

6.0 Infectious Diseases Policy: Student Exposure Control Plan

6.1 PURPOSE & SCOPE

This exposure control plan has been established to define the infection control program for students of Pacific University. The plan includes prevention and a procedure for medical evaluation and treatment of accidental exposure to pathogens. Pathogens include but are not limited to hepatitis B virus (HBV), human immunodeficiency virus (HIV), and tuberculosis (TB). The plan has been developed using OSHA and CDC guidelines.

6.2 EXPOSURE DETERMINATION

The Exposure Control Officer (Health & Safety Manager) or designee shall identify all courses/ programs in which all students have blood or other potentially infectious materials exposure risk (class I) and those courses/ programs in which some students have exposure risk (class II) (Appendices B-1 and B-2).

Fluids that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of HBV and/or HIV are: blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Tuberculosis is considered a contagious disease that can be spread through casual contact.

6.3 CONTROL METHODS

1. Universal Precautions. Universal precautions refer to the practice of treating all potentially infectious body fluids as infectious and thereby prevent contact with blood or other potentially infectious materials. Transmission of disease is a recognized hazard to all health care profession students. Students should follow the CDC Universal Blood and Body Fluids Precautions when participating in clinical activities. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, vomitus, or saliva UNLESS they contain visible blood.

2. Engineering Controls. Engineering controls are physical controls that isolate or remove bloodborne or other pathogen hazards from the environment. Examples are the use of special containers for contaminated sharps and the use of self-sheathing needles.

3. Work Practice Controls. Work practice controls are ways a task is performed to reduce the likelihood of exposure to blood or other potentially infectious materials. Examples are handwashing after removing gloves, prohibiting the recapping of needles by a two-handed technique, and prohibiting eating in the laboratories.

4. Personal Protective Equipment (PPE). Personal protective equipment is specialized clothing or equipment used by students to protect themselves from direct exposure to blood or other potentially infectious materials. Examples include gloves and gowns.

6.4 CONTROL PROCEDURES

1. Barrier Precautions

Gloves should be worn for the following:

a. Performing venipunctures and other vascular access procedures b. Handling blood/body fluids or cleaning up a blood/body fluids spill c. Touching mucous membranes or non-intact skin d. Performing oral, pelvic, and/or rectal examinations e. Handling infectious waste f. Cleaning exam/procedure rooms, laboratory areas, or instruments

Gloves must be changed between each patient contact or procedure and are to be removed by pulling the cuffs over the hands and turning the gloves inside out to avoid contact with the contaminated surface. The gloves should immediately be discarded into an infectious waste container and the hands should be washed.

A mask, protective eyewear, or face shield should be worn for the following:

a. Performing a procedure that has the potential to cause a splash of blood/body fluids to the face

A non-permeable gown or apron should be worn for the following:

a. Performing a procedure that has the potential to cause a splash of blood/body fluids to the body

A face shield, gloves, and apron are to be worn for the following:

a. Cleaning instruments

A face shield, gloves, and apron are recommended for the following:

a. Dissecting cadavers

2. Handwashing

Handwashing is the best way to prevent infection exposure and hands should be washed often when in a clinical setting.

Hands should be vigorously washed with soap and water following contact with a patient, lab specimen, or used instruments; cleanup a blood/body fluid spill; disposal of infectious waste; cleanup of an exam room; use of the restroom; before eating; or any time deemed appropriate.

3. Use of Disinfectant Solutions

A disinfectant (such as bleach in a freshly made 1:10 solution) which has been documented to kill bacteria, viruses including HIV and HBV, and tuberculosis must be used when cleaning a surface that has been exposed to blood/body fluid.

Gloves should be worn when using a disinfectant solution to clean a contaminated surface.

4. Skin Puncture Precautions

General caution should be used when handling needles, scalpels, and other sharp instruments or devices during and after a procedure.

To prevent needle stick injuries, needles should not be recapped, purposely bent or broken, removed from disposable syringes, or otherwise manipulated by hand.

All needles, lancets, scalpels, and syringes with needles attached are to be disposed of immediately after use into a puncture-resistant sharps container.

This container should be readily available (in the same room as the procedure performed) and marked as a biohazard.

Instruments should be placed in a container and taken to the appropriate area for cleaning and sterilization.

