EMPEROR'S COLLEGE
School of Traditional Oriental Medicine

Community Acupuncture Clinic

Exposure Control Plan

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About the ECTOM Bloodborne Pathogens Exposure Control Plan

Emperor's College of Traditional Oriental Medicine is an employer with various groups of employees who have a reasonably anticipated risk of exposure to human blood and other potentially infectious materials when performing their required job duties in the clinic. As such, ECTOM must have an exposure control plan in accordance with California OSHA's Bloodborne Infectious Diseases standard. Additionally, and equally important, this information is critically important for clinic students to be familiar with and knowledgeable about.

Emperor's College is committed to providing a safe and healthful work environment for our entire staff and student population. In pursuit of this endeavor, this exposure control plan [ECP] is provided in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens", to eliminate or minimize occupational and student exposure to bloodborne pathogens.[1]

This plan is an administrative document which outlines how this occupational and student exposure risk will be controlled through the use of administrative controls, engineering controls, work practice controls, and personal protective equipment.

[1] Definitions of terms relating to this exposure control plan are found in **Appendix A**.

PURPOSE

The following ECTOM Exposure Control Plan (ECP) has been developed and implemented to meet the letter and intent of Cal-OSHA's Bloodborne Infectious Diseases Standard. Compliance with the Bloodborne Infectious Disease Standard will reduce occupational exposure to blood and other potentially infectious materials, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens.

The primary purposes for this Exposure Control Plan are:

- To eliminate or minimize MTOM and DAOM interns', clinic supervisors' and clinic employees' occupational exposure to blood or other potentially infectious materials (OPIM).
- To identify MTOM and DAOM interns, clinic supervisors and clinic employees at risk of occupational exposure to blood or OPIM while performing their regular job duties
- To provide training and information to MTOM and DAOM interns, clinic supervisors and clinic employees at risk of occupational exposure to blood or OPIM.
- To comply with OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030

All MTOM and DAOM interns, clinic supervisors and clinic employees are expected to follow these guidelines at all times for the protection of themselves, their fellow workers, their families, and their patients. It is the responsibility of Emperor's College to provide a safe work environment. It is the responsibility of those in the clinic to follow these guidelines.

EXPOSURE RISK DETERMINATION[2]

1. Transmission of Human Hepatitis Viruses and HIV in the Clinic

HBV, HCV, HAV (hepatitis A virus) and HIV can be transmitted in a variety of settings including the clinic:

- HBV has been found in blood, semen, urine, cerebrospinal fluid, saliva, tissue and blood products. All of these sources have been implicated in laboratory transmission of HBV.
- HCV has been found in blood and is believed to have the same distribution and share routes of infection with HBV. Bloodborne transmission of HAV in laboratory personnel has also been reported.
- HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, alveolar fluid, and urine. However, only blood and body fluids have been implicated in laboratory transmission of HIV to date.

Routes of Transmission

- ***Direct Contact.*** HBV and HIV (and presumably HCV) may be transmitted in the clinic directly by these routes:

[2] All decisions relating to bloodborne pathogen exposure by job classification will be documented using the form found in **Appendix B**.

  - Percutaneous. Parenteral inoculation of infectious blood, plasma, serum, or body fluids as occurs by accidental needle sticks, scalpel cuts, etc. Also by transfusion of infectious blood or blood products.
  - Non-intact Skin. Transfer of infectious blood, plasma, serum, or body fluids in the absence of overt puncture of the skin, through the contamination of pre-existing minute cuts, scratches, abrasions, burns, weeping or exudative skin lesions, etc. There may be a risk of exposure from prolonged or extensive contamination of intact skin with infectious fluids.
  - Mucous Membrane. Contamination of mucosal surfaces with infectious blood, plasma, serum, or body fluids as may occur with splashes or spattering of the oral or nasal mucosa or conjunctive.
- ***Indirect Contact***
  - Environmental surfaces.
    - HBV can be transmitted indirectly from such common environmental surfaces as telephones, bio-hazard boxes, pens, and other surfaces contaminated with infectious blood or body fluids which can be transferred to the skin or mucous membranes by hand contact.
    - HIV or HCV. No environmentally-mediated transmission of HIV or HCV has been documented.
  - Nail-biting, smoking, eating, contact lens manipulation, and other hand-to-nose, hand-to-mouth or hand-to-eye actions may contribute to indirect transmission and must not be done in the clinic.
  - Fecal-oral transmission or air-borne transmission of HBV or HIV has not been documented. Fecal-oral transmission of HAV is possible. Tuberculosis and other pathogens can be transmitted by air-borne droplets.

2. Identification of the Risk in the Acupuncture Clinic

Acupuncture clinic workers are a high-risk group for exposure to hepatitis B virus (HBV), hepatitis C virus and HIV.

Transmission in the acupuncture clinic occurs through percutaneous (through the skin) contact with blood or other body fluids either through needle-stick (parenteral) or contact with open wounds or severely chapped hands. Other routes of infection can occur when mucosal surfaces are exposed to contaminated liquids. Therefore, all the employees and MTOM and DAOM interns at Emperor's College clinic must be considered at risk for exposure to bloodborne pathogens in the acupuncture clinic environment.

Acupuncture tasks reasonably likely to result in exposure include:

- **Needle Removal**: When the needle is withdrawn from the point there is the chance that a few drops of blood may appear at the site. Auricular points are the most likely acupoints to produce several drops of blood.
- **Bleeding an Acupoint:** Therapeutic pricking of an acupoint will, by definition, result in the production of several drops of blood.
- **Plum Blossom (Seven-stars) Technique:** The Plum Blossom needle when tapped against the skin may produce bleeding. It is also likely to create splashes or droplets of blood. Droplets of blood generated by this technique are called "aerosols." Aerosols may be airborne, resulting in splashing onto the hands and face of the

acupuncturist and possibly the assistant, and students. Nearby surfaces such as the treatment table, wall and treatment cart may also become contaminated.

- **Bloodletting with Cupping:** Bloodletting followed by application of cupping techniques, either fire cups or hand pump methods, is **no longer** permitted in the Emperor's College acupuncture clinic.

