

**Wheeling Jesuit University
Department of Athletic Training
Exposure Control Plan**

As required by

OSHA Blood-borne Pathogens
Standard

Updated: June, 2014

Table of contents

1. Introduction
2. Program management
3. Epidemiology
4. Exposure determination
5. Engineering and work practice control
6. Personal protective equipment
7. Housekeeping
8. Waste disposal
9. Hepatitis B vaccination
10. Post-exposure action plan and evaluation
11. Training

Appendices

- Appendix A: Athletic Training Student Agreement
- Appendix B: Hepatitis B Vaccination Declination Form (ATC)
- Appendix C: Hepatitis B Vaccination Refusal Form (ATS)
- Appendix D: Post-Exposure Evaluation
- Appendix E: Annual Peer Review
- Appendix F: OSHA Forms for Recording Work-Related Injuries and Illnesses

1. Introduction

In December 2001, The Occupational Safety and Health Administration (OSHA) published its regulation “Occupational Exposure to Blood-borne Pathogens,” (29 CFR 1910. 1030). The purpose of the Blood-borne Pathogens Standard is to reduce occupational exposure to Hepatitis B virus, Human Immunodeficiency Virus and other blood-borne pathogens that employees may encounter in their workplace. The Blood-borne Pathogens Standard is available through visiting a website at <http://www.osha-slc.gov>.

This exposure control plan is developed and will be reviewed annually in order to eliminate, reduce and respond to incidents of Athletic Trainers’ and Athletic Training Students’ exposure to blood-borne pathogens at the Wheeling Jesuit University Athletic Training Department.

2. Program Management

Exposure Control Officer

The Exposure Control Officer is responsible for overall management and support of the Wheeling Jesuit University Athletic Training Blood-borne Pathogens Compliance Program. Christina Schoolcraft, MA, ATC has been appointed as the Wheeling Jesuit University’s Exposure Control Officer. Activities which are entrusted to the Exposure Control Officer typically include, but are not limited to:

- a. Overall responsibility for implementing the Exposure Control Plan for the Wheeling Jesuit University Department of Athletic Training.
- b. Developing and providing blood-borne pathogens training programs for all the members of the Wheeling Jesuit University Department of Athletic Training.

3. Epidemiology

Hepatitis B virus

Hepatitis B Virus is associated with a wide spectrum of liver disease, from acute to chronic hepatitis. Clinical manifestations of the disease may present with a mild flu-like illness or may be of a more severe nature requiring bed rest or hospitalization. The symptoms may become apparent anywhere from 28-160 days after exposure. Between two thirds and three fourths of all Hepatitis B infections result in either few or no symptoms of infection. Between 25 and 33% of the infections, however, take a much more severe clinical course. Hospitalization is required in about 20% of the more severe clinical cases.

The annual number of occupational infections involving Hepatitis B virus has decreased tremendously since hepatitis vaccine became available in 1982. There has been a 90% decrease in the number of estimated cases in health professions from 1985 to 1996.

Hepatitis C virus

Hepatitis C virus infection is the most common chronic blood-borne infection in the United States. Hepatitis C is usually transmitted through parenteral injection, such as body piercing, tattooing, sharing of needles, etc. However, Hepatitis C virus can be infected through exposure to infectious body fluids. Hepatitis C symptoms are similar to the symptoms of Hepatitis B infection. No protective inoculation has been invented for the Hepatitis C virus. Over 60% of all persons infected with Hepatitis C virus develop chronic hepatitis.

Human immunodeficiency virus

Human immunodeficiency virus (HIV) is transmitted in three ways: sexually, through blood exposure and perinatally from mother to child. HIV is not transmitted through casual contact with a carrier. Symptoms of HIV infection include fatigue, fever, weight loss, night sweats, rashes, mouth sores and pneumonia. There is no vaccine for preventing HIV infection and no mean of cure.

4. Exposure determination

Athletic Trainers and Athletic Training Students may be expected to handle blood or other potentially infectious materials during Athletic Training duties. Tasks or procedures in which exposure to blood-borne pathogens may occur include, but not limited to: wound care, cleaning body fluid spills, handling contaminated medical devices, handling contaminated laundry, and assisting a physician with injections.

