MISSOURI VALLEY COLLEGE
Division of Health Sciences

BLOODBORNE PATHOGENS POLICY

MISSOURI VALLEY COLLEGE
DIVISION OF HEALTH SCIENCES
BLOODBORNE PATHOGEN POLICY

TABLE OF CONTENTS

PREFACE

Due to the nature of the professional scope of practices within the Division of Health Sciences, it has been determined that students and faculty may be potentially exposed to bloodborne pathogens as a function of their jobs or academic assignments. Therefore, the Bloodborne Pathogen Policy was developed by the Missouri Valley College Division of Health Sciences to be used as a guideline for both students and faculty in the implementation and management of protective measures and practices. The plan was guided by federal regulations outlined by the Occupational Safety and Health Administration (OSHA).

POLICY STATEMENT

The Missouri Valley College Division of Health Sciences endeavors to maintain a safe and healthy working and educational environment for its faculty, staff, and students. In support of this goal, the Division of Health Sciences is committed to provide health and safety programs for the benefit of its employees and students.

These guidelines will outline specific procedures to provide employees and students with education and training about bloodborne pathogens and identify procedures and precautions that will reduce the likelihood of accidental exposure to these infectious substances.

I. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means 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 Virus (HCV) and human immunodeficiency virus (HIV).

"Clinical Site" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

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

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

"Decontamination" means 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.

"Engineering Controls" means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

"HBV" means hepatitis B virus.

"HCV" means hepatitis C virus.

"HIV" means human immunodeficiency virus.

"Licensed Healthcare Professional" is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

"Needle" or "Needle Device" means a needle of any type, including, but not limited to, solid and hollow-bore needles.

"Needleless system" means a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established;
2. The administration of medication or fluids; and
3. Any other procedure involving the potential for an exposure incident.

"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 an employee's or student’s duties.

"One-Hand Technique" means procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

"OPIM/Other Potentially Infectious Materials" means:

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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
    a. Cell, tissue, or organ cultures from humans or experimental animals;
    b. Blood, organs, or other tissues from experimental animals; or
    c. Culture medium or other solutions.

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

"Personal Protective Equipment" is specialized clothing or equipment worn or used by an individual 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.

"Regulated Waste" means 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.

"Sharp" means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

"Sharps Injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

"Sharps Injury Log" means a written or electronic record, which is a record of each exposure incident involving a sharp.

"Sterilize" means the use of a physical or chemical procedures to destroy all microbial life.

"Student Academic Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's participation in academic assignments.

"Source Individual" means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV or HCV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

II. EXPOSURE CONTROL PLAN

Methods of Compliance.

The following methods of compliance should be incorporated in the Exposure Control Plans, where students or employees are at risk for student academic or occupational exposure to bloodborne pathogens. Universal precautions shall be observed to prevent contact with blood or potentially infectious materials (PIM). Unless differentiation between body fluid types is possible, all body fluid types shall be considered potentially infectious material.

A. Engineering Controls

Engineering controls shall be used whenever possible to eliminate or minimize exposure. They shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

1. Handwashing facilities shall be readily accessible to employees and students.

2. Contaminated sharps shall be placed in appropriate containers immediately or as soon as possible after use. The containers shall be:
    a. Puncture resistant;
    b. Labeled or color coded;
    c. Leak proof on the sides and bottom; and
    d. Constructed in such a manner so it is not necessary for a person to reach into the container to retrieve or dispose of sharps.

3. Specimens of blood or potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, or transport.
    a. If Universal Precautions are utilized in the handling of all specimens additional labeling or color coding is not necessary if the containers are recognizable as containing specimens and do not leave the facility.
    b. If specimen containers leave the facility they must be labeled in accordance with the communication of hazards section of this policy.
    c. If the primary container begins leaking or outside contamination occurs it shall be placed within a secondary container which meets all of the construction and labeling requirements.
    d. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and decontaminated as necessary.