  This cupping procedure produces a vacuum; when the vacuum is broken to remove the cup, blood in the cup must be contained by absorbent materials. Secondly, as the vacuum is broken it is possible that splashes of tiny droplets (aerosols) will be produced. In this case blood may splash the hands, face and clothing of the person performing the treatment as well as anyone assisting with the procedure. Environmental splattering is also to be expected. *Since this is a very high-risk activity typically involving exposure to a large quantity of blood, it is not allowed to be done now*.
- **Disposal of Sharps (needles, lancets)** Placing sharps in sharps disposal units may result in the risk of a needle stick. Acupuncture needles are very flexible. It is possible to bend the needle when inserting it into the Sharps container, causing the needle to bend or spring in such a way that a puncture occurs.
- **Gwa (aka Gua) Sha (scraping, coining):** During this technique it is reasonable to expect that a blemish on the skin may produce small amounts of blood.
- **Cleaning Reusable Equipment** If reusable sharps are not fully decontaminated by soaking in disinfectant a needle stick injury resulting in exposure is likely.

3. Identification of Employees at Risk

ECTOM has identified and classified all employees/students in one of the three exposure categories listed below. Classification was based on the routine work performed by individuals and whether performing tasks that involve the potential exposure to blood and body fluids is considered a condition of employment or of being a clinic student:

- **Category I:** Employees/students whose routine work includes tasks which involve exposure to blood, body fluids or tissues. Category I tasks are all procedures or other job-related tasks which involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them.

  Category I includes:
  - Clinic supervisor
  - Assistant clinic supervisor
  - Interns
  - Observation students
  - Faculty for Acupuncture Techniques I – III
  - Students who are enrolled in Acupuncture Techniques I-III

- **Category II**: Employees whose normal work routine does not include tasks that involve exposure to blood, body fluids, or tissues, but whose employment may require performing unplanned Category I tasks.

  Category II includes:
  - Front desk personnel
  - Clinic Manager

- **Category III**: Employees whose routine work does not include tasks which involve exposure to blood, body fluids, or tissues. These individuals are not called upon as part of their employment to perform or assist in emergency medical care or first aid, or to be potentially exposed in some other way.

  Category III includes:
  - All Administration staff on second floor
  - Classroom Faculty who are not teaching classes involving needling or other adjunct treatment techniques used in acupuncture
  - Students and employees who are not involved in the Clinic or who only work in the dispensary

These categories will be updated as job classifications or work situations change. All exposure determinations for Categories I and II were made without regard to the use of Personal Protective Equipment (PPE).

RESPONSIBILITY FOR COMPLIANCE

Areas of Responsibility

Nine areas of responsibility are central to the implementation of the Exposure Control Plan at ECTOM:

1. Establishing a written exposure control plan and developing a schedule for implementing other provisions of the standard.
2. Developing written procedures for cleaning and handling contaminated materials, and for disposing of hazardous waste generated within all buildings and facilities.
3. Providing appropriate personal protective equipment which is readily accessible to identified employees and students.
4. Providing hepatitis B vaccines under specific circumstances as defined by an exposure determination and/or medical follow-up for exposure incidents.
5. Providing warning labels or color-coded containers for use with hazardous waste.
6. Providing training to current employees within 90 days of the effective date, of the plan and initially to new employees and thereafter, annually.
7. Developing written procedures for meeting the requirements for medical record keeping.
8. Providing for retention of medical records for the duration of employment, plus 30 years.
9. Conducting an annual review of the effectiveness of this exposure control plan and updating the plan as needed.

Oversight Responsibility

Oversight responsibility for the above areas of responsibility is vested in the following:

a. Safety Operations Committee.

- There are 5 members in the Safety Operations Committee, and they are:
  - Dean of Clinical Education
  - Clinic Manager
  - Director of the Operation
  - Chief Executive Officer
  - Instructor for Pre-clinical course

b. Exposure Control Officer

- The Exposure Control Officer will be responsible for management and support of the Bloodborne Pathogens Compliance Program. The Dean of Clinical Education will serve as ECTOM's Exposure Control Officer. The Health and Safety Operations Committee and Clinic Manager will assist the Exposure Control Officer.
- Activities delegated to the Exposure Control Officer include:
  - Overseeing implementation of the Exposure Control Plan;
  - Developing, in cooperation with Safety Operations Committee, any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan;
  - Revising, updating and improving the Exposure Control Plan when necessary, with a minimum of one year between revisions;

- Collecting and maintaining a suitable reference library related to bloodborne pathogens;
- Understanding current legal requirements concerning bloodborne pathogens;
- Conducting periodic organizational audits to maintain an up-to-date Exposure Control Plan.

c. Supervisory Personnel

- Supervisory Personnel includes the *Clinic Manager and Dean of Clinical Education*.
- Supervisory personnel are responsible for compliance in their areas. Activities delegated to the supervisory personnel include:
    - Assuring that employees/students in their area who are at risk of exposure to bloodborne pathogens receive initial training and annual retraining (including site-specific training) in bloodborne pathogens as outlined in the "Training" section of this document;
    - Assuring that all employees/students receive on-site training regarding engineering controls, work practice controls, personal protective equipment, compliance with safer sharps devices, and proper procedures to follow after an exposure incident;
    - Assuring that proper exposure control procedures are followed as outlined in the "Methods of Compliance" section of this document;
    - Assuring that appropriate personal protective equipment is available and in good working condition for all employees/students at risk of exposure to bloodborne pathogens;
    - Assuring that any employee/student who experiences an occupational exposure incident to blood or other potentially infectious materials is provided with post-exposure medical services as outlined in the "Post-Exposure Evaluation and Follow-Up" section of this document.
    - Maintaining appropriate training records;

d. Education/Training Instructors

- The Education/Training Instructors will provide information and training to all students and employees who have an anticipated risk of exposure to bloodborne pathogens.
- The ECTOM pre-clinical course faculty serves as the Education/Training instructor for students. The Instructor will:
    - Maintain an up-to-date list of ECTOM students that have taken the required initial training;
    - Develop suitable education/training programs for students;
    - Schedule periodic training seminars for students;
    - Periodically review the training programs to include appropriate new information.

e. Employees/Students

- The employees/students are responsible for following procedures and practices as outlined in the Exposure Control Plan. This includes but is not limited to:
    - Attending the bloodborne pathogens initial training session and annual retraining sessions;
    - Demonstrating an understanding of which tasks have a potential occupational exposure to bloodborne pathogens;

- Conducting all operations in accordance with established work practice controls;
- Following universal precautions;
- Developing and maintaining good personal hygiene habits;
- Reporting all occupational exposure incidents.

