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Exposure Control Plan
For Blood and Other
Potentially Infectious Material



WISCONSIN
INDIANHEAD
TECHNICAL
COLLEGE

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INFECTIOUS WASTE MANAGEMENT AND EXPOSURE CONTROL PLAN WISCONSIN INDIANHEAD TECHNICAL COLLEGE

PURPOSE

The purpose of the Infectious Waste Management and Exposure Control Plan is to protect the health and safety of all employees who can be reasonably expected, as the result of performing their job duties, to be exposed to blood or other infectious materials and comply with COMM/OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Exposure Control. Definitions of terms relating to this exposure control plan are found in Appendix A.

AUTHORITY & REFERENCE

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030
Department of Commerce (DOC) Chapter 32

This plan applies to all employees who are engaged in activities that involve exposure to blood and other infectious materials.

RESPONSIBILITY FOR COMPLIANCE

The development and administration of this Infectious Waste Management and Exposure Control Plan will be the responsibility of the Safety Office for WITC located in Human Resources. These responsibilities include:

- A. Establishing a written exposure control plan identifying tasks and procedures where exposure occurs
- B. Providing appropriate personal protective equipment that is readily accessible to identified employees.
- C. Providing hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.
- D. Providing warning labels and/or color-coded containers for use with infectious waste.
- E. Providing employee training on the regulations and on exposure controls and procedures. Training will also include information on Hepatitis C.
- F. Retain medical records for employees with occupational exposure for the length of employment plus thirty (30) years.

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. 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). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In this district, the following job classifications are in this category:

- ✓ Associate Degree Nursing faculty
- ✓ Criminal Justice
- ✓ Dental Assistant faculty
- ✓ Nursing Assistant Faculty
- ✓ Medical Assistant faculty
- ✓ Emergency Medical Services
- ✓ Maintenance staff

- ✓ College Health Nurse
- ✓ Occupational Therapy Assistant faculty

In potential high-risk areas, additional policies are adopted. In clinical settings, WITC employees are required to comply with the policies of the clinical affiliate, as well as meet the minimum universal precaution guidelines set forth in this plan. Independent contractors must provide documentation.

In December 1993, and updated in December 2000, all the WITC managers were asked to do a follow-up review of the OSHA/DILHR regulations by reviewing job classifications to identify and update exposure situations employees may encounter. To facilitate this process at WITC the following lists were prepared and distributed to every supervisor:

1. Job classifications in which no employees have occupational exposure to bloodborne pathogens.
2. Job classifications in which all employees have occupational exposure to bloodborne pathogens.
3. Job classifications in which some employees have occupational exposure to bloodborne pathogens.

In addition, OSHA requires a listing of job classifications in which employees may have some occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, the task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. At WITC the job classifications and associated tasks for these categories are as follows:

JOB CLASSIFICATION	DUTIES
Child Care Staff	Clean up after student incidents related to illness and accident, or child duties.
Dietary Workers and staff	Clean up after student and staff incidents, related customer illness or accidents.
Cosmetology staff	Clean up after student and staff incidents, related customer illness or accidents.
Dental Assistant staff	Clean up after student and staff incidents, related customer illness or accidents.
Shop settings	First Aid
Science labs	First Aid, testing of body fluids.

GENERAL PROGRAM MANAGEMENT

Central to the effective implementation and management of this plan are the following major categories of responsibility:

Exposure Control Officer (ECO) - WITC's campus administrators are the ECO's responsible for the overall management and support of WITC's Exposure Control Plan. The ECO should be knowledgeable of the Bloodborne Pathogen regulations, and WITC exposure control procedures. The ECO will have the administrative authority to implement, manage and assure compliance with the regulations. The ECO is also responsible for coordinating the delivery of information and training to all employees who have the potential for exposure to bloodborne pathogens. The Human Resources Department at the Administrative Office will have overall management responsibility of the Exposure Control Plan.

College Health Nurse - WITC's college health nurses will serve as the local advisory/technical resource person. The college health nurse will be responsible for overseeing the implementation of the exposure control plan. The college health nurse will report directly to, and work closely with their campus administrator as well as serve as the liaison with Human Resources.

Supervisors - Supervisors are to be responsible for exposure control in their work areas. All supervisors will work directly with the ECO and employees to ensure that proper exposure control procedures are followed.

Employees - Employees have the most important role in a bloodborne pathogen compliance program, for the final success of this plan is dependent upon them. Therefore, employees should be aware of tasks they perform that involve exposure to bloodborne pathogens, they should attend the bloodborne pathogen training sessions, and they should conduct operations in accordance with appropriate work practices and procedures outlined in this plan to reduce exposure to blood or other body fluids.

Resources for Training - Office of Human Resources in conjunction with the College Health Nurses is responsible for providing training and education as requested by the ECO. The ADN faculty will serve as resource people.

