Student Guidelines for Preventing Occupational Exposure to Bloodborne Pathogens (BBP)

- Report all exposures immediately
- Refer to page 14 for all exposures
- Refer any questions to your faculty advisor for healthcare
- This document is available on the CHS website and BB

Revised May 20, 2020
Reviewed annually
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UM-Flint College of Health Sciences

Student Guidelines for Preventing Occupational Exposure to BBP

The Guidelines for Preventing Occupational Exposure to Bloodborne Pathogens (BBP) have been developed for students to minimize risks associated with occupational exposure to blood and other potentially infectious materials (OPIM). The College of Health Sciences (CHS) Exposure Control Plan developed for employees was used as a guide as well as other current references from CDC and OSHA in development of these student guidelines and policies. The overall purpose of the document is fourfold:

(a) Provide students with information and instructions on how to prevent or minimize their exposure to blood and OPIM,
(b) Provide students with instructions on how to deal with exposures to blood and OPIM,
(c) Educate students on departmental requirements for the use of protective devices,
(d) Outline the roles and responsibilities of the student, department, and clinical site in dealing with student exposure to blood and OPIM.

If you have any questions, concerns or require any additional information or clarification, we strongly urge you to contact your faculty advisor or our UM Flint Environment, Health and Safety Department (EHS).

Thank you and please remember that learning and using safe work practices to avoid injury and illness during your clinical experience are an important part of your education.
University of Michigan-Flint College of Health Sciences
Student Guidelines for Preventing Occupational Exposure to Bloodborne Pathogens (BBP)
“Category A” Student Compliance Verification Form

This document is to be used to verify that category A students are following the bloodborne pathogen-exposure control guidelines. Students will complete the process on campus or at their clinical facility as determined by their individual departments.

CHS Bloodborne Pathogen program applies only to “Category A” students. According to OSHA Standards, “Category A” is defined as students who perform tasks and procedures which involve exposure or reasonably anticipated exposure to blood and other potentially infectious materials or that involve a possibility for spills or splashes of blood or other potentially infectious materials.

Each year prior to attending clinical courses, “Category A” students must:

1. Review and become familiar with the Student Guidelines for Preventing Occupational Exposure to BBP located on BB and CHS website.

2. Ensure that evidence of Hepatitis B vaccine and/or immunity or declination waiver is signed according to departmental health information form that has been provided. Completed departmental health information forms are returned to the department designee.

3. Complete the Bloodborne pathogen training annually and provide documentation of training to the designated departmental faculty (Program Director or designee). Successful completion of online BBP test will serve as documentation of BBP training. Successful completion requires a score of 80% or greater on the BBP post-test. Those students who complete BBP training at their clinical site or with their employer are not required to take this test but must provide proof of completion of clinical site BBP training to their Department Chair or Program Director, or designee.

Training Resources
1. CDC website: http://www.cdc.gov/niosh/topics/bbp/
2. Handwashing: http://www.cdc.gov/handhygiene/training/interactiveEducation
3. Michigan OSHA Bloodborne Infectious Diseases Online Training Program
http://www.michigan.gov/lara/0,4601,7-154-11407_30453-89915--,00.html#materials
4. OSHA Bloodborne Pathogens and Needlestick Prevention
http://www.cdc.gov/niosh/topics/bbp/

Direct questions regarding program-related issues to the Chair of the CHS Clinical Education and Health Affairs Committee (Dean’s office 810-237-6503) or departmental designee.
CHS STUDENT BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN POST TEST
The student will be taking a test like this on Blackboard. The student may also complete an exam offered at their clinical site.

