
**INFECTIOUS DISEASES POLICY
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INFECTIOUS DISEASES POLICY

I. INTRODUCTION

- A. This document outlines the University of Oklahoma (OU) policy and procedures for all OU campuses and clinical related facilities except the OU Norman campus (hereinafter referred to as OUHSC/OU-Tulsa) for infectious diseases including human immunodeficiency virus (HIV), other bloodborne pathogens such as the hepatitis B virus (HBV) and the hepatitis C virus (HCV), tuberculosis, and other infectious diseases.
- B. These programs and policies shall be guided by the recommendations and regulations of the Occupational Safety and Health Administration (OSHA), U.S. Public Health Service, and the Centers for Disease Control and Prevention (CDC), and shall be updated as these guidelines and recommendations change.
- C. While this constitutes the OUHSC/OU-Tulsa policy, colleges and associated clinical entities may adopt more detailed policies which do not conflict with or override the OUHSC/OU-Tulsa policy, and which must be at least as stringent as the OUHSC/OU-Tulsa policy.

II. SCOPE

- A. This policy applies to faculty, students, staff and administrators of all OUHSC/OU-Tulsa facilities and programs except OU-Tulsa Norman campus-based students.
- B. Each college or department, investigator or clinician is expected to follow and enforce the procedures outlined in this document. Disciplinary action should be followed for employees or students who refuse or fail to use appropriate safety equipment or employ appropriate safe procedures.
- C. Each college or department shall provide required employee vaccinations, skin tests, chest x-rays, and other preventive medical procedures or evaluations, and appropriate protective clothing and safety devices for a given task or procedure at no cost to the employee, including but not limited to laboratory coats, uniforms, aprons or other protective clothing; safety glasses or goggles; gloves; respirators; mechanical pipetting devices; and the like as required by this policy.
- D. Issues related to smallpox and the smallpox vaccine will be addressed under a separate document.

III. PATIENTS WITH INFECTIOUS DISEASES

- A. OUHSC/OU-Tulsa faculty, students and staff with patient care responsibilities may not refuse to treat a patient whose condition is within their realm of competence solely because the patient has an infectious disease. However, departments/clinics may choose to defer non-emergency procedures on patients with airborne infectious diseases until such time as the patient is non-infectious.

- B. All patient medical records must be kept confidential and must not be disclosed to others except as required or permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations and other applicable laws or as authorized in writing by the patient. Oklahoma law specifically requires the good faith disclosure of infectious disease test results to the Oklahoma State Department of Health and to healthcare personnel having a reasonable need to know about the infection for purposes of providing patient care.
- C. It is the responsibility of the attending physician to report to the Oklahoma State Department of Health the identity of any patient confirmed to be infected with an infectious disease identified on the Oklahoma Department of Health Form 295, *Reportable Disease Card* which may be found in Appendix A, along with other supporting documentation and forms for reporting infectious diseases.

IV. VACCINATION/IMMUNIZATION REQUIREMENTS

- A. Employees with reasonable anticipation of occupational exposure to blood or other potentially infectious materials should be offered, at no cost to the employee, the opportunity to receive the hepatitis B vaccination series. Employees may decline the vaccination series and may indicate so on the *Vaccine History Form for OUHSC/OU-Tulsa Employees and Students* (see Appendix B) and may request it at a later date if they so desire. Students with the potential for exposure to blood or other potentially infectious materials are encouraged to receive the hepatitis B vaccination series which may be obtained from Student Health Services in Oklahoma City and the OU-Tulsa Harvard Clinic in Tulsa.
 - 1. For hepatitis B vaccinations given after the effective date of this policy, students and employees shall be provided the opportunity to have their antibody level measured approximately 4-8 weeks after administration of the third vaccination to assess adequacy of response.
 - 2. Such vaccination and serology testing shall be at no cost to the employee, and shall be paid for by the employee's college or department. Students are responsible for their own costs.
 - 3. If, as a result of the titer information, the vaccination series and serology testing should be repeated, this should also be performed at no cost to the employee, and shall be paid for by the employee's college or department.
 - 4. If the results of the second serology tests are negative, no further primary vaccinations will be provided. In accordance with CDC guidelines, the employee or student should be evaluated to determine if they are hepatitis B antigen positive (chronically infected). Vaccine non-responders with negative hepatitis B antibodies who are also hepatitis B antigen negative should be considered susceptible to HBV infection and should be counseled accordingly.
- B. Employees or students desiring hepatitis A vaccination may inquire as to the availability and

cost of such vaccination through Employee Health, Student Health in Oklahoma City, or Student Health through the OU-Tulsa Harvard Clinic, but such vaccination will be provided at the expense of the employee or student unless it can be shown that the employee has an increased risk of exposure as a result of on-the-job activities at OU.

