

College of The Albemarle
Department of Health Sciences



**Exposure Control Plan for
Bloodborne Pathogens**



2009-2010

Preface

**This Exposure Control Plan for
Bloodborne Pathogens Handbook
may be used as a reference by
any program in the Department
of Health Sciences at
College of The Albemarle**

College of The Albemarle

Health Sciences Programs

Exposure Control Plan for Bloodborne Pathogens

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College of The Albemarle Health Sciences Programs

Exposure Control Plan for Bloodborne Pathogens

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INTRODUCTION

In December of 1991 OSHA published the Final Rule governing Occupational Exposure to Bloodborne Pathogens in 29 CFR Part 1910.1030 Subpart Z. This Final Rule, effective March 6, 1992, provides guidelines to reduce significant risk of infection of employees and other healthcare workers exposed to infected body fluids or tissue from infected persons or animals. The targeted diseases specifically include human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C among other bloodborne diseases such as syphilis, malaria, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob, human T-lymphotrope virus Type 1 and viral hemorrhagic fever.

The Rule addresses definitions, work practices, procedures, equipment and policies related to staff training, information dissemination, preventative and post-incident medical interventions. The objective is to minimize risk of exposure or, if necessary, to effectively treat employees and other healthcare workers involved in an incident where there is a significant possibility of exposure.

The new Exposure Control Rules place an emphasis on the facility's responsibility as an employer for protecting healthcare workers and other employees from dangerous bloodborne infection. They also focus on identifying healthcare workers at various degrees of risk to ensure that they receive appropriate training, protective equipment, vaccination, and that existing Standard Precautions are employed to reduce risk of infection by bloodborne pathogens.

College of The Albemarle's Health Sciences' Exposure Control Plan (ECP) will be distributed to every Health Sciences faculty member and student within the department as part of their orientation process.

Though it is recognized that Health Sciences faculty and students have distinctly different roles and responsibilities within the Health Sciences programs, for purposes of brevity in this manual, they will often be written in the form "faculty/student."

EXPOSURE DETERMINATION

HEALTH SCIENCES FACULTY

As Healthcare Providers, all Health Sciences faculty, both full time and part time, in fulfilling their work responsibilities/tasks as defined in their job descriptions are in Classification I as defined by the OSHA regulations. Classification I is defined as those "jobs in which required tasks routinely involve a potential for mucous membrane or skin contact with blood, body fluids, tissues or potential spills or splashes. Use of appropriate measures is required for every healthcare provider in these jobs."

Because the Health Sciences faculty have an employee/employer relationship with College of The Albemarle, the college is considered the employer in the regulations promulgated by OSHA and as such is financially liable for exposure incident costs of its employees.

HEALTH SCIENCES STUDENTS

Health Sciences students are just beginning to master clinical skills and techniques, and therefore, are considered at high risk and classified as being in Classification I as defined by the OSHA regulations. Health Sciences students are not employees of College of The Albemarle; therefore, the college is not financially liable for exposure incident costs of the nursing student. Such costs will be the responsibility of the student. If an exposure occurs within a clinical agency, it must be reported to that agency and, appear on the clinical agency's OSHA Log. (See Occupational Exposure Incident Report – Appendices D and E.)

RISK ASSESSMENT OF POTENTIAL EXPOSURE

Before a skill/technique is to be carried out, it should be assessed for potential risk for exposure to bloodborne pathogens. Factors to be considered in this assessment include:

- Type of body fluid that may be contacted
- Volume of body fluid or blood that may be encountered
- Probability of exposure
- Probable route of exposure

After determining the risk, appropriate protective measures should be followed.

METHODS OF COMPLIANCE

Standard Precautions

Standard Precautions provide the first line of defense for healthcare workers and support personnel against the risks of exposure to bloodborne pathogens. Standard Precautions shall be practiced at all times to reduce the risk of Health Sciences faculty/students contracting a bloodborne disease. Since a patient's medical history and physical examination alone cannot reliably identify each patient infected with HIV, HBV, HBC or other bloodborne pathogens, Standard Precautions must be consistently used for all activities involving contact with blood, tissue and body fluids or equipment or materials which may have been contaminated by these substances.

When there is evidence of a known infection or disease, specific precautions covered in the clinical agency's Exposure Control Plan should be used in addition to Standard Precautions. However, disease-specific warnings are not displayed in patient rooms or labeled on specimens unless the patient is quarantined under other regulations. The posting of patient-specific warnings could lead to over reliance on diagnoses and a general lowering of attention to the constant need to unflinchingly practice Standard Precautions. Furthermore, such warnings may be a severe breach of patient confidentiality.

At a minimum, the following Standards of Practice are required of all Health Sciences faculty/students when working in the various labs on campus or in clinical areas or with equipment which may have been contaminated with infectious material. These standard guidelines do not relieve Health Sciences faculty/students of responsibility for knowing and complying with more detailed policies included in the clinical agency's Exposure Control Plan which must be consulted and followed routinely.

Standards of Practice

Standard Precautions.

1. **Wash hands** both before and after contact with patients and immediately after contact with blood, body fluids, or human tissue occurs.
2. **Wear gloves** when anticipating contact with blood, body fluid, tissues, mucous membranes or contaminated surfaces, or if breaks in the skin are present.
3. **Wear an impervious gown or apron** if splattering of clothing is likely.

4. **Wear a mask** if there is to be contact with an infectious disease spread by splatter droplets.
5. **Wear a mask and eye protection** if aerosolization or splattering is likely to occur such as in certain surgical procedures, wound irrigation, suctioning, post-mortem examination and bronchoscopy.
6. **Use mouth pieces, resuscitation bags and other ventilation devices** available during emergency resuscitation. These devices will be readily available for use in areas where the need for resuscitation is likely.
7. **Handle sharp objects carefully.**
 - a. Do not cut, bend, break or reinsert used needles into original sheath by hand.
 - b. Discard sharp objects intact, immediately after use into an impervious needle disposal box which should be conveniently placed in all clinical areas, including patient rooms.
 - c. Report immediately all needle stick accidents, mucosal splashes or contamination of open wounds with blood or body fluids.
8. **Dispose of all spills** which contain or may contain biological contaminants in accordance with policies for hazardous waste disposal.

METHODS OF COMPLIANCE

Specific Personal Precautions

There are several situations in which Health Sciences faculty/students must utilize professional judgment and ethical decision making to ensure their own health as well as the health of others. Such situations include the following:

SKIN LESIONS

Because the skin is considered the body's first line of defense against microorganisms, any Health Sciences faculty/student who has exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

IMMUNOSUPPRESSION

Health Sciences faculty/students who are experiencing an immunosuppressed situation should refrain from direct patient care until the situation is resolved.

PREGNANCY

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

Known pregnant faculty/students will not be intentionally assigned to patients with known cytomegalovirus infections. Since these infections and status of pregnancy are not always known, Standard Precautions shall be followed at all times.

Known pregnant Health Sciences students, who have never had varicella, should not be assigned to care for a patient with varicella.

Health Sciences students who have issues related to the above situations should consult with their assigned clinical instructor. Health Sciences faculty should consult with the Program Coordinator.

METHODS OF COMPLIANCE

Handwashing

Health Sciences faculty/students shall wash hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Handwashing facilities should be readily accessible in all clinical areas.

If there are locations where sinks are not practical, alcohol based hand sanitizers should be available. These are intermediate measures which do not eliminate the need to wash hands at a sink. Health Sciences faculty/students are required to wash hands as soon as feasible after using sanitizers.