Availability of the Exposure Control Plan to Employees/Students

The Exposure Control Plan is readily available to all employees/students through the Clinic Manager or the Dean of Clinical Education. Employees/students are to be advised of the availability of the plan during their education/training sessions.

Review and Update of the Plan

The ECTOM Exposure Control Plan will be reviewed and updated:

- Annually;
- When new or modified tasks and procedures are implemented which affect occupational exposure of employees;
- When new functional positions are established that may involve exposure to bloodborne pathogens; and
- To reflect changes in technology which eliminate or reduce exposure to bloodborne pathogens.

COMPLIANCE METHODS

The following methods of compliance, as mandated by the COMM/OSHA standard, will be incorporated into this exposure control plan. Emperor's College will determine appropriate specific guidelines for cleaning, decontamination and waste disposal procedures.

1. Universal Precautions

Universal precautions are an approach to infection control which requires employers and students (employees) to assume that all human blood and specified body fluids are infectious for HIV, HBV and other bloodborne pathogens. Where differentiation of body fluids is difficult, all body fluids are considered to be potentially infectious.

2. Engineering Controls

Engineering Controls are physical or mechanical devices which isolate or remove health hazards from the workplace and learning environment.

Emperor's College Clinic uses engineering controls to eliminate or minimize the risk of occupational exposure. In each treatment room, we have biohazard containers and use disposable acupuncture needles:

- ***Hand-washing facilities****:* There are six hand-washing facilities with hot and cold running water in Emperor's College clinic, they are located in room 9, room 18, the dispensary, the 2 restrooms and the hallway. All contain appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
    - **a.** Students/Employees will wash hands or any other skin area 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.

b. Students/Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands will be washed with soap and running water as soon as feasible. **Do not reuse gloves.**

- ***Sharps Containers****:* In each treatment room, we have biohazard containers. They are leak proof, puncture-resistant and easily accessible to personnel who use acupuncture needles and other sources of medical waste generated at Emperor's College clinic. The international biohazard symbol appears on each container. Please follow these rules when you are using the Sharps container.
    a. Do not overfill Sharps containers. It should not be filled above the fill line.
    b. Do not attempt to remove objects from the Sharps container.
    c. Do not attempt to remove the lid from a Sharps container. If the container lid has been removed from the container, get a new container from the front desk staff.
    d. Do not attempt to transfer any needles or Sharps items from one Sharps container to another.
    e. Contaminated materials may not be left on top of the container or sticking out of the top of the container.
    f. Only needles, lancets and disposable plum-blossom heads should be disposed of in the Sharps containers. No gloves, guide tubes, needle wrappers, guide tube tabs/inserts or cotton-balls.
- ***Disposable Acupuncture Needle****:* In Emperor's College Clinic, we only use pre-sterilized single-use, one-per-packet disposable needles.

3. Work practice controls

Work practice controls are controls which reduce the likelihood of exposure by defining the manner in which a task is performed.

ECTOM has established work practice controls in the intern/practitioner clinic. These controls are designed to reduce or eliminate the risk of exposure to bloodborne pathogens during procedures where the likelihood of bleeding or other exposure exists. Such procedures include:

a. Treatment procedures

- *Pricking an Acupoint.* When an intern/practitioner at ECTOM clinic anticipates pricking an acupuncture point to express blood, universal precautions dictate that he/she treat the blood as if known to be infected. Before beginning the procedure, the intern/practitioner must don latex or other surgical gloves which are provided by ECTOM. The gloves must be worn throughout the procedure, from the initial pricking, expressing of blood drops, to the final swabbing of the point with cotton. Since this method of pricking does not anticipate blood spraying or spattering, use of mask, goggles or protective gowns is not required.
- *Auricle Acupuncture.* When needling the auricle, bleeding is usually not encountered until the withdrawal of needles. Before withdrawing needles from the auricle, the practitioner must don latex or other surgical gloves. In addition, 2 to 3

clean cotton balls must be at hand to immediately absorb any blood that issues upon needle withdrawal. Since only a few drops of blood commonly emerge and there is no risk of blood spraying or spattering, masks, goggles, and protective gowns are not required.

- *Regular acupuncture of common body points.* With regular acupuncture of common body points, bleeding is a minor but occasional risk when withdrawing needles. In such instance the bleeding is usually light, with one or two drops most likely. Acupuncture standards of practice and state law do not require that acupuncturist routinely don surgical gloves when needling. Consequently, ECTOM does not require gloving when normally needling regular acupuncture points. When withdrawing needles, however, at least 2 or 3 cotton balls must be in hand to absorb any bleeding that does occur
- *Unintentional Bleeding with Cupping.* Cupping may under certain conditions cause bleeding or the expressing of other body fluids. Such conditions can be reasonably anticipated. Cupping after seven-star/plum blossom needling is **not permitted** since the risk of bleeding after the seven-star/plum blossom needling is substantially increased and quite likely.
- *Disposal of Sharps.* Each treatment room at ECTOM has a Sharps container that can be easily accessed by the intern/practitioner. A contaminated acupuncture needle, after withdrawal, must immediately be placed in the Sharps container before the next needle is withdrawn. No secondary or intermediary step is allowed to take place between removing the needle from the patient and placing the needle into the Sharps container. In the smaller rooms, where a student may need to go behind a treatment table to pull out the needles, a small portable Sharps container may be used. When this small portable Sharps container is filled to the line, please bring the properly-closed container to the front desk staff and they will include it in the processing storage cans that hold the clinic's standard Sharps containers.
- *Disposal of blood-contaminated cotton balls.* Contaminated cotton balls must be in a waste container marked "BIOHAZARD" ***IF*** the amount absorbed is sufficient to be able to squeeze droplets of blood from the cotton or if, when dry, blood flakes may shed. Otherwise, cotton balls contaminated with less blood may be disposed of in a non-biohazard waste receptacle.
- *Disposing of 7-star needle heads.* When disposing of 7-star needle heads, the used needle head must be removed from the handle with a cotton ball to prevent sticking the intern/practitioner fingers. The head must then be immediately placed in the Sharps container. The cotton ball should be disposed of in the regular trash.

