

Title: Tribal Bloodborne Pathogen Exposure Control Plan

- I. **Policy:** The Stockbridge-Munsee Community (“Tribe”) is committed to providing a safe workplace for employees. As part of this effort, the Tribe’s Occupational Health Department (OH) will maintain a current Bloodborne Pathogen Exposure Control Plan.

- II. **Purpose:** To eliminate or minimize employee occupational exposure to blood or certain other body fluids, as well as determine when an employee may have been exposed to a bloodborne pathogen and address post-exposure evaluation and follow-up. This includes Mohican North Star and Stockbridge-Munsee Community employees. Ensure compliance with applicable law, including Occupational Safety and Health Act (“OSHA”) regulations (29 CFR 1910.1030).

- III. **Glossary:**
 - A. **Blood-** Human blood, human blood components, and products made from human blood.
 - B. **Bloodborne Pathogen (BBP)-** 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), Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), and Syphilis.
 - C. **Body Substance Isolation-** An infection control system where all body substances on an item or surface are considered to be potentially infectious materials.
 - D. **Contaminated-** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
 - E. **Contaminated Sharps-** A contaminated object that can penetrate the skin including, but not limited to: needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
 - F. **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.
 - G. **Engineering Controls-** Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
 - H. **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.
 - I. **Handwashing Facility-** A facility providing an adequate supply of running potable water, soap, and single use towels or air-drying machines.
 - J. **HBV-** Hepatitis B Virus
 - K. **HCV-** Hepatitis C Virus
 - L. **Healthcare professional-** A physician or other licensed healthcare provider authorized to accomplish the evaluation procedures described in this policy, (e.g., a registered nurse could be authorized to perform the required evaluation).
 - M. **HIV-** Human Immunodeficiency Virus Type 1
 - N. **Non-intact Skin-** Skin with dermatitis, hangnails, cuts, abrasions, chafing, acne etc.
 - O. **Occupational Exposure-** Reasonably anticipated exposure to skin, eye mucous membrane, or parenterally infectious materials that may result from the performance of an employee’s duties.
 - P. **OH- Stockbridge-Munsee Occupational Health Department**
 - Q. **Other Potentially Infectious Materials (OPIM)**

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluids 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 unfixated tissue or organ (other than intact skin) from a human (living or dead); and
 3. HIV-containing cell or tissue cultures, organ cultures, and culture medium or other solutions containing HIV, HBV, or HCV.
- R. **Personal Protective Equipment (PPE)**- Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- S. **Regulated Waste**- Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release 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.
- T. **Sharps with engineered sharps injury protections (SESIP'S)**- A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- U. **Source Individual**- Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, trauma victims, clients of drug and alcohol treatment facilities and human remains.
- V. **Standard Precautions**- Universal Precautions (see definition listed below) plus body substance isolation practices.
- W. **Sterilize**- The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- X. **SMHWC**- Stockbridge-Munsee Health and Wellness Center
- Y. **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, HCV, and other bloodborne pathogens, regardless of the perceived status of the patient.
- Z. **Work Practice Controls**- Controls that reduce the likelihood of exposure by altering the way a task is performed (e.g.; prohibiting recapping of needles by two-handed technique).

IV. **Applicability and Enforcement:**

- A. The OH Bloodborne Pathogen Exposure Control Plan ("ECP") applies to employees, volunteers, contractors, or other agents of the Tribe, who potentially be exposed to bloodborne pathogens during normal work operations and during non-routine or emergency situations.
- B. Employees who work in departments that do not have a stand-alone bloodborne pathogen exposure control plan shall comply with this ECP.
- C. Employees in departments/enterprises that do have their own bloodborne pathogen exposure control plans that more specifically address activities they engage in an appropriate methods of exposure control for those activities, like the Stockbridge-Munsee Health and Wellness Center ("SMHWC"), shall comply with their departmental plans.
- D. OH, is responsible to administer the ECP. Functions include:
 1. Implementation and enforcement of the ECP.

