**KENYON COLLEGE**

**SAFETY PROCEDURES/EXPOSURE CONTROL PLAN TO ELIMINATE OR MINIMIZE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

**HEALTH AND COUNSELING CENTER**
**SPARROW HOUSE**

**740-427-5525**

**DIRECTOR:  Tracy W. Schermer, M.D.**

Revised by Ellen McComb 3/26/01

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**KENYON COLLEGE SAFETY PROCEDURES/EXPOSURE CONTROL PLAN**

**TO ELIMINATE OR MINIMIZE OCCUPATIONAL EXPOSURE TO**

**BLOODBORNE PATHOGENS**

The purpose of these procedures is intended to protect the health of Kenyon College employees from exposure to bloodborne pathogens such as the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

Section I:    Bloodborne Pathogens

Section II:   Precautions Statement

Section III:  Exposure Determination

              A.    Employees with a Definite Risk of Exposure
              B.    Employees with a Possible Risk of Exposure and Tasks

Section IV:   Engineering and Work Practice Controls

              A.    Health Service
              B.    Custodial Personnel
              C.    Security Personnel

Section V:    Housekeeping Methods and Schedule

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              B.    Bathrooms on College Campus
              C.    Any Site of an Accident

Section VI:   Personal Protective Clothing and Equipment

              A.    When Gloves Must be Worn--
                    Health and counseling Center Personnel
              B.    When Gloves Must be Worn--
                    Custodial Personnel
              C.    When Gloves Must Be Worn--
                    Security Personnel
              D.    Other Protective Devices and When to Use

Section VII:  Hepatitis B Vaccine

              A.    Hepatitis B Vaccination

                    1.    Health and Counseling Center Personnel
                    2.    Custodial Personnel
                    3.    Security Personnel

              B.    Hepatitis Dosage Schedule
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Section VIII: Post-Exposure Follow-up

              A.    HIV:  Specific Exposure Follow-up
              B.    Accident Report Form
              C.    In Case of Emergency

SECTION IX:   Employee Training Program

              A.    Epidemiology and Transmission of Bloodborne Pathogens
              B.    Hepatitis B Training Information
              C.    HIV Training Information
              D.    Employee Training Record
              E.    Records

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**SECTION I**

* **BLOODBORNE PATHOGENS**

Bloodborne pathogens refer most commonly to:

* HBV
* HIV
* Syphilis
* HTLV-I

          Less common bloodborne pathogens are:

* Malaria
* Babesiosis
* Brucellosis (due to *Borrelia* sp.)
* Leptospirosis
* Colorado Tick Fever
* Relapsing Fever
* Creutzfeldt-Jakob Disease
* Viral Hemorrhagic Fever

          The most common modes of transmission in the work place are:

* Direct inoculation into a preexisting skin lesion
* Needle sticks
* Sharps injuries--cuts from broken glass, scalpels, capillary tubes, slides, etc.
* Mucous membrane contact-rubbed or sprayed into eyes, mouth, nose

          The intent of the Kenyon College Safety Procedures/Exposure
          Control Plan standard is to minimize occupational exposure to
          these and any other applicable hazards.

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**SECTION II**

* **KENYON COLLEGE PRECAUTIONS STATEMENT**

          The safety policies and procedures of Kenyon College must be followed
    by all employees exposed to blood and certain body fluids from any
    person, regardless of the person's bloodborne infection status.  The
    practices outlined below are effective in preventing the exposure of
    employees to HIV, Hepatitis B virus and other bloodborne pathogens.

    The laboratory specimens for which universal precautions apply are:

* unfixed tissues or organs
* blood (serum, plasma, whole blood)
* cerebrospinal fluid, synovial fluid, pleural, peritoneal and  pericardial fluid, amniotic fluid
* any other fluid in which blood is visibly present
* all body fluids in situations where it is difficult or impossible to differentiate between body fluids

    Protective barriers provided by the College must be used to protect
    exposed workers from potential infections.  Our exposure control plan
    specifies the type of barriers needed for the most common situations;
    however, specifying barriers for every possible situation is
    impractical--some judgment must be exercised.