Health Sciences faculty/students shall advise clinical area supervisors directly of any locations where contamination could reasonably be expected to occur and hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

Inability to clean hands in accordance with the following standard prior to possible contamination of self or others which could result in transmitting a bloodborne disease shall be reported and evaluated as a possible exposure incident.

According to CDC (Center for Disease Control) alcohol based hand (ABHS) sanitizers are an acceptable form of handwashing. ABHS are not used when

- hands are visibly soiled
- patient is known to be infected or colonized with a spore forming bacteria (ie. clostridium difficile)

Standards of Practice

Handwashing

Handwashing is the single most important means of preventing the spread of infection. The principle of good handwashing is that of using friction to mechanically remove micro-organisms.

After patient contact:

1. **Wash hands** with soap and running water.
2. **Rinse hands** under running water.
3. **Dry hands well** with paper towel.
4. **Use paper towel to turn off faucet.** All manually controlled faucets are considered contaminated.
5. **Dispose of single use or linen towels** in appropriately marked closable containers.
6. **Apply an approved health care hand lotion** after frequent handwashing. Use lotion to prevent skin irritation, breakdown and subsequent infection. This must be a Healthcare approved hand lotion. Lotion MUST NOT include as an ingredient:
 - mineral oil
 - petrolatumThese ingredients may cause the gloves to break down leaving micro-scopic holes, hence exposure to bloodborne pathogens.

METHODS OF COMPLIANCE

Handling Needles and Sharps

Standard Precautions apply to any used needle or sharp. All Health Sciences faculty/students are to adhere to the following policies:

Handle sharp objects carefully.

1. **Do not cut, bend, break or reinsert** used needles into original sheath by hand.
2. **Discard sharp objects intact**, immediately after use into an impervious needle disposal box which should be conveniently placed in all clinical areas, including patient rooms.
3. **Report immediately all accidents**, including needle sticks, mucosal splashes or contamination of open wounds with blood or body fluids.

Standard of Practice

Uncapped needle, syringe, or IV tubing.

NEVER recap a used needle.

If you must recap a needle, follow this procedure.

For uncapped needles.

1. **Place needle cap on flat surface**, such as a table top.
2. **Thread unprotected needle into cap**, holding syringe or tubing at needle juncture, securing firmly over the needle.

For syringes:

1. **Discard needle and syringe** into designated sharps disposal container.

For needle attached to IV tubing:

1. **Remove the needle** from tubing and discard the needle into an approved sharps disposal container.

METHODS OF COMPLIANCE

Federal Bill HR 5178

(The Needlestick Safety and Prevention Act became effective on January 18, 2001.)

It revises the Bloodborne Pathogens Standard, in effect under the OSHA Occupational Safety and Health Act of 1970, to include safer medical devices, such as sharps with engineered sharps injury protections and needleless systems, as examples of engineering controls designed to eliminate or minimize occupational exposure to bloodborne pathogens through needlestick and other percutaneous injuries. Safer medical devices will be available in the Health Sciences labs to eliminate or minimize occupational exposure to bloodborne pathogens through needlestick and other percutaneous injuries. Examples of “safer medical devices” that will be used in the Health Sciences labs include needleless devices, shielded needle devices, blunt needles, and self-retracting IV catheters.

The Exposure Control Plan Bloodborne Pathogens at College of the Albemarle is revised annually utilizing the most recent regulations on Bloodborne Pathogens as determined by the United States Department of Labor/Occupational Safety and Health Administration. For information on any legislation regarding Bloodborne Pathogens Regulations, please refer to the citation 29 CFR 1910.1030 years 1998 and 2002.

METHODS OF COMPLIANCE

Personal Protective Equipment

Use of Personal Protective Equipment

Personal protective equipment includes but is not limited to gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices, surgical caps or hoods, shoe covers or boots and N95-HEPA Respirators.

Appropriate equipment is that which does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions and for the duration of use.

Health Sciences faculty/students shall use appropriate personal protective equipment to the extent judged appropriate based on any possibility of exposure to bloodborne pathogens in the clinical facility.

Masks, eye protection and face shield combinations shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Gloves shall be worn when it can be reasonably anticipated that the nursing faculty/student may have hand contact with blood, other potentially infectious materials, mucous membrane, non-intact skin and during vascular access procedures.

Protective body clothing such as but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Although saliva has not been implicated in HIV transmission, mouthpieces, resuscitation bags or other ventilation devices must be used and be readily available.

Surgical caps or hoods and shoe covers or boots shall be worn when there is reasonable anticipation of gross contamination, such as autopsies or surgeries.

Health Sciences faculty/students are responsible for inspecting protective equipment before use. Defective pieces should be placed in the reject container located in each clinical area.

It may be a student's responsibility to purchase protective equipment as designated by an Health Sciences Program's policy.

Health Sciences faculty/students shall remove immediately, or as soon as feasible, any garment that is penetrated by blood or other potentially infectious material. All personal protective equipment shall be removed prior to leaving the clinical area and shall be placed in a designated container for storage, washing or decontamination disposal.

Health Sciences faculty/students are responsible for identifying pieces of protective equipment that have been damaged during use. However, to reduce the risk of personal exposure when removing protective equipment, pieces should not be handled excessively during inspection. Pieces known to have been damaged during use should be placed in a separate contaminated laundry container and the container tagged accordingly.

Standards of Practice

Eye Protection

Eye protection such as goggles, eye glasses or a face shield will be worn when indicated.

To properly apply eye protection:

1. Wash hands
2. Apply eye protectors
3. Glove
4. Perform procedure
5. Remove gloves
6. Remove eye protectors
7. Wash eye protectors with soap and water
8. Wash hands
9. Keep eye protectors in convenient, clean and dry area

To take off headwear, footwear, gloves and gown:

1. **Remove headwear, footwear and then gloves** and discard into a waste container or place into an approved, properly marked laundry container located within the space where the task or procedure has been performed.
2. **Remove gown** turning it inside out. Handle only the inside of the gown. Place it into an approved, properly marked laundry container located within the space where the procedure has been performed.
3. **Wash hands and flush mucous membranes** if there is any possibility that membrane exposure to blood or other infectious fluids or materials occurred.

METHODS OF COMPLIANCE

Personal Protective Equipment

Availability and Accessibility

The clinical facility's management will provide a sufficient quantity of appropriate personal protective equipment in appropriate sizes to insure that Health Sciences faculty/students have it available when and where needed.

Each Health Sciences faculty/student is responsible for knowing the location of appropriate and properly sized protective equipment.

Health Sciences faculty/students have an obligation to treat protective equipment in a manner that will prolong its use.

Incidence of possible exposure resulting from non-availability of appropriate personal protective equipment is a serious flaw in job performance for all involved and should be reported immediately to the clinical area supervisor by Health Sciences faculty/students.

METHODS OF COMPLIANCE

Laundry Handling Practices

In accordance with Standard Precautions and this policy, all used linen is considered contaminated and is to be handled as follows:

1. **Soiled linen and other laundry** will be containerized without being sorted or rinsed before it is moved from the location in which it has been used.
2. **Soiled laundry shall be placed carefully** into a properly color-coded or labeled non-absorbent leak-proof hamper or bag that is free of holes and tears.
3. **Health Sciences faculty/students** handling soiled laundry shall wear protective gloves and a properly fitted gown that prevents contact between the soiled material and personal clothing.
4. **Do not over fill** the bag.
5. **If the first bag becomes wet** or could reasonably be expected to become wet before arriving at the laundry, or if the integrity of the bag is compromised, it shall be placed in a second bag.
6. **When the bag is filled**, close it immediately for transport. A container is considered full and ready for closure when all of the soiled laundry in a location of use has been containerized. Filled bags will be left only in a location specifically designated for temporary storage.
7. **Transport laundry or linen** as soon as possible.
8. **Linen is sorted** only in the laundry area in accordance with Standard Precautions.

