



**SOUTHERN UTAH UNIVERSITY**  
**Department of Nursing**  
**Policy and Procedures**

Policy #  
Date Originated: 7/2004  
Date Reviewed: 5/2014  
Date Amended: 01/12/2012  
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**SUBJECT: Exposure Control Plan**

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The Department of Nursing (DON) at Southern Utah University (SUU) is committed to providing a safe and healthful environment for faculty, staff and student nurses. This commitment includes the prevention of incidents which result in faculty, staff or student injury and illness. In pursuit of these goals, the following exposure control plan (ECP) is provided to eliminate or minimize exposure to blood or other body fluids and to implement compliance with Occupational Health and Safety Administration (OSHA) standard 29, *CFR, 1910.1030*, "Occupational Exposure to Bloodborne Pathogens."

**DON Exposure Control Plan includes:**

- Administration of responsibilities to implement and evaluate ECP
- Exposure Determination
- Implementation of methods of exposure control
- Hepatitis B vaccination
- Post-exposure procedures
- DON annual safety training
- Recordkeeping

**ADMINISTRATION OF RESPONSIBILITIES**

- Department of Nursing is responsible for implementation of the ECP and will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- The faculty, staff and student nurses determined to have exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- For SUU Nursing Autotutorial Learning Lab (ATTL) activities: DON Lab Specialist will provide and maintain all necessary personal protective equipment (PPE), engineering controls, labels, and red bags as required by the standard. The SUU Nursing Lab Specialist will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- For clinical lab experiences at various Healthcare Agencies: the healthcare agency will provide the appropriate PPE, engineering controls and equipment as required by the standard.
- The DON will be responsible for annual training, documentation of training, and making the written ECP available to nursing faculty, staff, student nurses, OSHA and NIOSH representatives.
- The DON will be responsible for ensuring that medical actions required by the standard are performed and that appropriate records are maintained.



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**EXPOSURE DETERMINATION**

The SUU Department of Nursing has determined program activities in which exposure to blood or OPIM may occur to faculty, staff and student nurses:

- Student nurse skills in ATTL lab or classroom performed on a live person, include but are not limited to the following: positioning in bed, transfer techniques, vital signs, physical assessment techniques, initiate peripheral intravenous site, intramuscular and subcutaneous injection.
- Any faculty, professional staff skills demonstrations in ATTL lab or classroom performed on a live person.
- Equipment care, laundry and ATTL lab cleaning post-activities involving blood and OPIM.
- All clinical lab experiences in health care facilities.
- Clinical lab experiences in the community involving health care screenings and nursing care.

**IMPLEMENTATION OF METHODS OF EXPOSURE CONTROL**

***Universal/Standard Precautions***

SUU Department of Nursing embraces Universal/Standard precautions, a method of infection control that requires faculty, staff and students assume that all human blood and human body fluids are infected with bloodborne pathogens. Where it is difficult or impossible to identify body fluids, all are to be considered potentially infectious.

***Exposure Control Plan***

SUU DON faculty, staff and student nurses receive an explanation of this ECP during their initial DON Safety Training and review the ECP annually with DON Safety Training Update. All can review this plan at any time, it is located on the SUU Nursing website, Current Student Resources. <http://www.suu.edu/cose/nursing/current.html>



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**Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used by all nursing faculty, staff and students to eliminate or minimize exposures during SUU Nursing Program activities.

*Engineering Controls*

- Safety protective devices for needles will be utilized when available and activated prior to disposal.
- Needleless IV systems will be utilized whenever available for administering medications.
- Contaminated disposable sharps will be disposed of immediately or as soon as possible after use, into an appropriately labeled sharps container that is leak proof and puncture-resistant.
- Sharps containers *in use*, are located in areas of use and easily accessible. Full containers are securely closed and are not overfilled.
- Contaminated needles will be recapped only when necessary for safe transport or when sharps container is not easily accessible. Recapping must be accomplished through use of a mechanical device or a one-handed technique.
- Contaminated sharps are not reused.
- Hand washing facilities are readily accessible in nursing ATTL labs and health care facilities, including antiseptic hand sanitizer dispensers. Antiseptic hand sanitizers are readily available when identified activities are in community clinical experiences.
- Specimens of blood/OPIM are not obtained in ATTL labs. Handling of specimens at health care facilities during clinical lab rotations will occur according to the OSHA standard to prevent leakage during collection, handling, processing storage, transport, or shipping and the specimens are labeled /color-coded according to agency policy.

