DMACC Bloodborne Pathogens Exposure Control Plan

Human Resources Department

Updated September 14, 2009

Developed in accordance with the OSHA
Bloodborne Pathogens Standard 29 CFR 1910.1030

DMACC BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
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Purpose of the Plan

This Infection Control Plan sets forth policies, procedures, equipment, personal protective equipment and work practices that are directed at protecting employees from the health hazards associated with exposure to bloodborne pathogens (BBP) or other infectious agents in the workplace.

DMACC believes that as part of providing and maintaining a safe place of employment, it is necessary to communicate information and train employees who may be exposed to blood or body fluids and the possibility of contracting bloodborne diseases. The purpose of this policy and procedure is to minimize or eliminate exposure to bloodborne pathogens such as Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV/AIDS). All blood and body fluids shall be considered as potentially infectious material and shall be handled as directed by this policy. See Appendix I for definitions of terms used in this plan.

1) OCCUPATIONAL **EXPOSURE DETERMINATION**

OSHA requires that we have a list of all job classifications in which all employees or some employees have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to use of personal protective equipment. Specific courses that have a risk are identified by departments and Human Resources and are listed in Appendix II. The following department employees have also been determined to have BBP exposure:

<u>Job classifications or work areas in which all employees have occupational exposure:</u>
Athletics
Campus Nurse
Custodians
Health Sciences
Mortuary Science
Recreation/Wellness
Security
Construction Manager

<u>Job classifications in which some employees have occupational exposure:</u>
Biology/Chemistry Instructors
Childcare
Lab Assistants (Biology/Chemistry)

2) METHODS OF COMPLIANCE

a) General. Standard precautions 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) Engineering controls will be used to eliminate or minimize employee exposure.

i) Engineering controls will be examined at the beginning of each semester and maintained or replaced to ensure their effectiveness. Each department shall be responsible for examining their own engineering controls.

ii) The following engineering controls will be used where there is occupational exposure:

(1) Hand washing. Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Departmental supervisors must ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with such body areas with blood or other potentially infectious materials.

(2) Needles. All needles that could be contaminated with blood or body fluids are required to have a protective device or safety sheath to cover the needle after use. Recapping must be accomplished through the use of a mechanical technique.

(2) Puncture resistant containers. All needles, lancets, or broken glass that may be contaminated will be placed in these containers immediately or as soon as feasible. These containers are also to be used for any sharps (contaminated or not). Puncture resistant containers need to be readily accessible and within easy reach. The container will be color-coded or labeled with a biohazard warning label and will be leak proof on the sides and bottom.

(3) Mechanical pipettes. These devices will be used at all times when pipetting blood or body fluids or reagents. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(4) Hoods. Hoods will be required if, in the course of work, aerosols will be formed, e.g., when microbiological culturing using open flames.

c) Work practice controls shall be used to eliminate or minimize employee exposure to bloodborne pathogens.

i) Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.

ii) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

iii) Food and drink are not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.

iv) All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.

d) Specimens

i) Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.

ii) If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.

e) Contaminated Equipment

i) Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
(1) An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
(2) Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

f) For clean up after an unscheduled or emergency contamination of the work space, the first point of contact should be the custodial staff at the specific location who have received training in biohazard clean up. When needed, Biohazard Clean-up Kits will be available and contain:

-Vinyl or other suitable gloves
-Ample amount of absorbent material
-Red plastic bags
-Scoop
-Antiseptic solution

Anyone using a Biohazard Clean-up Kit is required to contact the Campus Nurse (x6352) to help facilitate reordering and recordkeeping.