2. Providing training.
 3. Maintaining documentation, including of training and exposure incidents.
 4. Monitoring the ongoing needs and recommending updates to the ECP accordingly.
 5. Review ECP annually to make any needed changes
- E. Exposure Determination
1. OH Department is responsible to review job descriptions to identify employees may have occupational exposure to BBP based on job classification and tasks performed. This exposure determination is done without regard to the use of personal protective equipment.
 2. **High Risk:** Employees in the following areas are determined to have a high risk for occupational exposures when performing the identified tasks.
 - a. All employees in Occupational Health
 - b. All employees at SMHWC (see department BBP exposure control plan)
 - c. All employees at Ella Besaw Center
 - d. All employees at Elderly Center
 - e. All employees at Head Start
 - f. All employees at Stockbridge-Munsee Emergency Services
 - g. All employees in Stockbridge-Munsee Police Department (see also department BBP exposure control plan if applicable)
 - h. Public Works
 - i. Housekeeping - during body fluid clean-up or handling of regulated waste
 - ii. Utilities - working with wastewater treatment system
 3. **Occasional Risk:** Employees in the following areas are determined to have an occasional risk for occupational exposures when performing the identified tasks.
 - a. Housing Maintenance- during body fluid clean-up or handling of regulated waste
 - b. Mohican Family Center- when handling disputes or injured visitors
 - c. Mohican North Star Casino
 - i. Hotel Room Attendants- during body fluid clean-up or handling of regulated waste
 - ii. Environmental Services- during body fluid clean-up or handling of regulated waste
 - iii. Security- handling disputes or injured patrons
 4. **Low Risk:** Employees in the following areas are determined to have a low risk for occupational exposures when performing the identified task.
 - a. Public Works Maintenance- during body fluid clean-up or handling of regulated waste
 5. Additional job classifications and/or tasks shall be added as necessary if there is occupational exposure to BBP.

V. Compliance Methods

- A. **Universal Precautions-** Universal Precautions will be observed by all employees of the Stockbridge-Munsee Community and Mohican North Star Casino in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
- B. **Employee Comments-** Employee input will be solicited as to ways to avoid exposure to blood or other potentially infectious materials. Work practice controls will be utilized to reduce the risk of percutaneous exposure to bloodborne pathogens before, during or after use through safer design features for the employees.

- C. **Engineering and Work Practice Controls-** To the extent practical and available engineering controls and work practice controls will be utilized to reduce the risk of percutaneous exposure to bloodborne pathogens before, during or after use through safer design features for the employees.
- D. **Personal Protective Equipment-** Where occupational exposure remains after the use of engineering and work practice controls, personal protective equipment must also be used.
- E. **Sharps-** Sharps containers will be made available where needed.
- F. **Decontamination-** Each department supervisor is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Equipment that cannot be decontaminated will be disposed of in accordance with proper handling procedures.
- G. **Hand Wash-** Supervisors shall ensure that employees wash hands and any other potentially contaminated skin area with soap and running water immediately or as soon as feasible after contact with blood or other potentially infectious material.
 - 1. Proper hand washing techniques must be adhered to in all departments.
 - 2. An alcohol-based hand sanitizer or alcohol-based towelette may be used for handwashing when there is no bloodborne pathogen exposure to the skin or mucous membranes.
- H. **Eye Wash-** Employees should be aware of where the eye washing stations are located within their department.

VI. **Immediate Exposure Response**

- A. Should any employee incur an exposure they need to do the following:
 - 1. Wash area with soap and water. If this is a splash or aerosol exposure to the eyes, was in an eye wash station.
 - a. If large areas of the employee's skin are contaminated, they shall clean-up as much as possible at the scene of the incident. The employee should then go to a location where the employee can shower using warm water and soap and/or an approved disinfectant.
 - 2. Contaminated clothing shall be removed as soon as feasible.
 - a. If clothing may be washed in soap and water, do so as soon as possible.
 - b. Contaminated clothing that cannot be appropriately cleaned or that is irreparably damaged shall be placed in a biohazard container.
 - 3. Notify supervisor immediately.
 - 4. Supervisors need to notify the Occupational Health Department (715-793-5105 or 715-787-2547) as soon as possible. If OH is unavailable, the supervisor should contact the SMHWC triage line (715-793-5087) to set up an appointment for the employee to be seen by a provider.
 - 5. Employee needs to fill out the Employee Personal Injury Report and the Blood and Body Fluid Exposure Form.
- B. The Occupational Health Department will inform the employee of the proper procedure to follow regarding post-exposure follow-ups (See Sections XIV and XVI).
- C. A record of the exposure and all follow-ups will be retained in their Occupational Health file within the Occupational Health Department. It will be retained for a minimum of thirty (30) years following the exposure.