*Work Practice Controls*

- When the potential for exposure to blood/OPIM exists, PPE is used.
- Hand cleansing with soap and water or rinseless antiseptic hand sanitizer/ hand rub is expected prior to all ATTL practice sessions, between contacts with live persons and immediately or as soon as feasible after removal of gloves or other PPE.
- Hand cleansing techniques will be performed according to latest Center for Disease Control (CDC) evidence-based recommendation. [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)
- Wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas (body areas are visibly soiled) with blood or OPIM.
- In ATTL labs, no food or drinks are allowed at the bedside stations, medication stations or computer stations.
- In all clinical experiences, eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM.
- All procedures involving blood or OPIM are performed in a manner to minimize splashing, spraying, spattering and generation of droplets or aerosols.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.



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The DON identifies the need for changes in engineering controls and work practices and reviews new procedures/products annually, during final meetings of the academic year.

*Personal Protective Equipment (PPE)*

The following precautions are observed when using PPE:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE in such a way as to avoid contact with the outer surface
- Body protection: Protective clothing (disposable gowns, lab coats, clinic jackets) will be worn when there is a risk of blood or OPIM exposure. The type of protective clothing will depend upon the task and degree of exposure anticipated.
- Gloves: Disposable gloves will be worn when it is reasonably anticipated that there may be hand contact with blood, OPIM, mucous membranes and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces. Never wash or decontaminate disposable gloves for reuse.  
Utility gloves may be decontaminated for reuse if their integrity is not compromised. Replace gloves if torn, punctured, peeling, deteriorating or if their ability to function as a barrier is compromised.
- Masks & Eye protection: When splashes, sprays, spatters or droplets of blood or OPIM is reasonably anticipated to the eyes, nose, and/or mouth then face masks will be worn in combination with splash glasses with side shields or goggles. Alternative devices include face masks with attached shields and chin-length face shields. Example activities include but are not limited to: wound irrigations, airway suctioning, and care within 3 feet of client when droplet precautions are posted.
- Special PPE: In circumstances where protective headgear, footwear or special fitting equipment, for example N95 Tb masks, are needed, the clinical agency will provide for students and clinical faculty the proper equipment. If equipment is unavailable for nursing students or clinical faculty then students will not be assigned to clients or situations that require the special PPE.

The SUU nursing department Lab Specialist is responsible for ensuring and issuing appropriate, readily accessible PPE for use in ATTL labs. Hypoallergenic gloves and non-latex products will be available. Disposable gloves will not be decontaminated or reused.

All PPE will be removed and disposed of appropriately prior to leaving ATTL labs.

Clinical health care facilities will provide, at no cost, appropriate PPE for student nurses and clinical faculty. At the clinical health care facilities, all PPE will be cleaned, laundered, and disposed of by the facility at no cost to nursing students or clinical nursing faculty and the PPE when removed will be placed in appropriate area for washing, decontamination or disposal.



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*Decontamination, Laundry and Regulated waste*

Clinical lab activities involving decontamination, laundry and regulated waste at health care facilities and in the community will be in accordance with applicable OSHA standards.