5. Infectious Waste

The following items are considered infectious waste and must be placed into a sharps container immediately after use: lancets, needles, syringes, capillary tubes, glass venipuncture tubes, scalpels, glass pipettes, glass slides/cover slips, or any other disposable sharp item. Sharps containers should be located in areas where procedures are performed, marked as a biohazard, and mounted on the wall out of reach of children (where applicable). When a sharps container is 3/4 full, it should be closed and sealed or locked and placed in an infectious waste collection box.

The following items are considered infectious waste and should be placed in a biohazard waste container immediately after use: gloves, soiled table paper, bandages or soiled linens, and lab specimen collection and test materials that have been contaminated with a potentially infectious body fluid. The biohazard waste container should be leakproof, marked as a biohazard, and lined with a red biohazard bag. At the end of a day's clinic session(s) or when the container is 3/4 full (whichever occurs first), the red bag should be knotted and placed in the infectious waste collection box.

Blood and urine can be disposed of into the sewage system by pouring the specimen into a laboratory sink and flushing with plenty of running water. The sink must then be cleaned with an appropriate disinfectant solution.

The infectious waste collection box must be stored in a locked area until picked up by the infectious waste disposal company. Infectious waste must be disposed of according to OSHA guidelines.

Departments with waste **on campus** are to call Environmental Health & Safety to arrange for pickup as waste containers are filled (359-3166). Programs with waste **off campus** are to arrange for disposal through the host facility where available, or work with Environmental Health & Safety.

6. Housekeeping

The following surfaces in an examination room or laboratory must be cleaned with an appropriate disinfectant solution each day the room is used: exam table tops, counter tops, mayo stands, sinks, or other procedure areas. Gloves are to be worn when cleaning the rooms.

Instruments are to be soaked immediately following use in an appropriate disinfectant solution. Rubber utility gloves, face shields, and plastic aprons must be worn when cleaning instruments. After instruments are cleaned, they are to be appropriately stored and sterilized (if applicable).

Medical waste is to be put into a red infectious waste bag, knot tied, and put into the infectious waste storage container at the end of each day the room is used. Gloves are to be worn when handling infectious waste bags.

Any spill of blood/body fluid should be considered potentially infectious and immediately cleaned up. Gloves must be worn when cleaning up any blood/body fluid spill. If broken glass or other sharp objects are involved in the spill, carefully remove and place in a sharps container before starting cleanup. The blood/body fluid should be absorbed with a paper towel and placed into an infectious waste container. The area is to be cleaned with an appropriate disinfectant solution.

Soiled laundry such as linens, towels, scrubs etc. must be stored in the container provided by the laundry service. Articles that are soaked with blood/body fluid and might leak through the laundry bag are to be placed in a red biohazard bag, sealed, and placed in the laundry container. Laundry must be cleaned as per OSHA guidelines.

7. Other Precautions

Do not eat or drink in areas where potentially contaminated materials are handled and always wash hands before eating.

Open wounds should be bandaged and gloves worn when handling contaminated material or performing patient examinations.

Glass ampules should be placed into a dry gauze pad prior to breaking and should be immediately disposed into a sharps container.

To avoid exposure to saliva, mouth pieces, resuscitation bags and other ventilation devices should be readily available in areas where the need for emergency mouth-to-mouth resuscitation is possible.

All blood or body fluid (regardless of source) in both teaching and clinical settings are potentially infectious and should be handled appropriately.

6.5 STUDENT HEALTH

Students identified as Class I or Class II (health professions students, student trainers and coaches) must complete a health history with documentation of a negative PPD or chest x-ray and current immunizations for diphtheria-tetanus, MMR, and hepatitis B. In addition, School of Physician Assistant Studies students must provide documentation of a varicella (chicken pox) immunization; proof of disease or immunity can be furnished in lieu of the varicella vaccination. Staff from the Student Health Center will review the health history and send a summary of the student's immunization status to the program for the student's file. The program will provide verification of the immunization status for students assigned to a clinical site to both the preceptor and the host facility. Students are expected to adhere to all infection control policies of the clinical or field site.

Students are required to have health insurance with coverage equivalent to or better than the plan offered by the university. Students are automatically billed for the university group policy unless a waiver is signed and proof of other insurance is provided to the Business Office.

Students will not be denied admission based solely on Human Immunodeficiency Virus (HIV) or Hepatitis B (HBV) infection.