    Any worker who has been accidentally exposed to potentially infectious
    body fluids (through accidental needle stick or contact with mucous
    membranes) will immediately contact the Director, Health and
    Counseling Center, for evaluation and follow-up.  HBV vaccination will
    be offered to the employee exposed.  If the employee refuses the
    vaccination, such refusal shall be done so in writing.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     Tracy W. Schermer, M.D.
     Kenyon College
     Director, Health and Counseling Center

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**SECTION III**

**A.    DEFINITE RISK OF EXPOSURE                        HEALTH SERVICE**

**DATE            JOB TITLE**

                Physician--Director, Health Center\_\_\_\_\_\_

                      Physician--Orthopedic Surgeon Consultant

                      Physician--Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                      All Nurses--Registered Nurse\_\_\_\_\_\_\_\_\_\_\_\_

                      Others--(i.e., LPN, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B.    POSSIBLE RISK OF EXPOSURE                            SECURITY**
                    (First responders to accidents on campus)

      **JOB TITLE                                              TASKS**
                                                 Emergency Response
      Director of Security                      to accident/injury

      Assistant Director of Security                "            "

      Security Officers                             "            "

**C.    POSSIBLE RISK OF EXPOSURE                            CUSTODIAL**

      **JOB TITLE                                                TASKS**
                                                  Cleaning dormitory
                                                   rooms/bathrooms &
      Custodial staff personnel                    trash removal\_\_\_\_

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**SECTION IV**

**A.    ENGINEERING AND WORK PRACTICE CONTROL--HEALTH SERVICE**

* **HAND WASHING FACILITIES:**

The College has provided readily accessible hand washing facilities
      to employees in the Health Service.  Each examining room, triage
      area and bathroom is so equipped.

      1.  Immediately wash hands and other skin surfaces that are
          contaminated with blood and other potentially infectious
          materials. Wash hands:

          a.  after handling and collecting lab specimens and collecting
              containers (if so exposed)

          b.  before leaving the immediate area of work (bathroom, site of
              cleaning from accident or injury) or eating or drinking

          c.  whenever gloves or other personal protective devices are
              removed.

         **When in doubt, wash your hands!!**

2.  Wash hands with an anti microbial soap, effective against HIV, for
          at least ten seconds.  Rinse under a stream of water.  Each
          custodial worker, security officer or other employee has
          available to them an antimicrobial soap (VIONEX) for such
          purposes.

* **SHARPS REMOVAL**

Needles from syringes, razors and other sharp items should not be
      disposed of in the regular trash collectors that are available on
      campus.  All such sharps should be placed in a puncture resistant
      nonspillable container bearing the"Biohazard" label.  If such objects
      as syringes, scalpels, etc. are noted in the regular college trash,
      security should be notified for safe disposal and for the purpose
      of investigation to determine the source of the "sharp" object.

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* **WASTE REMOVAL**

The Health Service is responsible for waste removal.  Biohazard
      wastes, such as lab specimens of blood and body fluids should be
      placed in a leak-proof container (e.g., a red box with a secure lid,
      that is labeled with the "Biohazard" symbol).  Infectious waste may
      need to be "double bagged" or placed in a sturdy box with a lid that
      contains the Biohazard symbol to avoid leakage of contents.

* **SPILLS**

      Remove spills of blood and body fluids by sprinkling an absorbent
      powder on the liquid to solidify it to a gel consistency.  Wearing
      rubber utility gloves, remove the gelled spill with a disposable
      rigid scoop (never directly with the hands!) and place in a
      biohazard container intended for sharps.  Decontaminate the area
      with ten per cent bleach or appropriate disinfectant (VIONEX).
      Several biohazard spill kits are commercially available.

* **LAUNDRY/HOUSEKEEPING**

Kenyon College provides laundry services for reusable protective
      outerwear.  Soiled garments will be containerized and labeled at
      the site of use before being transported to a laundry.  Disposable
      outerwear is available to protect clothing.

      Cleaning and disinfecting work surfaces and equipment will be done at
      least once per day and after any contact with blood or other
      potentially infectious material.  Use an appropriate germicide (e.g.,
      ten per cent solution of household bleach).  Broken glass that may be
      contaminated must not be picked up directly with the hands but by
      mechanical means (e.g., forceps).  Specimens of blood or other
      potentially infectious materials must be placed in closable,
      leak-proof containers that are labeled or color coded (available
      through the Health Service).