The following procedures will be followed in ATTL labs:

- SUU Facilities Management, custodial services are responsible for routine cleaning of the ATTL labs, such as daily trash removal, carpet vacuuming and general surface cleansing; reusable receptacles (bins, pails, cans.....) are inspected and decontaminated regularly and/or when contamination is detected and liners to trash cans are changed on a regular basis.
- After a spill or when any visible soiling is present on equipment or surfaces, immediate decontamination occurs. Universal spill kits are readily available for use in ATTL; effective disinfectants are utilized as provided by SUU custodial services (see SUU website for products [www.suu.edu/ad/facilities/custodial](http://www.suu.edu/ad/facilities/custodial) ). Disposable germicidal wipes are also readily accessible.
- Any broken glass or broken sharp equipment is **not** picked up by hand or even gloved hands. Mechanical devices are used such as forceps, tongs, dust pan, brush and equipment provided in a universal spill kit.
- Contaminated sharps are disposed of immediately into containers that are closable, puncture resistant, leak proof and appropriately labeled. Sharps containers are easily accessible when sharps are being used, maintained upright throughout use and processes never require students or faculty/staff to reach by hand into the container.
- Sharps containers are not overfilled; when full the container is locked -closed prior to moving, to prevent spillage or protrusion of contents during handling storage and transport. Full sharps containers are stored in a second closable and leak -proof container until transported for disposal, by qualified contractors in accordance with applicable state and local regulations. The procedure for handling sharps disposal containers is coordinated by SUU Nursing Lab Specialist, SUU Life Safety and Risk Management Coordinator and Valley View Medical Center Environmental Services Manager
- Contaminated laundry is handled as little as possible, with minimal agitation.
- ATTL soiled laundry is cleaned by the Nursing Lab Specialist, who utilizes standard/universal precautions when handling the laundry.

## **HEPATITIS B VACCINATION**

### **For SUU DON faculty and staff:**

- Prior to Hepatitis B vaccine, information is provided on the vaccine's efficacy, safety, method of administration, benefits, and availability.
- The hepatitis B vaccination series is available at no cost and within ten working days prior to any risk exposure assignment to all faculty/staff identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that faculty/staff has previously received the series; 2) antibody testing reveals the faculty/staff person is immune; or 3) medical evaluation shows that vaccination is contraindicated
- DON faculty and staff complete the hepatitis B vaccine informed consent form. The signed form is in faculty/staff individual file, located in office of DON Office Manager.
- Hepatitis B vaccination is an expectation of DON faculty and professional staff.



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**HEPATITIS B VACCINATION**

**For SUU DON student nurse:**

- DON student handbook contains documentation policy for Hepatitis B vaccination series and proof of health insurance coverage and/or waiver forms.
- Complete required documentation of vaccination by a designated deadline. If required documentation is not provided, the student nurse is not allowed to participate in clinical lab experiences at health care facilities or in the community.
- Required documentation forms are kept confidential and are placed in student nurse individual file, located in office of DON Office Manager.

**POST-EXPOSURE PROCEDURES**

**For SUU DON faculty and staff:**

Should an exposure incident occur to DON faculty or staff, perform initial first aid procedures: cleanse the exposure/wound thoroughly with soap and water and/or if eyes, nose, mouth involved then flush with copious amounts of tap water (for 20 minutes). Following initial first aid, immediately contact Human Resources on SUU campus.

- SUU Human Resources will ensure that appropriate procedures are made available post-exposure to blood/body fluids or unusual occurrences/incidents and ensure that appropriate confidential health care professional evaluation and follow-up will be conducted. Coordination with the health care agency involved should occur, when applicable.
- Contact and inform SUU DON Chair of incident and follow-up within 24 hours of event.
- If incident takes place on SUU campus, submit copy of DON Unusual Occurrence/Exposure Report Form to Nursing Lab Specialist, who will maintain a sharps/incident occurrence log for on SUU campus events.
- Follow-up activities include:
  - ✓ Document the routes of exposure and how the exposure occurred
  - ✓ Identify and document the source individual (unless it is established that identification is infeasible or prohibited by state or local law).
  - ✓ Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document that the source individual's test results were conveyed to the faculty/staff's health care provider.
  - ✓ If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
  - ✓ Assure that the exposed faculty/staff is provided 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 (e.g., laws protecting confidentiality).
  - ✓ After obtaining consent, collect exposed faculty/staff blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.



