



## Bloodborne Pathogen Program

### Michigan College of Optometry

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## I. APPLICABILITY

The Michigan College of Optometry's written Bloodborne Pathogen Program is designed to provide processes for evaluation and communication of Bloodborne Pathogens Exposure Controls to 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. The written program is intended to meet all the requirements of applicable regulation, MIOSHA Part 554 Bloodborne Infectious Diseases, except those associated with HIV and HBV research laboratories and production facilities or volunteer blood donation centers, as Academic Affairs Division does not engage in those activities.

The Academic Affairs Laboratory Safety Bloodborne Pathogen Written Program is issued by the Academic Affairs Director of Laboratory Safety under the direction of the Provost and Vice President for Academic Affairs as a secured document, in accordance with the Academic Affairs Laboratory Safety Management System. The Academic Affairs Laboratory Safety Bloodborne Pathogen Written Program is accessible on the Academic Affairs Laboratory Safety website. A printed copy of this program shall be made available upon request to anyone, including the representatives of credentialed local, state or federal regulators with jurisdiction to inspect.

This written program addresses the type of Bloodborne Pathogens and the practices used by the on-campus Academic Affairs Laboratories. Specific information regarding the types of Bloodborne Pathogens originating and the practices to mitigate exposure used by non-Ferris State University facilities or clinics will be addressed at those locations.

## II. KEY ELEMENTS

- A. Provides for identification of positions in Optometry 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 occupational 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 Bloodborne Pathogen exposure will be at the student's expense. It is recommended that the students carry health insurance.
- E. Provides for training for the Optometry.

### **III. ROLES IN THE PROCESS**

#### **A. Responsibilities and Authority of the College Deans**

1. Support Academic Affairs Laboratory Safety Management System compliance in meeting federal, state and local regulating requirements within any remodeled, renovated, existing or new laboratory facilities.
2. Receive notification from the Department Chair/Director/Head, Faculty or Staff in the event of a Bloodborne Pathogen incident or a Biohazardous spill/release, that cannot be addressed by the Faculty or Staff who have responsibilities or oversight for the laboratory area under their control.
3. Receive notification from the Department Chair/Director/Head, Faculty or Staff of any Bloodborne Pathogen incident that may result in a potential exposure as soon as the Department Chair/Director/Head, Faculty or Staff becomes aware of the situation.
  - a. Notify the Academic Affairs Director of Laboratory Safety of the incident.
4. Request assistance from the Academic Affairs Director of Laboratory Safety when conditions change within the teaching or research laboratories that may impact Bloodborne Pathogen to:
  - a. Conduct an exposure determination by using Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire.
  - b. Identify the appropriate protective equipment in appropriate size. Hypoallergenic gloves or alternatives shall be readily accessible to those Faculty, Staff, Student Employees and Students who are allergic to the gloves normally provided.
5. Oversee compliance training requirements for Faculty, Staff and Student Employees who are involved in Bloodborne Pathogen related work exposure.
6. Notify the Academic Affairs Director of Laboratory Safety each time there is a change in either of the following:
  - a. Position title names in this written program
  - b. Teaching or research laboratory, or academic clinic is proposing a change in the use of Bloodborne Pathogens or Infectious Agents.
7. Notify the Academic Affairs Director of Laboratory Safety of any Bloodborne Pathogen incident that may result in a potential exposure as soon as they become aware of the situation.

#### **B. Responsibilities and Authority of the Department Chairs/Directors/Head**

1. Support Academic Affairs Laboratory Safety Management System compliance in meeting federal, state and local regulating requirements within a laboratory facility.
2. Notify the Dean's office if they receive notification from the Faculty or Staff of a Bloodborne Pathogen incident or a Biohazardous spill/release, that cannot be addressed by the Faculty or Staff who have responsibility or oversight for the laboratory area under their control.
3. Ensure all training requirements for Faculty, Staff and Student Employees who have the potential to be exposed to Bloodborne Pathogens are current and complete.
4. Notify the Academic Affairs Director of Laboratory Safety each time there is a change in either of the following:
  - a. Position title names in this written program

- b. The teaching or research laboratory, or academic clinic is proposing a change in the use of Bloodborne Pathogens or Infectious Agents.
5. Ensure hand washing facilities are readily accessible to Faculty, Staff, Student Employees and Students.
  - a. When provision of hand washing facilities are not feasible, contact the Academic Affairs Director of Laboratory Safety and request a review and identification of an appropriate hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
  - b. When antiseptic cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
6. Ensure Faculty, Staff, Student Employees and Students have the processes/procedures in place requiring washing with soap and water to be performed immediately or as soon as feasible following:
  - a. Skin contact with blood or other potentially infectious materials
  - b. The use of antiseptic cleansers or towelette
  - c. Removal of gloves or other Personal Protective Equipment
7. Ensure Faculty, Staff, Student Employees and Students have the processes/procedures in place requiring flushing of mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.
8. Ensure Faculty, Staff, Student Employees and Students have the processes/procedures in place for the use of appropriate Personal Protective Equipment, which has been identified and reviewed with the Academic Affairs Director of Laboratory Safety.
  - a. An Employee may temporarily and briefly decline 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 service, or would have posed an increased hazard to the safety of the Employee.
  - b. The Chair/Director/Head shall document such events and notify the Academic Affairs Director of Laboratory Safety no later than the end of the work day in which the Chair/Director/Head became aware of the incident.
  - c. When an employee makes a judgment like this the circumstances shall be investigated by the Chair/Director/Head and the Academic Affairs Director of Laboratory Safety in order to determine whether changes can be instituted to prevent such occurrences in the future.
9. Ensure the maintenance of Personal Protective Equipment is supported as needed to maintain its effectiveness at no cost to the Employee.
10. Ensure there are department processes/procedures in place for scheduling a joint evaluation with the Academic Affairs Director of Laboratory Safety for situations including:
  - a. Circumstances surrounding any potential exposure incidents (Appendix C).
  - b. The annual documented review and necessary updates to this program. The review shall consider:

1. Changes in Faculty, Staff, Student Employee or Student tasks and procedures as well as the latest information from the CDC (Appendix C).
  2. Changes in technology that eliminate or reduce exposure to Bloodborne Pathogens (Appendix D).
  3. Annual consideration of any commercially available and effective safer medical device designed to eliminate or minimize occupational exposure (Appendix D).
- c. Input for the identification, evaluation, and selection of effective engineering and work practice controls shall be obtained from solicited non-managerial Employees responsible for direct patient care that are potentially exposed to injuries from contaminated sharps. This information will be documented using Academic Affairs Division Sharps Safety Device Evaluation Form (Appendix D).