      A sample housekeeping form can be found in the next section.

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* **BIOHAZARD LABELS**

Biohazard labels must be placed on any area likely to contain
      infectious body fluids (e.g., refrigerator door, containers of
      infectious waste, storage or transport containers of potentially
      infectious materials).

**B.    WORK PRACTICE CONTROLS--CUSTODIAL PERSONNEL**

1.  First aid kits are in buildings
      2.  Safety training programs which include use of disinfectants
          and health precautions
      3.  Trash bags are disposed of and replaced with new bags whenever
          cans are emptied
      4.  Disposable gloves are used during trash handling
      5.  Disposable cardboard boxes with heavy plastic liners are used
          for glass disposal in labs
      6.  Red plastic boxes with tight fitting lids are used for sharps
          disposal in labs

**C.    WORK PRACTICE CONTROLS--SECURITY PERSONNEL**

1.  Each security vehicle is equipped with first aid kits
      2.  Safety training programs which include use of disinfectants
          and health precautions are in use
      3.  Gloves shall be worn when blood or bodily fluids are involved
          with the care rendered to an injured person
      4.  Contact with the College Physician and/or emergency squad will
          be made by security personnel when deemed necessary

**D.    WORK PRACTICE CONTROLS--ATHLETIC TRAINERS**

1.  First aid kit and trainer's emergency bag are available at
          each training room site and at major athletic events.
      2.  Safety training programs which include use of disinfectants
          and health precautions
      3.  Gloves shall be worn when blood or bodily fluids are involved
          with the care rendered to an injured athlete or student
      4.  Contact with the College Physician and/or emergency squad will
          be made by the trainers when deemed necessary

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**SECTION V**

**HOUSEKEEPING METHODS AND SCHEDULE**

**A.  LOCATION:    Health Service Center**

**AREA/INSTRUMENT             DISINFECTANT               FREQUENCY**

  Waiting Room             DMO Disinfectant              Daily\_\_\_\_\_

      Exam Rooms               DMO Disinfectant            Twice Daily\_

      Bathroom                 DMO Disinfectant            Twice Daily\_

      Triage Room              DMO Disinfectant              Daily\_\_\_\_\_

      Whirlpool                Chlorozine while in use;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                               Sanizene to clean after use     as used\_

      Therapy Room                DMO Disinfectant           Daily\_\_\_\_\_

      Equipment in Exam Rooms     DMO Disinfectant           Daily\_\_\_\_\_

      All Surgical Instruments    Soak in Amerse 45 minutes/scrub/\_\_\_\_\_

                                  Autoclave 265 degrees for\_\_\_\_\_\_\_\_\_\_\_\_

                                  30 minutes                As used\_\_\_\_

     Colposcope                  Clean manual adjustment with DMO\_\_\_\_\_\_

                                  Disinfectant; clean lens with alcohol

                                                            As used\_\_\_\_

**METHODS:**  A mixture of disinfectant and water is used to wash the

    waiting room furniture, counter tops, desk tops, sinks, etc.\_\_\_\_\_\_\_

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**B.  LOCATION:   Bathrooms on College Campus**

**AREA/INSTRUMENT            DISINFECTANT               FREQUENCY**

      Sinks              Comet, Spray 9/Spray 9/Bleach      Daily\_\_\_\_\_\_

      Toilets            Comet #79 Triad Bowl Cleaner (Non-Acid)\_\_\_\_\_\_\_

                                                            Daily\_\_\_\_\_\_

      Mirrors            Glance Glass Cleaner               Daily\_\_\_\_\_\_

      Showers            Forward DC Spray 9/Bleach          Daily\_\_\_\_\_\_

      Floors             Forward GP/Bleach                  Daily\_\_\_\_\_\_

      Note:  Bleach is used in cleaners used in bathrooms--10% solution

**C.  LOCATION:   Training Room**

**AREA/INSTRUMENT             DISINFECTANT                FREQUENCY**

      Examining Tables          10% Bleach Solution         Daily\_\_\_\_

      Ultrasound                Mat Kleen                   Daily\_\_\_\_

      Hydrocolator              Wavicide-01, Mat Kleen      Daily\_\_\_\_

      Sinks                     Mat Kleen or 10% Bleach     Daily\_\_\_\_

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**D.  LOCATION:  Any site of an accident/injury**