1. Which of the following is/are considered routes of entry for blood borne pathogens into your body?
   a. Breaks in the skin
   b. Mucous membranes
   c. Puncture wounds
   d. An eye splash with a potentially infectious material
   e. All of the above

2. Your clinical site is responsible for providing which of the following:
   a. A site specific exposure control plan (ECP)
   b. Personal Protective Equipment (PPE)
   c. Site specific training
   d. All of the above

3. There is a vaccine available for the following blood borne disease:
   a. Human Immunodeficiency Virus (HIV)
   b. Hepatitis B (HBV)
   c. Hepatitis C (HCV)
   d. None of the above

4. Universal precautions say that one should assume which of the following:
   a. Only blood that is still wet is contaminated
   b. All blood and other bodily fluid are contaminated
   c. Blood that is dry is not contaminated
   d. None of the above

5. Post exposure prophylaxis is defined as:
   a. A regimen of medication that is started within 2 weeks of an exposure to decrease the risk of contracting HIV.
   b. A regimen of medication that is started within 24 to 48 hours of an exposure to decrease the risk of contracting HIV or Hepatitis B.
   c. Washing exposed skin with soap and water, or flush exposed mucous membranes with water.
   d. Reporting an incident to your clinical faculty as soon as possible.

6. For a UM-Flint student who is exposed to blood or other potentially infectious materials, which of the following is correct?
   a. Wait until the next business day to report the exposure.
   b. He/she need not worry if they have had the Hepatitis B vaccinations series.
   c. Wash or flush exposed area and immediately report exposure to clinical faculty.

7. If you are exposed to a material infected by bloodborne pathogens, your risk of getting Hepatitis B is much greater than your risk of getting HIV?
   a. True  b. False
8. You should never eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses in work areas where exposures may occur.
   a. True  b. False

9. The complete series of HBV vaccinations is 85 to 97 percent effective at protecting you for at least nine years from getting the disease or becoming a carrier.
   a. True  b. False

10. If you have an accidental exposure, immediately wash exposed skin with soap and water or flush exposed mucous membranes with water, and then report the incident to your clinical instructor in the following time:
    a. Immediately to ensure evaluation
    b. 48-72 hours
    c. Greater than 72 hours if you have had the Hepatitis B series
    d. 1 week

11. Three (3) pieces of personal protective equipment used to prevent exposure to blood borne pathogens are:
    a. Goggles, gloves and band-aids
    b. Face mask, gloves, and gown
    c. Gown, foot protectors, and hair net

12. The first thing you should do immediately following an exposure:
    a. Report the incident to clinical faculty before anything else and fill out a report
    b. Wash exposed skin with soap and water or flush exposed mucous membrane
    c. Call 911 or contact the emergency medical service
    d. Report the incident to a coworker

13. University of Michigan Category A students must complete training in blood born pathogens every year.
    a. True  b. False

14. A weak bleach solution (1:10) is appropriate for clean up of a blood spill.
    a. True  b. False

15. It is O.K. to reuse disposable gloves after decontaminating them with soap and water.
    a. True  b. False

16. A biohazard bag is an appropriate container for a used syringe.
    a. True  b. False

17. If the following is a potentially infectious material select (a) if True, select (b) if False.
    _______ Saliva
    _______ Unfixed tissue samples
    _______ Tears
    _______ Blood
    _______ Cadaver organs
18. If the following are means of transmission of bloodborne pathogens select (a) if True, Select (b) if False.
   ______ A skin puncture with a sharp object (such as a needle)
   ______ Contact with a potentially infectious material on the intact skin of the hand
   ______ A splash into the eye with a potentially infectious material

19. If the following are a category A CHS student responsibility select (a) if True, Select (b) if False.
   ______ Review and be familiar with your student exposure control plan
   ______ Review any exposure control plans that are applicable to your clinical facility
   ______ Provide and pay for your own personal protective equipment
   ______ Begin the Hepatitis B vaccination series before attending clinical

20. Standard hand washing is more effective than alcohol-based rub?
   a. True  b. False

21. How is Ebola transmitted from person to person?
   a. Air
   b. Direct contact
   c. Water
   d. Mosquitoes

22. CDC recommends staff members use standard contact and droplet precautions to care for patients under investigation or patients with confirmed Ebola virus disease?
   a. True  b. False
UNIVERSITY OF MICHIGAN-FLINT  
College of Health Sciences  
Student Guidelines for Preventing Occupational Exposure to BBP  
(Prepared by CHS Clinical Education and Health Affairs Committee)

