



CSN
COLLEGE OF
SOUTHERN NEVADA

Bloodborne Pathogens Exposure Control Plan

Department of Environmental Health & Safety

CSN Exposure Control Plan

Purpose: This Exposure Control Plan is written to eliminate or minimize employee exposure to bloodborne pathogens. As mandated in the [Bloodborne Pathogens Standard 1910.1030](#) which is published by the Nevada Department of Business and Industry, Division of Industrial Relations (NV-OSHA), this plan addresses methods by which an employee shall perform his/her job to reduce the likelihood of transmission of bloodborne diseases.

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Revisions:

Rev. Date	Change Details	Reference Section(s)
3/06	Newly drafted	not applicable
3/07	Reviewed, no changes	not applicable
8/07	Reviewed, changed CCSN to CSN	throughout
8/08	Reviewed corrected one page number in table of contents	job classifications and job tasks
1/09	Reviewed Added newly updated ' <i>Reporting Protocol – Exposure to Bloodborne Pathogens</i> '; added worker's comp info, changed some 'will' to 'should,' updated reporting protocol for employees regarding initial medical evaluation vs. follow-up, added incident reporting forms as Appendices A & B	page 2 throughout page 5 pages 8-10
1/2010	Reviewed, no changes	not applicable
9/2011	Reviewed Corrected date on Appendix G; Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis.	page 50

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Assistance

Infection Control Manager, CSN

SEE Appendix A

Optional Health-Care Provider / Facility

SEE Appendix B

Introduction

In accordance with the Code of Federal Regulations *Bloodborne Pathogens Standard*, 29 CFR 1910.1030, (*SEE Appendix C*) this ***Bloodborne Pathogens Exposure Control Plan*** has been developed for the Community College of Southern Nevada.

This exposure control plan consists of the following elements:

- * Exposure Determination
- * Methods of Compliance
- * Hepatitis B Vaccination Program
- * Post-Exposure to Bloodborne Pathogens; Medical Evaluation and Follow-up
- * Communication of Hazards
- * Record Keeping Policies
- * Dates

A copy of The CSN Exposure Control Plan shall be made accessible to all employees. The Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Exposure Determination

At the time of hire, Human Resources require all new employees to complete an *Exposure to Bloodborne Pathogens Determination Form*. This information identifies employees who may incur occupational exposure to blood or other potentially infectious materials while performing his/her assigned duties. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) The completed *Exposure to Bloodborne Pathogens Determination Forms* are forwarded to and reviewed by the Infection Control Manager.

ALL CSN employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials.

<i>Job Classification</i>	<i>Job Tasks/Procedures that may lead to occupational exposure to bloodborne pathogens</i>
Biotechnology faculty	Preparing samples of blood or other bodily fluids for microscopic examination, working at laboratory benches and other areas where potentially infectious materials are handled
Cardiorespiratory Sciences faculty	Using invasive respiratory diagnostic techniques, contact with pulmonary fluids, contact with human blood and resulting biohazard waste
Custodian	Cleaning sinks, toilets, bathroom fixtures, clean-up of vomit, excrement, urine, blood spills, removal of waste containing body fluids including female waste
Dental Faculty Practice Personnel; dentist, dental assistant, dental hygienist	Working with instruments, needles, and equipment contaminated with human blood and saliva, administration of cardio-pulmonary resuscitation, treating dental patients. Working with human extracted teeth.
Dental Assisting faculty	Working with instruments, needles, and equipment contaminated with human blood and saliva, administration of cardio-pulmonary resuscitation, treating dental patients. Working with human extracted teeth.
Dental Hygiene faculty	Working with instruments, needles, and equipment contaminated with human blood and saliva, administration of cardio-pulmonary resuscitation, treating dental patients. Working with human extracted teeth.
Dental Clinic Lab Tech	Working with instruments, needles, and equipment contaminated with human blood and saliva. Working with human extracted teeth.
Dental Faculty Practice Lab Tech	Working with dental prostheses contaminated with human blood and saliva.
Diagnostic Medical Sonography faculty	Performing transvaginal ultrasound

Early Childhood Education, Child Care Facility faculty, teaching aids	Caring for children; rendering first aid, assisting in personal hygiene tasks, cleaning up after body function accidents
Emergency Medical Science faculty	Collecting specimens of blood and other body fluids, administration of cardio-pulmonary resuscitation
Grounds Keeper	Providing trash clean-up from campus grounds; may include syringes
Licensed Practical Nursing faculty	Contact with patients, with potential for direct contact with body fluids, handling contaminated needles and equipment
Medical Lab Technology faculty	Contact with blood and other body fluids, handling contaminated needles and sharps, collecting specimens of blood and other body fluids, handling vials, other containers of blood and bodily fluids
Science, Biological faculty	Teaching physiology and microbiology labs where blood and body fluids are examined and handled.
Surgical Technology faculty	Contact with human body fluids through contact with contaminated items in the surgical suite
Nursing Lab Technician	Setting up or cleaning up following laboratory activities involving contaminated sharps, contact with infectious waste
Ophthalmic Assistant faculty	Contact with ophthalmic fluids
Paramedic Medicine faculty	Performing invasive procedures related to emergency responses. Working with equipment and needles contaminated with human blood and other body fluids, administration of cardio-pulmonary resuscitation, treating emergency patients.
Phlebotomy faculty	Collecting specimens of blood and other body fluids. Working with contaminated needles and equipment.

SOME CSN employees in the following job classifications may incur occupational exposure to blood and other potentially infectious materials.

<i>Job Classification</i>	<i>Job Tasks/Procedures that may lead to occupational exposure to bloodborne pathogens</i>
Biology Lab Tech	Setting up or cleaning up following laboratory activities involving sharps and equipment contaminated with human blood and body fluids, infectious waste collection and decontamination.
Maintenance Worker	Repair of lab and clinic facilities/equipment, repair of sanitary fixtures and sewer lines
Medical Office Assisting faculty	Sterilization of instruments, basis laboratory tests involving human body fluids, assisting with minor surgical procedures.

Nursing faculty	Clinical instruction at off-campus sites involving blood and other body fluids, handling of contaminated sharps and equipment
Science, Biology Lab faculty, instructors	Laboratory exercises involving human blood and other body fluids
Sonography faculty	Working around body fluids

Methods of Compliance

Standard Precautions

In order to prevent contact with body fluids and other potentially infectious materials, Standard Precautions will be observed at CSN. The concept of Standard Precautions is designed to reduce the risk of transmission of pathogens from both recognized and unrecognized sources of infection to oneself and others.

STANDARD PRECAUTIONS

ALL body fluids, with or without visible blood (excluding sweat)
will be considered potentially infectious
regardless of the perceived health status of the source individual.

Engineering Controls and Work Practices

Engineering controls refer to products or equipment designed to isolate, minimize or remove bloodborne pathogen hazards from the workplace. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Work practice controls refer to manners in which an employee performs his/her job. Effective work practices eliminate or minimize exposure incidences to employees.

At CSN, the following *engineering* and *work practice controls* shall be utilized:

Bins, Pails, Cans

All bins, pails, cans, and similar receptacles which may have a reasonable likelihood for becoming contaminated with blood, other body fluids, and other potentially infectious materials, shall be inspected, cleaned and decontaminated on a regularly scheduled basis. Such receptacles shall be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Upon removal of infectious waste bags from appropriate containers, assigned custodian or laboratory technician shall inspect the containers and decontaminate if visibly contaminated.

Coverings, Protective

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper should be used to cover equipment and environmental surfaces that may become contaminated and are difficult or impossible to disinfect. If the protective coverings *remain fully intact*, decontamination of the surfaces is not necessary upon its removal.

Protective coverings shall be removed and replaced as soon as feasible when they become overtly contaminated, following each patient's treatment or at the end of the work shift if they may have become contaminated during the shift. If the protective coverings do not remain fully intact, the surfaces shall be decontaminated after removing the protective covering.

Equipment, Contaminated

Equipment which has become contaminated with blood, other body fluids, or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

If equipment cannot be decontaminated, a readily observable label shall be attached to the equipment stating which portions remain contaminated. Employees, servicing representatives and/or the manufacturer shall be notified prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Eye Wash Stations

Eye wash stations are essential for flushing mucous membranes (eyes, nose, and mouth) following an exposure to body fluids, other potentially infectious materials or caustic chemicals. Eye wash stations shall be located in:

- science laboratories
- medical laboratories
- dental labs/clinics
- art laboratories/classrooms
- technology laboratories
- maintenance workshops
- areas where caustic chemicals or materials are used

Glass, Broken

Broken glassware which may be contaminated with blood, other body fluids, or other potentially infectious materials shall not be picked up directly with hands. A broom and dust pan, tongs, or forceps shall be used to prevent injury to the employee. Such contaminated broken glass must be placed in a puncture resistant container. For small amounts of broken glass, a sharps container may be used for this purpose.