3) PERSONAL PROTECTIVE EQUIPMENT (PPE)

a) When there is occupational exposure, DMACC shall provide, at no cost to the employee, appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and 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 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. (Note that the cost of modified PPE, such as prescription goggles, is at the employee's cost.)

b) Each department will make readily available any PPE which is required to perform the tasks of that department.

c) Employees shall use appropriate PPE at all times.

d) In labs where routine exposure risks exist, the PPE will not leave the work area as it is considered "dirty." If a lab coat is needed when leaving the area, there must be a "clean" coat available. These coats must be buttoned at all times.

e) Vinyl or other suitable disposable gloves are mandatory when contact with blood or body fluids is possible. Gloves are also required when instructing students in phlebotomy. Gloves will be placed within easy reach of persons using and will be worn as indicated above. (Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily available to employees who are allergic to the gloves normally provided.) Disposable gloves will not be washed or decontaminated for re-use. Disposable gloves will be replaced when contaminated or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised

f) Masks and eye protection will be required whenever splashes, splatter or aerosols of blood or body fluids may be generated and potential for mucous membranes to be exposed exists. Examples of this are uncapping tubes of blood or blood products or urine tubes, or suctioning.

g) PPE will be in proper repair at all times. Gloves which are torn are disposed of properly, torn or worn lab coats mended or disposed of.

h) When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

i) DMACC will repair or replace PPE as needed to maintain its effectiveness, at no cost to employees.

j) Cleaning PPE will be scheduled, each department notified, and each department will collect and have ready the PPE that needs cleaning. If disposable PPE is preferred, then proper disposal will be mandated. Lab coats exposed to blood, blood products, body fluids, etc., will be considered a biohazard and thus disposed of in a biohazard bag. All potentially contaminated, suspect, or dirty lab coats will be sent to a laundry facility for cleaning.

4) HOUSEKEEPING

a) All equipment and work surfaces shall be properly cleaned and disinfected on a routine basis and after contact with blood and/or body fluids.

Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible after contamination.

If custodial personnel are available at the time of cleaning, their assistance may be requested. On the Ankeny Campus during day hours, the “rove” custodian may be reached by cell phone at 515-333-6592 and during evening hours the lead custodian may be reached at 515-577-1298. For all other campuses, contact the Building and Grounds Supervisor to request custodial assistance. If an incident occurs when custodial staff are not available, then instructors and lab assistants will do the cleanup/decontamination. Training information and/or resources on the subject of cleanup/decontamination are available by contacting Ann Wolfinger, Safety Specialist DBR, at 515-964-6896 or awolfinger@dmacc.edu.

b) Infectious Waste Disposal

All contaminated items such as gloves, masks, microbiological cultures, etc., are to be placed in biohazard bags which are closable, constructed to contain all contents, and prevent leakage of fluids during handling, storage, transport or shipping. The waste must be labeled or placed in red biohazard bags and closed prior to removal spillage or protrusion of contents. Waste should be double bagged if there is a potential for leakage. These bags will be placed in the infectious waste boxes provided.

Immediately after use, sharps, syringes with needles, and tubes of blood shall be disposed of in closable, puncture resistant, disposable containers which are leak proof (sides and bottom) and appropriately labeled and color coded.

Sharps containers will be easily accessible, routinely replaced, and not allowed to become overfilled. Sharps containers are to be maintained upright throughout use. These containers are to be closed prior to removal or replacement to avoid spillage or protrusion of contents during handling, storage, transport, or shipping.

On the Ankeny Campus, infectious waste in biohazard bags will be delivered to Building 9, Room 6a and placed in the infectious waste boxes provided. When the infectious waste boxes are filled, a designated faculty member in the Dental Hygiene Program will contact the current medical waste contractor to have the boxes picked up. The Dental Hygiene Program will maintain the disposal verification records.

On the Boone and Carroll Campuses, infectious waste boxes are located in the Biology Departments. When the infectious waste boxes are filled, a designated faculty member in Biology will contact the current medical waste contractor to pick up the biohazard bags. The respective Biology Department will maintain the disposal verification records.

On the Urban, West, and Newton Campuses, infectious waste will be brought to the Ankeny Campus, Building 9, for disposal.

The medical waste contractor for DMACC is responsible for disposal according to state and federal regulations.

c) Laundry

Contaminated laundry will be handled as little as possible with a minimum of agitation. Contaminated laundry will be bagged at the location where it was used and will not be sorted or rinsed in the location of use. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag, the laundry will be placed and transported in bags which prevent soak-through. Bags will be biohazard labeled or color-coded.

