

	BLOODBORNE PATHOGEN PROGRAM College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration	
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I. APPLICABILITY

The purpose of this program is designed to ensure proper evaluation and communication of Bloodborne Pathogens Exposure Controls for the Ferris State University, Big Rapids, Michigan site.

This program is applicable to the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration’s Faculty, Staff, Student Employees, and Students who may have potential occupational exposure (or in the case of the Student, classroom exposure) to bloodborne pathogens’ infections. This document addresses the type of bloodborne pathogens and the practices used by the on-campus facilities only. Specific information regarding the types of bloodborne pathogens originating and the practices to mitigate exposures used by off-campus facilities or clinics will be addressed at those locations.

The Bloodborne Pathogen Exposure Control Program is intended to meet the requirements of applicable regulation, MIOSHA Part 554: Bloodborne Infectious Diseases. This program document was developed by the Academic Affairs Director of Laboratory Safety and accepted by the Department Head. The document is readily accessible in the College of Health Professions Dean’s Office and a copy shall be made available to the director or a representative for examination and copying upon request.

This program does not address the requirements set forth by MIOSHA Part 554: Bloodborne Infectious Diseases for HIV and HBV research laboratories and production facilities, or volunteer blood donation center, as the University does not engage in these activities.

II. KEY ELEMENTS

- A. Provides for identification of positions in the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration where there may be occupational and classroom exposure to bloodborne pathogens and infectious agents.
- B. Provides for practices and procedures in connection with the handling or exposure to bloodborne pathogens and infectious agents.
- C. Provides for vaccines and medical follow-up for Faculty, Staff and Student Employees where appropriate in relation with occupation exposure to bloodborne pathogens and infectious agents.
- D. *Provides information for Students who are not employees of the University, but through class participation, may have potential exposure to bloodborne pathogens and infectious agents. Students who are not employees of the University and require testing treatment, care and counseling related to a blood borne pathogen exposure will be at the student’s expense. It is recommended that the students carry health insurance.*

- E. Provides for training for the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration.

III. ROLES IN THE PROCESS

A. Department Head

1. Shall be responsible for implementing measures of readily accessible hand washing facilities for faculty, staff, student employees, and students.
2. Shall be responsible for communication with the Director of Laboratory Safety when provision of hand washing facilities is not feasible. A review, identification, and implementation of an appropriate hand cleanser in conjunction with clean cloth/paper towels or the Director of Laboratory Safety, Department Head, or specified designee, shall make antiseptic towelettes. When antiseptic cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
3. Shall ensure that proper processes/procedures are in place for faculty, staff, student employees, and students requiring hand washing to be performed immediately or as soon as feasible after removal of gloves or other Personal Protective Equipment.
4. Shall ensure that proper processes/procedures in place for faculty, staff, student employees, and students for the recommended use of appropriate Personal Protective Equipment.
5. Shall maintain contingency plans for foreseeable circumstances that prevent following the recommended procedures.
6. Shall request assistance from the Director of Laboratory Safety for the purpose of establishing procedures/processes for cleaning, laundering, and disposing of Personal Protective Equipment required by MIOSHA Part 554: Bloodborne Infectious Diseases.
7. Shall ensure there are processes/procedures in place for scheduling a joint evaluation with the Director of Laboratory Safety for situations including:
 - a. Circumstances surrounding any potential exposure incidents (Appendix E)
 - b. The annual documented review and necessary updates to this program. This review shall consider:
 1. Changes in faculty, staff, student employee's, or student's tasks and procedures as well as the latest information from the CDC (Appendix E)
 2. Changes in technology that eliminate or reduce exposure to bloodborne pathogens (Appendix D), and
 3. Annual documentation of any commercially available and effective safer medical device designed to eliminate or minimize occupational exposure (Appendix D).
 - c. Identification, evaluation, and selection of effective engineering and work practice controls. Information is obtained from solicited non-managerial faculty, staff, and student employees responsible for direct patient care that is potentially exposed to contaminated sharps injuries. This information will be documented using Ferris State University Sharps Safety Device Evaluation Form (Appendix D).

B. Academic Affairs Director of Laboratory Safety

1. Shall prepare an exposure determination based on input from the Department Head or designee. The Department Head or designee may prepare an exposure determination individually by using the Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire (Appendix B). A combination of the two methods may be used if necessary. The exposure determination shall be made without regard to the use of personal protective clothing. Evaluation of routines and reasonably anticipated tasks or procedures shall determine if there is actual or reasonably anticipated exposure to blood or other potentially infectious material for the College of

Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students. Based on this evaluation, the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students will be categorized into Category A (real and anticipated exposure to blood or other potentially infectious material) or Category B (no exposure to blood or other potentially infectious material). A list of current Category A position classifications is located in Appendix A.

2. Shall prepare procedures for the recognition of reasonably anticipated exposure to blood or other potentially infectious material. Procedures shall also be prepared for the appropriate selection, use, maintenance, and disposal of personal protective equipment, contaminated needles, and other contaminated sharps.
3. Shall prepare evaluations of circumstances surrounding possible bodily fluid transfer and needle stick incidents.

C. Birkam Health

1. Shall be responsible for the schedule and method of implementation, Hepatitis B vaccinations, post-exposure evaluations, follow-ups, communication of hazards, and record keeping required by MIOSHA Part 554: Bloodborne Infectious Diseases.