**AREA/INSTRUMENT          DISINFECTANT                FREQUENCY**

      Vomit on waiting room carpet

                               Emergency clean-up          As needed

      Blood on carpet          Emergency clean-up          As needed

      Field House exam tables  10% Bleach Solution         Daily\_\_\_\_

       Field House whirlpools   Chlorozine, Mat Kleen      As used\_\_

      Athletic field           10% Bleach Solution         With each

                                     Occurrence of blood exposure\_\_\_

      Athletic facility        10% Bleach Solution         With each

      (Basketball court, Tennis Court,etc) Occurrence of blood exposure

      Laboratories--disposable cardboard glass waste collection boxes

      are used.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION VI**

* **PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT**

Any employee who could be potentially exposed to infectious materials
    must be provided (at NO CHARGE TO THE EMPLOYEE) with devices that will
    minimize the risk of infection. Employees will receive personal
    protective equipment (PPE) from their supervisors.  PPE may include
    but is not limited to the following:

* antiseptic hand cleansers
* latex, vinyl and utility gloves (in appropriate sizes and hypoassergenic, if necessary
* gowns, lab coats and other protective outerwear

    For Health Service

* face shields that extend to the chin or lower
* masks
* goggles
* prescription eyeglasses fitted with side shields
* mouthpieces or other resuscitation devices

    These protective devices must not allow blood or other potentially
    infectious material to pass through or reach the employee's work
    clothes, street clothes, skin, eyes, mouth or other mucous membranes
    under normal conditions of use.

    The College will clean, launder and dispose of or repair and replace
    personal protective equipment at no cost to the employee.

    Finally, all PPE must be removed prior to leaving the work area.

    There is a very limited exemption from the use of PPE when in the
    employee's professional judgment, such use would prevent the delivery
    of health care services or would impose an increased hazard to the
    employee's safety.  These are usually emergency situations.  In any
    case, each such exemption must be documented and investigated to
    determine whether prevention of similar circumstances in the future is
    possible.

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**A.  WHEN GLOVES MUST BE WORN--Health and Counseling Center Personnel**

    Gloves **MUST** be worn when:

* examining patients for sexually transmitted diseases
* processing body fluid specimens
* the employee has hangnails, chapped hands or other hand abrasions
* touching patient mucous membranes or non-intact skin during specimen collection
* performing phlebotomy and other vascular access procedures
* performing finger sticks or heel sticks
* touching items contaminated with blood and/or body fluids
* treatment for lacerations, abrasions and compound fractures

    Before donning gloves, check for tiny punctures, discoloration and
    other physical defects.

    Change gloves between patient contacts.  Under no circumstances can
    latex or vinyl gloves be washed or disinfected for reuse.

    Wear gloves that fit properly and place them to fit over the sleeve
    cuff, if applicable.

    Remove gloves before handling non-contaminated items such as telephones
    and when leaving the lab.

    Wash hands immediately after glove removal.

    A sample chart for using protective devices follows these pages.  Use
    the blank spaces to include any other PPE used in your particular
    facility.

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**B.  WHEN GLOVES MUST BE WORN--Custodial Personnel**

    Gloves **MUST** be worn when:

* Cleaning up blood or other bodily fluids following and accident or injury
* cleaning up any fluid that appears to be blood and/or bodily fluids from any source
* touching items contaminated with blood and/or body fluids

    Before donning gloves, check for tiny punctures, discoloration and
    other physical defects.

    Change gloves after each specific incident/use.  Under no circumstances
    can latex or vinyl gloves be washed or disinfected for reuse.

    Wear gloves that fit properly and place them to fit over the sleeve
    cuff, if applicable.

    Remove gloves before handling non-contaminated items such as telephones.

    Wash hands immediately after glove removal.

**C.  WHEN GLOVES MUST BE WORN--Security Personnel**

    Gloves **MUST** be worn when:

* cleaning up blood or other bodily fluids following an accident or injury
* cleaning up any fluid that appears to be blood and/or bodily fluids from any source
* touching items contaminated with blood and/or body fluids
* treating lacerations, abrasions and compound fractures

    Before donning gloves, check for tiny punctures, discoloration and
    other physical defects.