METHODS OF COMPLIANCE

Trash and Infectious Waste

Infectious Waste

Infectious waste includes any material which poses a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of or otherwise mismanaged. Although biological waste is the most likely to present a risk of exposure to healthcare workers, non-biological waste may become contaminated by infected body fluids and also pose a risk of infecting healthcare and support workers.

Biological Waste

Biological waste consists of blood, excretions, exudates, secretions, suctionings and disposable medical supplies which have come in contact with these substances including but not limited to:

1. **Medical waste** - catheters, bandages and any disposable items used in the treatment of patients.
2. **Surgical and obstetrical waste** - tissue and anatomical parts, organs and liquids mixed with body fluids and are being discarded from surgical or obstetrical procedures. Also included are disposable personal protective coverings and any disposable items used in surgery or immediate post-operative care of patients.
3. **Pathological and autopsy waste** - tissue, organs and liquids mixed with body fluids and are being discarded from pathological studies or autopsy procedures. Also included are disposable personal protective coverings and any disposable items used in these procedures.
4. **Laboratory waste** - cultures, specimens, slides, blood and tissue samples.
5. **Potentially hazardous non-biological waste or trash** - includes garbage waste from the preparation, cooking and serving of food in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (plastic, wood or paper) and non-combustible (metal or glass) materials discarded from or in an area contaminated by contact with biological waste.

All biological waste and potentially hazardous non-biological waste including all

disposable medical products are to be discarded into a color-coded container before being secured and transported for incineration or sterilization. The selection, handling, use and disposition of disposable medical products is to follow established Standards of Practice.

All waste in which there is any possibility of contamination by infected biological waste will be collected in color-coded impervious bags labeled *Infectious Waste or Biohazard*.

Infectious Waste and Biohazard bags will be closed and stored only in designated collection areas.

Health Sciences faculty/students will not transfer into another container, sort through the contents of infectious waste bags nor sort among closed bags.

Disposable products shall be used in a manner consistent with the manufacturer's written instructions and packaging directions. Procedures involving the safe and efficient use and means of disposal should be written in the agency's policy and procedure manual.

Standards of Practice

When working with trash or waste, Standard Precautions shall be taken as the first line of defense against occupational exposure to bloodborne pathogens. Therefore, at a minimum, all biological waste and any non-biological waste collected from locations in which medical procedures are performed, shall be considered infectious and handled accordingly:

1. **Gloves will be worn at all times** when gathering, containerizing, transporting or destroying waste which has any chance of having been exposed to blood, other human fluids or tissue.
2. **Do not over fill containers** such that they cannot be easily and tightly closed without stretching the container.
3. **All containers will be tightly closed or sealed** prior to being taken from the area in which the waste was created. Closed containers shall not be left in the area in which they were filled but shall be moved promptly to designated storage areas to await timely transportation to an approved destruction facility.
4. **If the outside of any bag** which may contain biohazardous waste is observed to be punctured or damp from internal leakage, that container shall be placed into

another qualified container by a gloved and gowned employee before it is moved or otherwise handled.

5. **A two-person method** of double bagging is preferred, and shall be used if a second worker is reasonably available and properly dressed for handling potentially infectious material.
 - The partner should cuff the clean bag over his hands, opening it widely.
 - The person handling the defective or contaminated container should place it carefully into the second bag.
 - The clean bag is then closed securely by the partner holding the bag.
6. **Spills from hazardous waste containers** shall be cleaned up with the cleaning compound specified in the agency's policy and procedure manual. Blood spills require particular attention and shall be cleaned up immediately using the cleaning compound specified in the agency's policy and procedure manual.
7. **Immediately after containerizing** potentially hazardous waste, cleaning spills from containers holding potentially hazardous waste or handling filled waste containers, nursing faculty/students shall wash their hands in accordance with Standard Precautions and the handwashing standard described in this plan.

METHODS OF COMPLIANCE

Handling of Potentially Infectious Specimens

All Health Sciences faculty/students shall adhere to Standard Precautions to guard against infection by bloodborne pathogens when collecting or packaging biological specimens.

When collecting or assisting with the collection of biological specimens, Health Sciences faculty/students shall comply with the requirements for the use of personal protective equipment.

The following procedures shall be used when collecting or packaging biological specimens, blood or other potentially infectious materials:

1. **Use** the proper collection devices
2. **Do not use mouth pipetting** or suctioning for blood or other potentially infectious materials.
3. **Use safeguards** against splashing, spraying, spattering and generation of droplets of blood or other potentially infectious materials.
4. **Secure the specimen** in an approved leak-proof puncture-resistant container.
5. **Seal the container immediately** in the area in which the sample was taken and affix patient identification labels.
6. **Clean obvious soiling** from outside of container using detergent germicide.
7. **Properly mark or color-code** the container if the container is not pre-coded.

NOTE: If the source person has a known infection, comply with state or local laws regarding the color-coding of the container.

8. **If leakage occurs** or if there is any question about the integrity of the primary container, it shall be placed in a second approved container which shall also be labeled or color-coded.
9. **Neutralize blood spills** with appropriate disinfectant before cleaning them up.

10. **If the specimen may be transported** out of the assigned clinical agency, a biohazard warning label shall be visible on the approved red color-coded secondary container.

11. **Health Sciences faculty/students shall wash their hands** immediately after closing the last container and before handling it for transport to storage or its destination.

METHODS OF COMPLIANCE

Handling/Cleaning of Potentially Infectious Equipment and Work Surfaces

All Health Sciences faculty/students shall adhere to Standard Precautions to guard against infection by bloodborne pathogens when working with or around equipment which may have been contaminated.

All equipment with any possibility of being contaminated by blood or other infectious materials shall be thoroughly cleaned and decontaminated following manufacturer's instructions, immediately prior to servicing by a technician or being moved within or outside of the facility.

If areas of the equipment are inaccessible to the user and any possibility of contamination exists, the equipment shall be labeled with an approved biohazard label annotated as to which part or parts of the equipment are contaminated.

Respiratory equipment is handled only by the Respiratory Therapy Department. If it is potentially contaminated by infectious material and is no longer in actual use, it shall be labeled with a biohazard label, placed in a labeled bag or under a labeled cover, and the on-duty Respiratory Therapist shall be notified. If the equipment is in use after contamination, notify the on-call Respiratory Therapist immediately and request a replacement.

Health Sciences faculty/students should be aware of the following:

Standards of Practices as Related to

Routine cleaning of equipment and work surfaces

Because equipment is designated as re-usable, it may be a source of environmental contamination unless properly cleaned, disinfected or sterilized.

1. **If Health Sciences faculty/students should be engaged in cleaning equipment and work areas**, they shall use personal protective equipment that will insure that there is no contact of potentially contaminated material with skin or personal clothing.
2. **Clean large equipment**, stationary or portable, with a germicidal detergent avoiding spatter or dripping. If dripping is reasonably anticipated, use a drop

cloth under the equipment being cleaned.