- C. Vaccinations required or recommended for laboratory work with infectious agents should be offered to all employees who work with such agents at no cost to the employee. If the employee chooses to decline the vaccination, the employee's supervisor should document this decision, and allow the employee to receive the vaccination at a later date if desired and if exposure is still present.
- D. Vaccination/immunization requirements for employees for other infectious diseases shall be as indicated in Appendix B. The cost of such vaccinations/immunizations or titers to meet these requirements shall be paid for by the employee's department.
- E. Vaccination/immunization requirements for OUHSC students and OU-Tulsa health sciences students shall be as indicated on the *Vaccine History Form for OUHSC/OU-Tulsa Employees and Students* found in Appendix B. Colleges/departments may modify the forms for their particular student needs but must include at least the requirements indicated on this form. In addition, all first-time student enrollees who will reside in on-campus student housing shall be vaccinated against meningococcal disease, or, be provided by Student Health with detailed information on the risks associated with meningococcal disease and the availability of vaccine and sign a written waiver in a form approved by the State Department of Health stating that the individual has received and reviewed the information provided and has chosen not to be vaccinated against meningococcal disease. The cost of the meningococcal vaccine shall be borne by the student.
- F. Additional vaccination/immunization requirements for required rotations for employees or residents shall be paid for by the employee/resident's college or department. Additional vaccination/immunization requirements for elective rotations for employees, residents or students shall be paid for by the individual.
- G. For new employees, all vaccinations/immunizations required by this section should be completed and on file with the appropriate Employee Health office within ten (10) days of employment. The person responsible for hiring the new employee is responsible for verifying that the vaccination/immunization have been completed prior to the end of the specified University employment probationary period, or six (6) months, whichever is sooner.
- H. Proof of immunity to measles, mumps, rubella, and varicella must be documented for all healthcare workers and other workers who perform duties in hospital settings. Proof of immunity should be documented for all other healthcare and other workers who perform duties in patient-care settings. Employees who lack documented immunity and who are subsequently exposed shall be quarantined for the incubation period of the exposure on leave with pay if available, and if not available, leave without pay.
- I. Each Employee Health office shall maintain all employee vaccination/immunization records

for at least the duration of employment plus thirty (30) years.

V. HEALTH AND SAFETY PRECAUTIONS

- A. OUHSC/OU-Tulsa faculty, students and staff with any reasonably anticipated exposure to human blood, body fluids or other potentially infectious materials should comply with the guidelines and regulations established by the CDC, OSHA, and the OUHSC/OU-Tulsa *Bloodborne Pathogen Exposure Control Plan* (see Appendix C).
- B. OUHSC/OU-Tulsa faculty and staff who may, during the course of their employment, have the potential for exposure to TB, should comply with the OUHSC/OU-Tulsa *Tuberculosis Infection Control Policy and Program* (see Appendix D). Student policies and procedures are also found in this document.
- C. Laboratory protocols for research using infectious disease agents may be found in the OUHSC/OU-Tulsa *Laboratory Safety Manual*, the CDC/NIH document *Biosafety in Microbiological and Biomedical Laboratories* and the NIH *Guidelines for Research Involving Recombinant DNA Molecules*, which may be obtained upon request from the OUHSC/OU-Tulsa Environmental Health and Safety Office (EHSO).

VI. HAND HYGIENE PROCEDURES

Students and employees with patient care responsibilities should follow these hand hygiene procedures.

- A. Wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water:
 - 1. when hands are visibly dirty;
 - 2. when hands are contaminated with proteinaceous material;
 - 3. when hands are visibly soiled with blood or other body fluids;
 - 4. if exposure to *Bacillus anthracis* is suspected or proven; and
 - 5. before eating and after using a restroom.
- B. If hands are not visibly soiled, use an alcohol-based hand rub or wash hands with an antimicrobial soap and water for routinely decontaminating hands in the following clinical situations:
 - 1. before having direct contact with patients;
 - 2. before donning sterile gloves when inserting a central intravascular catheter;
 - 3. before inserting indwelling urinary catheters, peripheral vascular catheters, or other

- invasive devices that do not require a surgical procedure;
 - 4. after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient);
 - 5. after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled;
 - 6. if moving from a contaminated-body site to a clean-body site during patient care;
 - 7. after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient; and
 - 8. after removing gloves.
- C. Students and employees with patient care responsibilities should wear gloves for all hand contaminating activities.
- D. Students and employees with patient care responsibilities are prohibited from wearing artificial nails (anything applied to natural nails other than nail polish is considered artificial, including bonding, tips, wrappings, tapes, and inlays). Nail polish, if chipped or worn, should be removed. Natural nails should be maintained less than one quarter of an inch long if students or employees care for patients at high risk of acquiring infections (e.g. patients in intensive care units or in transplant units).

