Environmental Health & Safety Policy Manual		
Issue Date: 8/30/2010	Updated: 1/8/2024	Policy # EHS-300.04
Bloodborne Pathogens – Exposure Control Plan		

1.0 PURPOSE:

This Exposure Control Plan (ECP) is designed to minimize occupational exposure to bloodborne pathogens at LSUHSC. The ECP complies with the State of Louisiana Office of Risk Management's Loss Prevention Manual, reference A, and OSHA Standard 29 CFR 1910.1030, reference B.

2.0 SCOPE:

This policy applies to all faculty, staff, and students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM).

3.0 RESPONSIBILITIES:

3.1 Deans, Department Heads, and Directors shall:

- Ensure employees and students determined to have occupational exposure to blood or OPIM comply with the procedures and work practices outlined in this ECP.
- Ensure the currency of all employee exposure determinations and required vaccinations. Maintain Consent/Declination form records.
- The Dean of the School of Dentistry will ensure all personnel also comply with the requirements of the LSUSD Exposure Control Plan, reference C.
- Fund hepatitis B vaccinations for employees.

3.2 Principle Investigators, Supervisors, and Faculty shall:

- Follow the procedures outlined in EHS - 400.06 Incident/Accident Reporting and Investigation Policy to report exposures to blood or other potentially infectious materials, and ensure proper testing and medical treatment is provided.
- Validate that employees are properly assessed for risk level, receive initial and recurring Bloodborne Pathogens training, and that all high-risk employees are offered the hepatitis B vaccination. If the employee's risk level changes, notify the Biosafety Officer so that the proper training can be assigned.
- Ensure each employee is trained in area-specific work practice controls and engineering devices.

- Ensure employees are provided with proper PPE and trained in its use.
- Establish area-specific biohazardous spill response and decontamination procedures and training.

3.3 Environmental Health and Safety (EH&S) shall:

- Maintain, review, and update this ECP when necessary.
- Provide training to personnel via the on-line Compliance and Training System (CATS) on bloodborne pathogens and hepatitis B vaccinations.

4.0 DEFINITIONS:

- **Blood:** human blood, human blood components, and products made from human blood.

- **Bloodborne Pathogens:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

- **Decontamination:** the 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.

- **Disinfection:** the process of reducing a contaminant load of microorganisms on a surface or object using bleach, ethanol, or another appropriate chemical.

- **Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a person's duties.

- **Needleless systems**: a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established.

- **Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a person's duties.

- **Other Potentially Infectious Materials (OPIM):** materials other than human blood that can contain bloodborne pathogens and be potentially infectious. These include the following human body fluids: semen, vaginal

secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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; any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

- **Parenteral:** the piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

- **Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee or student. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

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

- **Standard Precautions:** is the use of personal protective equipment (PPE) to prevent exposure to both bloodborne and airborne pathogens.

- **Universal Precautions:** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

5.0 EMPLOYEE EXPOSURE DETERMINATIONS:

Due to the nature of work performed at LSUHSC, all employees are considered potentially at risk for exposure to bloodborne pathogens. Risk levels for occupational exposures are determined by reviewing tasks and procedures associated with exposure to human blood, body fluids, or OPIMs without regard to the use of personal protective equipment. The Office of Compliance makes the initial determination of employee risk level for all personnel based on job title and department. It is the duty of the supervisor to verify that the risk level is correct for the position.

5.1 High Risk Determination

- Personnel shall be classified high risk if they perform:
  - Direct patient care activities that are likely to result in direct or indirect exposure to patient's blood or body fluids.
  - Processing or handling human blood, body fluids, tissues or organs.
  - Processing or handling of equipment, materials or waste that may have been contaminated with human blood, body fluids or OPIMs.
  - Routine administration of first aid.
  - Other likely or anticipated exposure to blood, body fluids or OPIMs, including physicians, dentists, laboratory workers, healthcare workers, plumbers and custodial staff, shelter workers, child welfare workers, police officers and others who carry weapons, first responders, firefighters, kitchen staff (that may handle sharp equipment), and public safety workers.
- All students are considered high risk, except for those enrolled in the Schools of Public Health and Graduate Studies.