3. **Wipe gross soiling** from small re-usable equipment and send it to central supply or other agency-designated area for reprocessing.
4. **Clean spills** from around the equipment cleaning area immediately.
5. **All cleaning materials and personal protective equipment** shall be disposed of as infectious waste or properly prepared for transport to the laundry as potentially infectious laundry.
6. Wash hands after removal of personal protective equipment.

Protective coverings.

1. **Protective coverings**, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces and which may have been contaminated during the shift, shall be removed and replaced at the end of the work shift.
2. **Coverings which become overtly contaminated** shall be replaced as soon as feasible.
3. **Coverings which have been removed** shall be disposed of as hazardous waste or placed in soiled laundry containers which are approved and labeled or color-coded for hazardous materials.

Cleaning of bins, pails, cans and receptacles.

1. **All bins, pails, cans and similar receptacles** intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be emptied, inspected and decontaminated daily.
2. **All bins, pail, cans and similar receptacles** shall be emptied, cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware.

1. **Broken glassware which may be contaminated** shall not be picked up directly with the hands. It shall be cleaned up using mechanical means and disposed of in puncture-resistant containers that are appropriately labeled or color-coded.

METHODS OF COMPLIANCE

Avoiding Ingestion of Bloodborne Pathogens

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops or benchtops where blood or potentially infectious materials are present.

Health Sciences faculty/students shall avoid any behavior that could result in ingesting contaminated materials. Following any patient contact they must wash their hands using soap and running water as described in the Exposure Control Plan's policy on handwashing prior to eating, drinking, smoking or applying cosmetics or lip balm.

METHODS OF COMPLIANCE

Engineering Controls

In spite of continual improvements in the design and manufacture of safety devices to protect workers from all types of environmental threats to their safety and health, many threats remain. The significant contribution made by these devices in protecting healthcare workers from the occupational hazards associated with bloodborne pathogens is acknowledged while recognizing the increased risk associated with failure of these devices.

The following applies to all Health Sciences faculty/students:

1. Health Sciences faculty/students are responsible for proper use and routine care of health safety devices and personal protective equipment.
2. Each Health Sciences faculty/student must recognize the possibility of failure of a safety device. Accordingly, they shall adhere to the tenants of Standard Precautions, always working with care and without placing unjustifiable reliance on mechanical devices as the sole means of avoiding the risk of personal contamination.
3. Each Health Sciences faculty/student is responsible for reporting observed deficiencies in existing devices to clinical area supervisors.
4. Engineering safety controls and devices shall be maintained in working order consistent with manufacturer's specifications and common sense, which ever offers the greater degree of worker protection.
5. Health Sciences faculty/students are to be on alert to the availability of new or improved protective devices.

HEPATITIS B VACCINATION

Health Sciences Faculty

The Health Sciences faculty member shall be advised of their risk classification prior to employment. The risk classification of the Health Sciences faculty member is determined to be Classification One, i.e., a risk of occupational exposure to bloodborne pathogens. The Health Sciences employee shall be advised of the current U.S. Public Health Service recommendation regarding HBV vaccination. The Health Sciences employee shall be offered a test to determine her/his current vaccination or immunity status. This test, if desired, shall be provided by the college at no cost to the employee.

The Health Sciences faculty may:

1. Receive the HBV vaccination series at no cost during normal work hours, prior to or not later than 10 working days after assignment to the job.
2. Waive the vaccination by signing a waiver form understanding that HBV vaccination will be made available as soon as possible should the employee subsequently choose to receive it. Waivers will be completed and filed in the Program Coordinator's office or other designated office.

If it is advised that the vaccination be waived for medical reasons, the employee shall have the option of accepting the position or declining without future employment prejudice. Vaccination subsequent to a potential exposure incident shall be in accordance with policies covering exposure incident evaluation and follow-up.

Health Sciences Students

The Health Sciences faculty believe that Health Sciences students are at a high risk to be exposed to bloodborne pathogens primarily because they are just beginning to master clinical skills and techniques. Therefore, the following protocol has been established:

All incoming Health Sciences students will be provided information concerning bloodborne pathogens and occupational risks related to the healthcare profession. This information will be provided during the Health Sciences students' orientation (usually at least 30 days prior to classes). Attendance at the orientation program is a requirement of all incoming Health Sciences students.

The orientation program agenda will include a copy of COA's Health Sciences Programs Exposure Control Plan. (Appendix B)

Because of the increasing incidence of Hepatitis B as well as the necessity for healthcare workers to handle needles and other sharp instruments, it is required of Health Sciences students to be vaccinated for Hepatitis B. Each student will be required to complete a Hepatitis B Status Sheet. (Appendix A)

- A. Students who need to obtain the vaccine will indicate this on the status sheet. Students may receive the vaccination at a physician's office of their choice or may receive the vaccination at the Albemarle Regional Health Services (Pasquotank County). Students will be responsible for making the appropriate arrangements for obtaining the vaccination, and must receive the first vaccination prior to the first day of the Fall Semester. Students will be responsible for completing the series, and providing College of The Albemarle with the appropriate documentation. Students are responsible for the cost of the vaccination.
- B. Students who cannot take the vaccine due to an existing medical condition need to note this on the Hepatitis B Status Sheet. Immune status also needs to be noted. A Hepatitis B Waiver Form will need to be completed, (Appendix C), as well as documentation by a physician validating this status.
- C. Students who have already had the vaccination are to complete the Hepatitis B Status Sheet providing documentation of the location and dates of the vaccinations.

If a student leaves the program for any reason before the vaccination series is complete, she/he will assume all responsibility for completing the series.

OCCUPATIONAL EXPOSURE TRAINING

The Health Sciences faculty shall be responsible for providing training in accordance with the OSHA Rule on Occupational Exposure to Bloodborne Pathogens Rule(g)(2). Courses shall be taught by qualified instructors who are familiar with the policies and routine of College of The Albemarle. (Appendix E)

Class size shall be limited to a number in which opportunity for a question and answer discussion is practical. Classes shall be offered annually.

All Health Sciences faculty shall receive an overview of risks associated with bloodborne pathogens annually. All Health Sciences students receive this information annually.

No faculty/student shall be assigned to an Exposure Classification One job or task before completing the required Occupational Exposure to Bloodborne Pathogens training.

The Program Coordinator is responsible for insuring that all Health Sciences faculty and Health Sciences students have met the training requirements for assignments in which there is a risk of Occupational Exposure to Bloodborne Pathogens.

The Program Coordinator or designee shall maintain the required training records which shall be maintained in a form which is easily accessible to Health Sciences faculty and students. (Appendix D)

LABELING OF POTENTIALLY HAZARDOUS MATERIAL

All 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 material shall be clearly labeled with an international biohazard symbol or placed in a red bag or red container which meets the requirements of the policies for handling trash and infectious waste.

All faculty/students shall practice Standard Precautions and comply with the specific requirements of the clinical agency policy for handling trash and infectious waste when exposed to any biological waste or potentially biologically contaminated trash. Any such material containerized in anything other than a red container, shall be labeled with an easily visible biohazard label.

Blood or blood product containers which are not labeled as biohazards must be stored in labeled containers until released for imminent transfusion or other clinical use. These containers need not be individually labeled as biohazards so long as they are labeled as to the contents.

Equipment which has been exposed to possible contamination by blood or other potentially biologically hazardous material shall be labeled in an easily visible manner with a biohazard label specifically referencing the area of the equipment which is contaminated. Equipment so labeled shall then be handled in accordance with the agency's policy on potentially contaminated equipment.

The international biohazard symbol appears on the front of this handbook.