RESPONSIBLE PERSON(S) BY TASK

- A. Medical Records of Employees - The College Health Nurse is responsible for maintaining medical records in accordance with OSHA standards as listed below. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
1. The name and social security number of the employee.
 2. A copy of the employees HBV vaccination status, including the dates of vaccination.
 3. A copy of all results of examinations, medical testing and follow-up procedures.
 4. A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- B. Hepatitis B Vaccination - College Health Nurse, resource for where to obtain vaccination
- C. Post-Exposure Evaluation and Follow-Up - College Health Nurse, Health Instructional Supervisor, and Emergency Service Division Supervisor
- D. Engineering and Work Practice Controls - Facility Maintenance Supervisor
- E. Personal Protective Equipment - Classroom instructor and Health Instructional Supervisor
- F. Housekeeping and Laundry - Facility Maintenance Supervisor
- G. Standard Precautions - Classroom instructor, Health Instructional Supervisor, Emergency Service Division Supervisor, and every supervisor. Supervisors are responsible for exposure control in their respective areas. They work directly with the Safety Committee and the College Health Nurse, and with instructors to ensure that proper exposure control procedures are followed.
1. Information/Training - Office of Human Resources at the Administrative Office in cooperation with the College Health Nurse. The ADN faculty will serve as resources.
 2. The employees of WITC have the most important role in the Bloodborne Pathogen compliance program, since the execution of much of the Exposure Control Plan rests in their

hands. Duties which are delegated to the employees include, but are not limited to:

- a) Possess an awareness of how their tasks may impact this plan, how they perform and their potential for occupational exposure. It is the responsibility of the employee to follow procedures and protocol set forth in this plan.
- b) Attend the bloodborne pathogens training sessions and know the current legal requirements concerning bloodborne pathogens and hazardous wastes.
- c) Plan and conduct all activities in accordance with WITC -work and practice controls.
- d) Provide information and training to all students who have the potential for exposure to bloodborne pathogens and/or potential hazardous wastes.
- e) Maintain good personal hygiene habits. It is up to the employee to follow the procedures and protocol set forth by the employer.

H. Availability of the Exposure Control Plan to Employees

The Exposure Control Plan is available to the employees at any time. Employees are advised of this availability during their education/training sessions. Copies of the plan are kept in every College Health Office, in the Office of Human Resources, and in the Learning Resource Centers. Review and Update the Exposure Control Plan will be completed under the following circumstances:

1. Annually by the College Wellness Team (College Health Nurses and Medical Director) before December 1.
2. Whenever new or modified tasks and procedures, courses or programs are implemented which affect occupational exposure of employees.
3. Whenever employees jobs are revised that may result in new instances of occupational exposure.

METHODS OF COMPLIANCE

The following areas are addressed in order to effectively eliminate to minimize exposure to bloodborne pathogens in our district:

1. Standard Precautions
2. Engineering Controls
3. Work Practice Controls
4. Personal Protective Equipment
5. Housekeeping
6. Laboratory Decontamination
7. Laundry

Each of these areas are reviewed with our employees during their bloodborne pathogens training.

- A. **Universal/Standard Precautions** - Universal precautions are OSHA's required methods of control to protect employees from exposure to all human blood and OPIM. The term -universal precautions refers to a concept of bloodborne disease control which required that all human blood and OPIM be treated as if known to be infectious for HIV, HBV, HCV or other bloodborne pathogens regardless of the perceived status of the source individual.

Alternative concepts in infection control are called Body Substance Isolation (BSI) and Standard Precautions. These methods define all body fluids and substances as infectious.

1. Based on Center for Disease Control recommendations, WITC will treat all human blood and the following body fluids as if they were known to be infectious for HBV, HIV, HCV and other bloodborne pathogens:
 - a. Semen
 - b. Vaginal secretions
 - c. Cerebrospinal fluid
 - d. Synovial fluid
 - e. Pleural fluid
 - f. Pericardial fluid
 - g. Amniotic fluid and peritoneal fluid
 - h. Saliva (in dental procedures)
 - i. Any body fluid visibly contaminated with blood
2. Standard precautions also apply to the following body fluids:
 - a. Urine
 - b. Feces
 - c. Vomitus

In circumstances where it is difficult or impossible to differentiate between body type fluids, WITC assumes all body fluids to be potentially infectious. In addition, standard precautions must be used in the following:

1. When handling all specimens of blood, body fluid, organs, bone, tissue, etc.
2. When handling biohazard bags of contaminated material.

This approach to infection control is referred to as Standard Precautions and all WITC employees will adhere to the following general guidelines.

Barriers

Hand washing - hands and other skin surfaces are to be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should also be washed after gloves are removed.

Gloves - gloves will block the transmission of an infectious agent to a potential host. Gloves are to be worn as follows:

1. When direct contact with blood, wound secretions, semen, vaginal secretions, breast milk, and items or surfaces covered with blood or body fluids.
2. When caring for open skin lesions or wounds (non-intact skin). Gloves are changed after each contact and between each contact.
3. Disposable (single-use) gloves must be changed when they become contaminated, torn or punctured.
4. Maintenance personnel may wear utility gloves. These gloves may be decontaminated unless they are cracked, peeling, torn, punctured, or exhibit signs of deteriorating. If so, they must be discarded.

Gowns/Aprons - Gown/Apron or other covering should be worn when there is a potential for splashing or spraying of blood or body fluids.

Masks/Protective Eye Wear - Masks and protective eye wear are to be worn during procedures that are likely to produce spraying, splashing or splattering of blood or other body fluids to protect exposure to mucous membranes of the mouth, nose and eyes.