B. Engineering and Work Practice Controls (Specific Requirements).

1. Needleless Systems shall be used for:
    a. Withdrawal of body fluids after initial venous or arterial access is established.
    b. Administration of medications or fluids; and
    c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:
    a. Withdrawal of body fluids;
    b. Accessing a vein or artery;
    c. Administration of medications or fluids; and
    d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. EXCEPTIONS: The following exceptions apply to the engineering controls.
    a. Market Availability. The engineering control is not required if it is not available in the marketplace.
    b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgment, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented.
    c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
    d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

C. Required Work Practices

1. Employees or students shall wash their hands immediately after removal of gloves or other personal protective equipment, using an appropriate disinfectant soap.

2. Employees/students wash immediately following contact of body areas with blood or potentially infectious material, using an appropriate disinfectant soap.

3. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4. Contaminated needles and sharps shall not be bent, recapped, sheared, broken or removed.

5. If recapping or removal is required by a specific medical procedure, documentation of this necessity must be maintained. Recapping or removal must be with the use of a mechanical device or a one-handed technique.

6. Eating, drinking, smoking, applying cosmetics/lip balm, and handling contact lenses are prohibited in work areas where there is a possibility of occupational or student academic exposure.

7. Food and drink shall not be consumed or stored in areas where blood or other potentially infectious materials are present.

8. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes splashing, spraying, or generation of droplets.

9. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited.

10. If conditions are such that hand-washing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees/students are to wash hands at the first available opportunity.

D. Personal Protective Equipment

Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate **personal protective equipment** 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.

1. The Academic/Clinical site shall provide personal protective equipment such as gloves, gowns, coats, face shields, masks, eye protection, resuscitation mouthpieces, or resuscitation bags.

2. The personal protective equipment will be adequate only if it does not permit blood or potentially infectious materials to reach the employee's/student's work clothes, skin, eyes, mouth or other mucous membranes

.

3. The Academic/Clinical site shall ensure that the employee/student uses personal protective equipment whenever appropriate.

4. Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.

5. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

6. Contaminated personal protective equipment shall be removed as soon as possible.

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

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

9. Gloves shall be worn when the employee/student may have hand contact with blood, potentially infectious material or contaminated items or surfaces.

10. Gloves must be discarded as soon as their ability to function as a barrier is compromised.

11. Disposable items such as gloves shall not be re-used.

12. Masks, eye protection and/or face shields shall be worn whenever splashes, spray or droplets of blood or potentially infectious materials may be generated.

13. Gowns, aprons and other protective body clothing shall be worn in exposure situations.

14. Surgical caps or hoods and boots or shoe covers shall be worn when gross contamination is anticipated.

E. Housekeeping

1. Each facility shall develop a written schedule for cleaning and methods of decontamination based upon type of surface, and the procedures being performed.

2. All equipment and surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or potentially infectious material.

3. Protective coverings shall be removed and replaced as soon as possible after contamination.

4. Receptacles with a possibility of contamination shall be inspected and decontaminated on a regularly scheduled basis and decontaminated as soon as possible upon visible contamination.

5. Broken glassware shall be cleaned up using mechanical means.

6. Reusable items contaminated with blood or other potentially infectious materials shall be decontaminated prior to washing and/or reprocessing.

F. Waste Disposal

All infectious waste destined for disposal shall be placed in closable, leak proof containers or bags that are color-coded or labeled.

1. If outside contamination of the container or bag is likely to occur, then a second leak proof container or bag which is closable and labeled or color-coded will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.

2. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leak proof on the sides and bottom and that are labeled or color-coded.

3. These containers will be easily accessible to personnel and located in the immediate area of use.

4. These containers will be replaced routinely and not allowed to overfill. Individuals must not have to insert hands into the container in order to dispose of a sharp.

5. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.

6. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of injury.

7. Disposal of contaminated personal protective equipment will be provided at no cost to employees or students.

G. Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate disposal containers.

3. At all time during the use of sharps, containers for contaminated sharps shall be:
    a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
    b. Maintained upright throughout use, where feasible; and
    c. Replaced as necessary to avoid overfilling.

H. Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:
    a. Rigid;
    b. Puncture resistant;
    c. Leak proof on the sides and bottom;
    d. Portable, if portability is necessary to ensure easy access by the user.
    e. Properly labeled.

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

I. Cleaning and Decontamination of the Worksite.

1. General Requirements.
    a. Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition.
    b. Supervisors shall determine and implement an appropriate written schedule for cleaning and decontamination of the worksite.
    c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the: location within the facility; type of surface or equipment to be treated; type of soil or contamination present; and tasks or procedures being performed in the area.
    d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift.
    e. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

Specific Requirements.

1. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when: surfaces become overtly contaminated; there is a spill of blood or OPIM; procedures are completed; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
2. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
3. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

J. Laundry

1. Contaminated laundry shall be bagged at the area of use and not sorted or rinsed.

2. Contaminated laundry shall be placed and transported in containers labeled according to the hazards communication section unless the facility utilizes Universal Precautions (UP) in handling all soiled laundry.

3. If the laundry is wet it shall be placed and transported in leak proof bags.

4. The supervisor shall ensure that employees or students who contact contaminated laundry wear appropriate gloves and other appropriate personal protective equipment.

5. Laundering of personal protective equipment is to be provided by the Administrative Unit at no cost to employees or students.

6. Contaminated laundry must be laundered separately from all other laundry utilizing hot water and a disinfectant detergent or bleach.

K. Hepatitis B Vaccination

1. Faculty and Staff

a. Per OSHA policy Missouri Valley College shall make available the hepatitis B vaccine and vaccination series to all employees who are at risk for occupational exposure at no cost to the employee.

b. The hepatitis B vaccination shall be made available to an employee who has occupational exposure, within 10 workdays of initial assignment. Exceptions are:
   (1) The employee has previously received the complete hepatitis B vaccination series and submits acceptable proof thereof (Appendix D);
   (2) Antibody testing reveals the employee is immune;
   (3) The vaccine is contradicted for medical reasons; or
   (4) The employee signs a statement (Appendix E) declining the vaccination series.
   (5) The employee shall be employed for a period of less than six months.

c. Employees who decline the hepatitis B vaccination shall sign the prescribed statement shown in Appendix E. This signed statement shall be placed in the departmental file.

d. If an employee initially declines the vaccination but at a later time (while still covered by this policy) desires to accept it, it shall be made available.

2. Students

a. Students who are at risk for student academic exposure to bloodborne pathogens will be required to submit proof of immunity to Hepatitis B (either by vaccination or previous exposure) to the Division of Health Sciences (Appendix D), or sign a statement (Appendix E) indicating that they understand their risks of exposure but

have declined vaccination. If a student is under the age of 18, parental signature on the declination form will be required.

b. Documentation of the vaccination status for a student at risk for exposure (Appendix D) and, if applicable, the signed statement declining vaccination (Attachment E), may be placed in the student's Health Center records. A copy of this documentation shall be provided to the student to be submitted to the faculty member responsible for the academic activity associated with a risk for exposure.

L. Post-Exposure Evaluation and Follow-Up

Should a faculty member or student be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be provided as described herein. If the individual is an employee, this will be paid for through Workman's Compensation at MVC. If the individual is a student, they will be financially responsible. At any time, the employee or student may decline post-exposure screening.

a. Following a report of an exposure incident (Appendix A), the Division of Health Sciences will provide a referral for confidential medical evaluation and follow-up including:
   (1) Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient(s) (if known), and the circumstances under which the exposure occurred.
   (2) If the source patient can be determined and permission is obtained (Appendix B), collection and testing of the source patient's blood to determine the presence of HIV or HBV infection.
   (3) Collection of blood from the exposed individual as soon as possible after the exposure incident for determination of HIV/HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if the employee so requests. Samples will be preserved for at least 90 days, but not more than 120 days, unless a longer period is requested by the employee.
   (4) Follow-up of the exposed individual including antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.