VII. **Personal Protective Equipment (PPE)**

- A. Each department supervisor is responsible for ensuring that employees are provided and trained on PPE appropriate for their job.

- B. All personal protective equipment used at each facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- C. The protective equipment will be considered appropriate only if it is fluid resistant attire and does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- D. Each department supervisor is responsible for ensuring each employee has enough PPE for safely carrying out the intended procedure.
- E. Each department supervisor shall ensure that appropriate PPE in the appropriate size is readily accessible at the work site and is issued without cost to employees.
 - 1. Latex-free hypoallergenic gloves, glove liners, powderless gloves, or other similar alternative shall be readily accessible to those employees who are allergic to the gloves normally provided. Latex-free supplies will be purchased whenever they are available.

VIII. PPE Cleaning, Laundering, and Disposal

- A. All reusable personal protective equipment will be cleaned, laundered, and disposed of by the employer. All repairs and replacements will be made by the employer.
- B. All garments which are penetrated by blood shall be removed immediately or as soon as feasible. Clothing will be removed in such a way as to avoid contact with the outer surface. Grossly contaminated garments shall be cut off. All PPE will be removed prior to leaving work area.
- C. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

IX. Gloves

- A. Gloves shall be worn when it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials. Hands will be washed after removing gloves.
- B. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse provided the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

X. Eye and Face Protection

- A. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contaminated can reasonably be anticipated.

XI. Blood Spill or Other Contaminated Spill Procedure

- A. All tribal buildings should have a blood spill kit that can be used to clean up a blood spill or other contaminated spill by persons trained on its use.
- B. Should a blood spill or other contaminated spill occur, departments with an approved procedure need to follow their clean-up procedure.
- C. If your department does not have an approved procedure or employees are not trained on how to use the blood spill kit, then staff should contact Occupational Health to address the clean-up. Isolate the area and do not attempt to clean it without appropriate PPE.

XII. Disposable Sharps

- A. Contaminated sharps will be discarded immediately or, if immediate disposal is not possible, then as soon as feasible, in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.
- B. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found
- C. The containers shall be maintained upright throughout use and replaced routinely. They will not be allowed to be filled more than $\frac{3}{4}$ full.
- D. When moving containers or contaminated sharps from an area of use, the container shall be placed in a secondary container if leakage of primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, and transport or shipping. The second container shall be labeled, or color coded to identify its contents.
- E. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- F. All departments excluding the Stockbridge-Munsee Health and Wellness Center will contact the Occupational Health Department for removal and replacement of sharps containers that are $\frac{3}{4}$ full. Occupational Health will transport to the appropriate location for disposal. The SMHWC is responsible for its own sharp's containers.

XIII. Regulated Waste

- A. Regulated waste, other than sharps, shall be placed in containers, which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.
- B. The regulated waste container must be labeled, or color coded prior to removal.
- C. Where required by applicable law, regulated waste will be disposed of using a company authorized to handle such waste.
- D. Tribal buildings were supplied with Body Fluid Spill Kits with instructions on how to use and properly dispose of any waste.
 - 1. Mohican North Star Casino has their own spill kits and have been instructed on how to use.

XIV. Hepatitis B Vaccination

- A. Occupational Health is in charge of the Hepatitis B vaccination program.
- B. Occupational Health shall make available the Hepatitis B vaccine, which includes a series of three vaccinations, to employees in the following departments at no cost:
 - 1. SMHWC
 - 2. Ella Besaw Center
 - 3. Elderly Center
 - 4. Public Safety
 - 5. Head Start
 - 6. EMS
- C. The Hepatitis B vaccinations shall be made available at the time of the employee's Bloodborne Pathogen training if the employee works in an area identified as being high-risk for exposure.
- D. Exceptions will be made for the employee who previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.