Protective clothing should be removed prior to leaving work area or when it becomes penetrated by blood and other potentially infectious materials. Clothing contaminated with blood or other potentially infectious materials needs to be decontaminated prior to leaving the work site or being disposed. Decontamination can be done by spraying with bleach. If clothing is laundered, the laundry facility must adhere to OSHA guidelines or laundry must be decontaminated prior to being laundered.

B. **Engineering Controls**

Engineering controls are defined as physical methods or equipment that isolates or removes bloodborne pathogen hazard or other potentially infectious materials from the workplace. Engineering controls are to be examined and maintained on a regular basis to ensure their effectiveness.

Personal protective equipment is to be used as supplemental protection if there is still a risk of exposure after engineering and work practice controls are implemented.

The following engineering controls are to be used at Wisconsin Indianhead Technical College:

1. Hand washing facilities (or antiseptic hand cleanser and towels or antiseptic towelettes) are readily accessible to all employees who have the potential for exposure. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin areas immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as is feasible following contact.
2. Contaminated needles and other contaminated disposable sharps will not be bent, recapped, removed, sheared, or purposely broken. OSHA/DILHR allows an exception to this if the procedure would require that the contaminated needle be recapped by the use of a mechanical device or a one-handed technique. At all Wisconsin Indianhead Technical College facilities, recapping or removal of needles is only permitted by the one-handed technique.
3. Retractable needles and syringes will be used when giving an intramuscular (IM), subcutaneous, and intradermal injections. Self-sheathing needle products must be disposed of in a sharps container.
4. Containers for contaminated sharps have the following characteristics:
 - a. Puncture resistant
 - b. Color-coded or labeled with a biohazard warning label
 - c. Leak proof on the sides and bottom
 - d. Do not require reaching by hand into the container
5. Specimen containers are:
 - a. Leak proof
 - b. Puncture resistant as necessary.
 - c. Handled using Universal Precautions and recognizable as containing specimens

6. The College Health Nurses will do annual evaluation of procedures or new products with input from ADN faculty. Staff that will be using any new product will trial the product and fill out an evaluation form. The company selling the product will provide training for these new products.
7. WITC identifies the need for changes in engineering control and work practice through review of OSHA records, employee interviews, committee activities and follow-up of exposures to bloodborne pathogens.

C. Work Practice Controls (Work Area Restrictions)

Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or other potentially infectious materials.

1. Food and drink cannot be stored in areas where blood or other potentially infectious materials are present. Food/drink may not be located on specimen collection countertop.
2. Employees/students are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
3. Mouth pipetting/suctioning of blood or other potentially infectious material is prohibited.
4. If urine is tested in the WITC Science laboratories, each student tests his/her own urine.

D. Personal Protective Equipment (PPE)

All PPE used at this college will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious material.

1. Personal Protective Equipment will be available in different sizes and can be readily available.
2. Personal Protective Equipment will be repaired or replaced as needed to maintain its effectiveness.
3. Utility gloves, such as those made of vinyl, leather, metal mesh, or other heavy materials, can be decontaminated for reuse if their integrity has not been compromised.
4. Utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or where they otherwise lose their ability to function as a barrier to exposure.
5. Disposable gloves will be worn when it is reasonably anticipated that employee will have contact with blood or other potentially infectious materials, non-intact skin or mucous membrane.
6. Gloves will be latex-free.
7. Protective outer garments such as lab coats or clinical gowns are provided in areas where appropriate to protect against possible spills or splatters. These areas are identified as health occupations lab/clinical classroom, college health services.
8. Resuscitator devices will be available in First Aid Kit for employees who need to perform resuscitation procedures.

9. Home laundering by employees is not permitted since the standard requires that the laundering be performed by the employee at no cost to the employee.
10. Used PPE may be disposed of in regular trash bags unless grossly contaminated with blood or OPIM.

Personal Protective Equipment Provision for STUDENTS

The course instructor is responsible for ensuring that all PPE used at this college will be provided, with no cost to the student. 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 employees' or students' 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.

The course instructor will be responsible for ordering and maintaining the supply of PPE based on anticipated exposure to blood or other potentially infectious materials for their course. Instructors/Specialists will be responsible for the ordering and purchasing, through the operation budget, of recommended PPE for availability to students. The course instructor will ensure that the student uses appropriate personal protective equipment.

Personal protective equipment accessibility -The course instructor will ensure that appropriate sizes are readily accessible at the work site.

Personal protective equipment cleaning, laundering and disposal - All garments which are penetrated by blood or other infectious material will be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed, it will be placed in an appropriately designated area or container for storage, decontamination, or disposal.

Gloves - Will be worn where it is reasonably anticipated that students will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular assess procedures; and when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for reuse and are to 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.

Gowns - Will be worn when splashing of blood or OPIM is anticipated and/or soiling of the forearm with blood or OPIM. Gowns are available for ADN and Medical Assistant students.

All students are required to purchase and wear these gowns when performing procedures that involve OPIM.

Eye and Face Protection - Masks in combination with eye-protection devices, such as goggles or glasses with solid side shield or chin-length face shields, are required to be worn whenever splashes, splatter, droplets of blood, or OPIMs may be generated and eye, nose or mouth contamination can reasonably be anticipated.

