

**BLOODBORNE PATHOGEN  
Exposure Control Plan  
FOR  
FSMFN NURSING STUDENTS**



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## **FSMFN SAFETY COMMITTEE**

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The **FSMFN** contracts with many agencies to provide clinical experience for students. Each clinical placement must have a policy for protection against bloodborne diseases in effect, and available for the students, and must provide personal protective equipment required by the clinical placement site for students. The students are governed by the **FSMFN** policies and procedures as well as the policies for each clinical placement.

The policy and procedures for **FSMFN** students are based on the position statement of the American Association of Colleges of Nursing and the guidelines of the **FSMFN Exposure Control Plan (ECP)**.

### **A. PURPOSE**

The policies and procedures in this manual are intended to:

1. Eliminate or minimize student **exposure** to blood or certain other body fluids.
2. Decrease risk of disease from bloodborne pathogens through education and immunization.

### **B. EXPOSURE DETERMINATION**

All students taking clinical courses in which they have direct patient contact or who practice in the clinical laboratory in the **FSMFN** are considered to be at risk for **exposure** to blood and certain body fluids.

### **C. IMPLEMENTATION SCHEDULE AND METHODOLOGY**

#### **1. Compliance Methods**

Universal precautions will be observed at the **FSMFN** and at each clinical placement in order to prevent contact with blood or other potentially infectious materials. All blood and other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. Potentially infectious body fluids include amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions as well as any fluids with visible blood. When there is any doubt as to contamination with blood, universal precautions are to be used. Engineering and work practice controls will be utilized to eliminate or minimize student exposure at the School and at each clinical placement. Where exposure remains after institution of these controls, personal protective equipment shall also be used. At the **FSMFN** the following engineering controls will be utilized:

- Safety Needles

The above control will be examined and maintained on a regular schedule.

Hand washing facilities shall be made available to the students who incur exposure to

blood or other potentially infectious materials. In each of the practice areas there is a sink with soap and running water. Each clinical placement has sinks with soap and running water and for the students on the home health clinical rotation, each bag contains hand washing solution. When the hand washing solution is used, students are expected to wash their hands with soap and running water as soon as it is feasible. The laboratory or clinical supervisor shall ensure that after removal of personal protective gloves, students shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and running water. The laboratory or clinical supervisor shall ensure that if students incur exposure to their skin or mucus membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken

## **3. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, students are not to eat, drink, chew gum, apply cosmetics or lip balm, smoke or handle contact lenses. This would include all areas in the labs. Food and/or beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or counter tops where blood or other potentially infectious materials are present.

## **4. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimen. The container used for this purpose will be labeled with a hazardous materials sign or be color-coded florescent orange or bright red.

- a. No specimens are collected at the FSMFN campus.
- b. Each clinical placement may have exceptions when specimens are processed at that site. Please see each clinical placement's policies.

Any specimen which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs; the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

## **5. Contaminated Equipment**

The laboratory supervisor or the safety officer in each clinical placement is responsible for ensuring that equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination of the equipment is not

feasible. It is the student's responsibility to notify the laboratory or clinical supervisor if any equipment has become contaminated with blood or any other potentially infectious material.

#### **6. Personal Protective Equipment (PPE)**

The laboratory or clinical supervisor or the safety officer in each clinical placement is responsible for ensuring that the following policies are met. Personal protective equipment used in the clinical facilities will be provided without cost to the students. In the laboratory, students are required to purchase certain equipment at the beginning of the second year for practice only in the lab. These items include personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the student's clothing, skin, eyes, mouth, or mucus membranes under normal conditions of use and for the duration of time which the protective equipment shall be used. In the CSL gloves will be available. At each clinical placement goggles, masks, cover gowns, aprons, scrub suits, booties, caps, and gloves will be provided as per each clinical placement's policies. The laboratory or clinical supervisor at each site shall ensure that the student uses the appropriate PPE unless the supervisor shows that the student temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the supervisor's professional judgment that in the specific instance its use would have prevented the delivery of health care or posed an increased risk to the safety of the worker or co-worker. When the supervisor makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

#### **7. PPE Accessibility**

The laboratory or clinical supervisors and the safety officer for each clinical placement shall ensure that appropriate PPE, in the appropriate sizes, is readily accessible at the clinical site without cost to students. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those students who are allergic to the gloves normally provided.

#### **8. PPE Cleaning, Laundering and Disposal**

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

#### **9. Gloves**

Gloves shall be worn where it is reasonably anticipated that students will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucus membranes; when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Disposable gloves used in the clinical labs or

in the clinical agencies are to be non-latex, not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible when they are torn, punctured, or when their ability to function as an effective barrier is compromised.

#### **10. Face and Eye Protection**

Masks in combination with eye protection devices, such as goggles or glasses with protective shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Situations at each clinical placement which would require such protection would be listed in each placement's policies.

#### **11. Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinical jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated. For situations which require that such protective clothing be used see each clinical placement's policies.

#### **12. Housekeeping**

Decontamination will be accomplished by using bleach solution and EPA registered cleaning germicides/viralcides. All contaminated work surfaces will be decontaminated after completion of procedures and as soon as possible after any spill of blood or other potentially infectious materials, and at the end of the day if the surface may have been contaminated since the last cleaning.

Any contaminated broken glassware may not be picked up by hand. Dustpans and hand brooms or forceps/tongs are available for use.

