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**PURPOSE:**
The purpose of this Exposure Control Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees and students of the Health Sciences Institute to blood and other potentially infectious materials.

**DEFINITIONS:**

**Bloodborne Pathogens** means: Pathogenic microorganisms that may be present in human blood and body fluids and can cause disease in humans. These pathogens include Hepatitis B virus (HBV), Hepatitis C virus (HCV), and the Human Immunodeficiency Virus (HIV), which may result in AIDS.

- Hepatitis B Virus (HBV): An acute or chronic, viral liver disease. Hepatitis B is the most contagious form of viral hepatitis.
- Hepatitis C Virus: A contagious viral liver disease. Hepatitis C can cause severe liver damage.
- Human Immunodeficiency Virus: The virus that causes AIDS.
- Acquired Immune Deficiency Syndrome (AIDS): AIDS destroys the human immune system and is the final and most severe stage of the HIV virus.

**Zoonotic diseases** are any disease that may be transmitted from animals to humans or from humans to animals. Exposure may occur from any body fluid including blood, saliva, urine or feces. Zoonotic diseases include Rabies, Leptospirosis, tick-borne diseases (Lyme disease, Rocky Mountain Spotted Fever, Ehrlichia), parasitic diseases, tuberculosis and Psitticosis.

**Exposure Incident means:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of an employee’s or student’s duties.

**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.

**Source Individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee

**Exposed Individual:** Any individual who has been exposed to a potential blood borne pathogen.

**Post-Exposure Prophylaxis (PEP):** A treatment given immediately following exposure to bloodborne pathogens to prevent infection. This may include vaccinations, immunoglobulin injections or other treatments depending on the pathogen.

**Personal Protective Equipment (PPE):** Safety equipment that a person wears or uses to prevent injury in the workplace.

**Standard Precautions** refer both to safeguards taken to ensure protection of the HCW from bloodborne pathogens and to protect patients/clients from those same pathogens. This includes the use of appropriate PPE, proper handling of sharps and appropriate handwashing and disinfection of surfaces and instruments. It also includes following the proper procedures if exposure occurs and reporting incidents in a timely fashion. Standard Precautions are also to be implemented to prevent exposure to zoonotic diseases.
Other Potentially Infectious Material (OPIM) means:

1. Blood, all body fluids **WITH VISIBLE BLOOD**, secretions, excretions, mucous membranes, and non-intact skin.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. Blood, organs, and tissues from cultures and solutions containing HIV, HBV, or HCV.

Regulated Waste means:

1. Liquid blood, semi-liquid blood, or other potentially infectious materials.
2. Contaminated items that would release blood or other potentially infectious materials in a liquid blood or semi-liquid state if compressed.
3. Items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
SECTION I: EXPOSURE DETERMINATION

BLOODBORNE PATHOGENS (HIV, HBV, HCV)

Category I

Following is a list of occupational training programs in the Health Sciences Institute in which all Health Sciences clinical or lab instructors, staff, or students have occupational exposure to Bloodborne Pathogens:

- Cosmetology, Nail Specialist, Esthetician
- Dental Assisting
- Dental Hygiene
- Emergency Medical Services
- Emergency Medical Technology
- Fire Science Technology
- Medical Assisting
- Medical Laboratory Technology
- Nursing – ADN
- Paramedic
- Patient Care Technician
- Phlebotomy
- Practical Nursing – LPN
- Surgical Technology
- Transitional Programs

Category II

Following is a list of occupational training areas in the Health Sciences Institute in which some employees or students have occupational exposure to Bloodborne pathogens.

- Radiography Technology
- Veterinary Technology
- Physical Education Instructors, staff and students
- Maintenance *
- Security *
- Clerical Staff in clinical/lab facility

*These employees are covered by Eastern Florida State College Collegewide Bloodborne Pathogen and Exposure Control Plan.

The tasks, which gave the potential for exposure to Bloodborne Pathogens, are:

- Aggression Control
- Direct Patient/ Client Physical Contact
- CPR and First Aid Procedures
- Handling Biohazardous/ Biomedical Waste
- Specimen handling
- Maintenance
- Housekeeping (contracted services responsible for training and tracking of employees)
Part-time, temporary, contract and per diem employees are covered by this Exposure Control Plan and will be categorized according to their job requirements. Employees without patient/client contact or exposure to clinical/lab facilities will not be categorized.

RABIES VIRUS

Category 1

Following is a list of occupational training areas in the Health Sciences Institute in which all employees or students may have occupational exposure to Rabies virus:

Veterinary Technology

Category 2

Following is a list of occupational training areas in the Health Sciences Institute in which some employees may have occupational exposure to Rabies virus:

Security

The tasks, which gave the potential for exposure to Rabies virus are:

- Stray animal/wildlife rescue
- Direct Patient/Client physical contact and restraint
- CPR and First Aid Procedures
- Handling Biohazardous/Biomedical Waste
- Specimen handling (nervous tissue, cerebrospinal fluid)
SECTION II

METHODS OF MINIMIZING EXPOSURE

Program Administration
The Health Science OSHA Committee is responsible for the implementation of the ECP (Exposure Control Plan). The OSHA Committee will maintain, review, and update the ECP annually and include new or modified tasks and procedures when necessary.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must and will comply with the procedures and work practices outlined in this ECP.

The OSHA Committee will monitor all programs, courses, and personnel which utilize personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The individual programs will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes at the appropriate locations. This OSHA Committee will provide oversight of this provision by performing periodic inspections.

The OSHA Committee will be responsible for ensuring that appropriate employee immunization and OSHA training records are maintained. The OSHA Committee will perform periodic inspections of laboratory facilities.

EFSC Human Resources will be responsible for training, documentation of training, and making the written and online ECP available to all employees.

STANDARD PRECAUTIONS
All employees will utilize standard precautions.

EXPOSURE CONTROL PLAN
Eastern Florida State College is committed to providing a safe and healthful work environment for our entire staff and students. In pursuit of this goal, this ECP is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

This ECP is a key document to assist with organization, implementation and ensuring compliance with the standard, thereby protecting our employees and students.

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting any member of the OSHA Committee or by accessing the material via the Health Sciences website or Human Resources. OSHA Committee names and contact information is provided to all affected employees. If requested, HR will provide an employee with a written copy of the ECP free of charge within 15 days of request. The ECP is also provided on the institution’s web site.

Students are also provided information on OSHA and Standard Precautions before any course work or lab involvement where bloodborne or zoonotic disease pathogens are utilized or present. Students may be tested on this material in exam format at any time during their education.
The OSHA Committee is responsible for reviewing and updating the ECP to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The following methods of implementation have been developed to minimize or eliminate occupational exposure:

- Implementation of Standard Precautions
- Establishment of Engineering Controls
- Implementation of Work Practice Controls
- Use of Personal Protective Equipment
- Proper Handling and Disposal of Biohazardous Waste
- Implementation of Maintenance Procedures

A. Standard Precautions

Employees shall adhere to the practice of Standard Precautions (bloodborne disease control). Standard Precautions define all blood; all body fluids, secretions, excretions, mucus membranes, and non-intact skin (except sweat) as potentially infectious. As part of Standard Precautions the Health Sciences Institute shall practice the following infection control measures:

- Change gloves multiple times during the care of one patient/client, if necessary.

  To prevent cross contamination of different body sites, and before and after any direct patient/student/client contact:
  - If hands have NOT been soiled, alcohol containing antiseptic hand cleanser or antiseptic wipes may be used.
  - If hands have been soiled by visible blood, body fluids or other substances, soap and water scrub MUST be used.
  - Before and after each shift and on leaving or entering the operatory after visiting a restroom, a 90-second soap and water scrub should be performed in order to ensure antisepsis.

- Change gloves if they become torn, or if they contact infectious material.

- Change gloves immediately before contact with mucous membranes or non-intact skin when working on multiple sites on a patient’s (or student’s) body to avoid cross contamination.

- All employees and students will wash hands and utilize PPE when handling any other regulated waste such as soiled utility gloves, laundry, bandages, gauze, etc.

- All employees and students will use appropriate germicidal disinfectants on surfaces or equipment to minimize or omit transmission of infectious material in any areas mentioned where there is exposure to bloodborne pathogens in Section I, Category I.

- Utility gloves are provided for employees and students, housekeeping and/or other staff and should be checked for cracks before each use and replaced as necessary.

- Hypoallergenic gloves, glove liners, powder and latex free gloves are available to all employees and students in all health care locations and labs.
B. Engineering Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls are listed below:

1. Handwashing Facilities

   a. Definition: Handwashing facilities shall include a sink, liquid soap, running water and disposable towels.

   b. Handwashing facilities shall be available for use by instructors, staff and students in all health care clinics or labs.

   c. Handwashing facilities are available in each building of each campus located in both female and male restrooms on both first and second floor locations. Note: in Cocoa Campus Bldg 17, the restrooms are only located on the first floor.

   d. If handwashing facilities are not available, antiseptic hand cleanser will be available. The use of antiseptic hand cleanser is not a substitute for handwashing and should be followed by regular handwashing as soon as a facility is available.

2. Emergency Eye Wash Stations and Showers

   a. Eye Wash Station Definition: Any suitable liquid used to rinse the eyes (e.g., sterile physiological saline or sterile water) with pressure and force against the eyeball to remove foreign objects or for irrigation purposes.

