SUBJECT: Appendix - Exposure Control Plan

APPENDIX List:

- Annual Safety Training Content and Resources - 08/2019
- Student- Unusual Occurrence/Exposure Risk Policy - 08/2018
- Faculty/Staff/Student Employee Unusual Occurrence/Exposure Risk Policy - 08/2018
- Student Post-Exposure Follow-up Form - 8/2018
- Unusual Occurrence/Exposure Report Form - 08/2018
- Annual Safety Training/ Blood and Body Fluid Protocol and Release Form - 05/2013
- Post-Exposure/ Safe Practice Packet Contents - 05/2013
Department of Nursing (DON) Safety training occurs annually for all student nurses (pre-licensure and RN to BSN) and faculty/professional staff. Initial and annual refresher training is conducted by DON lab specialist and clinical nursing faculty.

DON Safety Training CONTENT - 08/2019:

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 SUU Nurse Learning Lab and Clinical Lab at various healthcare settings

Department of Nursing Exposure Control Plan (ECP)
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DON Safety Training RESOURCES- 08/2019:

- Nursing Fundamentals Text
- Website OSHA
  Bloodborne Pathogen Standard
- Website Hazard Communication/Globally Harmonized System (GHS)
  https://www.osha.gov/dsg/hazcom/
- Website CDC
  http://www.cdc.gov/HealthyLiving
  http://www.cdc.gov/HandHygiene/index.html
  http://www.cdc.gov/HAI/prevent/prevention.html
  http://www.cdc.gov/niosh/
- Website Southern Utah University www.suu.edu
  http://suu.edu/ad/em/index.html
  Facilities Management, SUU Police
- Website National Patient Safety Goals
  https://www.jointcommission.org/standards_information/npsgs.aspx
- Website SUU Dept of Nursing www.suu.edu/cose/nursing
  Current Student Resources
  - Statewide Student Nurse Passport Orientation (09/2016 Intermountain Healthcare (IHC))
  - DON Exposure Control Plan (ECP)
  - Student Nurse Handbook
    - Learning Lab Policy #5.03
    - Required Student Documentation
- Website IHI Open School Modules, Online Courses for Basic Certificate in Quality and Safety (QSEN). www.ihi.org
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. To be in compliance with clinical partner policies, a blood exposure will require an immediate baseline titer for Hepatitis B, unless the exposed student has a blood test with “reactive results or (6)six Hepatitis B vaccinations with blood test results of “Not- Reactive” or “Non-responder”.
2. Documentation of the unusual occurrence and/or routes of exposure, and the circumstances of the unusual occurrence/exposure.
3. Identification and completion of forms and procedures required by the facility where the incident occurred.
4. Completion of SUU Department of Nursing forms. (located in SUU DON Student Handbook Appendix and this ECP Appendix)
   a. Unusual Occurrence/Exposure Report form
   b. Post Exposure Follow-up form (if an exposure)
5. 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.
6. Assistance to student to see their private care provider, an Instacare facility, or ER, ASAP with instructions to get tests for exposure to blood borne pathogens.
7. Inform department chair of incident and follow up ASAP. Submit SUU Department of Nursing forms to department chair within 24 hours of incident.
8. If the occurrence takes place on SUU campus (i.e. the SN learning 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.
Faculty/Staff/Student Employee Unusual Occurrence/ Blood Borne Pathogen Exposure Risk 08/2018

In the event of an unusual occurrence or possible exposure to blood or body fluids, during any clinical experience, 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 SN learning 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
Subject: Appendix - Exposure Control Plan

Student Post Potential Exposure Follow-up Form - 08/2018

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 private care provider or insta-care provider.
  - 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 private care provider if immediately available or an insta-care 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 been fully trained in SUU’s 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 been fully trained in SUU’s 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________________
App Panel: Appendix - Exposure Control Plan

Unusual Occurrence/Exposure Report Form- 08/2018
(to be completed by Clinical Faculty Member)

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: Date:________________   Discussion:_________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Student Comments:__________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Faculty Signature:________________________ Student Signature:________________________
SUBJECT: Appendix - Exposure Control Plan

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: ________________________________

Date: ________________________________

Return this form to: Southern Utah University
department of Nursing
351 West University Blvd. #SCA 108
Cedar City, UT 84720
Attention: Teresa Higbee
APPENDIX
Exposure Control Plan
Originated 10/2004
Update 09/2019

SUBJECT: Appendix - Exposure Control Plan

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 Potential Exposure Follow-up Form
- Safe Professional Practice Occurrence Report

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