#### **13. Regulated Waste Disposal**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color coded. During use, containers for contaminated sharps shall be easily accessible to students and located as close as is feasible to the immediate area where sharps are used. The containers shall be maintained upright throughout use, be replaced routinely, and not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the container shall be closed immediately prior to removal or replacement to prevent spilling or protrusion of contents during handling, storage, transport, or shipping. The container shall be placed in a second container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

#### **14. Other Regulated Waste**

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage and

transportation, or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage and transport, or shipping.

### **15. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible.

Such laundry shall be placed in an appropriately marked container (labeled with a biohazard label or color coded red bag) at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. Please refer to each agency's policies on the handling of contaminated linen. Laundry for the clinical labs will be cleaned by a professional linen service.

### **16. Hepatitis B Vaccines, Evaluation and Follow Up**

All students, before beginning their clinical rotations, must complete the Hepatitis B vaccination series, show medical documentation of immunity status, or have a physician's letter showing inability to take the vaccine. The vaccination series is available through private physicians, the health department, or Thomson Student Health Center. No student will be allowed to continue clinical courses unless documentation of training and vaccination is provided to the Registrar.

It is recommended that a Hepatitis B antibody titer be drawn no sooner than 1 to 3 months after last dose of vaccination series. If titer is negative it is recommended that the series be repeated once.

### **17. Bloodborne Pathogens Exposure Protocol (Revised 3/20/07)**

This protocol applies to all FSMFN campus employees, student employees, apprenticeship students, and all other students who have an exposure to human blood or body fluids. Exposures through sexual contact are not included in this protocol. You may call a FSMFN Faculty Practice nurse at 606-672-2901 for any questions or additional information.

#### **Personal action required for needle sticks and other exposures to blood or body fluids:**

- \* If possible, wash or flush the exposed area with soap and/or water immediately.
- \* Seek medical treatment as soon as possible after the incident.
- \* Be sure to inform clinical personnel that the injury is an exposure to bloodborne pathogens and/or a needle stick. If possible, needles and other sharps should be placed in a puncture resistant container and given to the medical provider at the treatment facility.

A FSMFN incident report will need to be completed once treatment is initiated. Those working in clinical sites out of town should seek treatment at the

nearest hospital's emergency department. Students must provide their own health insurance coverage to pay for any treatment.

**Students Who Suffer a Non-Job Related Bloodborne Pathogens Exposure During an Enrolled Academic Session:**

- On-Campus: Students should report to the most appropriate FNS Health Clinic or emergency room that can give immediate attention for initial evaluation and referral.
- Off Campus – Other Areas: Students who are on academic or training experiences should follow procedures specified by the training organization. If no procedures are specified report to the nearest hospital emergency department.

All exposure incidents in the clinical agencies and the client-simulated laboratory (CSL) shall be reported, investigated, and documented. When a student incurs an exposure incident, it shall be reported immediately to the Regional Clinical Coordinator and the Clinical Director. Immediate action should be taken, and then the student is to be seen by a health care provider. This could be a health care provider in the clinical site or the student's own personal health care provider as appropriate.

FSMFN must be notified of the exposure as soon as possible by so that an Incident Report might be completed. The student shall report the incident to the Clinical Director and their Regional Clinical Coordinator.

**18. Labels and Signs**

The laboratory or clinical supervisor and the safety officer at each clinical placement shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. However, regulated waste must be handled in accordance with the rules and regulations of the Department of Health and Environmental Control. Blood products that have been released for transfusion or other clinical use are exempt from these labeling requirements.

**19. Information and Training**

The FSMFN will provide training for Bloodborne Pathogens. The training shall cover the following:

- a. A copy of the FSMFN Bloodborne Pathogen Exposure Control Plan;
- b. An explanation of the methods of transmission of bloodborne pathogens;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. The recognition of tasks that would involve exposure;

- e. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and PPE;
- f. Information of the types, use, location, removal, handling, decontamination, and disposal of PPE;
- g. An explanation of the basis of selection of PPE;
- h. Information of the Hepatitis B Vaccine, including efficacy, safety, method of administration, benefits, and where it may be obtained;
- i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- j. An explanation of the procedures to follow if an **exposure** incident occurs including the method of reporting and medical follow up;
- k. Information of the evaluation and follow-up suggested after a student **exposure** incident;
- l. An explanation of the signs, labels, and color-coding system.

## **20. Evaluation and Review**

The Safety Committee is responsible for annually reviewing this policy and procedure and its effectiveness and for updating the program as needed.

## **SAFE PRACTICE GUIDELINES**

All students of the **FSMFN** shall follow all of the rules, regulations and guidelines of the institution in which they are providing patient care.

All students of the **FSMFN** will practice "Universal Precautions" when dealing with patients. These "Universal Precautions" consist of the following:

1. All students should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn when any potential exists for contact with blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient, and hands are to be washed. Masks and protective eye wear or face shields should be worn during procedures that are likely to involve droplets of blood or other body fluids, in order to prevent exposure to mucous membranes of the mouth, nose, and eyes. Gowns and aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if

contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All students should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise

manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture resistant containers should be located as close as practical to the use area. Reusable sharps should be placed in a puncture-resistant container for transport to the reprocessing area.

4. Although saliva has not been implicated in HIV transmission, to minimize the need or emergency mouth-to-mouth resuscitation devices should be available for use in areas in which the need for resuscitation is possible.

5. Students who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.