      1. All Health Sciences laboratories contain either plumbed or 15 minute eye wash stations.

      2. The eye wash stations are evaluated and inspected annually for cracks, mold, plumbing, cloudy solution, frozen, or those exposed to heat that may scald the user.

      3. Incidents are handled using self-contained or 15 minute eye wash stations while the affected individual is in transit to the emergency shower or medical facility.

      4. Signage indicating the location of eyewash station will be prominently displayed. See appendix A for location of eye wash stations.

   b. Emergency Showers Definition - individually plumbed facility with appropriate floor drainage to be used for rinsing of chemicals from the body in an emergency fashion.

      1. Emergency showers must be checked annually for patency, leaks and adequate drainage
2. Incidents of superficial exposure to biohazardous chemicals will necessitate showering to remove the chemical from the skin until transfer to an emergency facility. See appendix A for location of showers.

3. **Sharps Containers**

   a. Definition of Sharps Disposal Containers: Rigid, leak-proof, puncture-resistant on the sides and bottom and labeled with Bio-Hazard warning labels and/or red in color.

   b. Definition of Sharps: Scalpels, needles, razor blades, glass carpules or ampules, vials, capillary tubes and lancets, microscope slides, cover slips, or any item where there is a potential for puncture.

   c. Sharps containers shall be placed in all health care labs, clinics, and any work area where sharps are utilized.

   d. Sharps disposal containers are inspected and maintained or replaced by the appropriate and named faculty, coordinator, or other assigned and qualified individual every month or when the appropriate lab sessions convene or whenever necessary to prevent overfilling. This organization adheres to the policy of filling a sharp disposal container only ¾ full. If a Sharps disposal container has been in use for an entire Fall or Spring semester it should also be replaced even if <75% full. Sharps containers should be sealed, taped and labeled with the point of origin, the start date and end dates, and initials of person performing action. Containers should be transferred to the appropriate location on each campus and placed in the Biohazard Waste containers. See appendix A for location of Biohazard Waste containers and storage sites.

   e. The OSHA Committee will identify the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, and annual or semiannual inspections.

   f. New procedures and products are evaluated regularly by core personnel in lab settings through literature review and supplier information, and new products are considered.

4. **Leak Proof Containers**

   a. Specimens used for teaching purposes are contained in leak proof containers. Both faculty and students are instructed in the use of all leak proof containers.

*SEE BIOMEDICAL WASTE PLAN(S) FOR DISPOSAL OF SHARPS*

5. **Containers for Other Regulated Waste:**

   a. Other regulated waste shall be placed in a red bag at the point of origin. Red bags shall be placed in puncture resistant containers for transfer to the biomedical waste storage area. Puncture resistant cardboard boxes are provided to each laboratory along with the appropriate red biohazard bags.

   b. Secondary Containers – If outside contamination of the primary red bag occurs, that container shall be placed within a second red bag, which prevents leakage during handling and storage.
6. Safety Devices:

   a. Devices which are appropriate for employees to use to prevent injury and exposure to biohazardous fluids include the following items: Disposable Safety Pipettes, Needle Stick Protector, Recapping Devices, and Safety Needle where applicable.

C. Work Practice Controls

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to bloodborne pathogens.

1. **Handwashing** is required in this facility and employees and students have been instructed in this procedure and know where facilities are located.

   Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water for a minimum of 90 seconds before and after each shift and as soon as feasible following patient contact and immediately following any procedure. Should handwashing facilities be unavailable, the employees/students must use alcohol based antiseptic hand cleanser to prevent cross contamination of patients. If hands are visibly soiled, handwashing with soap and water must be performed. Handwashing facilities are located within 100 feet of clinical and lab settings.

2. **Recapping of sharps** and bending and breaking of needles is prohibited in this facility. Employees and students have been trained in these procedures. If needles must be recapped, it is done:

   - With a one-handed scoop (passive recapping)
   - or-
   - A recapping safety device is used

3. **Disposal of sharps:** After use, all sharps will be placed in the appropriate receptacles for reprocessing or disposal. The containers meet the requirements as outlined in the OSHA regulations for Engineering/Work Practice Controls. Employees and students are trained in these procedures, and have been instructed not to overfill containers.

4. **Mechanical or hand held suction pipettes** are required in this facility where appropriate. Blood and other potentially infectious materials are handled with care in this facility. Employees and students using pipettes have been trained in these procedures.

5. **Eating, drinking, smoking, applying cosmetics and handling contact lenses** is prohibited in this facility in work or lab areas where there is any risk of occupational exposure. Employees and students receiving a splash in the eye should remove any contact lenses and dispose of them. They should not rinse and replace the contact lens. Employees and students have been informed of this rule.

6. **Storage of food and drink is prohibited** in places where other potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops and bench tops. Food and drink consumption is prohibited in all laboratory areas. Employees and students have been informed of this standard.
7. **Leak-proof containers** are used for all specimens in the teaching laboratories. See Engineering Controls for specific details.

8. **Equipment** that may become contaminated is inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary.

   a. Equipment should be inspected, cleaned and disinfected after each patient/client to prevent cross-contamination

   b. Non-Sterile Equipment that has sat idle for longer than 48 hours should be inspected, cleaned and disinfected prior to use on a patient/client.

   c. Equipment that has been steam or gas sterilized after wrapping in appropriate material and stored in a dry area may be used if within the expiration date. Water contamination will necessitate re-sterilization after cleaning and disinfecting the instruments.

   d. Equipment should not be stored in cold sterilization for longer than 2 weeks. At that time, the cold sterile solution should be changed.

9. **Equipment** is also inspected before it is repaired or shipped and decontaminated if necessary. If it cannot be decontaminated before repair or shipment, employees have been instructed to label the site(s) of contamination clearly with OSHA approved labeling.

10. **Sharps** containers in this facility are puncture- and leak-proof. Employees and students are instructed to close and seal the containers with tape when they are moved to prevent spillage.

11. **Closable, leak-proof containers** with the appropriate color coding or labeling are available in the event that the sharps containers appear to be leaking.

12. **Closable, leak-proof containers** with the appropriate color coding or labeling are available for all other regulated waste such as contaminated disposable gloves or bloody bandages.

13. Splashing, spraying, production of aerosol and spillage-based product will be minimized during core instruction or handling said hazards. Each employee and student is instructed to wear the proper PPE during the handling of said hazards.

14. Dental Unit Waterline Maintenance – See Appendix H

15. Disposal of Radiologic Solution – See Appendix I

16. Disposal and Reverse Distribution of Pharmaceuticals – See Appendix J

17. Secondary Labeling of Containers – See Appendix K

C. **Personal Protective Equipment**
1. Personal protective equipment is an employee’s barrier against bloodborne pathogens and zoonotic disease. An employee performing procedures or tasks where there is any anticipated potential of occupational exposure shall use personal protective equipment.

The following personal protective equipment shall be available at all times at no cost:

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<thead>
<tr>
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<th>Aprons</th>
<th>Safety Eyewear</th>
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<td>Resuscitation Bags</td>
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<td>Gowns</td>
<td>Hypoallergenic Gloves</td>
<td>Mouthpieces for CPR</td>
</tr>
<tr>
<td>Utility Gloves</td>
<td>Hair Caps</td>
<td>Masks</td>
</tr>
</tbody>
</table>

a. Gloves shall be worn:
   i. When an employee anticipates contact with blood or other potentially infectious material including mucous membranes.
   ii. When performing any invasive procedures.
   iii. When handling contaminated items or surfaces.
   iv. When handling preserved cadaver tissues.

b. Masks, Eye Protection, and Face Shields

   Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, are to be worn whenever splashes or sprays may generate droplets of infectious materials.

c. Gowns or Aprons

   Appropriate protective clothing such as gowns, aprons, lab coats, jackets, or similar outer garments are to be worn whenever potential exposure to either blood borne pathogens, zoonotic disease organisms or chemicals is anticipated.

d. Accessibility

   Appropriate personal protective equipment is available in various sizes. Personal Protective Equipment is available in all Health Sciences educational labs and clinics.

e. Cleaning, Laundering, Discarding

   i. Non-disposable or re-usable personal protective equipment is to be inspected and repaired or replaced as needed by Health Sciences Program Coordinators or their designees.

   ii. Health Sciences Program Coordinators or their designees will clean, launder, decontaminate, or replace re-usable personal protective equipment as needed at no cost to the program employee or student.
iii. Contaminated personal protective equipment, which can be laundered, shall be placed in color-coded bags.

iv. Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as biomedical waste is discarded in red bags. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

E. Housekeeping Controls

Maintaining this facility in a clean and sanitary condition is a critical part of this plan.

1. Cleaning Schedule:

   Each Health Sciences Program Coordinator or their designee with the assistance of the Health Sciences Office Manager shall be responsible for maintaining and implementing schedules for regular cleaning and decontamination of all educational labs and clinics.

2. Cleaning after Spills and Leakage:

   Health Sciences faculty and staff shall see that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage.

3. Protective Covering:

   Protective Covering for use on dental operatory equipment is available and shall be replaced after contamination or single use by a patient.

4. Bins, Pails, and Containers:

   i. 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 by the employee supervising the use of such receptacle on a regularly scheduled basis and cleaned and decontaminated within a reasonable time following discovery of contamination.
   
   ii. All bins and containers should have a lid to prevent infestation by vermin. Laboratory receptacles should not be used for food or beverage disposal.