IV. PROCESS

A. Evaluation

1. The Department Head or specified designee shall evaluate routine or reasonably anticipated tasks and procedures or groups of closely related tasks and procedures in which occupational exposure may occur that are performed by the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student employees, or Students in the classroom setting.

B. Methods of Compliance

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between bodily fluid types is difficult or impossible, all bodily fluids shall be considered potentially infectious materials.

C. Engineering and Work Practice Controls

1. Engineering and work practice controls shall be used to eliminate or minimize the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees', and Students' exposure. Where occupational exposure remains after institution of these controls, Personal Protective Equipment shall also be used.
2. Engineering controls, such as hoods and biosafety cabinets, shall be examined, maintained, and/or replaced on a regular schedule.
3. Contaminated needles or other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited.
4. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers. The containers shall be:
 - a. Puncture resistant.
 - b. Labeled or color coded in accordance with this program.
 - c. Leak-proof on the sides and bottom.
5. Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses is prohibited in first-aid and restroom areas where there is reasonable likelihood of occupational exposure.

6. Food and drink shall not be kept in any refrigerator, freezer, shelves, cabinets, or on countertops where blood or other potentially infectious materials may be present.
7. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

D. Personal Protective Equipment

1. When there is a potential occupational exposure, appropriate Personal Protective Equipment shall be used as appropriate. Personal protective equipment includes, but is not limited to: gowns, gloves, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal Protective Equipment shall only be considered "appropriate" if it does not permit blood or other potentially infectious materials to pass through it. Blood or potentially infectious materials should not reach the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employee's, or Student's street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time for which the Personal Protective Equipment will be used.
2. If garments are penetrated by blood or other potentially infectious materials, the garments shall be removed as soon as feasible.
3. All Personal Protective Equipment shall be removed prior to leaving the facility.
4. When Personal Protective Equipment is removed, it shall be placed in an appropriately designated area or designated container for storage, washing, decontamination, or disposal.
5. Gloves shall be worn when it can be reasonably anticipated that the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, or Students may have contact with blood, potentially infectious materials, mucous membranes, or non-intact skin. Gloves shall also be worn when performing vascular access procedures such as removing foreign bodies, and when handling or touching contaminated items or surfaces.
 - a. Disposable (single use) gloves shall be immediately replaced if they tear, are punctured, or when their ability to function as a barrier is compromised.
 - b. Disposable (single use) gloves shall not be washed or decontaminated for reuse.
 - c. Gloves shall be changed between patient contacts.
 - d. Utility gloves shall be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration. They may be decontaminated for reuse if the integrity of the gloves is maintained.
 - e. Tear and puncture-resistant gloves shall be provided for procedures that involve a high risk of laceration but do not require a high degree of dexterity.
6. Proper Personal Protective Equipment must be worn when eye, nose, or mouth contamination can reasonably be expected by splashes, sprays, or splatters of blood or potentially infectious materials. Masks, eye protection, face shields, goggles, glasses with solid side shields, chin-length face shields, or a combination of the previous listings shall be worn whenever contamination is probable.
7. Appropriate protective clothing such as, but not limited to: gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of occupational exposure anticipated.
8. Students who are not employed by the University will be required to pay for their own Personal Protective Equipment if it is determined the procedure they are assigned to perform require Personal Protective Equipment.

E. General Housekeeping

1. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Faculty, Staff, Student Employees, and Students covered under this program shall ensure that the worksite is maintained in a clean and sanitary condition. An appropriate schedule for cleaning and method of decontamination shall be based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. The Department Head or specified designee to support this program will develop appropriate schedule.
2. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.
 - a. After completion of procedures, contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible. Work surfaces should also be decontaminated when surfaces are overtly contaminated, after any spill of potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - b. Protective covering, such as imperviously-backed absorbent paper used to cover equipment and, shall be removed and replaced as soon as feasible if contaminated or at the end of the work shift.
 - c. All bins, pails, cans, and similar receptacles intended for reuse and where there is a reasonable likelihood for contamination with blood or other potentially infectious materials shall be inspected, cleaned, and decontaminated on a regularly scheduled basis. Upon visible contamination, such cleaning and decontamination shall be as soon as possible. The University will maintain records and documentation of cleaning and decontamination.
 - d. Broken glassware that may have been contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
3. During use, containers for contaminated sharps shall be:
 - a. Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used,
 - b. Maintained upright throughout use, and
 - c. Replaced routinely per the Biohazardous Waste Program.
4. Regulated waste and contaminated sharps shall be discarded immediately after use or as soon as feasible in containers that are:
 - a. Closable,
 - b. Puncture resistant,
 - c. Labeled or color coded in accordance with this program, and
 - d. Leak-proof on the sides and bottom.
5. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - b. Placed in a secondary container if leakage is possible. The second container shall be:
 1. Closable,
 2. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and
 3. Labeled or color-coded in accordance with this program.

6. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose Faculty, Staff, Student Employees, or Students to the risk of percutaneous injury.
7. Other regulated waste shall be placed in containers which are:
 - a. Closable,
 - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping,
 - c. Labeled or color-coded in accordance with this program.
 - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
8. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
 - a. Closable,
 - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping,
 - c. Labeled or color-coded in accordance with this program.
 - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping, and
 - e. Disposed of in accordance with applicable law and regulations.
9. If contaminated laundry is generated, (only where disposal Personal Protective Equipment could not be utilized) it is the University's responsibility to ensure:
 - a. Contaminated laundry shall be handled as little as possible with a minimum of agitation
 - b. Contaminated laundry shall be bagged or contained at the location where it was used and shall not be rinsed or sorted in the location of use.
 - c. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with this program.
 - d. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
 - e. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Faculty, Staff, Student Employees, and Students who handle or contact contaminated laundry shall wear protective gloves and other appropriate Personal Protective Equipment.
 - f. If contaminated laundry is shipped off-site to a second facility owned by this University which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry will place such laundry in bags or containers which are labeled or color-coded.

F. Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-Up

1. General Guidelines

- a. The Hepatitis B vaccine and vaccination series will be available to all College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Faculty, Staff, Student Employees, and Students who have occupational exposure. Birkam Health Center or designee may provide this vaccine.
- b. Post-exposure evaluation and follow-up to all College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Faculty, Staff, Student Employees, and Students who have had an exposure incident.

- c. Such medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up including prophylaxis, for Category A will be:
 1. At no cost to the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees,
 2. At a reasonable time and place,
 3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional,
 4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 5. An accredited laboratory at no cost to the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees will conduct all laboratory tests.
 6. Students' post-exposure follow-up shall be initiated by the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Manager/supervisor and will normally be provided by Birkam Health Center. Costs for post-exposure follow-up and laboratory testing are the responsibility of the student but should usually be covered under the student's health insurance.

2. Hepatitis B Vaccination

- a. Hepatitis B vaccination shall be made available after the eligible Category A College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students have received the required training. This shall occur within 10 working days of initial assignment to tasks or positions with occupational exposure. If the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, or Students have previously received the complete Hepatitis B vaccination series, and antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons, the vaccination shall not be made available.
- b. Costs for Hepatitis B Vaccination and post-exposure follow-up are the responsibility of the Student but should usually be covered under the Student's health insurance.
- c. Participation in a prescreening program shall not be a prerequisite for receiving Hepatitis B vaccination.
- d. Hepatitis B Vaccination antibody testing for those eligible employees, of the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration (Category A) who desire such testing before deciding whether or not to receive the Hepatitis B Vaccination shall be made available.
- e. If the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, or Student Employee initially declines Hepatitis B Vaccination but at a later date, while still covered under MIOSHA Part 554: Bloodborne Infectious Disease decides to accept that vaccination, The Department Head or specified designee shall make available Hepatitis Vaccination at that time.
- f. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, or Student Employees who decline to accept Hepatitis B vaccination offered by the University must sign Ferris State University's Declination Statement Referenced to in Section VI below. (Appendix C)

1. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees who have received the Hepatitis B Vaccine prior to their employment with Ferris State University shall provide documentation of this to the Department Head or specified designee.
 2. The Department Head or specified designee shall identify a location and positions that will maintain these employee health records and make them available to Birkam Health Center. The Academic Affairs Director of Laboratory Safety may request these records during a regulatory inspection or an authorized University internal inspection.
 3. Students through class participation or field activate who may have potential exposure to Bloodborne Pathogens and infectious agents who have received the Hepatitis B Vaccine are encourage to provide documentation of this to their instructor.
- g. If the U.S. Public Health Service recommends routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) shall be made available in accordance with MIOSHA Part 554: Bloodborne Infectious Disease.

3. Post-Evaluation and Follow-Up

- a. Following a report of an occupational exposure incident, The Department Head or specified designee shall immediately make available a confidential medical evaluation and follow-up to the exposed Category A Faculty, Staff or Student Employee. This evaluation shall include the following elements (the steps below will also be provided to the occupationally exposed Student, however the costs for such services will be the Student's responsibility):
 1. Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred,
 2. Identification and documentation of the source individual, unless the University can establish that identification is unfeasible or prohibited by state or local law.
 - a. The source individual's blood shall be tested as soon as feasible, but only after consent is obtained, in order to determine HBV and HIV infectivity. If consent is not obtained, the health care provider shall document the basis on which legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
 - b. When the source individual is known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - c. Results of the source individual's testing shall be made available to the exposed Faculty, Staff, Student Employee, or Student. The exposed individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 3. Identification of the type and brand of devices (such as needles, sharps, etc.) involved in the incident.
 4. Collection and testing of the blood or HBV and HIV serological status shall include both of the following:
 - a. The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained.

- b. If the exposed individual's consents to a baseline blood collection, but not to HIV testing at that time, the sample shall be preserved for not less than 90 days. If within the 90 days the employee elects to have the base line sample tested, such testing shall be done as soon as feasible.
- b. Counseling and evaluation of reported illness shall be provided to the exposed individual. As recommended by the U.S. Public Health Service, post-exposure prophylaxis will be provided when medically indicated.
- c. The healthcare professional evaluating the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, or Students after an exposure incident will be provided the following information:
 1. A copy of MIOSHA Part 554: Bloodborne Infectious Disease (unnecessary if treatment is provided at Birkham Health Center),
 2. A description of the exposed individuals' duties as they relate to the exposure incident.
 3. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 4. Results of the source individual's blood testing, if available.
 5. All medical records relevant to the appropriate treatment of the individual including vaccination status those are the University's responsibility to maintain.
 6. A description of the Personal Protective Equipment used or to be used at the time of incident.

