attempt to recap used needles. Protect face and broken, irritated, or abraded skin from human materials.

4. Always use hygienic work practices when working with spill clean-up or medical waste containment.

5. Dispose of biohazardous human materials and contaminated supplies properly. Protect innocent workers, patients, and visitors from accidental exposure.

6. Decontaminate recycled equipment properly.

7. Report all accidental exposures to supervisor. Get first aid and medical follow-up required or recommended by your employer.

8. Obtain proper biosafety training and become proficient in performing all new biohazardous tasks assigned to you.

## **FIRST AID FOR EXPOSURE TO BLOOD AND BODY FLUIDS**

1. Needlestick injury, cuts, scratches, or human bites involving blood or body fluids:

If near a sink, immediately rinse the injured area in flowing, cold tap water.

Wash the injured area for 10 minutes with soap or a disinfectant towelette if soap is not available. Rinse with water.

Cuts, scratches, or bites contaminated with potentially infectious materials should be pulled apart gently with a gloved hand to open the tissue. Treat as above.

Blot the area gently, cover the wound, and seek medical assistance immediately through your agency procedure.

Immediately notify instructor or supervisor of incident

Seek medical attention as soon as possible for additional observation

2. Eye, mouth, and mucous membrane exposures:

Splashes of potentially infectious materials to the face, eyes, nose and/or mouth or to non-intact skin warrants immediate, gentle flushing of the eye, nose, mouth, or skin lesion with large amounts of room temperature tap water for 10 minutes if available. The goal is to promote rapid dilution of the material without irritating the mucous membranes or underlying tissues.

The nose or abraded skin, BUT NOT THE EYE, can then be rinsed with dilute soap as a gentle wash solution when feasible. The area should then be rinsed with water.

The mouth should be rinsed out immediately with water for thirty seconds and repeated several times. DO NOT SWALLOW.

Immediately notify instructor or supervisor of incident

Seek medical attention as soon as possible for additional observation

Seek medical assistance immediately through your agency procedure.

**UNIVERSITY OF WYOMING – FAY W. WHITNEY SCHOOL OF NURSING**  
**EXPOSURE FLOW SHEET**

Instructor/preceptor is to follow this form for guidance in handling an exposure.

Student/Employee: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Instructor: \_\_\_\_\_

Healthcare Professional: \_\_\_\_\_

1. Exposure to blood or body fluids occurs.
2. First aid applied by student/employee or instructor.
3. Student/employee notifies instructor/supervisor **immediately**.
4. Student/employee given Exposure Control Plan or download from nursing website containing:
  - Universal Precautions (student/employee keeps)
  - First Aid for Exposure to Blood and Body Fluids (student/employee keeps)
  - Exposure Flow Sheet (supervisor/instructor keeps)
  - Bloodborne Pathogen Exposure Incident Report (student/employee completes report and instructor/supervisor makes three copies). Give one copy to the healthcare professional. The other two copies go to the student/employee and the UW Risk Management and Safety Office. The original goes to the FWWSON OSHA Officer.
  - Healthcare Professional's Written Opinion (give to healthcare professional to complete and make a copy). Original to be sent to the FWWSON OSHA Officer and copy to the UW Risk Management and Safety Office.
  - Sharps Injury Log (one copy to agency supervisor and original to FWWSON OSHA Officer)
  - Procedures for Evaluating the Circumstances Surrounding an Exposure Incident (one copy to agency supervisor with original to FWWSON OSHA Officer)
5. Student or instructor immediately contacts the local Emergency Room, local urgent care provider,, , or other appropriate healthcare provider as instructed by supervisor or instructor and informs them the student is enroute.
6. Student immediately reports to one of the above facilities to receive evaluation and treatment. Employee reports to the Emergency Room local urgent care provider, or personal healthcare professional for evaluation and treatment. Give the appropriate paperwork from the Exposure Control Plan to the healthcare professional. (See below "Healthcare professional given:")
7. Student/employee completes appropriate agency Variance Report (may also be called Occurrence or Incident Report) within 24 hours of exposure and all other appropriate forms.
8. Student/employee completes Bloodborne Pathogen Exposure Incident Report and makes three copies (total of four). One copy goes to the healthcare professional, one copy to the student/employee, one copy to the UW Office and Research and Economic Development and Safety Office, and original to the FWWSON OSHA Officer.
9. Supervisor/instructor/preceptor completes Sharps Injury Log.
10. Supervisor/instructor/preceptor completes the Procedures for Evaluating the Circumstances Surrounding an Exposure Incident.
11. Student/employee must file a workers' compensation claim within 10 days of incident. Contact Human Resources at 766-2377 or 766-5693. Link to UW Workers' Compensation procedure/ forms:  
<https://www.uwyo.edu/hr/files/docs/employee-benefits/workers-comp-fillable-injury-report.pdf>
12. UW Research and Economic Development Division Biological Safety Specialist (307-766-2723) and UW Safety Office (307-766-3277) should be notified of major accident.