b. The attending physician will be provided the following information:
   (1) A description of the affected individual's duties as they relate to the occupational exposure.
   (2) A description of the exposed individual's duties as they relate to the exposure incident.
   (3) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
   (4) Results of the source individual's blood testing, if available.
   (5) All medical records, including vaccination records, relevant to the treatment of the individual.

c. The attending physician will provide a written opinion to the MVC Student Health Center School concerning the following:
    (1) The physician's recommended limitations upon the individual's ability to receive the Hepatitis B vaccination.
    (2) A statement that the individual has been informed of the results of the medical evaluation and 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.
    (3) All other findings and diagnoses shall remain confidential and shall not be included in the written report.

d. For each evaluation under this section, the Student Health Center will obtain and provide the individual with a copy of the attending physician's written opinion within 15 days of the completion of the evaluation.

e. The exposed individual has the right to refuse post-exposure testing but will be required to sign a waiver (Appendix C)

M. Communication of Hazards

1. Labels shall be affixed to containers of waste, refrigerators, freezers, or other containers used to store, transport, or ship blood or potentially infectious material with the following exceptions:
    a. Red bags or containers may be substituted for labels;
    b. Containers of blood, blood products or components released for transfusion or other clinical use; and
    c. Individual containers of blood or potentially infectious material that are in a labeled container during storage, transport, shipment or disposal.

2. The required labels shall be the International Biohazard Symbol (IBS) including BIOHAZARD written under the symbol.

3. The labels shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.

4. Labels shall be affixed in a way as to prevent loss or removal.

5. Red bags or red containers may be substituted for labels on containers of infectious waste.

N. Information and Training.

1. The Division of Health Sciences shall ensure that all students, staff, and faculty with occupational exposure participate in a training program which must be provided at no cost to the employee.

2. Training shall be provided as follows:
    a. At the time of initial assignment to tasks where occupational exposure may take place.
    b. At least annually thereafter.

3. The Division of Health Sciences shall provide additional training when changes such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

4. Material appropriate in content and vocabulary to educational level, literacy, and language of faculty, staff, and students shall be used.

5. The training program shall contain at a minimum the following elements:
    a. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
    b. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
    c. Exposure Control Plans. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan;
    d. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
    e. Method of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
    f. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
    g. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
    h. Emergency Procedures. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
    i. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident the medical follow-up that will be made available and the procedure for recording the incident on the Exposure Incident Report

j. Post-Exposure Evaluation and Follow-up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the individual following an exposure incident;
k. Signs and Labels. An explanation of the signs and labels and/or color coding
l. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

6. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

O. RECORDKEEPING

1. The Student Health Center shall establish and maintain a medical record for each individual who has had an academic or occupational exposure incident. Medical records shall be maintained in confidentiality for duration of employment or enrollment plus ten years. These records are not disclosed or reported without the employee's or student's written consent to any person within or outside the workplace except as may be permitted or required by law. This record shall include:
    a. Name and social security number
    b. Hepatitis B vaccination status
    c. Copy of all results of exams, medical testing, and follow-up
    d. The healthcare professional's written opinion; and
    e. A copy of all information provided to the healthcare professional
2. Training records shall include the following:
    a. Date of training;
    b. Content of the session;
    c. Names and qualifications of presenters; and
    d. Name and job title of all persons attending.

3. Training records shall be retained in the Division of Health Sciences for five years from the date on which training occurred. Documentation of participation in a training program shall be kept in the employee personnel files or academic records.

4. Medical and training records shall be provided to the employee and student upon request.

5. Exposure Incident Report. The Exposure Incident Report shall be maintained 10 years from the date the exposure incident occurred.

APPENDIX A

Exposure Incident Form

(for and Occupational Bloodborne Pathogens Exposure)

Note to Clinical Instructor or Supervisor: Print this form, and ensure a completed copy is delivered to the Chair of the Division of Health Sciences within 24 hours of the incident. Questions contact (660) 831-4062.

Exposed Individual's Information

Check one: [ ] Employee [ ] Student Report Date: _____

Name: _____

Address: _____

Telephone: _____ SSN _____

Exposure Information:

Exposure Date _____ Exposure Time: _____ a.m./p.m.