5.2 Low Risk Determination

Employees shall be classified low risk if they do not perform any activity listed in Section 5.1.

6.0 ENGINEERING AND WORK PRACTICE CONTROLS:

Engineering controls and work practice controls are used to minimize exposure to personnel. Engineering and work practice controls shall be examined and maintained on a regular schedule. These practice controls create the basis of the Universal Precaution approach to infection control. In accordance with Universal Precautions, personnel handling any type of human blood, human blood components, and materials made from human blood, or OPIM shall be treated and handled as if known to be infectious for HIV, HBV or other bloodborne pathogens. For more information on Universal Precautions, visit the NIH/CDC website Fundamentals of Infection Prevention.

6.1 Engineering Controls

Engineering Controls include equipment and devices used to protect against bloodborne pathogens. Contaminated equipment (biosafety cabinets, mechanical pipetting devices, splash guards, etc.) must be decontaminated at the end of the workday and after a spill occurs.

6.1.1 Biological Safety Cabinets (BSCs)

BSCs are a primary means of containment developed for working safely with infectious microorganisms. BSCs can provide containment of infectious aerosols, isolate the operator from the agent, and protect other personnel in the room. BSCs must be certified annually, whenever moved, or after repair work has been

performed. Contact EH&S for assistance with cabinet selection, certification and decontamination procedures, and proper placement in the laboratory.

6.1.2 Sharps Containers

- Sharps containers must be used for disposing all needles, scalpels, broken glass, and other sharps. Sharps must be placed in an appropriate sharps container immediately following usage and shall be placed as close to the procedure area as possible. Sharps containers must be non-breakable, puncture resistant, leak proof, sealable/closeable and labeled with the universal biohazard symbol.
- Sharps containers must be properly maintained and disposed of when ¾ full.

6.1.3 Sharps with Engineered Sharps Injury Protection (SESIPs) and Needleless Systems

SESIPs and needleless systems are recommended for work involving blood, OPIMs, and material that potentially contain bloodborne pathogens.

6.1.4 Splash Guards and Plastic Backed Absorbent Pads

- Splash guards and plastic backed absorbent pads must be used to contain the spread of blood and potentially infectious material in the laboratory.
- Contaminated plastic backed absorbent pads shall be removed immediately or as soon as feasible after any spill of blood or OPIM and at the end of the workday.

6.1.5 Sealed Rotor Heads and Centrifuge Cups

Sealed rotor heads and centrifuge cups shall be used to avoid accidental spills and generation of aerosols while performing routine centrifuge operation with material that potentially contains bloodborne pathogens.

6.1.6 Mechanical Pipetting Devices

Mechanical pipetting devices must be used. Mouth pipetting is prohibited.

6.2 Work Practice Controls

Work practice controls are modifications of work procedures to reduce the likelihood of occupational exposure to blood or other potentially infectious materials. The following work practice controls will be used:

6.2.1 Personal Protective Equipment (PPE)

- As is consistent with the practice of standard precautions, choose PPE based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the person's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

- PPE shall be provided without cost to all employees who are at risk of occupational exposure to bloodborne pathogens. Soiled PPE must not be taken home to launder. All garments that are penetrated by blood shall be removed as soon as feasible.
- All personnel shall wear appropriate gloves when there is reasonable anticipation of hand contact with blood or OPIM and when handling or touching contaminated items. Never wash or decontaminate disposable gloves for reuse. Replace gloves if they are torn, contaminated, or if their ability to function as a barrier is compromised.
- All personnel shall wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth. Remove as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- For more information regarding PPE, visit LSUHSC EHS - 400.03, Personal Protective Equipment Policy.

6.2.2 Hand Washing

Hand washing facilities must be readily accessible to all personnel who incur exposure to blood or other potentially infectious materials. If hand washing facilities are not readily available, the principal investigator, supervisor, or instructor shall provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Additionally, all laboratories must have sinks for hand washing.

6.2.3 Sharps, Needles, and Contaminated Glassware

- Do not bend, recap, remove, shear, or purposely break contaminated sharps and needles. If a medical procedure requires recapping or removal of a contaminated needle, and no alternative is feasible, use a mechanical device or a one-handed scoop method.
- Do not pick up potentially contaminated broken glassware directly with bare or gloved hands but remove by mechanical means such as tongs and/or dustpans and broom and placed in an appropriate infectious waste sharps container.

