

University of Bridgeport



Student Bloodborne Pathogens Exposure **Control Plan**

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Section I. INTRODUCTION

A. Purpose

The University of Bridgeport (the “University”) is committed to providing a safe and healthy learning environment for its students. As such, while not required by state or federal law¹, the University provides this Policy to minimize or eliminate student exposure to blood or other potentially infectious materials.

B. Scope

This Policy applies to students who may reasonably anticipate exposure to blood or other potentially infectious materials (through eye, mouth, mucous membrane, non-intact skin, or parenteral contact) during the course of his/her studies at the University.

This Policy applies to students on-campus, as well as those participating in university approved clinical affiliate sites off-campus. Students participating off-campus are also required to follow the policies and procedures of the clinical affiliate site, whose policies will control in the event of a conflict with this Policy.

C. Policy Administration

The Policy shall be reviewed and updated annually by the University. Implementation and compliance shall be monitored and coordinated by the Director or his/her designee of each clinic, school, or department supervising the students.

D. Definitions

For the full set of definitions applicable to this Policy, please see **Appendix A**.

Section II. METHODS OF COMPLIANCE

A. General Information

Standard Precautions, as further described in Section II(B) (below), shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials

B. Standard Precautions

¹ OSHA sets forth bloodborne pathogen requirements for employers, but not for students. Nonetheless, this Policy is drafted in consultation with the OSHA standards.

1. Hand Washing

- a) Students should wash their hands as appropriate in accordance with their clinical training programs.
- b) When handwashing in accordance with Section II(B)(1)(a) is not feasible, the student shall use appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- c) Students should wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- d) Students should wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

2. Contaminated Sharps

- a) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in subsections (2.a.1) and (2.a.2) below. Sharing or breaking of contaminated needles is prohibited.
 1. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless required by a specific dental procedure.
 2. In dental procedures, such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed safety technique.
- b) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - Puncture resistant;
 - Labeled or color-coded in accordance with this standard; and
 - Leakproof on the sides and bottom.

3. Food and Drink Prohibited

- a. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- b. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on

countertops or benchtops where blood or other potentially infectious materials are present.

4. General Housekeeping

- a. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- b. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- c. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - The container for storage, transport, or shipping shall be labeled and closed prior to being stored, transported, or shipped. When a facility utilizes Standard Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling is required when such specimens/containers leave the facility.
 - If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
 - If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

5. Personal Protective Equipment

When there is the potential for occupational exposure, appropriate personal protective equipment should be used (e.g. gloves, gowns, laboratory coats, face shields/ masks, eye protection, and/or mouthpieces, resuscitation bags, pocket masks, or other ventilation devices). Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the student’s 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.

- a. **Use.** Students should use appropriate personal protective equipment in the appropriate size.
- b. **Gloves.** Gloves shall be worn when it can be reasonably anticipated that the student may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

- Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable (single use) gloves shall not be washed or decontaminated for re- use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

c. Masks, Eye Protection, and Face Shields.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

d. Gowns, Aprons, and Other Protective Body Clothing.

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

e. Surgical caps or Hoods.

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

Section III. HEPATITIS B VACCINATION

- A.** Each Health Sciences Program or Health Professional Program has its own policies and method of tracking Hepatitis B vaccine status of students and student clinicians.

Section IV. TRAINING

- A. The Health Sciences or Health Profession Program will offer training in occupational exposure in accordance with the requirements of this section.
- B. Training shall be provided as follows:
 - At the time of initial assignment to tasks where potential exposure may take place;
 - At least annually thereafter.
- C. Annual training for all students shall be provided within one year of their previous training.
- D. The Director or his/her designee shall provide additional training when changes in department/program tasks or procedures (including without limitation medication or implementation thereof) affect the student's potential exposure. The additional training may be limited to addressing the new exposures created. The student is responsible for satisfactorily completing the safety training within the program.

Section V. GUIDELINES FOR REPORTING AND MANAGEMENT OF SITUATIONS WHEN THERE IS EXPOSURE TO BIOHAZARDOUS MATERIALS OCCURRING IN THE CLINICAL SETTING

A. Exposure Policy and Incident Reporting

1. Should a student be exposed to the body fluid of a patient, s/he must:
 - a. Wash area with germicidal soap.
 - b. If the exposure is mucosal or the wound is large enough to irrigate, irrigate with copious amounts of saline or other clean fluid.
 - c. Irrigate and clean wound.
 - d. If the exposure involves the eye, rinse with the saline solution if no eye washing station is available
 - e. Save gloves for inspection, where applicable.
2. In the case of a needlestick injury or any exposure by patient contact, the following steps should be taken:

a. Reporting of Incident

The student should immediately report the incident to the Director or his/her designee whether on or off campus. Using the information provided by the

student, the Director or his/her designee must complete an Incident Report as soon as possible (a copy of the Incident Report is provided in **Appendix B**). A completed copy of the Incident Report should then be provided to the student (as soon as possible), so that the student can provide a copy to the treating facility (see Section B below).

b. Medical Evaluation

A medical evaluation must occur immediately and/or as soon as possible after the incident.² If the incident happens on campus or in the local area, the student should be referred to St. Vincent's Medical Center or the closest medical facility.

The student shall report all pertinent data to the supervising clinician regarding the exposure and information on source patient. This includes but is not limited to: how exposure occurred, what body fluids were involved, social and medical history, Human immunodeficiency virus HIV antibody status, Hepatitis B Surface Antigen HBsAg status, and Hepatitis C-Antibody Virus HCVAb status of source patient if available.