d. Healthcare Professional's Written Opinion

1. Birkam Health Center or their designee shall obtain and provide the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
2. If the initial visit was made to a facility designated by Birkam Health Center, Category A College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees shall obtain their records from the facility and transfer them to Birkam Health Center for their follow-up visit.
3. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - a. That the exposed individual has been informed of the results of the evaluation.
 - b. That the exposed individual has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment.
 - c. All other findings or diagnosis shall remain confidential and shall not be included in the written report.
4. The Healthcare Professional's Written Opinion may be made available to the occupationally exposed Student, however the cost for the service will be the Student's responsibility. If the Student made an initial visit to a facility designated by Birkam Health Center, the

student may request to have their records transferred to Birkam Health Center for follow up or to their own physician for the follow-up visit.

e. Medical Recordkeeping

1. Birkam Health Center shall maintain the required medical records in accordance with standard medical practice and kept for the duration of employment + 30 years. Birkam Health Center requires the Department Head to have a designated area for keeping ***the Employee Health Records associated immunization of their Staff and Student Employees who have received the Hepatitis B Vaccine from another facility.***
2. Birkam Health Center requires the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration who have Students who are in University programs that encourage or require the Hepatitis B Vaccine and who have received their Hepatitis B Vaccine from another facility to maintain these records within their department. The record retention requirements for these records will be ten years.

G. Communication of Hazard

1. Labels

- a. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers that contain blood or other potentially infectious material. Warning labels shall also be affixed to containers used to store, transport, or ship blood or other potentially infectious materials, except as provided in Section E (General Housekeeping) of this program.
- b. Labels required is BIOHAZARD



- c. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- d. Labels required shall be an integral part of the container or shall be affixed as close as feasible to the container by wire, adhesive, or other method that prevents their loss or unintentional removal.
- e. Red bags or red containers may be substituted for labels.
- f. Containers of blood, blood components, or blood products which are labeled as to their contents and which have been released for transfusion or other clinical use are exempted from the labeling requirements of this written program.

- g. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from labeling requirements.
- h. Labels required for contaminated equipment shall also state which portions of the equipment remain uncontaminated if applicable.
- i. Regulated waste that has been decontaminated need not be labeled or color-coded.
- j. All biological hazardous conditions shall be identified in an identical manner.

2. Signs

- a. At the entrance of the work area where infectious agents are or may be present, a sign shall display the name of the infectious agent and the responsible person's name and telephone number.
- b. Signs shall be fluorescent orange-red with lettering in a contrasting color.



3. Information and Training.

- a. All College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students with occupational exposure shall participate in a training program. Training shall be:
 - 1. At the time of initial assignment to tasks where occupational exposure may take place,
 - 2. Within 90 days after the effective date of MIOSHA Part 554: Bloodborne Infectious Disease, and
 - 3. At least annually thereafter.
- b. For College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students who have received training on bloodborne pathogens in the year preceding the effective date of MIOSHA Part 554: Bloodborne Infectious Disease, only training with respect to the provisions of MIOSHA Part 554: Bloodborne Infectious Disease, which were not included, need to be provided.
- c. Annual training for all the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students shall be provided *within one year* of their previous training.
- d. Additional training will be provided when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the employee's occupational exposure potential. New training may be limited to addressing the new exposures created.
- e. Material appropriate in content and vocabulary to educational level, literacy, and language of the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, Student Employees, and Students shall be used.
- f. The training program shall contain at a minimum the following elements:

1. An accessible copy of the text of MIOSHA Part 554: Bloodborne Infectious Disease and an explanation of its contents.
 2. A general explanation of epidemiology and symptoms of bloodborne diseases.
 3. An explanation of the modes of transportation of bloodborne pathogens.
 4. An explanation of the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's exposure control plan and the means by which the Faculty, Staff, Student Employees, and Students can obtain a copy of the written plan.
 5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and Personal Protective Equipment.
 7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of Personal Protective Equipment.
 8. An explanation of the basis for selection of Personal Protective Equipment.
 9. Information on the Hepatitis B vaccine, including information on its efficiency, safety, method of administration, the benefits of being vaccinated, and the vaccine and vaccination being offered free of charge for College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees.
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 12. Information on the post-exposure evaluation and follow-up that this University is required to provide for the employee following an exposure incident.
 13. An explanation of the signs and color labels and/or color-coding required by MIOSHA Part 554: Bloodborne Infectious Disease.
 14. An opportunity for interactive questions and answers with the person conducting the training session.
- g. The person conducting the training session shall be knowledgeable in the subject matter covered by the elements contained.

H. Recordkeeping

1. Medical Records
 - a. Birkam Health Center shall follow the requirement for recordkeeping when it is determined that the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, and Student Employees have had a potential occupational exposure to Bloodborne Pathogens. Accurate records for each employee with occupational exposure, on campus and who sought medical treatment from Birkam will be kept at Birkam Health. Employees who sought initial medical treatment other than Birkam Health will transfer their records to Birkam Health for follow-up

treatment and to support the medical recordkeeping requirements of this program.