EXPOSURE INCIDENT EVALUATION AND FOLLOW-UP

Exposure Incidents: Definition and Procedure

If Health Sciences faculty/students find themselves in a situation where there is a suspected infection exposure, they must immediately report to their supervisor. An exposure incident is defined as any one of the following:

1. A puncture or cut from any sharp object previously contaminated with blood/body fluid.
EXAMPLE: Accidental needlestick, scapel cuts, suture needlestick, test tube glass sliver cut, etc.
2. Contamination with blood/body fluid on any exposed area of the body where there is broken or non-intact skin.
EXAMPLE: Blood contamination of hands or arms where cuts, nicks, open wounds, severe chapping, or open hangnails exist; splash onto face where open acne lesions or cold sores exist, etc.
3. Contamination with blood/body fluid to any mucous membrane surface.
EXAMPLE: A splash or splatter which introduces blood onto the mucous membrane lining of the eye, nose, or mouth.

The supervisor for an Health Sciences student is considered to be their assigned clinical instructor. The supervisor for an Health Sciences faculty member is considered to be the Program Coordinator.

The role of the supervisor shall be:

- Assess the faculty's/student's exposure to determine validity of exposure. Contact clinical agency's Occupational Health/Infection Control Manager for assistance in making assessment if such is necessary.
- If valid, provide immediate first-aid (e.g. thoroughly wash cut area with soap and water).
- Assist exposed individual in obtaining immediate medical attention from physician if such is necessary.

- With the assistance of the exposed individual and the designated clinical agency personnel, complete the nursing program's "Occupational Exposure Incident Report." (Appendix E)
- Document any percutaneous injuries from contaminated sharps in a "sharps injury log" maintained by the Nursing Programs office. (Appendix D)
- Assist the designated clinical agency personnel where the incident occurred in completing records/forms required of that agency.
- Counsel faculty/student about risks of exposure and referral to their personal medical doctor for follow-up testing, counseling, and post-exposure prophylaxis if indicated. The faculty's/student's medical doctor will be responsible for follow-up with source individual's doctor concerning HIV and HBSAG status of source according to North Carolina laws and regulations. RPR testing is no longer recommended.
- In the event, the exposure may have resulted from an error or omission by the clinical agency and/or its agents or employees, the Program Coordinator will contact the agency's Risk Manager or designee for possible agency assistance with diagnostic tests (Hepatitis B Surface Antibody, Hepatitis B Surface Antigen, HCV, HIV) for exposed faculty/student and source individual.

Interim assignment of the exposed individual will be consistent with other sections of this policy covering infected faculty/students.

- **Patient Exposure**

In the event a patient is exposed to a faculty's/student's blood or body fluids, the faculty/student will immediately report the incident to their supervisor who will in turn report the incident to the agency's Occupational Health/Infection Control Manager. The patient's physician will be notified by the Infection Control Manager. This procedure of reporting applies to ALL students regardless of their HIV/HBV/HCV status. A student is ethically and legally obligated to undergo testing for a blood pathogen when a patient has been clearly exposed to the student's blood or body fluids.

Evaluation and Follow-up

A potentially exposed faculty/student shall refer to a copy of this policy and a written explanation of the OSHA Rule, relevant exposure evaluation and follow-up requirements and rights related to the handling of the incident prior to completion of the shift on which the incident is reported. A copy of the OSHA Rule is kept on file in each Program Coordinator's office or designated site. The reference for this OSHA is Occupational Safety and Health Administration, 29 CFR 1910.1030 years 1998 and 2002.

Prior to the end of the shift on which the incident occurs, the faculty/student and the supervisor shall document the circumstances under which the potential exposure occurred using COA's Health Sciences Programs Occupational Exposure Incident Report form. The records should indicate at a minimum the nature of the exposure, protective equipment and work practices in effect at the time and post-exposure actions taken, the name and file number of the source person or other information available to identify the source of the blood or material involved. The faculty/student must acknowledge that they understand their rights and responsibilities for obtaining a confidential medical evaluation, and their intention including the anticipated source of qualified medical evaluation.

NOTE: Medical evaluation is required within two work days of the incident.

The Program Coordinator or designee shall maintain copies of the Occupational Exposure Incident Report with all the required information.

College of The Albemarle shall assume responsibility for all costs of the Health Sciences faculty's evaluation and follow-up including the faculty's time for obtaining medical evaluation.

Health Sciences students will be responsible for all costs of their evaluation and follow-up. All students are strongly encouraged to carry health care insurance.

The designated person in the assigned clinical agency shall contact the source person and coordinate efforts to obtain consent for the specimens needed to determine their health status (if it is not already known by other diagnosis). Upon determination (if legally obtainable), the information shall be provided to the faculty's/student's evaluating healthcare professional and to the faculty/student. They shall first be advised of their legal responsibility to protect the confidentiality of the source person's status.

A copy of all relevant information related to the incident shall be provided to the faculty's/student's evaluating healthcare professional.

The assigned clinical facility shall conduct an investigation to determine actions which could reduce the risk of exposure in situations similar to the incident. Findings shall be incorporated into appropriate policies and training to include immediate communication of lessons learned to all employees by means consistent with protecting the confidentiality of the source person and the employee involved.

The Health Sciences faculty/student shall, within 15 days of the completion of the medical evaluation, obtain the evaluating professional's written opinion regarding the need for the action taken related to HBV vaccination. This will include a statement that the faculty/student has been informed of the results of the evaluation and told about medical conditions resulting from the exposure. This written opinion shall be maintained in the Program Coordinator's office and a copy shall be given to the faculty/student.

POST-EXPOSURE EVALUATION

College of The Albemarle's Health Sciences faculty recognize that there is a potential risk of transmission of bloodborne diseases between Health Sciences faculty/students and patients.

The causes and the epidemiology of bloodborne diseases make transmission through casual contact unlikely. By utilizing the appropriate precautions outlined in this plan and complying with Standard Precautions, the risk of transmission is minimized. However, the remote possibility still exists that a transmission can occur.

Accordingly, individuals infected with bloodborne agents such as HIV, HBV or HCV, should continue all professional practices with rigorous adherence to Standard Precautions and the clinical agency's Infection Control Policies. It is required that any such infected healthcare worker be systematically and objectively monitored to insure ability to practice their profession without risk to patients or staff. The college will be responsible for the incurred monitoring costs of the Health Sciences faculty. The Health Sciences student will be responsible for their monitoring costs.

Restrictions on the performance of regular duties will be applied only when deemed medically justified based on the risk of affecting others as outlined below:

Monitoring of Medical Condition

Any infected Health Sciences faculty/student shall have an annual medical examination by a licensed physician. Documentation of this examination will be through the usual Health Sciences Programs' process and records of compliance will be maintained in the nursing office for a minimum of 3 years including post-employment/graduation. The examining physician must point out very specifically the issue regarding bloodborne diseases and documentation of this discussion must be so noted on the annual physical exam form.

Restriction of duties can occur under the following conditions as judged by a physician:

1. **Illness that may interfere** with physical and mental competence.
2. **Illness which can be readily communicable** to a patient.
3. **The presence of exudative or weeping lesions** on skin or mucous membranes.

4. **Functional inability to perform** assigned tasks or regular duties.
5. **Noncompliance with established guidelines**, such as Infection Control or Exposure Control Policies for prevention of disease.

Monitoring will be done annually or more frequently as objective changes in the physical and mental condition of the nursing faculty/student suggest any deterioration of her/his condition. This will be at the discretion of the Health Sciences faculty's/student's physician and in collaboration with the Program Coordinator.