PURPOSE

The overall purpose of the document is fourfold:

(a) Provide students with information and instructions on how to prevent or minimize their exposure to blood and OPIM,
(b) Provide students with instructions on how to deal with exposures to blood and OPIM,
(c) Educate students on departmental requirements for the use of protective devices,
(d) Outline the roles and responsibilities of the student, department, and clinical site in dealing with student exposure to blood and OPIM.

SCOPE

These guidelines apply to all University of Michigan-Flint CHS students that have the possibility for exposure to blood and other potentially infectious materials. A “Category A” student includes a CHS student that is required to perform tasks and procedures which involve exposure or reasonably anticipated exposure to blood and other potentially infectious materials or that involve a possibility for spills or splashes of blood or other potentially infectious materials

I. Responsibilities

A. Oversight of Plan Compliance: Each CHS Department

- Will determine who in that department will oversee the compliance with this plan.
- Will determine which students are category A.
- Will coordinate the training as outlined in the CHS Student Guidelines for Preventing Occupational Exposure to BBP
- Will implement the CHS Student Guidelines for Preventing Occupational Exposure to BBP and inform the CHS Clinical Education and Health Affairs Committee of needed changes specific to the department.
- Ensure personal protective equipment (PPE) is available for students as needed on campus and at clinical sites.
- CHS Departments are individually responsible for timely notification of exposure incidents to designated program director or designee and EHS.
- Coordinate post exposure follow-up with the clinical agency, EHS, and the Campus Health Officer or individual CHS department designee.
Will monitor and maintain records of completed compliance forms and training of students in category A.

Will require designated faculty to provide a copy of the exposure report/illness-injury form to the department director or designee. Will notify CHS Clinical Education and Health Affairs Committee of incident while not providing any student identifiers.

Will ensure that the bloodborne pathogen guidelines, as outlined in the Student Guidelines for Preventing Occupational Exposure to BBP are followed

Will ensure student participation in the CHS Student Guidelines for Preventing Occupational Exposure to BBP

Will make the Student Guidelines for Preventing Occupational Exposure to BBP available for students within the department and on the CHS website.

Will inform Students of content changes made in the Student Guidelines for Preventing Occupational Exposure to BBP.

B. Each CHS Category A Student

 Shall comply with the CHS Student Guidelines for Preventing Occupational Exposure to BBP and procedures, including but not limited to, completion of the compliance form and ECP test, or proof of completion of training as approved by the clinical site, prior to attending clinical courses.

Will read and become familiar with the CHS Student Guidelines for Preventing Occupational Exposure to BBP plan and exposure control plan(s) at the assigned clinical site(s).

Will select, use and maintain appropriate personal protective equipment. Follow safety practices and standard operating procedures relevant to occupational exposure to bloodborne pathogens and other potential infectious materials (OPIM).

Inform UM-Flint faculty when personal protective equipment is inadequate or unavailable.

Must consult with their faculty or his/her designee, or other appropriate knowledgeable management personnel whenever there are any questions regarding their protection, prior to beginning any task involving potential risk of exposure to body fluids.

Report any on or off campus exposure incident immediately after first aid care, to their appropriate faculty designee or Department of Public Safety (DPS) 810-762-3333 so that appropriate follow-up measures can be taken.

C. Environment, Health, and Safety Department (EHS)
Will provide assistance upon request to CHS in determining which students are affected by the provisions of the student exposure control plan.

Will provide assistance upon request to CHS in determining the processes necessary to ensure control of exposure risks.

Will assist CHS by reviewing departmental exposure control plans and making recommendations when requested.

D. University of Michigan-Flint, CHS department designee:

Will maintain records of student exposure incidents as reported by CHS departments.