Hand Cleaning Agents

► *Antiseptic agents*

An antiseptic hand cleaning agent is an antimicrobial substance applied to the hands to reduce the number of microbial flora. Examples of active ingredients include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol, quaternary ammonium compounds and triclosan. Prior to donning gloves, after removing gloves, and anytime the hands become contaminated with potentially hazard materials, the hands must be washed with an antiseptic hand cleaning agent.

► *Alcohol-based hand sanitizers*

Effective alcohol-based hand sanitizers contain between 60-95% (no higher) alcohol (isopropanol, ethanol, n-propanol, or a combination of two). Alcohol-based hand rubs may be used to disinfect hands if not visibly or heavily soiled.

Handwashing

Hand hygiene (e.g. handwashing, hand antiseptics) significantly reduces transient pathogens on the hands and is considered the single most important measure to reduce the risk of infection or illness.

Handwashing should be performed for a minimum of 15 seconds

- after barehanded touching of inanimate objects likely to be contaminated by body fluids
- before donning gloves
- after glove removal
- before re-gloving after removing gloves that are torn, cut or punctured

Handwashing Facilities

Handwashing facilities shall be readily accessible where employees may incur exposure to blood or other potentially infectious materials. At CSN handwashing facilities shall be located:

- near all patient treatment areas
- in every laboratory setting
- in every maintenance workshop
- in food preparation areas
- in all restrooms

Handwashing Technique

Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employees shall wash hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

Housekeeping

All areas of the work place shall be maintained in a clean and sanitary condition. Contaminated work surfaces must be decontaminated with a high level disinfectant that is EPA rated to kill HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). Porous surfaces such as carpeted floors or upholstered items require special consideration. Contact CSN custodial staff specially trained in this area.

► *Surface Disinfection*

Any commercially prepared surface disinfectant used at CSN to disinfect areas contaminated with blood or other potentially infectious material shall be EPA rated to kill HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV). The manufacturer's recommended contact time must be followed in order to assure adequate disinfection.

A sodium hypochlorite (bleach) and water mixture of 1.5 cups bleach to 1 gallon of water is an effective, inexpensive and fast acting surface disinfectant. The bleach and water solution must be prepared fresh daily. Using bleach/water solution, the surface must remain wet for a minimum of 10 minutes for complete disinfection. Disadvantages include corrosiveness and rendered ineffective in the presence of organic matter (blood, tissue).

All surfaces should be cleaned of organic matter prior to disinfection.

Personal Protective Equipment (PPE)

SEE Appendix D

When there is potential for occupational exposures to bloodborne pathogens, PPE shall be provided by CSN without cost to employees.

► *Selection*

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Appropriate personal protective equipment in all sizes shall be made accessible to employees. Latex-free gloves, powder-free gloves, glove liners, or other similar alternative shall be readily accessible when employees are allergic to gloves normally provided or experience skin irritation as the result of glove use.

To reduce chronic employee exposure to latex products, all CSN departments and divisions are encouraged to select non-latex glove alternatives.

► ***Use***

Each supervisor or designee for individual departments/programs shall ensure that each employee who has potential for exposure to bloodborne pathogens uses appropriate PPE. An exception is provided if the employee shows that the employee temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that *in the specific instance its use would have prevented delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker*. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

Employee refusal to use appropriate PPE shall be reported to the Infection Control Manager.

► ***Removal***

All personal protective equipment must be removed prior to leaving the work area. Garments penetrated by blood, other body fluids, or other potentially infectious materials shall be removed immediately or as soon as a feasible during the work day.

► ***Cleaning, Laundering***

All contaminated personal protective equipment shall be cleaned and laundered by the employer at not cost to employee.

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry shall not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry shall utilize appropriate personal protective equipment such as gloves, masks, eye protection, and protective garments to prevent contact with blood or other potentially infectious materials.

Contaminated laundry may not be taken off the premises by employees. Contaminated laundry shall be handled with gloved hands and minimally manipulated to prevent pathogens from becoming aerosols.

Options for laundering of contaminated garments include

- contracted, professional vendor who uses Standard Precautions
- laundering at the site of use

► ***Repair & Replacement***

All PPE shall be repaired and replaced as needed to maintain its effectiveness, at no cost to the employee.

► ***Disposal***

All personal protective equipment shall be disposed of by the employer at no cost to the employee. When PPE is removed it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves are to be worn where it is reasonably anticipated that the employee will have hand, non-intact skin, or mucous membranes contact with blood or other potentially infectious materials. Gloves shall also be worn while performing vascular access procedures and when handling or touching contaminated items or surfaces. Gloves shall be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Gloves shall be made available in all sizes and in a form that does not cause allergic reactions or irritation dermatitis. Gloving shall not substitute for handwashing. To reduce the levels of bacteria on the skin that can cause skin irritation under gloves, hands shall be washed before donning gloves and after removing gloves.

◆ ***Disposable gloves***

Disposable gloves such as surgical or examination gloves shall not be washed or decontaminated for re-use.

◆ ***Reusable gloves***

Reusable gloves, such as utility gloves may be decontaminated between episodes of contamination.

► ***Types of Gloves***

The type of glove to be worn is dictated by the task to be performed.

◆ ***Non-sterile gloves (single use, disposable)***

Use disposable gloves when there is potential for hand contact with blood or other potentially infectious materials, or when touching human non-intact skin or mucous membranes. Use this type of glove when performing medical examinations and other non-sterile procedures.

This type of disposable non-sterile glove can also create a barrier between hands and routine dirty surfaces.

◆ *Surgical Gloves (single use, sterile, disposable)*

Sterile surgical gloves are used during surgical procedures because they are available in form fitting sizes providing exceptional tactile sensation. Surgical gloves are single use and shall be disposed of following single patient use.

◆ *Over Gloves (food handler type, disposable, inexpensive)*

Over gloves are to be used directly over contaminated gloves when inanimate objects must be touched without the need to remove contaminated gloves. This type of glove shall remain non-contaminated and can be slipped on and off as needed. Over gloves shall not be used as a barrier against bloodborne pathogens.

◆ *Utility gloves*

Heavy utility gloves provide extra protection for the wearer and shall be used when handling contaminated sharps during clean-up and preparation for sterilization. Utility gloves also provide added protection against caustic chemicals.

Use heavy utility gloves for the following procedures:

- cleaning procedures involving caustic chemicals
- handling contaminated patient treatment instruments in preparation for decontamination/sterilization
- handling contaminated sharps

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks

Masks shall be worn whenever splashes, spray, splatter, or droplets of blood, other body fluids, or other potentially infectious materials may be generated and nose or mouth contamination can reasonably be anticipated. Masks shall be adjusted to form a close seal over the bridge of the nose, under eyes, across cheeks and under the chin.

Eye Protection

► ***Goggles/glasses***

Goggles or glasses shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye contamination can reasonably be anticipated. The design of goggles or protective glasses must provide coverage above, below and to the side of the eyes. Side shields must be solid.

► **Face Shield**

Chin length face shields may substitute for goggles or protective glasses. When performing highly aerosolic procedures, the face shield should be worn in addition to goggles or glasses. A face shield is not a substitute for a mask.

Protective Garments

Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in circumstances where blood or other potentially infectious materials may contaminate clothing or exposed skin. The type and characteristics will depend upon the task and degree of exposure anticipated.

Protective garments shall not permit blood, other body fluids, 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 of use and for the duration of time which the protective equipment will be used.

All personal protective equipment shall be removed prior to leaving the work area.

Each specific educational department/program will identify situations when protective clothing shall be utilized and the location where PPE shall be stored upon leaving the work area.

► **Clinic Jackets / Lab Coats / Aprons**

Protective clothing such as clinic jackets or coats and lab coats or aprons must be worn when clothing is likely to become contaminated with blood or other potentially infectious materials. The design of the garment shall not allow blood or other infectious materials to penetrate beneath to clothing. The protective clothing shall be changed daily or as soon as visibly soiled with blood or other potentially infectious materials.

The protective garments shall be removed before leaving the work area and placed in designated location for decontamination or disposal. Employees may not remove contaminated protective garments from the premises.