6.2.4 Work Area Restrictions

- In work areas where there is a reasonable likelihood of exposure to blood or OPIM, personnel shall not eat, drink, apply cosmetics or lip balm, or handle contact lenses.
- Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
- Conduct all procedures in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.

6.2.5 Specimen Handling and Transport

- Place blood and OPIM in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen. Label or color code the container in accordance with 29 CFR 1910.1030, reference B, requirements and closed prior to handling.
- Place specimens that could puncture a primary container within a puncture-resistant secondary container.

6.2.6 Disinfection

- Use a 1:9 dilution (for a high organic load (e.g., blood spill)) or a 1:99 dilution (for surface decontamination) of household bleach made fresh.
- Disinfect all contaminated work surfaces after completing procedures, immediately after any spill of blood or OPIM, and at the end of the workday if the surface may have become contaminated since the last cleaning.
- Lab personnel must be prepared to respond to spills of potentially infectious materials in their areas.

6.2.7 Decontamination

- Decontaminate fixed surfaces using a strong chemical microbicide to ensure a more complete removal of microbial burdens.
- Autoclave aqueous solutions such as blood, urine, or microbial cultures prior to disposal. An SOP for the safe use of autoclaves is available on the EH&S website.

6.2.8 Housekeeping

- Place regulated biowaste in red bag lined biohazard boxes which are closable, constructed to contain all contents and prevent leakage, and appropriately labeled.
- Discard contaminated sharps immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded (sharps disposal containers are available at Campus Office Stores).
- Clean and decontaminate bins and buckets (e.g., wash or emesis basins) as soon as feasible after visible contamination.
- Pick up potentially contaminated broken glassware only by mechanical means, such as a brush and dustpan.

6.2.9 Laundry Procedures

- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- Handle apparel contaminated with blood or OPIM as little as possible. Decontaminate, preferably by autoclaving, before sending to a laundry for cleaning. Do not sort or rinse within the area of its use.
- Use appropriate PPE when managing contaminated apparel to prevent contact with blood or OPIM.

6.2.10 Signs and Labels

- Post biohazard warning signs at the entrance to HIV/HBV research laboratories and other work areas using biohazards.
- Attach biohazard warning labels to containers of regulated waste, refrigerators and freezers containing blood or OPIM, lab equipment in which biohazards are stored or used (e.g., incubators, centrifuges, etc.), and other containers used to transport or ship blood or OPIM.
- Labels shall include the universal biohazard symbol and be fluorescent orange, orange-red, or predominantly so with lettering or symbols in a contrasting color.
- Notify EH&S if you discover regulated waste containers, refrigerators containing blood, contaminated equipment, or any OPIM containers without proper labels.

7.0 HIV AND HBV RESEARCH LABORATORY REQUIREMENTS

Research laboratories engaged in the culture, production, concentration, experimentation and manipulation of HIV and HBV shall follow the requirements included in this section. This section does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues or organs. The requirements listed here apply in addition to other requirements of this plan.

7.1 HIV AND HBV Research Laboratories shall:

- Contain hand and eye washing facilities.
- An autoclave must be available for the decontamination of all waste and other materials.
- Conduct HIV and HBV procedures in a BSC or appropriate containment device. Do not conduct work with HIV or HBV on the open bench.
- Protect vacuum lines with liquid disinfectant traps and HEPA filters. Maintained and replace vacuum lines as necessary.
- Use appropriate combinations of PPE and physical containment devices in conjunction with all HIV or HBV activities that involve the threat of droplet, aerosol, or spill exposures.