**C. Responsibilities and Authority of Faculty and Staff Providing Laboratory Oversight/Supervisions:**

1. Provide supervision for Students and Student Employees who may come in contact with Bloodborne Pathogens and to ensure this written program and elements are followed.
2. Shall establish and maintain documentation, Standard Operating Procedures (SOPs), to address the specific steps to follow when routine and non-routine tasks result in the generation of Bloodborne Pathogens within the classroom and laboratory experiences.
3. Shall notify the Department Chair/Director/Head of any Bloodborne Pathogen incident that may result in a potential exposure as soon as they become aware of the situation;
  - a. Request assistance from the Academic Affairs Director of Laboratory Safety to:
    1. Conduct an exposure determination by using the Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire (Appendix A).
    2. Identify the appropriate protective equipment in the appropriate sizes. Hypoallergenic gloves or alternatives shall be readily accessible to those Faculty, Staff, Student Employees and Students who are allergic to the gloves normally provided.
    3. Establish a procedure for cleaning, laundering, and disposing of Personal Protective Equipment required by MIOSHA Part 554 Bloodborne Infectious Disease. Such procedures will be at no cost to the employee.
4. Provide information concerning the current or proposed processes that generate Bloodborne Pathogens to the Academic Affairs Director of Laboratory Safety to ensure Biohazardous Waste removal support is available.
5. Ensure that required initial and refresher Bloodborne Pathogen training is completed by those they supervise and that such training is documented:
  - a. Following an incident or near-miss involving Biohazardous Waste or Bloodborne Pathogens, training shall cover at the very least the facts associated with the incident and the corrective actions required.
  - b. Whenever there is reason to believe that there are or have been deviations from appropriate Biohazardous Waste or Bloodborne Pathogen requirements or precautions, additional training may be implemented.

6. Follow the Bloodborne Pathogen written program and any laboratory specific Bloodborne Pathogen SOPs.

**D. Responsibilities and Authority of Laboratory Personnel**

1. Obtain required training from Faculty or Staff who are oversight/supervision for Bloodborne Pathogen compliance in the areas they oversee.
2. Shall not operate an experiment, process, or implement any procedure that generates Bloodborne Pathogens unless they have received training.
3. Follow the requirements of this program and related documents and instructions.

**DI. Responsibilities and Authority of Academic Affairs Director of Laboratory Safety**

1. Assist the Dean with Bloodborne Pathogen specification and removal parameters.
2. Shall develop, maintain and revise this written program as needed;
  - a. As a Secured Document to ensure compliance with applicable regulations.
  - b. Develop a plan to revise this program within 30 days of receipt of change notification involving position title, types of Bloodborne Pathogens and/or Infectious Agents in use for the teaching or research laboratories as well as the method of handling Bloodborne Pathogens.
  - c. Evaluate of the overall effectiveness of this program on a periodic basis, no less frequently than annually, and revising the program as needed to effectively establish and maintain a safe workplace environment, and to ensure compliance with federal, state and local occupational health and safety and/or environmental regulations and standards.
3. Assist with the development of appropriate standard operating procedures and training programs to address Biohazardous Waste generation and removal.
4. Oversee the development and training of affected Faculty, Staff and Students in the requirements of this program.
5. The Academic Affairs Director of Laboratory Safety, acting on the behalf of Academic Affairs will, upon receipt of a request from federal, state or local regulatory agency, make a copy of this written program available pursuant to an inspection of the academic laboratories.
6. Prepare an exposure determination based on input received from the Department Chair/Director/ Head Faculty or Staff.
  - a. The Chair/Director/Head of the Department may prepare an exposure determination individually by using the Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire (Appendix A).
  - b. The Chair/Director/Head of the Department and the Academic Affairs Director of Laboratory Safety may work together to make this determination;
    1. The exposure determination shall be made without regard to the use of personal protective clothing.
    2. 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 Department's Faculty, Staff, Student Employees and Students.

7. Assigning either Category A or B to the Faculty, Staff, Student Employees and Students;
  - a. Category A is assigned to real and anticipated exposure to blood or other potentially infectious material. A list of current Category A position classifications is located in Appendix B.
  - b. Category B is assigned to no exposure to blood or other potentially infectious material.
8. Provide technical support for College and Department specific processes/procedures in development for:
  - a. The recognition of reasonably anticipated exposure to blood or other potentially infectious materials and overseeing the annual review of the Michigan College of Optometry's Bloodborne Pathogen written program.
  - b. The appropriate selection, use, maintenance and disposal of Personal Protective Equipment, contaminated needles and other contaminated sharps.
  - c. The cleaning, laundering and disposing of Personal Protective Equipment required by MIOSHA Part 554 Bloodborne Infectious Disease. Such procedures will be at no cost to the employee.
  - d. The evaluations of circumstances surrounding possible bodily fluid transfers and needle stick incidents.
9. Identifying the appropriate protective equipment in the appropriate sizes. Hypoallergenic gloves or alternatives shall be readily accessible to those Faculty, Staff, Student Employees and Students who are allergic to the gloves normally provided.

**F. Responsibilities and Authority of Birkam Health Staff**

1. Provide post-exposure evaluations and follow-ups, communication of hazards and record keeping associated with the service provided as required by MIOSHA Part 554: Bloodborne Infectious Diseases to any Academic Faculty, Staff, Student or Student Employee who may have potential occupational exposure (or in the case of the Student, classroom exposure) to Bloodborne Pathogens.

**IV. PROCESS**

**A. Evaluation**

1. The Dean shall ensure a process is in place to evaluate routine or reasonably anticipated tasks and procedures or groups of closely related tasks and procedures, in which occupational or classroom exposure may occur, that are performed by the Department'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 Department's Faculty, Staff, Student Employees' and Students' exposure. Where occupational or classroom 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 MIOSHA Part 554: Bloodborne Infectious Diseases.
  - 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 the generation of droplets of these substances.

