

FRONTIER NURSING UNIVERSITY

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BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN FOR FNU NURSING STUDENTS



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FNU SAFETY COMMITTEE

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- Dr. Jane Houston, Clinical Director of Midwifery and Women's Health
- Dr. Irma Jordan, Clinical Director of Family Nursing and Interim PMH Nursing

The FNU 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 FNU policies and procedures as well as the policies for each clinical placement.

The policy and procedures for FNU students are based on the position statement of the American Association of Colleges of Nursing and the guidelines of the FNU 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 FNU are considered to be at risk for exposure to blood and certain body fluids.

C. IMPLEMENTATION SCHEDULE AND METHODOLOGY

- **Compliance Methods**

Standard precautions will be observed at the FNU 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, standard 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 FNU the following engineering controls will be utilized:

Safety: Hand Washing

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.

Needles

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

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 countertops where blood or other potentially infectious materials are present.

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 fluorescent orange or bright red.

Each clinical placement may have exceptions how specimens are processed at that site. See each specific clinical site policy.

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.

Contaminated Equipment

The laboratory supervisor or the safety officer in each clinical site is responsible for ensuring that equipment contaminated with blood or other potentially infectious materials be decontaminated if feasible. It is the student's responsibility to notify the laboratory or clinical supervisor if any equipment becomes contaminated with blood or any other potentially infectious material.

Personal Protective Equipment (PPE)



The laboratory or clinical supervisor or the safety officer in each clinical site is responsible for ensuring that the following policies are met. Personal protective equipment used in clinical facilities will be provided without cost to 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 and will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The PPE must block blood or other potentially infectious material from passing through or reach the student's clothing, skin, eyes, mouth, or mucous membranes under normal conditions and duration. In the simulation laboratory gloves will be available. At each clinical site goggles, masks, cover gowns, aprons, scrub suits, booties, caps, and gloves will be provided per clinical site policy. The laboratory or clinical supervisor at each site shall ensure that the student uses the appropriate PPE.

PPE Accessibility

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

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.

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, mucous 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 possible when they become contaminated torn, punctured, or when their ability to function as an effective barrier is compromised.

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 or blood or other potentially infectious materials may be generated.

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.

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.

Regulated Waste Disposal

Contaminated sharps shall be discarded immediately 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 in the immediate area where sharps are used. The containers shall be maintained upright throughout use, be replaced routinely, and not overfilled. 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.

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.

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.

Hepatitis B Vaccines, Evaluation and Follow Up

All students, before beginning clinical rotations, must complete the Hepatitis B vaccination series, show medical documentation of immunity status, or have a physician's letter showing inability to receive the vaccine. The vaccination series is available through health provider offices or the health department. No student will be allowed to continue clinical courses unless documentation of training and vaccination status is provided in the Clinical Compliance Documentation.



If a student is unable to provide documentation of Hepatitis B vaccination a positive titer (anti-HBs titer of 10mIU/ml or greater) will be accepted as proof of immunity. If the titer is negative (less than 10mIU/ml) the student should receive a single booster dose and be retested in 1-2 months. If the titer remains negative the series should be repeated per the recommended schedule.

Bloodborne Pathogens Exposure Protocol

This protocol applies to all FNU 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.

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.

A FNU 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 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 clinical practicum experiences should follow policies specified by the relevant organization. If no policy is specified the student should 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 Faculty and the Clinical Director. The student should immediately seek treatment from a healthcare provider. Treatment should be based on current CDC recommendations for student immunity status.

Labels and Signs

The laboratory or clinical supervisor and the safety officer at each clinical site 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 standard biohazard symbol shall be used. 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.

Information and Training

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

Access to FNU Bloodborne Pathogen Exposure Control Plan;

An explanation of the methods of transmission of bloodborne pathogens; An explanation of the modes of transmission of bloodborne pathogens; The recognition of tasks that would involve exposure;

An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices, and PPE;

Information of the types, use, location, removal, handling, decontamination, and disposal of PPE; An explanation of the basis of selection of PPE;

Information of the Hepatitis B Vaccine, including efficacy, safety, method of administration, benefits and where it may be obtained;

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

An explanation of the procedures to follow if an exposure incident occurs including the method of reporting and medical follow up;

Information of the evaluation and follow-up suggested after a student exposure incident; An explanation of the signs, labels, and color-coding system.

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.



References:

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3. Immunization Action Coalition. “Healthcare Personnel Vaccination Recommendations,” www.immunize.org/catg.d/p2017.pdf
4. Immunization Action Coalition. “Pre-exposure Management for Healthcare Personnel (HCP) with a Documented Hepatitis B Vaccine Series Who Have Not Had Post Vaccination Serologic Testing,” www.immunize.org/catg.d/p2108.pdf