► **Surgical Caps or Hoods**

Surgical caps or hoods shall be worn in instances when gross contamination can reasonably be anticipated. Such precautions may be indicated during procedures that create an over abundance of aerosols.

► **Shoe Covers**

Shoe covers should be worn when instances of gross contamination can be reasonably anticipated. Such protection may be necessary during clean-up of large spills consisting of blood or other potentially infectious materials.

Sharps

Contaminated sharps are any contaminated object that can penetrate the skin, such as needles, scalpels, broken glass, and broken capillary tubes.

► **Handling**

Contaminated sharps are considered infectious waste and shall be handled and disposed of accordingly. Proper handling is essential since personal protective equipment such as gloves cannot prevent needlestick accidents.

Contaminated needles shall not be bent, recapped, removed, sheared or intentionally broken. An exception is allowed if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the procedure. If such action is required, then the recapping or removal of the needle must be done through the use of an effective barrier device appropriate to the task or a one handed technique. Two handed recapping is not permitted.

► **Needle Recapping**

At CSN **needle recapping** is permitted only under the following circumstances:

- the needle will be reused during the procedure (e.g. re-injection during dental procedures).
- a needle shielding device, or a built-in safety device intended for recapping is used.

A needle must **NEVER be left uncapped** when not in use.

► **Needle Removal**

At CSN **needle removal** is only permitted under the following circumstances:

- if the needle must be removed from a non-disposable syringe (e.g. dental syringes)
- a needle shielding device, or a mechanical device is used to keep the operator's hands clear of the needle tip

Great care must be taken, as **many needle accidents occur while removing the needle** from a syringe.

► **Disposal**

Immediately after use, contaminated sharps shall be disposed of in specialized puncture resistance containers. When full, sharps containers shall be closed securely and prepared for disposal by contracted vendor.

► **Containers**

◆ *Selection Criteria*

When considering purchase and use of sharps disposal containers, the following minimal criteria shall be considered. The style of the container shall:

- be easily operated correctly without extensive training;
- be puncture resistant;
- be clearly labeled to imply danger. The universal biohazard symbol must be clearly visible;
- accept sharps from any direction desired;

- accept all sizes and shapes of sharps including a 50 ml preloaded syringe;
- be difficult to reach in and remove a sharp;
- have handles which allow safe transportation of a full container;
- allow disposal of sharps with only one hand holding the sharp;
- allow the sharps to enter the container without getting caught on the opening or any molded shapes in the interior;
- allow the user to easily determine when the container is full;
- be stable and unlikely to tip over when used free-standing, without a mounting bracket;
- be temporarily and permanently closeable to prevent spillage if dropped or turned upside down;
- allow for safe closure without protrusion of sharps; and
- close securely under all circumstances

◆ *Filling*

Sharps containers shall not be overfilled. A fill line is indicated on each sharps container. Once the contents reach the fill line, the container shall be closed securely and moved from the work area and readied for special pick-up and disposal.

NEVER OVERFILL a sharps container.

◆ *Location*

Sharps disposal containers shall be located as close to the site of use as possible to minimize transportation of contaminated sharps to a disposal site. The location of the container shall

- allow for sharps disposal at the site of use, preventing the need to manually transport the sharps to the container;
- be within arms reach; and
- be at a level which allows visual contact with the opening during disposal

Sharps containers shall be located in the following work areas.

- medical laboratory technology teaching laboratories
- biotechnology teaching laboratories
- dental operatories and teaching laboratories
- phlebotomy teaching laboratories
- nursing teaching laboratories
- science teaching laboratories
- emergency medical services teaching laboratories
- dissection labs
- custodial closets
- operations and maintenance work shops
- veterinary labs

► **Transporting**

When moving containers of contaminated sharps from the area of use, the containers shall be

- Closed securely to prevent spillage or protrusion of the contents;
- Placed in a secondary container if leakage is possible. Secondary containers shall
 - Be closable;
 - Prevent spillage and leaking; and
 - Be labeled to indicate biohazard contents

► **Built-in Safety Features**

◆ *Adoption of Safer Sharps*

In order to utilize evolving technology to isolate or remove the bloodborne pathogen hazard from the workplace, each department/program that uses needles and non-needle sharps will identify, screen, evaluate and, when appropriate, adopt such devices for use in that department's/program's work practices.

New safer sharps devices will be evaluated on the following criteria:

- will not jeopardize patient or employee safety or be medically inadvisable, and
- will make an exposure incident involving a contaminated sharp less likely to occur

OSHA requires, "Where engineering controls will reduce employee exposure either by removing, eliminating, or isolating the hazard, they must be used."

CSN Infection Control Manager is available for consultation and assistance.

Splash, Splatter, Aerosols

Procedures involving blood or other potentially infectious materials shall be performed in such a way to minimize splashing, spraying, spattering, and generation of droplets and, hence the potential for exposure through the mucous membranes of the eye, nose, and mouth. Whenever possible, scavenging devices and barriers shall be used to reduce the potential for generation of splatter or splashes. (i.e., covers on centrifuges, dental dams, high volume evacuation, splash shields in labs)

Specimens

Specimens of blood or other potentially infectious material are considered infectious waste and shall be placed in designated biohazard boxes until picked up for disposal by the contracted vendor.

► Specimen Containers

Specimen container shall prevent leakage during the collection, handling, processing, storage, transport, or shipping of the specimen. The biohazard symbol shall be visible on the container.



BIOHAZARD

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which shall be puncture resistant and labeled or color coded with the biohazard symbol.

If contamination of the outside of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container shall be labeled with the biohazard symbol.

Spills of Blood, Other Body Fluids

If a spill of blood or other potentially infectious material occurs, clean-up and disposal of waste shall be performed in order to leave the site free of contamination.

► *Decontamination*

All contaminated equipment and environmental work surfaces shall be decontaminated after completion of procedures or as soon as feasible after any spill of blood, other body fluid, or other potentially infectious material. Decontamination shall also be performed at the end of the work shift if the surface may have become contaminated since the last cleaning.

When there is a spill of blood or other potentially infectious materials, *custodial staff or other appropriately trained staff shall assist in the clean-up procedures*. Specific protocols for cleaning small spills on hard surfaces, large spills on hard surfaces, and large spills on carpets have been developed.

SEE Appendix E

CSN Standard Operating Procedures: *Bloodborne Pathogens Clean-up Procedures*

► *Decontamination Products*

◆ *EPA rated products*

Any product used for decontamination after a bloodborne pathogen spill shall be an EPA rated to kill HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV).

◆ *Bleach solution*

As an alternative, a bleach solutions mixed 1 part bleach to 10 parts water (1:10) (or 1.5 cups bleach to 1 gallon water) may be used to render the surface disinfected. The surface must remain wet for a minimum of 10 minutes for effective decontamination.

Sterilization of Reusable Items

Sterilization, the highest level of decontamination is a process by which all microorganisms are killed. Contaminated items intended for reuse on humans must be rendered safe through a series of processes which shall be strictly implemented and monitored.

► ***Pre-Cleaning***

All items shall be pre-cleaned before any sterilization takes place. This reduces the number of microorganisms and the amount of biological material (blood, body fluid, tissue) that may be on the item. Pre-cleaning facilitates more efficient sterilization. Methods include ultrasonic cleaning with detergents, automatic washers, and manual scrubbing. Manual hand scrubbing of sharps is not recommended as it increases the likelihood of cuts and scratches even when gloves are worn.

► ***Packaging***

If the item must remain sterile in anticipation of future use, the item shall be packaged following pre-cleaning. Packaging protects the contents from contamination between sterilization and use. Only packaging materials intended for use with a particular sterilization method shall be used. Examples include, but are not limited to bags, wraps, and pouches. The packaging material shall allow penetration of the sterilization medium to all contents.

► ***Sterilization***

Sterilization can be accomplished through steam autoclaving, unsaturated chemical vapor, or dry heat. Careful attention must be paid to the recommended parameters such as temperature, time, pressure, loading the unit, and venting of potentially toxic vapors. Regular monitoring of sterilization equipment operations is imperative.

► ***Storage***

Accepted procedures for handling and storage of sterilized items shall be followed. Sterile packages shall be stored in dry, enclosed, low dust areas. Store away from water and heat sources, both of which may lead to damage to the outer packaging. If a package become wet, torn, or punctured the items are contaminated and must be reprocessed. The oldest sterile packages shall be used first, as long as the packaging is intact.

► **Monitoring**

It is essential that steps be taken to assure that items are safe for reuse on humans. Several steps shall be taken to assure that all steps of the sterilization process have been successful.