**D. Personal Protective Equipment**

1. When there is a potential occupational exposure, personal protective equipment such as but not limited to: gowns, gloves, laboratory coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices shall be used as appropriate.
2. Personal protective equipment shall be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through, to, or reach the 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 protective equipment will be used.
3. If garments are penetrated by blood or other potentially infectious materials, the garments shall be removed as soon as feasible.
4. All personal protective equipment shall be removed and shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.
5. Gloves shall be worn when it can be reasonably anticipated that the Department’s Faculty, Staff, Student Employees or Students may have contact with blood, other potentially infectious materials, mucous membranes or non-intact skin 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 which involve a high risk of laceration but do not require a high degree of dexterity.
6. Masks, eye protection, and face shields, masks in combination with eye protective devices such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, sprays, splatters or droplets of blood or potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be expected.
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. Department Faculty, Staff, Student Employees and Students covered under this program shall ensure that the worksite is maintained in a clean and sanitary condition;
  - a. 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.
  - b. The Faculty or Staff who have oversight for the area where the potential for Bloodborne Pathogen exposure exists shall develop an appropriate schedule.
2. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.
  - a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant, after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of any other potentially infectious materials and at the end of the laboratory period if the surfaces may have become contaminated since the last cleaning.
  - b. Protective coverings, such as imperviously-backed absorbent paper used to cover equipment shall be removed and replaced as soon as feasible if contaminated or at the end of the laboratory period.
  - 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 department 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. 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 MIOSHA Part 554 Bloodborne Infectious Disease



- d. Leak-proof on the sides and bottom
4. 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
  - c. Replaced routinely per the Academic Affairs Laboratory Biohazardous Waste Program
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
    - 3. Labeled or color-coded in accordance with Section I of 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 Section I of 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 Section I of this program
  - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping
  - e. Disposed of in accordance with applicable laws and regulations
9. If contaminated laundry is generated (this would only occur where disposal personal protective equipment could not be implemented), it is the Faculty or Staff who have responsibility for Bloodborne Pathogen oversight to:

- a. Contact Academic Affairs Director of Laboratory Safety.
- b. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- c. 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.
- d. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded.
- e. 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.
- f. Department Faculty, Staff, Student Employees and Students who handle or contact contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- g. 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 Optometry Faculty, Staff, Student Employees and Students who have occupational or classroom exposure. Birkam Health Center or designee may provide this vaccine.
- b. Post-exposure evaluation and follow-up to all Department 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 Department'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. All laboratory tests will be conducted by an accredited laboratory at no cost to the Department's Faculty, Staff and Student Employees
  - 6. Students' post-exposure follow-up shall be initiated by the Optometry 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 Optometry's Faculty, Staff, Student Employees and Students have received the required training and within 10 working days of initial assignment to tasks or positions with occupational or classroom exposure. If the Department's Faculty, Staff or Student Employees have previously received the complete Hepatitis B vaccination series, 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. Students shall be responsible for their own costs for Hepatitis B vaccination and post-exposure follow-up. These costs 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 Faculty, Staff and Student Employees of the Optometry (Category A) who desire such testing before deciding whether or not to receive the Hepatitis B vaccination shall be made available.
- e. If the Department'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 regulations decides to accept that vaccination, the Chair/Director/Head of the department shall make available Hepatitis B vaccination at that time.
- f. Department's Faculty, Staff or Student Employees who decline to accept Hepatitis B vaccination offered by the University must sign Academic Affairs Division Michigan College of Optometry Declination Statement (Appendix E);
  - 1. Department'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 Chair/Director/Head of Optometry.
  - 2. The Chair/Director/Head of Optometry shall identify a location and positions that will maintain these employees' health records and make them available to Birkam Health Center, the Academic Affairs Director of Laboratory Safety, an authorized University internal inspection and, when requested, during a regulatory inspection.
  - 3. Students who, through class participation or field activities, may have potential exposure to Bloodborne Pathogens and infectious agents who have received the Hepatitis B vaccine are encouraged 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.

### Post Exposure Evaluation Appointment Process

Faculty, Staff, Student Employees and Students who require a Post Exposure Evaluation shall follow one of the following four processes listed below. The specific process followed shall be selected based on:

1. Status - Is the exposed individual a member of the Faculty, Staff, Student Employee or Student body at the time of the potential exposure?
2. Location - Where did the potential exposure occur, on an FSU campus or not on an FSU campus?
  - a. Faculty, Staff and Student Employees who received a potential or real exposure in the course of performing their job duties **while ON an FSU campus** (see Appendix G).
  - b. Faculty, Staff and Student Employees who received a potential or real exposure in the course of performing their job duties **while NOT on an FSU campus** (see Appendix I).
  - c. Students who received a potential or real exposure in the course of performing their internships, clinicals, practicums or other course work studies **while ON an FSU campus** (see Appendix H).
  - d. Students who received a potential or real exposure in the course of performing their internships, clinicals, practicums or other course work studies **while NOT on an FSU campus** (see Appendix J).

Faculty, Staff and Student Employees who are seeking Bloodborne Pathogen Post-Evaluation will be provided with the Post Exposure for Employee Faculty, Staff and Student Employees (Appendix N) and instructed to fill out and bring the Birkam Health Center Exposure Incident Investigation Form.

Students who are seeking a Bloodborne Pathogen Post-Evaluation will be provided with the Post Exposure for Students who are Non-FSU Employees (Appendix O) and instructed to fill out and bring the Birkam Health Center Exposure Incident Investigation Form (Appendix F).

If the Birkam Health Center Exposure Incident Form is not available, the Birkam Health care provider will request the form be completed as part of the Post Exposure appointment.

### 3. Post-Evaluation and Follow-Up

- a. Following a report of an occupational or classroom exposure incident, the Chair/Director/ Head of the Department shall immediately make available to the exposed Faculty, Staff or Student Employee (Category A) a confidential medical evaluation and follow-up, including at least the following elements:
  1. Document using the Birkam Health Center Exposure Incident Investigation Form (Appendix F) of the exposure, 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 for HBV and HIV serological status shall include both of the following:

a. The exposed Faculty, Staff, Student Employee's or Student's blood shall be collected as soon as feasible and tested after consent is obtained.

b. If the exposed Faculty, Staff, Student Employee or Student 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 Faculty, Staff or Student Employee elects to have the base line sample tested, such testing shall be done as soon as feasible.

*The steps above will also be provided to the classroom exposed Student, however the cost for such services will be the Student's responsibility.*

b. Post-exposure prophylaxis, when medically indicated as recommended by the U.S. Public Health Service:

1. Counseling

2. Evaluation of reported illness

c. The healthcare professional evaluating the Faculty, Staff or Student Employee after an exposure incident will be provided the following information:

1. A description of the exposed individual's duties as they relate to the exposure incident

2. Documentation of the route(s) of exposure and circumstances under which exposure occurred on the Birkam Health Center Exposure Incident Investigation Form (Appendix F)

3. Results of the source individual's blood testing, if available

4. All medical records relevant to the appropriate treatment of the individual including vaccination status that are the University's responsibility to maintain

5. A description of the personal protective equipment used or to be used at the time of incident

6. A copy of MIOSHA Part 554: Bloodborne Infectious Disease will be provided (unnecessary if treatment is provided at Birkham Health Center)

*The steps above will also be provided to the classroom exposed Student, however the cost for such services will be the Student's responsibility.*

d. Healthcare Professional's Written Opinion

1. Birkam Health Center or their designee shall obtain and provide the Department'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 Optometry'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.
  - a. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the exposed Faculty, Staff, Student Employee or Student.
  - b. If the Faculty, Staff, Student Employee or Student had received such vaccination.
3. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - a. That the exposed Faculty, Staff, Student Employee or Student has been informed of the results of the evaluation.
  - b. That the exposed Faculty, Staff, Student Employee or Student has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment (Appendices G, H).
4. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

*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 Chair/Director/Head of the Department to have a designated area for keeping the Employee Health Records associated immunization of their Faculty, Staff and Student Employees who have received the Hepatitis B vaccine from another facility.
2. Birkam Health Center requires the Department 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 Shall be at least ten years.