VII. WORK RESTRICTIONS

- A. Work restrictions for employees with patient contact shall follow the protocol established by the CDC and the Hospital Infection Control Practices Advisory Committee entitled, "Guideline for Infection Control in Healthcare Personnel, 1998", summarized in Appendix E, *Guidelines for Work Restrictions for Healthcare Personnel with Patient Contact*.
- B. Work restrictions for employees with no patient contact and classroom restrictions for students are identified in Appendix F, *Guidelines for Work/Classroom Restrictions for Employees/Students without Patient Contact*.
- C. Employees with infectious diseases which require work restrictions according to these tables should notify their immediate supervisor.
- D. In the event review of work restrictions by an expert review panel is indicated, the supervisor shall contact the appropriate campus' Legal Counsel who will notify the OUHSC Provost or the OU-Tulsa President of the need for appointment of an ad hoc committee to confidentially review the circumstances and make recommendations.

VIII. PROCEDURES FOR DEALING WITH EXPOSURES

- A. Exposures to infectious or potentially infectious agents/materials shall be documented as follows:
1. For employee exposures, the employee must complete an *Employee's Report of Injury/Exposure On-The-Job* form. The employee's supervisor must complete and sign a *Form 2, Employer's First Notice of Injury and Supervisor's Report of an Occupational Injury or Illness* form and FAX these forms to Claims & Risk Services, Inc. (FAX number 405/751-0951) within 24 hours of the incident. Copies of these forms may be found in Appendix G.
 2. All OUHSC student exposures shall be reported to Student Health Services and documented on a *Student Health Injury/Exposure Report Form* (see Appendix G), with a copy submitted to OUHSC Risk Management.
- B. Exposures to blood or other potentially infectious material shall follow the procedures identified in the OUHSC/OU-Tulsa *Bloodborne Pathogen Exposure Control Plan* found in Appendix C.
1. The responding health care professional should manage the exposure or possible exposure according to the current CDC guidelines or protocol. Copies of the most current protocol may be obtained from the EHSO or the CDC.
 2. OUHSC/OU-Tulsa departments/clinics where employees have the potential for exposure to human blood or other potentially infectious materials from patients and who do not have access to hospital source blood patient testing procedures should have a plan for drawing source blood in the event of an incident. See Appendix C, OUHSC/OU-Tulsa *Bloodborne Pathogen Exposure Control Plan* for additional detail.
 - a. If blood has already been drawn from the source patient for other purposes, it may be tested for HIV without patient consent if a written statement from the employee verifying that he or she has been exposed to the bodily fluids of the person whose blood is to be tested, and the exposure placed the health care or emergency care worker at risk.
 - (1) The *Bloodborne Pathogens Employee Statement of Exposure Form* found in Appendix H should be completed by the employee.
 - (2) The *Bloodborne Pathogens Source Patient Consent for Blood Testing* form found in Appendix H should be completed and provided to the patient. This form also requests consent from the patient to test for HBV, HCV and other bloodborne pathogens.
 - b. Where blood has not previously been drawn from the patient, the *Bloodborne Pathogens Source Patient Consent for Withdrawal of Blood and Testing* form found in Appendix H should be given to the patient requesting consent

- for blood to be drawn for testing purposes. If consent is not obtained, the clinic/department shall document that consent cannot be obtained on the same form.
- c. Source blood test results shall only be available to the source, the exposed employee/student, and the responding and/or treating healthcare professional. It is the responsibility of the treating healthcare professional to report to the Oklahoma State Department of Health the identity of any patient confirmed to be infected with an infectious disease identified on the Oklahoma Department of Health Form 295, *Reportable Disease Card* which may be found in Appendix A, along with other supporting documentation and forms for reporting infectious diseases.
 - d. Exposures from patients who do not agree to source blood testing or exposures to unknown sources should follow CDC protocol for unknown source patient treatment.
3. All post-exposure initial and follow-up testing, counseling and participation in medication protocols will be without cost to all OUHSC/OU-Tulsa employees under the workers' compensation program. Costs for students shall be covered by Student Health Service fees.
- C. Exposures to *M. tuberculosis* will follow the procedures identified in the OUHSC/OU-Tulsa *Tuberculosis Infection Control Policy and Program* found in Appendix D.
 - D. Exposures to other infectious diseases shall be addressed on a case by case basis. Employees should proceed for medical evaluation to the facilities identified in Appendix I, *Referral Facilities for Exposures to Infectious Diseases other than Bloodborne Pathogens or Tuberculosis*.