- b. Birkam Health Center's records shall include:
 1. Employee's name and social security number.
 2. A copy of the employee's Hepatitis B vaccination status including dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination. The Department Head will have the employee health records (Hepatitis B vaccination records) for those Staff or Student Employees who received their Hepatitis B vaccination from a health care provided other than Birkam Health Center.
 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by MIOSHA Part 554: Bloodborne Infectious Disease including:
 1. Documentation of the individual's ability to wear protective clothing and equipment and vaccination status.
 2. Post exposure evaluation following an occupational exposure incident.
 4. The University's copy of any the healthcare professional's written opinion as required by MIOSHA Part 554: Bloodborne Infectious Disease.
 5. A copy of the information provided to a healthcare professional.
 - c. Retention of MIOSHA medical records is to be held during the length of employment, plus 30 years.
 - d. Employee medical records required by MIOSHA Part 554: Bloodborne Infectious Disease will be:
 1. Kept confidential.
 2. Not disclosed or reported without the College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, or Student Employee's express written consent to any person within or outside the workplace except as required by MIOSHA Part 554: Bloodborne Infectious Disease or as may be required by law.
2. Training records shall include the following:
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of persons conducting the training session.
 - d. Training records shall be maintained for a minimum of 3 years from the date on which the training occurred by the Department Head or specified designee.
 - e. Student's training records will be kept by the Faculty member who provided the training in accordance with student record policy.
 3. Availability of Records
 - a. All records required to be maintained shall be made available upon request to the Director for examination and copying.
 - b. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, or Student Employees' training records required by MIOSHA Part 554: Bloodborne Infectious Disease shall be provided upon request in accordance with MIOSHA Part 554: Bloodborne Infectious Disease.
 - c. College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration's Faculty, Staff, or Student Employees' medical records required by MIOSHA Part 554: Bloodborne Infectious Disease shall be provided them upon request in accordance with MIOSHA Part 554: Bloodborne Infectious Disease.

V. DEFINITIONS

The following is a list of common terms and their definitions as they are used in the Exposure Control Plan.

Act: 1974 PA 154, MCL 408.1001 et seq

Amniotic fluid: Fluid from the uterus.

Biologically hazardous conditions: equipment, containers, rooms, materials, experimental animals, animals infected with HBV or HIV virus, or combinations thereof that contain, or are contaminated with, blood or other potentially infectious material.

Blood: Human blood, human blood components (i.e. plasma, platelets), and products made from human blood (i.e. immune globulins, albumin).

Bloodborne pathogens (BBPs): Pathogenic microorganisms that are present in human blood or OPIM and can infect and cause disease in persons who are exposed to blood containing the pathogen. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Cerebrospinal fluid: Fluid from the spine.

Clinical laboratory: a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious material.

Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry: laundry that has been soiled with blood or other potentially infectious materials or which may contain sharps.

Contaminated sharps: any contaminated object that can penetrate the skin, including any of the following: Needles, Scalpels, Broken glass, Broken capillary tubes, and Exposed ends of dental wires.

Decontamination: Use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Department: the Department of Consumer and Industry Services.

Director: The director of the Department of Consumer and Industry Services or his or her designee.

Disinfect: means to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms, on inanimate objects.

Engineering controls: Equipment that is designed to isolate or remove the bloodborne pathogen hazard from the workplace (e.g. sharps disposal containers, biosafety cabinets, autoclaves and safer medical devices such as sharps with engineered sharps injury protections, needleless systems, blunt suture needles, plastic capillary tubes and mylar-wrapped glass capillary tubes).

Employee: An employee contributes labor and expertise to an endeavor of an employer (Ferris State University) and is usually hired to perform specific duties that are packaged into a job. The

term "employee" refers to a specific defined relationship between an individual and the University.

Employee health records: Staff, Student Employee's medical surveillance, other screening data, vaccination records, and exposure follow-up records are excluded from the definition of Protected Health Information and so not subject to the protections of Health Insurance Portability Accountability Act (HIPAA). For this written program MIOSHA Bloodborne Pathogen regulation cover uses and disclosures of information as it related to the vaccinations and post-exposure follow-up requirements and recordkeeping

Exposure: 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 duties. "Exposure" does not include incidental exposures that may take place on the job, which are neither reasonably nor routinely expected, and which the employee is not required to incur in the normal course of employment.

Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin (includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.), or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Faculty: The term is most commonly used in this context in the United States, includes professors of various rank: assistant professors, associate professors, and (full) professors, usually tenured (or tenure-track) in terms of their contract of employment, as well as adjunct and instructors. Department chairs, deans vice presidents, presidents, and librarians for this document will be considered faculty members.

Hand Washing facilities: Facilities that provide an adequate supply of running, potable water, soap, and single-use towels or a hot-air drying machine.

HBV: Hepatitis B virus; causes inflammation of the liver and may lead to long-term liver damage including cirrhosis and cancer.

HCV: Hepatitis C virus; causes inflammation of the liver and can lead to long-term liver damage including cirrhosis and cancer.

HIV: Human immunodeficiency virus; attacks critical cells of the immune system that leads to acquired immunodeficiency syndrome (AIDS), a life-threatening condition.

Licensed health care professional: a person who's legally permitted scope of practice allows him or her to independently perform the activities required by R 325.70013 concerning hepatitis B vaccination and post-exposure evaluation and follow-up.

Manager: (Assistant Manager is included in the term manager) is an individual who has control or direction of the program in this case: the Department Head or phase of it.

Medical Reports: Kept confidential (not disclosed without written permission of employee, except by law) and separate from other personnel records.

Needleless Systems: A device that does not use needles for: (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication or fluids; or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps (e.g. intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle

connection, jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without the use of a needle).