The following checklist is to assist the instructor/supervisor and OSHA Officer in processing the necessary information for an exposure to bloodborne pathogens.

Healthcare professional given:

- Healthcare Professional's Written Opinion
- Copy of Bloodborne Pathogen Exposure Incident Report

Student/Employee given:

- Copy of Bloodborne Pathogen Exposure Incident Report

FWWSON OSHA Officer in the School of Nursing given:

- Bloodborne Pathogen Exposure Incident Report
- Healthcare Professional's Written Opinion
- Sharps Injury Log
- Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

UW Biological Safety Specialist given:

- Copy of Bloodborne Pathogen Exposure Incident Report
- Copy of Healthcare Professional's Written Opinion
- Copy of Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
- Copy of Sharps Injury Log

**UNIVERSITY OF WYOMING – FAY W. WHITNEY SCHOOL OF NURSING  
BLOODBORNE PATHOGEN EXPOSURE INCIDENT REPORT**

1. Date of exposure incident: \_\_\_\_\_ Time: \_\_\_\_\_

2. Student/employee exposed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was this student/employee vaccinated for HBV? Yes \_\_\_\_\_ No \_\_\_\_\_

The School of Nursing will provide the Hepatitis B vaccination record upon request.

Other people involved:

3. Potentially infectious materials involved:

Type:

Source: (Name) \_\_\_\_\_ Location \_\_\_\_\_

4. Circumstances of exposure:

a. Activity at the time:

b. Route of exposure:

c. Personal Protective Equipment being used:

d. Action taken (decontamination, first aid, clean-up, reporting, etc.):

5. \_\_\_\_\_  
Student/Employee Reporting (print name)

\_\_\_\_\_  
Signature of Exposed Student/Employee Date and Time

\_\_\_\_\_  
Instructor Reporting (print name)

\_\_\_\_\_  
Signature of Instructor Date and Time

**Confidential – Records shall be maintained for at least the duration of employment plus 30 years or for 30 years after graduation of student.**

**UNIVERSITY OF WYOMING – FAY W. WHITNEY SCHOOL OF NURSING  
HEALTHCARE PROFESSIONAL’S WRITTEN OPINION**

**MUST BE PRINTED OUT AND BROUGHT TO THE PROVIDER DURING VISIT:**

Give this form to the attending healthcare professional to complete and return to you at the end of the visit.

Exposed personnel/student \_\_\_\_\_ Exposed on (date) \_\_\_\_\_

Social Security Number \_\_\_\_\_

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to:

1. If the Hepatitis B vaccination is indicated and whether the UW personnel/student has received such vaccination:

\_\_\_\_\_ indicated

\_\_\_\_\_ received

\_\_\_\_\_ Hepatitis B series completed

2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

\_\_\_\_\_ The personnel has been informed of the results of the evaluation; and

\_\_\_\_\_ The personnel has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Exposed personnel/student seen on (date): \_\_\_\_\_

Healthcare Provider \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this within 15 days to the FWWSN OSHA Officer:

Denise Gable

Fay W. Whitney School of Nursing

University of Wyoming

Dept. 3065 / 1000 E. University Avenue

Laramie, WY 82071

307-766-2492 (fax)

**Confidential – Records shall be maintained for at least the duration of employment plus 30 years or for 30 years after graduation of student.**



## SHARPS INJURY LOG

Date of injury \_\_\_\_\_ Department \_\_\_\_\_

According to the Bloodborne Pathogen Standard (section (h)(5)(i)) the employer shall establish and 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:

1. Type and brand of device involved in the incident:
2. Department and work area where the exposure incident occurred:
3. Explanation of how the incident occurred:
4. Injured personnel's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury:

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

Keep this record in the department and send a copy of this completed form to the UW Biological Safety Specialist, Hill Hall room 650, University of Wyoming.

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

Review of the circumstances of this exposure incident was conducted by:

Supervisor: \_\_\_\_\_

Exposed UW personnel \_\_\_\_\_

Exposed on (date) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

1. Engineering controls in use at the time:
2. Work practices followed:
3. Description of the device involved in the exposure:
4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.):
5. Location of the incident (O.R., E.R., patient room, etc.):
6. Procedure being performed when the incident occurred:
7. Personnel's training:

Appropriate changes will be made to the department/worksite's exposure control plan by:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc. [From CPL 2-2.44D Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens.] Keep in employees' departmental records and with Medical Records.