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APPENDIX A
FORMS FOR REPORTING INFECTIOUS DISEASES

APPENDIX B
VACCINATION/IMMUNIZATION REQUIREMENTS

Vaccination/Immunization Requirements

All existing and new employees shall be required to complete the *Vaccine History Form for OUHSC/OU-Tulsa Employees and Students* beginning on page B-3 and present it to the appropriate Oklahoma City or Tulsa Employee Health facility. Proof of immunity to measles, mumps, rubella, and varicella must be documented for all healthcare workers and other workers who perform duties in hospital settings. Employees who lack documented immunity and who are subsequently exposed shall be quarantined for the incubation period of the exposure on available leave with pay if available, and if not available, leave without pay. Proof of immunity should be documented for all other healthcare and other workers who perform duties in patient-care settings. Employees who do not show proof of previous vaccination/immunity (or for varicella, have a known history of chicken pox) of the diseases indicated on the table below shall be titered for immunity and/or be offered the vaccination at no cost to the employee (cost to be borne by the employee's department). Non-hospital employees may choose to decline titering or vaccination, but must sign documentation that the titer/vaccination(s) was/were offered. Employees who lack documented immunity and who are subsequently exposed shall be quarantined for the incubation period of the exposure on leave with pay if available, and if not available, leave without pay.

All application, immunization schedules, vaccine doses, etc. shall follow the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report (MMWR), December 26, 1997, Vol. 46, No. RR-18, "Immunization of Health-Care Workers," or any update published in the MMWR.

Participation in the annual tuberculosis purified protein derivative (PPD) skin testing program will conform to the procedures outlined in the OUHSC/OU-Tulsa *Tuberculosis Infection Control Policy and Program*.

Personnel Category	Required	Suggested
Healthcare workers with reasonable anticipation of exposure to bloodborne pathogens (e.g.: nurses, physicians, technicians, dental personnel, clinical lab personnel, housekeeping staff in clinical facilities except Dental Clinical Sciences Building)	Hepatitis B Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Healthcare workers without reasonable anticipation of exposure to bloodborne pathogens (e.g., front-line reception, occupational therapy, psychiatry employees, translators, social workers, counselors)	Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Dental personnel with pediatric or hospital rotation responsibilities	Hepatitis B Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Dental personnel without pediatric or hospital rotation responsibilities	Hepatitis B PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Other employees who work in patient contact areas	PPD Skin Testing Program Measles/Mumps/Rubella Varicella	Influenza

OUHSC Campus Police	Hepatitis B Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
OU-Tulsa Schusterman Campus Security	Hepatitis B PPD Skin Testing Program	Influenza Tetanus/Diphtheria
OU-Tulsa Sheridan Campus Security	Hepatitis B Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Child Study Center, Keys Speech and Hearing Center Personnel	Hepatitis A (as appropriate based on duties) Measles/Mumps/Rubella Varicella PPD Skin Testing Program	Influenza Tetanus/Diphtheria
Personnel whose job duties require handling food	Hepatitis A	Influenza Tetanus/Diphtheria
Research	Based on specific research	Influenza Tetanus/Diphtheria
Site Support/Operations personnel with reasonable anticipation of exposure to bloodborne pathogens and who provide services in patient care areas	Hepatitis A (plumbers only) Hepatitis B Measles/Mumps/Rubella Varicella PPD Skin Testing Program Tetanus/Diphtheria	Influenza
Site Support/Operations personnel without reasonable anticipation of exposure to bloodborne pathogens, but who provide service in patient care areas	Measles/Mumps/Rubella Varicella PPD Skin Testing Program Tetanus/Diphtheria	Influenza
Other Site Support/Operations/Landscape Personnel	Tetanus/Diphtheria	Influenza
Housekeeping staff in non-clinical facilities and Dental Clinical Sciences Building	Hepatitis B	Hepatitis A Tetanus/Diphtheria Influenza
Animal Handlers and personnel who enter animal care areas	In accordance with the OUHSC Division of Animal Resources <i>Occupational Health and Safety Program</i>	

Vaccine History Form for OUHSC/OU-Tulsa Employees and Students

Name _____ Dept _____ SSN ____/____/____ Date _____
 Job Title _____ Date of Birth _____
 Department Address _____ Dept. Phone _____

Do your job duties ever require work in patient contact areas? Yes No ____ Initial
If you answered Yes, please provide the records requested in 1, 2, 3, 4, 5, and 7 (for non-hospital dental personnel and non-pediatric dental personnel, 1 only) below.

Do your duties have the potential for exposure to human blood, blood products, or other body fluids? Yes No ____ Initial
If you answered Yes, please provide the records requested in 6 below.

Do your job duties ever require work in hospital areas, or are you a student? Yes No ____ Initial
If you answered 'No' to all three of the above questions, complete all information requested above and send the form to Employee Health.