Occupational exposure: Reasonably anticipated (includes the potential for contact as well as actual contact with blood or OPIM) skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials (OPIM): Materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, 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.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead) including cadavers
3. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.
4. Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral exposure: Exposure occurring as a result of piercing mucous membrane or the skin barrier, such as exposure through subcutaneous, intramuscular, intravenous, or arterial routes resulting from needlesticks, human bites, cuts, abrasions, or other mechanical means.

Pericardial fluid: Fluid surrounding the heart.

Peritoneal fluid: Fluid from the abdominal cavity that surrounds the major organs.

Pleural fluid: Fluid from lung tissue.

Personal protective equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, blouses) not intended to function as protection against a hazard are not considered personal protective equipment.

Post-exposure follow-up: In the case of an exposure incident, the mandatory course of action taken by the employer to provide medical services (i.e. medical assessment, vaccination, and source testing, baseline testing, and counseling) to the exposed worker in order to reduce the risk of infection.

Production facility: Facility engaged in industrial scale, large volume or high concentration production HIV or HBV.

Regulated waste: Any of the following: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items which are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research laboratory: A laboratory producing or using research-laboratory-scale amounts of HIV or HBV, but not in the volume found in production facilities.

Sharps: Needles, syringes, scalpels, and intravenous tubing with needles attached, as well as any contaminated object that can penetrate the skin such as: Pasteur pipettes, razor blades, capillary tubes, etc.

Sharps with Engineered Sharps Injury Protections (Safer Sharps Devices): A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident (e.g. syringes with a sliding sheath that shields the attached needle after use, shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids, and intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering).

Source individual: Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to an employee.

Staff: People who perform duties as directed by another entity (person or organization). Employees are people who are paid wages or salary by their employer to perform duties. The term staff as used in this program refer to only employees and does not include volunteers (people who do not receive remuneration) or contractors (people paid via a third party employer).

Standard operating procedures (SOPs): any of the following that address the performance of work activities so as to reduce the risk of exposure to blood and other potentially infectious material: Written policies, Written procedures, Written directives, Written standards of practice, Written protocols, Written systems of practice, and or Elements of an infection control program

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Student: A learner, or someone who attends an educational institution.

Student Employee: Is a part-time employee who is duly enrolled at Ferris State University is registered for classes and whose primary purpose for being at the University is the achievement of a degree or certification.

Synovial fluid: Fluid from the joints such as the knees or elbows.

Universal precautions: A method of infection control that treats all human blood and other potentially infectious material as capable of transmitting HIV, HBV, HCV, and other bloodborne pathogens.

Work practice controls: Controls that reduce the likelihood of exposure to bloodborne pathogens by altering the manner in which a task is performed.

VI. RELATED OR REFERRED TO DOCUMENTS

A. Academic Affairs

1. Biohazardous Waste Written Program, Academic Affairs Laboratory Safety (insert here number associated with document)

B. College

C. Department/Area

D. University/Business Policies

1. Transportation of Sick and Injured 2008:10 (or most current)
2. Treatment of Student Injured in Class 1997:17 (or most current)
3. Worker Compensation HRPP04:01 (or most current)

E. MIOSHA

1. MIOSHA Part 554 Bloodborne Infectious Diseases

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Appendix A: Exposure Determination by Job Classification

All of the following job classifications require staff and student Employees to perform procedures or occupation related tasks that involve exposure, or the potential for exposure, to blood or other potentially infectious material or that involve a potential for spill or splashes of blood or other potentially infectious material are included in this exposure determination.

Department/Program	Position	Activity with Potential Exposure
Respiratory Care	Faculty, Staff, and Student Employee	Instruction and supervision of students involved in patient care and cleaning of contaminated instruments and equipment or handling biohazardous waste
Clinical Laboratory	Faculty, Staff, and Student Employees	Cleaning of contaminated instruments and equipment, handling biohazardous waste.
Clinical Laboratory	Faculty, Staff, and Student Employees	Instruction and supervision of students involved in handling human blood, blood draws, tissues samples, processing and analyzing human blood or OPIM, and handling biohazardous waste.

The following body fluids are not expected to be infectious sources of bloodborne pathogens unless they are visibly contaminated with blood:

- Urine
- Feces
- Vomit
- Tears
- Sweat
- Sputum
- Nasal secretions

Faculty, Staff, and Student Employees **who do not** perform the activities listed above where there is potential exposure are classified as Category B.

Appendix B: Occupational Exposure to Bloodborne Pathogen (Infectious) Disease

MIOSHA Part 554: Bloodborne Infectious Disease requires the employer to evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated employee exposure to blood or other potentially infectious material. This questionnaire is designed to obtain the information necessary to make the determination.

The Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire shall also be used to identify at-risk employees. This questionnaire shall be used to determine initial exposure unless the Dean, Director or Department Head can provide that information. The Director or Department Head shall review the questionnaire when there is an employment changes, placing them in at-risk job categories,

Please answer the questions on based on the following:

1. Exposure determination shall be made without regard to the use of personal protective clothing and equipment
2. Exposure does not include incidental exposure which may take place on the job, which are neither reasonably nor routinely expected and which you are not required to incur in the normal course of employment
3. Occupationally exposed means exposure during the performance of" job duties" not profession. For example if you are a dentist, by profession, you do not have any patient contact and your only duties are to prepare lectures and present them, there is no reasonable anticipated exposure to blood or potentially infectious material.