6.6 TRAINING

All students identified as Class I or Class II, shall be trained annually by a medical professional from the respective department (if available), or by the Health & Safety Manager or designee and a medical professional. In the latter case, the medical professional shall cover epidemiology, symptoms, modes of transmission, airborne exposure procedures, the hepatitis B vaccine, and be available for questions relating to all portions of the Exposure Control Plan. Training records are kept in the Environmental Health & Safety (EHS) office and entered into the EHS training database (Appendix D). For accreditation purposes, in addition to the record sent to EHS, a copy of School of Physician Assistant Studies training records must be kept by the program.

The topics covered in the training session shall include, but are not limited to, the following:

1. Available copy of the Bloodborne Pathogens Standard and explanation
2. Epidemiology, symptoms, modes of transmission, and methods of control of bloodborne diseases
3. Location and explanation of this Exposure Control Plan and how the student can obtain a copy of it
4. Appropriate methods for recognizing tasks and other activities that may include exposure to blood and other potentially infectious materials and how to prevent or minimize such exposure
5. Information about selection and use of personal protective equipment including:
 - a. types available
 - b. location
 - c. proper use and handling
 - d. removal
 - e. decontamination
 - f. disposal
6. Explanation and review of warnings, including biohazard signs, labels, and color-coding.
7. Information on the hepatitis B, MMR (measles, mumps, and rubella), and varicella vaccines, including:
 - a. efficacy
 - b. safety/risks
 - c. method of administration
 - d. benefits of vaccination
8. Information on how to handle emergencies involving exposure to bloodborne pathogens, including:
 - a. actions to take
 - b. persons to contact

9. Information on how to handle airborne exposures, including:
 - a. actions to take
 - b. persons to contact
10. The procedures to follow if an exposure incident occurs, including:
 - a. reporting the incident
 - b. post-exposure evaluation and treatment
 - c. follow-up medical care
11. Opportunity for interactive questions and answers

6.7 ACCIDENTAL EXPOSURE TO BLOOD/BODY FLUID

In the event of an accidental exposure to blood/body fluid, the site should immediately and thoroughly be washed with soap and water or the eye/mucous membrane irrigated with water or saline, and the instructor or preceptor notified of the exposure. All exposure injuries (on or off campus) to non-intact skin or mucous membranes should then be reported immediately to the Director of Student Health (extension 2269); if the Student Health Center is closed, call Campus Public Safety (extension 2230) and ask for the Director of Student Health to be paged. (The reason for the page request does not need to be disclosed.) The Director of Student Health will evaluate the level of exposure to HIV (as per Appendix E) and hepatitis B, as well as other bloodborne pathogens, and make appropriate recommendations.

A student who has experienced a **high risk** accidental exposure and cannot reach the Director of Student Health should **IMMEDIATELY (WITHIN TWO (2) HOURS) BE EVALUATED AT PROVIDENCE ST. VINCENT'S EMERGENCY ROOM, OR AT THE NEAREST MEDICAL FACILITY IF OUTSIDE OF THE PORTLAND AREA**, for the risk of exposure to HBV/HIV and preventive therapy initiated as indicated.

A student who has experienced a **low risk** or **airborne exposure** (e.g. TB or varicella) shall be evaluated at the Student Health Center as soon as possible. If the Student Health Center is closed, the student can be evaluated by a provider of their choice.

If the exposure occurs at Pacific University, the source individual and the exposed student shall be evaluated and/or tested by the Student Health Center, at no cost to the student(s). If a student chooses to be evaluated and/or tested by a different healthcare provider without a Student Health Center referral, the student will be responsible for any cost incurred.

If the exposure occurs at a facility other than Pacific University, both the source individual and exposed student may be evaluated and/or tested by the facility where the incident occurred. If the host facility will not cover costs, the student(s) can submit charges to the Student Health Center for consideration.

The evaluation of the exposed student and source individual is confidential and the results of the evaluation and testing will be disclosed only to the Director of Student Health unless the individual gives written consent. The information must be stored in a locked confidential file, separate from other files, in the Student Health Center.

The program should be notified if there is any limitation to the student's ability to participate in clinical activities or if other students need to be evaluated as a result of the exposure to a communicable disease. Should a student contract HBV/HIV from an accidental exposure to blood/body fluid, he/she can continue to participate in the program.