5) INFORMATION AND TRAINING

a) All employees with occupational exposure must receive BBP training every 12 months. The training will be provided at no cost to the employee.

Training shall be completed by employees in positions with occupational exposure at the time of initial employment and at least annually thereafter. Departments are encouraged to coordinate training with other areas and to share resources when possible. Human Resources should be informed of training opportunities in order to promote these opportunities to those who require training.

The person conducting the training must be knowledgeable in the subject matter covered in the training program.

b) The topics covered in the training program must include, but need not be limited to, the following:

i) The Bloodborne Pathogens Standard itself.
ii) The epidemiology and symptoms of bloodborne diseases.
iii) The modes of transmission of bloodborne pathogens.
iv) DMACC's Exposure Control Plan (and where employees can obtain a copy).
v) Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
vi) A review of the use and limitations of methods that will prevent or reduce exposure, including:
    (1) Engineering controls.
    (2) Work practice controls.
    (3) Personal protective equipment.
vii) Selection and use of personal protective equipment including:
    (1) Types available.
    (2) Proper use.
    (3) Location within the facility.
    (4) Removal.
    (5) Handling.
    (6) Decontamination.
    (7) Disposal.
viii) Visual warnings of biohazards within our facility including labels, signs and "color-coded" containers.
ix) Information on the Hepatitis B Vaccine, including its:
    (1) Efficacy.
    (2) Safety.
    (3) Methods of Administration.
    (4) Benefits of Vaccination.
    (5) DMACC's free Hepatitis B vaccination program.
x) Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

xi) The procedures to follow if an exposure incident occurs, including incident reporting.
xii) Information on the post-exposure evaluation and follow-up, including medical consultation, that DMACC will provide.
xiii) Any new tasks or procedures as appropriate.
xiv) The opportunity for employees to ask questions of the person conducting the training.

c) Training methods may include multimedia programs, internet-based training, employee handouts, and discussion. Participants will be given the opportunity to ask questions. Human Resources can provide information on training options available at DMACC. Training obtained from outside organizations is acceptable as long as all topics required by OSHA and listed in section 5b (page 9) are included in the training.

d) Training Records

Training completion information must be provided to HR so that the training can be properly recorded. Forms used to report training are located on pages 19, 20 and 21 of this document. Records of all employee training will be maintained by HR for three years. Training records must contain the following information:

-Dates of training sessions.

-Information regarding the content of the training session and the instructor.

-Names of employees attending the training session(s).

6) HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

a) Hepatitis B vaccinations are available at Student Health Services for no cost to DMACC employees who have occupational exposure. Post exposure evaluation and follow up is available at no cost to any employee who has an exposure incident.

Hepatitis B vaccinations are available at Student Health Services after the employee has received the required training regarding Bloodborne Pathogens. Training should be received and the vaccination series begun within 10 working days of initial assignment to positions with occupational exposure, unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving hepatitis B vaccinations. See Appendix IV for vaccination documentation form.

Employees who refuse the hepatitis B vaccinations are required to sign a statement of declination. See Appendix V for the declination form.

An employee may initially decline hepatitis B vaccinations, but at a later date decide to accept the vaccinations. The hepatitis B vaccinations will be made available at that time at Student Health Services at no cost to the employee.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at Student Health Services at no cost to the employee.

b) Post-exposure Evaluation and Follow-up.

i) Following a report of an exposure incident, DMACC shall make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:

(1) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

(2) Identification and documentation of the source individual, unless identification is infeasible or prohibited by state or local law.

(a) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(b) When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.

(c) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(3) Collection and testing of blood for HBV, HCV, and HIV serological status:

(a) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. (See also Appendix IX.)

(b) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(c) DMACC shall insure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

DMACC contracts with Chest/Infectious Diseases & Critical Care Associates (CIC),1601 NW 114th Street, Suite 347, Des Moines, IA 50325, 515-224-1777, to provide the following post-exposure evaluation and follow-up services.

(4) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.

(5) Counseling.