5. Engineering and work practice control

Standard precautions

Standard precaution is an approach to infection control, in which all human blood and all body fluids, except sweat, are treated as if known to be infectious for blood-borne pathogens. Potentially infectious materials include blood, all body fluids except sweat, non-intact skin and mucous membranes. Universal precautions refer to the use of barriers or protective measures when dealing with blood or other potentially infectious materials.

Hand washing

Athletic Trainers and Athletic Training Students are to wash hands by using a proper technique immediately or as soon as possible after contact with blood or other infectious materials or after removing gloves. A hand-washing facility is located in the Athletic Training Room. When Athletic Trainers and Athletic Training Students are on duties at locations where hand-washing facilities are not feasible, a waterless antiseptic cleanser is provided. If this alternative is used, the hands are to be washed with soap and running water as soon as feasible.

Contaminated needles

Contaminated needles and other contaminated sharps should not be recapped, bent or broken purposely. Contaminated needles and any contaminated sharps must be placed in a sealed, puncture-resistant container, displaying a BIOHAZARD label, immediately or as soon as possible after use. When necessary, recapping must be completed by using a one-hand technique. The sharps container is located in the Athletic Training Room.

Food and drink

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the entire Athletic Training Room where there is reasonable likelihood of exposure to blood or other potentially infectious materials. Food and drink should not be stored in a freezer, shelves, cabinets, or on taping tables or treatment tables where there is a risk of exposure to blood or other potentially infectious materials.

6. Personal protective equipment

All personal protective equipment used during athletic training duties will be provided without cost to Athletic Trainers or Athletic Training Students. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the Athletic Trainers or Athletic Training Students' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Gloves

Gloves shall be worn where it is reasonably anticipated that Athletic Trainers or Athletic Training Students will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes and when handling or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Eye and Face protection

Eye and face protection devices, such as face shields, chemical goggles, or safety glasses with solid side shields are to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye contamination can reasonably be anticipated. Eye protection devices are located in the Athletic Training Room.

CPR masks

Each Athletic Trainer and Athletic Training Student is required to carry a CPR mask on them or be reasonably accessible to a CPR mask during athletic training duties. CPR masks are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

7. Housekeeping

The Athletic Training Room is to be maintained in a clean and sanitary condition. In order to facilitate this, a written schedule for cleaning is to be established. In addition to the scheduled cleaning, all equipment and work surface are to be cleaned and decontaminated after the completion of tasks or after spills of blood or other potentially infectious materials. The Exposure Control Officer is responsible for setting up the cleaning and decontamination schedule and making sure it is achieved within the Wheeling Jesuit University Athletic Training Room.

8. Waste disposal

All infectious waste must be placed into closed and leak-proof infectious waste container with a red bag and a biohazard symbol. The infectious waste container is located in the Athletic Training Room. The infectious waste container and sharps container should not exceed 75 percent full. Once the containers are close to 75 percent full, the Exposure Control Officer remove and secure the red bag or the sharps container and contact the WJU Health Center for proper removal.

9. Hepatitis B vaccination

Hepatitis B vaccine prevents both HBV infection and Hepatitis B disease and has been available since 1982. Typical vaccination schedule are at 0, 1st month, and 6th month intervals. All Athletic Trainers, who have not received the Hepatitis B vaccination, are offered the vaccination at no cost. All Athletic Training Students are required to complete the Hepatitis B vaccination series at their own cost prior to the first field experience. Contraindication to the vaccine are for those who have an allergy to yeast, who have had a previous Hepatitis B infection, who are pregnant, or who are currently undergoing immunosuppressive therapy. If an Athletic Trainer or an Athletic Training Student declines the vaccination, they must sign a declination form with a copy maintained in their official file.