◆ *Process Indicators*

External - The outside of the package shall contain a process indicator which will distinguish processed from unprocessed packages. This may be in the form of tape or a printed indicator on the package itself that turns color when subjected to the sterilization process. Process indicators do not assure sterility.

Internal - For items intended for use in providing healthcare to humans, a monitoring strip shall also be placed inside each package. This specially designed strip will indicate whether or not all contents of the package have been subjected to the correct parameters for complete sterilization. This will allow the care giver to, immediately upon opening the package assess the likelihood of sterilization of its contents. This type of monitoring device is more sensitive than the external process indicators.

◆ *Biological Indicators*

A biological indicator, also known as a spore strip is the only method that can guarantee items have been sterilized. Biological indicators come in several forms, including paper strips or self-contained vials containing a specific bacterial spore. These monitoring devices are placed directly inside the sterilizing unit during a routine sterilizing cycle. The monitoring device is then processed (cultured in-house or sent to a contracted vendor) to detect whether the sterilization process is effective.

When sterilizing items for reuse in patient care, biological indicators shall be performed once a week, whenever the processing steps are changed or modified, prior to use of a new sterilizer, first run after repair of a sterilizer, or any other change in the sterilizing procedure.

If a sterilizing unit fails a biological spore test, do the following

- Take the unit out of service
- Review the sterilization procedure
- Retest and observe the cycle
- Determine the fate of the sterilizer
- Repair or replace sterilizer

◆ *Physical Monitoring*

Observing the gauges, displays, and print-outs can greatly assist in monitoring the sterilization process as well as the physical operations of the machine.

Waste, Biohazard

Any item capable of transmitting an infectious disease is considered biohazard waste. The Infection Control Manager is responsible for monitoring the collection and removal of biohazard waste.

► *Containment*

Biohazard waste shall be placed in appropriate container provided by the disposal service vendor. Containers used for storage, transport, or shipping shall be leak proof and color-coded or labeled with the universal biohazard symbol.



BIOHAZARD

If the outside of the primary container become contaminated, the primary container shall be placed inside a secondary container that prevents leakage during handling, processing, storage, transport or shipping.

► *Collection*

Biohazard waste collection stations shall be located wherever biohazard waste is generated.

- biology teaching laboratories
- nursing teaching labs
- microbiology teaching labs
- medical laboratory technology teaching labs
- emergency medical services teaching labs
- dental services area and teaching laboratories

► *Removal/Disposal*

CSN shall employ a professional waste disposal service to remove and dispose of biohazard waste. Biohazard waste contaminated with blood or other body fluids shall not be decontaminated in-house and shall not be disposed of in regular trash receptacles.

Work Area Restrictions

In work areas where there is reasonable likelihood of exposure to blood, other body fluids or other potentially infectious materials, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood, other body fluids or potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Hepatitis B Vaccination Program

► Offer Vaccine

All employees who, as specified in their CSN job description have a potential for exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine shall be offered within 10 days of their initial assignment to work involving the potential for occupational exposure unless the employee has previously had the vaccine, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

► Accept Vaccine

An employee who accepts the vaccine must sign a consent form before the Infection Control Manager will refer the employee to the designated health-care facility (***SEE Appendix A***) for administration of the Hepatitis B vaccination series. This will be done at no cost to the employee.

► Decline Vaccine

After being offered the Hepatitis B vaccine, an employee may decline to receive the vaccine.

An employee who declines the Hepatitis B vaccine shall sign a waiver indicating such declination of the vaccine. Employees who initially decline the vaccine but who later wish to receive it may then have the vaccine provided at no cost provided his/her job description indicates an exposure risk.

► Responsible Personnel

The CSN Infection Control Manager (***SEE Appendix B***) is responsible for determining exposure risk and offering the vaccination to employees. The vaccination will be provided by a designated healthcare provider.

Post-Exposure / Bloodborne Pathogen

Medical Evaluation and Follow-Up

Occupational Exposure to Bloodborne Pathogens

An occupational exposure to bloodborne pathogens refers to a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact (stick or cut in the skin) with blood or other potentially infectious materials that results from the performance of an employee's duties.

Bloodborne pathogens are pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

An exposure to bloodborne pathogens is considered a medical urgency. The exposed individual should seek medical evaluation as soon as possible following the incident.

Post-Exposure to Bloodborne Pathogens

► Immediately Following an Exposure Incident

If an exposure to bloodborne pathogens incident does occur, do the following:

- STOP the activity.
 - Wash the injury with antimicrobial soap and running water OR flush mucous membranes with copious amounts of water.
 - Administer first aid to the injury site.
 - Report the incident IMMEDIATELY to a CSN Public Safety officer.
 - Report the incident to CSN Infection Control Manager. Assistance will be provided to the exposed individual in obtaining post-exposure counseling, medical evaluation and follow-up according to recommendations of the U.S. Centers for Disease Control and Prevention.
 - For exposure incidences that may occur at an off-campus site (performing duties as prescribed in CSN job description) report the incident to the site's infection control coordinator. Complete incident reports as required by the site.
 - For employees, initial, immediate medical attention may be secured at the most convenient medical location. Follow-up medical evaluations and treatment MUST be performed by a physician from the approved list of workers' compensation providers. Note that the medical providers on this list may not be the same as those associated with your health care insurance.
- SEE Appendix B***
- Within 7 days of injury, complete and submit a C1 form, *Notice of Injury or Occupational Disease* (workers compensation coverage)

► Post-Exposure Guidelines

The following resources describe, in detail how exposures to bloodborne pathogens shall be handled.

◆ *CSN Exposure to Bloodborne Pathogens Reporting Protocol.*

SEE Appendix F

◆ *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis.* US Centers for Disease Control and Prevention. MMWR. June 29, 2001/50(RR11);1-42.

SEE Appendix G

◆ *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis.* US Centers for Disease Control and Prevention. MMWR. September 30, 2005/54(RR9);1.

SEE Appendix G

► ***Documentation of the Incident***

Following an exposure to bloodborne pathogens, an employee must complete the following reports:

◆ *CSN Written Statement* (return to Public Safety Office)

Available from CSN Public Safety and the CSN website.

SEE Appendix H

◆ *CSN Report to Infection Control Manager* (return to CSN Infection Control Manager)

Available from Infection Control Manager and the CSN web site.

SEE Appendix I

◆ *CI – Notice of Injury or Occupational Disease* (return to CSN Workers Compensation Office)

SEE Appendix J

► ***Accept or Decline Medical Evaluation and Follow-up***

An employee may accept or decline post-exposure medical evaluation and follow-up. If the employee chooses medical evaluation and follow-up, he/she must sign consent forms to be tested for Hepatitis B, Hepatitis C and HIV. If the employee declines medical evaluation and follow-up, the employee must sign a medical follow-up declination form.

The employee may choose to receive medical evaluation and follow-up, but decline to have their blood tested for HIV at the time of the incident. In this case, the employee will be offered the option of having their blood collected and preserved for up to 90 days. This will allow the employee to decide if the blood shall be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, the appropriate action can be taken and the blood sample discarded, if appropriate.

► ***Exposed Student***

Students experiencing an exposure to bloodborne pathogens shall be treated in the same manner as an exposed employee, except the student is responsible for his/her own expenses as they relate to the exposure. A student may choose his/her own medical provider for post-exposure evaluation and follow-up; however, the CSN Infection Control Manager is available for guidance in securing such medical attention.

► ***Source Individual***

The source individual is the person whose blood or body fluids to which the exposed individual has been exposed.

If available, the identification of the source individual will be documented. The CSN Infection Control Manager will contact the source individual requesting the source individual be tested for HIV, HBV, and HCV. If the source individual is already known to be infected with Hepatitis B, Hepatitis C and/or HIV, testing of the source for that known infectious disease(s) will not be necessary. If consent for testing is obtained, the CSN Infection Control Manager will refer the source individual to the CSN recommended healthcare provider.

If the source of the exposure is unknown or cannot be tested, information about where and under what circumstances the exposure occurred will be assessed by the healthcare provider for the likelihood of transmission of HBV, HCV, and HIV.

The attending healthcare professional will manage all details of the post-exposure medical evaluation and follow-up.

Testing of needles or other sharp instruments implicated in an exposure, regardless of whether the source is know or unknown, is not recommended.

► ***High Risk for HIV Transmission***

If the exposure is considered high risk for HIV transmission, the evaluating healthcare professional may offer the employee post-exposure prophylaxis (drugs to reduce the potential for virus replication) in accordance with the current recommendations of the U.S. Public Health Services. ***It is highly recommended that these medications be started within 24 hours of the exposure.***

SEE Appendix G

► ***CSN Infection Control Manager***

The CSN Infection Control Manager is the designated person responsible for assuring the policy outlined here is effectively carried out as well as maintaining records related to bloodborne pathogen exposures.