    Change gloves after each specific incident/use.  Under no circumstances
    can latex or vinyl gloves be washed or disinfected for reuse.

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    Wear gloves that fit properly and place them to fit over the sleeve
    cuff, if applicable.

    Remove gloves before handling non-contaminated items such as telephones.

    Wash hands immediately after glove removal.

**D.  WHEN GLOVES MUST BE WORN--ATHLETIC TRAINERS**

Gloves **MUST** be worn when:

* cleaning up blood or other bodily fluids following an accident or injury
* cleaning up any fluid that appears to be blood and/or bodily fluids from any source
* touching items contaminated with blood and/or body fluids
* treating lacerations, abrasions and compound fractures
* treating athletes/non-athletes with injuries in the acute or rehabilitation setting that have open or draining wounds

    Before donning gloves, check for tiny punctures, discoloration and other
    physical defects.

    Change gloves after each specific incident/use.  Under no circumstances
    can latex or vinyl gloves be washed or disinfected for reuse.

    Wear gloves that fit properly and place them to fit over the sleeve
    cuff, if applicable.

    Remove gloves before handling non-contaminated items such as telephones.

    Wash hands immediately after glove removal.

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**E.  OTHER PROTECTIVE DEVICES AND WHEN TO USE**

**1.  Health and Counseling Center Personnel**

**PROTECTIVE**
**DEVICE            WHEN TO USE**

Utility gloves    Cleaning (housekeeping)--reusable until they
        (Rubber)          puncture, tear or crack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Sterile surgical
        gloves            Contact with sterile areas of the body\_\_\_\_\_\_

        Masks/face        Contact with aerosols, e.g., removing blood
        Shields           stoppers from tubes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.  Custodial Personnel**

**PROTECTIVE**
**DEVICE            WHEN TO USE**

Utility gloves    Cleaning (housekeeping)--reusable until they
        (Rubber)          puncture, tear or crack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.  Security Personnel**

**PROTECTIVE**
**DEVICE            WHEN TO USE**

Utility gloves    Cleaning (housekeeping)--reusable until they
        (Rubber)          puncture, tear or crack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Exam gloves       Routine infection protection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Gowns             When protecting clothes from splashes
                          --remove when leaving the area when
                          visibly soiled with blood or other body
                          fluids\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.  Athletic Trainers**

        **PROTECTIVE**
        **DEVICE            WHEN TO USE**

        Utility gloves    Cleaning (housekeeping)--reusable until they
        (Rubber)          puncture, tear or crack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Exam gloves       Routine infection protection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          Gowns           When protecting clothes from
                          splashes remove when leaving the
                          area when visibly soiled with blood
                          or other body fluids\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION VII**

**HEPATITIS B VACCINE**

**1.    Health and Counseling Center Personnel**

* All employees of the Health and Counseling Center who come into contact with patient specimens will be offered the Hepatitis B vaccine within seven to ten days of initial assignment.
* All employees declining the Hepatitis B vaccine must sign a waiver to that effect.
* The vaccine is effective for 85-97% of adults and lasts nine or more years.

      The Hepatitis B vaccine will be offered after the employee has
      undergone the required OSHA bloodborne pathogens standard training
      and within ten working days of initial assignment to any duty
      where there is risk of on-the-job exposure (unless the employee
      already has been vaccinated, antibody testing indicates the employee
      is immune or the vaccine is contraindicated for medical reasons).
      If an employee initially declines the vaccine but later decides to
      accept it, the Health and Counseling Center will provide the vaccine
      at that time.  Moreover, the Health and Counseling Center is obligated
      to provide a booster dose if an employee later needs one.

      Employers must assure that employees who decline the HBV vaccination
      sign a statement to that effect.  The HBV declination form required
      by OSHA is located on page 19.

**2.    Custodial Personnel**

      If custodial employees are exposed to blood or other bodily fluids
      that place them at risk of infection, they shall follow the
      "Post-Exposure" protocol (Section VIII).

**3.    Security Personnel**

      Since security is often the first responder to the scene of an
      accident and/or injury, they must initiate emergency care.  All
      precautions to prevent unnecessary exposure must be taken to prevent
      contact with bodily fluids.  Post-Exposure Follow-Up (Section VIII)
      will be followed if exposure occurs.