Exposure Incidents

If Health Sciences faculty/students find themselves in a situation with a likelihood of infection exposure, they must immediately report to their supervisor (Health Sciences faculty report to the Program Coordinator and Health Sciences students report to their clinical instructor). See previous policies stated in this plan.

Education and Training

Health Sciences faculty/students will be required to attend continuing educational programs on Standard Precautions and Infection Control annually. Documentation of attendance is to be provided to the Program Coordinator.

Confidentiality

The confidentiality of the Health Sciences faculty's/student's disease state must be maintained in accordance with North Carolina law. Only those individuals who need to monitor the faculty's/student's medical condition, such as their physician or clinical agency, should know of the condition without expressed written permission for disclosure by the infected faculty/student.

When a patient has been clearly exposed to a Health Sciences faculty's/student's blood or other infectious body fluid, the faculty/student has an ethical responsibility to disclose the health status when it is critical to patient care.

State and local laws governing individuals' rights regarding disclosure of health HIV status shall be explicitly followed even after a patient exposure.

Management

Decisions concerning the ability of an infected Health Sciences faculty/student to perform in a competent and professional manner are medical and must be made by a physician. The physician bears an ethical responsibility not only to the infected faculty/student but also to those seeking services from the same.

At the time of a significant exposure to blood or potentially infectious fluid between a Health Sciences faculty/student and a patient, the clinical agency has the responsibility to protect both and may need access to the patient's or the faculty's/student's infection status. This can only be done with their express consent.

The Health Sciences faculty/student also bears a professional responsibility for providing quality patient care. Accordingly, disclosure to the clinical agency of the faculty's/student's infection status must be forthcoming from them or, if not by the individual, from the faculty's/student's physician when:

- It is medically required to care for an exposed patient.
- The disease status has progressed to a stage that could adversely affect the faculty's/student's professional performance.

This, however, requires the express consent of the faculty/student. A patient who may have exposed a Health Sciences faculty/student to a serious bloodborne disease may be tested for the presence of the infection. In cases where a diagnosis exists in the hospital record such information can be used in determining a course of action for the exposed faculty/student.

Faculty/students should be familiar with the policies of their respective clinical agencies.

MONITORING OF KNOWN INFECTED HEALTH SCIENCES FACULTY/STUDENTS

- Health Sciences faculty/students should report a positive HIV or HBSAG status to the Program Coordinator as soon as this result is known and shall report this status to the state health director as required by North Carolina law. Confidentiality shall be maintained by a case number system. Faculty/students who are infected with HIV or HBV (and are HBSAG positive) shall not perform exposure-prone invasive procedures until evaluated by their physician. Exposure prone procedures are invasive procedures which have been identified by the Center for Disease Control (CDC) as procedures which have been implicated in the transmission of HBV or HBC from health care workers to clients/patients. Exposure-prone procedures are determined by the individual clinical agencies.
- Any Health Sciences applicant/currently enrolled Health Sciences student/Health Sciences faculty who has HIV, Hepatitis B, or Hepatitis C Infection or other bloodborne disease will be individually evaluated and all enrollment/employment decisions concerning the individual shall be based upon a consideration of the following factors:
 - a. the physical and mental ability of the individual to perform the objectives of the nursing program as verified by physician on the Nursing Program's Physical Exam Form
 - b. whether or not a reasonable accommodation can be made that will enable the individual to safely and efficiently perform the objectives and/or tasks of the curriculum or job without significantly exposing others to the risk of infection
 - c. faculty's/student's compliance with policies concerning Standard Precautions.
- If it is determined that the individual faculty's/student's health status does not allow the individual to safely and adequately meet the objectives of the job or curriculum the faculty/student shall be terminated from the job/program.
- In each instance a determination must be made concerning an appropriate and limited confidential release of the student's positive bloodborne disease status. The student's clinical instructors should be informed so their performance may be adequately reviewed and supervised on an ongoing basis.

- When a faculty/student is known to be HIV/HBV/HCV positive, the faculty's/student's physician and the Program Coordinator will carefully evaluate whether or not a designated person (i.e., Occupational Health/Infection Control Manager or designee) of the clinical agency needs to be told of the faculty's/student's positive bloodborne disease status. The faculty/student will be advised of this release of information.
- All Health Sciences faculty/students are required to adhere to Standard Precautions, including the appropriate use of handwashing, protective barriers, and care in the use and disposal of needles and other sharp instruments.
- Faculty/students with any type of known transmissible infection will not be assigned to direct patient care unless this can be done without reservations for the patient's safety and well being. Under no circumstances are these faculty/students to be caring for immunocompromised patients.

MEDICAL RECORDS

The administration of College of The Albemarle recognizes that the prevention of serious harm to its Health Sciences faculty and students is heavily dependent on their reporting and the subsequent required investigation of every potential occupational exposure incident. The overwhelming majority of such incidents are negative with regard to a healthcare worker becoming infected with a bloodborne disease. The sensitive nature of many of these diseases is such that disclosure of an incident could prove to be a great injustice to the healthcare worker whether or not they have contracted the disease.

Accordingly, College of The Albemarle Health Sciences faculty and students must know that they can report every potential incident without concern for disclosure. The administration takes this responsibility to faculty/students as a covenant and will view with great disfavor any violation of employee confidentiality in these matters.

The following policy guidelines apply:

Procedures for Handling Faculty/Student Medical Records

The agent responsible for maintaining Health Sciences faculty/student health records is responsible with the Board of Trustees for maintaining the confidentiality of said medical records associated with any potential or actual occupational exposure to bloodborne pathogens incident. This responsibility includes the physical and administrative safeguards necessary for such protection.

Actual records of examinations and other required post-exposure incident information may be retained by the examining physician at the faculty's/student's request, provided an inventory of the records held is signed by the physician and retained in the individual's college medical records.

Only the above stated agent or the specifically designated alternate has authority to release any employee medical records related to potential or actual incidents of exposure to bloodborne pathogens regardless of circumstance. This includes when the release is authorized in writing by the subject faculty/student or when required per legislation 29 CFR 1010.1030 years 1998 and 2002.

The faculty's or student's medical records are confidential and shall not be disclosed or reported without their express written consent to any person within or outside the college, the exception being:

1. Delivery to the Assistant Secretary (OSHA) or the Director (NIOSH) if requested and as required by OSHA Rules governing Occupational Exposure to Bloodborne Pathogens in accordance with 29 CFR 1910.1030 years 1998 and 2002.
2. As required by any known local or state laws that may require disclosure without employee consent.

In the event of the possibility of an inadvertent or unauthorized disclosure, the authorized agent shall be notified immediately upon its discovery.

The agent responsible for maintaining faculty/student health records shall make records available for (examination and copying) upon request to the subject faculty/student, to anyone proving that they have written consent of the subject faculty/student or to the Assistant Secretary (OSHA) and the Director (NIOSH) in accordance with 29 CFR 1910.1030. The college shall comply with the requirements involving transfer of records as set forth in 29 CFR 1910.1030.

These records shall be maintained for at least the duration of employment plus 30 years.

Required Records

In the event an occupational exposure to bloodborne pathogens incident occurs, the following information shall be maintained in the Program Coordinator's office:

1. The name and social security number of the faculty/student
2. A copy of the faculty's/student's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the faculty's/student's ability to receive vaccination
3. A copy of all results of medical examinations, medical testing and follow-up procedures
4. Occupational Exposure Incident Report

The college's copy of the required healthcare professional's written opinion as to the need for and status of faculty's/student's HBV vaccination, recommendations

for post-exposure evaluation and follow-up and evidence that the faculty/student has been informed of the results of the evaluation and has been told about conditions that could result from exposure to infectious material

NOTE: All other findings remain confidential and shall not be included in the written report.