5. Broken Glass:

   Employees shall not pick up by hand any broken glass that may be contaminated. A brush, dustpan, forceps and/or tongs are available for picking up contaminated glassware. Potentially contaminated broken glass shall be placed in a Sharps container for disposal.

6. Sharps Containers:

   Sharps containers shall be easily accessible to personnel and will be handled according to the Health Sciences Biomedical Waste Plan.

7. Laundry:
a. Nursing Labs: Linens used for skills practice shall be laundered by a contracted professional laundry service.
b. Dental Labs: All linen in the Dental Clinic should be considered contaminated, and standard precautions shall be used in the laundering process. Linens that are contaminated will be laundered on site.
c. Veterinary Technology Labs: All linens in the Veterinary Technology laboratory will be laundered on site. Linens that are considered contaminated will be laundered using standard precautions.

Hampers for soiled linen shall be available in Nursing Labs, the Dental Clinic and the Veterinary Technology Building.

F. Biohazardous Waste Control

Refer to the Health Sciences Institute Biomedical Waste Plan(s).

SECTION III: HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP MEDICAL, RECORDKEEPING

A. HBV Vaccination

To protect employees from Hepatitis B, a vaccination program has been implemented. The HBV vaccine is available at any time at no cost to the employee. The vaccination consists of a series of three inoculations over a six-month period.

1. Program Maintenance:
   Human Resources is responsible for operating the vaccination program and maintaining records.

2. Vaccination Program Training and Notices:
   Employees shall be informed of the availability of the vaccination program upon employment.

B. Post-Exposure Protocol

It is mandatory that any employee incurring an exposure fill out a complete Accident/ Incident Report Form within 24 hours of the incident.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up, in accordance with OSHA standards. Listed below are the steps to follow in that event:

1. Documentation of the route of exposure and the circumstances related to the incident.

2. If possible, the source individual and the status of the source individual should be identified. The blood of the source individual will be tested (after consent is given) for HIV/ HBC/ HCV infectivity. Funds to pay for testing the source individual will be provided through Eastern Florida State College. Follow-up counseling will be provided by the Post-exposure treatment facility.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

4. The employee will be offered the option of having their blood collected for testing of the employee’s HIV/ HBC/ HCV serological status. The blood sample will be preserved for up to 90 days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides before that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded. Persons need to contact Human Resources to determine how Workman’s Compensation will handle claims if the employee chooses not to be tested.

5. The employee will be tested and offered post-exposure prophylaxis in accordance with the current recommendations for the U.S. Public Health Service at no expense to the employee through Eastern Florida State College. The most current HIV post-exposure follow-up recommendations for an exposure incident made applicable by the bloodborne pathogens standard are found in the CDC Morbidity and Mortality Weekly Report (MMWR):

Follow-up counseling will be provided by the post-exposure treatment facility.

6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experience to appropriate personnel.

7. The following person has been designated to assure that the Post-Exposure Policy outlined here is effectively carried out as well as to maintain records related to this policy: Eastern Florida State College Associate Vice President of Human Resources.

C. Post Exposure Step-By-Step Instruction

The following steps should be taken, in the event of an occupational exposure to blood or OPIM:

Step 1 The exposed faculty or staff member (hereinafter referred to as “exposed person”) will inform the clinical and work supervisor of an accident significant exposure. If in a clinic situation, the clinical supervisor will bring the patient procedure to a reasonable stopping point, and have the patient wait until the clinical supervisor is available to interview the patient and review the medical history with them.

*The “exposed person” must complete an Accident/ Incident Report Form (see Appendix A) as soon as possible, which must be within 24 hours of the exposure incident.

Step 2 As Step 1 is being accomplished, the “exposed person” shall treat the wound as follows: Wash the wound thoroughly with soap and water, and cover the wound with a sterile dressing and an adhesive bandage.

Step 3 A supervising employee shall ask the exposed employee and source patient to sign a “consent to be tested” form (See Appendices B & C) for HIV and HBV. The supervising employee will notify Human Resources Employee Benefits
Specialist (day) or College Police Department (night) of the injury. The Insurance Officer or College Police will notify the healthcare facility about the incident. This sampling and testing will be done at no cost to the source patient or the “exposed person”. Source patient testing will be paid for by Eastern Florida State College. Employee testing will be paid for by Worker’s Compensation. Results will be made available to the Eastern Florida State College Human Resources Director, the source patient, the attending physician, and the “exposed person”.

**Step 4**

The “exposed person” should report to the nearest emergency care facility **within 30 minutes** after the exposure for baseline blood testing (if elected). The treating healthcare facility personnel will provide counseling, testing, and currently accepted Hepatitis and anti-HIV therapy, if indicated. All faculty and staff will already have received training at this point, and should have a predetermined notion regarding whether or not they wish to undergo anti-HIV therapy. **The treating healthcare facility personnel will provide long term follow-up counseling. Questions about Workman’s Compensation eligibility and post-exposure testing need to be addressed to Human Resources Employee Benefit Specialist.**

Eastern Florida State College will provide the funds for the “exposed person” to receive continued testing and follow-up treatment as outlined by the Initial healthcare facility treating the exposed employee.

**Phone Number Resources:**

1. HIV/ AIDS Treatment Information Service  
   1-800-448-0440

2. National Clinicians’ Post-Exposure Prophylaxis Hotline  
   1-888-448-4911

3. Post-Exposure Prophylaxis Registry for Health Care Workers  
   1-888-737-4448

4. Central Florida AIDS Hotline  
   1-800-FLA-AIDS (1-800-352-2437)

5. National Prevention Network  
   1-800-458-5231

6. Local Contacts for Post-Exposure Treatment Countywide

   Joyce Goode, ARNP  
   Comprehensive Health Care (available 24 hours a day)  
   (321) 253-0120

7. Educational Resource

   Barry Inman, BA/BS, CIC, CHE  
   Health Services Manager, Brevard County Health Department  
   (321) 454-7106
SECTION IV:

INFORMATION AND TRAINING

Eastern Florida State College recognizes that having informed employees is important when attempting to prevent or minimize occupational exposure to bloodborne pathogens. Employees who have a potential for exposure to bloodborne pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with bloodborne pathogens. Employees will be trained at least annually to keep their knowledge current. Any new or reassigned employee (new classification or position), will be given the additional training the new position requires at the time of the new job assignment.

A. RESPONSIBILITY

The Associate Provost of the Health Sciences Institute is responsible for developing the training programs for the Health Sciences Institute. Each Health Sciences Institute employee with the potential for occupational exposure is responsible for having an in-depth knowledge of the OSHA standard on bloodborne pathogens and specific compliance requirement of the office.

B. TRAINING TOPICS

- A copy of the OSHA standard and an explanation of its contents.
- An explanation of the epidemiology and symptoms of bloodborne diseases, especially HIV, HBV, and HCV.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of Eastern Florida State College’s Exposure Control Plan and where the employee can readily obtain a copy of the plan.
- Appropriate methods for recognizing tasks and other activities that may involve exposure.
- A review of the use and limitations of practices which will prevent or reduce exposure, including engineering controls, work practice controls, and use of personal protective equipment.
- Information concerning the types, proper use, location, removal, handling, decontamination and/or discarding of personal protective equipment.
- Information on the HBV vaccine, including information on its effectiveness, safety, methods of administration and the benefits of being vaccinated.
- An explanation of the procedures which apply in the event of an exposure incident, including the method of reporting the incident, the medical follow-up that will be made available and the counseling that will be provided; and the principals of post-exposure prophylaxis.
- A description of the signs, labels, and coloring coding required on primary and secondary labeling.
- Veterinary Technology staff, students and faculty shall also receive training on zoonotic disease transmission and prophylaxis and the benefits and risks of rabies vaccination in animals and humans.

C. PROGRAM METHODS AND SCHEDULE

Training presentation makes use of the following techniques:
• Online training program.
• Classroom atmosphere with personal techniques
• Professional presentation by individuals trained in the specific program being presented
• Training manuals, videotapes, and handouts.

D. TRAINING RECORDS

Human Resources Department shall maintain employee training records which shall include:
• Dates of training sessions
• Material covered
• Names and job titles of the trainers
• Names and social security numbers of the employees in attendance

The employee must attend the full session. No partial attendance of a session will be permitted. Training records shall be on file for three years from the date of the training program. Training records are available upon request of the employee or if requested by an OSHA officer. If Eastern Florida State College should cease to do business and there is no administrative officer to take over the files, the office must notify OSHA at least three months prior to discarding of records.

SECTION V: PLAN MANAGEMENT

A. ANNUAL TRAINING AND REVIEW

This plan shall be reviewed annually by the Health Sciences OSHA Committee and updated as necessary. This review and updating shall include, but shall not be limited to:
• Review of tasks and procedures in which exposure might occur
• Additions and changes to job classifications

B. AVAILABILITY OF PLAN TO EMPLOYEES

A copy of this exposure control plan must be available to all employees at any time. The plan is available in the Health Sciences Institute office and Eastern Florida State College Human Resources Department.

C. RESPONSIBILITIES

1. The Associate Provost of the Health Science Institute is responsible for:
   • Implementation of the plan.
   • Acting as a liaison during OSHA inspections.
   • Overseeing the training of all Health Sciences employees holding Category I and II job classifications.