(6) Evaluation of reported illnesses.

ii) All post-exposure and follow-up treatment will be at no cost to the employee.

iii) The healthcare professional evaluating an employee after an exposure incident will be provided the following information:
(1) Adescription of the exposed employee's duties as they relate to the exposure incident.
(2) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
(3) Results of the source individual's blood testing, if available.
(4) All medical records relevant to the appropriate treatment of the employee including vaccinations status which are the employer's responsibility to maintain.

iv) The healthcare professional will prepare a written opinion evaluating the exposed employee's situation. A copy of this written opinion will be provided to the employer within 15 days of completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

a. That the employee has been informed of the results of the evaluation.

b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report. See Appendix VII for a copy of the post-exposure and follow-up checklist.

v) The Exposure Procedure is attached in Appendix IX.

7) MEDICAL RECORDKEEPING

a) An accurate medical record for each employee with occupational exposure will be established and maintained. This record shall include:

i) The name and identification information for the employee.

ii) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

b) If there is an exposure incident, a copy of all results of examinations, medical testing, and follow-up procedures will be maintained as follows:

i) The employer's copy of the health care professional's written opinion.

ii) A copy of the information provided to the healthcare professional.

c) Confidentiality. The employee medical records required above will be:

i) Kept confidential.

ii) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

d) Sharps Injury Log. A Sharps Injury Log will be maintained for recording percutaneous injuries from contaminated sharps. The log must include the type and brand of device involved in the incident, the department where the exposure occurred, and an explanation of how the injury occurred. The information in the sharps injury log must be recorded and maintained in a way that protects the confidentiality of the injured employee. See Appendix VIII for a copy of the DMACC Sharps Injury Log.

e) DMACC shall maintain the records required by this section for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20. The records will be maintained in the Human Resources Department.

f) If DMACC ceases to do business and there is no successor to receive and retain the records for the prescribed period, DMACC will notify the Director of NIOSH at least three months prior to their disposal and transmit them to the Director if so directed.

8) AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES

To help them with their efforts, DMACC's Bloodborne Pathogens Exposure Control Plan is available to our employees at any time. Employees are advised of this availability during their education/training sessions and each time the plan is updated. The plan is located on the web site and paper copies are kept in the following locations:

Human Resources Department (x6288)
Campus Provosts' Offices
Academic Deans' Offices
Physical Plant (x6259)
Campus Nurse's Office (x6352)

9) REVIEW AND UPDATE OF THE PLAN

We recognize that it is important to keep the DMACC Bloodborne Pathogens Exposure Control Plan up to date. We will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls. (This must be documented.) To ensure this, the plan will be reviewed under the following circumstances:

Annually.

Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.

Whenever jobs are revised such that new instances of occupational exposure may occur.

Whenever new positions are established within the college that may involve exposure to bloodborne pathogens.

Whenever changes occur in technology that would eliminate or reduce BBP exposure. Appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure will be considered and implemented as they become available.

Employees who fail to comply with the guidelines in this plan are subject to progressive discipline as outlined in Human Resources Procedure 3235.

APPENDIX I

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. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated - The presence or the reasonable anticipated presence of blood or other potentially infectious materials.

Contaminated Laundry - Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin including but not limited to, needles, sharps, and broken capillary tubes.

Decontamination - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Disinfect - To inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g. bacterial endosperms) on inanimate objects.

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.

Hand Washing Facilities - A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV - Hepatitis B virus.

HCV – Hepatitis C virus.

HIV - Human Immunodeficiency Virus.

Infectious Waste - Blood and blood products, contaminated sharps, pathological wastes, and microbiological wastes.

Licensed Healthcare Professional - A person whose legally permitted scope of practice allows him or her to independently perform the activities required for Hepatitis B vaccination and Post-Exposure Evaluation and Follow-Up.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee's job duties.
Other Potentially Infectious Material (OPIM) - The following body fluids: semen, vaginal secretion, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and any body fluid that is visibly contaminated with blood.

Parenteral - Exposure occurring as a result of piercing the skin barrier.

Personal Protective Equipment (PPE) - Specialized clothing or equipment worn by an employee to protect him/her from a hazard.