5. A copy of the information that was required to be provided for the healthcare professional by an approved physician. Examples of this information would include a description of the exposed faculty's/student's duties as they were related to the exposure incident, documentation of the route of exposure and circumstances under which exposure occurred, and results of the source individual's blood test, if available.

APPENDICES

INFORMATION ON HEPATITIS B

The Disease

Hepatitis means inflammation of the liver. Hepatitis B, which is a viral infection, is one of multiple causes of hepatitis. Most people with Hepatitis B recover completely, but approximately 5-50% become chronic carriers; 1-25 die of fulminant hepatitis. In the group of chronic carriers, many have no symptoms and appear well, yet can transmit the virus to others. Others may develop a variety of symptoms and liver problems varying from mild to severe (chronic persistent hepatitis, chronic active hepatitis, cirrhosis and liver failure). There is also an association between Hepatitis B virus and hepatoma (a form of liver cancer).

Hepatitis B virus can be transmitted by contact with blood/body fluids (including contaminated needles), semen, tears, saliva, urine, breast milk and vaginal secretions. Health workers are at high risk of acquiring Hepatitis B because of frequent contact with blood or potentially contaminated body fluids and, therefore, vaccine is recommended to prevent the illness.

The Vaccine

Engerix B (Hepatitis B Vaccine Recombinant) is a noninfectious Recombinant DNA Hepatitis B Vaccine. Clinical studies have shown that after three doses 96% of healthy adults have seroconverted.

Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over 67% of those receiving it do develop antibodies. If you have immune deficiency problems, you should obtain a written release from your physician. If at such future time the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall be the student's responsibility to obtain.

Dosing Schedule

Three doses of Hepatitis B Vaccine are needed to confer protection. Engerix B is administered either at 0, 1, and 6 months or alternatively at a 0, 1, and 2 month regimen. This regimen is designated for protection of individuals at immediate risk Hepatitis B infection—those recently exposed to the virus (including needlestick exposure), certain travelers to high risk areas, and neonates born of infected mothers. Studies have shown that 99% of subjects vaccinated with the 0, 1, 2 month dosing regimen have developed protective antibody titers by month 3.

Adverse Reactions

Engerix B is generally well tolerated. During clinical studies involving over 10,000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions not observed in clinical studies. The most frequently reported adverse reactions were injection site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness. Other more serious adverse reactions have occurred infrequently. If you have any questions about Hepatitis B or about Engerix B, please ask.

Contraindications

Hypersensitivity to yeast or any other component of the vaccine is a contraindication for use of the vaccine. Persons with fever or any active infection should delay use of the vaccine or must have written medical approval.

Warnings

Patients experiencing hypersensitivity after an Engerix B injection should not receive further injections of Engerix B.

Hepatitis B has a long incubation period. Hepatitis B Vaccination may not prevent Hepatitis B infection in individuals who have an unrecognized Hepatitis B infection at the time of vaccine administration. Additionally, a small percentage of healthy people do not respond to the vaccine and do not develop an immunity to HBV.

Pregnancy

Pregnancy Category C: Animal reproduction studies have not been conducted with Engerix B. It is also not known whether Engerix B can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Engerix B should be given to a pregnant woman only if clearly needed and cleared with the obstetrician.

Nursing Mothers

It is not known whether Engerix B is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Engerix B is administered to a nursing mother.

Physician Consultant

Should there be any questions regarding the above information or the student's suitability for vaccination, he/she should consult a qualified physician.

Source: Exposure Control Plan for Bloodborne Pathogens: A Guide for Implementation. 1992. Program Develop Source, North Carolina Department of Community College, Raleigh, N. C., page

My signature below denotes that I have read and understand the above information on Hepatitis B. I have been given a copy of this information for my personal file.

Student's Signature

Date

**COLLEGE OF THE ALBEMARLE
DEPARTMENT OF ALLIED HEALTH
NURSING PROGRAMS
LICENSURE ELIGIBILITY**

TO: All Nursing Students

FROM: Nursing Programs Coordinators

RE: Eligibility for Licensure

As part of the application process to take the National Council License Exam for either Registered Nursing or Practical Nursing, an applicant must answer specific questions regarding their personal history. The answers to these questions may not prohibit one from entering College of The Albemarle's Nursing Programs, but they may prevent one from obtaining a license to practice nursing in North Carolina or another state. Licensure laws do vary from state to state.

North Carolina General Assembly establishes the requirements one must meet to be a licensed Registered Nurse or Licensed Practical Nurse. The North Carolina Board of Nursing is responsible for interpreting and enforcing these license requirements in this state; therefore, the Nursing Board is responsible for determining eligibility for obtaining and maintaining nursing license in North Carolina.

“The Board has determined that criminal behavior is highly relevant to an individual’s fitness to practice professional nursing. Therefore, all criminal convictions must be reported.”*

An individual applying to the North Carolina Board of Nursing for licensure as either Registered Nurse or Practical Nursing must respond to the following questions:

1. Have you ever been convicted of a misdemeanor/felony (other than a minor traffic violation) or do you have any charges pending whatsoever? DWI's should be reported. If you respond “yes” you must **SUBMIT:** (a) A written explanation describing each incident and the facts that led up to the criminal conviction; (b) CERTIFIED copies of the charges and conviction; (c) Evidence the conditions of the conviction have been met. (Contact the county court clerk in the jurisdiction where the conviction occurred for certified copy of convictions.) Effective January 1, 2002, a mandatory criminal background check is required for all applicants for initial licensure in North Carolina.*
2. Have you had or do you now having pending, any action against a nursing license issued to you by another state/province? This includes revocation, suspension, restriction, probation, reprimand, censure, participation in an alternative chemical dependency program in lieu of disciplinary action, or any other disciplinary proceedings? If you respond “yes”, you must **SUBMIT:** A detailed written explanation of the circumstances relating to the charges, what action was taken, and in which state(s)/province(s).*
3. Have you ever been denied licensure in another state/province? If you respond “yes” you must **SUBMIT:** A detailed written explanation of the circumstances relating to the denial, and in which state(s)/province(s).*
4. If you have ever been listed as a Nurse Aide, have you had any findings against your Nurse Aide listing? If you respond “yes” you must **SUBMIT:** A detailed written explanation and documents related to finding.*

In accordance with General Statute 90-171.48, applicants for initial licensure as registered nurse or licensed practical nurse are required to have a criminal background check prior to licensure in North Carolina. Refusal to consent to a criminal background check may constitute grounds for

the Board to deny licensure in this state. The statute also states that the Board shall keep all information obtained in the criminal history record check confidential and a copy cannot be provided to the applicant. The criminal background check is valid for one year from date you are determined eligible to take the examination.*

The North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information will perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a criminal history record check with the **Board of Nursing** for licensure as registered nurses or licensed practical nurses pursuant to N.C.G.S. 114-19.11 and 90-171.48 of Senate Bill 195.*

I, the undersigned, have

1. received a copy of;
2. read;
3. received an explanation of; and understand the above information related to licensure eligibility.