2. The Health Sciences OSHA Committee is responsible for:
   • Annual review and updating of the Exposure Control Plan and the Biomedical Waste Plan(s) to ensure compliance with National and State Regulations, as well as Eastern Florida State College-wide policies.
   • Participation in planning of educational training of Health Sciences Faculty and Staff.
   • Participation in any college-wide OSHA and Safety Committee activities as designated by the Associate Provost of the Heath Sciences Institute.
   • Ensuring the training of all students with possible exposure
*The Health Sciences OSHA Committee is composed of the Associate Provost of the Health Science Institute (as a Standing Member) and a minimum of (3) faculty and one (1) Health Sciences Staff as appointed by the Dean. Members will serve a three-year term. Staggered terms of membership will allow for continuity.

3. Health Sciences Employees
   Employees with a potential for occupational exposure are responsible for:
   - Knowing what tasks they perform that may result in occupational exposure.
   - Attending the training programs
   - Conducting their tasks in accordance with designated work practice controls.
   - Practice of Standard/Standard Precautions

4. Human Resources is responsible for:
   - Training and re-training of employees and new hires
   - Maintenance of online resources related to the ECP
   - Maintenance of vaccination records and vaccination waivers on employees
   - Maintenance of post exposure prophylaxis and treatment records on employees
   - Maintenance of training records of employees and new hires
APPENDIX A

EFSC Accident/ Incident Report Form

Occupational Exposure Incident Report Form
### ACCIDENT - INCIDENT REPORT

**FLORIDA COMMUNITY COLLEGES RISK MANAGEMENT CONSORTIUM**

(A copy of this report is not authorization for medical treatment)

### 1. COMMUNITY COLLEGE

<table>
<thead>
<tr>
<th>COLLEGE NAME:</th>
<th></th>
<th>FACILITY:</th>
<th></th>
<th>OCCUPATION:</th>
<th>PERSON INJURED:</th>
<th>SOCIAL SECURITY NO:</th>
</tr>
</thead>
</table>

### 2. ACCIDENT

<table>
<thead>
<tr>
<th>DATE OF INJURY:</th>
<th>TIME OF INJURY:</th>
<th>LOCATION OF INJURY (BE SPECIFIC):</th>
</tr>
</thead>
</table>

**INSTRUCTIONS:**
- If Worker's Compensation claim, complete sections 3, 6, 7 and 8 below.
- If General Liability or Allied Health claim, complete sections 4, 6, 7 and 8 below.
- For College Property or Brosco Machinery claim, complete sections 4, 6, 7 and 8 below (as appropriate).

### 3. CLAIMANT (WORKER'S COMPENSATION CLAIMS)

<table>
<thead>
<tr>
<th>NAME OF INJURED:</th>
<th>OCCUPATION:</th>
<th>DEPARTMENT:</th>
<th>PART OF BODY INJURED:</th>
<th>TYPE OF INJURY:</th>
</tr>
</thead>
</table>

**ADDRESS:**
- CITY: |
- ST: |
- ZIP: |

**PHONE NO:**
- ()

**IF YES:** DESIGNATE REFERRAL (NAME OF PHYSICIAN CLINIC HOSPITAL):

**RETURN TO WORK DATE:**
- YES |
- NO |

**TIME INJURY REPORTED:**
- ( )

### 4. CLAIMANT (GENERAL LIABILITY CLAIMS – Includes non-college employees and/or property not owned by college)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>OCCUPATION:</th>
<th>DESCRIPTION OF INJURED PROPERTY:</th>
</tr>
</thead>
</table>

**ADDRESS:**
- CITY: |
- ST: |
- ZIP: |

**PHONE NO:**
- ( )

### 5. PROPERTY (COLLEGE OWNED)

**DESCRIPTION OF INJURED PROPERTY:**

**ESTIMATED COST OF DAMAGE OR VALUE OF STOLEN PROPERTY:**

### 6. WITNESSES

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>ST:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>ST:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

### 7. DESCRIBE ACCIDENT (To be completed by claimant if at all possible)

<table>
<thead>
<tr>
<th>SUMMARY OF ACCIDENT:</th>
</tr>
</thead>
</table>

### 8. SIGNATURE OF CLAIMANT

<table>
<thead>
<tr>
<th>DATE:</th>
<th>DOES EMPLOYEE AGREE WITH DESCRIPTION OF ACCIDENT?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF COLLEGE RISK MANAGEMENT COORDINATOR:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

**WHITE – PCCRMC Copy**

**YELLOW – College copy**
Appendix B

Sharps Injury Incident Report Form
Employee/Student B#______________________

PLEASE COMPLETE A LOG FOR EACH EMPLOYEE EXPOSURE INCIDENT INVOLVING A SHARP
Check one box corresponding to the most appropriate answer.

Institution: ________________________________________ Home Department: ________________

Address :____________________________________________ Page #_____ of__________________

City:________________________________________________ State:______________ Zip:__________

Date filled out: ____________________________ By:_______________________

Phone Number:________________

Date of Injury:____________________ Time of Injury:______________________________

Sex: □ Male  □ Female

Description of the Exposure Incident. (Please note if a device malfunction was involved.)

Job Classification (check all that apply):

□ Instructor □ Physician □ Phlebotomist
□ Student □ Dental Hygienist/Assistant □ Clerical/Administrative
□ Dentist □ EMT/Paramedic □ Firefighter
□ Food Service □ Veterinary/Vet Tech □ Housekeeper/Environment
□ Laundry Staff □ Law/Security/Safety □ Maintenance
□ OR/Surg Technician □ PCT □ Nursing Assistant
□ Radiology Tech □ Respiratory Technician
□ Clinical Lab Tech □ Other, specify

WHERE DID THE INJURY OCCUR? Select all that apply.

Identify specific location (room, classroom, or lab, floor, building, etc.): ____________________

□ Ambulance □ Blood bank □ Central sterile supply
□ Clinical lab □ Dental Clinic □ ER
□ Exam room □ Ambulatory Office □ Home visit
□ Hospital grounds □ ICU □ Medical/Surgical Ward
□ OR □ Procedure room (x-ray, EKG) □ Radiology
□ Classroom □ Teaching lab □ Veterinary Hospital/Clinical Site

Was the injured worker or student the original user of the sharp item?
□ Yes  □ No  □ Unknown  □ Not applicable

Was the sharp item contaminated (i.e., known exposure to patient or contaminated equipment)?
□ Yes  □ No  □ Unknown
If yes, was there blood on the device?
□ Yes □ No □ Unknown

WHEN DID THE INJURY OCCUR?
□ Before use of the item □ After use, before disposal □ Unknown
□ During use of the item □ During or after the disposal of item

Procedure employee/student performing at the time of the injury:
□ Injection, type___________ □ Assisting with a procedure (suturing, biopsy)
□ IV line, type___________ □ Blood procedure, type________________
□ Obtaining body fluid or tissue sample □ Contact with sharps container
□ Equipment/instrument handling/cleaning □ Removing/discarding trash
□ Removing sharps from inappropriate place □ Room/lab cleaning
□ During disposal of sharps container
□ Other, specify_________________________________________

HOW DID THE INJURY OCCUR? Choose all that apply.

While manipulating patient or needle/sharp:
□ Passing or transferring equipment □ Patient moved and jarred device
□ While inserting needle in line □ While inserting needle in patient
□ While manipulating needle in line □ While manipulating needle in patient
□ While withdrawing needle from line □ While withdrawing needle from patient

Handling equipment or specimens:
□ Activating safety device □ Cap fell off after recapping
□ Decontamination/processing used equipment □ Disassembling device or equipment
□ During clean-up □ Handling equipment on a tray or stand
□ In transit to disposal □ Opening/breaking glass containers
□ Passing or transferring equipment □ Recapping (missed or pierced cap)
□ Transferring blood/bodily fluids into specimen container

Collision/contact with sharp object:
□ Collided with coworker or other person □ Collided with sharp
□ Sharp object dropped □ Struck by detached IV line needle

Disposal related:
□ Overfilled sharps container □ Protruding from opened container
□ Punctured sharps container □ While manipulating container
□ While placing sharp in container, injured by sharp being disposed
□ While placing sharp in container, injured by sharp already in container

While in operative/procedure field:
□ Incising/Cutting □ Manipulating suture needle in holder
□ Palpating/Exploring □ Passing or receiving equipment
□ Suturing □ Tying Suture

Sharp in unusual locations:
□ In linen/laundry □ In pocket/clothing/bedding/exam table
□ Trash □ Left on table/tray
□ On floor □ Other unusual location_________________________

Anatomical location of injury (check all that apply and specify right or left)
□ Finger □ Leg
□ Hand □ Face/Head
□ Torso □ Other, specify_____________________________________

Identify Sharp Involved: (if known)
Brand/Manufacturer of Product:
Name of Product, Model Name or Number:

**Type of Product:** Check all that apply

**Needles: Disposable Syringe With**
- □ Insulin needle
- □ Tuberculin needle
- □ 24/25 Gauge
- □ 23 Gauge
- □ 22 Gauge
- □ 21 Gauge
- □ 20 Gauge
- □ 18/19 Gauge
- □ Other size __________________________