b. Handling Sharps. Contaminated needles and other Sharps must be handled carefully to avoid puncture wounds. Puncture wounds from contaminated sharps can transmit infection. To prevent injury and transmission of infection, observe the following rules:

- Immediately discard used disposable needles in nearby impermeable containers.
- Be sure to replace containers before they become overfilled.
- Never try to insert used needles back in the guide tube or manipulate needle in any way.
- Do not give used needles to an observer or another intern.

c. Hand Washing. Hand washing should include a vigorous rubbing together of well-lathered hands for at least 10 seconds, under warm running water. Rings should be

removed. Fingernails should be short and clean. Ordinary soap or detergent is satisfactory in most cases. Washing with anti-microbial products is advised before treating patients who are severely immunocompromised (e.g.: AIDS or undergoing chemotherapy).

- *An anti-microbial soap product is in the dispenser and in the cabinet under the sink.*
- Frequent hand washing is an important safety precaution that should be practiced before and after contact with patients and after cleaning up the treatment room.
- Immediately after skin contact with blood or body fluids, hands or other skin areas should be thoroughly washed. If contact occurs through breaks in gloves, the gloves should immediately be removed and the hands should be thoroughly washed.
- Hands **MUST** be washed between every patient contact, and:
    - Before needling a patient or removing the needles.
    - After needling a patient or removing the needles.
    - After clean up of a treatment room or after taking laundry to laundry bag.
    - Whenever there is visible contamination with blood or body fluids.
    - Before and after making up an herbal formula.
    - After removing gloves or lab coat.
    - After completion of work and before leaving the clinic.
    - Before eating, drinking, smoking, applying make-up, changing contact lenses, and after using the lavatory facilities.
    - Before all other activities which entail hand contact with mucous membranes, eyes, or breaks in the skin.
- After washing hands, you should turn off the faucet with a paper towel or use the foot pedal to avoid re-contaminating your hands with the same pathogens you were trying to wash off. In the bathrooms you can open the door and turn off the lights with this same paper towel.

4. Personal Protective Equipment (PPE)

Personal protective equipment is clothing or equipment that protects an individual from contact with blood or other potentially infectious materials.

PPE is provided (except Lab coat) at no cost to ECTOM intern/practitioner. PPE is readily accessible in the clinic. The PPE include following:

1). Gloves

Protective gloves should be worn whenever there is danger of touching or handling blood or other potentially infectious body fluids. But keep in mind that **gloves are a barrier to fluids, not a guarantee of protection.**

Examination Gloves

Emperor's College Clinic highly recommends using examination gloves for patient care procedures, such as removing needles, cupping. They are disposable and should be

discarded after use with each patient. Do not wear gloves during the needle insertion procedure if you feel that gloves make handling the needles more difficult.

The gloves **MUST** be worn in the clinic when performing the following tasks:

- When handling biohazard material and visibly contaminated items or linen, this includes picking up spilled used needles.
- When you have cuts or lesions or any kind of broken skin on your hands.
- When examining or treating areas on patients with cuts, lesions, rashes or any kind of broken skin.
- When examining or treating around the mucous membranes of your patient (includes mouth, anal and genital region).
- When using a lancet or three edged needle to prick or when using a 7-star or plum blossom needle if bleeding might occur.
- When performing Gwa Sha (scraping, coining) that may cause some bleeding.

Gloves are not required for taking blood pressure, measuring temperature or taking pulse.

Examination Gloves are available in each treatment room. Replacements can be obtained at the front desk.

Guidelines for using Protective Gloves:

- Wash and dry your hands before and after using protective gloves. And remember to remove all hand jewelry to prevent tearing of the glove.
- Do not apply hand lotion prior to gloving as dampness causes a winking phenomena.
- Select gloves that are the correct size and make sure they are free of holes and tears.
- Remember to change gloves as soon as is practical if they become contaminated or no longer effective due to sweat from your hands or if they have holes or tears. Be sure to wash your hands before putting new gloves on.
- If you accidentally get blood on your hands wash immediately.
- When removing gloves avoid skin contact with the outside of the gloves. First by grasping one glove by the cuff pulling the glove off inside out. Pull off the second glove by the cuff in the same manner.

Utility Gloves

Utility gloves are more tear and puncture-resistant than examination gloves. General purpose utility gloves are required for cleaning procedures, such as decontaminating the treatment room between patients, washing the cups, changing the sheets. Utility gloves may be decontaminated and reused, but discard them if they have holes, or crack, peel, or fade. Also, remember that even heavy utility gloves cannot protect you from needle stick injuries.

The utility gloves can be found in a plastic container on the hallway sink counter and/or underneath that sink.

2). Face Masks and Protective Eyewear

Face masks and protective eyewear are used to protect the mucous membranes of the eyes, nose and mouth. They should be worn whenever there is a chance that blood or other risky material will splash, spatter, or spray.

Face masks

They are disposable and should be discarded after use with each patient. They should also be replaced when they become wet during long procedures

Masks should be worn:

a. Any time you have an upper respiratory tract infection and are treating patients. If you have a more serious infection, you should refrain from treating patients.
b. Any time your patient has a persistent cough, especially when they also have fatigue, weakness, anorexia, weight loss, night sweats, low grade fever, hemoptysis and chest pain. These are signs and symptoms of pulmonary tuberculosis, which is on the increase among AIDS patients and in the immigrant community.

Guidelines for removing a face mask

- Wash your hands first.
- Handle the face masks by the ties or strings and discard it in the appropriate container.

Eyewear

Protective eyewear is usually not disposable. Interns/practitioners are required to use eye protection when it is reasonably anticipated that blood or other OPIM may make contact with the mucous membranes of the eye. Handle the eyewear by the arms and decontaminate it before working with the next patient, if needed.

Goggles are available in the plastic container on the hallway sink counter and also in the cabinet under the sink.