E. Housekeeping Procedures

1. A matrix for cleaning and decontamination of the various areas of the facility is located in the Maintenance Department including: areas to be cleaned/decontaminated, day and time of scheduled work, cleansers and disinfectants to be used, and any other special instructions that are appropriate.
2. This facility will be cleaned and decontaminated as soon as the presence of blood and other potentially infectious materials are detected and the cleaning will occur as soon as possible after the materials are detected. Decontamination will be made with specially diluted bleach (9 parts water to 1 part bleach). Cleaning materials as well as the contaminating solutions will be placed in a double bag prior to being disposed of.
3. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. Any protective coverings, which may have been used to assist in keeping surfaces free of contamination, will be disposed of by placing them in appropriately marked receptacles.
4. All bins, pails, and similar receptacles shall be inspected and decontaminated on a monthly basis or upon use if more frequent by the physical plant maintenance personnel.
5. Any broken glassware, which may be contaminated, will not be picked up directly with the hands.
6. Regulated Waste Disposal - Disposable sharps. All contaminated sharp instruments shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded. Self-sheathing needle products must be disposed of in a sharps container.

Such containers are located in the Health Occupations Labs, and the College Health Nurse's office, or the immediate area where sharps are used or can be reasonably anticipated to be found and as close as possible to the source of the waste.

The containers will be maintained upright throughout use, routinely replaced, and not allowed to overfill. Sharp containers are replaced routinely by each Department's staff members.

When moving containers of contaminated sharps from one area to another, the containers are immediately closed to prevent spillage or protrusion of contents during handling, storage and transport. The container will be placed in a secondary container if leakage is possible from the first container.

The Maintenance Supervisor at each region, in cooperation with the Health Occupations Instructors, is responsible for the collection and handling of WITC's contaminated waste.

Regulated waste other than sharps shall be placed in appropriate containers. Such containers are located in the Health Occupations labs and the main maintenance room at each region.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

F. **Laboratory Decontamination (all four campuses)**

WITC lab areas will be cleaned and decontaminated according to the attached schedule:

Decontamination of spills or other potentially infectious material will be accomplished by using a chemical germicide that is approved for use as a hospital disinfectant and is tuberculocidal when used at recommended dilutions. The disinfectants available for use at WITC include ten percent bleach (10:1- Must be changed every 24 hours by instructors), two percent amphy, and 70 percent alcohol.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning as follows:

1. Areas contaminated will be flooded or sprayed with a liquid germicide before cleaning then decontaminated with fresh germicidal chemical after cleaning.
2. Gloves will be worn during the cleaning and decontamination procedures.
3. Discard any paper towels used to wipe up spills and gloves in plastic bag and tie securely. Dispose of in the infectious waste container located in the main maintenance room.
4. The course instructor is responsible for making sure all bins, pails, cans and similar receptacles will be inspected and decontaminated on a regularly scheduled basis.
5. Any broken glassware, which may be contaminated, will not be picked up directly with the hands.

G. **Laundry Procedures**

Any towel or other article of clothing, which becomes contaminated with blood or other potentially infectious body fluid, will be rinsed with a disinfectant ASAP (at the site if possible) and placed in a plastic bag using universal precautions. Items can be laundered using routine laundry procedures.

H. **Emergency and First Aid Procedures**

1. **Eye Contact** - Immediately flush with large amounts of water for at least 15 minutes. Do not attempt to neutralize with chemical agents. If irritation persists, seek medical aid.
2. **Skin Contact** - Wipe or wash materials from skin. (Wash contaminated clothing before reuse.)
If a needle puncture, laceration (scratch), or other broken skin occurs:
 - a. Squeeze the puncture or open area to induce bleeding.
 - b. Cleanse the wound thoroughly with soap and water. The wound may be further cleansed with 10 percent povidone- iodine (Betadine Solution).

HEPATITIS B VACCINATION POST EXPOSURE EVALUATION AND FOLLOW-UP

A. Hepatitis B Vaccination

Employees and students at Wisconsin Indianhead Technical College recognize that even with strict adherence to standard precautions and exposure prevention practices, exposure incidents may occur.

To protect employees and students with blood and body fluid exposure from the possibility of Hepatitis B infection, a vaccination program is in place. The College Health Nurse is in charge of the employee Hepatitis B vaccination program.

1. For employees in the high-risk group, vaccination will be covered at no cost to the employee. The College Health Nurse will assist in referral to a provider.

The vaccination program consists of a series of three vaccinations over a six (6) month time frame. New employees are coded as to risk during initial hiring. (Regional Administrators must identify appropriate personnel.)

The College Health Nurse, in cooperation with the Human Resource Office will provide educational information to each employee with exposure potential, answering questions regarding the vaccine, and will request the employees to view a video that discusses bloodborne pathogens and Standard Precautions. The new employee will then be asked to sign a consent/refusal form for Hepatitis B vaccine.

Initial vaccine will be given by the Public Health Department in cooperation with the College Health Nurse, unless vaccine contraindication exists; and each vaccination will be entered into an ongoing Hepatitis file. At the completion of the series, the completed consent form with the recorded dates of vaccines will be placed into the employee's medical record kept in the College Health Nurses Office.