Regulated Wastes - 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 material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps - Any object that can penetrate the skin including, but not limited to, needles, sharps, and broken capillary tubes.

Standard Precautions - refers to a method of infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens. Therefore, standard precautions are intended to protect employees from parenteral, mucous membrane, and non-intact skin exposures to bloodborne pathogens.

Universal Precautions – refers to what is now called Standard Precautions in current training manuals. See definition above.

Work Practice Controls - Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

APPENDIX II

Course List

Courses for which instructors have occupational exposure (without regard to the use of personal protective equipment):

1. Anthropology: ANT140 (Boundary Waters Canoe Trip).
2. Athletics Courses: PEA102, PEA110, PEA117, PEA134, PEA144, PEA146, PEA164, PEA174, PEA176, PEA184, PEA187, PEA234, PEA284, PEV115, PEV121, PEV122, PEV 130, PEV140, PEV170, and PEV190.
3. Biology Courses: BIO156, BIO164, BIO168, BIO173, BIO187, BIO732, BIO733, and BIO734.
4. Dental Assistant Courses: DEA297, DEA321, DEA424, DEA507, DEA576, DEA577, and DEA615.
5. Dental Hygiene Courses: DHY161, DHY164, DHY170, DHY171, DHY181, DHY182, DHY221, DHY223, DHY281, DHY282, DHY291, DHY292, DHY301, and DHY302.
6. Early Childhood Education Courses: ECE262, ECE343, and ECE359.
7. Emergency Medical Technician Courses: EMS112, EMS210 (clinical portion only), EMS311, EMS429, EMS433, and EMS438.
8. Medical Assistant Courses: MAP225, MAP228, MAP347, MAP348, and MAP624.
9. Medical Laboratory Technology Courses: MLT115, MLT120, MLT180, MLT232, MLT242, MLT251, MLT261, and MLT270.
10. Mortuary Science Courses: MOR310, MOR335, MOR336, MOR340, MOR341, MOR346, MOR941.
11. Nurse Aide/Orderly Courses: HSC172, HSC182, and HSC231.
12. Nursing Courses: ADN126, ADN416, ADN474, ADN551, ADN611, ADN821, PNN151, PNN152, PNN153, PNN351, PNN605, and PNN606.
13. Optometric Technician Courses: OPT110, OPT112, OPT123, OPT140, OPT140, OPT803 and OPT818.
14. Phlebotomy Courses: PHB113, and PHB280.
15. Respiratory Therapy Courses: RCP410, RCP500, RCP600, RCP601, RCP700, RCP705, RCP710, RCP715, and RCP720
16. Surgical Technology Courses: SUR805, and SUR810.
17. Veterinary Technology Courses: AGV266.

APPENDIX III

Information and Training Record for Trainers conducting Bloodborne Pathogens Training at DMACC

Date of training: _____

Trainer(s) name(s) and qualifications:

_____

_____

The following elements were covered during the training:

- An accessible copy of the text of the OSHA Standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the DMACC exposure control plan and the means by which employees can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- Labels, signs, and "color-coded" containers for biohazards.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- Information on the post-exposure evaluation and follow-up that is provided.
- And explanation of the signs, symbols, and color-coding of biohazards.
- Any new tasks or procedures implemented since previous training.
- An opportunity for an interactive question and answer session between trainer(s) and employee(s).

A list of names and job titles of all employees attending this training is attached.

Signature of Training Coordinator:_____

Distribution: Original – HR, Copy – Program Chair(s)

Attendance List—BBP Training Verification for Group Sessions

DATE: _____ **Trainer: _____**

Name (Please Print)	Job Title	DMACC ID or last 4 of SSN	Phone Number

PLEASE NOTE: If your name is not legible, credit for attendance cannot be recorded.

Distribution: Original – HR, Copy – Supervisor or Program Chair(s)

Bloodborne Pathogens, Right to Know & Formaldehyde Training Verification

Bloodborne Pathogens and HIV/AIDS Training Verification (BBP)

I have completed training regarding Bloodborne Pathogens exposure and was given an opportunity to ask questions.

