

PROTOCOL FOR ALL QCC EMPLOYEES

***Bloodborne Pathogen Occupational Exposure
Incident Report Protocol***

Incident report forms can be accessed and submitted on the QCC Intranet under Frequently Used Forms:

[http://www.qcc.mass.edu/qcchome/Path O Gens.asp](http://www.qcc.mass.edu/qcchome/Path_O_Gens.asp)

This protocol applies to all QCC campus employees who have an occupational exposure to human blood or body fluids.

EXPOSURE DETERMINATION

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan.

- OSHA defines an *Exposure Incident* as 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.
- *Bloodborne Pathogens* means pathogenic 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).

*United States Department of Labor, Occupational Safety & Health
Administration Dec. 12, 2008 www.osha.gov*

A category assignment is made for all common job classifications to determine potential exposure risks that may be expected to occur during routine job tasks. This exposure determination is made without regard to use of Personal Protective Equipment (PPE).

- Category 1—All Healthcare Faculty and Lab personnel that performs tasks that involve exposure to blood, body fluids or tissues.
- Category 2 –All Campus Police and Facility personnel that normally perform tasks that do not involve exposure to blood, body fluids or tissue: however his/her work may require the unplanned performance of such tasks.
- Category 3 –All Administrators, office staff and remaining faculty and staff that do not perform tasks that require contact with blood, body fluids, or tissue.

If an employee has an occupational exposure incident, the following protocol should be followed:

1. Immediately wash the wound and the skin that have been in contact with blood or bodily fluids with soap and water; for mucous membrane, splashes to nose, mouth, or skin exposures, flush with copious amounts of water. Irrigate eyes with clean water, saline, or sterile wash.
2. Seek medical treatment as soon as possible after the incident. Immediately contact your supervisor and seek medical attention as soon as possible or within 2 – 4 hours of the incident exposure at the Emergency Department **or** with your own physician. Inform the intake personnel that you have had an occupational exposure.
3. Notify Human Resources at 508-854-2883 of the Incident as soon as possible. *Human Resource hours: Monday-Friday 8:30AM-5:00PM

Post - Exposure checklist:

- ✓ The employee must complete all sections of the incident report and sign, date and submit to Human Resources within 24 hours of the incident to ensure that you receive appropriate follow up care. Keep Copy of Incident Report for own personal records.
- ✓ Incident report forms can be found in Human Resources and can be accessed on the portal under Frequently Used Forms
[http://www.qcc.mass.edu/qcchome/Path O Gens.asp](http://www.qcc.mass.edu/qcchome/Path_O_Gens.asp)
- ✓ If the employees elect to utilize their own physician complete the Physicians Form.
- ✓ If the employee refuses to seek treatment or to consult with his/her physician, have the employee check the appropriate box and sign with a witness (*I, of my own free will and volition, have elected not to have a medical evaluation*) on part III of the Exposure Incident Report.

CDC Exposure Management Resources

Hospitals

Saint Vincent Hospital at Worcester Medical Center
Emergency Department
123 Summer Street Worcester MA
508-363-6025

Milford Regional Medical Hospital
Emergency Department
14 Prospect Street Milford, MA 01757
508-473-1191

UMass Memorial- Memorial Campus
Emergency Department
119 Belmont Street Worcester, MA 01605
508-334-6481

Harrington Memorial Hospital
Emergency Department
100 South Street, Southbridge MA
508-765-9771

UMass Memorial - University Campus
Duddie Massad Emergency and Trauma Center
55 Lake Avenue North, Worcester, MA 01655
Main Number: 508-421-1750
Fast Track: 508-421-5750

CDC

NIOSH Bloodborne Pathogens Topic Page
www.cdc.gov/niosh/topics/bbp

Protecting Healthcare Workers from
Bloodborne Pathogens www.cdc.gov/ncidod/dhqp/wrkrProtect_bp.html

OSHA

OSHA Federal and State Plans Offices
www.osha.gov/html/oshdir.html www.osha.gov/dcsp/osp/index.html

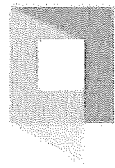
Publications/Web Documents

Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards OSHA Publication No. 3187 www.osha.gov/Publications/osha3187.pdf

OSHA Regulations (Standards- 29CFR), *Bloodborne Pathogens*.-1910.1030, February 13,1996

For additional information:

- Centers for Disease Control and Prevention (CDC) Telephone: 1-800-CDC-INFOTTY: 1- 888-232-6348 www.cdc.gov/ncidod/dhqp/bp.html
- National Institute for Occupational Safety and Health (NIOSH) Telephone: 1-800-CDC-INFOTTY: 1-888-232-6348 www.cdc.gov/niosh



QUINSIGAMOND
Community College

BLOODBORNE PATHOGENS OCCUPATIONAL EXPOSURE INCIDENT REPORT

This must be submitted to Human Resources within 24 hours of incident.

CONFIDENTIAL

Part I • General Information

Name of Injured or Exposed Employee

Date of Birth

Street

City

State

Zip

Part II • Description of Incident

Date of Incident

Time

am
 pm

Location (i.e., department or area where incident happened)

Location of body affected

Route of Exposure (puncture, needle stick, splash, etc.)

A detailed description of the exposure incident follows:

(Explain how the exposure occurred and what part of the body was affected. Include specific location of injury on body, type and amount of fluid, depth of injury if percutaneous, volume of fluid if skin or mucous membrane, and condition of injured skin (chapped, abraded, intact)

[A large rectangular box with a black border, intended for a detailed description of the exposure incident. The box is currently empty.]

I understand that the purpose of the post-exposure and follow-up examination is to assure my full understanding of whether or not I have been exposed to or been infected with an infectious disease as a result of this incident.

Part III • Employee Post-Exposure and Follow-Up Examination

I, _____, am an employee at Quinsigamond Community College. On _____ (date) I was involved in an exposure incident as defined by OSHA. A copy of the Incident Report is attached.

I understand that the purpose of post-exposure is to assure my full understanding of whether or not I have been exposed to or been infected with an infectious disease as a result of this incident.

I have elected to have the medical evaluation. I understand it is my responsibility to seek this medical attention as soon as possible, within 2 – 4 hours. I will seek emergency medical care from:

A. My own personal physician

Name of Physician _____

Address _____

Telephone Number _____

B. Emergency Department (please specify) _____

C. Other (please specify) _____

D. I, of my own free will and volition, have elected not to have a medical Evaluation.

Name (print)

Signature

Date

Street Address

City, State, Zip

Witness Name (print)

Witness Signature

Date

Click here to submit this form to
Human Resources

Quinsigamond Community College

Bloodborne Pathogen Occupational Exposure Policy Signature Page

This policies must be reviewed or updated every year

* Health Consultant & Human Resources Designee*

Signature Date

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