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**POST-EXPOSURE PROCEDURES**

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**For SUU DON faculty and staff:**

- ✓ If faculty/staff 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; if the exposed faculty staff elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- ✓ Assure that the faculty/staff receives a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

DON supervising clinical faculty are responsible to ensure SUU student nurses follow policy and procedures in the event of an unusual occurrence or possible exposure to blood or body fluids.

- Review annually with DON safety training the DON Unusual Occurrence/Exposure Risk Policy & Forms. Located in DON ECP appendix and in DON student handbook <http://www.suu.edu/cose/nursing/pdf/student-handbook.pdf>
- Assure currency of DON Post-Exposure Packet (red folder); keep packet accessible during all supervising clinical rotations
- Facilitate completion of appropriate forms with student nurse who incurred exposure to blood or body fluid. Encourage student to see their primary care provider or health care professional in an urgent care center or ER, ASAP, with instructions to obtain tests for exposure to blood borne pathogens.
- Inform department chair of incident and follow up ASAP. Submit SUU Department of Nursing forms to department chair within 24 hours of incident.

**For SUU DON student nurse:**

Should an exposure incident occur to DON student nurse, perform initial first aid procedures: cleanse the exposure/wound thoroughly with soap and water and/or if eyes, nose, mouth involved then flush with copious amounts of tap water (for 20 minutes). Following initial first aid, immediately notify the supervising faculty member.

- Faculty member will ensure that appropriate procedures are made available post-exposure to blood/body fluids or unusual occurrences/incidents and ensure that appropriate confidential health care professional evaluation and follow-up will be conducted.
- Any injury sustained by the student while participating in DON activities and subsequent medical treatment, with all costs associated with care will be the student's responsibility.
- Assist supervising faculty member with the completion of forms appropriate to the event, required by the facility where the incident occurred and SUU Department of Nursing forms. <http://www.suu.edu/cose/nursing/pdf/student-handbook.pdf>
- If the occurrence takes place on SUU campus a copy of the DON *Unusual Occurrence/Exposure Report* form will be submitted to SUU DON lab specialist who will maintain a sharps/incident occurrence log for on campus events.



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**Procedures for Evaluating Circumstances of Exposure Incidents/Unusual Occurrences**

- Annually, during final meetings of the academic year the DON faculty/staff will review the circumstances of all unusual occurrences/exposure incidents to determine the need for changes or revision to this ECP.
- The DON chair will ensure that appropriate changes are made to this ECP or other policies.

**DON ANNUAL SAFETY TRAINING**

The Department of Nursing annual safety training includes information on occupational exposure to bloodborne pathogens. All student nurses (pre-licensure and RN to BSN) and faculty/professional staff receive initial and annual refresher training conducted by DON lab specialist and clinical faculty.

- The training is interactive and tailored to faculty/staff and student nurse education level, and language.
- Safety training Content and Resources are located in DON ECP Appendix.

**RECORDKEEPING**

**Training Records**

- A DON safety training Log is signed by each faculty, professional staff and student nurse upon completion of training. Attached to the log is training session date, content and resources utilized for training.
- The training log is kept for 3 years in SUU DON Lab Specialist office.

**Health Records**

- The DON Office Manager tracks compliance with hepatitis B vaccination program. Required documentation forms are kept confidential and are placed in student nurse individual file, located in office of DON Office Manager.
- SUU Human Resources maintains faculty and professional staff

**Exposure Incidents & Sharps Injury Logs**

- Exposure incidents/unusual occurrences records for events that occur at health care facilities and community clinical experiences are kept confidential and are located in individual faculty, professional staff or student nurse file in office of DON Office Manager.
- Exposure incidents/unusual occurrences records for events that occur on SUU campus are kept confidential and are located in file in office of DON Lab Specialist.
- Sharps Injury Log will be maintained for at least 5 years following the end of the calendar year covered.