- Close doors while HIV or HBV work is in progress and post biohazard signage that states “Caution: Work with HIV or HBV in progress.”
- Transport infectious or contaminated materials in closed durable, leak proof, and labeled containers.
- Limit work area access to authorized personnel. Establish written policies and procedures whereby allowing only personnel advised of the potential biohazard and those who comply with all entry and exit procedures within the work area.
- Wear lab coats, gowns, gloves, and other appropriate PPE in the work area. Do not wear PPE outside of the work area and decontaminate before laundering.
- Wear gloves when managing infected animals and OPIM. Take particular care to avoid skin contact with HIV or HBV cultures or contaminated materials.
- Use hypodermic needles and syringes only for parenteral injection and aspirations of fluids from lab animals and diaphragm bottles.
- Never bend, shear, or recap needles and substitute, whenever possible, safer sharps devices. Place needles in a puncture resistant, leak proof sharps container and inactivate (via steam or chemical sterilization) prior to disposal.
- Collect and bank baseline serum samples of lab personnel prior to HIV or HBV research or production.

7.2 Additional Training Requirements for HIV and HBV Research Laboratories

Prior to working in these laboratories, the PI or supervisor shall ensure that:

- Personnel demonstrate proficiency in standard microbiological practices, techniques, and in the practices and operations specific to the laboratory prior to allowing work with HIV or HBV.
- Personnel have prior experience in the handling of human pathogens or tissue cultures prior to working with HIV or HBV.
- Provide training to personnel who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. Assign a progression of work activities as techniques to develop proficiency. The principal investigator shall ensure that personnel participate in work activities which involve infectious agents only after lab personnel have demonstrated proficiency.

8.0 HEPATITIS B VACCINATION SERIES

- The hepatitis B vaccination series is available at no cost after initial employee training to all employees identified as “high risk.” The vaccination is encouraged unless documentation exists that the employee has previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that vaccination is contraindicated.

- Employees that decline or have already taken the hepatitis B vaccination must sign a hepatitis B Vaccination Consent/Declination form (appendix A). The employee's supervisor shall retain a copy of the declination form. Employees who decline may request and obtain the vaccination later at no cost.
- Hepatitis B vaccination is mandatory for all students prior to beginning of classes, except for the schools of Graduate Studies and Public Health. If a School of Graduate Studies or Public Health student works with blood or OPIMs and is therefore classified as "High Risk", that student will obtain the hepatitis B vaccination or complete Appendix A indicating that they decline the vaccination. Provide the immunization records or a signed Appendix A to Student Health.
- The hepatitis B vaccination series is administered by the School of Nursing. Employees should contact their department Business Manager or supervisor to plan for the vaccination. The School of Nursing will contact the employees' department Business Manager to arrange payment.

9.0 POST-EXPOSURE ACTIONS AND FOLLOW-UP

Upon a blood or body fluid exposure, it is critical that the individual is administered first aid and receives prompt medical treatment (see HIV Post - Exposure Prophylaxis Quick guide). Personnel response actions are described below.

9.1 First Aid

The below actions shall be immediately taken following blood or body fluid exposure:

- Administer initial first aid and wash the affected area (e.g., needlestick or cut) with soap and warm water.
- Flush extensively with water, saline or sterile irrigating solution if exposed by splash to infectious materials to the nose, mouth, or eyes.
- Document the routes of exposure, the biological material of exposure, and how the incident occurred.
- Seek medical attention as soon as possible.
- If available, obtain consent from the source patient to conduct a rapid HIV test. If HIV postexposure prophylaxis is medically indicated it should be initiated promptly, preferably within 1-2 hours after the exposure incident.

9.2 Employee Exposure

- Notify the employee supervisor as soon as possible post exposure (Residents must also report the exposure incident to their on-site Residency Director).
- Supervisors shall use Appendix B, Bloodborne Pathogens Post- Exposure

Checklist, to guide personnel through and document the post-exposure process.