Signature

Social Security #

Date

Signature of Nursing Program Coordinator

Date

*Source – North Carolina Board of Nursing Application for Licensure Packet 2005

Revised 5/2002 MPO

Revised 6/2003 MPO

Revised 6/2004 MPO

Reviewed 6/2006 JFS

Reviewed 6/2009 MPJ

**College of The Albemarle
Health Sciences Programs**

Hepatitis B Status Sheet

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____ Are you 18 or younger? _____

Social Security Number: _____

Please check program you are enrolled:

_____ADN Student _____PN Student _____Faculty

_____Surgical Tech Student _____Medical Assisting Student

_____Nurse Aide _____Phlebotomy Student

_____Medical Laboratory Technology Student

Faculty/Students are to check appropriate space:

- _____1. I have previously received the complete Hepatitis B Vaccination series and am submitting documentation for validation of this status
- _____2. I have received antibody testing which has revealed immunity to Hepatitis B and am submitting documentation for validation of this status.
- _____3. I need to receive the Hepatitis B vaccine which may be offered by the Albemarle Regional Health Services, at my own cost. I understand I will be responsible for making appropriate arrangements to receive the first vaccination prior to first day of classes Fall Semester. I will be responsible for completing the series, and providing COA with appropriate documentation.
- _____4. Due to medical reasons, I'm unable to take Hepatitis B vaccine and am submitting documentation validating this status and a signed Hepatitis B Virus Vaccination Declination Form.

Comments:

Developed: 07/92 WH
Revised: 04/00 MW
Reviewed: 06/06 JFS
Revised: 03/07 MPJ

Appendix B

**College of The Albemarle
Health Sciences Programs**

Exposure Control Plan

Hepatitis B Virus Vaccination Declination Form

THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

- I. I understand that due to the potential exposure to blood or other potentially infectious materials during my clinical learning experiences 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. The college has discussed with me the following information:
- A. The purpose of the vaccination: to immunize me against Hepatitis B virus which I may encounter during the course of enrollment in the nursing program;
 - B. The known risks associated with the vaccination as indicated on the attached "Information on Hepatitis B" including but not limited to injection-site soreness, fatigue, induration, erythema, swelling, fever, headache, and dizziness, as well as the possibility of more rare, unknown, adverse reactions;
 - C. The possibility that I may not develop an immunity to the Hepatitis B virus upon vaccination and that the vaccination may not prevent the Hepatitis B infection; and
 - D. The fact that if I do not receive the vaccination I risk infection and developing the virus.

I acknowledge that College of The Albemarle has made no guarantees concerning the results of the proposed vaccination. I have had sufficient opportunity to discuss the administration of the vaccination with College of The Albemarle officials. I have read the attached "Information on Hepatitis B" and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to decline the vaccination.

Page 1 of 2

- II. I personally assume all risks incident to not being vaccinated. I also waive, release and forever discharge the College of The Albemarle and any of its employees or

agents from all liabilities, losses, damages, claims, actions, causes of action, demands or costs of any nature whatsoever that may arise as a result of not being vaccinated. I hereby agree not to file suit against the College of The Albemarle, its students, agents or any of its employees on account of not being vaccinated. The terms of this document shall bind, me, my heirs and personal representatives.

III. Prior to signing this document, I have had adequate opportunity to read it, to ask questions about it, and to understand it, and any questions I have had have been answered to my satisfaction. I further state that I am _____ years old and competent to sign this document.

Name _____

Signature _____

Date _____

Note: If the student is younger than 18, a parent's signature is required.

I am the parent or guardian of the student identified above who is under eighteen years of age. I have carefully read this document, fully understand its contents, agree to its terms and sign it voluntarily ON BEHALF OF MY CHILD. I agree to release the College of The Albemarle and its employees or agents from all liabilities, losses, damages, claims, actions, causes of action, demands or costs of any nature whatsoever that may arise as a result of my child not being vaccinated and to indemnify and hold the College of The Albemarle, its employees or agents harmless for any liability arising out of claims or suits made by my child against the College of The Albemarle, its employees or agents arising out of my child not receiving the Hepatitis B vaccination.

Parent's Signature _____

Date _____

Revised: 03/07 MPJ

Appendix C

College of the Albemarle
Health Sciences Programs

Exposure Control Plan

VACCINATION WAIVER

_____ SHOULD NOT RECEIVE THE Hepatitis B virus due
to the fact that:

_____ Tests indicate that this person has protective antibody titers.

_____ Existing medical conditions prevent this person from
receiving the vaccine.

Physician's Signature

Date

Revised: 03/07 MPJ

**COLLEGE OF THE ALBEMARLE
HEALTH SCIENCES PROGRAMS
SHARPS INJURY LOG**

DATE OF INCIDENT	LOCATION (WORK AREA) OF EXPOSURE INCIDENT	PROGRAM AND INSTRUCTOR	TYPE & BRAND OF DEVICE INVOLVED IN THE INCIDENT	EXPLANATION OF HOW THE INCIDENT OCCURED

Revised: 03/07 MPJ

Appendix E

College of The Albemarle
Health Sciences Programs
OCCUPATIONAL EXPOSURE INCIDENT REPORT*

Faculty/Student's Name _____ Date of Incident _____
If _____ student, _____ instructor's _____ name _____ Date
reported _____
Reported To _____ Position, COA's Health Sciences
Program _____

TYPE OF EXPOSURE INCIDENT:

- Needlestick/sharps accident
Contact with mucous membrane (circle all that apply): eyes, mouth, nose
Contact with skin (circle all that apply): broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

EXPOSURE TO:

- Blood Internal body fluids
Body fluid with visible blood (circle one)
Vaginal secretions cerebrospinal, synovial, pleural,
Seminal fluid amniotic, pericardial, peritoneal

How did exposure incident occur?

List protective devices used at time of exposure.

Description of duties as related to occupational exposure:

DESCRIBE IMMEDIATE INTERVENTIONS:

Was the area washed flushed?
Did injury bleed freely? [] Yes [] No Was antiseptic applied? [] Yes [] No
Other

Date of faculty/student hepatitis B vaccinations:

Exact Location Exposure Took Place:

Name and/or File Number of Source Individual

SOURCE OF EXPOSURE:

1. Known: HBsAG status? [] Yes [] No If yes, HBsAG+ HBsAG-
Unknown, high or low risk potential for HBV? [] Yes [] No

2. Known: HIV Status [] Yes [] No If yes, HIV+ _____ HIV- _____
Unknown, high or low risk potential for HIV [] Yes [] No

Signature of Person Preparing Report Date _____

College of The Albemarle Faculty/Student Signature _____
_____ **Date** _____

Source individual's blood drawn: [] Yes [] No Date _____
If no, state reason:

Signature: _____ Date: _____

Results of faculty's/student's laboratory results and results of source individual laboratory:

Results discussed with faculty/student [] Yes [] No If no, state reason:

Signature: _____ Date: _____

Faculty's/student's plan to seek qualified medical evaluation.

Faculty/student understands rights and responsibilities for obtaining a confidential medical evaluation. [] Yes
No
[] No

Copy of health policy to M.D. [] Yes [] No

Copy of health policy to faculty/student [] Yes [] No

Physician's _____ Opinion:

M.D. Signature: _____ Date: _____

Counseling on illness reporting and safe effective post prophylaxis: [] Yes [] No

Faculty/student agreeable to further testing: [] Yes [] No

Signature of Counselor: _____ Date: _____

Signature of Faculty/Student: _____ Date: _____

FOLLOW UP 6
WEEKS: _____

Signature: _____ Date: _____

FOLLOW UP 12
WEEKS: _____