**Other Type Needle:**
- □ Pre-filled cartridge
- □ Tubex/Carpujet
- □ Dental needle for injecting anesthetics
- □ Vacuum type blood collection
- □ Winged or butterfly
- □ Angiocath
- □ Drum cath
- □ Other, specify __________________________

**Surgical Instrument/Sharp Items:**
- □ Lancet
- □ Suture needle
- □ Electrocautery device
- □ Razor
- □ Staples/steel sutures
- □ Surgical and Dental Instruments
- □ Pipette
- □ Scalpel, reusable/disposable
- □ Wires, pins, drill bits
- □ Other, specify __________________________

**Glass Items:**
- □ Medication ampules
- □ Medication vials
- □ Medication bottles
- □ Pipette (glass)
- □ Vacuum tube (glass)
- □ Specimen tube/containers
- □ Capillary tube (glass)
- □ Glass/micro slide/coverslips
- □ Other glass item, specify __________________________

**Did the device being used have a built-in safety feature?**
- □ Yes
- □ No
- □ Don’t know

**If yes, was the protective mechanism activated?**
- □ Yes, fully
- □ Yes, partially
- □ No

**If yes, did the exposure incident occur:**
- □ Before activation
- □ During activation
- □ After activation
- □ Unknown

**EXPOSED EMPLOYEE:**
If the sharp did not have a protective mechanism, do you think that a protective mechanism could have prevented the injury?
- □ Yes
- □ No
- □ Not applicable

Explain:

Do you think that any other control (e.g., engineering, work practice, education) could have prevented the injury?
- □ Yes
- □ No
- □ Unknown

Explain:
Eastern Florida State College  
SHARPS INJURY LOG

Campus: __________________________________________ YEAR: ____________
ADDRESS: __________________________________________

1910.1030 Bloodborne Pathogens standard states that the employer shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log (h) (5) shall be recorded and maintained in such a manner as to protect the confidentiality of the injured worker or student.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Type of Device</th>
<th>Building/Room number or Address (if off-campus site)</th>
<th>Describe How the Incident Occurred</th>
</tr>
</thead>
</table>

Log page ______ of ________. Year_________________
APPENDIX C

Consent Form for Source Patient
Consent Form for the Collection and Analysis of Blood
(Source Patient)

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred. Permission to have my blood drawn and tested (at No cost to myself) for the Hepatitis B virus (HBV, HCV and the human immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given.

I understand that this testing will be done in a confidential manner and that the results of the test will be made available only to myself, the person who was exposed, and the physician treating the person who was exposed. I also understand that this person has been informed of applicable laws and regulations concerning disclosure of my identity and my infectious status.

Signature (Source Individual) / Date                                    Witness / Date

Date and Time of Exposure Incident  ______________________________________________
Location where Exposure Occurred  _______________________________________________
Address  _____________________________________________________________________
City  ______________________________ State  ______________  Zip Code  _____________
APPENDIX D

Consent Form for Exposed Person
Consent Form for the Collection and Analysis of Blood

(Exposed Person)

I have been advised of the need to collect a sample of my blood as the result of an exposure incident that has occurred. Permission to have my blood drawn and tested (at no cost to myself) for the Hepatitis B virus (HBV, HCV) and the human immunodeficiency virus (HIV), as well as other bloodborne diseases, is hereby given. I understand that this testing will be done in a confidential manner and that the results of the test will be made available only to myself, and the physician treating me. I also understand that there are applicable laws and regulations concerning disclosure of my identity and/or my infection status.

______________________________                ______________________________
Signature (Exposed Person) / Date                                  Witness / Date

Location where exposure occurred:  ______________________________________________

Address  _____________________________________________________________________
City  ________________________________State  ________________  Zip Code  _________

Treating Facility  ______________________________________________________________

Physician’s Comments  _________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________           _________________________________
Physician’s Signature     Date
APPENDIX E

Declination of Hepatitis B Vaccination
DECLINATION OF
HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood and 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 the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious liver 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 (Please Print)

__________________________________________
Employee Signature

__________________________________________
Signature of Witness

__________________________________________
Date

I previously received the Hepatitis B vaccine series in the year of _________ and decline immunization at this time.

__________________________________________
Employee Signature

__________________________________________
Date
APPENDIX F

Checklist for Implementing the Plan
A Checklist for Implementing
The Exposure Control Plan

- A plan is written that focuses on minimizing or eliminating occupational exposure to bloodborne pathogens.

- The plan is updated when necessary and at a minimum of once a year.

- The plan designates job classifications.

- The plan establishes how exposure determinations are made according to job classification.

- The plan states what methods are used to comply with OSHA.
  
  - Standard/Standard Precautions
  - Handwashing Facilities
  - Engineering Controls
  - Work Practice Controls
  - Personal Protective Requirements
  - Housekeeping Requirements
  - Training Requirements
  - Hepatitis B Vaccinations
  - Post-Exposure Follow-up
  - Hazard Communication
  - Record keeping for Training


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APPENDIX G

OSHA Compliance Inspection Checklist
# OSHA Compliance Inspection

## Check List

<table>
<thead>
<tr>
<th>CHECK LIST</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Employee observing Standard/ Standard Precautions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Handwashing facilities readily accessible?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Employees wash hands at appropriate times?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Contaminated needles not recapped?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Contaminated needles discarded properly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Biohazardous labels are on refrigerator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Gloves, gowns, masks, and eyewear are available in all patient care areas?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Regulated waste containers are labeled with biohazardous label?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Personal protective equipment is readily available in correct sizes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Employees able to obtain Exposure Control Plan immediately upon request?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Are sharps containers accessible in all areas where sharps are likely to be used?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Is contaminated laundry correctly bagged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Are posters properly displayed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Is plan in place for evaluating exposure incident?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Has exposure determination been made for each employee and job classification?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX H

Dental Unit Waterline Maintenance
DENTAL UNIT WATER QUALITY

Studies have shown the presence of high bacterial levels in the water from some dental unit water lines (DUWLs). The small diameter of DUWLs facilitates the build-up of a bacterial biofilm or slime on the interior surface of the waterline. This biofilm can result in bacterial levels in the water well above acceptable levels. The Environmental Protection Agency set the regulatory standard for safe drinking water at less than 500 colony forming units (CFUs) per milliliter (ml) of heterotrophic water bacteria. EFSC Dental Clinic’s DUWLs will be routinely tested to assure the water quality meets or exceeds the level set by the EPA regulatory standards and recommended by the Center for Disease Control.

EFSC Dental Clinic will utilize the following methods to maintain water quality.
- Self-contained water system
- Use of purified water
- Periodic germicidal treatment of DUWLs
- Routine testing and monitoring of DUWLs

Procedures to support the maintenance of acceptable water quality will be adhered to by all students and staff utilizing the EFSC Dental Clinic for providing dental treatment.

DAILY MAINTAINENCE PROCEDURE

Opening Clinic
1. With clean hands carefully remove the 2 self-contained water bottles from the dental unit. Careful not to contaminate the neck of the bottle or the clear pick up tube.
2. Fill 2 self-contained water bottles with water from water purification system facet located at the central sink labeled “DENTAL.” Replace bottles on unit.
3. FLUSH all water lines for 2 MINUTES at beginning of day and 30 SECONDS between patients.

Closing Clinic
1. EMPTY 2 self-contained water bottles and replace DRY bottle on unit.
2. RUN ALL WATER LINES until all water is discharged and only air is emitted.(air/water syringe, high speed handpiece, ultrasonic scaler).

MONITORING AND TESTING PROCEDURE

1. The EFSC Dental Clinic Specialist will perform unit water quality testing using a commercial self-contained test kit (e.g. Millipore HPC Sampler).
2. Water quality testing results will be recorded in a log and maintained for a minimum of two years. The log will be kept in the EFSC Dental Clinic Specialist office.
3. Unless otherwise indicated by initial testing or by failure of subsequent testing, testing will be performed on all dental units every 3 months unless otherwise indicated by failure of water quality test.
4. If testing indicates a DUWLs water quality fails to meet the recommended standard, the unit’s DUWLs will be treated with a chemical germicide (Sterilex Ultra®) according to the manufacturer’s recommendations.

SALIVA EJECTOR PROTOCOL
References:

Guidelines for Infection Control in Dental Health-Care Settings: 2003.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm

American Dental Association http://www.ada.org

APPENDIX I

MSDS and Disposal of Biohazardous Materials
Materials Safety Data Sheets (MSDS)

Every program will be responsible for acquiring and maintaining an updated MSDS list for each laboratory material. MSDS book must have a Table of Contents and have MSDS in alphabetical order. A EFSC employee will be designated in each area for maintaining and updating the MSDS book. MSDS book will be placed in a location convenient to materials being used. Online resources may be used in conjunction with paper MSDS book, but may not replace the hard copy. If online resources are used, written instructions for accessing materials must be readily accessible by all users. All faculty and students using said laboratory will be trained in locating, reading, and utilizing MSDS for safety information. All Safety Manuals should be located in the same area for ease of access and utilization.

Disposal of Hazardous Waste Materials

Any material designated by MSDS requiring special disposal shall have a copy of the MSDS attached to the item prior to disposal. The EFSC Safety Specialist should be notified for “safety pick-up” (321-433-7556).