- Make a medical evaluation immediately available to the exposed individual. The employee supervisor is responsible for ensuring that the employee receives appropriate and prompt care.
- Workers' Compensation allows the employee to obtain care from the provider of their choice, or to report directly to the nearest Emergency Room/Care Clinic.
  - During working hours, employees located at an LSU Health Care Network (HCN) Facility may choose to receive care within their HCN clinic. HCN employees shall be familiar with HCN protocol *Exposure to Blood or Body Fluids at LSU Healthcare Network Clinic.*
  - Residents and fellows shall be familiar with procedures of the hospital/clinic at which the exposure occurred, as most of the current Resident located hospital/clinic facilities (e.g., LCMC facilities, Ochsner facilities, Our Lady of the Lake) allow for the Resident to seek immediate/initial medical care at their hospital emergency room, with reimbursement of care through Workers' Compensation (see below direction related to Worker's Compensation).
  - Dental School employees (and students) shall follow post-exposure procedures outlined in Reference C, LSUSD Exposure Control Plan.
  - For those working at a facility without access to immediate care, it is the responsibility of both the employee and supervisor to be aware of the nearest emergency care facility. For example, the University Medical Center (UMC) may be the closest emergency room.
- Be prepared to provide the treating clinic/physician with the following:
  - Identify yourself as an LSUHSC employee.
  - Route(s) and circumstances of exposure.
  - A description of the exposed employee's duties as they relate to the exposure incident.
  - If available, the results of the source individual's blood test (see section 9.4).
  - Relevant employee medical records, including vaccination status.
  - A copy of the bloodborne pathogen standard regulation
  - For exposures to HIV or HBV cultures or experimental conditions, identify and document the strain and titer of the virus.
- Collect the exposed individual's blood as soon as possible after exposure incident to establish the employee's HBV and HIV serological status.
  - Obtain consent prior to testing using Appendix D, Post- Exposure Evaluation Employee Consent form.
  - If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; perform testing as soon as feasible if

consent is ultimately provided.

- The physician will provide initial treatment and counseling on the need for post-exposure prophylaxis.
  - The supervisor/department shall obtain and provide the employee with a copy of the evaluation healthcare professional's written opinion within 15 days of the completion of the evaluation.
  - The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
    - Informing the employee of the results of the evaluation.
    - Informing the employee of any medical conditions resulting from exposure to blood or other potential infectious materials which require further evaluation or treatment.
    - All other findings or diagnoses will remain confidential and not included in the written report.
  - The decision whether to initiate post exposure prophylaxis is a clinical judgement made by the employee with consult from the treating physician. The decision making is supported by the Source Patient Risk Assessment/Questionnaire.
    - If treatment occurs within a hospital setting, it is possible that the hospital pharmacy will provide initial prophylaxis (e.g., three-day supply of medication if you require HIV prophylaxis).
    - If obtaining initial prophylaxis though a commercial pharmacy (e.g., Walgreen's, CVS), contact Human Resources to initiate a Workers' Compensation claim and access pharmacy benefits (see Workers' Compensation details in section below).
    - If unable to contact Human Resources directly, Optum's First Fill card is available for use by LSUHSC personnel to receive injury-related prescription benefits at a local pharmacy. Permission for use is not necessary for work related accidents requiring time sensitive access to pharmacy benefits; however, use of the benefit shall be communicated to Human Resources upon initial contact for filing of a Workers' Compensation claim.
- Once complete with the initial care visit, make an appointment with your primary healthcare provider as soon as possible for appropriate follow-up.
  - Notify the scheduler that you have had blood or body fluid exposure. The provider will perform follow-up studies and further counseling.
  - Maintain all paperwork received during the initial visit, as a follow-up physician will require it for review.
- For all exposure events, the exposed employee or their supervision shall notify Human Resource (HR) Management following initial first aid and medical treatment. Prompt notification to HR is critical to ensure the timely initiation of a Workers' Compensation Claim to support coverage of any necessary health care and prescription costs.

- The HR resource for Workers' Compensation can be contacted at (504) 568-7812 or workerscomp@lsuhsc.edu. A secondary point of contact for Workers' Compensation support may include any member of the Human Resources Benefits Office.
- Submittal of a completed Employer's Report of Injury/Illness (form DA 1973) by the employee's supervisor to mgele@lsuhsc.edu and workerscomp@lsuhsc.edu is required to formally initiate a worker's compensation claim.

