HWPS Student
Bloodborne Pathogens Exposure Control Plan
Office of Verification & Compliance
Effective Date: February 2015

TABLE OF CONTENTS

- Introduction and Program Administration
- Student Exposure Determination
- Methods of Implementation and Control
  - Universal Precautions and Hazard Communication
  - Exposure Control Plan
  - Engineering Controls and Work Practices
  - Personal Protective Equipment
  - Housekeeping
- Post-Exposure Evaluation and Follow-Up
- Administration of Post-Exposure Evaluation and Follow Up
- Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
- Student Training
- Appendix A: HWPS Student Flow Chart
- Appendix B: HWPS Clinical Coordinator Flow Chart
- Appendix C: HWPS Incident Report
- Appendix D: Source Individual's Consent or Refusal Form
INTRODUCTION

Central New Mexico Community College (CNM) and the School of Health, Wellness & Public Safety (HWPS), are committed to providing a safe and healthful environment for our entire student body. In pursuit of this goal, HWPS uses the following Exposure Control Plan (ECP) in an effort to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist CNM in implementing and ensuring compliance with the standard, thereby protecting our students. This ECP includes:

- Determination of student exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to students and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Office of Verification & Compliance is responsible for implementation of the ECP. He/she will ensure that

- The ECP is maintained, reviewed, and updated at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised CNM positions with potential occupational exposure risk.
- The written ECP is available to students, faculty and staff.

Office of Verification & Compliance responsibilities include:

- Ensure all medical actions such as hepatitis vaccination, post exposure medical examination, etc. required by the standard are performed.
- Maintain student health and medical records.

Applicable Students:

- Students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
STUDENT EXPOSURE DETERMINATION

The following is a list of all programs at our School in which all students have potential exposure:

- Diagnostic Medical Sonography
- Emergency Medical Services (Basic, Advanced and Paramedic)
- Community Paramedic
- Health Information Technology
- Medical Laboratory Technician
- Community Medical Laboratory Technician
- Phlebotomy Technician
- Nursing
- Dental Assistant
- Nurse Refresher
- LPN Mobility
- Nursing Assistant
- Patient Care Technician
- Pharmacy Technician
- Physical Therapy Assistant
- Polysomnography
- Radiology Technology
- Respiratory Therapy
- Surgical Technology
- Community Dental Health Coordinator

METHODS OF IMPLEMENTATION AND CONTROL

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

**Hazard Communication:**
- When blood or OPIM are present in a work area, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors.
- Containers of regulated wastes, refrigerators and freezers containing blood or OPIM shall have Biohazard warning labels with the universal biohazard symbol.

**Exposure Control Plan:** Students covered by the bloodborne pathogen protection standard receive an explanation of this ECP during their coursework in Health 1001 Clinical Preparation. Main elements of the plan will also be reviewed in their annual refresher training. All students can review this plan by contacting the Compliance Office.

**Engineering Controls and Work Practices:** Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.
- Student Health Center provides nurses with the needle-retractable syringes.
- Work practice control includes procedures for blood clean up.
- Sharps disposal containers in affected areas.

**Personal Protective Equipment (PPE):** PPE is provided to our students at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the student’s clinical coordinator.
- The clinical coordinators are responsible to ensure PPE will be given to affected students, and PPE stock is kept and readily available to personnel.
- All students using PPE must observe the following precautions:
• Wash hands thoroughly with soap and water immediately or as soon as feasible after removing gloves or other PPE.

• Remove PPE after it becomes contaminated and before leaving the work area.

• Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

• Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

• Never wash or decontaminate disposable gloves for reuse.

• Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.

• Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, the student must contact the Security Dispatch at 505-224-3001.

An immediately available confidential medical evaluation and follow-up for the student will be coordinated with the CNM Student Health Center or Manzano Medical. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

• Document the routes of exposure and how the exposure occurred.
• Identify and document the source individual (unless CNM can establish that identification is infeasible).
• Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the student's health care provider.
• If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
• Assure that results of the source individual’s testing be made available to the exposed student. The student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
• After obtaining consent, collect exposed student's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
• If the student consents to baseline blood collection, but does not give consent at the time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of exposure incident, the student elects to have the baseline sample tested, such testing shall be done as soon as feasible.
• Ensure post-exposure prophylaxis is provided to the exposed student, when medically indicated, as recommended by the US Public Health Service.
• Ensure evaluation of reported illnesses is provided to the exposed student.
• Ensure counseling is available for the exposed student.
ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Human Resources ensures that

- The health care professional evaluating an student after an exposure incident receives a filled “Bloodborne Pathogen Post Exposure Reporting Form” that contains the following:
  - A description of the student's job duties relevant to the exposure incident
  - Route(s) of exposure
  - Circumstances of exposure
  - If available, results of the source individual's blood test
  - Relevant student medical records, including vaccination status

- The student is provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.
- The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - That the student has been informed of the results of the evaluation; and
  - That the student 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.
  - Regarding the hepatitis vaccination, it will be limited to whether the student required the hepatitis vaccine and whether the vaccine was administered.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Clinical Coordinator or his/her designee will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Student's training
- Lesson learned
STUDENT TRAINING

All students who have occupational exposure to bloodborne pathogens receive initial and annual training. The student is responsible for the online training and tracking training compliance.