Employees who refuse the vaccination series will also be entered into the ongoing Hepatitis file as having refused the vaccine, and the signed denial placed in their medical record. These records will be kept for thirty (30) years post-termination. Employees have the option to reconsider Hepatitis B vaccine at any time.

All current WITC employees in blood exposure high-risk categories will be required to attend a mandatory informational session and required to sign a Hepatitis B vaccine consent or denial form at the end of the program.

Annual reports will be compiled on all identified high-risk employees regarding Hepatitis B status. These will be kept in the College Health Nurse's office.

For WITC employees who have received the Hepatitis B vaccine before November 1999, no serologic test is required unless they have an exposure. New employees who receive the Hepatitis B vaccine will have serologic test done 1 to 2 months after the last dose of vaccine. If the serologic test comes back negative for anti-HBs, repeat the three dose series and then test for anti HBs after last dose. If the employee is still negative after a second vaccine series, the person is considered a non-responder to Hepatitis B vaccination. Employee with non-response to the vaccination series will be counseled by Medical Professionals to understand what this means and steps should be taken in the future to protect his/her health.

2. For STUDENTS in high-risk areas. The Health Instructional Supervisor in cooperation with the immediate course instructor will be in charge of this process. EMS Specialists will follow up for EMS students using the Health Instructional Supervisor or the College Health Nurse as resources. It is to be performed by or under the supervision of a licensed physician or under the supervision of another licensed health care professional, and provided according to the recommendations of the U.S. Public Health Service. Each high-risk exposure program will present a unit on bloodborne pathogens including lecture and video by the immediate course instructor. Questions regarding the Hepatitis B vaccine will be referred to the course Instructor or Supervisor.

B. Post-Exposure Evaluation and Follow-Up

1. WITC has a procedure in place to assure appropriate and timely post-exposure follow-up.
 - a. All wounds should be washed with soap and water immediately. Flush mucous membranes with water.
 - b. If the source person is HIV positive or highly suspected, immediate referral to an Emergency Department is indicated for post exposure prophylaxis. This may be a medical emergency.
 - c. The exposed employee/student will report to the College Health Nurse as soon as possible. If after hours, the student/employee should be directed to the nearest hospital emergency room. The employee/student should report to the College Health Office the next day. If the incident occurs at a clinical site, employee/student will follow procedure of clinical unit first. Report to the WITC College Health Office at earliest convenience.
 - d. The College Health Nurse will ascertain that an accident/injury report (refer to Appendix D) has been completed and if not, will assist in its completion.
 - e. The College Health Nurse will verify that a direct blood exposure has occurred.
 - f. A direct blood exposure flow sheet will be completed immediately.
 - g. Request source person to consent to HIV, HBV and HCV testing. Testing will be done at the hospital emergency room.
 - h. Exposed person testing should be done immediately. Due to changing guidelines and need for risk assessment, exposed persons will be referred to the nearest hospital emergency room. Initial testing of employee or student is completed immediately following exposure to establish a baseline status. (Recommendations for testing as of 10/03 include pregnancy test if applicable, anti- HBs, anti-HCV, and HIV ab.) Follow up testing, and the need for a Hepatitis B booster is to be determined by the physician.
 - i. Post-test counseling is performed by the College Health Nurse and by occupational health care professionals.
 - j. At the time of direct blood exposure, the physician will review the employee/student's Hepatitis B vaccine status and order appropriate interventions. (If Hepatitis B positive source or unknown source, may need HBIG. If they've had series, may need to have status checked.)
 - k. The completed incident investigation report will reflect the following areas:
 - (1) Where the incident occurred

- (2) When it occurred and route of exposure
- (3) What potentially infectious material was involved
- (4) Under what circumstances the incident occurred
- (5) How the incident was caused
- (6) If personal protective methods were in use
- (7) What actions were taken as a result of the incident

This information is reviewed by the College Health Nurse at the time of the incident. It is recognized that the information involved in this process must remain confidential, and comply with protecting the privacy of the individuals involved.

2. Interaction with External Clinical Agency Protocol. In the event that the WITC College Health professionals are required to work with external providers, we follow their protocols.
3. Health Occupations students and Emergency Services students will report to their clinical instructor and the Health Instructional Supervisor following the same procedures as outlined above.
4. Exposure incidents, including splashes to mucus membranes, eyes or non-intact skin that are OSHA recordable should be entered as injuries on the OSHA 200 log. This should facilitate processing of workman's compensation claims.

C. Record Keeping

The College Health Nurse is responsible for maintaining employee medical records in accordance with the OSHA Standard: 29CFR1910.20. These records will be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

1. The name and social security number of the employee/student.
2. A copy of the employee's/student's HBV vaccination status, including the dates of vaccination.
3. A copy of all results of examinations, medical testing and follow-up procedures.
4. A copy of the information provided to the health care professionals, including a description of the employee/student's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
5. Actual information regarding a direct blood exposure and follow-up care will be kept in a separate file entitled "Direct Blood Exposure".

These records are confidential and will not be released unless written release of information sheets are signed by the employee/student or guardian/parent.

A report to the Administrative office can be generated on all active employees/students at risk Hepatitis B vaccine status with totals of completed series, denials, those in process of receiving the vaccine, and those who are overdue.

The College Health Nurse will receive notification from the Human Resources Office or Business Office at the time of a new hire or change of responsibilities for employees. Occupational exposure status will then be determined.