**G. Communication of Hazard**

1. Labels and Signs

- a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers that contain blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious material.
- 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 be in accordance with this written program and shall also state which portions of the equipment remain uncontaminated.
- 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:
  - 1. The name of the infectious agent
  - 2. 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 Department's Faculty, Staff, Student Employees and Students with occupational or classroom exposure shall participate in a training program.
- b. Training shall be:
  1. At the time of initial assignment to tasks where occupational or classroom exposure may take place
  2. Within 90 days after the effective date of MIOSHA Part 554: Bloodborne Infectious Disease
  3. At least annually thereafter
- c. For Department'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.
- d. Annual training for all the Department's Faculty, Staff, Student Employees and Students shall be provided within one year of their previous training.
- e. 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.
- f. Material appropriate in content and vocabulary to educational level, literacy, and language of the Department's Faculty, Staff, Student Employees and Students shall be used.
- g. 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 Optometry'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 Optometry'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 Academic Affairs 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.
- h. 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 Department'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 Center. Employees who sought initial medical treatment other than Birkam Health Center will transfer their records to Birkam Health Center 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 the vaccination if the vaccination was provided by Birkam Health Center. The Chair/Director/Head of the Department will have the employee health records (Hepatitis B vaccination records) for those Faculty, Staff or Student Employees who received their Hepatitis B vaccination from a health care provider 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:
    - a. Documentation of the individual's ability to wear protective clothing and equipment and vaccination status.
    - b. 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 + 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 Department'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.
    - 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. Optometry'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 to the Director for examination and copying.

## **V. DEFINITIONS**

The following is a list of common terms and their definitions as they are used in the Bloodborne Pathogen Written Program.

### **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 other potentially infectious materials and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

### **Cerebrospinal Fluid**

Fluid from the spine.

### **Classroom**

Refers to any teaching area such as but not limited to laboratories, clinics and field activities that may have activities that create the potential for Bloodborne Pathogen Exposure.

### **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 Licensing and Regulatory Affairs.

### **Director**

The Director of the Department of Licensing and Regulatory Affairs, 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 (Faculty, Staff, Student Employees and Athletic Staff/Coaches).

**Employee Health Records**

Faculty, Staff and 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 discloses 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. Department Chairs, Deans, Vice Presidents, Presidents and Librarians, for this document, will be considered Faculty members.

**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 Chair/Director/Head of the Optometry 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:

1. the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established
2. the administration of medication or fluids
3. 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).

### **NOT on an FSU Campus - Employee**

Any location or event (not owned or operated by FSU) where an FSU Employee is performing his/her job duties, and as the result of those job duties, receives a potential Bloodborne Pathogen Exposure.

### **NOT on an FSU Campus - Student**

Any location or event (not owned or operated by FSU) where an FSU Student is performing his/her internship, clinicals, practicum, other course work studies or athletics and receives a Potential Bloodborne Pathogen Exposure.

### **Occupational Exposure (Also Referred to as Exposure Incident)**

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.

### **ON the FSU Campus - Employee**

Any location or event (owned or operated by FSU) where an FSU Employee is performing his/her job duties, and as the result of these job duties, receives a potential Bloodborne Pathogen Exposure.

### **ON the FSU Campus - Student**

Any location or event where an FSU Student is performing his/her internship, clinicals, practicum, other course work studies or athletics and receives a potential Bloodborne Pathogen Exposure.

### **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. Cells or tissue cultures that contain HIV, organ cultures, and culture mediums or other solutions that contain HIV or HBV.
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, 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:

1. liquid or semi-liquid blood or other potentially infectious materials
2. contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
3. items which are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
4. contaminated sharps
5. pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory**

A laboratory producing or uses research-laboratory-scale amounts of HIV or HBV. A research laboratory may produce high concentrations of HIV or HBV, but not in the volume found in a production facility.

**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. Examples of source individuals include all of the following:

1. A patient of a hospital or clinic
2. A client of an institution for the developmentally disabled

3. A victim of trauma
4. A client of a drug or alcohol treatment facility
5. A resident of a hospice or nursing home
6. Human remains
7. An individual who donates or sells his or her blood or blood components

**Staff**

Staff are 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 refers 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 addresses the performance of work activities so as to reduce the risk of exposure to blood and other potentially infectious material:

1. Written policies
2. Written procedures
3. Written directives
4. Written standards of practice
5. Written protocols
6. Written systems of practice
7. 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 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.

**Work Shift**

Will mean laboratory or clinical period.

## VI. RELATED OR REFERRED TO DOCUMENTS

### Academic Affairs Documents

- **Academic Affairs Laboratory Safety Biohazardous Waste Management Program Michigan College of Optometry - AALSSD - 2-30-1000-MCO**

### Appendices

- **Appendix A: Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination - AALSSD-2-40-1500-MCO-F01**
- **Appendix B: Exposure Determination by Job Classification - AALSSD-2-40-1500-MCO-F02**
- **Appendix C: Academic Affairs Division Bloodborne Pathogen Program Annual Review - AALSSD-2-40-1500-MCO-F03**
- **Appendix D: Academic Affairs Division Sharps Safety Device Evaluation Form - AALSSD-2-40-1500-MCO-F04**
- **Appendix E: Academic Affairs Division Michigan College of Optometry - AALSSD-2-40-1500-MCO-F05**
- **Appendix F: Birkam Health Center Exposure Incident Investigation Form** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix G: Birkam Health Center Incident Process Bloodborne Pathogen Incident Chart Faculty, Staff and Student Employees ON an FSU Campus** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix H: Birkam Health Center Incident Process Bloodborne Pathogen Incident Chart Students ON an FSU Campus** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix I: Birkam Health Center Incident Process Bloodborne Pathogen Incident Chart Faculty, Staff and Student Employees NOT on an FSU Campus** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix J: Birkam Health Center Incident Process Bloodborne Pathogen Incident Chart Students NOT on an FSU Campus** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix K: Post Exposure for Employees Faculty, Staff and Student Employees** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.
- **Appendix L: Post Exposure for Students who are Non-FSU Employees to Bloodborne Pathogens or Other Potentially Infectious Material as the Result of Class Participation** - Appendix adopted from the Birkam Health Center Bloodborne Pathogens Written Program.



**Appendix A**

**Occupational Exposure to Bloodborne Pathogen (Infectious) Disease Determination Questionnaire**

**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, Chair, or Department Head can provide that information. The Director/Head/Chair shall review the questionnaire when there is an employment change, which places the employee in at-risk job categories.

Please answer the questions 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, and you do not have any patient contact and your only duties are to prepare lectures and present them, then there is no reasonable anticipated exposure to blood or other potentially infectious material.

Exposure determination is based on your current job duties within the Academic Affairs Division 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, comment all that apply.			

Number	Occupational Exposure	Yes	No	Comments
8.	Do your job duties require you to administrate 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 injureis 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 mediums, or other solu-tions that contain HIV or HBV and blood, organs, or their 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 duties you may have that may expose you to bloodborne pathogens or OPIM in the comment section.			
Job Title:			Department:	
Name:		Date:	Location:	

## Appendix B

### 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 spills or splashes of blood or other potentially infectious material, are included in this exposure determination.

Department/Program	Position	Activity with Potential Exposure
Michigan College of Optometry	Doctors, Faculty, Staff, Student Employees	Clinical Patient Care and Teaching
Michigan College of Optometry - Surgery	Doctors, Faculty, Staff, Student Employees	Instruction and supervision of students involved in patient care, and biohazardous waste generated from surgery
Michigan College of Optometry - AP	Doctors, Faculty, Staff, Student Employees	Cadavers and fixed tissue
Michigan College of Optometry - Research	Doctors, Faculty, Staff, Student Employees	Research involving human blood OPIM, cadavers, or fixed tissue

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 C

### Academic Affairs Division Bloodborne Pathogen Program Annual Review

<b>Section I: Evaluation</b>			
Evaluation of Process/Procedure	Yes	No	Additional Info/Comments
1. Was this evaluation 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?			
3. Were there changes in any employee's tasks and procedures since last year's review?			
4. Have there been any updates issued from the CDC that have a direct effect on Bloodborne Pathogens?			
5. 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 safe form?			
6. Has the input for the identification, evaluation and selection of effective engineering and work practice controls obtained from solicited non-managerial employee responsible for the direct patient care, who are potentially exposed to injuries from contaminated sharps?			
7. Did the employee temporarily and briefly decline to use Personal Protective Equipment when, under rare and extraordinary circumstances, it was the employee's professional judgement 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?			
<b>Section II: Corrective Actions</b>			
If you answered yes to questions 1, 3, 4, 5, and 7 in Section I, briefly describe the corrective action plan.			
<b>Section III: Solicited Non-Managerial Effective Engineering and Work Practices</b>			
Briefly describe the input received.			
<b>Section IV: Evaluation Conduction</b>			
Identify who conducted the evaluation. Keep this document with the Department's Bloodborne Pathogen Program for 3+ years.			
<b>Names Involved with the Evaluation:</b>			
<b>Date of the Evaluation:</b>			

**Appendix D**

**Academic Affairs Division Sharps Safety Device Evaluation Form**

The MIOSHA Part 554: Bloodborne Pathogen Infectious Diseases requires 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 the current year.

<b>Ferris State University Sharps Safety Device Evaluation Form</b>	
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	Disagree ----->----->-----> Agree					
		1.	2.	3.	4.	5.	N/A
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.						
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

#	Question	Disagree ----->----->-----> Agree					
		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
<b>Additional Questions for I.V. Connectors</b>							
19.	The user does not need extensive training for correct operation.	1.	2.	3.	4.	5.	N/A
20.	The device can be used without causing more patient discomfort than a conventional device.	1.	2.	3.	4.	5.	N/A
21.	This device offers a good view of any aspirated fluid.	1.	2.	3.	4.	5.	N/A
<b>Additional Questions for Vacuum Tube Collection Systems</b>							
22.	The user does not need extensive training for correct operation.	1.	2.	3.	4.	5.	N/A
23.	The device can be used without causing more patient discomfort than a conventional device.	1.	2.	3.	4.	5.	N/A
<b>Would you recommend using this device?</b>						<b>Yes</b>	<b>No</b>
<b>Comments (describe problems, list incompatibilities):</b>							

**Appendix E**

**Academic Affairs Division Michigan College of Optometry**

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 Chair/Director/Head of the department or specified designee for which this BBP program is written.**

**Appendix F**

**Birkam Health Center Exposure Incident Investigation Form**

Instructions:

This form will be utilized by the healthcare provider to document the patient's history.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name of Exposed Employee: \_\_\_\_\_

Potentially Infectious Materials Involved: \_\_\_\_\_

Type: \_\_\_\_\_

Source: \_\_\_\_\_

1. How the incident was caused (accident, equipment malfunction, etc.)?

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2. Describe the exposed individual's duties as they relate to the potential exposure incident.

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3. List all the personal protective equipment being used at the time of the incident:

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4. Describe the actions taken following the potential exposure (decontamination, clean-up, reporting, etc.):

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5. List all the recommendations for avoiding repetition of the incident:

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Report filled out by: \_\_\_\_\_

Instructions for Ferris State University Use:

1. Original to be filed in patient's file at Birkam Health Center
2. Copy sent to SHERM



**Appendix G**

**Bloodborne Pathogen Post Exposure Procedure for Faculty, Staff and Student Employee with **Non-Life Threatening Injuries/Exposures that have occurred NOT on FSU Campus**<sup>1</sup>**

An occupational (potential or real) exposure has occurred to a FSU employee in the course of performing their duties while **NOT** on a FSU campus

Expel blood; wash affected areas with soap and water.

Follow location's procedure for First Aid and Incident Reporting. Fill out location's paper work if requested.

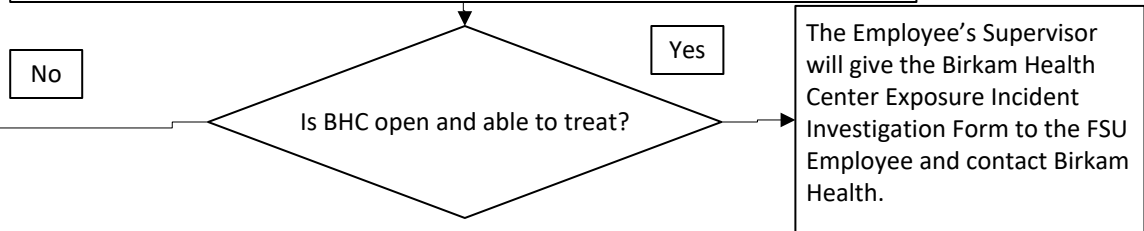
Follow location's potential Bloodborne Pathogen Post Exposure procedures if available

**Immediately** upon completion of location's Incident Reporting and Post Exposure procedures FSU Employee will notify their FSU supervisor of the incident

**Immediately upon return to campus** the FSU Employee will meet with their FSU Supervisor and fill out the Ferris State University Employee Injury/Illness/Incident Investigation and Report and the Birkam Health Center Exposure Incident Investigation Form

The Employee's Supervisor will forward a copy of the Ferris State University Employee Injury/Illness/Incident Investigation and Report form to the Academic Affairs Laboratory Safety Director and the Business Division Safety, Health, Environmental, and Risk Management Director

The Employee's Supervisor will give the Birkam Health Center Exposure Incident Investigation Form to the Employee and direct the Employee to proceed to Medical Care Facility for immediate attention. The Employee will schedule a follow-up visit with Birkam Health Center when it is **open-~~END~~**



The Employee proceed to Birkam Health Center and take all related Post Exposure documents they have received associated with the incident and any treatment.

<sup>1</sup>Definitions-  
**Employee** term includes Faculty, Staff, Student Employees and Athletic Staff/Coaches  
**Not on FSU campus** means any location or event where an FSU Employee is performing his/her job duties and as the result of these job duties receive a potential Bloodborne Pathogen Exposure.

Bloodborne Pathogen Post Exposure Procedure for Faculty, Staff and Student Employee with **Non-Life Threatening Injuries/Exposures that have occurred NOT on FSU Campus<sup>1</sup>**

Employee provides Birkam Health Center care provider with completed Birkam Health Center Exposure Incident Investigation Form. If form was not issued to Employee, Employee will be asked to fill out the form.

Birkam Health Center will provide confidential medical evaluation and follow-up which include: documentation of routes of exposure, circumstances involved, if possible identification of source individual, type of device involved, testing of source blood if possible and necessary, results of the source blood made available to the exposed in accordance with the U. S. Public Health Department.

**Follow-up After the Initial Visit**  
The Faculty, Staff or Student Employee will be seen by Birkam Health Center for test results, counseling and evaluation of the reported illness at no cost.

Birkam Health Center's Healthcare Provider's professional written opinion, shall be provided within 15 days of the completion of the evaluation which will be limited to: opinion for Hepatitis B vaccination is indicated, that the Employee has been informed of the results of the evaluation and any medical conditions resulting from the exposure from blood or other potentially infectious materials which require further evaluation or treatment

Birkam Health Center shall maintain all medical records Employment of the individual + 30 years

Appendix H

Bloodborne Pathogen Post Exposure Procedure for **Students with Non-Life Threating Injuries/Exposures that have occurred NOT on FSU Campus**<sup>1</sup>

An occupational (potential or real) exposure has occurred to a FSU Student in the course of performing their internships, clinicals, practicums or another course work studies while **NOT** on a FSU campus

Expel blood; wash affected areas with soap and water.

Follow location's procedure for First Aid and Incident Reporting. Fill out location's paper work if requested.

Follow location's potential Bloodborne Pathogen Post Exposure procedures if available

**Immediately** upon completion of location's Incident Reporting and Post Exposure procedures the FSU Student will notify their FSU Faculty or Staff who have oversight responsibilities for the internships, clinicals or practicums of the incident.

**Immediately upon return to campus** the FSU Student will meet with their FSU Faculty or Staff and fill out the Ferris State University Student Incident/Accident Report Form and the Birkam Health Center Exposure Incident Investigation Form

The FSU Student Faculty or Staff member will forward the Ferris State University Student Incident/Accident Report Form to the Academic Affairs Laboratory Safety Director and the Business Division Safety, Health, Environmental, and Risk Management Director.

The FSU Faculty or Staff will give the Birkam Health Center Exposure Incident Investigation Form to the FSU student and encourage the Student to proceed to Medical Care Facility, if the location did not initiate potential Bloodborne Post Exposure procedures

No

Is BHC open and able to treat?

Yes

The FSU Faculty or Staff will give the Birkam Health Center Exposure Incident Investigation Form to the FSU student and contact Birkam Health and request "no charge" for the FSU student's initial office call service

The FSU student shall make the appointment with Birkam Health and take all related Post Exposure documents they have received associated with the incident and any treatment.

<sup>1</sup> Definitions-

**Student**-term also include student athletes

**Not on FSU campus** means any location or event where an FSU Student is performing his/her internships, clinicals, practicums, other course work studies or athletics and receive a potential Bloodborne Pathogen Exposure.

Bloodborne Pathogen Post Exposure Procedure for **Students with Non-Life Threatening Injuries/Exposures that have occurred NOT on FSU Campus<sup>1</sup>**

Page 2

The Student provides Birkam Health Center care provider with completed Birkam Health Center Exposure Incident Investigation Form. If form was not issued to Student, Student will be asked to fill out the form.

Birkam Health Center will provide confidential medical evaluation and follow-up which include: documentation of routes of exposure, circumstances involved, if possible identification of source individual, type of device involved, testing of source blood if possible and necessary, results of the source blood made available to the exposed in accordance with the U.S. Public Health Department. **The Student receiving these services will be required to pay by either out of pocket or insurance.**

**Follow-up After the Initial Visit**  
The Student will be seen by Birkam Health Center for test results, counseling and evaluation of the reported illness at no cost. **The Student will be responsible for the cost.**

Birkam Health Center's Healthcare Provider's professional written opinion, shall be provided within 15 days of the completion of the evaluation which will be limited to: opinion for Hepatitis B vaccination is indicated, that the Student has been informed of the results of the evaluation and any medical conditions resulting from the exposure from blood or other potentially infectious materials which require further evaluation or treatment.

Birkam Health Center shall maintain all Student medical records according to the Student Medical Record Policy

Appendix I

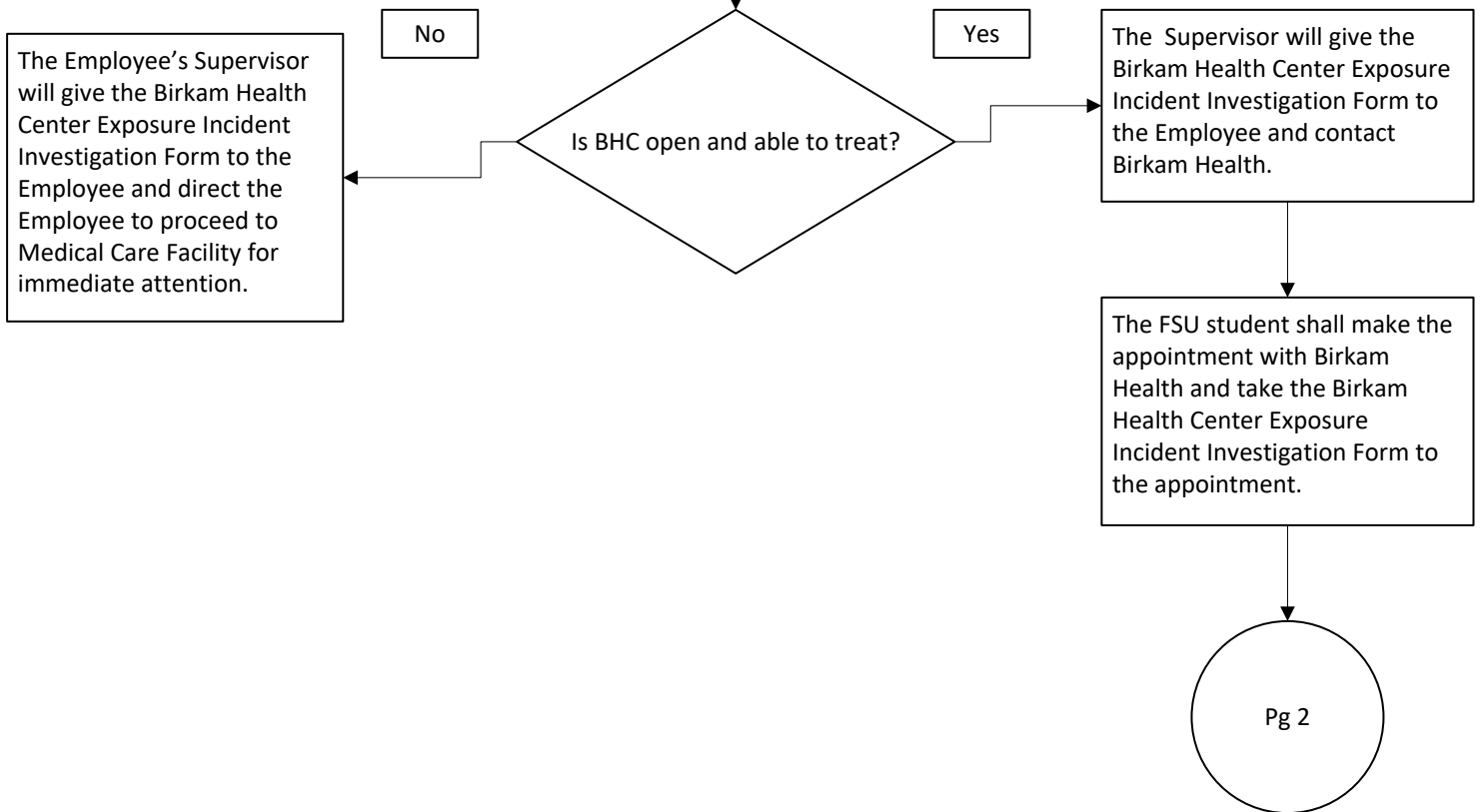
Bloodborne Pathogen Post Exposure Procedure for Faculty, Staff and Student Employee with **Non-Life Threatening Injuries/Exposures that have occurred ON FSU Campus**<sup>1</sup>

An occupational (potential or real) exposure has occurred to a FSU employee in the course of performing their duties while on any FSU campus

Expel blood; wash affected areas with soap and water.

**Immediately** the Faculty, Staff or Student Employee will meet with their FSU Supervisor and fill out the Ferris State University Employee Injury/Illness/Incident Investigation and Report and the Birkam Health Center Exposure Incident Investigation Form

The Faculty's, Staff's or Student Employee's Supervisor will forward the Ferris State University Employee Injury/Illness/Incident Investigation and Report form to the Academic Affairs Laboratory Safety Director and the Business Division Safety, Health, Environmental, and Risk Management Director.



<sup>1</sup>Definitions- **Employee** term includes Faculty, Staff, Student Employees and Athletic Staff/ Coaches

Bloodborne Pathogen Post Exposure Procedure for Faculty, Staff and Student Employee with  
**Non-Life Threatening Injuries/Exposures that have occurred ON FSU Campus<sup>1</sup>**  
Page 2

Employee provides Birkam Health Center care provider with completed Birkam Health Center Exposure Incident Investigation Form. If form was not issued to Employee, Employee will be asked to fill out the form.

Birkam Health Center will provide confidential medical evaluation and follow-up which include: documentation of routes of exposure, circumstances involved, if possible identification of source individual, type of device involved, testing of source blood if possible and necessary, results of the source blood made available to the exposed.

**Follow-up After the Initial Visit**  
The Faculty, Staff or Student Employee will be seen by Birkam Health Center for test results, counseling and evaluation of the reported illness at no cost.

Birkam Health Center's Healthcare Provider's professional written opinion, shall be provided within 15 days of the completion of the evaluation which will be limited to: opinion for Hepatitis B vaccination is indicated, that the Employee has been informed of the results of the evaluation and any medical conditions resulting from the exposure from blood or other potentially infectious materials which require further evaluation or treatment

Birkam Health Center shall maintain all medical records Employment of the individual + 30 years

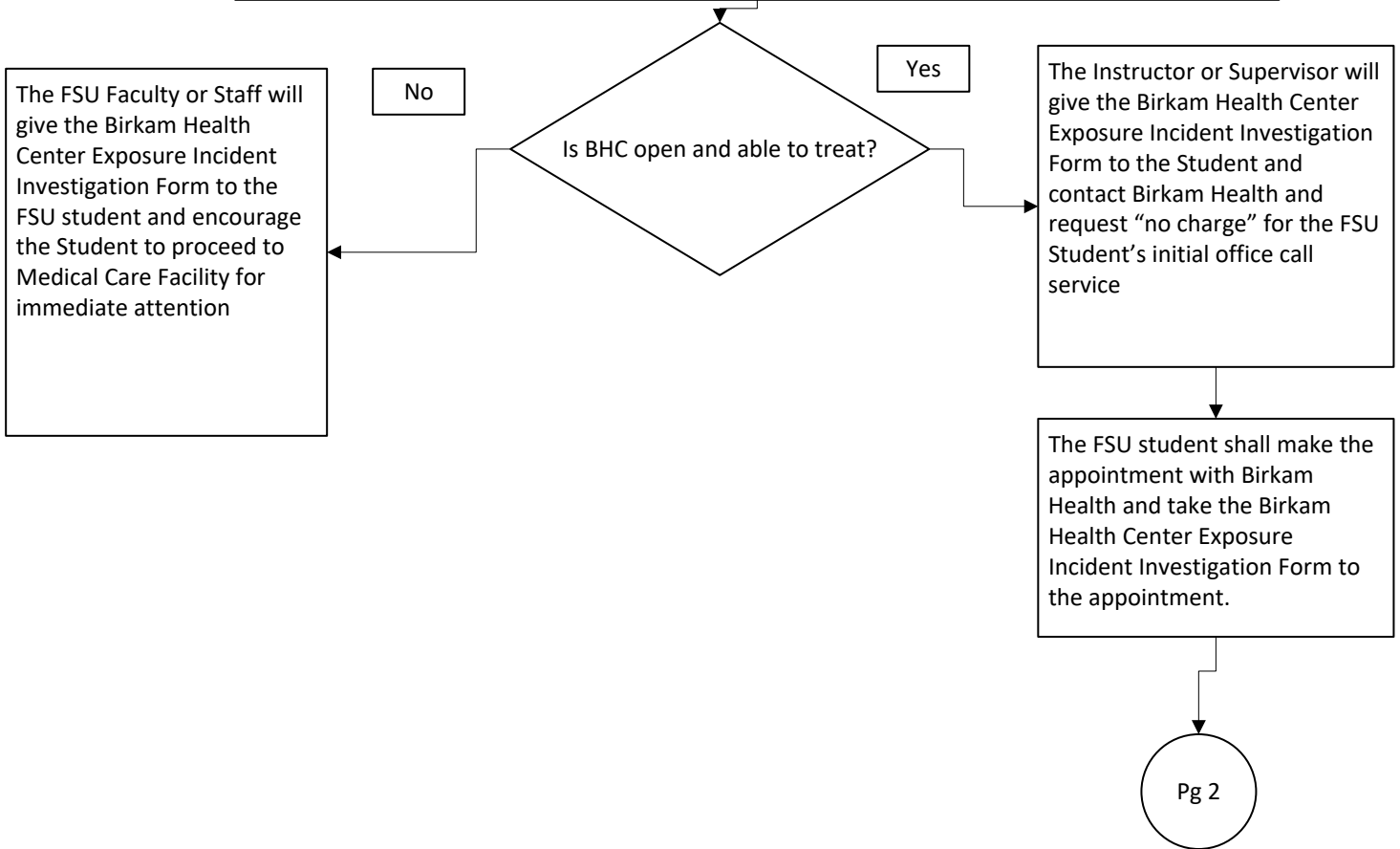
Bloodborne Pathogen Post Exposure Procedure for **Students with Non-Life Threatening Injuries/Exposures that have occurred ON FSU Campus<sup>1</sup>**

An occupational (potential or real) exposure has occurred to a FSU Student in the course of performing their internships, clinicals, practicums or another course work studies while **ON** a FSU campus

Expel blood; wash affected areas with soap and water.

**Immediately** the Student will notify their Instructor or Supervisor and fill out the Ferris State University Student Incident/Accident Report Form and the Birkam Health Center Exposure Incident Investigation Form

The Student's Instructor or Supervisor will forward the Ferris State University Student Incident/Accident Report Form to the Academic Affairs Laboratory Safety Director and the Business Division Safety, Health, Environmental, and Risk Management Director.



Bloodborne Pathogen Post Exposure Procedure for **Students with Non-Life Threatening Injuries/Exposures that have occurred ON FSU Campus<sup>1</sup>**  
Page 2

The Student provides Birkam Health Center care provider with completed Birkam Health Center Exposure Incident Investigation Form. If form was not issued to Student, Student will be asked to fill out the form.

Birkam Health Center will provide confidential medical evaluation and follow-up which include: documentation of routes of exposure, circumstances involved, if possible identification of source individual, type of device involved, testing of source blood if possible and necessary, results of the source blood made available to the exposed in accordance with the U.S. Public Health Department. **The Student receiving these services will be required to pay by either out of pocket or insurance.**

**Follow-up After the Initial Visit**  
The Student will be seen by Birkam Health Center for test results, counseling and evaluation of the reported illness at no cost. **The Student will be responsible for the cost.**

Birkam Health Center's Healthcare Provider's professional written opinion, shall be provided within 15 days of the completion of the evaluation which will be limited to: opinion for Hepatitis B vaccination is indicated, that the Student has been informed of the results of the evaluation and any medical conditions resulting from the exposure from blood or other potentially infectious materials which require further evaluation or treatment.

Birkam Health Center shall maintain all Student medical records according to the Student Medical Record Policy



## Appendix K

### Post Exposure for Employees Faculty, Staff and Student Employees

Faculty, Staff and Student Employees who, through the course of their occupational tasks, may have been potentially exposed to Bloodborne Pathogens and infectious agents, are required to report the potential exposure to their Department Head/Director/Chair, 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.

- 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.
- The Dean, Department Head/Director/Chair or Supervisor will call Birkam Health Center to notify them of the exposure. The Dean, Department Head/Director/Chair or Supervisor will request information as to where to obtain treatment for the Faculty, Staff or Student Employee.
- 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/Director/Chair or Supervisor will instruct the exposed individual to seek medical attention from the local health care facility.
- The Dean, Department Head/Director/Chair or Supervisor will complete the Birkam Health Center Exposure Incident Investigation Form. The exposed Faculty, Staff or Student Employee will take the form to Birkam Health Center where they will seek treatment.
- The Dean, Department Head/Director/Chair 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 the Business Division Safety, Health, Environmental and Risk Management.
- The Faculty, Staff or Student Employee will proceed to Birkam Health Center or the local health care facility as soon as possible.
- 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.
- 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.

## Appendix L

### **Post Exposure for Students who are Non-FSU Employees to Bloodborne Pathogens or Other Potentially Infectious Material as the Result of Class Participation**

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-FSU 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.

- 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.
- 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.
  1. If the treatment will be obtained from Birkam Health Center, Instructor/Supervisor should request initial visit charge to be waived for the Student.
- 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.
- The Instructor/Supervisor will complete the Birkam Health Center Exposure Incident Investigation Form. The exposed Student will take the form to Birkam Health Center where they will seek treatment.
- The Instructor/Supervisor will complete Ferris State University's Injury/Incident Report (For Non-FSU Employees) with the Student and forward the report to the Business Division Safety, Health, Environmental and Risk Management.
- The Student will proceed to Birkam Health Center or the local health care facility as soon as possible.
- 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.