All students who have occupational exposure to bloodborne pathogens receive training on a general explanation of the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- An explanation of the OSHA bloodborne pathogen standard
- An explanation of the Universal Precautions
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the student following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting or responsible to coordinate the training session.
Appendix A
HWPS
BBP Exposure Plan for
STUDENTS

1. Contact clinical coordinator for your program
2. Request Source consent for lab draws using the form provided.

Mon-Fri
8am – 5pm

Call CNM Student Health Center 505-224-3080 or Go to Walk in Clinic on Main Campus Go to head of line inform staff of exposure

After Hours
7 days a week
5:30pm-8am

Call 505-228-1867 to reach on call Physician @ Manzano Medical. Explain what happened

Follow care recommendations

3. Complete HWPS Incident Report and turn it in to your Clinical Coordinator.

Contact CNM Security to report incident 505-224-3001

Appendix B
HWPS
BBP Exposure Plan for
Clinical Coordinators

Mon-Fri
8am – 5pm

1. Advise student to request Source consent for lab draws using the form provided.
2. If Source consents, contact CNM Student Health Center at 224-3080 to report incident and to order labs.
3. Have student complete HWPS Incident Report

Advise Student to report to the Health Center on CNM’s Main Campus and go to head of line inform staff of exposure

Advise Student to Follow care recommendations

Ensure student has Contacted CNM Security to report incident 505-224-3001

After Hours
7 days a week
5:30pm-8am

1. Advise student to request Source consent for lab draws using the form provided.
2. If Source consents, contact Manzano Medical 505-228-1867 to report incident and ask them to order labs.
3. Have student complete HWPS Incident Report

Advise Student to Call 505-228-1867 to reach on call Physician @ Manzano Medical. Explain what happened
CNM School of Health Wellness and Public Safety

Clinical Incident Report

Date ______________________ Time ______________________

Type of Incident ________________________________

Faculty Name / HWPS Program, CNM ID#, Contact Information:

Please Circle as Participant or Witnessed or Unwitnessed

1. __________________________ Program __________________ CNM ID# ____________
   Participant / Witnessed / Unwitnessed
   Notification Date and Time ________________________________
   Contact Information: __________________________________________

2. __________________________ Program __________________ CNM ID# ____________
   Participant / Witnessed / Unwitnessed
   Notification Date and Time ________________________________
   Contact Info: __________________________________________

Clinical Preceptor Name and Position / Affiliate Site and Department, Contact Information

Please Circle as Participant or Witnessed or Unwitnessed

1. __________________________ Affiliate Site and Department __________________
   Participant / Witnessed / Unwitnessed
   Notification Date and Time ________________________________
   Contact Information: __________________________________________

Student Name/s, CNM ID #, Contact Information: Please Circle as Participant or Witness

1. __________________________ CNM ID# ____________ Participant / Witness
   Contact Info: __________________________________________

2. __________________________ CNM ID# ____________ Participant / Witness
   Contact Info: __________________________________________

3. __________________________ CNM ID# ____________ Participant / Witness
   Contact Info: __________________________________________

Revised 2/16/2012
Appendix D

Source Individual's Consent or Refusal
for HIV, HBV, and HCV Infectivity Testing
Central New Mexico Community College – School of Health, Wellness & Public Safety
Revised October 2, 2013

Source Individual is the person whose blood or body fluids provided the source of this exposure.

Note: Complete this form and submit to the Office of Verification & Compliance

Exposed Individual's Information

Name (Please Print):____________________________________________
HWPS Program:_______________________________________________
Telephone Number: ____________________________________________
Exposure Date: ________________________________________________

Source Individual's Statement of Understanding

I understand that employers are required by law to attempt to obtain consent for HIV, HBV, and HCV infectivity testing each time an employee is exposed to the blood or bodily fluids of any individual. I understand that a CNM employee or student intern has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is requested. I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me.

I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required.

I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the exposed health care worker for his or her medical benefit only and to others only as required by law.

Consent or Refusal & Signature

I hereby consent to: (please initial)
HIV Testing ___
HBV Testing ___
HCV Testing ___

I hereby refuse consent to: (please initial)
HIV Testing ___
HBV Testing ___
HCV Testing ___

Source Individual Identification

Source individual's printed name:________________________________
Source individual's signature:_____________________________________
Telephone Number: ____________________________________________
Date signed: _________________________________________________
Relationship (if signed by other than the source individual):__________