9.3 Student Exposure

- Follow initial First Aid response outlined within Section 9.1.
- Immediately notify your on-site supervisor (Faculty, Resident, Faculty Site Coordinator) of the incident.
- Seek immediate medical care at the nearest clinic facility.
  - If the exposure occurs at an LSUHSC on-campus facility, report directly to Student Health Clinic located on the 3rd floor of the Seton Building (478 S. Johnson Street, Room 307), or call 504-412-1366 during business hours.
  - If the exposure occurs outside of an LSUHSC on-campus facility:
    - During working hours, as able, seek care within the hospital/clinic in which you are currently being trained.
      - It is your responsibility to be familiar with the procedures of the hospital/clinic at which you are training.
      - Students in their rotations that experience exposure at an off-site location should be prepared to report to the institution's infection control office. This is usually the institution's employee health service.
    - For those training within a facility without access to immediate care, seek care at the nearest emergency care facility (Emergency room or Urgent Care). A primary Insurance card should be used to cover the cost of care.
- Once initial medical care is obtained, the student's on-site supervisor shall notify Student Health at 504-412-1366 or studenthealth@lsuhsc.edu for guidance on follow-up actions.
- The Student Health page contains detailed guidance on student needlestick response.

9.4 Requirements in Exposures with a Source Individual

Identify, document, and test the source individual (unless it is determined that identification is infeasible or prohibited by state or local law).

- If it is unknown whether the source individual has HIV, HCV, or HBV, collect and test the source individual's blood as soon as feasible and after consent is obtained to determine infectivity.

- Obtain patient consent using the Post-Exposure Evaluation Source Consent form, Appendix C.
- If consent is not obtained, document within Appendix C that legally required consent was not obtained.

- Do not test if the source individual is already known to be HIV, HCV and/or HBV positive.
- Convey the source individual's test results to the employee's primary health care provider. Document that the results were conveyed.
- Provide the exposed employee with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
- If source individual testing is completed by the employee-based institution (e.g., Hospitals, HCN Clinic), it is the responsibility of the employee's supervisor to obtain the test results.

9.5 Counseling

Counseling for employees and students is available through the Campus Assistance Program (504) 568-8888. Students may also contact the Student Health Mental Health Counselors. The Student Health Clinic can provide access to the Expert Review Panel on behalf of students.

9.6 Incident Reporting

Following an exposure incident, the employee's supervisor must complete the appropriate an Incident/Accident Reporting Form(s) as described in EHS - 400.06 Incident/Accident Reporting and Investigation Policy.

Reports shall be submitted within five calendar days of the exposure event.

10.0 TRAINING

All LSUHSC employees and students receive bloodborne pathogen training. High-risk employees complete training annually, while low-risk employees complete training every five years. Provide high-risk employees with training on epidemiology, symptoms, and transmission of bloodborne pathogen diseases. The training will address:

- Explanation of the OSHA bloodborne pathogen standard.
- LSUHSC's ECP.
- Methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- The use and limitations of engineering controls, work practices, and PPE.
- PPE types, uses, location, removal, handling, decontamination, and disposal.
- The hepatitis B vaccine, including information on its efficacy, safety,

method of administration, and the benefits of vaccination.

- Reporting incidents and procedures to follow if an exposure incident occurs.
- Post-exposure evaluation and follow-up.
- An explanation of the signs and labels and/or color coding required by the standard and used at LSUHSC.

Training occurs via the Compliance Office's Compliance and Training System (CATS).

11.0 RECORDKEEPING

The Compliance Office shall maintain all training records within the CATS System.

12.0 INSPECTIONS AND PROGRAM REVIEW:

EH&S will assess program effectiveness annually.

13.0 REFERENCES:

A. State of Louisiana Office of Risk Management Loss Prevention Manual
B. OSHA Health and Safety, 29 CFR 1910.1030
C. LSUSD Exposure Control Plan

14.0 APPENDICES

A. Hepatitis B Vaccination Consent/Declination Form
B. Bloodborne Pathogen Post-Exposure Checklist
C. Post-Exposure Evaluation Source Consent Form
D. Post-Exposure Evaluation Employee Consent Form

Hepatitis B Consent/Declination

Date: _____

Employee Name: _____ Emplid Number: _____

School and Department: _____ Date of Birth: _____ Gender: M or F

I understand that all employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during their normal duties are at risk for acquiring hepatitis B (HBV). I acknowledge that I have been provided with a copy of the CDC Hepatitis B Vaccine Information Statement. I have read and understand the information provided to me.