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**APPENDIX List:**

- Annual Safety Training Content and Resources – 05/2014
- Student- Unusual Occurrence/Exposure Risk Policy – 01/2012
- Faculty/Staff/Student Employee Unusual Occurrence/Exposure Risk Policy – 01/2012
- Student Post-Exposure Follow-up Form- 01/2012
- Unusual Occurrence/Exposure Report Form – 01/2012
- *Annual Safety Training/ Blood and Body Fluid Protocol and Release Form* – 05/2013
- *Post-Exposure/ Safe Practice Packet Contents* – 05/2013



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Southern Utah University  
Department of Nursing  
Annual Safety Training Content and Resources- 05/2014

Department of Nursing (DON) Safety training occurs annually for all student nurses (pre-licensure and RN to BSN) and faculty/staff. Initial and annual refresher training is conducted by DON lab specialist and clinical nursing faculty.

**DON Safety Training CONTENT- 05/2014:**

**PROMOTE ASEPSIS & PREVENT INFECTION**

Chain of Infection  
Bloodborne Pathogens, other potentially infectious material (OPIM)  
Healthcare-Associated Infections (HAIs) formerly nosocomial infections  
Promote immune function  
Principles of Asepsis  
Performing Hand Hygiene  
Standard Precautions & Transmission-based Precautions  
Using Personal Protective Equipment (PPE)

**PROMOTE SAFETY & PREVENT ACCIDENTS, INCIDENTS & INJURIES**

Body Mechanics/Ergonomics (Avoid slips, falls, muscle injury)  
Observe safe environment  
    Equipment safety & Electrical Safety  
    Fire Safety  
    Sharps Safety  
    Hazard Communication  
    Emergency Response  
    Workplace Harassment/Violence  
Privacy/Confidentiality/HIPAA  
National Patient Safety Goals (NPSGs)

**CDC, NIOSH, OSHA, QSEN**

**Safety in ATTL and Clinical Lab at various healthcare settings**  
**Department of Nursing Exposure Control Plan (ECP)**



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**DON Safety Training RESOURCES- 05/2014:**

- Nursing Fundamentals Text
- National Safety Council Booklet & DVD, 2013, *Bloodborne and Airborne Pathogens*, McGraw Hill
- Website OSHA
  - [https://www.osha.gov/dsg/hospitals/documents/1.1\\_Data\\_highlights\\_508.pdf](https://www.osha.gov/dsg/hospitals/documents/1.1_Data_highlights_508.pdf)  
Bloodborne Pathogen Standard
  - [https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)
  - [http://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact04.pdf](http://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact04.pdf)
  - [http://www.osha.gov/SLTC/bloodbornepathogens/bloodborne\\_quickref.html](http://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html)
  - [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051)  
Hazard Communication/Globally Harmonized System (GHS)
  - <https://www.osha.gov/Publications/OSHA3642.pdf>
  - <https://www.osha.gov/Publications/OSHA3493QuickCardSafetyDataSheet.pdf>
  - <https://www.osha.gov/Publications/OSHA3491QuickCardPictogram.pdf>
  - <https://www.osha.gov/Publications/OSHA3492QuickCardLabel.pdf>
  - <https://www.osha.gov/dsg/hazcom/ghs.html#1.1>
- Website CDC
  - <http://www.cdc.gov/HealthyLiving>
  - <http://www.cdc.gov/Workplace>
  - <http://www.cdc.gov/HandHygiene/index.html>
  - <http://www.cdc.gov/niosh/>
- Videos at SUU Library in media collection
  - Safety Orientation for Health care: preparation meets opportunity(2005)*  
Virginia Beach, Virginia. Coastal Training Technologies Corp
  - Patient Safety: Your First Concern,(2010)*, Cypress, CA, Medcom Trainex
- Website Southern Utah University [www.suu.edu](http://www.suu.edu)
  - Facilities Management
  - SUU Police and <http://suu.edu/ad/em/index.html>
- Website National Patient Safety Goals
  - [http://www.jointcommission.org/standards\\_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
- Website SUU Dept of Nursing [www.suu.edu/cose/nursing](http://www.suu.edu/cose/nursing)
  - Current Student Resources*
    - Intermountain Healthcare Facility *Information for Student Orientation*, July 2013
    - Student Orientation Booklet, 04/2014, *Intermountain Healthcare*
    - *DON Exposure Control Plan (ECP)*
  - Student Nurse Handbook*
    - *ATTL Policy #5.03*
    - *Required Student Documentation*
- Website QSEN Institute <http://qsen.org/competencies/pre-licensure-ksas/>



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*Student – Unusual Occurrence/Exposure Risk Policy -01/2012*

In the event of an unusual occurrence or possible exposure to blood or body fluids the student shall notify the supervising faculty member immediately.