3). Occlusive Dressings

All skin defects (e.g.: exudative lesions, dermatitis, cuts or abrasions) located on exposed parts of the body should be covered with a water-impermeable occlusive bandage or otherwise shielded. This includes skin defects of the arms, face and neck. The fingers and hands are best protected by gloves. An occlusive dressing for other skin areas may be fashioned by cutting a portion of a latex glove large enough to cover the skin defect. The skin defect should be covered with gauze and then the latex covering should be taped to the skin, taking care to seal the edges of the dressing.

4). Lab Coats

Lab coats must be worn at all times while on duty in the clinic. Coats should be buttoned at all times.

Coats used when treating or examining patients must **NOT** be worn outside the clinic (including the classrooms, student lounge, library, upstairs office) or in the kitchen, except to get supplies, empty trash or return used linens.

Obtaining lab coats is the responsibility of each intern/practitioner at ECTOM. It is also the intern/practitioner's responsibility to launder the lab coat weekly to insure cleanliness.

Before leaving the work area (Emperor's College clinic), remove all PPE, clinic coat, gloves, mask.

All PPE provided by ECTOM is inspected monthly to check that all equipment is intact and can function properly. Equipment is replaced as needed.

Task Determinations Chart

	PROTECTIVE EQUIPMENT				
TASK	Clinic coat	Gloves	Eye, nose mouth	utility gloves	forceps
Needle removal	X	X			
Pricking	X	X			
Pricking vascular spiders	X	X			
Plum blossom	X	X	X		
Gua Sha	X	X			
Cupping	X	X	X		
Picking up dropped needle	X	X			X
Disinfection	X		X	X	
Blood spill			X	X	
Broken glass	X			X	X

5. Hepatitis B Vaccine:

The hepatitis B vaccine is safe and effective for 92-96 percent of those vaccinated. It is administered in three injections given over a six month period. Blood tests can be used to determine if your vaccination has been effective and if a booster injection is needed.

Emperor's College Clinic very strongly recommends that employees and students have the Hepatitis B vaccine before they begin their work or observation internship or practice internship.

A person who is allergic to yeast may not be able to take the vaccine. These individuals should check with their personal physicians. Allergies to other components can occur.

Students and employees must sign a statement that they have been informed of their risk.

DECONTAMINATION PROCEDURES

1. Definitions

Sterilization: The use of procedures that destroy all microbial life, including viruses. This is a rigid, uncompromising term. There is no such thing as partial sterility. In acupuncture, sterilization is required for all instruments that pierce the skin (needles, plum-blossom needles, etc.) or those items that may come into contact with instruments that pierce the skin (storage trays, forceps, guide tubes for needles, etc.)

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Antiseptic: Products designed to reduce microbial life on living tissue, particularly on the skin of the patient or practitioner.

Disinfection: The use of chemicals and procedures designed to destroy or reduce the number of pathogens on inanimate objects such as work surfaces. It must be recognized that some bacteria, spores, and viruses may resist the often lethal effects of many chemicals.

Disinfectants: The chemicals employed in disinfection. They should only be used on inanimate objects, and are not to be confused with antiseptics that are applied to the body.

2. Procedure

You should wear Utility gloves when doing the following decontamination procedures.

(1). Patient care Area:

Turn on the lights when you clean the treatment room.

A disinfectant with a 1:10 dilution of household bleach and paper towels should be used to clean all treatment room countertops and treatment tables. You may also use the disinfectant solution Emperor's college has provided in the spray bottles in each room. This procedure should be repeated after treating any patient with oozing skin lesions, persistent cough or other problems that might cause contamination of these surfaces. This type of procedure should also be done before any severely immunocompromised patient enters the room. A bleach solution diluted between 1:10 and 1:100 with water is acceptable for disinfection of environmental surfaces, according to the CDC and OSHA.

A spray bottle with a disinfectant solution is kept in the cabinet in each treatment room. This solution must be replaced regularly.

(2). Equipment or Instruments:

Cups: After use, cups should be taken to the sink. If visually contaminated with Vaseline, they should be washed with soap and water first. If contaminated with blood, they should be handled with gloves, and rinsed in the sink, without touching the contaminated area. Then cups should be soaked in disinfectant (Germicidal Solution) for at least 10 minutes. After that the Intern should wash them in soap and water, and dry them before you store them. They should not be left soaking over night.

Tweezers: Tweezers should be sterilized in an autoclave at 1.5 atmospheric pressure and 125 degrees Celsius for 30 minutes at least once a week. If tweezers are contaminated with blood or body fluids, they should be soaked in disinfectant (Germicidal Solution) for at least 10 minutes.

Sheets, pillowcases and towels: Sheets and pillowcases should be changed every day. But when you find them contaminated with blood or body fluids, change them right away. Towels should be changed after each patient.
Used laundry that is not heavily contaminated by a significant amount of infectious material such as blood is to be placed by interns/observers into the correct dirty laundry containers in the linen storage areas. Blood stained linens are to be double bagged in tightly sealed plastic bags that are clearly labeled as infectious and given directly to the laundry service. Do not place blood stained linens in the laundry containers. Request bags from the front desk.

Coat: Lab coats should be washed when they get dirty, or contaminated with blood or body fluids, but at least once a week, in any case.

(3). Disposing of Waste

***Needles*:** Immediately discard used disposable needles in containers that are found in every room. Once in the biohazard container the used needles must remain in the container and not be transferred to any other container by students or clinic personnel.

***Cotton balls*:** Cotton balls heavy with blood or other potentially infectious body fluids must be placed in a biohazard container and collected separately from other trash. If not heavy (soaked or drenched) with potentially infectious body fluids, they may be deposited with the regular trash.

***Bed paper*:** same as with cotton balls.

***Gloves*:** If gloves are contaminated with blood or other potentially infectious body fluids, wash them with water before throwing them into the biohazard trash can.

(4). Cleaning and Decontaminating a Blood Spill

Proper decontamination of blood spills can protect you and others.

a. Always wear gloves.

b. First wipe up the spill with a paper towel and dispose of the towel in the biohazard basket.

c. Apply a germicide or bleach mixed with water until the surface is glistening wet. Keep it moist for the manufacture's recommended exposure time, usually 5 to 10 minutes.

d. Allow the surface to air dry completely.