SEE Appendix A

► ***Recommended Health Care Professional***

CSN has identified a specific health care professional to assist with exposures to bloodborne pathogens. Use of this health care provider is optional.

SEE Appendix B

Communication of Hazards

Employees must be educated about potential hazards in the workplace. The term *hazardous materials* refers to any material that has been shown capable of causing a physical or a health hazard.

The following methods will be used to train employees in workplace safety hazards.

► *Biohazard Labels and Signs*

Biohazard Warning Labels: All of the following shall contain a biohazard warning label as shown below.

- Containers of regulated waste
- Refrigerators and freezers containing blood or other potentially infectious material
- Containers used to store, transport, or ship blood or other potentially infectious material

The universal symbol for a biohazard is shown below. It must be fluorescent orange or orange-red or predominately so, with lettering and symbols of a contrasting color.



This label shall be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

If any part of a piece of equipment is contaminated with infectious material, that portion shall be labeled.

► *Training*

The purpose of hazard training shall be to explain and reinforce the information presented to employees through written mediums of labels and material safety data sheets. All employees with potential for occupational exposure shall participate in a training program which will be provided at no cost to the employee and during working hours. The training will be provided at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. Supplemental training will also be provided when changes or modifications of tasks or procedures or after instituting new tasks or procedures that may affect the employee's potential for occupational exposure.

◆ *Training Topics*

Training for employees with potential for occupational exposure to bloodborne pathogens shall include an explanation of the following topics:

- The State of Nevada Department of Business and Industry, Division of Industrial Relations, Bloodborne Pathogens Standard, 1910.1030.
- General epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This Bloodborne Pathogen Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc
- Tasks and activities which might cause exposure to blood or other potentially infectious materials at this facility
- Methods which will be used at the facility to control exposure to blood or to other potentially infectious materials including use of personal protective devices, safe handling and disposal methods
- Post-exposure reporting procedures
- Post-exposure evaluation and follow-up.
- Signs and labels used at this facility
- Hepatitis B vaccination program at this facility

◆ ***Training Methods***

Training will be conducted using training materials, such as videotapes, written material, on-line training programs and opportunity for questions and answers.

◆ ***Refresher Training***

Refresher training shall be provided at least annually or when a new job position is formed, when a job description changes, or new engineering controls and new work practices are instituted that may indicate a potential for exposures to bloodborne pathogens.

Record Keeping

All records required by the State of Nevada Bloodborne Pathogen Standard will be maintained by the CSN Infection Control Manager.

► *Medical Records*

An accurate record for each employee with occupational exposure will be maintained to include:

- Name and social security number of the employee
- Copy of employee hepatitis B vaccination status including dates and records relative to the employee's ability to receive vaccination
- Copy of results of examination, medical testing and follow-up
- Copy of the evaluating healthcare professional's written opinion
- Copy of information provided to the healthcare professional

All medical records related to occupational exposures shall be kept confidential in the office of the CSN Infection Control Manager for at least the duration of employment plus 30 years.

Employee medical records relating to an exposure incidence will be available upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Director and Assistant Secretary of the Nevada Department of Business and Industry.

► *Training Records*

Accurate training records as required by the Bloodborne Pathogen Standard shall be kept in the office of the CSN Infection Control Manager for a minimum of three years from the date on which the training occurred.

The training records will include

- Dates of training sessions
- Contents or a summary of the training sessions
- Name(s) and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions.

► *Availability of Records*

Records shall be made available upon request for examination and copying to employees, to employee representatives and to the Director and Assistant Secretary of the Nevada Department of Business and Industry.

► *Transfer of Records*

If this employer ceases to do business, the records shall be transferred to the new employer. The new employer will receive and maintain the records.

If this employer ceases to do business and no successor employer is available to receive and maintain the records, this employer shall notify the Director of the Nevada Department of Business and Industry at least three months prior to the planned disposal of the records and transmit them to the Director.

END of CSN Bloodborne Pathogens Exposure Control Plan

Appendix A

Infection Control Manager

Jean M. Wolff, RDH, MSED

College of Southern Nevada W3K
6375 W. Charleston Blvd
Las Vegas, NV 89146

phone: 702-651-5595

fax: 702-651-7490

office location: Building "K" Room 314

Appendix B

Recommended Health Care Providers

Ronald G. Kong, M.D., P.C.

501 South Rancho Dr. Suite 5A
Las Vegas, NV 89106
702-382-3331

Approved provider for

- workers compensation claims
- post-exposure medical evaluation and follow-up of occupational exposure to bloodborne pathogens

The Clark County Health District, Department of Workplace Compliance

625 Shadow Lane
Las Vegas, NV 89127
702.759.0878

Designated provider for

- hepatitis B vaccination
- TB skin testing
- consultation on health related issues

Appendix C

Bloodborne Pathogen Standard (29 CFR 1910.1030)
U.S. Department of Labor
Occupational Safety & Health Administration (OSHA)
1991

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Appendix D

Personal Protective Equipment

Personal Protective Equipment	General Circumstances for Use
Gloves	when it is reasonably anticipated that employees will have hand contact with blood, other body fluids, or other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall also be worn while performing vascular access procedures and when handling or touching contaminated items or surfaces.
Examination Gloves	when performing medical treatment procedures that are not invasive in nature
Surgical Gloves	when performing invasive medical procedures
Utility Gloves	when extra protection is required; while handling or touching contaminated sharp items that may cause a percutaneous injury or while using chemicals that may penetrate routine treatment gloves.
Over gloves (food handler type)	worn temporarily over contaminated treatment gloves while touching non-contaminated objects. Can be donned or removed as needed.
Protective eyewear	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may contact the mucous membranes of an employee's eye
Face Shield	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may contact the employee's face
Mask	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may contact the mucous membranes of an employee's mouth or nose
Protective Garments	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may pass through to or reach the employee's work

	clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used
Shoe Covers	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may contaminate an employee's shoes
Hair Covers	when it is reasonably anticipated that blood, other body fluids, or other potentially infectious materials may contaminate an employee's hair

Appendix E

Bloodborne Pathogen Clean-up Protocol

PUPOSE

All CSN staff will use this Standard Operating Procedure (SOP) to clean up blood and other potentially infectious materials.

Whenever possible, contact Operations & Maintenance for assistance in clean up and management.

DEFINITIONS

Blood – Human blood, human blood components and products made from human blood.

Bloodborne Pathogens (BBP) – Pathogenic microorganisms that are present in human blood and can cause disease in humans. Bloodborne pathogens include the hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bloodborne Pathogen Exposure – Specific skin, eye, mouth, or other mucous membrane, non-intact skin, or parenteral (injury that breaks the skin) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Contact Time – Amount of time a chemical must stay in contact with bacteria or viruses to render them unable to cause disease.

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Decontamination – Use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are not longer capable of transmitting infectious particles or the surface or item is rendered safe for handling, use, or disposal.

Disinfectant suitable for this procedure - Must be EPA registered as a hospital disinfectant. Must kill *Mycobacterium tuberculosis* within a reasonably short period of time (maximum 10 minutes).

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

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

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

Incident Report Forms - Must be completed by an employee or student following any injury, accident or incident that may occur while performing his/her job or involved in activities as a CSN student. Available at campus Public Safety offices.

Material Safety Data Sheets – Valuable information regarding chemicals or potentially dangerous materials found in the workplace. MSDS must be available to the employee.

Other Potentially Infectious Materials (OPIM)- Human body fluids: including, blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; also includes any unfixed tissue or organ (other than intact skin) from a human (living or dead), HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) – Items that protect the workers’ clothing, skin and mucous membranes from coming into contact with blood and OPIM. (i.e., gloves, mask, eye protection, gowns, shoe covers, etc.)

Sharps – Any object that can penetrate the human skin, including needles, wire, and broken glass.

Sharps, Contaminated – Sharps contaminated with blood or other potentially infectious materials (OPIM).

Workers’ Compensation Office – Office to which all injuries, accidents and exposure incidents must be reported. Must complete a C-1 form.

GENERAL INFORMATION

Sharps

To prevent injuries, SHARPS MAY NOT be picked up directly with the hands and shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Dispose of non-contaminated sharps in a puncture proof container.