The student is strongly encouraged to obtain all recommended testing and medical services.

Following his/her medical examination at the above-referenced medical center or hospital, the student must follow-up with the University's Student Health Services within 48 hours of the incident, where s/he must provide a copy of the Incident Report.

c. Post-exposure Evaluation and Follow-Up

Following a report of an exposure incident, the supervising clinician or his/her designee will discuss optional source testing with the source patient and have the individual fill out the Source Patient Testing Consent or Declination form if possible (a copy of which is attached as **Appendix D**). If the source patient consents to testing, the source patient shall also sign the CHP Accidental Needle Stick/Pathogen Exposure Claim Form (**Appendix E**).

If incident occurs off-site, the supervising clinician will work with the clinical site to facilitate source patient testing.

² If the student refuses medical evaluation and follow-up, a Declination of Post-Exposure Medical Evaluation following Bloodborne Pathogen Exposure (a copy of which is attached hereto as **Appendix C**) shall be completed.

Upon consent, the source individual will be referred out for blood testing. If consent is not obtained, the University shall document that legally required consent cannot be obtained (in the Source Patient Testing Consent or Declination form contained in **Appendix D**)

When the source individual is already known to be infected with HBV or HIV, a notation that this status was communicated to the treating facility.

The treating facility should provide the following services:

- Counseling;
- Evaluation of reported illnesses;
- If possible, identification and documentation of the source individual and the status of the source individual for HIV/HBV and HCV infectivity. If consent is obtained by the source individual, testing will be done.
- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

Section VI. COVERAGE AND PAYMENT

Reasonable medical expenses should be promptly submitted to the University for processing and/or to the student's health insurance carrier. For any questions regarding coverage, please contact Student Health Services.

Section VII. RECORDKEEPING

The University seeks to maintain confidentiality of student information and records related to exposure under this Policy. The Office of Student Health Services will maintain a record of exposure, which shall not be disclosed or reported without the student's written consent or as otherwise required/permitted by law.

APPENDIX A

Definitions

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

Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing facilities: a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

HBV: Hepatitis B virus.

HIV: human immunodeficiency virus.

Occupational Exposure: means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a student's duties.

Other Potentially Infectious Materials:

- (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); and
- (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.

Parenteral means: piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective 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 protective equipment.

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

APPENDIX B

Incident Information Form for Bloodborne Pathogens Exposure
University of Bridgeport

Note to Clinical Instructor or Supervisor: Print this form, and ensure a completed copy is delivered by the student to his/her treating facility ASAP and to Student Health Services within 48 hours or the next business day.

Exposed Individual's Information

Report Date: _____ Name: _____
Address: _____ Telephone: _____
Student ID: _____ Date of Birth: _____
Preferred Language: _____

Exposure Information

Exposure Date: _____ Exposure Time: _____

Facility and specific location within it where incident occurred (room, etc.):

Type and model of device involved in the incident (needle, lancet, etc.):

Type of protection equipment used (gloves, goggles, etc.):

Route of exposure (stick, splash, etc.) and circumstances under which exposure occurred:
[] Left [] Right [] Bilateral (use separate page is necessary)

Program / Department Information

Department or program in which you are enrolled or employed: _____

Basic job description/duties: _____

Supervisor/Clinical Instructor: _____

Supervisor/Clinical Instructor's Telephone: _____

APPENDIX C

Declination of Post-Exposure Medical Evaluation
following Bloodborne Pathogen Exposure
University of Bridgeport

Note to Supervisor or Clinical Instructor: Complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional.

Exposed Individual's Information

Name (Please Print): _____

Department or Program: _____

Exposure Date:_____ UB ID Number: _____

Exposure Information

Facility & Department where the incident occurred: _____

Type of protection equipment used (gloves, eye protection, etc.):

Describe how you were exposed:

Statement of Understanding

I understand that due to academic, clinical, or occupational exposure to blood or other potentially infectious materials, I may have or may be at risk of contracting an infectious disease such as HIV, HCV, or hepatitis B (HBV). I have been trained in how to handle this type of exposure and understand the implications of contracting these infectious diseases. I have been offered the opportunity for medical testing, at no charge to myself. I have also been offered follow-up medical care.

Exposed Individual's Signature:_____

Signature Date:_____

Witness Name (Please Print): _____

Witness Signature:_____ Witness Date:_____

APPENDIX D

Source Individual's Consent or Declination Statement
for HIV, HBV and HCV Infectivity Testing
University of Bridgeport

* A source individual is the individual whose blood or body fluids is the source of exposure.

NOTE: Print this form and distribute copies of this form to: ☐ Health Care Professional

Exposed Individual's Information

Name (Please Print): _____

Department or Program: _____

Telephone Number: _____ Exposure Date: _____

Source Individual's Statement of Understanding

I understand that a University of Bridgeport student has been exposed to my blood or bodily fluids and that testing is requested for infectious diseases, including without limitation, HIV, HBV, and HCV. I further understand that I am not required to give my consent, but if that I do, my blood will be tested for these infectious diseases at no expense to me. This testing will be done at the medical facility to which the affected student reports.

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

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

Consent or Refusal & Signature

I hereby *consent to referral* for: ☐ HIV Testing ☐ HBV Testing ☐ HCV Testing

I hereby *refuse* consent to referral for: ☐ HIV Testing ☐ HBV Testing ☐ HCV Testing

Source Individual Identification

Source individual's printed name and signature: _____

Date Signed: _____

Relationship (If signed by someone other than the source individual): _____