(5). Personal Health and Hygiene

1. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas.
2. Take great care to maintain the cleanliness of your hands, keeping the nails short.
3. Hair styles that touch the client or break the clean field should be avoided.
4. Be sure to wash your hands thoroughly with soap and warm water for 10 to 15 seconds after contact with each patient. Do this even though you wore gloves during the patient contact.
5. Immediately wash any body parts that have been exposed to blood or other potentially infectious materials. Remember to report incidents of exposure as soon as possible to your supervisor or the Dean of Clinical Education.
6. Pregnant students are not known to be at greater risk of contracting HIV infection, however, if a person develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant students should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
7. If you have an oozing wound or sore, or if medications have weakened your immune system, consult the Dean of Clinical Education. Special precautions may be necessary.

HOUSEKEEPING

Intern/observer responsibility

1. Change all dirty sheets, pillow cases and gowns after each treatment. Take all dirty laundry to the laundry room.
2. Wipe down sink and counter area and treatment table with the disinfectant solution after every patient.

Emperor's College Clinics' responsibility

1. The biohazard waste company will pick up biohazard boxes on a regular basis (monthly)
2. The laundry companies will pick up dirty laundry three times a week
3. The janitor cleans each treatment room and whole clinic every day.

This facility will be cleaned and decontaminated according to the following **schedule**

AREA	SCHEDULE	PROCEDURE
Sinks, countertops, Work surfaces	end of each shift and when-ever visibly contaminated	disinfectant solution rubber utility gloves, PPE
Sheet, pillowcase	after each treatment	utility gloves, PPE
Towels	end of each treatment	utility gloves, PPE
Waste containers	daily and whenever visibly contaminated	disinfectant solution rubber utility gloves, PPE replace plastic bag liner
Floors	daily and whenever visibly contaminated	vacuum clean damp mop as needed disinfectant sol. as needed w/rubber utility glove PPE
Sharps containers	monthly/when filled	pick up by Medical Waste

& Biohazard bags Co.

EXPOSURE INCIDENT PROTOCOL

Student/Employees Response

If students or employees suffer a puncture wound with a used needle or other Sharps, or if they have broken skin or mucous membrane contact with potentially infectious body fluids, you should do the following:

- Wash the exposed area immediately with soap and warm water. This may help prevent the pathogens from entering your body. If there was a cut/puncture, allow it to bleed freely for a few moments.
- Apply a disinfectant such as 70% alcohol, iodine, Betadine or other povadyne solution to clean exposed area. Do not use an ethanol swab
- File an exposure incident report with the Dean of Clinical Education or Clinic Manager and/or consult a doctor.
- Go immediately to Santa Monica-UCLA Medical Center for evaluation and possible treatment.

  Santa Monica-UCLA Medical Center
  1250 Sixteenth Street, Santa Monica, California 90404
  (310) 319-4000

- Do not delay treatment for any reason.

Follow-up

1. Exposure to blood that does or might contain HBV

- *Unvaccinated person:* Should receive the vaccine series. A single dose of hepatitis B immune globulin (HBIG) is also recommended, if this can be given within 7 days of exposure.
- *Previously Vaccinated person:* should be tested to insure that HBsAb is still present.
  - If antibody level is adequate, no treatment.
  - If antibody level is not adequate, follow with hepatitis B vaccine dose as booster.
  - A few individuals do not develop antibodies in response to the vaccine. If these individual are exposed, they should have two doses of HBIG.

2. Exposure to blood that does or might contain HIV

The student should be evaluated clinically and serologically for evidence of HIV infection as soon as possible after exposure.

- The student should be advised to report and seek medical evaluation for any acute febrile disease that occurs within 12 weeks of exposure. Such an illness, especially if characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV exposure.
- Following an initial test at the time of exposure, a seronegative person should be retested at 6 weeks, 12 weeks, and 6 months after exposure to determine whether transmission has occurred.
- During this time (when most infected persons are expected to seroconvert), the student should follow recommendations for preventing transmission of HIV, including safe sex.
- Post-Exposure Prophylaxis (PEP) is the use of antiretroviral drugs after a single high-risk event to stop HIV seroconversion. PEP must be started as soon as possible to be effective—and always within 72 hours of a possible exposure. In the event of HIV exposure, talk to your health care provider or an emergency room doctor about PEP right away.

Whether you are infected or not, Emperor's College will keep your condition and medical records confidential.

Post-Exposure Response for College (Employer)

- Asks interns or employees to file an exposure incident report with the Dean of Clinical Education.
- Collects data so that the medical care provider will be given all the necessary details.
- Documents the route and the circumstances.
- Source HBV and HIV testing as soon as possible, if possible. If the status of the source is known (HBV, HIV or other), this information must be sent with the student or employee to the medical care provider.
- Arranges for medical serological testing.
- Gives a copy of the evaluation of medical care provider to employees or students within 15 days of completion of the evaluation.
- Places the evaluation in the employee's or intern's confidential folder.
- Makes a copy of the Post Exposure Follow Up and checks off each step to be sure that all requirements are met.
- Provides counseling to the employee or student and evaluation of reported illnesses. This is not dependent on the employee or student electing to have baseline HBV and HIV serological testing.

The *employer does not have a specific right to know the actual results of the source individual's blood testing,* but must ensure that the information is provided to the evaluating health care professional.

When an employer is acting as the health care profession and the employee or student refuses to give consent, the employer must make immediately available a health care professional other than the employee's professional.

Note that the report given to the medical care provider is confidential and will go into a confidential file that is not accessible to others in the work place. It is only accessible with the employees's or student's written permission, or as required by law.

RECORD KEEPING

The Emperor's College of Traditional Oriental Medicine will establish and maintain an accurate record for each employee/student with occupational exposure, to include:

1. The name and social security number of the employee/student.
2. A copy of the employee's/student's Hepatitis B vaccination status, including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's/student's ability to receive the vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The College's copy of the healthcare professional's written opinion.
5. A copy of all information provided to the healthcare professional.

The facility will ensure that the employee's/student's medical records are kept confidential and are not disclosed or reported without the employee's/student's express written consent to any person within or outside the workplace except as required by law.

The facility will maintain the records for employees/students with occupational exposure for at least the duration of employment/enrollment PLUS an additional 30 years.