For students, occupational exposure status will be determined at the time of evaluation in affiliation reports prior to clinical experience. Student's Post-Exposure evaluations and records will be kept in the Health Instructional Supervisors designated area.

D. **Availability**

WITC will assure that all records are available upon request of DILHR or its representatives for examination and copying employee training records will also be provided upon request for examination and copying to employees and their representatives.

E. **Transfer of Records**

Should WITC cease to do business and there is no successor employer to receive and retain the records, WITC will notify DILHR at least three months prior to their disposal and transmit them as required within that three-month period.

LABELS AND SIGNS

The most obvious warning of possible exposure to bloodborne pathogens are biohazard labels which will be displayed for employees and students at Wisconsin Indianhead Technical College.

Labels are affixed as close as feasible to appropriate site by adhesive or other secure mechanisms.

Below is the biohazard label:



BIOHAZARD

The supervisor of the maintenance team and the course instructor will ensure that approved biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport, or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Labels are affixed as close as feasible to appropriate site by adhesive or other secure mechanisms.

A. **The following items are labeled:**

1. Containers of regulated waste - red bagged waste
2. Needle/sharps disposal containers
3. Contaminated equipment - must state which portion of equipment remains contaminated

INFORMATION AND TRAINING

1. **Students**

The course instructor will ensure that students receive training at the time of initial assignment to tasks where occupational exposure may occur. Retraining will be done when changes in procedures or tasks occur which affect occupational exposure.

2. **Employees**

WITC will ensure that all employees with occupational exposure to bloodborne pathogens participate in training programs, which are provided at no cost to the employee during working hours.

3. Schedule of Training for Employees

1. Training will occur at the time of initial assignment to a job classification in which tasks/ procedures create opportunity for occupational exposure.
2. Training for employees hired prior to the effective date of the OSHA standard, and who have not yet received training, will be given special training sessions as needed and specific to the exposure of the occupational task by their supervisors and the College Health Nurse.
3. All employees in job classifications where occupational exposure can occur will have at least an annual review of pertinent training.
4. Supplemental training will be provided when changes and procedures which will affect the employees occupational exposure. This training will be specific to the new exposures that are created. Hands on training will be provided in the use of new safer devices.

4. Content

1. The content of the educational training is presented in a vocabulary appropriate to the educational level, literacy, and language of the employee participating.
2. The training will be interactive and cover the following:
 - a. A copy of the standard and an explanation of the contents
 - b. A discussion of the epidemiology and symptoms of bloodborne diseases to include HIV, HBV and HCV
 - c. An explanation of the modes of transmission of bloodborne pathogens
 - d. An explanation of the WITC Exposure Control Plan and the means by which an employee can obtain a copy of the written plan
 - e. The recognition of tasks that may involve exposure
 - f. An explanation of the use and limitations of methods which will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of all personal protective equipment and to include information on latex-free products
 - h. An explanation of the basis for selection of personal protective equipment
 - i. Information on the Hepatitis B vaccine including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
 - k. 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
 - l. Information on the post exposure evaluation and follow-up that WITC provides for the employee/student following an exposure incident
 - m. An explanation of the signs and labels and/or color-coding required by the regulations
 - n. An opportunity for interactive questions and answers with the person conducting the training session

5. **Presenter**

The persons conducting the educational training may include representatives from College Health or the instructional staff who have specific knowledge of the subject matter as it relates to the college environment.

6. **Training Records**

1. Training records are compiled by the Human Resources Office for all sessions conducted and include the following:
 - a. Date of the training session
 - b. Content outline
 - c. Names and qualifications of persons conducting the training
 - d. Names and job titles of all persons attending the training sessions

7. **Duration**

Training records will be maintained for three years from the date on which the training occurred.

APPENDIX A

DEFINITIONS

APPENDIX A

DEFINITIONS FOR TERMS USED IN THIS EXPOSURE CONTROL PLAN

AIDS - Caused by the human immunodeficiency virus (HIV) is a blood-borne or sexually transmitted disease that is not spread by casual contact. Studies indicate that HIV is less efficiently transmitted by needle sticks or other exposures to blood than is hepatitis B virus.

HIV transmission - Individuals who are asymptomatic HIV carriers or have Acquired Immunodeficiency Syndrome (AIDS) can infect health care workers should biohazardous injuries occur. Because of the seriousness of HIV infection, prevention of needle punctures and other accidental transmissions is essential.

Individuals at high risk for carrying HIV include homosexual/bisexual males, IV drug abusers, hemophiliacs or others who received unscreened blood transfusions or other blood products between 1977 and mid-1985, infants born to mothers with HIV infection, persons with multiple sex partners, and sexual partners of high-risk individuals.

BIOHAZARDOUS INJURY:

A puncture or laceration caused by a needle or sharp object contaminated with blood or other body fluids

Blood or blood tinged secretions which contaminated the mouth, eyes or open skin lesions
human bites

HIGH RISK BODY FLUIDS - as defined by Center for Disease Control (CDC) are blood, semen, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, synovial fluid, amniotic fluid and breast milk.

Saliva, sputum, tears, nasal secretions, urine, feces, sweat and vomitus are not considered high-risk fluids unless visibly contaminated with blood. However, nonblood-borne pathogens may be present in these fluids, and the College Health office should be consulted if an employee sustains a biohazardous injury with one of these substances.