**4.    Athletic Trainers**

      Since the athletic trainers are often the first to respond to an
      athletic injury, they must initiate emergency care.  Further, the
      athletic trainers may become exposed while treating an
      athlete/non-athlete with an open or draining wound.  All precautions
      to prevent unnecessary exposure must be taken to prevent contact with
      bodily fluids.  Post-Exposure Follow-Up (Section VIII) will be
      followed if exposure occurs (refer to News:  United States Department
      of Labor Occupational Safety and Health Administration, USDL 92-436,
      1/6/92, First Aid Providers May Receive Hepatitis B Vaccine Upon
      Exposure).

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**HEPATITIS B VACCINATION**

**DATES DOSAGES ADMINISTERED**

**NAME                   DOSE 1     DOSE 2     DOSE 3**

            1.\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

             5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

             6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

             7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

             8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEPATITIS B VACCINE DECLINATION**
**(MANDATORY)**

I understand that due to my occupational exposure to blood or 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

hepatitis B vaccination at this time.  I understand that by declining this

vaccine, I continue to be at risk of acquiring hepatitis B, a serious

disease.  If in the future I continue to have occupational exposure to

blood or other potentially infectious matertials and I want to be

vaccinated with hepatitis B vaccine, I can receive the vaccination series

at no charge to me.

**Date:                          Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**(Please Print)**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

         **Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION VIII**

* **POST-EXPOSURE FOLLOW-UP**

**IN CASE OF ACCIDENT**

    In spite of our best efforts to the contrary, accidents DO happen.
    All workers must know how to respond quickly and correctly to
    accidental injuries.  If you have cut or contaminated your skin, first
    perform routine first aid:  wash with soap and water; and, if
    appropriate, bandage the site. Wash contaminated mucosal and
    conjunctival sites with large quantities of water.

    Report all accidents as soon as possible to your supervisor or the
    College Physician and fill out an accident report form.

    The OSHA Standard as well as the Health and Counseling Center requires
    medical evaluation and follow-up for all employees who have had an
    exposure incident (cut, needle stick, spray, etc.)

**Post-Exposure follow-up consists of:**

* testing the employee in an accredited lab at the employer's expense
* illness reporting
* counseling for the exposed employee
* appropriate post-exposure prophylaxis (e.g., Hepatitis B immune globin injection)
* collecting testing the source patient's blood to determine the presence of HBV or HIV infection

    Vaccination, evaluation and follow-up services will be provided at no
    cost to the employee at a reasonable time and place and under the
    supervision of a licensed physician or another appropriately trained
    and licensed health care professional.

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    The Health and Counseling Center will provide employees who have had
    an exposure incident with specific information, including:

* copy of the final rule
* a description of the exposed employee's duties as they relate to the exposure incident
* documentation of the route(s) of exposure and circumstances under which exposure occurred
* results of the source individual's blood testing
* all medical records relevant to the appropriate treatment of the employee.  The employee will also be provided with a written copy of the evaluating professional's opinion within fifteen days of the completion of the evaluation.

**A.    HIV SPECIFIC EXPOSURE FOLLOW-UP**

        If a skin puncture was due to a needle stick or an employee is
        exposed to body fluids by percutaneous, permucosal or non-intact
        skin routes, the following actions will be undertaken by the
        College Physician:

        1.  Identify the source patient and notify him/her of the incident.
            Obtain voluntary consent, if possible, to obtain a blood
            specimen and test for HIV antibodies.

        2.  The exposed worker should donate a blood specimen to be tested
            for HIV antibodies.  If this test is negative, the worker
            should be tested at six weeks, twelve weeks and six months
            after exposure.  Furthermore, it is recommended that workers
            who are seronegative at six months be tested for HIV antibodies
            at nine, twelve and 24 months post-exposure.

        3.  The exposed worker should be counseled to follow the
            recommendations of the CDC and Surgeon General regarding
            preventing AIDS transmission:

                do not donate blood or plasma

                inform sex partners of potential exposure to infection

                avoid pregnancy during the follow-up period

                inform physicians, dentists and other health care providers
                of potential exposure so that they may take appropriate
                precautions

                clean and disinfect surfaces on which blood or body fluids
                have spilled

                do not share razors, toothbrushes, etc.

        In areas where AIDS is more prevalent, prophylactic doses of
        Zidovudine (AZT) may be considered after occupational exposure.
        Treatment, if elected, ideally begins within an hour after exposure.

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**KENYON COLLEGE**
**HEALTH AND COUNSELING CENTER**

**ACCIDENT REPORT FORM**

**TYPE OF ACCIDENT/**
**DATE/INITIALS   EMPLOYEE INJURED            ROUTE OF EXPOSURE**
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   Date of Hepatitis Vaccine \_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                                                                                       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   (or attached Declination Form)        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                                                                                                                                               **SEROLOGICAL TESTS PERFORMED (HIV, HBV):**

     Date           Test            Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     Date           Test            Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     **POST-EXPOSURE PROPHYLAXIS ADMINISTERED:**

     Date \_\_\_\_\_\_\_\_\_\_\_    By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOURCE PATIENT'S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIV TEST RESULT                    HBV TEST RESULT\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:**

* Attach a copy of the post-exposure evaluation, including the written medical opinion by the evaluating physician.
* Employees must receive a confidential copy of their post-exposure evaluation as well as a copy of the OSHA regulation.
* If an employee refuses serological testing for HIV but consents to baseline blood collection, preserve the sample for at least 90 days.  During this time, the employee may elect to undergo testing.
* Avoid pregnancy during the follow-up period.
* Inform physicians, dentists and other health care providers of potential exposure so that they may take appropriate precautions.
* Clean and disinfect surfaces on which blood or body fluids have spilled.
* do not share razors, toothbrushes, etc.

In areas where AIDS is more prevalent, prophylactic doses of Zidovudine (AZT) may be considered after occupational exposure.  Treatment, if elected, ideally begins within an hour after exposure.

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**EMERGENCY INFORMATION**

        Employee                                          Date \_\_\_\_\_\_\_\_

        In case of an emergency or accident in which I am unable to
        contact my family or friends, the following person should be
        notified:

        Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Phone (    )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        In the event the above named individual cannot be reached,
        please contact one of the following people in the order
        indicated:

        1.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Phone (    )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        2.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

            Phone (    )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION IX**

* **EMPLOYEE TRAINING PROGRAM**

Employees will be formally trained on an annual basis.  In
        addition, employees will receive training updates whenever a new
        procedure is adopted that could potentially expose employees to
        bloodborne pathogens.  Training will be provided during working
        hours at no cost to the employee.

        Training will include but is not limited to:

* access to a copy of the OSHA regulation and an explanation of its content
* a general explanation of the modes of transmission, epidemiology and symptoms of bloodborne disease
* an explanation of the practices that will prevent or reduce exposure (refer to IV)
* information on the types, proper use, location, removal and disposal of personal protective equipment (refer to section VI)
* an explanation of the procedure to follow if an exposure incident occurs (refer to Section VIII)

        These requirements are all located within this Safety Procedures/
        Exposure Control Plan.  The College Physician and/or head nurse
        will be available to answer any questions an employee may have.

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**A.  EPIDEMIOLOGY AND TRANSMISSION OF BLOODBORNE PATHOGENS**

    Hepatitis B virus (HBV) has long been recognized as a pathogen capable
    of causing serious illness and death.  Because the virus is transmitted
    through blood and certain body fluids, persons who come in contact with
    blood and other potentially infectious materials as the result of
    carrying out their duties are at increased risk of contracting HBV.
    The human immunodeficiency virus (HIV), the virus that causes AIDS, has
    only been recognized in the last decade.  Because the transmission of
    HIV is considerably less efficient than HBV, the risk of HIV
    infection to employees who must handle blood and other potentially
    infectious materials is less than for HBV infection  (i.e., HIV results
    in fewer seroconversions following exposure incidents).  The
    consequences of HIV infection are grave, however, because HIV
    causes the fatal disease AIDS.

**B.  HEPATITIS B TRAINING INFORMATION**

    Hepatitis B virus (HBV) infection is the major infectious bloodborne
    occupational hazard to health care workers.  Death may result from
    acute and chronic hepatitis.  Infected health care workers can
    spread the infection to family members or rarely, to their patients.
    The use of hepatitis B vaccine, engineering and work practice controls
    and personal protective equipment prevents almost all of these
    occupational hepatitis B infections.