Date training received: _____

Location where training was received: _____

Presenter: _____

Right To Know Training Verification (RTK)

I have viewed the "Right to Know" video tape or received "Right to Know Training". I understand that if I have questions about this information I should discuss them with my supervisor.

Date: _____

Location where training was received: _____

Presenter: _____

Formaldehyde Training Verification (FOR)

I have completed training regarding formaldehyde and the formaldehyde standard. I understand that if I have questions about this information I should discuss them with my supervisor.

Date: _____

Location where training was received: _____

Presenter: _____

By signing below, I verify that I have fully completed all of the above training.

_____ _____

Please Print Name Social Security Number or DMACC ID Number

_____ _____

Please Sign Name Date

FOR HR USE ONLY

Training Entered: SIAINST _____ PPACERT _____

APPENDIX IV

DMACC Hepatitis B Vaccination Record

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

I, _____, have completed the inoculations:
(please print)

Inoculation 1 Date: _____ Location: _____ By _____

Inoculation 2 Date: _____ Location: _____ By _____

Inoculation 3 Date: _____ Location: _____ By _____

Employee Signature: _____ Date: _____

DMACC ID Number or Social Security Number: _____

Distribution: Original – HR, Copy – Program Chair(s)

APPENDIX V

DMACC Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (print): _____

DMACC ID Number or Social Security Number: _____

Employee Signature: _____Date: _____

Distribution: Original – HR, Copy – Program Chair(s)

APPENDIX VI

DMACC OCCUPATIONAL EXPOSURE INCIDENT INVESTIGATION FORM

(Attach a copy of the DMACC Incident Report)

Employee Name:_____

Date Of Incident:_____ Time Of Incident:_____

Location:_____

Potentially Infectious Materials Involved:
Type:_____ Source:_____

Employee Duties:_____

Circumstances (work being performed, etc.):_____

_____

How Incident Was Caused (accident, equipment, malfunction, etc.):

_____

_____

Personal Protective Equipment Being Used:_____

_____

Actions Taken (decontamination, clean-up, reporting, etc.):

_____

Recommendations For Avoiding Repetition Of Incident:

_____

_____

_____

Form Completed By:_____

Date:_____

Distribution: Original – HR, Copies – Dean/Provost, Immediate Supervisor, Program Chair(s), Employee

APPENDIX VII

DMACC Post-Exposure Evaluation and Follow-Up Checklist For Bloodborne Pathogens

Employee Name: _____
(please print)

Activity	Completion Date
____ Employee furnished with procedures regarding exposure incident.	_____
____ Source individual is:	
____ Known ____ Unknown	
____ Exposed employee's blood collected and tested.	_____
Test Location: _____	
____ Appointment arranged for employee with a health care professional.	_____
Name and Location: _____ _____	
Documentation forwarded to healthcare professional:	_____
____ DMACC Bloodborne Pathogens Exposure Procedure.	
____ Description of exposed employee's duties.	
____ Description of exposure incident, including routes of exposure.	
____ Employee's relevant medical records.	
____ Written opinion obtained from healthcare professional.	_____
____ Written opinion provided to employee within 15 days of receipt of healthcare professional's written opinion.	_____

Completed by: _____ Date: _____

Distribution: Original – HR, Copies – Dean/Provost, Program Chair(s), Campus Nurse

APPENDIX VIII

DMACC Sharps Injury Log

This sharps injury log is required by OSHA for recording of percutaneous injuries from contaminated sharps. The information must be recorded and maintained in such a manner as to protect the confidentiality of the injured person. Although much of the collected information may appear on the DMACC Incident Report, the sharps injury log makes it possible to quickly separate sharps injuries from all other injuries. The intention is to track devices that are causing injuries, not track employees having injuries. The log is a surveillance tool to identify departments, devices, or procedures where injuries are occurring so improvements can be made

Date of injury: _____ Time of injury:_____

Age of injured party:_____ Sex of injured party:_____

Type and brand of sharp involved:_____

Intended use of the sharp:_____

Was injury sustained before, during, or after intended use:_____

Did the device have engineered sharps injury protection and was the protective mechanism activated at the time of the injury:_____
_____