Information on Hazardous Materials

Further information about use, storage, and disposal of hazardous materials may be found in the EFSC Lab Safety Manual.
Appendix J

Disposal of Radiologic Chemicals and Lead Foils
Disposal of Radiologic Chemicals

Developer and fixer used in radiography labs must be disposed of according to the following guidelines:

Radiographic developer may be poured directly into the water drainage system. This solution does not contain harmful metals.

Radiographic fixer must be adequately filtered for removal of silver crystals before disposal in the water drainage system.

**Automatic processors** are to be equipped with an appropriate silver trap.

1. Silver traps that filter silver crystals from used fixer solution before the used solution enters the water drainage system must be installed on automatic film processing units.
2. Silver traps must be purchased from an authorized representative and installed by an authorized technician.
3. Traps are categorized according to volume and silver capacity.
4. Silver traps that are full are to be removed and mailed to the manufacturer for reclamation of the silver crystals.
5. A replacement silver trap is to be installed immediately upon removal of a full trap.

**Manual processors**

1. Used fixer solution from manual processing tanks shall be poured through the silver trap(s) attached to the automatic processing unit.

**College Employees’ Responsibilities When Handling Used Radiographic Fixer**

1. When replacing full silver traps from automatic processors, college employees must wear appropriate protective equipment and clothing. PPEs including a protective gown or apron, safety eyewear, face mask, and protective gloves must be worn.
2. When handling contaminated fixer solution from manual processing tanks, college employees must follow recommendations for handling contaminated liquids and wear appropriate protective equipment and clothing. When handling contaminated liquids, employees must wear a water-resistant apron or gown, safety eyewear, face mask, and water-proof gloves.
3. College employees must be trained in spill cleanup.
4. College employees must routinely inspect the silver traps on automatic processors for functionality and fullness.
5. College employees must keep written documentation of routine inspection of silver traps.
6. College employees must keep written documentation of pick-up or mailing of full silver traps and installation of replacement traps.
7. College employees must keep written documentation of disposal of used fixer solution from manual processing tanks.

**Disposal of Lead Foils**

Lead foils will be collected in a plastic container. The dental clinic manager will be responsible for monitoring collection and pick-up of lead foils from Dental Hygiene/Assisting and Veterinary Technology.
APPENDIX K

DISPOSAL AND REVERSE DISTRIBUTION OF PHARMACEUTICALS
Disposal of Unused Medications:

Unused medications accumulate due to a variety of reasons. The government and its agencies have policies and procedures for disposal of medications.

Medications must be identified and removed in a timely manner for disposal in accordance with the standards of practice. Disposition of medications must include the medication name, strength, prescription number (if applicable along with patient’s name), quantity, date of disposition, disposing staff or students. This is in accordance with CMS State Operations Manual F-Tag 425.

The Environmental Protection Agency (EPA) oversees the Resource Conservation and Recovery Act (RCRA) which controls the management and disposal of all solid and hazardous wastes including pharmaceuticals and personal care products.

The White House Office of National Drug Control Policy (ONDCP) requires that all unused, unneeded or expired prescription drugs be removed from their original containers and thrown in the trash after mixing with used coffee grounds, kitty litter or other undesirable substances and then putting them in the trash in impermeable containers such as zip-loc baggies to prevent diversion. Prescription drugs may only be flushed down the toilet if the label or accompanying patient information says it is safe to do so. This will prevent pharmaceuticals such as antibiotics and biohazards from getting into the water supply. Drugs on the following list in tablet form should be flushed down the toilet rather than disposed of in the trash to prevent diversion:

- Fentanyl, methylphenidate, oxycodone, morphine sulfate, entecavir, atazanavir sulfate, gatifloxacin, stavudine, meperidine, oxycodone with acetaminophen (Percocet), sodium oxybate

Medications should NOT be placed into sharps containers. Syringes containing medications should be emptied into kitty litter, enclosed in zip-lock bags and disposed of in the trash unless on the above list.

The Board of Pharmacy recommends that any expired bottles (used or unused) of injectable controlled substances be sent for reverse distribution:

Return Logistics International Corporation

22 Artley Road

Savannah, GA 31408
APPENDIX L

Secondary Labeling of Containers
Secondary Container Labeling Requirements:

OSHA regulations require that all chemical containers be labeled with the identity of their contents and specific information about the hazards associated with the chemical. When a chemical is purchased the container it is in is a primary container and typically will already be have an appropriate label, any container that the chemical is transferred to from the primary container is a secondary container. Both primary and secondary containers need to be labeled properly.

Secondary container labels should have the name(s) of the chemical(s) in the container as well as hazard warnings and information specific to the contents. A label template meeting this requirement is available by following this link. The template is made to print on standard Avery® Address labels, which can be purchased at the BYU bookstore (#5160). The label has room for the chemical name and a standard NFPA hazard Diamond, As shown below the diamond has spaces to record relative chemical hazards regarding health, flammability and reactivity, these numbers can be found on the primary container and/or the MSDS.

Secondary Chemical Container Labeling Exception:

OSHA requires that secondary containers be labeled unless they are “for the immediate use of the employee who performs the transfer” (29 CFR 1910.1200) from the primary container.

Note: If NFPA ratings are not available for the chemical(s) then HMIS ratings can be used instead. HMIS ratings also provide relative hazard ratings, and they use the same color coding as the NFPA diamond for Health, Flammability, and Reactivity.
APPENDIX M

Rabies and Zoonotic Diseases
Eastern Florida State College
Health Sciences
Rabies Virus
Exposure Control Plan

Implementation: Fall 2005; Dr. Holly Kahler, Rita Hallock, Claudia Campbell, Dr. Laura Earle, Dr. Barbara Ake, Judy Capps, Linda Miedema, Dr. Ethel Newman, (Allied Health OSHA Committee), Barry Inman, BA/BS, CIC, CHE (Brevard County Health Dept.)

Reviewed: Spring 2009: Dr. Laura Earle

Reviewed/Revised

Revised:

Approved:

Reviewed/Revised
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EFSC Health Sciences

RABIES and Zoonotic Disease Exposure Control and Post-exposure Plan

PURPOSE:

The purpose of this Exposure Control and Post-exposure Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees and students (henceforth called HCWVT) to Rabies virus and other zoonotic diseases and to provide guidelines for the appropriate actions after Rabies exposure.

DEFINITIONS:

Rabies virus: Rabies is a viral infection transmitted in the saliva of infected mammals. The virus enters the central nervous system of the host, causing an encephalomyelitis that is almost always fatal.

Zoonotic disease: Any disease that may be infectious to both people and animals that carries the risk of exposure through blood, saliva, urine or fecal contamination.

Rabies Exposure incident: Introduction of the Rabies virus into bite wounds or open cuts in skin or onto mucous membranes that occurs during the performance of an HCWVT’s duties. Any penetration of the skin by teeth, regardless of location, constitutes a bite exposure. The contamination of open wounds, abrasions, mucous membranes (including eyes), or scratches, with saliva or other potentially infectious material (such as neural tissue) from a rabid animal constitutes a non-bite exposure.

Zoonotic disease exposure: contact of potentially infectious material (urine, feces, blood or saliva) with mucous membranes or broken skin.

Occupational exposure: reasonably anticipated skin, eye, mucous membrane contact with saliva or other potentially infectious materials that may result during the performance of an HCWVT’s duties.

Potentially infectious material (Rabies): Saliva containing Rabies virus injected via a mammal bite or through open wounds, abrasions, scratches in the skin or mucous membranes -OR- Nervous tissues from animal containing Rabies virus.

Potentially infectious material (other zoonoses): Saliva, fecal material or urine coming into contact with mucous membranes, or wounds.
SECTION I: EXPOSURE DETERMINATION

Category I: Following is a list of occupational training programs in Health Sciences in which all Health Sciences clinical or lab instructors, staff, or students may have occupational exposure to Rabies virus:

Veterinary Technology

Category II: Following is a list of staff that may have occupational exposure to Rabies on a limited basis:

Security responding to injured animals on campus

Tasks which have the potential for exposure to Rabies virus, are:

Direct Patient Physical Contact
CPR and First Aid Procedures
Handling Biohazardous/Biomedical waste
Specimen handling for laboratory samples

Part-time, temporary, contract and per diem employees are covered by this Exposure Control and Post-exposure Plan and will be categorized according to their job requirements. Employees without patient/client contact or exposure to clinical/lab facilities will not be categorized.

SECTION II: METHODS OF MINIMIZING EXPOSURE

These procedures have been developed to minimize or eliminate occupational exposure:

Implementation of Standard Precautions
Implementation of work practice controls
Use of personal protective equipment
Proper handling and disposal of biohazardous waste
Implementation of housekeeping/maintenance procedures
Implementation/Use of engineering controls

II. A. Standard Precautions

Employees shall adhere to the practice of Standard Precautions for bloodborne pathogen control. Standard Precautions defines saliva as potentially infectious with the Rabies virus. The use of Standard Precautions will also decrease the exposure to other potential zoonotic diseases. As part of Standard Precautions, Health Sciences shall practice the following infection control measures.

- Ensure that all patients being examined or utilized by Health Sciences Institute, Veterinary Technology Program have a CURRENT rabies immunization.
- Change gloves multiple times during the care of one patient/client, if necessary.
- Wash hands before and after gloving, between tasks and procedures on the same patient and before and after any direct patient/client contact.
• Change gloves if they become torn, or if they contact infective material.
• Change gloves immediately before contact with mucous membranes.
• Change gloves between each patient.

