Northern Kentucky University
Athletic Medicine Department
Exposure Control Plan

As required by

OSHA Bloodborne Pathogens Standard

Revised in August, 2005

Originally written in
August 2004

Table of contents

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

Appendices

Appendix A: Athletic Training Room Duties Sheet
Appendix B: Hepatitis B Vaccination Declination Form (ATC)
Appendix C: Hepatitis B Vaccination Refusal Form (ATS)
Appendix D: Post-Exposure Evaluation
Appendix E: Follow-up Checklist
Appendix F: Bloodborne Pathogens Training Attendance

1. Introduction

In December 2001, The Occupational Safety and Health Administration (OSHA) published its regulation "Occupational Exposure to Bloodborne Pathogens," (29 CFR 1910. 1030). The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure to Hepatitis B virus, Human Immunodefeciency Virus and other blodborne pathogens that employees may encounter in their workplace. The Bloodborne 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 bloodborne pathogens at the Northern Kentucky University Athletic Medicine Department.

2. Program Management

Exposure Control Officer

The Exposure Control Officer is responsible for overall management and support of the Northern Kentucky University Athletic Medicine's Bloodborne Pathogens Compliance Program. Noriko Masamoto, MS, ATC has been appointed as the Northern Kentucky University Athletic Medicine's Exposure Control Officer. In addition, Cris Stickley, MA, ATC has been selected to be in an Exposure Control Committee to assist the Exposure Control Officer in accomplishing her responsibilities. 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 Northern Kentucky University Athletic Medicine Department.
b. Developing and providing bloodborne pathogens training programs for all the members of the Northern Kentucky University Athletic Medicine Department.

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 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 bloodborne infection in the United States. Hepatitis C is usually transmitted through parenteral injection, such as body piercing, tattooing, sharing needles and so on. 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.
HIV is not as contagious or as virulent in a healthcare setting as Hepatitis virus. Only 55 healthcare workers have become infected with HIV and only 24 developed AIDS since 1991 (as of 2001). These low figures may be a result of the application of safety precautions in the healthcare setting and the low virulence of the HIV virus.

4. Exposure determination

Athletic Trainers and Athletic Training Students may be expected to incur exposure to blood or other potentially infectious materials during Athletic Training duties. Tasks or procedures in which exposure to bloodborne 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 (previously known as "Universal 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 bloodborne 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 handwashing facility is located in the Athletic Training Room. A proper hand washing technique is demonstrated at the annual

bloodborne pathogens training session. When Athletic Trainers and Athletic Training Students are on duties at locations where handwashing 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 under the sink in AHC218A.

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 equipments

All personal protective equipments used during athletic training duties will be provided without cost to Athletic Trainers or Athletic Training Students. Personal protective equipments 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. A proper glove removal technique is demonstrated at the annual bloodborne pathogens training session.

Eye protection

Eye protection devices, such as goggles or glasses with solid side shield 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 far left cabinet under the taping table.

CPR masks
Each Athletic Trainers and Athletic training students are 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

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 Northern Kentucky University Athletic Training Room.

8. Waste disposal

All infectious waste must be placed into closed and leakproof infectious waste container with a red bag and a biohazard symbol. The infectious waste container is located by the door of AHC218A. The infectious waste container and sharp container should not exceed 75 percent full. Once the containers are close to 75 percent full, the Exposure Control Officer is responsible to report to Jeff Baker, Environmental Safety Coordinator at Northern Kentucky University.

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 to the vaccination at no cost within 10 working days of initial appointment. 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.

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 a medical facility for blood testing as soon 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 the 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

Bloodborne pathogens and hazardous material training will be conducted initially and annually by the Exposure Control Officer. All the athletic training students are required to attend the training prior to field experience. Documentation of all attendees for the training as well as the name and qualifications of the presenter are to be recorded and kept in AHC218A. Bloodborne pathogens and hazardous material training include the followings:

- OSHA standard for bloodborne pathogens (BBP)
- Epidemiology and symptomology of BBP
- Modes of transmission of BBP
- Exposure Control Plan
- Tasks or procedure with exposure risks to blood and other infectious materials
- Engineering controls
- Personal protective equipments
- Laundry procedure
- Hand-washing technique
- Signs and labels
- Hepatitis B vaccination
- Post-exposure action plan
- Pots-exposure evaluation and follow-up
- Q & A

Hepatitis B Vaccination Declination Form (ATC)

Name: _____

SSN: _____

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.

_____ _____
Athletic Trainer Signature Date

_____ _____
Exposure Control Officer's Signature Date

Hepatitis B Vaccination Refusal Form (ATS)

Name: _____

SSN: _____

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 NKU-ATEP 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.

_____ _____
Athletic Training Student Signature Date

_____ _____
Exposure Control Officer's Signature Date