**Confidential – Records shall be maintained for at least the duration of employment plus 30 years or for 30 years after graduation of student.**

## WORKERS' COMPENSATION

Students in clinical are covered by Wyoming Workers' Compensation. Students involved in an accident or injury during clinical, should follow the process outlined below:

- Workers' Compensation claim must be filed within 10 days of any clinical related injury/accident.
- Students should notify their clinical instructors immediately of an injury/accident.
- The student or clinical instructor should notify the OSHA Officer in the FWWSO as soon as possible.
- Obtain a Workers' Compensation Injury Report from the department secretary or Human Resources (HR) Department, Hill Hall, Room 341. The claim form can also be found at <http://www.uwyo.edu/hr/files/docs/employee-benefits/workers-comp-fillable-injury-report.pdf> On the UW website choose the A-Z index and click on H. Click on Human Resources. Click on Employee Benefits, Workers' Compensation. Fill out the form as an employee.
- For assistance or more information, please contact the Workers' Compensation Coordinator listed at the bottom of the instructions page for the claim form.
- Within 10 days from the injury/accident complete both sides of the form electronically or in black ink
- The Employee Certification must be signed.
- For students, the form is turned into the Workers' Compensation Coordinator or the OSHA Officer in the FWWSO.
- For employees/instructors, the form is turned into the department secretary to complete and sign the Employer Certification.
- For employees/instructors, the department secretary will deliver the completed report to HR.
- If a student is physically unable to comply, anyone may complete and file the report on the student's behalf.
- Prescription for work related injuries/accidents may be filled at Student Health Services.
- Failure to comply with these deadlines could result in a denial of benefits.

UNIVERSITY OF WYOMING  
FAY W. WHITNEY SCHOOL OF NURSING

**HEPATITIS B VACCINE DECLINATION STATEMENT  
EMPLOYEE FORM**

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.

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Employee Signature

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Date

*Bloodborne Pathogens and Acute Care Facilities.* OSHA Publication 3128, (1992).

Standard Number: 1910.1030 App A

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

UNIVERSITY OF WYOMING  
FAY W. WHITNEY SCHOOL OF NURSING

**HEPATITIS B VACCINE DECLINATION STATEMENT  
STUDENT FORM**

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. 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 and am responsible for any associated cost.

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Student Signature

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Date

## **IMPORTANT DOCUMENTS AND LINKS**

### **FACT SHEETS ON HUMAN BLOODBORNE PATHOGENS FROM CDC WEBSITE**

- Viral Hepatitis Index (<http://www.cdc.gov/hepatitis/index.htm>)
  - Hepatitis A Fact Sheet
  - Hepatitis B Fact Sheet
  - Hepatitis C Fact Sheet
  - Hepatitis D Fact Sheet
  - Hepatitis E Fact Sheet

### **HEPATITS B VACCINATION INFORMATION**

- <http://www.cdc.gov/hepatitis/HBV/VaccAdults.htm>
- A series of three Hepatitis B vaccinations is required of all nursing students and clinical instructors. After the third dose of the Hepatitis B series, a titre should be documented in one-two months.
- Hepatitis B Vaccine Declination Statement (Employee & Student Forms) found on pages 12 and 13.

### **HIV INFECTION AND AIDS – AN OVERVIEW FROM NIH AND CDC**

- <https://www.cdc.gov/hiv/library/factsheets/index.html>

### **OSHA BLOODBORNE PATHOGENS STANDARD**

- <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>



## INCIDENT REPORT

REPORTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

TITLE / ROLE: \_\_\_\_\_ INCIDENT No.: \_\_\_\_\_

### INCIDENT INFORMATION

NAME OF PERSON INVOLVED: \_\_\_\_\_ NURSING PROGRAM: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ SPECIFIC AREA OF LOCATION: \_\_\_\_\_

ADDITIONAL PERSON(S) INVOLVED: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

#### INCIDENT DESCRIPTION:

#### DESCRIPTION OF UNACCEPTABLE / UNSAFE BEHAVIOR OR CONDITIONS (IF APPLICABLE):

#### RESULTING ACTION EXECUTED OR PLANNED:

NAME OF PERSON INVOLVED \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF REPORTING PERSON: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF FWWSO OSHA OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **DIRECTIONS FOR COMPLETION OF FORM**

1. Incident Report form is completed by the person reporting the incident at the time of the incident.
2. Please print or type, making sure all appropriate information is included.
3. **Incident No.:**  
Completed by the FWWSO OSHA Officer.
4. **Name of Person Involved:**  
Name of student and/or faculty member involved, not the patient/client that may have been involved.
5. **Nursing Program:**  
Basic BSN, BRAND, BSN Completion, MS, or DNP
6. **Incident Description:**  
Accurately describe the incident within shaded area provided.
7. **Description of Unacceptable/Unsafe Behavior or Conditions:**  
As applicable, include any unacceptable/unsafe behaviors or conditions within shaded area provided.
8. **Resulting Action Executed or Planned:**  
Completed in collaboration with involved individuals.
9. Upon completion of the form and all signatures obtained, the form should be returned to the **FWWSO OSHA Officer**.