9. Tuberculin PPD Mantoux Skin Test (Tine or Monovac test not acceptable) complete item a or b
 a. Attach evidence of a negative tuberculin PPD (Mantoux) test received in the last 12 months. Test Date _____
 or
 b. Date of first positive tuberculin PPD (Mantoux) test Test Date _____
 i. Attach evidence of a follow-up negative chest x-ray X-Ray Date _____
 ii. Did you receive isoniazid-based therapy? Yes No

2. Varicella (Chicken Pox) complete a, b, or c
 a. **FOR EMPLOYEES ONLY:** Have you had chickenpox? Yes No Uncertain
 Signature _____ Date _____
 If No or Uncertain, a blood test to check for immunity is required. If you are not immune, item c is required.
 or
 b. Attach evidence of varicella blood test. Test Date _____
 or
 c. Attach evidence of two varicella immunizations 1) _____ 2) _____

3. Rubeola (Measles) complete a, b, or c
 a. Attach evidence of 2 rubeola immunizations 28 days apart after the age of 12 months 1) _____ 2) _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

4. Rubella (German Measles) complete a, b, or c
 a. Attach evidence of 1 rubella immunization received after the age of 12 months Vaccine Date _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

5. Mumps complete a, b, or c
 a. Attach evidence of 1 mumps immunization received after the age of 12 months Vaccine Date _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. Check here if born before January 1, 1957, and provide date of birth _____

6. Hepatitis B immunizations complete a, b, c or d
 a. Attach evidence of 1, 2, and 3 hepatitis B immunizations and dates 1) _____ 2) _____ 3) _____
 or
 b. Attach evidence of a positive blood test for IGG antibodies Test Date _____
 or
 c. **Vaccine Refusal** - I understand that due to my occupational or student exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV infection). I have been given the opportunity to be vaccinated with hepatitis B vaccine (at no charge to me if I am an OUHSC/OU-Tulsa employee). However, I decline the hepatitis B vaccine at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (at no charge to me if I am an OUHSC/OU-Tulsa employee).
 Printed Name _____ Signature _____ Date _____

7. Tetanus and Diphtheria
 a. Did you receive childhood Diphtheria-Pertussis-Tetanus (DPT) immunization? Yes No Uncertain
 b. Have you received adult Tetanus-diphtheria (Td) immunizations Yes No Uncertain
 c. Approximate date of last tetanus booster _____

Vaccine Refusal Form for OUHSC/OU-Tulsa Employees

Name _____

Dept _____

SSN ____ / ____ / ____ or Employee ID Number _____

- Varicella
- Rubeola
- Rubella

I understand the importance of not conveying infectious diseases to patients, employees, and students, however, I refuse to participate in the vaccination program by providing evidence of documented immunity to the above indicated infectious diseases. With this refusal, I understand that the consequences under the OUHSC/OU-Tulsa Infectious Diseases Policy are that, should I be potentially exposed to any of these agents, I will be quarantined for the appropriate incubation period on leave with pay if available, and if not available, leave without pay.

Signature _____ Date _____

APPENDIX C

OUHSC/OU-TULSA *BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN*

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RESULTING DEPARTMENTAL STANDARD OPERATING PROCEDURES
FORMS**

Bloodborne Pathogen Exposure Control Plan

I. INTRODUCTION

- A. This document describes the *Bloodborne Pathogen Exposure Control Plan* for employees of the all University of Oklahoma campuses and clinical related facilities except the OU Norman campus (hereinafter referred to as OUHSC/OU-Tulsa), developed to ensure that employees are protected from health hazards associated with bloodborne pathogens in the workplace as required by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030) adopted by the Oklahoma Department of Labor.
- B. This Plan is consistent with and adopts the components of the OUHSC/OU-Tulsa *Infectious Diseases Policy*.
- C. This Plan is made readily available to OUHSC/OU-Tulsa employees and, upon request, to the Oklahoma Department of Labor.
- D. This Plan is to be reviewed and evaluated by the OUHSC/OU-Tulsa Environmental Health and Safety Office (EHSO) at least annually.

II. SCOPE AND APPLICATION

- A. This Plan applies to all OUHSC/OU-Tulsa employees, including faculty, staff, residents, and students with occupational exposure to human blood or other potentially infectious materials.
- B. Occupational exposure means reasonably anticipated eye, skin, mucous membrane or parenteral contact with human blood or other potentially infectious materials that may result from the performance of an employee's duties at OU.
- C. Other potentially infectious material means the following:
 - 1. **Human Body Fluids**
 - a. semen,
 - b. vaginal secretions,
 - c. pericardial fluid,
 - d. cerebrospinal fluid,
 - e. synovial fluid,
 - f. pleural fluid,
 - g. pericardial fluid,
 - h. peritoneal fluid,
 - i. amniotic fluid,
 - j. saliva in dental procedures,
 - k. any body fluid that is visibly contaminated with blood, and
 - l. all body fluids in situations where it is difficult or impossible to

differentiate between body fluids.

2. **Other**

- a. any unfixated tissue or organ (other than intact skin) from a human, living or dead;
- b. human immunodeficiency virus (HIV)-containing cell or tissue cultures,
- c. human organ cultures;
- d. HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and
- e. blood, organs, or other tissues from experimental animals infected with HIV, HBV or other bloodborne pathogens infectious to man.

