



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

**APPENDIX**  
**Exposure Control Plan**  
**Originated 10/2004**  
**Update 2020**  
**Reviewed 08/2022**

---

**SUBJECT: Appendix - Exposure Control Plan**

---

**APPENDIX List:**

- Annual Safety Training Content and Resources – 07/2020
- Student- Unusual Occurrence/Exposure Risk Policy – 08/2020
- Faculty/Staff/Student Employee Unusual Occurrence/Exposure Risk Policy – 08/2020
- Student Post-Exposure Follow-up Form- 8/2020
- Unusual Occurrence/Exposure Report Form – 08/2020
- *Annual Safety Training Acknowledgement and Exposure Release Form* – Fall 2020
- *Post-Exposure/ Safe Practice Packet Contents* – Fall 2020



---

**SUBJECT: Appendix - Exposure Control Plan**

---

Southern Utah University (SUU)  
Department of Nursing  
Annual Safety Training Content and Resources- 07/2020

Department of Nursing (DON) Safety training occurs annually for all student nurses and faculty/professional staff. Initial and Update training is conducted by DON lab specialist and clinical nursing faculty.

**DON Safety Training CONTENT- 07/2020:**

**PROMOTE ASEPSIS & PREVENT INFECTION**

Chain of Infection

Pathogens: Bloodborne (BBP), Airborne

Healthcare-Associated Infections (HAIs) formerly nosocomial infections

Other potentially infectious material (OPIM)

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**

**SUU Back to Campus 2020, Stay Safe Pledge**

**Safety in SUU Nurse Learning Lab and Clinical Lab at various healthcare settings**

**Department of Nursing Exposure Control Plan (ECP)**



---

**SUBJECT: Appendix - Exposure Control Plan**

---

**DON Safety Training RESOURCES- 07/2020:**

- 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)
- Website Hazard Communication/Globally Harmonized System (GHS)
  - <https://www.osha.gov/dsg/hazcom/>
- Website CDC
  - <http://www.cdc.gov/HandHygiene/index.html>
  - <http://www.cdc.gov/HAI/prevent/prevention.html>
  - <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
  - <http://www.cdc.gov/niosh/>
  - <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Website Southern Utah University [www.suu.edu](http://www.suu.edu)
  - <https://www.suu.edu/coronavirus/>
  - <http://suu.edu/ad/em/index.html>
  - Facilities Management <https://www.suu.edu/ad/facilities/staff.html>
  - SUU Police <https://www.suu.edu/police/safety-resources.html>
- Website National Patient Safety Goals
  - [https://www.jointcommission.org/standards\\_information/npsgs.aspx](https://www.jointcommission.org/standards_information/npsgs.aspx)
- Website SUU Dept of Nursing <https://www.suu.edu/nursing/>
  - Current Student Resources
    - **DON Exposure Control Plan (ECP)** <https://www.suu.edu/nursing/pdf/exposure-control-plan2.pdf>
    - **Intermountain Clinical Facility Booklet** <https://www.suu.edu/nursing/pdf/ihc-orientation-students-clinicalfacility-2020.pdf>
  - 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.ihl.org](http://www.ihl.org)



---

**SUBJECT: Appendix - Exposure Control Plan**

---

*Student – Unusual Occurrence/Exposure Risk Policy*

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

The supervising clinical faculty member shall immediately, upon notification, 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 Department of Nursing 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 appendix).
  - a. Unusual Occurrence/Exposure form
  - b. Post-Exposure follow up form (if an exposure)
- (5) In the case of exposure, identification of the source individual, unless not 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 notification.
- (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.



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

**APPENDIX**  
**Exposure Control Plan**  
**Originated 10/2004**  
**Update 2020**  
**Reviewed 08/2022**

---

**SUBJECT: Appendix - Exposure Control Plan**

---

*Faculty/Staff/Student Employee Unusual Occurrence/ Exposure Risk*

In the event of an unusual occurrence or possible exposure to blood or body fluids or other potential pathogens, during any clinical experience, the faculty or staff employee 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 should 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*

**To be completed by the supervising Clinical Faculty Member** with the involved student(s) at time of incident notification-*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 pathogen exposure and recommend immediate follow up with private care provider or insta-care provider.
  - Individuals who have been exposed to infectious pathogens are at risk for an infectious disease. 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 a private care provider if immediately available or an insta-care provider is strongly recommended. Any injury sustained by the student while participating in Department of Nursing 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 oriented to SUU's exposure control plan and I understand I may have been exposed to an infectious pathogens. 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 oriented to SUU's exposure control plan and I understand I may have been exposed to an infectious pathogens. 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 \_\_\_\_\_



SOUTHERN UTAH UNIVERSITY  
Department of Nursing

APPENDIX  
Exposure Control Plan  
Originated 10/2004  
Update 2020  
Reviewed 08/2022

---

**SUBJECT: Appendix - Exposure Control Plan**

---

*Unusual Occurrence/Exposure Report Form*  
*(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: \_\_\_\_\_



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

**APPENDIX**  
**Exposure Control Plan**  
**Originated 10/2004**  
**Update 2020**  
**Reviewed 08/2022**

---

**SUBJECT: Appendix - Exposure Control Plan**

---

*Annual Safety Training/ Pathogen Exposure  
Acknowledgement and Release Form– 07/2020*

I understand that in the event of any pathogen exposure (bloodborne, body fluid, airborne) 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 infectious pathogen, 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.

Date \_\_\_\_\_

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





---

**SUBJECT: Appendix - Exposure Control Plan**

---

**Post Exposure/Safe Practice Packet Contents- Fall 2020**

**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 Acknowledgement of Safety Training and Exposure 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

Southern Utah University  
Department of Nursing  
351 West University Blvd.  
Center for Health & Molecular Sciences, 108  
Cedar City, UT 84720

435.586.7915 ph  
435.586.1984 fax

<https://www.suu.edu/nursing/>