



Xavier University of Louisiana Student Health Services Bloodborne Pathogen Exposure Control Plan

INTRODUCTION

Health Care personnel are at risk for occupational exposure to blood borne pathogens, including hepatitis B virus, (HBV) hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Exposures may occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. According to the Centers of Disease Control (CDC), most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as:

- The pathogen involved**
- The type of exposure**
- The amount of blood involved in the exposure**
- The amount of virus in the patient's blood at the time of exposure**

Prevention of Occupational Exposures

Prevention of a needle stick exposure is the most important aspect of a bloodborne pathogen exposure plan. Healthcare personnel are encouraged to use appropriate barriers in order to prevent injuries. These barriers include, but are not limited to:

Use of gloves, gowns, masks, goggles and similar personal protective equipment, which are appropriate to the situation

Utilize universal precautions at all times

Utilize proper hand washing techniques and use of hand sanitizers at all times

Never eat, drink, smoke, apply cosmetics, or handle contact lenses in patient care areas

Never recap needles

Place contaminated sharps, used microscope slides into sharps container immediately after use.

Change sharps containers when 2/3 full

Discard contaminated materials in red trash bags. Trash containing contaminated/biohazard waste are placed in an isolated storage area for Stericycle pick up disposal.

(This trash is not handled by housekeeping staff at Xavier)

If an exposure occurs, the Bloodborne Pathogen Exposure Plan should be implemented immediately.



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In the event of an injury which places an individual at risk for an exposure to a bloodborne pathogen, the following plan will be implemented.

Bloodborne Exposure Plan

1. Care of affected site:

Immediately wash needle sticks and cuts with soap and water.
Irrigate eyes with clean water or saline.
Flush splashes to nose, mouth, or skin with water.

2. Incident Reporting:

Notify the supervisor of the exposure.
Report to Student Health Services immediately after implementing #1 above.
Employees must complete an employee injury/accident report form and Student/Visitor must complete an accident/injury report form.
Describe the details of the incident.
Identify the “source” person to whom the employee was exposed.

3. Response/Treatment:

The injured **employee** will be sent to the university’s workman’s compensation provider if the injury occurs during hours of operation. If the situation occurs on a weekend or after hours, the employee will be sent to the nearest emergency room. Student Health Services must be notified of the injury on the next day of operation.

A **student** or **visitor** who has had a bloodborne pathogen exposure will be sent to the university’s workman’s compensation provider if the injury occurs during normal hours of operation. A phone call will be made to the provider to inform them of the referral. If the injury occurs after hours or for some reason the injured student or visitor cannot be seen by the workman’s compensation provider, the injured party will be sent to the nearest emergency room. Student Health Services must be notified of the injury on the next day of operation.

The individual “**non-employee**” is financially responsible for the expenses incurred with this injury.

Important – Prompt reporting and post exposure management is essential. The provider determines the post exposure testing and prophylaxis needed based on the details of the injury and level of risk exposure. If the decision is made that post exposure prophylaxis (PEP) is warranted, the best outcome in certain situations requires beginning treatment within 24 hours after exposure. Necessity for PEP will be determined by the workman’s compensation provider/clinician.

4. Refusal of Treatment:

If the employee refuses treatment/lab work for the exposure incident, he/she must sign a statement indicating that treatment was offered and refused. Statement must be signed and dated by the employee.



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January 2009**

Source Risk Assessment

Have you ever tested positive for HIV? YES ___ NO ___

Have you ever tested positive for Hepatitis B
Hepatitis C YES ___ NO ___
YES ___ NO ___

Have you ever had a sexually transmitted disease? YES ___ NO ___

Did you receive a blood transfusion or blood products
between 1978 and 1985? YES ___ NO ___

Have you ever used needles to inject street drugs? YES ___ NO ___

Have you ever shared needles to inject street drugs? YES ___ NO ___

Have you ever had sex with another person with HIV
and AIDS? YES ___ NO ___

Are you a male who has had sex with male partners? YES ___ NO ___

Have you had sex with a person who injects street drugs? YES ___ NO ___

Have you ever traded sex for money, drugs, food, or housing? YES ___ NO ___

Have you had unprotected sex (of any kind) within the last 10
years with someone other than your spouse? YES ___ NO ___

Have you ever been sexually assaulted? YES ___ NO ___

Have you had occupational exposure to blood or body fluids
such as a needle stick within the past 10 years. YES ___ NO ___

Do you have a sex partner with any of the above risks for HIV? YES ___ NO ___

Are you or may you be pregnant? YES ___ NO ___

Comments: _____

Signature: _____ Date: _____

Reviewed By: _____