Name, address, and specific work area of facility where the injury occurred:_____
_____

Name and address of reporting official:_____
_____

Was the injured wearing gloves at the time of the injury:_____

Had the injured completed the Hepatitis B vaccine series:_____

Was an appropriate sharps container available for disposal of the sharp:_____

Did the injured person receive training on the DMACC exposure plan during the 12 months prior to the incident:_____

Location on the body of the injury:_____

Job title of the injured person: _____

Distribution: Original – HR, Copies – Dean/Provost, Program Chair(s), Safety Committee

APPENDIX IX

DMACC PROCEDURE FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENTS

Adhere to Standard Precautions and OSHA bloodborne pathogen standards. This includes safe handling and disposing of sharps and contaminated material, adherence to exposure control policies, use of Personal Protective Equipment (PPE), and immediate reporting of exposure incident. If an individual is stuck with a needle or sharp object or exposed to blood or body fluids that may contain HIV, during lab practice, clinical or alternative activities, IMMEDIATELY wash the affected area with soap and running water, use appropriate first aid, and contact the appropriate supervisor or instructor. The supervisor or instructor will proceed as follows:

IT IS VITAL THAT ACTION BE TAKEN IMMEDIATELY, AS DELAY BEYOND 3 HOURS MAY AFFECT TREATMENT OUTCOMES.

EMERGENCIES, call 911 and proceed with required paperwork after the emergency has past. For non-emergency situations, proceed as follows.

FOR ALL EXPOSURE INCIDENTS the DMACC "Incident Report" must be completed. The DMACC supervisor or instructor will complete the incident report for all incidents. Instructors are also responsible for completing the report for incidents occurring at an off-site health care facility or clinical. The "Incident Report" is essential to ensure adherence to current CIC standards for follow-up testing and post-exposure prophylaxis (PEP) treatment. **The DMACC Incident Report form is accessible through the DMACC quick links box on the DMACC home page or, if viewing this document on the web, by clicking the following link: http://go.dmacc.edu/safety/Pages/forms.aspx**. Sharps injuries also require the completion of a DMACC Sharps Injury Log form. This form is located on page 25 (Appendix VIII) of this handbook.

EXPOSURE DURING REGULAR BUSINESS HOURS: The supervisor or instructor should contact Chest/Infectious Diseases & Critical Care Associates (CIC) at 515-224-1777 for immediate consultation. Both the person exposed and the individual who is the exposure source will need to have blood drawn. CIC will advise if the blood draw can be done by them or if the person should visit their primary care physician or other location. The DMACC nurse is available during regular business hours at 515-964-6352 for consultation or questions.

EVENING AND WEEKEND EXPOSURE: The supervisor or instructor should assist the person exposed and the individual who is the exposure source to IMMEDIATELY contact the after hours urgent care clinic or emergency room of their choice for consultation. Broadlawns Hospital is available for testing 24 hours a day at 1801 Hickman Road, Des Moines, IA, phone: 282-2253.

OFF-CAMPUS EXPOSURE: At an on-site health care facility or assigned clinical, the on-site instructor will IMMEDIATELY contact the appropriate infection control person at the health care facility for referral. If no instructor is on-site, student should contact the instructor immediately for referral. If instructor is not immediately available, student will IMMEDIATELY contact the appropriate infection control person at the health care facility for referral. If the health care facility does not provide guidance, instructor (or student if instructor is not available) should IMMEDIATELY contact CIC 515-224-1777 or personal physician for evaluation. If instructor is not immediately available student must contact instructor as soon as possible to report incident and obtain authorization for examination or treatment.

NOTE: In some instances, students who choose to have evaluation or treatment at their personal physician will assume cost.

Chest/Infectious Diseases & Critical Care Associates (CIC) Contact Information
Phone: 515-224-1777
Address: 1601 NW 114th Street, Suite 347, Des Moines, IA 50325
Hours: Monday through Friday, 8:00-5:00 p.m.