3. **Human Cell Lines and Human Cell Strains**

- a. Only established human cell lines and human cell strains which are characterized (tested by antigenic screening for viral or agent markers, co-cultivation with indicator cells allowing contaminants to grow, or molecular technology such as polymerase chain reaction or nucleic acid hybridization) to be free of bloodborne pathogens (including HIV, HBV, Epstein-Barr virus, Herpes virus and papilloma members of the Papovavirus group, etc.) and documented as such may be excluded from the requirements of the OSHA Bloodborne Pathogen Standard.
- b. Cell lines/strains that are procured from commercial vendors or other sources with documented testing to be free of human bloodborne pathogens and which have been protected from contamination may be excluded from the requirements of the OSHA Bloodborne Pathogen Standard.

- D. Hazard communication designated coordinators or payroll coordinators are responsible for determining which employees have reasonable anticipation of exposure to blood or other potentially infectious materials [without regard to the use of personal protective equipment (PPE)], and, for new Health Science Center-related employees, shall ensure that the *Appointment for Staff* form (5009-B) or *Academic Personnel Appointment/Reappointment* form (5050-A) reflects that the position has occupational exposure to blood or other potentially infectious material.

III. **STANDARD/UNIVERSAL PRECAUTIONS**

- A. OSHA requires the use of "Universal Precautions" to prevent contact with human blood or other potentially infectious material. According to the concept of universal precautions, as developed by the United States Centers for Disease Control and Prevention (CDC), all human blood and certain body fluids should be treated as infectious for HBV, HIV, and other bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials.

- B. Hospital procedures require the use of “Standard Precautions.” Standard Precautions add body substance isolation principles to the requirements of Universal Precautions and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) nonintact skin; and 4) mucous membranes.

IV. **ENGINEERING AND WORK PRACTICE CONTROLS**

- A. Engineering and work practice controls should be utilized first to minimize employee exposure.
- B. Handwashing facilities should be readily accessible to employees. Personnel in work areas that do not have handwashing facilities readily accessible should be provided with an appropriate hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes. Employees should wash their hands with soap and running water as soon as feasible after using antiseptic hand cleansers or towelettes.
- C. Employees should wash their hands immediately or as soon as feasible after removal of gloves or other PPE.
- D. Employees should wash their hands or other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- E. Appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure should be used whenever feasible.
 - 1. Clinic managers should solicit input at least annually from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, should document the solicitation, and provide a copy of the documentation to the EHSO for inclusion in the Exposure Control Plan. Example forms which may be used for such solicitation and documentation may be found in Appendix C-A.
 - 2. Where such safer medical devices are identified and to be used, departmental standard operating procedures (SOPs) for such use should be developed and provided to all applicable employees and to the EHSO for incorporation into this Exposure Control Plan. An example form which may be used to document the SOPs may be found in Appendix C-A.
- F. Contaminated needles or other contaminated sharps should not be bent, recapped, or removed. If needles must be recapped, a mechanical means or a one-handed technique should be used. Needles should not be removed from a blood tube holder in order to re-use the tube holder.

- G. Immediately or as soon as possible after use, contaminated sharps should be placed in appropriate containers, even if the sharps are reusable and will be reprocessed. Blood tube holders, with needles attached, should be immediately discarded into an accessible sharps container after the safety feature has been activated.
 - 1. These sharps containers should be:
 - a. puncture resistant,
 - b. labeled with the biohazard symbol or color-coded,
 - c. leak-proof on the sides and bottom, and
 - d. placed near the point of use, and
 - e. not be allowed to overfill (a good guideline is to dispose when approximately two-thirds full).
 - 2. Other guidelines for selection of sharps containers should consider issues such as lids that lock tight for safe disposal, a container that is specifically constructed for the method of sterilization that will be used (if sharps containers are not specifically constructed to be autoclaved, the resulting mass of melted plastic is extremely hazardous due to the needles that often protrude), and a clear top that would allow inspection.
- H. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in areas where there is a reasonable likelihood of occupational exposure.
- I. Food or drink should not be kept in areas where blood or other potentially infectious materials are present or stored.
- J. Procedures which minimize spraying, splashing, spattering, and generation of droplets of infectious material shall be used whenever possible.
- K. No mouth pipetting should occur.
- L. Specimens of blood or other potentially infectious materials should be placed in a container which prevents leakage during collection, storage, transport, or shipping. This container should be red or labeled with the biohazard symbol and closed prior to being stored, transported, or shipped. If contamination outside this primary container occurs or is likely to occur, it should be placed in a second red or similarly labeled container which prevents leakage during handling processing, storage, transport, or shipping.
- M. Equipment which has been in contact with blood or other potentially infected material should be examined prior to servicing or shipping and should be decontaminated as necessary.
 - 1. Where complete decontamination cannot occur prior to servicing, a readily observable biohazard label should be attached to the equipment stating which portions of the equipment remain contaminated, and

2. the employee requesting the service or repair is responsible for ensuring that information is conveyed to all affected employees, service representatives such as the OUHSC Biomed Shop and/or the manufacturer prior to handling, servicing, or shipping so that appropriate precautions can be taken.

