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. Every clinical faculty member will review this plan and train their students at the beginning of every semester.

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Updated May 2010

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11/19/10

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11/22/10
UNIVERSITY OF WYOMING - SCHOOL OF NURSING
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.
UNIVERSITY OF WYOMING - SCHOOL OF NURSING
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.

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.

   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 Safety Officer. The original goes to the OSHA Officer.
   ➢ Healthcare Professional’s Written Opinion (give to healthcare professional, original to be sent to the OSHA Office).
   ➢ Medical Records Release Consent Form (copies to agency and OSHA Officer with original to UW Safety Officer)
   ➢ Sharps Injury Log (one copy to agency supervisor and original to OSHA Officer)
   ➢ Procedures for Evaluating the Circumstances Surrounding an Exposure Incident (one copy to agency supervisor with original to OSHA Office)

5. Student or instructor contacts the local Emergency Room, Student Health (766-2130), Family Practice Center (Cheyenne 777-7911 or Casper 266-3076), or other appropriate healthcare professional and informs them the student is enroute.

6. Student reports to one of the above facilities to receive evaluation and treatment. Employee reports to the Emergency Room 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 Safety Officer, and original to the OSHA Officer.

9. Student completes and signs the Medical Records Release Form for UW to obtain required records.

10. Supervisor/instructor/preceptor completes Sharps Injury Log.


12. Student/employee must file a workers’ compensation claim within 10 days of incident. Contact Human Resources at 766-2438.

13. UW Environmental Health and Safety Office notified of major accident (766-3277).
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
- Copy of Medical Records Release Consent Form

Student/Employee given:
- Copy of Bloodborne Pathogen Exposure Incident Report

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
- Copy of Medical Records Release Consent Form

UW Environmental Health and Safety Office 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
- Medical Records Release Consent Form
- Any Medical Records
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 - Preserve for 30 years post termination of employee or graduation of student.
HEALTHCARE PROFESSIONAL’S WRITTEN OPINION

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.

Healthcare Provider _________________________________

Healthcare Provider Signature __________________________ Date ______

Please send this within 15 days to the OSHA Officer:

Holly Miller, MS, RN
Fay W. Whitney School of Nursing
University of Wyoming
Dept. 3065
1000 E. University Avenue
Laramie, WY  82071
MEDICAL RECORDS RELEASE CONSENT FORM

The University of Wyoming is required to keep certain medical records on UW personnel with potential occupational exposure to human blood. The medical records include hepatitis B vaccination status and medical records after an exposure to human blood. This release form when signed by the UW personnel (patient) authorizes the health care provider to give UW the medical records as required by the OSHA Bloodborne Pathogen Standard CFR 1910.1030.

Patient Name: ____________________________________________

List other names patient has been known as: _______________________

Date of Birth: __________________________

Date of Medical Services: _________________________

The patient authorizes the health care provider __________________________ to release medical information to the University of Wyoming Office of Environmental Health and Safety regarding hepatitis B vaccinations and/or records relating to the treatment of the patient after an occupational exposure to human blood.

Patient Signature ____________________________________ Date _________

Or

Authorized Representative _____________________________ Date _________

Witness ____________________________________________ Date _________

This consent expires on the following date __________ or no later than two years from the date of signature. This release can be revoked at any time. To revoke this release a written statement must be signed, dated, and received by the health care provider.

Records may be sent to UW Biological Safety Officer; Environmental Health and Safety; Dept. 3413; 1000 E. University Avenue; Laramie, WY 82071.
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 Environmental Health and Safety, Merica Hall room 303, University of Wyoming.
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., page 71 of 76. Keep in employees departmental records and with Medical Records.
WORKERS’ COMPENSATION

Students in clinical are covered by Wyoming workers’ compensation. If you are involved in an accident or injury during clinical, the following directions should be followed:

- Workers’ Compensation claim needs to be filed within 10 days of any clinical related injury or accident.
- The student should notify their clinical instructors immediately of an injury/accident.
- Obtain a Wyoming Employee Report of Injury from your department secretary or Room 141 WYO Hall, Human Resources (HR) Department.
- Within 10 days from the injury/accident complete both sides of the form in black ink.
- Sign the Employee Certification.
- Give the form to your department secretary to complete and sign the Employer Certification.
- Your department secretary will deliver the completed report to HR.
- If you are physically unable to comply, anyone may complete and file the report on your 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.
FACT SHEETS ON HUMAN BLOODBORNE PATHOGENS FROM CDC WEBSITE

- Viral Hepatitis Index (click here for index or go to:
http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm

  - Hepatitis A Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/a/fact.htm

  - Hepatitis B Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm

  - Hepatitis C Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm

  - Hepatitis D Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/d/fact.htm

  - Hepatitis E Fact Sheet – printer friendly version
    Click on underlined link or go to:
    http://www.cdc.gov/ncidod/diseases/hepatitis/e/fact.htm

HIV INFECTION AND AIDS – AN OVERVIEW FROM NIH AND CDC

- Click here for document
  or go to:
  http://www.niaid.nih.gov/factsheets/hivinf.htm


OSHA BLOODBORNE PATHOGENS STANDARD

- Click here for document
  or go to: