Policy 5.60

Bloodborne Pathogens Exposure Control Plan

Introduction

This plan provides information relevant to the safety and protection from bloodborne pathogens particularly viral agents such as Hepatitis B, (HBV) and C Virus's (HCV) and the Human Immunodeficiency Virus (HIV) at Kansas City Kansas Community College. The plan directly addresses requirements from the Occupational Safety and Health Administration, (OSHA) document, 29 CFR Part 1910.64182. A copy of the OSHA document is available at the Human Resources Department, and in each Division Office.

The KCKCC Bloodborne Pathogens Exposure Control Plans is required reading for all employees who have an occupational risk of exposure to bloodborne pathogens. All at risk employees are required to read the exposure control plan and the pages referenced in the document. Following the review of the documents and other educational materials the employee will be asked to sign an Acknowledgment of Training form to provide documentation that they have read the plan.

This plan is arbitrarily divided into several sections, and may overlap on occasion.

Implementation of the Plan

December 6, 1991. Updated: October, November, and December, 1992. The document was revised March 31, 2004, and June 20 2006. The document is reviewed yearly and updated as new information is available.

In late 1991, the Occupational Safety and Health Administration issued standard regulations for the handling of bloodborne pathogens by entities' subject to its control. Although public entities in the State of Kansas are not subject to OSHA, state statutes give the Kansas Department of Human Resources (KDHR) the authority to inspect public entities such as schools, etc. In the spring of 1992, KDHR announced it would adopt the OSHA standard and apply the standard to public institutions in the State of Kansas.

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

The overall plan became effective August 1, 1993, and includes Hepatitis B and C preventive measures such as the HBV vaccination series, personal protective equipment, and environmental controls.

Standard Precautions have been in effect at Kansas City Kansas Community College since the summer of 1988. Vaccination against the HBV virus has been offered free of charge to at-risk employees identified as category I and II since August of 1992. Standard Precautions is an approach to infection control and considers all human blood, all body fluids, secretions, excretions except sweat, regardless of whether or not they contain visible blood to be treated as if they are known to be infectious with the Human Immunodeficiency Virus, (HIV), or Hepatitis B Virus (HBV). Standard Precautions will be observed at Kansas City Kansas Community College.

ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls will be used to eliminate or minimize all employee exposure. Where exposure potential remains, personal protective equipment shall also be used.

Engineering Controls

Engineering controls are controls that isolate or remove the bloodborne pathogen hazard from the work place. (Sharps containers, isolation red bags, latex or work gloves are examples.)

Work Practice Controls

Work Practice Controls involve employee habits with regards to the use of engineering controls. For example, engineering controls help only if the personnel at risk for occupational exposure use them.

The College Infectious Disease Policy Committee will meet to review, update, add to, and/or approve policies and statements. The committee consists of the Dean of Student Services who serves as Committee Chairman; the Dean of Financial & Administrative Services; the College Attorney; the College Nurse; the Dean of Nursing and Allied Health; and the College's designated health care physician.

Policies and procedures will be reviewed annually and revised as necessary to reflect new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions that may be included under the occupational exposure policy.

EXPOSURE DETERMINATION

Explanation of Categories I, II, and III

Category I: *All* employees have a potential for occupational exposure.

Category II: *Some* employees within the category II classification may have occupational exposure risk.

Category III:. *Employees* in this category are *unlikely* to have occupational exposure.

OSHA guidelines require employers to perform an exposure determination concerning which employees may incur occupational risk of exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protection equipment. (i.e., employees are considered exposed even if they wear personal protective equipment.) This exposure determination is to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in these categories.

CATEGORY I

Will Have the Potential for Contact with Blood or Body Fluids

Athletic Trainer, Coaches and Assistant Coaches of Contact Sports, Campus Police, College Nurse, EMIT, and Nursing Instructors. Also included are Physical and Respiratory Therapy instructors. Also included are the Wellness Center Director and Assistant Director, and designated support staff.

ATHLETICS

Tasks and Procedures

These will include coaches, and/or assistant coaches of contact sports, and the athletic trainer. Kansas City Kansas Community College contact sports include: baseball, softball, soccer, and basketball.

Coaches may be at risk for occupational exposure to blood or body fluids during practice or a game by blood to blood contact, through mucous membrane exposure to blood or blood contaminated body fluids. There is also the potential risk of exposure during the administration of first aid.

The trainer may be at risk while performing first aid, or cardio-pulmonary resuscitation (CPR) if exposed to blood or body fluids through direct blood to blood contact, or through other body fluids contaminated with blood. In order to reduce the chance of exposure during first aid the first aid provider should always be gloved, and have the conscious, alert player apply pressure over the wound themselves.

CAMPUS POLICE

Director, Assistant Director and Officers

Tasks and Procedures

Campus Officers will risk exposure to blood or other body fluids during the performance of their duties. For example, officers may be required to subdue violent or combative persons, assist with emergency care or search clothing items for illegal substances, and could be accidentally injured by a hypodermic needle or other sharp objects.

When encountering individuals whose behavior may become violent or disruptive, officers should glove when conditions permit. In case of blood contamination of clothing, an extra change of clothing should be available. Hands or other areas of skin exposed to blood or body fluids should be washed with soap and water if available. If water is not available at the site, hands or other contaminated skin should be cleansed with an anti-bacterial wash, and followed as soon as possible with a soap and water wash. If gloved hands are contaminated with blood or body fluids, carefully remove the gloves using one hand to peel the glove off from the outside. With the ungloved hand, peel the second glove from the inside out, tucking the first glove inside the second glove. Dispose of the bundle. If there are abrasions, cuts, or dermatitis on an officer's hand, they should wash them well and apply an anti-bacterial ointment and cover with a Band-Aid or dressing.

NURSING

Tasks and Procedures

Nursing Faculty may be exposed to blood and body fluids through procedures and tasks performed in the clinical setting in hospitals, during presentations in the nursing lab, and due to the highest risk factor, which is through needle sticks. Other areas of risk include: dressing changes, starting intravenous devices, inserting and changing invasive tubing, giving intra-muscular and subcutaneous injections, and numerous other tasks during the process of teaching students clinical skills.

COLLEGE NURSE

Tasks and Procedures

The College Nurse will have many of the above exposure risks, except for insertion of intravenous needles.

Nursing students are required to obtain the Hepatitis B vaccine at their own expense, beginning August 1, 1993, unless there is a documented, medical reason why the individual should not receive the vaccine, and a waiver should be signed.

ALLIED HEALTH PROGRAMS

Emergency Medical Technician Program
Includes: Physical Therapy, Respiratory Therapy; and EMIT Instructors.
Tasks and Procedures

Instructors of the EMT program at Kansas City Kansas Community College do not work in the clinical area. Many students take the EMT program to complement other vocations. (Firefighters, Nurses, Police, etc.) Clinical "hands on experiences" are optional for students. Students may choose to observe only. Students who choose active participation will be at a potential risk for blood/body fluid exposure. As of August 1, 1993, EMT students working at full participation will be expected to obtain the Hepatitis B vaccine at their own expense. If EMT students prefer to observe with no active participation in the clinical experience, the decision must be made prior to the first class, and must be documented with the instructor.

Emergency Medical Technician Intravenous (EMTI)

Tasks and Procedures

The EMT Program is a prerequisite to the EMTI Program. Student must insert ten (10) IV lines and obtain blood samples through the veinipuncture procedure. Students are expected to obtain the Hepatitis B vaccine series at their own expense prior to the clinical experience. Standard Precautions are taught in the EMT program and re-emphasized in the EMTI course.

PHYSICAL THERAPY AND RESPIRATORY THERAPY

Tasks and Procedures

Physical Therapy and Respiratory Therapy instructors may be exposed to blood/body fluids through procedures performed in the clinical setting in hospitals or other environments. An IV needle accidentally dislodged, or a bandage disturbed during transfer could potentially expose the therapist to blood, or body fluids contaminated with blood. Instructor and students are required to receive the Hepatitis B series unless there is a documented, medical reason for which the employee should not receive the vaccine. Students are responsible for obtaining the vaccine at their own expense prior to attending clinical experiences.

WELLNESS CENTER

Director and Assistant Director

Tasks and Procedures

The Director and Assistant Director of the Wellness Center may be at risk for occupational exposure to blood or other contaminated body fluids. For example, a participant of the program who has a seizure disorder could experience a seizure brought on by exercise and fall, causing trauma. Other participants in the program because of health problems could experience other types of problems resulting in the need for first aid, or CPR. As with other first response personnel, the employee should have the conscious, alert, victims apply pressure to their own wound until he or she is able to glove.

CATEGORY II

CHILD CARE FACILITY

Tasks & Procedures

Childcare instructors at KCKCC do not ordinarily have contact with blood or body fluids of the children, and are not normally under this standard. However, the potential for exposure is present. In the interest of all concerned, Standard Precautions will be instituted in the center by child care personnel. As of January 1, 2000, childcare personnel will be offered the Hepatitis B vaccination series, and encouraged to receive it.

MORTUARY SCIENCE

Tasks and Procedures

Mortuary Science faculty in this institution do not have contact with blood or body fluids. Contact with body fluids are limited to cadavers that have already been embalmed, and disinfected and are considered safe. However, Standard Precautions will continue to be used. This statement will be updated if and when the department begins embalming on the campus premises.

Mortuary Science students are required to obtain the Hepatitis vaccine at their own expense, beginning January 1, 1993, and to follow all policies at designated funeral facilities.

CUSTODIAL, BUILDINGS AND GROUNDS. AND MAINTENANCE

Custodial, Buildings and Grounds, and Maintenance

Tasks and Procedures

Custodial supervisors and employees may come into contact with blood or body fluids, excretions, secretions, or vomitus while cleaning areas contaminated with those fluids. Employees may receive splashes of those fluids into a mucous membrane, or through cuts from broken glass or other implements contaminate with the fluids.

Buildings and grounds personnel may come into contact with blood or body fluids, or sharps during grounds-keeping duties. Persons providing plumbing services may come into contact with blood or body secretions or excretions and will use Standard Precautions. Needles and sharps are to be placed in a hard sided container and disposed of in appropriate hard sided receptacles

Standard Precautions will be practiced when dealing with any type of body fluid. Proper controls such as latex or heavy duty gloves, masks and goggles will be used if there is a chance of a splash or spray of blood or body fluids. Broken glass is to be picked up using a dust pan and broom, and placed in a hard sided container.

Thin latex gloves are not to be reused or sterilized. Heavy gloves may be sterilized and reused provided there are no cracks or flaking. Complete instructions regarding personal protective equipment is found on the PPE chart located under the heading of Personal Protective Equipment.

Guidelines mandate handwashing facilities be readily accessible after incurring an exposure to blood or other potentially infectious materials. Handwashing facilities are available in all restrooms in buildings A through D; Allied Health, Nursing, Flint building, Continuing Education, Library, Fieldhouse, Conference Center, and the Jewell Student Center. In addition, the Childcare building, the College Nurses Office, all lab rooms, Maintenance building restrooms and division office kitchens are equipped with handwashing facilities. If handwashing facilities are not available, the employer will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towel, or antiseptic towels. If these are used, the employee is to follow with a soap and water wash as soon as feasible following contact. A portable eye wash station should be available for areas lacking water.

After removal of personal protective equipment (PPE's) employees shall wash hands and any other potentially contaminated areas of skin immediately, or as soon as possible with soap and water.

If employees incur exposure to their skin or mucous membranes, those areas shall be washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

NEEDLES AND OTHER SHARPS

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

CONTAINERS FOR DISPOSABLE SHARPS

Sharps are to be disposed of immediately after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof; Sharps containers are located in the Nursing Laboratory in the Allied Health Building, in the College Nurse's Office, and the Mortuary Science Lab. The Maintenance Department will handle containers as biohazardous material, as well as the disposition of the containers. Departments are to notify the Director of Maintenance or his designate when containers are three-fourths full. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: Once weekly by the supervisor for each department or his or her designate.

If an employee's personal clothing becomes soiled with blood or other contaminated substances, Kansas City Kansas Community College will offer to have them washed or dry cleaned if not washable. Clothing will be bagged in a leak-proof red bag, or marked biohazardous, and sent to a laundry using Standard Precautions.

CATEGORY III

Administrators, Deans, most directors, business office personnel, clerical personnel, and instructors are unlikely to incur exposure during the performance of their duties. However, in the best interest of all concerned, Kansas City Kansas Community College will offer post exposure vaccinations to Category III employees in case of an exposure incident.

There may be special circumstances that arise requiring a category III person to assist with first-aid. In the event of an exposure incident, the employee will be offered appropriate follow-up, testing, etc. Follow the procedure for reporting an incident of exposure by contacting the College Police.

CARDIO-PULMONARY RESUSCITATION (CPR)

No documented cases of HBV or HIV contracted through the performance of CPR have been recorded. However, the risk of acquiring other infectious disease is a possibility. Standard Precautions should be used with all individuals. Standard Precautions means treating all blood and body fluids as if they are known to be contaminated with a bloodborne pathogen, and taking appropriate precautions.

Ventilation masks with one-way valves should be used to perform rescue breathing. Campus Police vehicles, the College Nurses office, and all divisions are equipped with a small first aid kits that contain a mask with one way valve to protect the rescuer from the patient's oral or gastric secretions. Latex gloves should be readily available and within reach of officers and other first responders at all times.

If an incident of exposure occurs, the area of contamination should be immediately flushed with water or washed with soap and water, as is applicable to the situation. The Campus Police should be contacted first, followed by the College Nurse or the Dean of Nursing. Proper documentation and follow-up will then be planned.

PROTECTIVE EQUIPMENT (PPE'S)

All personal protective equipment used at this facility will be provided without cost to the employees. PPE equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of the procedure.

A disposal receptacle, properly labeled will be provided for contaminated laundry.

General Listing of Personal Protective Equipment

Face Shield	Water-proof Apron
Latex gloves	Examination Gloves
Utility Gloves	Protective Eye-wear with Solid Side Shield
Clinic Jacket or Lab Coat	Other PPD's as Appropriate

Gloves will be worn where it is reasonably anticipated that the employee will have hand contact with blood, or other potentially infectious materials. Each division will be responsible for providing appropriate PPE's. If an employee clothing is soiled with blood or body fluids, the College will offer to pay for cleaning. Clothing that is contaminated, and/or wet will be bagged at the site, and transported in a wet-proof bag to the designated laundry receptacle.

Use and Location of PPE's for the following Departments

- Nursing PPE's are located in the Nursing Lab.
- The College Nurse's PPE's are located in the Student Health Office.
- Mortuary Science PPE's are located in the MS lab.
- Campus Police PPE's are located in the Campus Police Office and vehicles.
- The Wellness Center PPE's are located in the Wellness Center located in the Allied Health Building.
- The Athletic Department PPE's are located in the training room and other appropriate areas.
- Custodial PPE's are located in custodial closets, storerooms, and Maintenance Building.
- Allied Health PPE's are located in the Physical Therapy and Respiratory Therapy offices.

PPE's are provided free of charge to employees and will be replaced when necessary; or if damaged. Some items will be disposed of and some will be cleaned for future use. Employees are to contact their supervisors for additional information or specific guidelines to be used in their areas. Please refer to the chart below for additional information about PPE's and which PPE's are to be used with a specific task.

Personal Protective Equipment (PPE's)

Legend X= Routinely
XX= If Soiling Is Likely
XXX= If Splattering Is Likely

	HandWashing	**Gloves**	**Plastic Apron or Gown**	**Mask**	**Eye Protection**
TASKS					
Restroom Cleaning	X	X	XX	XXX	XXX
Blood spill Cleaning	X	X	XX	XXX	XXX

Legend X= Routinely
XX= If Soiling Is Likely
XXX= If Splattering Is Likely

	HandWashing	**Gloves**	**Plastic Apron or Gown**	**Mask**	**Eye Protection**
TASKS					
First Aid	X	X	XX	XXX	XXX
Routine Cleaning	X	XX			XXX
Chemicals Fluids/Mixing	X	X	XX	XXX	XXX
Trash	X	X			XXX

Other barriers may be required to protect the employee during certain procedures. Judgment is required on by the employee to assess the need for *additional* barrier protection in less controlled situations.

- Wash hands after removing gloves and as needed.
- Clean bathroom from clean to dirty areas, and discard gloves.
- Re-glove before continuing.

Trash handling: Trash is to be bagged in containers that are sealable, puncture resistant, and leak proof if a potential for fluid spill or leakage exists. Regulated waste should be red bagged or labeled with the appropriate biohazard warning label. Broken glass should be cleaned up using a broom and dustpan, and placed in the appropriate hard-sided container.

- Do not remove contents of trash by hand.
- Blood-spill kits are to be used in case of a blood-spill.

LOCATIONS OF CUSTODIAL PROTECTIVE EQUIPMENT

Blood-spill kits, PPE's and other disposable controls are located in the office of the Maintenance Building, and in the housekeeping closets. First-aid kits with disposable latex gloves and a respirator with a one way valve are located in each Division Office and Admissions. Check with your Supervisor for the exact locations.

EXPOSURE INCIDENT

An exposure incident is an event in which a worker is exposed to a potentially infective body fluid through blood to blood contact, mucous membrane, or blood to broken skin contact (as with dermatitis, open sores, acne, or chapped areas of skin coming into contact with blood or other body fluids), or through being cut with sharps, pieces of glass, or hypodermic needles, contaminated with blood or body fluids.

POST EXPOSURE EVALUATION AND FOLLOW-UP

If an employee is contaminated with blood/body fluids, he or she should first rinse the area with running water, wash vigorously with soap and water, and if an area of broken skin is present, treat with an anti-bacterial solution or ointment. The College Police and the College Nurse should see the employee. If the Nurse is not available, the Dean of Nursing & Allied Health will evaluate the employee. A post-exposure evaluation form should be completed and is to include the following information. (See attachment D for a detailed example.)

- Route and circumstances of the exposure as related to the incident.
- Identification of the source individual if possible, and the status of the source individual.
- If Kansas Law permits, and the source individual agrees, a blood sample will be obtained from the source individual, and results of testing will be made available to the exposed employee.

The employee will be offered the option of having his or her blood collected for testing for HBV/HIV status. If the employee is undecided, the blood sample will be preserved for 90 days to allow the employee to decide if the blood should be tested for HIV status. If the employee decides prior to that time that testing will be conducted, the appropriate action can be taken and the blood sample discarded. See Post Exposure Prophylaxis for post-exposure preventive care. Because of newer HIV treatment possibilities, immediate post-exposure evaluation and HIV testing is recommended. Providence Medical Center ER will care for KCKCC employees who have an exposure incident during off hours. and will follow the "critical first hour protocol." During day hours, the College Nurse or Risk Manager will refer to appropriate source. Both facilities will include a general physical history, validation of an exposure incident, and initiation of protease inhibitors and/or other antiviral agents as a preventative against HIV, the virus that causes AIDS. The hospital is located at 8919 Parallel Parkway. The telephone number for the Emergency Room is 913-596-4180. Hepatitis B vaccine will be offered to all employees identified as having category I or II occupational risk of exposure to blood or other potentially infectious materials at no cost the employee. The vaccine will be offered within 10 days of their initial assignments, unless the employee has previously been vaccinated, or wishes to submit to antibody testing that indicates sufficient immunity.

Employees who initially choose to decline the Hepatitis B vaccine will sign a waiver. If the employee chooses to receive the vaccine at a later date they may do so at no cost to themselves. The College Nurse will coordinate vaccination appointments, and the vaccine administered by a physician obtained through the College.

POST EXPOSURE PROPHYLAXIS

Exposures will continue to occur in certain settings. Pre-exposure vaccination is the most effective method for preventing such infections. However, it can be expected that some individuals who initially decline the vaccine will have an exposure incident. Fortunately, effective post-exposure prevention for Hepatitis B exposures exists if appropriate procedure is followed. The February 9, 1990 recommendations of the Immunization Practices Advisory Committee specifies that if the source individual is known to be HBsAg-positive the exposed individual should be given Hepatitis B Immunoglobulin (HBIG), and the Hepatitis B vaccine series initiated. Employees will be tested for Hepatitis C Virus at the same time. No vaccine is in existence for HCV presently.

Appropriate HIV protocol will be initiated as well.

Hepatitis B Immunoglobulin and Hepatitis B vaccine is recommended for any previously unvaccinated employee who has a needlestick or other percutaneous accident with a sharp instrument, or perimucosal, (eye or mucous membrane) exposure to blood or body fluids.

The employee will be given appropriate counseling by the designated physician concerning precautions to take during the period following the exposure incident. The employee will also be provided with information that will alert him or her to potential illnesses, and instructed to report any related experiences to appropriate personnel. (The designated Physician, and/or the College Nurse or other appropriate health care personnel) A first-aid incident form will be completed if exposure happened through providing first-aid assistance.) If an employee believes there was an exposure incident, the employee should be offered post-exposure evaluation, and the post-exposure form completed.

Persons experiencing an exposure incident who have received the HBV vaccine will complete the exposure incident report. The employee may choose to have a Hepatitis B antibody titer to determine if an adequate anti-body response exists. HBV Vaccinated employees must be evaluated within seven days of the exposure incident.

The employee may have blood drawn at that time and held for an HIV antibody test or may have the HIV antibody test performed at that time. HIV protocol (if any) will be followed. If an inadequate antibody response to Hepatitis B exists, the physician will determine if the Hepatitis B Immunoglobulin for temporary protection should be given, or if a booster, or an entire HBV series should be repeated.

INTERACTION WITH HEALTH PROFESSIONAL

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

- When the employee is sent to obtain the Hepatitis vaccine.
- Whenever the employee is sent to a health professional following an exposure incident.
- Health professionals will limit their written opinions to whether the Hepatitis B vaccine is indicated and if the vaccine was administered.

When seen for an exposure incident, reference should be made to indicate that the employee has been informed of the results of the evaluation, and has been educated regarding any medical conditions resulting from the exposure to blood or other potentially infectious materials. (The written report to the employer is not to reference any personal medical information.)

The following persons have been designated to assure that the policy outlined here is effectively carried out: The Dean of Student Services, the College Nurse, the Dean of Nursing and Allied Health, and the Dean of Financial & Administrative Services. Also included are the Director of Campus Police, and the Director/Purchasing and Risk Manager.

An addition, KCKCC is responsible to maintain potential or actual exposure records pertaining to this policy. Personnel will maintain records. See Record Keeping for time requirements.

RECORD KEEPING

The College will establish and maintain a confidential medical record for each employee with occupational exposure. This record will include:

1. Name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination status, including the dates that vaccinations were given, and any medical records relevant to the employee's ability to receive the vaccine, or the employee's signed declination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A copy of the health care professional's written opinion following a post-exposure evaluation and follow-up; **and**
5. A copy of any information provided to the health care professional under the evaluation and follow-up procedures.

The medical records of employees maintained under this policy will be kept confidential and will not be disclosed to any person, except as required by law, without the employee's express, written consent. Medical records required under this plan will be maintained for the duration of the employee's employment and for *thirty years thereafter*.

TRAINING RECORDS

The College will maintain training records of all training sessions offered to employees under this plan. Such records will include: The dates of the training sessions; a summary of the contents of the session; the name and qualifications of the persons conducting the training; and the name and job titles of all persons attending the training sessions. Training records must be kept for at least three years from the date on which the training occurred. Records will be made available for inspection to employee, anyone having written consent of the affected employee, and the Kansas Department of Health & Environment, upon request.

TRAINING AND IN-SERVICE EDUCATION

The Dean of Nursing and nursing staff will develop and present an annual in-service educational program. Employees hired after the annual training will receive training by the College Nurse soon after employment. The College Nurse will provide education regarding the HIV and HBV virus's, the Hepatitis B Vaccine, and Standard Precautions. An explanation of need for the vaccine, criteria for receiving it, and any remaining questions will be addressed at that time.

STANDARD PRECAUTIONS TRAINING
OBTAINED AT OTHER INSTITUTIONS

Some Kansas City Kansas Community College employees affiliated with other institutions receive the mandatory training through that institution. Under certain conditions, and on a case by case basis, that training may be used to fulfill the mandatory Annual Standard Precautions Training provided annually. Criterion is as follows:

- The training should have been received no longer than 60 days prior to the August training session.
- The employee must provide written documentation as to the date and place of the training, a brief outline of the training contents, and instructor credentials.
- The employee will review the College's Infectious Disease Policy Handbook, and a handout containing referenced information specific to Kansas City Kansas Community College.
- The Employee will complete and pass an exam based upon OSHA regulations, and the College Infectious Disease Policy Handbook referenced in the supplemental handout. (Obtain the supplemental handout at the College nurse's office, room 3363.
- All materials to be returned to the College Nurse, and will be retained in the employee's confidential file, according to OSHA regulations.

The procedure for receiving the Hepatitis B vaccine remains the same. Contact the College Nurse or other committee members if there are questions.

HEPATITIS B & C VIRUS'S AND THE HUMAN IMMUNODEFICIENCY VIRUS

See attachment B for a brief description of Hepatitis B, (HBV), C, and the Hepatitis B vaccine. See attachment C for a description of the Human Immune-Deficiency Virus (HIV), the virus that causes AIDS.

Other attachments include attachment A, Certificate of Attendance, and attachment D, a Post-Exposure report to be completed by anyone experiencing a potential or actual exposure. Attachment E is the First-Aid Incident report to be completed by an unvaccinated employee who has experienced an actual or potential exposure through assisting with first-aid. Attachment F is a Declination to be signed by those who choose not to receive the vaccine.

ACCIDENT WITH OR WITHOUT BLOOD AND BODY FLUID EXPOSURE

The following information provides a detailed explanation of steps to be taken following an accident with and without blood or body fluid exposure.

WEEK DAYS

Injury Without Blood or Body Fluid Exposure

In all circumstances, where an accident occurs, the Campus Police are to be notified immediately. They will then contact the College Nurse or the Dean of Nursing if the College Nurse is not available. The Nurse will evaluate the injury and provide necessary first aid. A standard accident form is to be completed at that time, or as soon as possible after the injury. If an injury is serious, or the degree of the injury is difficult to access, the employee will be sent or taken to Heartland Primary, 2040 Hutton Road, Kansas City, Kansas, or to Providence Medical Center ER for a physician's evaluation and treatment.

If the employee is not satisfied with the physician's diagnosis and/or treatment, he or she may see a physician of his or her choice, provided the fee doesn't exceed $500.00.

WEEKENDS AND EVENINGS

Injury Without blood or Body Fluid Exposure

The Campus Police are to be notified, and will evaluate the injury. They and the employee will decide whether or not medical care is indicated. If the integrity of the skin has been broken, and a Tetanus booster has not been received within the past 10 years, a Tetanus booster will be offered and obtained at Providence Hospital. A standard accident form is to be completed and submitted to the College Nurse, who will provide a copy to the Risk Manager.

WEEKENDS AND EVENINGS

Blood or Body Fluid Exposure, With or Without Injury

Exposure can occur without a physical injury. An example is mucous membrane exposure to blood or blood contaminated body fluids. This could include splashes into the eyes, nose, or mouth. Other examples could include contact through dermatitis on face or hands, or any other areas of broken skin.

The Campus Police will be notified, and will evaluate the exposure/injury, and provide basic first aid. The employee will be taken or sent to Providence Medical Center emergency room for evaluation, treatment and a Tetanus booster if medically indicated.

The Campus Police will provide the College Nurse with the information necessary to complete the Kansas City Kansas Community College standard accident report.

If a potential or actual blood or body fluid exposure has occurred, the employee is to be given a post-exposure evaluation form to present to the doctor who evaluates the employee for completion. A copy of the form should be returned to the College Nurse, who will forward a copy to the risk manager. A copy must be maintained for the employee's personnel file as mandated by OSHA, and for insurance purposes.

If the potential or actual exposure occurred while providing first-aid, a First Aid Incident Report must also be completed. Please see the attached schematic drawing of steps to be taken in the event of an injury, with or without blood or body fluid exposure.

ATTACHMENT A

CERTIFICATE OF ATTENDANCE

STANDARD PRECAUTION IN-SERVICE

NAME_____DATE:_____

ADDRESS_____

CITY and STATE_____

SOCIAL SECURITY NUMBER:__ __ __ __ __ __ __ __ __ _

JOB DESCRIPTION:_____

I have attended the Standard Precautions in-service, and have been given the opportunity to ask questions.

The workshop included the following information:

Information about how HIV, the virus that causes AIDS, and the Hepatitis B Virus, the virus that causes Hepatitis, can be contracted through the work place. It has also been explained that infection with both viruses can be prevented through the use of handwashing, engineering and work controls, the use of personal protective equipment, changes in personal habits, and Standard Precautions.

The importance of the Hepatitis B Vaccine in the prevention of Hepatitis B, and common side effects have been explained to me.

Signed:_____ Date:_____

Witness_____ Date_____

ATTACHMENT B—Part I
FACT SHEET

What is Hepatitis B

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). The term "viral Hepatitis" is often used for and may include Hepatitis B and other similar diseases which affect the liver, but are caused by different viruses. Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow skin and eyes). Skin rashes and joint pain can also occur.

In the U.S., about 300,000 persons mostly young adults catch Hepatitis B each year. About one-quarter will develop jaundice, and more that 10,000 will need to be hospitalized. About 350 to 400 people die each year from acute hepatitis B. Many young adults will become carriers, and may be able to spread the infection to others for a long period of time. Infants who are infected with hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "chronic hepatitis". Chronic active hepatitis often causes cirrhosis of the liver failure. An estimated 4,000 persons die more than 1,000 die from hepatitis B related liver cancer.

The risk of contracting hepatitis is higher in certain groups of people because of their occupation, lifestyle or environment. Because of the risk of serious problems associated with the infection, vaccination to help prevent infection is recommended for these groups.

Hepatitis B can be transmitted through blood and body fluids, vaginal secretions, semen, by sharing needles contaminated with blood, accidental needle sticks and from mother to newborn during pregnancy or birth. The hepatitis B virus can remain infective in a dried state for two weeks or more.

The Hepatitis B Vaccine

The recombinant Hepatitis B vaccine is made from a common baker's yeast cell through genetic engineering. The yeast-derived vaccine does not contain human blood products. The vaccine is given by injection on three separate dates. The first 2 doses should be given 1 month apart, the third dose 6 months from the date of the first dose. The protection for normal adults given the vaccine properly lasts for 7 to 9 years. At this time booster doses are not routinely recommended. However, if in the event of exposure to contaminated blood or blood products, or body fluids, a titer should be done to assess antibody levels and if inadequate, the series given again. Hepatitis B vaccine does not protect against any other form of hepatitis, including Hepatitis A and C.

ATTACHMENT B, Part II

WHO SHOULD GET THE VACCINE

1. Health care workers who are exposed to needle sticks and blood or blood products, or other body fluids.

2. All employees who have actual or potential occupational exposure to blood or body fluids in the performance or their duties.

This would include housekeepers, campus security, nursing faculty, college nurses, mortuary science faculty, wellness center employees, certain childcare facilities and athletic trainers and coaches. Students enrolled in nursing or mortuary science programs should also receive the vaccine. Others may fall into this category, but for our purpose this should suffice.

Possible Side-Effects

The most common side effect is soreness at the site of injection. Other illnesses, such as neurologic reactions, have been reported after the vaccine was given but hepatitis B vaccine is not believed to be the cause. As with any drug or vaccine, there is a rare possibility that an allergic or more serious reaction or even death could occur. No deaths have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

Pregnancy

No information is available about the safety of vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B, there should be no risk. On the other hand, if a pregnant woman gets the infection, this may cause severe disease in the mother and chronic infection in the newborn. Therefore, pregnant women who are otherwise eligible can be given the vaccine.

HEPATITIS C FACT SHEET

HEPATITIS C: WHAT IS IT?

Hepatitis C is a disease of the liver caused by the hepatitis C virus (HCV). Like hepatitis B, it is spread through blood. Most cases of HCV are caused by injecting drugs, or receiving blood transfusions prior 1987.Health Care workers remain at risk because of frequent contact with blood and blood products and must practice Standard Precautions, using barrier methods. It is unlikely that employees at KCKCC will be at risk in the college workplace. However, because there is a very slight risk, Hepatitis C will be addressed here.

Hepatitis C is more difficult to acquire than B. It is contracted through blood to blood transmission, or blood to broken skin, such as open or weeping dermatitis. Needle sticks with a large bore tip are the most means of contracting HCV. Use Standard Precautions when dealing with any type of blood or body fluids There is no vaccine to prevent hepatitis C, but several treatment methods are available and may help the infected individual. Most workers in the college setting will not be at risk for HCV workplace exposure.

The following personal behaviors are risky and could drastically increase your risk of acquiring hepatitis C if you:

- were notified that you received blood from a donor who later tested positive for hepatitis C
- have ever injected illegal drugs, even if you experimented a few times many years ago
- received a blood transfusion or solid organ transplant before July, 1992
- were a recipient of clotting factor(s) made before 1987
- have ever been on long-term kidney dialysis

Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A & B.
Do not share personal care items that might have blood on them (razors, toothbrushes).
If you are a health care or public safety worker, always follow routine Standard Precautions, barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B.
Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices.
HCV can be spread by sex, but this is rare. If you are having sex with more than one steady partner, use latex condoms* correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B.
If you are HCV positive, do not donate blood, organs, or tissue. have evidence of liver disease (e.g., persistently abnormal ALT levels)

If you have questions, contact your College Nurse at 913-288-7683.

ATTACHMENT C

HIV and AIDS

A BRIEF DESCRIPTION AND A GLOSSARY OF TERMS

Acquired Immune Deficiency Syndrome, or AIDS: A condition that reduces the body's ability to fight disease, leaving it vulnerable to infections.

AIDS: An acronym for Auto Immune-Deficiency Syndrome. A group of illnesses that must be present for an HIV positive person to be diagnosed with AIDS. This usually occurs after the immune system has become severely compromised, and is no longer able to fight various infections.

AIDS-Related Complex (ARC): A term no longer used, but may-be seen in earlier literature. ARC patients have some symptoms of AIDS, but not the full-blown disease. Symptoms may include unexplained weight loss of ten pounds or more, swollen glands or fever, persistent diarrhea, or frequent infections.

Hemophilia: A blood condition found in males in which even minor bodily injuries can be followed by prolonged bleeding.

HBV-The virus that causes Hepatitis B

HCV-The virus that causes Hepatitis C

HIV-The Virus that causes AIDS.

HIV Antibody Screening Test: A test that screens blood for the antibody that is produced by the immune system when it is attached by the HIV virus. If antibodies to HIV are discovered, the blood or other products are destroyed. This test is used to screen donated blood, and is used to diagnose HIV infection in individuals.

Immune System: A system within the body that makes the body resistant to disease causing organisms such as bacteria, viruses, or other infections.

Intravenous Drugs: Drugs injected by needles directly into a vein.

Opportunistic Infections: An infection that is not a threat to a healthy immune system, but that can be fatal to a person with AIDS because of the damaged immune system.

Virus: A sub-microscopic particle: A parasite that lives inside a living cell, and cause illness. The host cell will eventually die.

ATTACHMENT C (*continued. Part II*)

Major Routes of Transmission

HIV is usually spread through intimate sexual contact with a person who is infected with the HIV virus, or through sharing contaminated needles with someone who is infected. HIV can also be transmitted through mucous membrane contact,(i.e., A splash of infected blood or body fluids into an eye, nose, or into the oral cavity). HIV can be passed to an infant from the breast milk of an infected mother, or at birth from exposure to vaginal secretions and blood. Any body fluid should be considered potentially infectious. The HIV virus is killed easily *outside* of the body, and experts agree that the virus will die within minutes of exposure to air.

HIV is not spread through casual contact. HIV is not spread by hugging, dry kissing, sharing dishes or bathrooms, shaking hands, donating blood, or living in the same household.

Signs and Symptom of HIV

- Swollen lymph glands in neck, groin, or underarms.
- Recurrent fever, including night sweats.
- Rapid weight loss for no apparent reason
- Constant tiredness, diarrhea and decreased appetite
- White spots or unusual blemishes in the mouth.
- Purple-brown spots on the skin.
- Severe cough, and/or bloody sputum.

There is no cure or vaccination against HIV. Early diagnosis is desirable in order to begin treatment with several new medications that slow the progression of the disease.

ATTACHMENT D

POST-EXPOSURE EVALUATION AND FOLLOW-UP REPORT

1. Name of the employee who had an exposure incident_____

2. Date, time and place of the exposure incident_____

3. Describe the circumstances under which the exposure occurred_____

_____

(If more space is needed, write on an additional piece of paper and attach to this document.)

4. A description of the circumstances under which the exposure incident occurred:

5. Information regarding the source of exposure: Circle correct response.
   a. The identity of the source individual (is) (is not) known. (If the answer is "is not" go to question 6.)

   b. The source individual (is) (is not known to be infected with HBV or HIV. (If the answer is go to question 6.)

   c. The college, through Ms. Judy Hendrix or Dr. Shirley Wendel sought the consent of the source individual to blood testing. The individual (did) (did not) consent to blood testing. (If the answer is did not, go to #6.)

   d. The source individual (did) (did not) consent to having the results of the blood test released to the College and to the affected employee. (If the answer is did not go to question 6.) (If the answer is did the affected employee and any employee who receives the information on behalf of the college should be instructed that such information must be kept confidential pursuant to Kansas law.)

   e. _____ made the results of the source individual's blood test available to the affected employee on (date)_____

ATTACHMENT D- Part II

6. _____ was informed of his/her right to post-exposure evaluation and follow-up, by: _____ on (date) _____.

The employee was informed that a designated MD of the College's choice would perform the evaluation at the expense of the College, and that the College Nurse would arrange an appointment for the evaluation, and institute necessary treatment.
The exposed employee (declined) (accepted) the offer and the appointment (was) (was not) made.

7. _____ offered the exposed employee post-exposure. Prophylaxis in accordance with current recommendations of the U.S. Public Health Service on (date) _____.

8. _____ offered _____ counseling with (name of nurse, or physician) _____concerning precautions to take during the period after the incident. Counseling also included information on potential illnesses. The employee was instructed to report any related experiences to the designated physician, or the College Nurse.

Date of report _____ Signature _____
Responsible Employee

{This report will be filed in the employee's medical record. A copy of the report will be provided to the health care professional doing the evaluation along with a copy of the OSHA regulation, a description of the employee's duties as they relate to the exposure incident, the result of the source individual's blood test, if available, and a copy of the employee' s medical record.}

ATTACHMENT E

FIRST AID INCIDENT REPORT

1. Date and time of the first aid incident:_____.

2. Names of all first aid providers:_____.

3. Description of the accident or incident, and the circumstances surrounding it which resulted in the need for first aid procedures:_____
_____
_____.

4. Did an exposure incident occur? Yes or no (circle) (An exposure incident occurs when there is specific mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials. Parenteral contact means the piercing of mucous membranes or the skin barrier through needlesticks, human bites, cuts, abrasions, etc.)

5. Post-exposure evaluation and follow-up (were), (were not) offered.

6. The affected, non-vaccinated, employee was offered the complete Hepatitis B immunization series at (date and time).

{Note: The Hepatitis B Vaccine must be offered as soon as possible, but no later that 24 hours after the incident occurs. The vaccine must be made available when ever an incident occurs whether or not an exposure incident has occurred.}

Date:_____ Time_____

Signature_____

{This report will be file in the employee's medical record. A copy of the report will be filed in the first aid incident report file.}

ATTACHMENT F

KANSAS CITY KANSAS COMMUNITY COLLEGE
HEPATITIS B VACCINE DECLINATION
To be placed in the employees personal file.

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, if I decline hepatitis B vaccinations at this time, I understand that I continue to be at potential risk for acquiring hepatitis B through exposure to blood and/or body fluids.
I understand that by

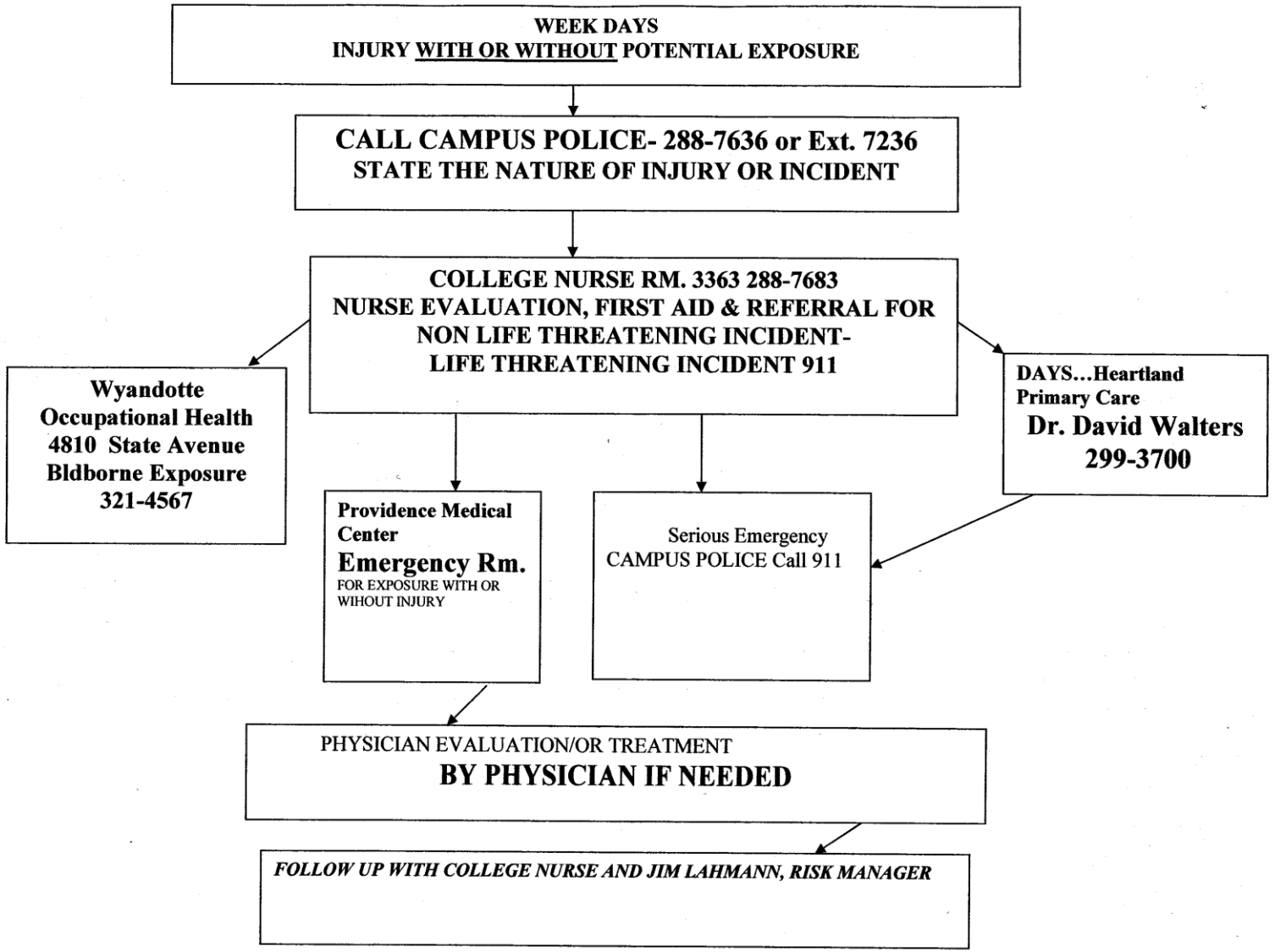
I also understand that in the future if I continue to be in an occupational risk group for potential exposure to hepatitis B, and I choose to have the series, it will be available to me at no charge.

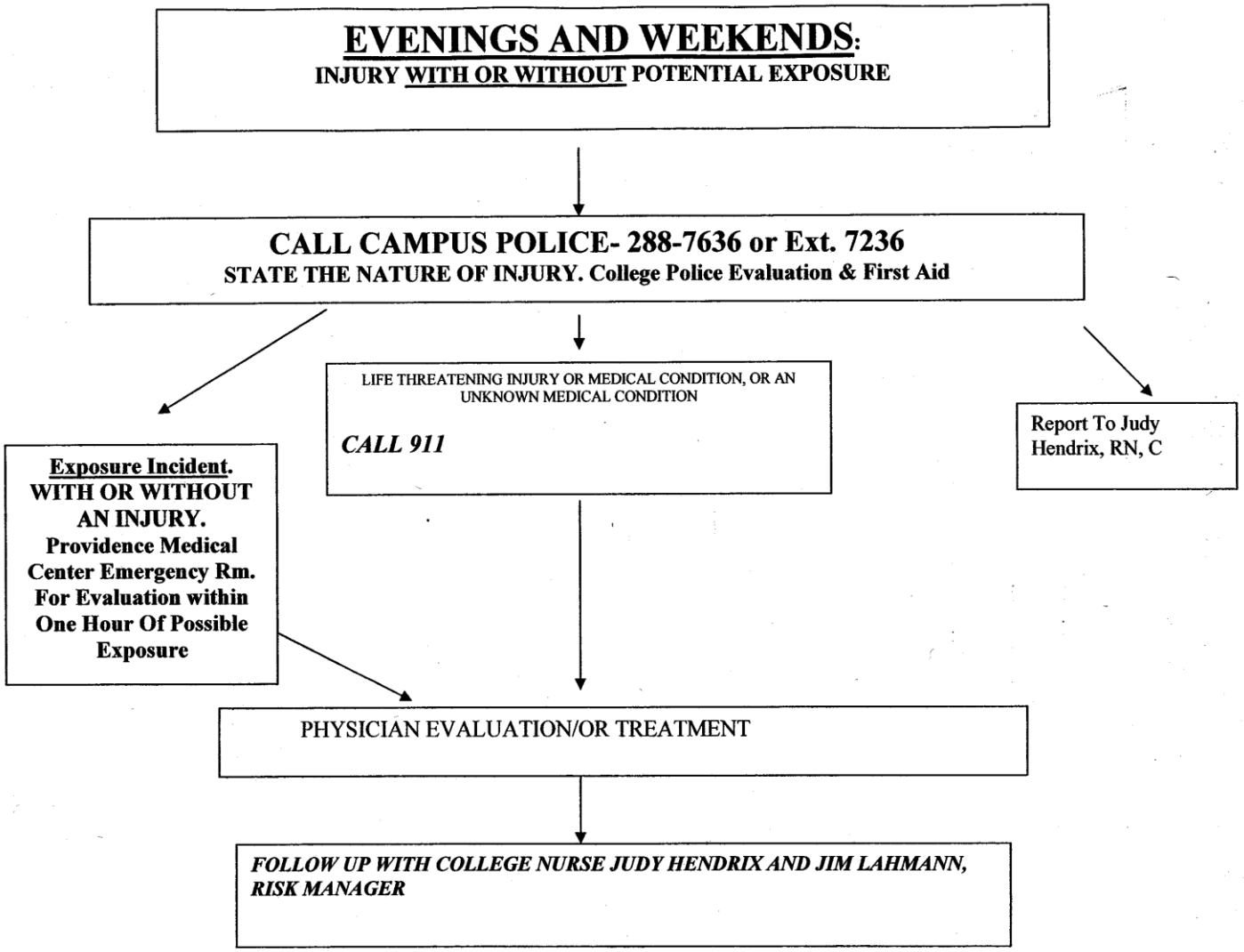
Employees Signature_____

Date_____

Witness_____

Date_____


WEEK DAYS
INJURY WITH OR WITHOUT POTENTIAL EXPOSURE
CALL CAMPUS POLICE- 288-7636 or Ext. 7236
STATE THE NATURE OF INJURY OR INCIDENT
COLLEGE NURSE RM. 3363 288-7683
NURSE EVALUATION, FIRST AID & REFERRAL FOR
NON LIFE THREATENING INCIDENT-
LIFE THREATENING INCIDENT 911
Wyandotte
Occupational Health
4810 State Avenue
Bldborne Exposure
321-4567
DAYS...Heartland
Primary Care
Dr. David Walters
299-3700
Providence Medical
Center
Emergency Rm.
FOR EXPOSURE WITH OR
WIHOUT INJURY
Serious Emergency
CAMPUS POLICE Call 911
PHYSICIAN EVALUATION/OR TREATMENT
BY PHYSICIAN IF NEEDED
FOLLOW UP WITH COLLEGE NURSE AND JIM LAHMANN, RISK MANAGER


EVENINGS AND WEEKENDS:
INJURY WITH OR WITHOUT POTENTIAL EXPOSURE
CALL CAMPUS POLICE- 288-7636 or Ext. 7236
STATE THE NATURE OF INJURY. College Police Evaluation & First Aid
LIFE THREATENING INJURY OR MEDICAL CONDITION, OR AN UNKNOWN MEDICAL CONDITION
CALL 911
Report To Judy Hendrix, RN, C
Exposure Incident. WITH OR WITHOUT AN INJURY. Providence Medical Center Emergency Rm. For Evaluation within One Hour Of Possible Exposure
PHYSICIAN EVALUATION/OR TREATMENT
FOLLOW UP WITH COLLEGE NURSE JUDY HENDRIX AND JIM LAHMANN, RISK MANAGER

ATTACHMENT G

Approved by KCKCC
Board of Trustees
May, 1989

KANSAS CITY KANSAS COMMUNITY COLLEGE

GUIDELINES FOR COMMUNICABLE (CHILDHOOD) DISEASES

The following guidelines, derived from statements issued by the Kansas Department of Health and Environment, the Kansas City Kansas-Wyandotte County Health Department, and the Centers for Disease Control, apply to all students and employees of Kansas City Kansas Community College.

1. Measles (Rubella), Mumps, Rubella, Chicken-pox, Mononucleosis, Pertussis and other diseases as mentioned in the Kansas Classroom Handbook of Communicable Diseases, Update September 2004, are highly communicable infectious diseases.

2. The above communicable infectious diseases are spread through direct contact with oral or nasal secretions and through coughs and sneezes.

3. Due to variable periods of incubation and communicability for the above communicable infectious diseases, Kansas City Kansas Community College will follow procedural guidelines recommended in the Kansas Department of Health and Environment Handbook.

4. In the event that a case is discovered on campus, the individual will be referred to their personal physician.

5. The Kansas Department of Health and Environment recommends and Kansas City Kansas Community College requires the infected individual be excluded from class and/or work until released in writing by their personal physician, or until the expiration of the prescribed period of isolation for the particular infectious or contagious disease as stated in the guidelines.

6. If a student or employee is concerned about possible exposure, they should contact their personal physician or the College Nurse.

KANSAS CITY KANSAS COMMUNITY COLLEGE

GUIDELINES FOR
HEPATITIS A VIRUS (HAV)

The following guidelines, derived from statements issued by the Kansas Department of Health and Environment, the Kansas City Kansas-Wyandotte County Health Department, and the Centers for Disease Control, apply to all students and employees of Kansas City Kansas Community College.

1. Hepatitis A is a virus that attacks the liver.
2. Hepatitis A virus is rarely fatal unless there are complications.
3. Hepatitis A virus is spread chiefly through the oral-fecal route.
4. The infectious agent in HAV is found in the blood, stools, and body fluids of infected individuals.
5. Hepatitis A virus may be spread through ingestion of contaminated water, shellfish and other foods, as well as ingestion equipment.
6. The incubation period for HAV is variable, with an average of 28 days.
7. The period of communicability is the latter half of the incubation period, continuing until one week after onset of jaundice (if present).
8. An individual could be infected without experiencing obvious symptoms.
9. It is imperative that precautionary procedures concerning exposure to blood and body fluids be practiced with <u>all</u> individuals.
10. Through hand washing after use of toilet facilities, and prior to meals, is essential.
11. The Kansas Department of Health and Environment recommends and Kansas City Community College requires the infected individual be excluded from class and/or work until released in writing from their personal physician.
12. In the event that a case is discovered on campus, the individual will be referred to their personal physician.
13. If a student or employee is concerned about possible exposure, they should contact their personal physician or the College Nurse.

HEPATITIS B & C VIRUSES

The following guidelines are derived from the statement issued by the Kansas Public Health Services and the Center for Disease Control.

Hepatitis B is an occasionally fatal, bloodborne virus. It is transmitted in the same manner as the Human Immuno-deficiency Virus that causes A.I.D.S. As with A.I.D.S., it is possible for the individual to be infected with the virus without experiencing symptoms. It is therefore imperative that precautionary procedures concerning exposure to blood and body fluids be practiced with all individuals.

Please refer to the Standard Precautions & Infectious Disease Policy Book for the detailed explanations about modes of transmission, and an explanation of Stand Precautions and blood and body fluid exposure.