Exposure determination is based on your current job duties at Ferris State University on the campus of Ferris State University

Determination Questionnaire

Number	Occupational Exposure	Yes	No	Comments
1.	Do your job duties require you to perform CPR?			
2.	Do your job duties require you to administer First Aid?			
3.	Do your job duties require you to clean medical areas such as a dental clinic, nursing clinics, clinical laboratories, or non-medical areas where blood or OPIM may be placed?			
4.	Do your job duties require you to handle potentially infectious waste containers?			
5.	Do your job duties require you to teach or oversee venous puncture or IV administration?			
6.	Do your job duties require you to restrain, -an individual such as in the case of DPS?			
7.	Do your job duties require you to come into contact with blood semen, vaginal secretions, amniotic fluid, cerebrospinal peritoneal fluid, pleural fluid, pericardial fluid, any other body fluid/matter visibly contaminated with blood, respiratory secretions? (If yes circle all that apply)			
8	Do your job duties require you to administer any medications?			
9.	Do your job duties require you to perform any procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps?			
10.	Do your job duties require you to handle any unfixed tissue or organ, other than intact skin from a living			

	or dead human?			
11.	Do your job duties require you to handle any cell or tissue cultures that contain HIV organ cultures and culture medium or other solutions that contain HIV or HBV and blood, organs, or there tissues from experimental animals infected with HIV or HBV?			
12.	Do your job duties require you to handle laundry/PPE contaminated with blood or other OPIM?			
13.	Do your job duties require you to handle animals that have been infected with bloodborne pathogens ?			
14.	Please identify any other job duty you may have that may exposure you to blood borne pathogens or OPIM in the comment section.			
Job Title:		Department:		
Name:		Date:	Location:	

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**Appendix C: Ferris State University College of Health Professions Clinical Laboratories,
Respiratory Care, & Health Administration**

DECLINATION STATEMENT

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 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 materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

____ I have already received the Hepatitis B vaccine, therefore DECLINE.

____ I DECLINE the Hepatitis B vaccine.

Employee's Printed Name Employee's Signature Date

Witness's Printed Name Witness's Signature Date

**Please forward completed forms to The Department Head or specified designee for which this
BBP program was written.**

Appendix D: Ferris State University Sharps Safety Device Evaluation Form

The MIOSHA Part 554: Bloodborne Pathogen Infectious Diseases, require **all** sharps that are being used where there is an exposure to blood or OPIM shall be reviewed on an annual basis. The purpose of this form is to document:

1. The Annual consideration of new safer sharps devices;
2. Determine which sharp devices are currently in use
3. Document the criteria used in the selection of safer devices in use

Please circle the most appropriate answer for each question. Not Applicable (N/A) may be used if the question does not apply to this product. Please explain all problems with the device in the comments section. Keep this documentation one year plus current year.

Ferris State University Sharps Safety Device Evaluation Form							
Principal Investigator/Supervisor:				Evaluation Date:			
Evaluator's Name:				Job Title:			
Department:				Extension:			
Name of Device:							
Name of Manufacturer:							
Applications of Device:							
Number of times used:				Currently in use: Yes / No			
#	Question	Agree/Disagree					
1.	The safety feature can be activated using a one-handed technique.	1	2	3	4	5	N/A
2.	The safety feature does not interfere with the normal use of this product.	1	2	3	4	5	N/A
3.	Use of this product requires you to use the safety feature.	1	2	3	4	5	N/A
4.	The user's hands remain behind the needle/sharp until activation of the safety mechanism is complete.	1	2	3	4	5	N/A
5.	A clear and unmistakable change (either audible or visible) occurs when the safety feature is activated.	1	2	3	4	5	N/A
6.	This product does not require more time to use than a non-safety device.	1	2	3	4	5	N/A
7.	The device is easy to handle while wearing gloves.	1	2	3	4	5	N/A
8.	The device is easy to handle when wet.	1	2	3	4	5	N/A
9.	The safety feature works well with a wide variety of hand sizes.	1	2	3	4	5	N/A
10.	The safety feature operates reliably.	1	2	3	4	5	N/A
11.	The exposed sharp is permanently blunted or covered after use and prior to disposal.	1	2	3	4	5	N/A
12.	This device will work with all required syringe and needle sizes.	1	2	3	4	5	N/A
13.	Use of this product does not increase the number of sticks to the patient.	1	2	3	4	5	N/A

14.	The user does not need extensive training for correct operation.	1	2	3	4	5	N/A
15.	The device can be used without causing more patient discomfort than a conventional device.	1	2	3	4	5	N/A
16.	This device offers a good view of any aspirated fluid.	1	2	3	4	5	N/A
17.	The product stops the flow of blood after the needle is removed from the catheter (or after the butterfly is inserted) and just prior to the line connections or the hep-lock capping.	1	2	3	4	5	N/A
18.	It is not easy to skip a crucial step in proper use of the device.	1	2	3	4	5	N/A
Additional Questions for I.V. Connectors							
19.	Use of this connector eliminates the need to exposed needles in connections.	1	2	3	4	5	N/A
20.	The safety feature allows you to collect blood directly into a vacuum tube, eliminating the need for needles.	1	2	3	4	5	N/A
21.	The connector can be secured (locked) to Y-sites, hep-locks, and central lines.	1	2	3	4	5	N/A
Additional Questions for Vacuum Tube Blood Collection Systems							
22.	The safety feature works with a butterfly.	1	2	3	4	5	N/A
23.	The inner vacuum tube needle (rubber sleeved needle) does not present a danger of exposure.						
Would you recommend using this device?						Yes	No
Comments (describe problems, list incompatibilities):							