    HBV attacks and replicates in liver cells.  Infection with HBV in a
    susceptible person can produce two types of outcomes:  self limited
    acute hepatitis B and chronic HBV infection.  The most frequent
    response seen in healthy adults is development of self limited acute
    hepatitis and the production of an antibody against HbsAg.  The
    production of this antibody coincides with the destruction of liver
    cells and elimination of the virus from the body.

    Unfortunately, the destruction of liver cells in an attempt to rid the
    body of this infection often leads to clinically apparent acute
    hepatitis B.  About one-third of infected individuals have no symptoms
    when infected with the virus, one-third have a relatively mild
    clinical course of a flu-like illness which is usually not diagnosed
    as hepatitis and one-third have a more severe clinical course with
    jaundice (yellowing of the eyes and skin), dark urine, extreme fatigue,
    anorexia, nausea, abdominal pain and sometimes joint pain, rash and
    fever.  These symptoms require hospitalization in about 20% of
    jaundiced cases and often cause several weeks to months of work loss
    even in those cases that do not require hospitalization.  Fulminant
    hepatitis, which is about 85% fatal with even the most advanced medical
    care, develops in about one to two per cent of reported acute
    hepatitis B cases, and an estimated on per 1000 HBV infections.

    The second type of response, development of chronic HBV infection,
    has more severe long-term consequences. About six percent to ten
    percent of newly infected adults cannot clear the virus from their
    liver cells and become chronic HBV carriers.  These individuals
    continue to produce HbsAg for many years, usually for life.  HBV
    carriers are at high risk of developing chronic persistent hepatitis,
    chronic active hepatitis, cirrhosis of the liver and primary liver
    cancer.  About 25% develop chronic active hepatitis.  The latter is a
    progressive, debilitating disease that often leads to cirrhosis of the
    liver after five to ten years.  Chronic HBV infection has been
    estimated to cause ten percent of the 25,000 - 30,000 deaths that occur
    due to cirrhosis in the USA each year.

    Seven to 30 percent of susceptible health care workers sustaining
    needle sticks from HbsAg-positive patients can be expected to become
    infected if they did not receive post-exposure prophylaxis.

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**C.  HIV TRAINING INFORMATION**

    HIV is a member of a group of viruses known as human retroviruses.
    HIV gradually depletes the number of cells which are essential for
    immune function, rendering the infected individual increasingly
    susceptible to opportunistic infections and clinical disorders.
    These conditions can be aggressive, rapidly progressive, difficult
    to treat and less responsive to traditional modes of treatment.
    They usually lead to the death of the HIV infected patient.

    Infection with HIV may be identified through testing the blood for
    the presence of HIV antibodies.  Although the antibodies do not
    appear to defend or protect the host against HIV, they serve as
    markers of viral infection.  Most people infected with HIV have
    detectable antibodies within six months of infection, with the
    majority generating detectable antibodies between six and twelve weeks
    after exposure.

    The enzyme linked immunosorbent assay (ELISA or EIA) technique used
    to detect HIV antibodies is sensitive, economical and easy to perform
    However, this test can produce a false positive result.  Therefore,
    current recommendations include repeating the ELISA results.  A
    positive ELISA test and a positive Western blot result indicate the
    presence of HIV antibodies and HIV infection.

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**D.  EMPLOYEE TRAINING RECORD**

    I have read and understood the safety procedures outlined in the
    manual.  I have been given the opportunity to ask questions to clarify
    portions of this manual.  I will to the best of my abilities, make
    every attempt to practice these safety policies in order to reduce
    health risks to myself, my coworkers and our patients.

**TRAINER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE         TITLE/TRAINING DESCRIPTION           EMPLOYEE SIGNATURE**

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**E.  RECORDS**

* Exposure incidents--refer to the sample accident report form provided on page 26
* Post-exposure follow-up--keep for the length of employment plus 30 years
* Employee hepatitis B vaccine status and relevant medical records--   keep confidential and retain for at least the duration of the employee   employment plus 30 years.
* Employee training records--keep for three years.  Document with the     employment training record form on page 27.

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