Sharp items contaminated with blood or OPIM are potentially infectious. Since it is impossible to visually determine whether a contaminated sharps is infectious, ALL needles and other sharp items with visible blood will be considered infectious and handled with a mechanical device (tongs, forceps, broom and dust pan, etc.). NEVER PICK-UP SHARP ITEMS MANUALLY. Dispose of needles, broken glass and other sharps contaminated with blood in the designated sharps container or designated puncture proof biohazard waste container.

Personal Protective Equipment (PPE)

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

GLOVES will help protect the workers' hands from contacting blood and the chemicals used to disinfect the area. Heavy utility gloves must be worn when handling sharps. Disposable gloves may be worn when cleaning up blood or other potentially infectious body fluids.

EYE PROTECTION and MASK will prevent infection in mucous membrane of the eyes, nose, and mouth.

When the spill is large, wear a GOWN and SHOE COVERS to avoid contamination to personal clothing and skin.

Handwashing

Prior to beginning clean-up procedures and putting on gloves, always wash hands thoroughly with warm water and hand soap. Pay special attention to between fingers and around nail beds. Fifteen seconds is recommended. Rinse and dry thoroughly. Following clean up and glove removal, repeat handwashing.

Disinfectant Chemicals

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

CLEAN UP PROTOCOL

SMALL SPILL ON HARD SURFACES SEE TABLE 1

1. Assure all EQUIPMENT is in the immediate vicinity of the spill.
2. WASH HANDS.
3. Put on GLOVES, MASK, and EYE PROTECTION.
4. Use spray type disinfectant.
5. SPRAY DISINFECTANT on and around spill.
6. SOAK UP SPILL with paper towel. Pick up all visible signs of the spilled material.
7. PLACE soiled TOWEL in BIOHAZARD BAG.
9. SPRAY AGAIN, liberally and LET DRY.
10. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG.
If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit on cart
11. CLOSE biohazard BAG.
12. WASH hands.
13. DISPOSE of biohazard BAG in centralized BIOHAZARD PICK-UP AREA.
14. REPLACE all used PPE on CART.

MAJOR SPILL ON HARD FLOORS SEE TABLE 1

1. PLACE WET FLOOR SIGNS around spill area.
2. Assure all EQUIPMENT is in the immediate vicinity of the spill.
3. MIX DISINFECTANT in appropriate bucket.
4. WASH hands.
5. Put on GLOVES, MASK, and EYE PROTECTION.
6. Put on SHOE COVERS and protective GOWN.
7. DIP mop head in disinfectant. DO NOT WRING OUT.
8. DO NOT TOUCH MOP TO SPILL. DRIP disinfectant over spill.
COMPLETELY COVER SPILL.
9. AVOID SPLASHING.
10. WAIT the required time. INCREASE TIME if heavily soiled. KEEP spill area WET.
11. Return mop head to disinfectant. Wring out
12. Thoroughly, MOP UP spill.
 - Rewet and wring mop head as needed.
 - LARGE ABSORBENT PADS MAY BE USED TO SOAK UP SOLUTION.
13. Leave MOP HEAD in the disinfectant solution for the recommended contact time.
 - Wring out mop head and allow to air dry.
14. Discard solution in custodial sink
 - If used, discard large absorbent pads in biohazard containers.
15. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG.
If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit on cart
16. CLOSE biohazard BAG.
17. WASH hands
18. DISPOSE of biohazard BAG in centralized BIOHAZARD PICK-UP AREA.
19. Assure surface is dry.
20. Remove wet floor signs.
21. REPLACE all used PPE on CART.

SPILLS ON CARPET SEE TABLE 1

1. PLACE WET FLOOR SIGNS around spill area.
2. Assure all EQUIPMENT is in the immediate vicinity of the spill.
3. WASH hands.
4. Put on GLOVES, MASK, and EYE PROTECTION.
5. MIX DISINFECTANT in appropriate bucket.
6. Put on SHOE COVERS and protective GOWN.
7. DO NOT TOUCH MOP TO SPILL. DIP mop head in disinfectant. DO NOT WRING OUT.
8. DRAIN disinfectant over spill. COMPLETELY COVER SPILL.
9. AVOID SPLASHING.
10. WAIT the required time. INCREASE TIME if heavily soiled. Keep spill area wet.
- x. LINE the collection tank of the wet/dry vacuum with TWO layers of PLASTIC BAGS. This can be disposed of easily and require minimal cleaning of the tank.
11. Pick-up all visible signs of the decontaminated spill with WET/DRY vacuum.
12. REPEAT - DRIP disinfectant over spill and pick-up with WET/DRY vacuum.
13. Wring out mop head and allow to air dry.
14. Discard solution in custodial sink. Dispose of plastic bags in BIOHAZARD BAG
15. Remove PPE
 - Discard disposable gloves and mask in BIOHAZARD BAG.
If heavy reusable gloves are used, spray all outer surfaces with disinfectant and allow to dry.
 - Disinfect eye protection with spray disinfectant. Allow to air dry. Replace in biohazard clean-up kit on cart
16. CLOSE biohazard BAG.
17. Wash hands.
18. DISPOSE of biohazard BAG in centralized BIOHAZARD PICK-UP AREA.
19. Assure surface is dry
20. Remove wet floor signs
21. Replace all used PPE on cart

EXPOSURE INCIDENT

In the event that an employee experiences a bloodborne pathogen exposure, perform the following steps:

1. Wash injured area with soap or flush eyes/nose/mouth with copious water at an eye wash station.
2. Secure first aid for the injury.
3. Immediately report the incident/injury to a supervisor.
4. Immediately contact an Infection Control Manager.
5. Report the accident/injury to Campus Public Safety
6. Complete the required incident report forms.
7. Contact Workers Compensation Office – Compete a C-1 form.

TABLE 1
Bloodborne Pathogens Clean-up Protocol
Equipment List

* MSDS must be available in immediate work area.

	Small spill on hard surface	Large spill on hard surface NOTIFY CUSTODIAL STAFF	Spill on carpet NOTIFY CUSTODIAL STAFF	Contaminated Sharps	Non-Contaminated Sharps
PPE	Gloves Mask Eye protection	Gloves Mask Eye protection Protective Gown Shoe covers	Gloves Mask Eye protection Protective Gown Shoe covers	Heavy Utility Gloves	Heavy Utility Gloves
Disinfectant Product*	Spray*	Mixed in bucket*	Mixed in bucket	Do not disinfect sharps	Do not disinfect sharps
Equipment	Disposable towels Red biohazard bag	Mop Wet floor signs	Wet/dry vacuum Wet floor sign	Broom and dust pan or tongs or forceps Sharps container	Broom and dust pan or tongs or forceps Puncture proof container
Hand washing facility	YES	YES	YES	YES	YES
Disposal	Red biohazard bag (disposable gloves, mask, used paper towels)	Solution in custodial sink Red biohazard bag (used gloves, mask, shoe covers, protective gown, used large absorbent pads)	Solution in custodial sink Red biohazard bag (used gloves, mask, shoe covers, protective gown)	Sharps container	Puncture proof container
Disinfect & Replace	Eye protection	Eye Protection	Eye Protection		

Appendix F

CSN Exposure to Bloodborne Pathogens Reporting Protocol

Employees and Students

CSN Infection Control Manager

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APPENDIX A – Written Statement - Incident Report

APPENDIX B – Report of Exposure to Bloodborne Pathogens

1.0 SCOPE

This standard operating procedure (SOP) will provide instruction on reporting and managing an exposure to blood or other potentially infectious material.

2.0 DEFINITIONS

2.1 *Anti-HBs*

Antibodies to hepatitis B surface antigen. A positive test result indicates immunity to hepatitis B.

2.2 *Anti-HCV*

Antibodies to hepatitis C. A positive test result indicates presence of disease and will be followed by a supplemental test for confirmation.

2.3 *Emergency Care Provider – Students*

The facility to which a student may report following a post-exposure incident. May include own primary care physician, urgent care clinics, and hospital emergency room.

2.4 *Exposed Individual*

Person who was injured and subjected to potentially infectious materials.

2.5 *Exposure Incident*

Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing mucous membranes or the skin) contact with blood or other potentially infectious materials that result from the performance of duties.

2.5.1 Included are injuries from contaminated needles, sharp instruments, broken glass, and splashes or sprays of blood, saliva or other infectious materials into the eye, mouth, nose, or on non-intact skin.

2.5.2 Exposure to blood or saliva on in-tact skin is not considered an exposure incident.

2.6 *HBsAg*

Hepatitis B surface antigen. A positive test result indicates a carrier state to hepatitis B or post-exposure to hepatitis B.