Appendix E: Bloodborne Pathogen Program Review

Section I Evaluation:			
Evaluation of Process/Procedure	Yes	No	Additional Information
1. This evaluation was conducted to review the circumstances surrounding a potential exposure incident?			
2. Was this evaluation conducted to review and update as necessary the Bloodborne Pathogen program?			
2a. Where there changes in any employee's tasks and procedures since that last year's review?			
2b. Have there been any updates issued from the CDC that have a direct effect on Bloodborne Pathogen?			
2c. Has the annual consideration for any commercially available and effective safer medical device designed to eliminate or minimize occupational exposure been conducted using the sharp safer form?			
2d. Has the input for the identification, evaluation and selection of effective engineering and work practices controls obtained from solicited non-managerial employee responsible for the direct patient care, who are potentially exposed to injuries from contaminated sharps?			
3. Did the employee temporarily and briefly declined to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use could have prevented the delivery of health care or safety services or would have posed an increased hazard to the safety of the worker?			
<p>Section II Corrective Actions <i>If you answered yes to questions 1, 2a, 2b, 2c and 3 in Section I; briefly describe the corrective action plan</i></p>			

Section III Solicited non-managerial effective engineering and work practices: <i>Briefly describe the input received</i>
Section IV: Evaluation Conducted by: <i>Identify who conducted the evaluation. Keep this document with the Department's Bloodborne Pathogen Program for three years + current year.</i>
Names involved with the Evaluation and Date of Evaluation

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Appendix F: Post Exposure for College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Employees (Faculty, Staff, and Student Employees)

Faculty, Staff, and Student Employees who through the course of their occupational tasks may have been potential exposure to Bloodborne Pathogens and infectious agents are required to report the potential exposure to their Department Head, Dean or Supervisor immediately.

Faculty, Staff and Student Employees who may require testing, treatment, care and counseling related to a bloodborne pathogen exposure will be provided at the University's expense.

1. The Faculty, Staff or Student Employee shall wash the exposed skin with soap and water. If the exposure occurred to the mucous membranes, the area should be flushed with large amounts of water.
2. The Dean, Department Head or Supervisor will call Birkam Health Center to notify them of the exposure. The Dean, Department Head or Supervisor will request information as to where to obtain treatment for the Faculty, Staff or Student Employee.
3. If the Faculty, Staff or Student Employee Exposure occurred before or after the normal business hours (8:00 am- 5:00 pm), the Dean, Department Head or Supervisor will instruct the exposed individual to seek medical attention from the local health care facility.
4. The Dean, Department Head or Supervisor will complete Ferris State University's Injury/Incident Report (For Employees) with the exposed Faculty, Staff or Student Employee and forward the report to Employee Safety.
5. The Faculty, Staff or Student Employee will proceed to Birkam Health Center or the local health care facility as soon as possible.
6. The treatment facility will determine the course of treatment based on the U. S. Public Health Service, Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis, and counseling procedures. If the treatment is provided by the local health care facility, the Faculty, Staff or Student Employee shall request a copy of his/her medical records and make a follow-up appointment with Birkam Health Center.
7. A copy of the health care provider's written opinion is provided to the exposed individual within 15 days of the completion of the post-exposure evaluation

This document was updated on 05/30/2013 and supports the Birkam Health Center's Bloodborne Pathogen Program.

Appendix F II: Post Exposure for College of Health Professions Clinical Laboratories, Respiratory Care, & Health Administration Students who are Non-Employee

Students, who are not employees of the University, but through class participation or field activities may have been potentially exposed to Bloodborne Pathogens or infectious agents are required to report this to their Instructor/supervisor immediately.

Post Exposure Care for Non-employee Students including initial treatment, counseling and follow-up visits related to a potential exposure will be at the student's expense. If the initial Post Exposure Care was provided by Birkam Health Center, the cost for the office visit may be waived.

1. The Student shall wash the exposed skin with soap and water. If the exposure occurred to the mucous membranes, the area should be flushed with large amounts of water.
2. The Instructor/supervisor will call Birkam Health Center to notify them of the Student's exposure. The Instructor/supervisor will request information as to where to obtain treatment for the Student.
 - a. If the treatment will be obtained from Birkam Health Center, Instructor/supervisor should request initial visit charge to be waived for the Student.
3. If the Student Exposure occurred before or after the normal business hours (8:00 am-5:00 pm), the Instructor/supervisor will instruct the Student to seek medical attention from the local health care facility.
4. The Instructor/supervisor will complete Ferris State University's Injury/Incident Report (For Non-Employees) with the Student and forward the report to Risk Management.
5. The Student will proceed to Birkam Health Center or the local health care facility as soon as possible.
6. The treatment facility will determine the course of treatment based on the U. S. Public Health Service, Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures. If the treatment is provided by the local health care facility, the Student shall request a copy of his/her medical records and make a follow-up appointment with his/her own physician or Birkam Health Center.

This document was updated on 05/30/2013 and supports the Birkam Health Center's Bloodborne Pathogen Program.