BLOOD - Human blood. Human blood components include plasma, platelets and serosanguinous fluids (exudates from wounds). Also included are medications derived from blood, such as immune globulins, albumin and factors 8 and 9.

BLOODBORNE PATHOGENS - Pathogenic microorganisms that are present in human blood can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Also included are hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt- Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II and viral hemorrhagic fever.

EXPOSURE INCIDENT -"Non-intact skin" includes skin dermatitis, hangnails, cuts abrasions, chafing acne and etc. _

ENGINEERING CONTROLS -means controls that isolate or remove the bloodborne pathogens hazard from the workplace. Example includes needleless devices, shielded needles devices, blunt needles, plastic capillary tubes.

HEPATITIS B SURFACE ANTIBOOY (anti-HBs) - Indicates past infection with and immunity to HBV, passive antibody from HBIG, or immune response from HB vaccine.

HEPATITIS B e ANTIGEN (HBeAg) - Soluble antigen which correlates with HBV replication, high titer HBV in serum and infectivity of serum.

HEPATITIS B CORE ANTIBODY (anti-HBc) - Indicates prior infection with HBV at some undefined time.

HEPATITIS C - HCV is a viral infection of the liver that is transmitted primarily by exposure to blood. Currently there is no vaccine effective against HCV.

HIV - Human Immunodeficiency Virus.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

1. The following human body fluids: 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. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. 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.
4. Coverage under this definition also extends to blood and tissues of experimental animals that are infected with HIV and HVB.

OCCUPATIONAL EXPOSURE - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

PARENTERAL - This definition includes human bites that break the skin, which are most likely to occur in violent situations such as may be encountered by prison personnel and police and in emergency rooms or psychiatric wards.

PERSONAL PROTECTION EQUIPMENT - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protection equipment.

REGULATED WASTE - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

STANDARD PRECAUTIONS - define **all** body fluids and substances as infectious. These methods incorporate not only the fluids and materials covered by this standard but expands coverage to include all body fluids and substances.

SOURCE INDIVIDUAL - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of alcohol and other drug treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

UNIVERSAL PRECAUTIONS - refers to a concept of bloodborne diseases control which required that all human blood and OPIM be treated if known to be infectious for HBV, HIV, HVC or other bloodborne pathogens, regardless of the perceived "low risk" status of a patients or patient population.

WORK PRACTICE CONTROLS - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Employees with occupational exposure to bloodborne pathogens do not include students for the purpose of HBV vaccine. Finding from Jim Lutz, DILHR, (telephone: 608-266-2780) on 1/23/93. WI State statutes identify students as "Frequenters". Reconfirmed by Shirley Noltemeyer, DILHR, at state called meeting on 03/05/93.

APPENDIX B
SIGNIFICANT EXPOSURE
DESCRIPTION FORM

Wisconsin Indianhead Technical College

Significant Exposure Description
Form A

Section I. Exposed Person Data (Exposed person completes)

Name: _____ Phone #: _____
Address: _____
Date of exposure: _____ Location: _____
____ Student Program area: _____
____ Employee Division: _____

Section II. Description of Exposure (Completed by Instructor/Staff)

Type of Exposure:
____ Blood-body fluid into body orifice (e.g., nose, mouth)
____ Blood exchanged from penetrating wound, including needle puncture
____ Human bite where skin is broken
____ Blood/body fluid exposure—mouth-to-mouth resuscitation
Type and estimated volume of fluid exchanged: _____
Anatomical site exposed: _____
Specific description of incident: _____

Section III. Source Person Data

Client Name: _____
Address: _____
Name of Physician, Hospital, Clinic: _____
Diagnoses: _____

The above is an accurate description of the exposure. Disclosure to the exposed person of the source person's HIV/Hepatitis B/Hepatitis C test results is requested.

Exposed person: _____ Date: _____
Instructor/Staff: _____ Date: _____

APPENDIX C

HIV, HEPATITIS B, HEPATITIS C CONSENT/REFUSAL FORMS



WISCONSIN
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COLLEGE

WISCONSIN INDIANHEAD TECHNICAL COLLEGE

CONSENT FORM TO TEST FOR HIV HEPATITIS B & HEPATITIS C FORM

A WITC employee/student has been exposed to your blood or body fluids. Exposure has occurred by puncture, laceration, or contact of open skin areas or mucous membranes to your blood or body fluids. Bloodborne diseases transmitted by this type of exposure include; HIV, Hepatitis B, and Hepatitis C. In order to determine the type of treatment this person may need, it is important to determine if he/she has been exposed to any of these diseases. Time is critical.

With your consent, lab work will be performed on your blood to determine if these viruses are present. This will involve obtaining blood specimen via venipuncture.

I understand that a person has had an exposure to my blood or body fluids and that treatment is dependent on the results of lab testing of my blood. I will have this testing performed. All lab work is confidential and will be reported to the exposed person and if positive to the public health department as required by law.

I **consent/refuse** to have my blood tested for HIV, HBV, HCV.

Name _____

Date _____



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COLLEGE

Hepatitis B Immunization Consent/Refusal Form

Please check one:

Yes, I want to receive the Hepatitis B vaccine.