Will coordinate post exposure follow-up with the clinical agency.

Will maintain all health requirements records, including the Hepatitis B vaccination series records, for Category A students identified by departments.

II. Schedule and Implementation of the Plan

Annually all “Category A” students will review The Student Guidelines for Preventing Occupational Exposure to BBP. The Department Director or their designee will be responsible for reviewing the list of students who have not completed training. New students in Category A must review the Student Guidelines for Preventing Occupational Exposure to BBP and attend training prior to attending clinical or classroom courses that have potential for exposure to blood and OPIM. All students must submit the Annual Confirmation of Bloodborne Pathogen Exposure Plan to their designated faculty.

III. Explanation and Summary of Contents of CHS Training.

The CHS Department training for Category A students consists of the student’s successful review and completion of CHS Student Guidelines for Preventing Occupational Exposure to BBP, clinical site specific plan(s) and review of the CHS department specific bloodborne pathogen training materials. Students will have opportunities for discussion and answering of questions by their faculty. If necessary, students will have the opportunity for hands on practice with personal protective equipment (PPE).

IV. Procedures for Evaluation of the Circumstances Surrounding Incidents

1. Once the faculty or designee is informed of the exposure incident they should assure that the student has been directed and/or provided the appropriate follow-up at the clinical agency.

2. The faculty and clinical agency will investigate the circumstances surrounding the exposure incident.
3. The faculty will document the incident on the CHS Bloodborne Exposure Report (Blood Borne Pathogens Exposure Form) and provide a copy to the department director, EHS, and department designee for the purposes of documentation and review.

4. Once notified the CHS Clinical Education and Health Affairs Committee will examine the Student Guidelines for Preventing Occupational Exposure to BBP and Standard Operating Procedures to determine if there is a need to revise the plan or procedures.

V. Task Specific Standard Operating Procedures (SOP) Surrounding Incidents

Universal Precautions
When students encounter questionable fluids, they will proceed as if these are bodily fluids and use the prescribed Universal Precautions.

Definition of Exposure Incident
An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of a student’s duties.

If an Exposure Occurs
When an exposure incident occurs, the student must IMMEDIATELY wash the affected area with plenty of soap and water or flush mucous membranes with plenty of water. If soap and water is not readily available, antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic wipes should be used. However, when these alternative methods are used, students must wash the affected areas with soap and water as soon as possible.

Report the Exposure Immediately
An exposure incident must be reported IMMEDIATELY after first aid to the faculty or designee. Students are expected to complete an exposure report/injury-illness form from the clinical site. The faculty/designee must complete the CHS Bloodborne Exposure Report. (see appendix A)

For on-campus exposures, the student must call DPS (810-762-3333) to complete the University of Michigan Work Connections Injury and Illness Report form. These forms are available in pdf format at the following web site CHS Accident, injury, exposure, and near miss incident report. Submit the completed form to the faculty who forwards it to the director of the department, EHS, and CHS Clinical Education and Health Affairs Committee department designee.

Confidential Post Exposure Evaluation and Consultation
All students who experience an exposure incident will be offered post exposure evaluation and follow up within 24 hours by one of the following providers: the clinical agency where the exposure occurred, or if unavailable, the University’s medical provider (obtained through EHS 810-766-6763, M-F or after hours/weekends call DPS 810-762-3333), or personal health care provider. In the event none of the above providers are available the student is instructed to go immediately to the nearest emergency center. Typically, costs incurred for post exposure follow-up are the student’s responsibility.