The supervising clinical faculty member shall immediately, in person, discuss the incident with the involved student(s) to review the incident. If there is a risk of exposure to blood borne pathogens the student will be advised to first, assure that the exposure has been cleansed with soap and water (for a needle stick), or flush eyes, nose or mouth with copious amounts of tap water (for 20 minutes). Faculty member will then facilitate completion of appropriate forms and a medical evaluation. Any injury sustained by the student while participating in DON activities and subsequent medical treatment, with all costs associated with care will be the student's responsibility. Faculty will encourage a medical evaluation with appropriate testing and follow-up including at least the following elements:

- (1) Documentation of the unusual occurrence and/or routes of exposure, and the circumstances of the unusual occurrence/exposure.
- (2) Identification and completion of forms and procedures required by the facility where the incident occurred.
- (3) Completion of SUU Department of Nursing forms.
  - a. Unusual Occurrence/Exposure Report form
  - b. Post Exposure Follow- up form
- (4) In the case of exposure, identification of the source individual, unless in feasible or prohibited by law. (Faculty member will need to work with the nursing staff and policies in the agency or facility where exposure occurred to facilitate this step.)
  - a. Seek to determine the source individual's HBV and HIV status.
  - b. Results of the source individual's testing shall be made available to the exposed student with information about confidentiality and identity protection laws.
- (5) Assistance to student to see their primary care provider or health care provider in an urgent care center or ER, ASAP, with instructions to obtain tests for exposure to blood borne pathogens.
- (6) Inform department chair of incident and follow up ASAP. Submit SUU Department of Nursing forms to department chair within 24 hours of incident.
- (7) If the occurrence takes place on SUU campus (i.e. the practice or validation lab) a copy of the form will be submitted to the lab specialist who will maintain a sharps/incident occurrence log for on campus events.



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*Faculty/Staff/Student Employee Unusual Occurrence/ Exposure Risk Policy-01/2012*

In the event of an unusual occurrence or possible exposure to blood or body fluids the individual involved will report directly to Human Resources on SUU campus.

In addition to forms and procedures initiated by Human Resources, faculty/staff and student employees are asked to inform department chair of incident and follow up.

If the occurrence takes place on SUU campus (i.e. the practice or validation lab) a copy of the form will be submitted to the lab specialist who will maintain a sharps/incident occurrence log for on campus events



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*Student Post Exposure Follow-up Form- 01/2012*

**To be completed by the supervising Clinical Faculty Member** with the involved student(s) at time of incident-*check circles as step is completed.*

- 1. Discuss exposure, how it occurred, and how it could be prevented in the future.
- 2. Discuss risk for blood borne pathogen exposure and recommend immediate follow up with primary health care provider or health care provider at an urgent care center.
  - Individuals who have been exposed to blood or body fluids are at risk for an infectious disease such as HIV, HCV and/or HBV infection. To assess risk, provide timely evaluation of current status, and a baseline for future evaluation and potential interventions it is recommended an exposed individual seeks immediate medical attention. An appointment with their primary care provider if immediately available or an urgent care center provider is strongly recommended. Any injury sustained by the student while participating in DON activities and subsequent medical treatment with all costs associated with care will be the student's responsibility.
- 3. Facilitate student appointment for immediate follow-up.
- 4. Complete the following with the student:
  - Exposed individual's name \_\_\_\_\_
  - Type of exposure \_\_\_\_\_
  - Date and time of exposure \_\_\_\_\_
  - I have completed the DON, OSHA Training, which includes the exposure control plan and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been encouraged to seek immediate follow-up care by my faculty member to determine whether or not I have contracted an infectious disease. I will visit \_\_\_\_\_ provider.
    - Date and time of visit \_\_\_\_\_
    - Student Signature \_\_\_\_\_
    - Faculty Signature \_\_\_\_\_
  - Or
  - I have completed the DON, OSHA Training, which includes the exposure control plan and I understand I may have contracted an infectious disease such as HIV, HCV or HBV. I also understand the implications of contracting these diseases. I have been encouraged to seek immediate follow-up care by my faculty member to determine whether or not I have contracted an infectious disease. Despite all the information I have received, for personal reasons, I freely decline to seek a post-exposure evaluation and follow up.
    - Student signature \_\_\_\_\_ Date \_\_\_\_\_
    - Faculty signature \_\_\_\_\_ Date \_\_\_\_\_