Additional zoonotic disease control procedures important in Veterinary Technology:

• When possible, avoid having the patient lick the HCWVT to prevent possible saliva exposure.
• Wear gloves and wash hands frequently when handling potentially infectious materials such as urine, blood or feces in the clinical pathology laboratory setting.
• Keep talking to a minimum to prevent mucous membrane contact with potentially aerosolized infectious material.

II. B. Engineering Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to rabies virus and zoonotic diseases as stated in the Bloodborne Pathogen Exposure Control Manual.

II. C. Work Practice Controls

In addition to engineering controls, the work practice controls described below have been implemented in addition to those described in the Bloodborne Pathogen Exposure Control Plan to minimize exposure to rabies virus and zoonotic diseases.

1. Eating, drinking, smoking and hygiene:
   • Eating, drinking, smoking, applying cosmetics, and handling contact lenses are prohibited in clinical/lab areas. Food is not to be stored in clinical or lab areas where the potential exists for contamination. Any food must be stored, prepared, or consumed in a separate area.

2. Minimizing splashing, spraying, or production of aerosols.
   • All procedures involving saliva or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, or production of aerosols.

3. Handling laundry.
   • All linens in Veterinary Technology should be considered contaminated and will be laundered on site.

4. Overseeing work practice controls.
   • The Associate Provost of the Health Sciences Institute is responsible for overseeing the implementation of work practice controls.
II. D. Personal Protective Equipment

Personal protective equipment is an employee’s barrier against the rabies virus and zoonotic disease pathogens. An employee performing procedures or tasks where there is any anticipated potential of occupational exposure shall use personal protective equipment. Personal protective equipment is described in the Bloodborne Pathogen Exposure Control Plan.

The following personal protective equipment shall be available at all times at no cost:

<table>
<thead>
<tr>
<th>Disposable Vinyl-Latex gloves</th>
<th>Aprons</th>
<th>Safety Eyewear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterile gloves</td>
<td>Resuscitation bags</td>
<td>Face shields</td>
</tr>
<tr>
<td>Gowns</td>
<td>Hypoallergenic gloves</td>
<td>Mouthpieces for CPR</td>
</tr>
<tr>
<td>Utility gloves</td>
<td>Hair caps</td>
<td>Masks</td>
</tr>
</tbody>
</table>

II. E. Housekeeping Controls

Maintaining this facility in a clean and sanitary condition is a critical part of this plan.
1. Cleaning schedule - each Health Sciences Program Coordinator or their designee with the assistance of Health Sciences Administrative Assistants shall be responsible for maintaining and implementing schedules for regular cleaning and decontamination of all educational labs and clinics.
2. Cleaning after spills, leakage - Health Sciences faculty and staff shall see that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage.
3. Bins, pails, containers - Bins, pails, cans, and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated with potentially infectious materials, shall be inspected by the employee supervising the use of such receptacle on a regularly scheduled basis and cleaned and decontaminated within a reasonable time following discovery of contamination.
4. Laundry - All linen in Veterinary Technology should be considered contaminated, and standard precautions shall be used in the laundering process.
   a. Linens that are contaminated will be laundered on site.
   b. Hampers for soiled linen shall be available.

II. F. Biohazardous Waste Control:
Refer to Health Sciences Biomedical Waste Plan(s). Located in Building 20, Room 233 and online.

SECTION III: RABIES VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP MEDICAL, RECORDKEEPING

III. A. Rabies Vaccination of Employees and Students
To protect veterinary technology employees (faculty and staff) and students from Rabies, a pre-exposure vaccination must be obtained or a vaccine waiver must be signed.
1. Pre-exposure vaccination: the administration of a rabies vaccination prophylactically to stimulate immunity to the Rabies virus.
   a. The Intramuscular Primary Vaccination (Human Diploid vaccination) is currently implemented by the County Health Department.
   b. Three 1.0-mL injections are administered intramuscularly on days 0, 7, and 21 or 28.
2. Vaccination program training and notices:
   a. Employees (faculty/staff) shall be informed of the necessity of the
      vaccinations program upon employment.
   b. Students will be informed upon admission to the Veterinary
      Technology Program.

3. Patient Assistance Information Form availability:
   a. Veterinary Technology Student Handbook
   b. Veterinary Technology Student web site
   c. Hard copies available on request

4. Patient Assistance Programs:
   The Proleukin®, TOBI® and RabAvert® Patient Assistance Programs are
   consistent with Chiron's belief that no patient should be denied treatment
   because of financial status. This program covers the FDA-approved labels for
   U.S. citizens only. The program is designed to assist patients who do not have
   healthcare insurance or have exhausted their insurance coverage and other
   resources. In order to receive assistance, a patient's physician must request
   application materials from Chiron's Reimbursement Service.
   Chiron / Vaccines
   RabAvert (Rabies vaccine)
   Patient Assistance Program
   PO Box 4008 Clinton New Jersey 0809
   Tel: 866 972 2437 Fax: 908 713 7713

5. Declination of Pre-exposure Rabies Immunization:
   a. Any employee or student who declines to undergo the Rabies pre-
      exposure vaccination protocol must
      1) sign a release form*(* see Rabies Declination)
      -or-
      2) produce documentation of a timely and adequate
         titer level.
   b. These forms must be kept in the employee's or student's file and a
      copy will also be kept in the Health Science office. See Appendix B.

III. B. Rabies Vaccination of Patients
To protect employees and students from Rabies, a dog, cat, or ferret being utilized at the Veterinary Technology
facility will be required to have a current Rabies vaccination.
1. Evidence of this status will be a valid rabies certificate from a licensed veterinarian.
   a. The booster immunization must have occurred at least 10
      days prior to being presented to Veterinary Technology unless:
   b. if the animal is a puppy or kitten under 4 months/16 weeks
      of age, then
   c. Rabies vaccination is not required
      if the initial Rabies vaccination has just been given
      adequate immunity to Rabies is not considered to be
      present until 28 days/1 month post-vaccination.
2. The previous and current Rabies certificate must be provided as
   documentation.
3. Vaccination notices - Employees and students shall be informed of
   the necessity of the vaccination program upon employment or admittance
   to the Veterinary Technology Program.
4. Clients or their agents bringing dogs, cats, or ferrets to the Veterinary
   Technology program will be informed of this requirement before admission to the facility.
5. In Brevard County, Rabies vaccinations must be given to cats and dogs at
   8-16 weeks of age, at one year of age and every three years after one year.
6. If the animal does NOT have a verifiable vaccination history for rabies, immunization by a licensed veterinarian must be considered the initial vaccination with adequate immunity, after the initial vaccination, achieved after twenty eight (28) days.

III. C. Rabies Human Post-exposure Protocol:
It is mandatory that any employee (faculty/staff) or student incurring an exposure fill out a complete Accident/Incident Report form within 24 hours of the incident.

All employees (faculty/staff) or students who incur an exposure incident will be offered post-exposure evaluation and follow-up, in accordance with the OSHA standard. Listed below are the steps to follow in that event.

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the source animal and the vaccination status of the source animal should be identified.
3. Results of isolation for signs of rabies or testing of the source animal will be made available to the exposed employee (faculty/staff) or student with the exposed HCWVT informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee (faculty / staff) or student will be offered post-exposure prophylaxis in accordance with the current recommendations for the U.S. Public Health Service at no expense to the employee or student through Eastern Florida State College. The most current Rabies post-exposure follow-up recommendations for an exposure incident made applicable by the bloodborne pathogens standard are found in the CDC Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports: “Human Rabies Prevention – United States, 1999 Recommendations of the Advisory Committee on Immunization Practices (ACIP),” January 8, 1999/Vol 48/No.RR-1, pp. 1-21.

Follow-up counseling will be provided by the post-exposure treatment facility.

5. The employee (faculty/staff) or student will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee (faculty/staff) or student will also be given information on what potential illnesses to be alert for and to report any related experience to appropriate personnel.

6. The following person has been designated to assure that the Post-Exposure Policy outlined here is effectively carried out as well as to maintain records related to this policy: Darla Ferguson, Human Resources, Employee Benefits Specialist. 321-433-7080.

III. D. Rabies Post Exposure STEP-BY-STEP Instructions:
The following steps should be taken, in the event of an occupational exposure to the saliva or nervous tissue of a rabid animal:

*The "exposed person" must complete an Accident-Incident Report Form (see Appendix A) as soon as reasonably possible, which must be within 24 hours of the exposure incident.

**STEP 1.** The exposed faulty or staff member or student (hereinafter Referred to as "exposed person") will inform the clinical and work supervisor of an accident significant exposure.

If in a clinic situation, the clinical supervisor will bring the patient procedure to a reasonable stopping point, and have the patient maintained in the Veterinary Technology Building until a licensed
veterinarian is available to examine the patient and review the medical history.

**STEP 2.** As **STEP 1.** is being accomplished, the "exposed person" shall treat the wound as follows: Wash the wound thoroughly with soap and water for a minimum of 1 minute, and cover the wound with a sterile dressing and an adhesive bandage.

**STEP 3.** The supervising employee will notify Human Resources Employee Benefits Specialist (day) 433-7080 or College Police Department (night) 433-7086 of the injury. The Human Resources Employee Benefits Specialist will deal with any insurance questions and the health care facilities. The College Police will have immediate access to this manual in order to provide post exposure step-by-step instructions.