The post exposure prophylaxis should be performed in accordance with the current recommendations from the U. S. Public Health Service and the Centers for Disease Control and
Prevention, and should be conducted by a qualified individual such as employee health, emergency room, infectious disease or primary care provider:

- Documentation of the route of exposure and the circumstances related to the incident.
- Identification of the source individual and his/her status, if possible.
- The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity or other pathogens.
- Results of testing of the source individual and information regarding the applicable laws and regulations will be provided to the exposed student.
- The exposed student will be offered the option of having his/her own blood collected for testing for HIV/HBV serological status. The blood samples will be preserved for at least 90 days to allow the student to decide if the blood should be tested for HIV serological status.
- The student will be given appropriate, confidential counseling concerning precautions to take during the period after the exposure incident and counseling on risk reduction and the risk/benefit of HIV testing. The student will also be given information on what potential illnesses to be alert for and to report any related experiences or symptoms to appropriate personnel.

Comply with the Clinical Facilities ECP and CHS Student Guidelines
Since CHS “Category A” students practice in a variety of outside agencies and facilities with their own Exposure Control Plan, the student is responsible for reviewing a particular agency’s procedures and following their protocol as well as the UM-Flint guidelines established in this document.

Remember and Stay aware of Exposure Potentials and wear PPE
CHS “Category A” students must recognize that there is exposure potential in many of their clinical tasks:

**Exposure Potential** – Through cuts, breaks, and tears in the skin and through the eyes, nose, mouth, and other mucous membranes. Other potential exposures can occur by parenteral contact, such as piercing the mucous membranes or the skin barrier through such events as needle sticks, tattoos, piercing, human bites, cuts or abrasions. The following is a list of potentially infectious materials which means blood and OPIM:

- Semen
- Vaginal Secretions
- Cerebrospinal Fluids
- Synovial Fluids
- Pleural Fluids
- Pericardial Fluid
- Peritoneal Fluid
- Amniotic Fluid
- Saliva in Dental Procedures
- Any Body Fluid that is Visibly Contaminated with Blood;
- And All Body Fluids in Situations where it is difficult or impossible to differentiate between body fluids.
- Unfixed tissue samples
Personal Protective Equipment (PPE) (i.e., gloves, goggles/face masks, face shields, gowns, shoe covers, CPR mouth shields, pocket masks, bag-valve mask) should be used appropriately at all times. This equipment is available at the clinical agency and in the individual CHS departments. Use of the above PPE is mandatory when conducting activities where an exposure is likely to occur. Students are responsible for reviewing and knowing how to access available PPE for the facility.

All PPE that is designed to be disposable must be disposed of after one use.

All PPE that is not designed to be disposable (example: goggles/face masks) must be thoroughly decontaminated by using a United States Environmental Protection Agency approved germicidal disinfectant.

Some PPE may need to be disposed of as regulated waste. Regulated waste refers to:
- liquid or semi-liquid blood or OPIM,
- items contaminated with blood or OPIM and which release these substances in a liquid or semi-liquid state if compressed,
- items that are caked with dried blood or OPIM and are capable of releasing these materials during handling,
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIM.

Regulated waste must be disposed of in an OSHA approved and properly labeled container, such as a biohazard container bag. Questions concerning waste disposal, contact EHS at 810-766-6763.

VI. What to do when an Exposure Occurs (see section V.)

VII. Contingency Plan for Foreseeable Circumstances that May Prevent a Student from Following the Recommended Standard Operating Procedure.

In the event that standard operating procedures cannot be followed these procedures will be used:
A. Student must use antiseptic hand cleaner in conjunction with paper towels or antiseptic wipes to clean their hands if water is not available in the clinical/teaching areas.
B. The CHS Clinical Education and Health Affairs Committee will develop a contingency plan when new situations arise.

VIII. Review

CHS Clinical Education and Health Affairs Committee will conduct a review of the Student Guidelines for Preventing Occupational Exposure to BBP as necessary. This review will include a discussion of any exposure incidents that occurred in the preceding year. A summary document recording the key elements of this discussion, any changes made and those in attendance will be kept.
The CHS Student Guidelines for Preventing Occupational Exposure to BBP will be approved by the CHS Clinical Education and Health Affairs Committee and forwarded to the Dean of CHS/CHS Leadership Team for final approval.
# CHS Student Exposure Control Plan Approval:

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