V. PERSONAL PROTECTIVE EQUIPMENT

- A. Where occupational exposure remains after the institution of engineering controls, PPE should also be used, provided by the department/laboratory/clinic in the appropriate sizes, appropriate and readily accessible for the job at hand, at no cost to the employee.
- B. Departments are responsible for developing laboratory/clinic/departmental standard operating procedures (SOPs) which specify the type of PPE to be worn and other safety equipment to be used, specific to the work being performed and making them available to departmental employees and the EHSO. These SOPs should be developed with the following guidelines.
 1. Gloves should be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin such as during phlebotomies and when handling or touching contaminated items.
 2. Masks in combination with eye protection devices such as goggles or face shields should be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 3. Gowns, aprons, lab coats, surgical caps or hoods, and/or shoe covers should be worn when gross contamination can be reasonably anticipated. The type and characteristics of this protective clothing will depend upon the task and degree of exposure anticipated.
- C. Supervisors are responsible for:
 1. ensuring that employees use the PPE properly,
 2. ensuring that employees are trained in the use of PPE and demonstrate an ability to use PPE properly before allowing them to perform work requiring the use of PPE, and
 3. identifying and retraining employees whom the supervisor believes do not have the understanding and skill required to properly use the required PPE. Examples of when retraining is required include, but are not limited to:

APPENDIX H
SOURCE PATIENT FORMS

**The University of Oklahoma Health Sciences Center
The University of Oklahoma - Tulsa
BLOODBORNE PATHOGENS
SOURCE PATIENT CONSENT FOR BLOOD TESTING**

Date: _____

Patient Name: _____

I understand that Oklahoma Statutes, tit. 63, §1-502.3 allows a person, the employer of the person, a hospital or health care facility where blood is withdrawn or tested to withdraw blood or test for the human immunodeficiency virus (HIV) when the person, employer or facility has a written statement from a health care or emergency care worker verifying that he or she has been exposed to the bodily fluids of the person whose blood is to be withdrawn and tested, which exposure places the health care or emergency care worker at risk for transfer of the bodily fluids.

I understand that a University of Oklahoma employee has experienced such an exposure to my bodily fluids and has signed a written statement setting out the circumstances of the exposure.

I also understand that following the recommendations of the Center for Disease Control and Prevention, the OUHSC/OU-Tulsa *Infectious Diseases Policy* allows for testing of patients for other bloodborne pathogens including, but not limited to, hepatitis B virus (HBV) and hepatitis C virus (HCV) if an employee is exposed to the patient’s blood or other potentially infectious bodily fluids.

I understand that my blood which already has been collected will be tested for HIV at no cost to me.

I understand that my test results will be given only to the exposed employee, to me, to the exposed employee’s treating clinician without identifying me, and if the results are positive, to the Oklahoma State Department of Health as required by law.

I understand that if I am found to have HIV, HBV, HCV or any other disease, the University of Oklahoma will not assume any liability to pay for treatment of such disease. I further understand that my insurance company or I will be responsible for payment of such treatment.

I hereby ___ give ___ do not give

consent to serological testing of my blood for other bloodborne pathogens, including, but not limited to, HBV and HCV, at no cost to me.

Signature of Patient, Guardian, or Person with Power of Attorney

Print Name: _____

Date: _____

**The University of Oklahoma Health Sciences Center
The University of Oklahoma - Tulsa
BLOODBORNE PATHOGENS
SOURCE PATIENT CONSENT FOR WITHDRAWAL OF BLOOD AND TESTING**

Date: _____

Patient Name: _____

I understand that Oklahoma Statutes, tit. 63, §1-502.3 allows a person, the employer of the person, a hospital or health care facility where blood is withdrawn or tested to withdraw blood or test for the human immunodeficiency virus (HIV) when the person, employer or facility has a written statement from a health care or emergency care worker verifying that he or she has been exposed to the bodily fluids of the person whose blood is to be withdrawn and tested, which exposure places the health care or emergency care worker at risk for transfer of the bodily fluids.

I understand that a University of Oklahoma employee has experienced such an exposure to my bodily fluids and has signed a written statement setting out the circumstances of the exposure, so the University of Oklahoma is entitled by law to withdraw my blood and test for HIV.

I also understand that following the recommendations of the Center for Disease Control and Prevention, The OUHSC/OU-Tulsa *Infectious Diseases Policy* allows for testing of patients for other bloodborne pathogens including, but not limited to, hepatitis B virus (HBV) and hepatitis C virus (HCV) if an employee is exposed to the patient’s blood or other potentially infectious bodily fluids.

I understand that the risks involved with the drawing of blood include pain, bruising, and a slight possibility of infection at the site.

I understand that my test results will be given only to the exposed employee, to me, to the exposed employee’s treating clinician without identifying me, and if the results are positive, to the Oklahoma State Department of Health as required by law.