2.7 *HIV*

Human Immunodeficiency Virus

2.8 *Infection Control Manager*

Individual at CSN responsible for post-exposure management.

2.9 *Initial Emergency Care Provider - Employees*

The nearest facility to which an employee may **initially** report following a post-exposure incident. Initial care following an exposure to bloodborne pathogens may be any provider preferred by the injured employee; own primary care physician, urgent care clinics, and hospital emergency room. Follow-up care must be with a provider approved by Worker's Compensation.

2.10 *NSHE*

Nevada System of Higher Education

2.11 *Potentially Infectious Materials*

2.11.1 Human blood, human blood components, and products made from human blood.

- 2.11.2 Human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - 2.11.3 Contaminated objects that can penetrate the skin including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
 - 2.11.4 Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
 - 2.11.5 HIV-containing cells or tissue cultures, organ cultures, and HIV, HCV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HCV or HBV.
- 2.12 *Source individual*
Person whose potentially infectious materials to which the injured person was exposed.
- 2.13 *Workers' Compensation Administrator, NSHE South*
Individual responsible for managing workers' compensation claims for CSN. SEE page 1.
- 2.14 *Workers' Compensation Insurance Coverage*
Insurance coverage offered to CSN employees if injured while performing work related activities. Students are not employees of CSN and, therefore do not qualify for workers' compensation insurance.

3.0 INCIDENT REPORTING

- 3.1 All exposure incidents are to be reported immediately no matter how minor they may seem. This will help assure that immediate attention can be given to any wound that may have resulted from an exposure to bloodborne pathogens and that a proper medical evaluation and treatment can begin as soon as possible.
- 3.2 This incident reporting protocol must be followed after an exposure to potentially infectious materials.

4.0 MATERIALS

- 4.1 CSN Incident Report forms
 - 4.1.1 CSN *Written Statement – Incident Report* (Complete and return to Infection Control Manager.)
 - 4.1.2 CSN *Report of Exposure to Bloodborne Pathogens* (Complete and return to the Infection Control Manager.)
 - 4.1.3 CSN Incident Official Report (Completed by campus security officer using information provided in the Written Statement.)
- 4.2 Workers' Compensation Forms
CSN Employees ONLY - Notice of Injury or Occupational Disease Incident Report (Form C-1) (Complete and return to Workers' Compensation Administrator within 24 hours of incident.)

5.0 PERSONNEL TO ASSIST FOLLOWING AN EXPOSURE INCIDENT

- 5.1 One or more of the following individuals will assist with an exposure incident.
 - 5.1.1 CSN Infection Control Manager
 - 5.1.2 Infection Control Coordinator, respective programs
 - 5.1.3 Supervising Instructor

- 5.1.4 Program Director
- 5.1.5 CSN Safety Officer
- 5.1.6 Workers Compensation Administrator

6.0 PROCEDURES

6.1 ***STUDENT (exposed individual) ON-CAMPUS ACTIVITIES***

- 6.1.1 STOP the activity
- 6.1.2 Immediately CLEANSE the injured area. Flush thoroughly with copious amounts of water if exposure involves eyes or mouth. Thoroughly wash with soap and water any cut, abrasion, or puncture wound to the skin. Seek first aid assistance.
- 6.1.3 REPORT the exposure incident immediately to a supervisor or instructor. An exposure to bloodborne pathogens is a MEDICAL URGENCY and should receive IMMEDIATE MEDICAL ATTENTION.
- 6.1.4 IDENTIFY and DOCUMENT the SOURCE individual if one is involved in the incident.
 - 6.1.4.1 The supervisor (not student) will INFORM the source individual of the incident.
 - 6.1.4.2 The supervisor (not student) will OBTAIN the source individual's name, address, and phone number (if one is involved in the incident and is known).
 - 6.1.4.3 The supervisor (not student) will inform the source individual that the Infection Control Manager may be contacting the source individual regarding testing for infectious diseases.
- 6.1.5 Supervisor or instructor will REPORT the incident immediately to Campus Security AND the Infection Control Manager
- 6.1.6 COMPLETE and RETURN the required incident reports to the Infection Control Manager
 - 6.1.6.1 *Written Statement – Incident Report*
 - 6.1.6.2 *Report of Exposure to Bloodborne Pathogens*
- 6.1.7 The student may elect to receive no medical evaluation – his/her choice.
- 6.1.8 The student may select a medical facility of his/her choice for medical evaluation, treatment, and follow-up care.
 - 6.1.8.1 **SUCH CARE IS THE FINANCIAL RESPONSIBILITY OF THE STUDENT.**
 - 6.1.8.2 **STUDENTS DO NOT QUALIFY FOR WORKERS' COMPENSATION INSURANCE.**
 - 6.1.8.3 The Infection Control Manager is available for guidance in obtaining medical evaluation, treatment, and follow-up care.
- 6.1.9 Upon arriving at a healthcare provider, the student should describe the nature of incident as a MEDICAL URGENCY needing IMMEDIATE ATTENTION.
 - 6.1.9.1 The CSN Infection Control Manager is available to assist students.
- 6.1.10 Preferably on the same day as the incident, blood samples should be drawn from the exposed individual AND from the source individual. The samples should be tested for Anti-HBs, HBsAg, Anti-HCV, and HIV.
- 6.1.11 Post-exposure test results for the student and the source individual should be directed to the student's evaluating healthcare professional.

- 6.1.12 Results of examinations, medical testing, and follow up procedures are not shared with CSN personnel.
- 6.1.13 The Infection Control Manager will offer post-exposure counseling according to U.S. Public Health Service recommendations.
- 6.1.14 The evaluating healthcare professional will provide pre and post-test counseling and medical evaluation according to U.S. Public Health Service recommendations.
- 6.1.15 Test results of the source individual should be disclosed to the source individual and the exposed individual.
 - 6.1.15.1 Exposed individual is reminded to keep the source individual's test results confidential.
- 6.1.16 Test results of the exposed individual WILL NOT be disclosed to the source individual.

6.2 ***STUDENT (exposed individual) OFF-CAMPUS ACTIVITIES***

- 6.2.1 STOP the activity
- 6.2.2 Immediately CLEANSE the injured area. Flush thoroughly with copious amounts of water if exposure involves eyes or mouth. Thoroughly wash with soap and water any cut, abrasion, or puncture wound to the skin. Seek first aid assistance
- 6.2.3 REPORT the incident immediately to the SITE SUPERVISOR. An exposure to bloodborne pathogens is a MEDICAL URGENCY and must receive IMMEDIATE MEDICAL ATTENTION.
- 6.2.4 Participate in the site's procedures for reporting the incident.
- 6.2.5 The Student may select a medical facility of his/her choice for medical evaluation, treatment, and follow-up care.
 - 6.2.5.1 **SUCH CARE IS THE FINANCIAL RESPONSIBILITY OF THE STUDENT.**
 - 6.2.5.2 **STUDENTS DO NOT QUALIFY FOR WORKERS' COMPENSATION INSURANCE.**
 - 6.2.5.3 The Primary Healthcare Provider for Exposures to Bloodborne Pathogens is available to students. See page 1 for details.
 - 6.2.5.4 The CSN Infection Control Manager is available for *guidance* in obtaining medical evaluation, treatment, and follow-up care.
- 6.2.6 Upon arriving at a healthcare provider, the student should describe the nature of incident as a MEDICAL URGENCY needing IMMEDIATE ATTENTION.
 - 6.2.6.1 The CSN Infection Control Manager is available to assist students.
- 6.2.7 Preferably on the same day as the incident, blood samples should be drawn from the exposed individual AND from the source individual. The samples should be tested for Anti-HBs, HBsAg, Anti-HCV, and HIV.
- 6.2.8 NOTIFY the CSN Supervising Instructor within 48 hours.
- 6.2.9 COMPLETE and RETURN the required incident reports to the Infection Control Manager:
 - 6.2.9.1 CSN Safety & Security *Written Statement – Incident Report*
 - 6.2.9.2 CSN *Report of Exposure to Bloodborne Pathogens*

- 6.2.10 Post-exposure test results for the student and the source individual should be directed to the student's evaluating healthcare professional.
- 6.2.11 Results of examinations, medical testing, and follow up procedures are NOT shared with CSN personnel.
- 6.2.12 The Infection Control Manager will offer pre-test counseling according to U.S. Public Health Service recommendations.
- 6.2.13 The evaluating healthcare professional will provide pre and post-test counseling and medical evaluation according to U.S. Public Health Service recommendations.
- 6.2.14 Test results of the source individual should be disclosed to the source individual and the exposed individual.
 - 6.2.14.1 Exposed individual will be reminded to keep the source individual's test results confidential.
- 6.2.15 Test results of the *exposed* individual WILL NOT be disclosed to the source individual.