Body part involved in the exposure incident: _____

Facility and specific location within it where incident occurred:

_____

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

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

Route of exposure (stick, splash, etc.) and circumstances which exposure occurred: _____

_____

Tell how this type of exposure can be prevented: (Use additional sheet if needed) _____

_____

_____

Program/Department Information

DHS program in which you are enrolled or employed: _____

Basic job description/duties: _____

Supervisor/Clinical Instructor: _____

Supervisor/Clinical Instructor's Telephone: _____

APPENDIX B

Missouri Valley College
Division of Health Sciences

Source Individual's Consent or Refusal
for HIV, HBV, and HCV Infectivity Testing

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

Note: Complete this form and submit it to the Student Health Center.

Exposed Individual's Information

Name (Please Print): _____

Telephone Number: _____

Exposure Date: _____

Source Individual's Statement of Understanding

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

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

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

Consent or Refusal and Signature

I hereby consent to:

HIV Testing _____
HBV Testing _____
HCV Testing _____

I hereby *refuse* consent to:

HIV Testing _____
HBV Testing _____
HCV Testing _____

Source Individual Identification

Source Individual's Printed Name: _____

Source Individual's Signature: _____

Date Signed: _____

Witness Signature and Printed Name: _____

APPENDIX C

Missouri Valley College
Division of Health Sciences

Refusal of Post-Exposure Medical Evaluation
For Bloodborne Pathogen Exposure

Supervisor or Clinical Instructor: Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional. Send this completed form to the Chair of the Division of Health Sciences. For questions, call (660) 831-4062.

Exposed Individual's Information

Name: _____

DHS Program _____ SSN _____

Exposure Information:

Exposure Date _____

Facility where incident occurred (room, etc): _____

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

Describe how you were exposed: _____

_____

Tell how this type of exposure can be prevented: (Use additional sheet if needed) _____

_____

_____

Statement of Understanding

I have been fully trained in the Division of Health Sciences Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HBV, or HCV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical testing free of charge by the Division of Health Sciences to determine whether or not I have contracted an infectious disease such as HIV, HBV, or HCV. I have also been offered follow-up medical care in the form of counseling and medical evaluation if any acute febrile illness (new illness accompanies by a fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature _____ Date _____

Witness Name _____ Signature _____

Appendix D

Missouri Valley College
Division of Health Sciences
Immunization Records Form

Name _____ Date of Birth _____

Please complete the following information regarding your immunizations with the date you received each vaccination. If you can submit a copy of your childhood immunization records please do so. Please provide the following required information even if you have given the Missouri Valley College Student Health Center your immunization records.

Immunizations REQUIRED by Missouri Valley College

Measles, Mumps, Rubella (MMR) Vaccination		Child (2 shots as a child)		***OR***	Adult (1 shot as an adult)
		Date:	Date:		Date:

OR

Submit a copy of a rubella titer (laboratory test that shows antibodies against rubella)

Immunizations RECOMMENDED by the Division of Health Sciences

Hepatitis B	Date:	Date:	Date:
Varicella (chickenpox)	Date of vaccine ***OR*** Date of disease:		
Tdap	Date:		
Tetanus	Date:		
Meningitis	Date		

APPENDIX E

Missouri Valley College
Division of Health Sciences
Hepatitis B Vaccine Information Form

Name _____

Student Number _____ Date of Birth _____

Hepatitis B

Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. The Hepatitis B vaccine can provide immunity against Hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

[ ] Waiver of Liability

I have received and read the information pertaining to the Hepatitis B virus. I understand the risks involved with being unvaccinated, but I elect not to receive the Hepatitis B vaccine.

_____ Date _____
Signature of student

_____ Date _____
Signature of witness

APPENDIX E

Documentation of Participation in Training Program

I, _____, hereby verify that I received training in Bloodborne Pathogens and Preventing Disease Transmission, in accordance with Missouri Valley College's Division of Health Sciences policy.

This training was conducted by _____ and completed on _____.

_____
Signature