I understand that if I am found to have HIV, HBV, HCV or any other disease, the University of Oklahoma will not assume any liability to pay for treatment of such disease. I further understand that my insurance company or I will be responsible for payment of such treatment.

I hereby give do not give

consent to collection and serological testing of my blood for bloodborne pathogens, including, but not limited to, HIV, HBV, and HCV, at no cost to me.

Signature of Patient, Guardian, or Person with Power of Attorney

Print Name: _____

Date: _____

**The University of Oklahoma Health Sciences Center
The University of Oklahoma - Tulsa
BLOODBORNE PATHOGENS
EMPLOYEE STATEMENT OF EXPOSURE FORM**

63 Oklahoma Statute 1-502.3 allows a person, the employer of the person, a hospital or health care facility where blood is withdrawn or tested to withdraw blood or test for HIV when the person, employer or facility has a written statement from a health care or emergency care worker verifying that he or she has been exposed to the bodily fluids of the person whose blood is to be withdrawn and tested, which exposure placed the health care or emergency care worker at risk for transfer of the bodily fluids.

I have experienced such an exposure to the body fluids of the patient named below.

Patient Name: _____

Description of Exposure (including what happened and the type of body fluid): _____

Employee Name (print legibly): _____

Employee Signature : _____

Date : _____

Upon completion of this form, contact the patient's physician for follow-up including giving the patient a *Bloodborne Pathogens Source Patient Consent for Withdrawal of Blood and Testing* or *Source Patient Consent for Blood Testing* form which notifies the patient that his/her blood will be tested for HIV, and requests consent for additional testing for hepatitis B, hepatitis C, and other bloodborne pathogens. Place a copy of this form in the patient's file and take a copy to the healthcare professional responding to your exposure.

APPENDIX I

**REFERRAL FACILITIES FOR EXPOSURES TO INFECTIOUS DISEASES
OTHER THAN BLOODBORNE PATHOGENS OR TUBERCULOSIS**

**Referral Facilities for Exposures to Infectious Diseases
other than Bloodborne Pathogens or Tuberculosis**

I. Oklahoma City Employees

If exposed at the VA, during business hours (8:00 a.m. - 5:00 p.m) proceed to Occupational Health Service on the first floor.

If exposed at the VA after hours, proceed to the VA Life Support Unit (emergency room).

All Others During Business Hours

Employee Health
Family Medicine Center (Green Clinic)
900 NE 10th
Oklahoma City, OK
405/271-3100
Hours: 8:00 a.m. - 4:30 p.m. Monday through Friday

McBride Clinic
4901 W. Reno
Oklahoma City, OK
405/946-4990
Hours: 7:00 a.m. - 5:00 p.m. Monday through Friday

After Hours

Everett Tower
Emergency Department Entrance
East Side off Phillips/South of 13th Street
Oklahoma City, Oklahoma 73104
405/271-4363
(A follow-up appointment should be made the next working day at Employee Health)

Presbyterian Tower Emergency Department
700 N. E. 13th
Oklahoma City, Oklahoma 73104
405/271-4064
(A follow-up appointment should be made the next working day at Employee Health)

Bone & Joint Hospital
1110 Dewey
Oklahoma City, OK
405/552-9140
Hours: 5:00 p.m. - 8:00 a.m. Monday through Friday and weekends

II. Oklahoma City Students

During Business Hours

Student Health
Family Medicine Center
900 Northeast 10th Street
Oklahoma City, Oklahoma 73104
405/271-2577

Everett Tower
Emergency Department Entrance
East Side off Phillips/South of 13th Street
Oklahoma City, Oklahoma 73104
405/271-4363

Alternatively, proceed to the emergency department of the facility where the exposure occurred.

III. Tulsa Employees

MedCenter
2929 S. Garnett
Tulsa, OK 74139
918/744-5895

IV. Tulsa Students

OU Physicians Family Medicine Associates
2525 S. Harvard. Ave Suite #505
Tulsa, OK 74114
918/744-5895

V. Tulsa Residents

Report to the emergency department of the facility in which the resident is working.

VI. Enid Employees

Urgent Care Plus
1805 W. Owen K. Garriott Rd.
Enid, OK 73703-0552
580/233-9012

VII. Lawton Employees

AM-PM Clinic
4411 West Gore Blvd
Lawton, OK
580/355-0575

Prompt Care Center
412 SW Summit
Lawton, OK
580/357-9685

VIII. George Nigh Rehabilitation Center

After notifying their supervisor, employees should notify the facility risk manager who will refer them to the nearest emergency room department.

IX. Other Locations or Other After Hour Situations

After notifying their supervisor, employees should report to the nearest emergency department and follow-up by telephone with Employee Health, 405/271-3100 (or, for Tulsa employees, OUHSC/OU-Tulsa Employee Health, 918/838-4848) the next working day to obtain the appropriate treatment protocol(s).