Employee/student medical records shall be provided upon request for examination and copying to the subject employee/student, to anyone having written consent of the subject employee/student or others as required by law.

INFORMATION AND TRAINING

ECTOM will ensure that all employees/students with occupational/educational exposure participate in a training program.

Training will be provided at the time of initial assignment to tasks or initial presence in clinic as an observer where occupational exposure may take place and at least annually thereafter, within one year of their previous training using material appropriate in content and vocabulary to the educational level, literacy, and language of the employees/students. ECTOM will provide additional training when changes, such as modifications of tasks, changes in procedures, institution of new tasks or procedures affect the employees'/students' occupational/educational exposure. The additional training will be limited to addressing the new exposures created.

Appendix A

DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

Term	Definition
Antibody	A substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	The fluid surrounding the embryo in the mother's womb.
Antigen	Any substance which stimulates the formation of an antibody
Assistant Secretary	The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative
Biohazard Label	A label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	Pathogenic (disease-producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)
Cerebrospinal Fluid	A clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or may contain Sharps.
Contaminated Sharp	Any contaminated object that can penetrate the skin including, but not limited to, needles, lancets, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
COMM	Industry, Labor and Human Relations
Engineering Controls	Controls (i.e., Sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace
Exposure Control Plan	A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out

	by the OSHA bloodborne Pathogens Standard.
Exposure Determination	How and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties or student's treatment of a patient.
Handwashing Facilities	A facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Health care Professional	A person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post exposure evaluation and follow-up
Medical Consultation	A consultation which takes place between an employee or student and a licensed healthcare professional for the purpose of determining the employee's/student's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	A thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	A surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational (and Educational) Exposure	A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties or a student's treatment of a patient.
OSHA	The Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (0PIM)	(1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Pathogen	A bacteria or virus capable of causing infection or disease.
Pericardial Fluid	Fluid from around the heart.

Pericardium	The sheath of tissue encasing the heart.
Peritoneal Fluid	The clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	The lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee or student for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's/student's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under nominal conditions of use and for the duration of time which the protective equipment is used.
Pleural	The membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	Fluid from the pleural cavity.
Production Facility	A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	The measures carried out to prevent diseases.
Regulated Waste	Liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated Sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Research Laboratory	A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Serous Fluids	Liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee/student. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	The clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).

Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	Pertaining to or composed of blood vessels

Appendix B

EXPOSURE DETERMINATION FORM

Facility: Emperor's College of TOM; Location: Emperor's Clinic

Job Classification/Student Level or Role	All Fellows Have Exposure	Some Fellows Have Exposure [List]	None Have Exposure

Appendix C

TASK AND PROCEDURES RECORD

Facility: Emperor's College of Traditional Oriental Medicine; Location: Emperor's Clinic

Type of Bodily Fluid/Substance to Which Exposure is Likely		
1. Blood: Yes	**6. Unfixed human tissues or organs: No**	**11. HIV-containing cell or tissue cultures: No**
2. Semen: No	**7. Amniotic Fluids: No**	**12. Organ cultures: No**
3. Vaginal Secretions: No	**8. Synovial Fluids: No**	**13. HIV-or HBV-containing culture media or solutions: No**
4. Cerebrospinal Fluids: No	**9. Saliva: Possibly**	**14. Body Fluids visibly contaminated: Yes**
5. Pericardial Fluids with blood: No	**10. Peritoneal Fluids: No**	

Job Classification/Student Level or Role	Task/Procedure	Type(s) of Exposure (See Code)	Protective Procedure(s)	Protective Barrier(s) (Gloves, Gown, Apron, Mask, Eyewear etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

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Appendix D

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident:_____ **Time of Incident:** _____

Location: _____

Person(s) Involved:_____

Potentially Infectious Materials Involved:

Type: _____ **Source:**

Circumstances (what was occurring at the time of the incident): _____

_____

_____

How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine, or equipment involved: _____

_____

Personal protective equipment being used at the time of the incident:

_____

_____

Actions taken (decontamination, clean-up, reporting, etc.) _____

_____

_____

Recommendations for avoiding repetition of incident:_____

_____

Appendix E

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HIV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B which is a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I understand that I can receive the vaccination series at no charge to me.

Name (Please Print): _____

Signature: _____

Date: _____

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Appendix F

HEPATITIS B VACCINATION RECORD

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

I,_____have completed the

following inoculations using:

_____ Recombivax-HB Vaccine or _____Enerix-B Vaccine

❒ Inoculation 1 Date: _____ Given at: _____

❒ Inoculation 2 Date: _____ Given at: _____

❒ Inoculation 3 Date: _____ Given at: _____

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Appendix G

MEDICAL RECORD CHECKLIST

NAME:_____

SOCIAL SECURITY NUMBER:_____

LOCATION: _____

JOB CLASSIFICATION: _____

Attach a copy of the fellow's hepatitis B vaccination record or declination form. Attach any additional medical records relative to hepatitis B.

Brief Description of Exposure Incident: _____

_____

Log and attach copy of: (Check all which apply)

- ☐ The information provided to the health care professional
- ☐ The Exposure Incident Investigation Report
- ☐ The results of the source individual's blood testing, if consent for release has been obtained and results are available
- ☐ The health care professional's written opinion

Brief Description of Exposure Incident: _____

_____

Log and attach copy of: (Check all which apply)

- ☐ The information provided to the health care professional
- ☐ The Exposure Incident Investigation Report
- ☐ The results of the source individual's blood testing, if consent for release has been obtained and results are available
- ☐ The health care professional's written opinion

Appendix H

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INFORMATION AND TRAINING RECORD FOR

EMPLOYEES WITH POTENTIAL EXPOSURE

TO BLOODBORNE PATHOGENS

Date(s) of training:

Trainer(s) name and qualifications:

Names and Job Titles of all those attending this training: (See Attached)

Agenda and/or materials presented to participants included:

- An accessible copy of the text of the COMM/OSHA Standard.
- A general explanation of the epidemiology and symptoms of Bloodborne diseases.
- An explanation of the modes of transmission of Bloodborne pathogens.
- An explanation of the exposure control plan and the means by which employees/students can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- An explanation of the basis for selection of personal protective equipment.
- Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- Information on the post-exposure evaluation and follow-up that is provided.
- An explanation of the signs, symbols, and color-coding of biohazards.
- A question and answer session between the trainer(s) and employee(s).
- List of contacts within the health community that can be resources to the employees if they have questions after training.