- E. If the employee initially declines the Hepatitis B vaccination series, but at a later date while still employed within one of the identified departments decides to accept the vaccinations, then the vaccination shall then be made available.
- F. All employees who decline the Hepatitis B vaccinations offered by the Occupational Health Department shall sign a declination form verifying the vaccinations were offered and the employee chose to decline it.
- G. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

XV. Post Exposure Response Procedure, Evaluation and Follow-Up

- A. OH Department shall also make available post exposure follow-ups for all employees within the Stockbridge-Munsee Community and the Mohican North Star Casino for an exposure while on duty.
- B. All BBP exposure incidents shall be reported, investigated and documented.
- C. When the employee incurs an exposure incident, it shall be reported to his/her immediate supervisor and then Occupational Health before the end of the work day if feasible.
- D. All exposures/incidents must be reported to OH within 48 hours.
 - 1. The report shall identify the route of exposure; the circumstances of the exposure incident; engineering controls in use; PPE in use; and work practices followed.
- E. Following a report of an exposure incident, OH will refer the exposed employee to immediately receive a confidential medical evaluation and follow-up.
 - 1. If OH is not available to set up an immediate appointment, the employee should contact the SMHWC triage line, identify the appointment as being for a work-related BBP exposure incident, and schedule an appointment.
 - 2. In the event of a significant exposure to blood or body fluids by an employee while on duty on times/days when the SMHWC is not open, the employee will receive post exposure care at nearest available medical facility. The employee needs to identify that the appointment is for a work-related BBP exposure incident.
 - 3. This appointment is considered a worker compensation event for the employee.
- F. OH, will attempt to identify and document the source individual, unless it can be established that identification is infeasible or prohibited by law.
 - 1. OH, will have the source individual's blood tested as soon as possible after consent is obtained in order to determine Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency (HIV) status.
 - 2. If consent is not obtained, the OH RN shall establish that legally required consent cannot be obtained.
 - 3. When the source individual's consent is not required by law, the source individual's blood, is available, shall be tested and the result's documented.
 - 4. When the source individual is already known to be infected with HBV, HCV, or HIV, status testing is not required.
- G. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- H. The employee shall be offered the option of having their blood collected for testing of the employee will be obtained before collections of his/her blood.
- I. The consent of the employee will be obtained before collections of his/her blood.
- J. If the exposed employee consents to testing, his/her blood shall be collected as soon as possible.
- K. All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the OSHA standard.

- L. All employees can also decline post exposure testing but will be required to sign the Post Exposure Evaluation Declination form.
- M. A signed copy of the completed blood and body fluid exposure form must be given to the employee.
- N. Occupational Health shall ensure that all medical evaluations and procedures, including the Hepatitis B vaccination series and post exposure follow-up, are:
 - 1. Made available at no cost to the employees or their insurance company.
 - 2. Made available to the employee at a reasonable time and place.

XVI. Information Provided to the Healthcare Professional

- A. The Occupational Health Department shall ensure that the healthcare professional responsible for the employee's exposure follow-up is provided with the following:
 - a. A written description of the exposed employee's duties as they relate to the exposure incident.
 - b. Written documentation of the route of exposure and circumstances under which the exposure occurred.
 - c. Results of the source individual's blood testing, if available.
 - d. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

XVII. Healthcare Professional's Written Opinion

- A. The Occupational Health Department shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.
- B. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- C. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:
 - a. A statement that the employee has been informed of the results of the evaluation.
 - b. A statement that the employee has been told about all medical conditions that could result from exposure to blood or other potentially infectious materials which may require further evaluation or treatment.
- D. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

XVIII. Information and Training

- A. The Occupational Health Department shall ensure that training is provided prior to being placed in positions when occupational exposure may occur, and that it shall be repeated annually.
- B. All employees who are employed in the departments identified in Section IV.E and classified as performing tasks where there is potential occupational exposure shall be required to attend annual BBP training.
- C. Training shall be tailored to the education and language level of the employee and be offered during the employee's normal work shift.
- D. The training shall cover the following:
 - 1. Where to access a copy of the OSHA standard and an explanation of the OSHA standard.
 - 2. A discussion of epidemiology and symptoms of bloodborne pathogens.
 - 3. An explanation of modes of transmission of bloodborne pathogens.
 - 4. Knowledge of the instructions for the Blood and Body Fluid Exposure protocol and where to find it.
 - 5. The recognition of tasks that may involve exposure.