I read the information given to me about Hepatitis B virus and Hepatitis B vaccine and I had the opportunity to ask questions. My questions were answered.

I want to participate in the vaccination program. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

	Date Given	Lot #	Administered By	Next Due Date
1 st Dose				
2 nd Dose				
3 rd Dost				

No, I do not want to receive the Hepatitis B Vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand I can receive the vaccine series at no charge to me.

Employee Name

Facility

City, State, Zip

Address

Telephone Number

Signature

Date

Privacy Act Statement

This information is sensitive and is protected by the Privacy Act of 1974 (5 U.S.C. 552a). The records will be stored in locked file cabinets or locked rooms. Electronic records will be protected by restricted access procedures and audit trails. Access to records will be strictly limited to agency or contractor officials with a bona fide need for the records and in accordance with the system of records notice, [OP/GOVT-10](#). These records are essentially considered to be part of the Employee medical Folder (EMF). Though they may be maintained securely on site during the period of employment, post-employment records must be transferred to the National Personnel Records Center. Any copies of original records must be destroyed either by shredding, burning or by erasing the disk. Those employees tasked with storing and maintaining such records must read and be familiar with [OPM/GOVT-10](#).

APPENDIX D
ACCIDENT/INJURY REPORT FORM

ACCIDENT/INJURY REPORT INSTRUCTIONS **(Injured individual retain this sheet)**

An Accident/Injury Report form needs to be completed by employees, guests and students for any incidents that occur while associated with Wisconsin Indianhead Technical College. Forms are available from Human Resources and the College Health Nurses.

What to do if an accident/injury occurs:

1. Seek necessary medical attention from the College Health Nurse or a medical facility.
2. **Complete the attached accident/injury report form in its entirety. Fax and notify Human Resources within 24 hours of the accident/injury (see above for telephone numbers).**
3. Once the form has been faxed, the original form should be turned into the Campus Administrator for their signature and review of the accident/injury.
4. Report will be made to the State and WITC's worker compensation company for employee accident/injuries. The worker compensation company will follow up with an individual who has an accident/injury that results in loss of time and/or outside medical services being provided.

For WITC employees who seek medical attention from someone other than the College Health Nurse: (students and guests are responsible for their own outside medical services)

1. When checking in for medical services, note to admissions that this visit is related to your work.
2. All billings for services rendered for accident/injury should be sent to: WITC Human Resources, 505 Pine Ridge Drive, Shell Lake, WI 54871. Contact telephone number 715.468.2815, Ext. 2204.
3. The employee should contact Human Resources to notify them that medical care was obtained (715.468.2815, Ext. 2204)
4. Any prescriptions obtained for an accident/injury cannot be run through an individual's medical insurance. Full cost will need to be paid and receipts with actual pharmacy receipt should be submitted to WITC Human Resources for reimbursement.
5. Any billings/claims received at an individual's home should be forwarded to WITC Human Resources.

For WITC employees who have loss of work time due to accident/injury.

Any time off relative to an accident/injury that occurred during your work hours needs to be recorded in the absence/leave system. When entering dates in the e-Leave system, choose Leave Type "Sick Leave – Work Comp" for any time off related to the workers compensation injury/illness. Please be aware that time may be charged to sick leave depending on specifically when the time off was taken or if a claim is denied by WITC's worker compensation company. Adjustments to these entries will be made by Human Resource.

Any questions, contact: Mary Hansen, WITC Human Resources, 715.468.2815, Ext. 2204

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE
ACCIDENT/INJURY REPORT**

WITC Human Resources * 715.468.2815 or 800.243.9482, Ext. 2204
Fax: 715.468.7752**

Fax upon completion to WITC Human Resources Shell Lake. Please complete and return signed original form to your Campus Administrator.

General Information

Today's Date _____	WITC Location _____
Name of Injured _____	
Address of Injured _____	
Home/Cell Phone # of Injured _____	Work Phone Number of Injured _____
Date of Birth _____	

Person Injured in Accident is (check one)

WITC Employee WITC Student Other (specify) _____

Employee ID# _____ Student ID# _____

If employee, was any work missed? Yes No

Time & Location of Accident/Injury

Date of Accident/Injury _____ Time of Occurrence: a.m. p.m.

Where did accident/injury occur? (be specific) _____

Witness(es) (Name and Phone Number) _____

Describe exactly how injury/accident occurred (Nature and extent of injury, part(s) of body injured, using what tools/materials, etc.)
Provide as much detail as possible

Initial Treatment (check all that apply)

- No Medical Treatment
- Seen by College Health Nurse (notes sent to HR under separate cover)
- Clinic/hospital visit
- Emergency Room
- Hospitalized overnight
- Future major medical/lost time anticipated
- Went home
- Returned to Work

Treating Clinic/Hospital/Physician (Name and Address)

Signature of person injured or in accident

Signature Date

Signature of person completing form if not injured person

Signature Date

Signature of Instructor (only if student classroom injury)

Signature Date

Signature of College Health Nurse (if seen)

Signature Date

Signature of Campus Administrator

Signature Date

Once all signatures are obtained, copies should go to College Health Nurse and Campus Safety Committee Chair.

Original to Mary Hansen, Human Resources, Shell Lake