Signature of Training Coordinator: _____

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Appendix I

NEEDLESTICKS/SHARPS EXPOSURE LOG

Instructions:
1. Complete a log for each student's exposure incident involving a Sharp
2. Make a photocopy for your own record; and
3. Ensure that the form is received by the Emperor's Dean of Clinical Education.

Student exposed:	Social Security Number:	Phone number/ E-mail:
Cohort #, if applicable: _____	Supervisor:	Phone number/ E-mail:

Date and Time of Stick or contact with Sharp:	Location of Incident:	Incident witness, if any:
Nature of exposure:	Body part stuck:	Procedure being performed at time of exposure:

Describe how the incident occurred:

ρ Patient agitated/ hostile

ρ Emptying or handling sharps container

ρ During disposal

ρ Other _____

ρ Resheathing a needle

Sharps information if known (Type, Brand, Model) e.g. 38 gauge, 1 inch Cloud Dragon acupuncture needle:
a. Was the sharp/ needle contaminated? _____
b. If yes, what was the contaminant? _____
c. Did the device used have a retractable or self-sheathing needle? _____
d. If yes, was training provided on its proper use? _____

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For the student: What do you think could have been done to prevent this injury?

For the supervisor: What do you think could have been done to prevent this injury?

Student's Signature:	Date:

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SOURCE INDIVIDUAL MEDICAL RELEASE/REFUSAL FORM

Source Individual Name: _____

Address: _____

You have been involved in an incident that has exposed the following employees/interns to your blood or body fluids

Permission For Source Individual's Medical Release

I hereby grant permission to have my blood drawn and tested to determine if I am a carrier of a bloodborne disease. I also grant permission to have the test results released to the individuals listed above and to the health care providers performing the follow-up evaluations.

Source Individual's Signature: _____ Date: _____

Refusal For Source Individual's Medical Release

I have had the exposure evaluation process explained to me and I hereby refuse to consent to blood testing to determine my infectious status with regard to bloodborne pathogens, including but not limited to Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV). I understand that by refusing to do so, those individuals who were exposed to my blood or body fluids will have limited information to determine their potential for contracting these diseases.

Source Individual's Signature: _____ Date: _____

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EXPOSED EMPLOYEE MEDICAL RELEASE FORM

I hereby affirm that the information found in the Report of Accidental Exposure to blood or body fluids is a true and correct account of my exposure incident. I further authorize my employer to release all relevant medical records to the health care provider who will be performing the medical evaluation and follow-up for this exposure incident. I understand that all information collected during this evaluation and the contents of this report will remain confidential.

Employee/Intern Signature_____

Date _____

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EVALUATION OF EXPOSURE EVENT

Name of Employee/student _____

Date_____ Time _____Date from completed _____

HBV Vaccine Status _____

What task was being performed at time of exposure _____

_____

What was the nature of the injury? _____

_____

_____

What controls were being used at the time of the event?

_____

_____

Do you have a witness? ☐ Yes ☐ No, if yes please give the name(s), address, tel:_____

_____

Examine each control (Universal Precautions, Engineering, Work Practice, etc.) in place or lacking at time of exposure event _____

_____

What could have prevented the exposure? _____

_____

Will changes be implemented to prevent a future occurrence? ☐ Yes ☐ No

Describe changes_____

Signature of Employee/Student: _____
Date: _____

Signature of Dean of Clinical Education: _____
Date: _____

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INCIDENT REPORT

Student/Employee Name: _____

Date of report _____Date of incident _____Time _____

Nature of incident (describe): _____

_____

_____

Did injury occur? ☐ Yes ☐ No. If yes please describe _____

_____

_____

Did you use any personal protective equipment when this incident happen? ☐ Yes ☐ No

If yes please describe _____

_____

Did exposure to blood borne pathogens occur? ☐ Yes ☐ No

If yes please describe_____

_____

_____

How was the injury dealt with? _____

_____

_____

What was follow Up? _____

Did anyone else witness the incident? ☐ Yes ☐ No Who? _____

Witness' Comments

_____

_____

_____

Signature of Student/Employee:_____

Date_____

Signature of Witness:_____

Date _____

Signature of Dean of Clinical Education:_____
Date _____

References:

Clean Needle Technique Manual for Acupuncture, Guidelines and Standards for the Clean and Safe Clinical Practice of Acupuncture: Fifth Edition. National Acupuncture Foundation
Acupuncture Risk Management, The Essential Practice Standards & Regulatory Compliance Reference: David C. Kailin

Regulations
Needlestick Safety and Prevention Act (H.R.5178). Public Law 106-430 - Signed 11/6/2000:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_bills&docid=f:h5178enr.txt.pdf
OSHA. Bloodborne Pathogens Web Site
http://www.osha-slc.gov/SLTC/bloodbornepathogens/index.html
OSHA. Needlestick Injuries Web Site
http://www.osha-slc.gov/SLTC/needlestick/index.html
California Division of Occupational Safety and Health
http://www.dir.ca.gov/dosh/dosh1.html
Centers for Disease Control and Prevention
http://www.cdc.gov/

Bloodborne Disease Information
Information about HIV/AIDS:
http://www.cdc.gov/hiv/pubs/faqs.htm
Information about Hepatitis B:
http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm
Information about Hepatitis C:
http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm
Information on Latex Allergies:
http://www.cdc.gov/niosh/latexalt.html

Safer Sharps Devices Information
OSHA.s Needlestick Injuries Web Site
http://www.osha-slc.gov/SLTC/needlestick/index.html
OSHA booklet on How to Prevent Needlestick Injuries:
http://www.osha-slc.gov/Publications/osha3161.pdf
Preventing Needlestick Injuries in Health Care Settings (National Institute of Occupational Safety and Health Alert):
http://www.cdc.gov/niosh/2000-108.html
Extensive lists of available Safer Sharps Devices:
http://www.med.Virginia.EDU/medcntr/centers/epinet/products.html
Biochem Stores:
http://www.medicine.uiowa.edu/biochemstores/vendors.htm#VendorLinks