6. An explanation of the use and limitations of methods to reduce exposure, for example, engineering controls, work practices and personal protective equipment (PPE).
 7. Information on the types, use, location, removal, handling, decontamination and disposal of PPE's.
 8. Information of the Hepatitis B vaccination, including efficiency, safety, method of administration, benefits, and that it will be offered free of charge.
 9. Information on Hepatitis C.
 10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 11. An explanation of procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
 12. Information on the evaluation and follow-up required after an employee exposure incident.
 13. Use of disposal of retracting needles.
 14. Handwashing procedures.
 15. Overfilled sharps disposal container.
 16. Closing of sharps containers prior to moving them.
 17. Need to place sharps containers in a secondary container when moving if there is potential for leakage.
 18. Method to remove grossly contaminated clothing in order to prevent exposure to the face.
 19. A time for questions and answers will be included and the opportunity for discussion will be encouraged.
- E. Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

XIX. Recordkeeping

- A. The Occupational Health Department is responsible for maintaining the employee occupational health records. These records shall be kept in the Occupational Health Department.
- B. The employee occupational health records shall be kept confidential and must be maintained for at least the duration of employment plus thirty (30) years.
- C. These records shall include the following:
 1. The name and social security number of the employee.
 2. A copy of the employees' HBV vaccination status, including the dates of vaccinations.
 3. A copy of all results of examinations, medical testing, and follow-up procedures.
 4. The employer's copy of the healthcare professional's written opinion in case of an exposure incident.
 5. A copy of the information provided to the healthcare professional including a description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of the exposure.

XX. Training Records

- A. The Occupational Health Department provides the initial training and will be responsible for maintaining the training records.
- B. These records will be in the Occupational Health Department.
- C. Training records shall be maintained for at least three years from date of training.
- D. The following information shall be documented:
 1. The dates of the training sessions.
 2. The results of the required Bloodborne Pathogen written test.
 3. The names and job titles of all persons attending the training sessions.
 4. The names and qualifications of persons conducting the training.

XXI. Sharps Injury Log

- A. The OH shall establish and maintain an exposure/injury log for the recording of percutaneous injuries from contaminated sharps or splash or aerosol exposures. The information in the exposure/injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employees.
- B. The exposure/injury log shall contain, at a minimum:
 - 1. The type and brand of device involved in the incident.
 - 2. The department or work area where the exposure/injury incident occurred; and
 - 3. An explanation of how the incident occurred.
- C. The exposure/injury log shall be maintained for a period of five (5) years from the end of the calendar year for that log.

XXII. Record Availability

- A. All employee records shall be made available to the employee in accordance with the Stockbridge-Munsee tribal policies. The records shall be made available to OSHA and the U.S. Department of Labor in accordance with applicable law.

XXIII. Transfer of Records

- A. If Occupational Health is no longer available or there is no successor employer to receive and retain the record for the prescribed period, the records will be transferred in accordance with 29 CFR 1910.1020 (h)

XXIV. Plan Availability, Evaluation and Review

- A. A copy of the Exposure Control Plan is available on the OH website and can be obtained from the OH Department.
- B. The Occupational Health Department is responsible for annually review this policy, its effectiveness, and for updating this policy as needed.

XXV. Students and/or Interns

- A. Student/intern must complete an Infection Control and Exposure to Bloodborne Pathogens training prior to clinical rotation. College or school must provide OH Department with evidence of completed training prior to clinical rotation.
- B. Any student/intern who is doing a clinical rotation in any of the departments identified in Section IV.E must submit documentation of the following to OH Department.
 - 1. MMR immunization (actual immunization, titer, or history of active disease)
 - 2. Varicella immunization (actual immunization, titer, or history of active disease)
 - 3. Hepatitis B immunization (actual immunization or titer)
 - 4. Proof of latest TB skin test or Quantaferon Gold lab and result within the past 12 months.
 - 5. Proof that fit tested for an N95 respirator and respirator size.
- C. If a student/intern has an exposure, immediate first aid will be provided by a health care provider at no cost to the student. Subsequent follow-up blood work will be done in accordance with the college/school's procedures as students/interns are required to be covered under their college/school's Exposure Control Plan.