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*Unusual Occurrence/Exposure Report Form- 01/2012*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Date of incident/accident \_\_\_\_\_ Time incident occurred \_\_\_\_\_

Incident location \_\_\_\_\_

Describe the incident fully (route of exposure, circumstances; describe type of controls in a place at time of incident including person protective equipment worn, identify unsafe conditions and/or actions; relevant police reports) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe student's injury (body part/type of injury) \_\_\_\_\_

\_\_\_\_\_

SUU faculty/staff contacted about incident \_\_\_\_\_ Time of contact \_\_\_\_\_

Tell how this type of exposure can be prevented: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow up provided or scheduled \_\_\_\_\_

\_\_\_\_\_

Printed Name of Person preparing report \_\_\_\_\_

Signature of Person preparing report \_\_\_\_\_



**SOUTHERN UTAH UNIVERSITY**  
**Department of Nursing**

**APPENDIX**  
**Exposure Control Plan**  
**Originated 10/2004**  
**Revised 05/2014**

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**SUBJECT: Appendix - Exposure Control Plan**

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*Annual Safety Training/ Blood and Body Fluid Protocol and Release Form – 05/2013*

I understand that in the event of any exposure to blood or body fluid which may occur in the course of my clinical experience, it is my sole responsibility to obtain the recommended or necessary follow-up medical treatment outlined in the Southern Utah University Department of Nursing Exposure Control Plan policy. Each clinical faculty member has a post exposure packet. In the event of an unusual occurrence or possible exposure to blood or body fluids, I understand that I shall notify the supervising faculty member immediately.

I further understand, that if I choose to decline the recommended follow-up medical treatment, I agree to hereby release, indemnify, and hold harmless, Southern Utah University, its Board of Trustees, employees, agents, volunteers and the State of Utah from any liability for personal illness which I may acquire as a result of said exposure.

I further certify that I have received SUU Department of Nursing Annual Safety Training .

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Return this form to: Southern Utah University  
Department of Nursing  
351 West University Blvd. #SCA 108  
Cedar City, UT 84720  
Attention: Teresa Higbee





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**SUBJECT: Appendix - Exposure Control Plan**

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**Post Exposure/Safe Practice Packet Contents – 05/2013**

(Red Folder)

**Introduction**

This packet is designed to provide the information and tools to SUU Department of Nursing Faculty /Staff regarding policy in the event of an unusual occurrence/incident or a pathogen exposure incident, which involved a nursing student and/or faculty/staff while involved in Department of Nursing (DON) activities.

**Packet Contents**

**INFORMATION**

- SUU DON, Annual Safety Training Content & Resources
- Copy of BBP Release Form, signed annually by Faculty/Students
- OSHA FactSheet: BBP exposure incidents, standard
- Student: Unusual Occurrence/Exposure Risk Policy
- Faculty/Staff/ Student Employee: Unusual Occurrence/Exposure Risk Policy
- Safe/Professional Practice Policy

**FORMS**

- Unusual Occurrence/Exposure Report Form
- Student Post Exposure Follow-up Form
- Safe Professional Practice Occurrence Report

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