Please answer the following questions:

- Do you have a known allergy to yeast or yeast products? Yes _____ No _____
- Any previous adverse reaction to any type of vaccination? Yes _____ No _____
  If yes, explain: _____
- Any fever or illness in the last 48 hours? Yes ____No ____ If yes, explain: _____
- Are you presently taking any type of antibiotic or steroid? Yes _____ No _____
- If female, are you pregnant or nursing? Yes _____ No _____ I am Male _____

Based upon this information, I acknowledge the following (please check only **one** of the following boxes):

☐ **I consent to the hepatitis B vaccination series through LSUHSC School of Nursing.** I understand this includes three injections at prescribed intervals over a 6-month period and it is my responsibility to follow the prescribed injection schedule. I understand that there is no guarantee that I will become immune to hepatitis B (HBV) and that I might experience an adverse side effect as the result of the vaccination. Adverse side effects include but are not limited to: discomfort at the injection site, fatigue, fever, redness and swelling, shortness of breath, swelling of the throat and/or tongue, abdominal discomfort, diarrhea or constipation, and swelling of the lymph nodes. There is a possibility that any of these reactions could increase in severity with each successive vaccination. I understand that I can call **504-568-4217** if I have any questions or concerns prior to or after receiving my vaccination. I understand that after leaving the LSUHSC School of Nursing it will be my responsibility to seek medical attention if I experience any allergic reactions or severe side effects.

☐ **I have already received the hepatitis B vaccination series.**

☐ **I have received antibody testing to confirm immunity to hepatitis B.**

☐ **I do not wish to receive the hepatitis B vaccine.** I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease.

Employee Signature: _____

Date: _____

Vaccination	Type of Vaccine		Lot Number	Vaccine Expiration Date (mo/yr)	Date given (mo/day/yr)	Funding Department	Site RA or LA	Vaccine Information Statement (VIS) Date	Vaccinator Signature and Credentials	Return Date for Next in Series
	No. in Series	Mfr. Name								
Hep B										

3/13 SP

Appendix A

Bloodborne Pathogen Post-Exposure Checklist

Activity	Date Completed	Employee's Initials
Employee reports exposure	_____	_____
Source individual is identified	_____	_____

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
If unknown explain why: _____

Source individual consent form completed	_____	_____
Employee consent form completed	_____	_____
Employee sent for healthcare	_____	_____

Documentation forwarded to healthcare professional:

_____ Bloodborne Pathogens Standard.
_____ Description of exposed employee's duties.
_____ Description of exposure incident, including routes of entry.
_____ Result of source individual's blood testing (if applicable).
_____ Culture titer and strain (if applicable).
_____ Employee's medical records.

Source individual tested for HIV, HBV, HCV Note: If consent is not obtained, contact Counsel.	_____	_____
Employee informed of test results of source individual	_____	_____
Follow-up provided by physician	_____	_____

Appendix B

LSUHSC Post-Exposure Evaluation Source Consent Form
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation.

Exposed Individual's Information
Name (Please Print):_____
Contact Number:_____
Exposure Date:_____

Source Patient Statement of Understanding
I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that a student or employee member of LSUHSC has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed student or employee to ensure appropriate medical evaluation and care, and to others only as required by law.

Consent or Refusal
I consent to HIV, HBV, and HCV testing ___.

I refuse consent to HIV, HBV, and HCV testing ___.

Source Individual Identification
Source patient's printed name:_____
Source patient's signature:_____
Relationship (if signed by someone other than the source patient): _____
Date signed:_____

LSUHSC Post-Exposure Evaluation Employee Consent Form
Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the employee and provided to the health care provider responsible for the post-exposure evaluation.

Employee's Information
Name (Please Print):_____
Contact Number:_____
Exposure Date:_____

Employee Statement of Understanding
I understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C (HCV) infectivity testing due to an exposure to a source individual's blood or bodily fluids. I understand that HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed student or employee to ensure appropriate medical evaluation and care, and to others only as required by law.

Consent or Refusal
I consent to HIV, HBV, and HCV testing ___.

I refuse consent to HIV, HBV, and HCV testing ___.

Employee Identification
Employee's printed name:_____
Employee's signature:_____
Date signed:_____

Appendix D