**STEP 4.** The "exposed person" should report to the nearest emergency care facility within 30 minutes after the exposure. The treating healthcare facility personnel will provide follow-up counseling.

Questions about Workman's Compensation eligibility and post-exposure testing need to be addressed to Human Resources Employee Benefit Specialist, Ms. Darla Ferguson, 433-7080. Eastern Florida State College will provide the funds for the "exposed person" to receive follow-up treatment as outlined by the initial health care facility treating the exposed employee.

SECTION IV: INFORMATION AND TRAINING

Eastern Florida State College recognizes that having informed employees is important when attempting to prevent or minimize occupational exposure to pathogens. Employees who have a potential for exposure to rabies or zoonotic disease pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee who is changing tasks or job classifications, will be given the additional training the new position requires at the time of the new job assignment.

IV. A. Responsibility:
The Associate Provost of the Health Sciences Institute is responsible for developing the training programs for the division of Allied Health. Each Health Sciences employee with the potential for occupational exposure to Rabies virus is responsible for having an in-depth knowledge of the OSHA standard on bloodborne and zoonotic disease pathogens and specific compliance requirements of the office.

IV. B. Training Topics:

1. A copy of the OSHA standard and an explanation of its contents
2. An explanation of the epidemiology and signs of Rabies and other zoonotic diseases in animals and humans.
3. An explanation of the modes of transmission of Rabies virus and other zoonotic diseases.
4. An explanation of Eastern Florida State College exposure control plan and where the employee can readily obtain a copy of the plan.
5. Appropriate methods for recognizing tasks and other activities that may involve exposure.
6. A review of the use and limitations of practices which will prevent or reduce exposure, including engineering controls, work practice controls, and use of personal protective equipment.
7. Information concerning the types, proper use, location, removal handling, decontamination and/or discarding of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the Rabies vaccine, including information on its effectiveness, safety, methods of administration and the benefits of being vaccinated.
10. An explanation of the procedures which apply in the event of an exposure incident, including the method of reporting the incident, the medical follow-up that will be made available and the counseling that will be provided; and principals concerning post exposure prophylaxis.

11. A description of the signs, labels and color coding required.

IV. C. Program Methods and Schedule:
Training presentations make use of any of the following techniques:

1. Classroom atmosphere with personal instruction
2. Professional presentation by individuals trained in the specific program being presented
3. Training manuals, videotapes, power points and handouts
4. Time is allotted for a question and answer session.

IV. D. Training Records:
Human Resources department (Darla Ferguson, Bldg. 2, ext. 7080) shall maintain employee training records which include:

1. Dates of training sessions
2. Material covered
3. Names and job titles of the trainers
4. Names and social security numbers of the employees in attendance

The employee must attend the full session or review the on-line Power Point presentation and take the examination. No partial attendance of a session will be permitted. Training records shall be on file for a minimum of three years from the date of the training program. Training records are available upon request of the employee or if requested by an OSHA officer. If Eastern Florida State College should cease to do business and there is no administrative officer to take over the files, the office must notify OSHA at least three months prior to discarding of records.

SECTION V: PLAN MANAGEMENT
V. A. Annual Training and Review:
This plan shall be reviewed annually by Health Sciences OSHA and Safety Committee and updated as necessary. This review and updating shall include, but shall not be limited to;

1. Review of tasks and procedures in which exposure might occur
2. Additions and changes to job classifications

V. B. Availability of Plan to Employees:
A copy of this exposure control plan must be available to all employees at any time. The plan is available in the Health Sciences Institute office (Bldg 20 room 223), on-line on the OSHA website and in the Eastern Florida State College Human Resources department (Bldg 2 Cocoa Campus).

C. RESPONSIBILITIES
1. The Associate Provost of the Health Sciences Institute and the OSHA committee responsibilities are outlined in the Bloodborne Pathogen Exposure Control Plan.
2. Health Sciences Employees with a potential for occupational exposure to Rabies and zoonotic disease pathogens are responsible for:
   a. Knowing what tasks they perform that may result in occupational exposure
   b. Attending the training programs
   c. Conducting their tasks in accordance with designated work practice controls
   d. Practice of Universal/Standard Precautions
APPENDIX L.1
EFSC Accident-Incident Report Form
Occupational Animal Exposure Incident Report Form
OCCUPATION EXPOSURE INCIDENT REPORT

Name of Employee: ______________________________________________________
Date of Incident: ___________________ Time of Incident: _____________________
Date of Report: ______________________ Reported to: ________________________
Type of Exposure Incident: ________________________________________________
How did Exposure Incident Occur: _________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
List Personal Protective Equipment Used at Time of Exposure:
________________________________________________________________________
________________________________________________________________________
Description of Employee’s Duties as Related to Occupational Exposure:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Date of Rabies Vaccination: ___________________________________________
________________________________________________________________________
(Signature of Person Preparing Report) Date __________________________________________ (Employee’s Signature) Date
Source Animal’s Name ___________________________________________________
Source Animal’s Species & Breed___________________________________________
Source Animal’s Description_______________________________________________
Counseling on Testing and Effective Post Prophylaxis: Yes _______ No __________
APPENDIX L.2
Declination of Rabies Vaccination
EMPLOYEE DECLINATION OF RABIES VACCINATION

I understand that due to my occupational exposure to the saliva of animals and other potentially infectious materials, I may be at risk of acquiring Rabies virus infection. I have been given the recommendation to be immunized with Rabies vaccine. However, I decline the Rabies vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Rabies, a potentially fatal neurological disease. If in the future I continue to have occupational exposure to the saliva of animals or other potentially infectious materials and I want to be vaccinated with Rabies vaccine, I can receive the vaccination series at a later date. I also understand the College will not bear the vaccination expense.

__________________________________________
Employee Name (please print)

__________________________________________
(Employee Signature)

__________________________________________
Social Security Number

__________________________________________
(Signature of Witness)

__________________________________________
Date
I previously received the Rabies vaccine series in the year of ________ and decline immunization at this time.

__________________________________________
(Employee Signature)       Date

HR-103-500-0901
STUDENT VACCINATION DECLARATION OR DECLINATION FORM

STUDENT: _______________________________________________________________________

EFSC ID NUMBER: ____________________________

VETERINARY TECHNOLOGY PROGRAM: _____________________________________________

Rabies is a very serious, usually fatal, viral disease that can affect any warm-blooded animal (including man). The virus is spread by contact with an infected animal’s saliva. Usually, an infected animal bites another, non-infected animal, but the disease is transmitted by saliva (even the residue left on a dog’s bowl after eating) coming in contact with an open wound or the mucous membranes.

The disease is considered endemic in Florida, ever present in the wild animal population and occurring in domestic species and wild animals. During the Program you will handle animals at clinical (work experience) sites and possibly in service learning. Proper animal handling and restraint should be practiced and personal protective equipment utilized but there is always the possibility of exposure to rabies. Human death from Rabies can be prevented with pre- or post-exposure Rabies vaccination.

I have been advised that the Rabies vaccination is STRONGLY RECOMMENDED for the clinical (Work Experience) assignments in the Veterinary Technology Program. I understand that due to the possible occupational exposure to non-Rabies vaccinated animals or potential infectious materials I may be at risk of acquiring Rabies viral infection.

Please read, check one of the following, and sign:

_____ I have completed the Rabies vaccination series (must submit documentation)

_____ I am currently in the process of Rabies vaccination and have received ____ vaccination(s) at this time. (must submit documentation)

_____ I decline to be vaccinated at this time.

I am aware that I can waive the Rabies vaccination recommendation by signing this Vaccination Declination form. In that case, I continue to be at risk of acquiring Rabies virus, a serious disease.
In the future, should I decide to be vaccinated for Rabies virus, I will provide documentation of this to the program director.

_____________________________  __________________________________
Printed name (student)      Student Signature  Date

_____________________________
Witness  Date

_____________________________
Parent Signature (if under 18 years of age)  Date
Rabies Plan
Confirmation Document

I have received Health Sciences Employee Exposure Control and Safety Plan document on ________________ (date).
I understand that it is my responsibility to review this booklet and adhere to the guidelines stated therein.

__________________________________________________________________
Name (please print)

__________________________________________________________________
(Employee’s Signature) Date

__________________________________________________________________
(Witness Signature) Date

Even in the best of conditions, exposure incidents can occur. As a result Eastern Florida State College has implemented this Rabies Exposure Control and Safety plan outlining its Rabies vaccination protocol, as well as set-up procedures for post-exposure evaluation and follow-up.

HR-104-500-0901
APPENDIX L.4
Checklist for Implementing the Plan
A Checklist for Implementing The Exposure Control Plan

- A plan is written that focuses on minimizing or eliminating occupational exposure to rabies virus.
- The plan is updated when necessary and at a minimum of once a year.
- The plan designates job classifications.
- The plan establishes how exposure determinations are made according to job classification.
- The plan states what methods are used to comply with OSHA:
  - Universal/Standard Precautions
  - Handwashing facilities
  - Engineering Controls
  - Work Practice Controls
  - Personal Protective Equipment
  - Housekeeping Requirements
  - Training Requirements
  - Rabies Vaccinations
  - Post-Exposure Follow-up
  - Hazard Communication
  - Recordkeeping for Training