10. Post-exposure action plan and evaluation

Athletic Trainers or Athletic Training Students are to report any exposure to blood or other potential infectious materials to the Exposure Control Officer. The incident will be documented to include route of exposure, date and time, and circumstances relating to the incident. Information will remain confidential and be maintained in the individual's medical file. If possible, the identification of the source individual will be documented by the Exposure Control Officer. The Exposure Control Officer will contact the source individual or parent/guardian of minor and obtain consent for blood testing for HIV, HBV, and HCV status. The exposed Athletic Trainer or Athletic Training Student will be referred to the School Health Center for referral for blood testing as soon as consent is acquired. Once these procedures have been completed, an appointment is arranged for the exposed Athletic Trainer or Athletic Training Student with a qualified healthcare professional to discuss their medical status. Accurate records must be retained for each Athletic Trainer or Athletic Training Student with an exposure during Athletic Training duty for at least 30 years past the duration of employment, in accordance with OSHA

regulations.

11. Training

Blood-borne pathogens and Infection Control training will be conducted initially and annually. All athletic training students and faculty/staff Certified Athletic Trainers are required to complete an online training module on the university's Blackboard web site. Following completion of the video, students and ATC's will take a ten question quiz on Blackboard and must receive a score of 10/10. Once the needed score is achieved, a link will appear on the Blackboard system for them to print out a certificate of completion. This certificate will be used for documentation of completion. Students' certificates will be kept on file in the Clinical Educator Coordinator's office. Faculty and staff ATCs' certificates will be kept on file in the Head Athletic Trainer's office. Blood-borne pathogens and infection control training include the following:

- OSHA standard for blood-borne pathogens (BBP)
- Epidemiology and symptomology of BBP
- Modes of transmission of BBP
- Cough etiquette
- Exposure Control Plan
- Tasks or procedure with exposure risks to blood and other infectious materials
- Personal protective equipment
- Hand-washing technique
- Alcohol-based hand cleaner
- HIV, HBV, HCV, TB
- Hepatitis B vaccination
- Post-exposure action plan
- Post-exposure evaluation and follow-up

Wheeling Jesuit University Department of Athletic Training Exposure Control Plan

I hereby confirm that I have read, understand, and will abide with Wheeling Jesuit University's Exposure Control Plan. I agree to use standard precautions to limit my risk of infection through exposure. I also agree to inform the Exposure Control Officer if I am exposed to blood or potential other infectious materials and will follow the plan with the university's guidance.

(Student name)

(Date)

(Student signature)

(AT Faculty/Staff Witness)

(Date)

Wheeling Jesuit University Department of Athletic Training Exposure Control Plan

Hepatitis B Vaccination Refusal Form (ATC)

Name: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. If, in the future, I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

(ATC signature)

(Date)

(Exposure Control Officer signature)

(Date)

Wheeling Jesuit University Department of Athletic Training Exposure Control Plan

Hepatitis B Vaccination Refusal Form (ATS)

Name: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus infection. I have been informed of the risk of Hepatitis B infection and that WJU ATP requires Athletic Training Students to complete the Hepatitis B vaccination prior to the first field experience. However, I refuse the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

(AT Student signature)

(Date)

(Exposure Control Officer signature)

(Date)

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Post-Exposure Incident Report

Name: _____ **Position:** _____

Date & Time of Exposure: _____

Explain the route of exposure and give a detailed account of the circumstances that led to the exposure.

Were standard precautions used? Y ___ N ___

If yes, what standard precautions were used? _____

If no, why were standard precautions not used? _____

Is the source individual willing to have a blood test to determine their HIV, HBV, HCV status? Y ___ N ___

If no, did the source individual make a declaration as to their status? Y ___ N ___

If yes, what was their stated status? _____

Was the exposed individual referred to the WJU Health Center? Y ___ N ___

Appointment date and time: _____

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Annual Peer Review

2014 **Reviewer:** _____ **Date:** _____

Additions or Edits: _____

2015 **Reviewer:** _____ **Date:** _____

Additions or Edits: _____

2016 **Reviewer:** _____ **Date:** _____

Additions or Edits: _____

2017 **Reviewer:** _____ **Date:** _____

Additions or Edits: _____

2018 **Reviewer:** _____ **Date:** _____

Additions or Edits: _____