6.3 **Employee (exposed individual), CSN**

- 6.3.1 STOP the activity
- 6.3.2 Immediately CLEANSE the injured area. Flush thoroughly with copious amounts of water if exposure involves eyes or mouth. Thoroughly wash with soap and water any cut, abrasion, or puncture wound to the skin. Seek first aid assistance.
- 6.3.3 IDENTIFY and DOCUMENT the SOURCE individual if one is involved in the incident.
 - 6.3.3.1 INFORM the source individual of the incident.
 - 6.3.3.2 OBTAIN the source individual's name, address, and phone number (if one is involved in the incident and is known).
 - 6.3.3.3 Inform source individual that the CSN Infection Control Manager may be contacting the source individual regarding testing for infectious diseases.
 - 6.3.3.4 The Infection Control Manager will attempt to have the source individual tested for HBsAg, Anti-HCV and HIV.
 - 6.3.3.5 All services provided as post-exposure evaluation and follow-up related to the exposure incident will be provided at *no cost to the source* individual.
- 6.3.4 REPORT the incident immediately to a CSN Campus Security Officer and the Infection Control Manager. An exposure to bloodborne pathogens is a MEDICAL URGENCY and must receive IMMEDIATE MEDICAL ATTENTION.
- 6.3.5 COMPLETE and RETURN the required reports
 - 6.3.5.1 CSN Security *Written Statement – Incident Report* (Return to Infection Control Manager)
 - 6.3.5.2 CSN *Report of Exposure to Bloodborne Pathogens* (Return to Infection Control Manager)
 - 6.3.5.3 *Notice of Injury or Occupational Disease Incident Report* (Form C-1) WITHIN 24 HOURS of the incident. (Return to Supervisor or fax directly to Worker's Compensation Office. SEE page 1.)

- 6.3.6 **SEEK MEDICAL ATTENTION**
Since an exposure incident is a medical urgency, the employee MAY seek *initial (first visit) care from any provider; own primary care physician, urgent care clinics, hospital emergency rooms.* Follow-up care must be with a [provider approved by Worker's Compensation](#).
6.3.6.1 Upon arriving at a healthcare provider, the employee will describe the nature of the incident as a MEDICAL URGENCY needing IMMEDIATE ATTENTION.
6.3.6.2 The Infection Control Manager is available to assist employees.
- 6.3.7 Preferably on the same day as the incident, blood samples should be drawn from the exposed individual AND from the source individual. The samples will be tested for Anti-HBs, HBsAg, Anti-HCV, and HIV.
- 6.3.8 The Infection Control Manager will offer post-exposure counseling according to U.S. Public Health Service recommendations.
- 6.3.9 The evaluating healthcare professional will provide pre and post-test counseling and medical evaluation according to U.S. Public Health Service recommendations.
- 6.3.10 Results of examinations, medical testing and follow-up procedures for employees are NOT shared with CSN personnel.
- 6.3.11 Test results of the *source* individual will be disclosed to the source individual and the exposed individual.
6.3.11.1 Exposed individual will be reminded to keep the source individual's test results confidential.
- 6.3.12 Test results of the *exposed* individual WILL NOT be disclosed to the source individual.

6.4 SOURCE INDIVIDUAL

- 6.4.1 IDENTIFY and DOCUMENT the source individual if one is involved.
6.4.1.1 INFORM the source individual of the incident.
6.4.1.2 The supervisor or the Infection Control Manager will OBTAIN the source individual's name, address, and phone number (if one is involved in the incident and is known).
6.4.1.3 If appropriate, the Infection Control Manager will contact the source individual to *request* blood testing for HBsAg, Anti-HCV and HIV.
6.4.1.4 The source individual will be referred to an appropriate facility for testing.
6.4.1.5 All services provided as post-exposure evaluation and follow-up related to the exposure incident will be provided at *no cost to the source* individual.
- 6.4.2 The CSN Infection Control Manager will provide post-exposure counseling according to U.S. Public Health Service recommendations.
- 6.4.3 The primary healthcare provider will provide pre and post-test counseling according to U.S. Public Health Service recommendations.
- 6.4.4 After obtaining written permission and, preferably on the same day as the incident, blood samples will be drawn to test for Anti-HBs, HBsAg, Anti-HCV and HIV.

- 6.4.5 Medical services provided to the source individual following an exposure incident will be provided at *no cost to the source individual*.
- 6.4.6 Test results of the source individual will be directed to the primary healthcare provider ONLY.
- 6.4.7 Test results of the source individual will be disclosed to the source individual and the exposed individual.
 - 6.4.7.1 Exposed individual will be reminded to keep the source individual's test results confidential.
- 6.4.8 Test results of the *exposed* individual WILL NOT be disclosed to the source individual.

7.0 MEDICAL EVALUATION AND FOLLOW-UP

- 7.1 Medical evaluation and follow-up of an occupational exposure to bloodborne pathogens will be according to the following state and federal guidelines.
 - 7.1.1 ***Bloodborne Pathogens Standard 1910.1030***, Jan. 1, 2001, Nevada Department of Business & Industry, Division of Industrial Relations, Occupational Safety and Health Standards for General Industry, 29 CFR.
 - 7.1.2 ***Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis***. MMWR, June 29, 2001 / Vol. 50 / No. R1, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
 - 7.1.3 ***Revised Guidelines for HIV Counseling, Testing, and Referral***, MMWR November 9, 2001 / Vol. 50 / No. RR-19, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

END of Exposure to Bloodborne Pathogens - Reporting Protocol

Appendix G

Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure Prophylaxis

June 29, 2001

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-Exposure Prophylaxis

September 30, 2005

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Viral Infection in the United States

December 8, 2006

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm>

Appendix I

College of Southern Nevada **Report of Exposure to Bloodborne Pathogens**

Following an exposure to bloodborne pathogens incident, please notify the Infection Control Manager by phone and by sending this completed form to:

Jean Wolff, Infection Control Manager
College of Southern Nevada W3K
6375 W. Charleston Blvd
Las Vegas, NV 89146
702-651-5595

Do not write in this space

CSN Public Safety Incident Report Number: _____

SIIS Report Number (if employee): _____

Exposure Control Report Number: _____

Number of Written Statements Taken for the Incident: _____

EXPOSED INDIVIDUAL

Name: PRINT _____ Sex: M / F

Date of Birth _____ Social Security Number: _____

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

Address: _____ City _____ State _____ Zip _____

Check one:

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

SOURCE INDIVIDUAL

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

Name: _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ Time Incident was reported: _____

Name and title of person *initially* notified: _____

Location where incident took place: _____

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

- percutaneous exposure (break in skin that caused bleeding)
- mucous membrane contact (eyes, nose, mouth)
- abraded skin, chapped skin, dermatitis
- other, please explain _____

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

YES NO describe: _____

EXPOSED INDIVIDUAL'S STATEMENT

Describe precisely how the incident occurred. _____

Describe what was done immediately after the incident. _____

Describe how this incident could have been prevented.

Signature of person making report

Date _____

Signature of Supervisor/Witness

Date _____

END OF REPORT

Appendix J

"Notice of Injury or Occupational Disease" (Incident Report) Pursuant of NRS 616C.015

Name of Employer: Community College Southern Nevada

Name of Employee		Social Security Number	Telephone Number
Job Title:		Department:	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)	
What is the nature of the injury or occupational disease?		List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease indicate the date on which employee first became aware of connection between conditions and employment)			
Names of Witnesses:			
Did the employee leave work because of the injury or Occupational disease? ___ Yes ___ No	If yes, when (date and time)?	Has the employee returned to work? ___ Yes ___ No	If yes, when (date and time)?
Was first aid provided? ___ Yes ___ No	If yes, by whom?	Name and address of treating physician, if applicable or known?	
Did the accident happen in the normal course of work? ___ Yes ___ No			
Was anyone else involved? ___ Yes ___ No	Names of others involved:		

MY EMPLOYER/ INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGMENTS.

Supervisor's Signature Date Signature of Injured or Disabled Employee Date

Print Supervisor's Name and Title

To File a Claim for compensations, see the *Claim for Compensation or C-4 Form*.

Employee should sign, date, and retain a copy.

Original to Workers's Compensation Office, Copy to Employee
C-1 (Rev. 1/02)

40-152-PER-4/02-r0f02p