01.32 - Exposure Control Plan for Healthcare Workers

Purpose

To provide a plan for the prevention of exposure of clinical employees, contractors and clinical students to blood and body fluids.

Audience

All employees of UTMB hospitals, clinics, contract workers, volunteers, and students

Standard Precautions Policy

This program is based on the assumption that blood and other body fluids from all patients may be infectious. This system will protect healthcare workers (HCW's) and students from bloodborne infectious agents such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) as well as many other infectious diseases encountered in hospitalized patients (including those that are undiagnosed). All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of those substances. Personal Protective Equipment (PPE) should be used when contact with any potentially infectious body fluid, tissue or organ (blood, plasma, serum, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, breast milk, saliva in dental procedures, any body fluid that is bloody and when the identity of the body fluid is uncertain and any unfixed tissues or organs) may be encountered. One should not rely on a diagnosis of infection to be made before precautions are instituted. Rather, by assuming that all blood, body fluids and tissues identified above are potentially infectious, measures are taken to safely handle these body substances. In addition, the consistent use of barriers, particularly gloves, by HCW's and students protect patients from the organisms that can be transmitted from patient to patient by personnel and students. This policy focuses on the use of barriers to prevent contact with blood, other body fluids, and unfixed tissues.

Exposure Control Plan

This Exposure Control Plan is based on OSHA regulations (29 CFR Part 190.1030) and Chapter 81, Health and Safety Code, Subchapter H. It will focus on engineering controls, changes in work practices and PPE for the protection of HCW's and students. It will be reviewed annually and revised as indicated

Education of Employees on Prevention of Blood and Body Fluid Exposures

All new employees are educated on the prevention of blood and body fluids exposures.

All employees whose job puts them at ongoing risk for exposure to blood and body fluids are required to take annual online training on prevention of blood and body fluids exposure.

General Precautions

These general precautions apply to all HCW's and students who have any risk for exposure to blood, other body fluids, fluids that may be body fluids or unfixed tissues.

Exposure Determination

Employees who, during the course of their work, are potentially exposed to blood, body fluids, and unfixed tissues will be identified. This data on risk classification will be maintained in Human Resources.

Eating & Drinking

HCW's and students shall not eat, drink, apply cosmetics or lip balm or handle contact lenses in work areas including nursing units, areas where diagnostic procedures are performed, areas where treatments are administered, areas where equipment and material contaminated with blood and body fluids are processed and the clinical laboratories.

Storage of Food

Storage of food and drink in refrigerators, freezers, and cabinets or on shelves or countertops where blood and other potentially infectious materials are present is prohibited.

Gloves & Handwashing

PPE for protection of healthcare workers and students from contamination by blood and other body fluids shall be found at a clearly marked location on each unit. Employees must always use PPE unless an employee temporarily and briefly declines use of PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether change can be instituted to prevent such occurrences in the future.

- HCW's and students must wash hands before and after each patient contact, and any time they become accidentally contaminated with blood or other body fluids.
- Gloves must be worn for phlebotomy, for inserting intravascular catheters, intubation, suctioning and for any other procedures where hands may become contaminated with blood or other body fluids. All sizes of gloves shall be available. Hands must be washed after removing gloves. The following are guidelines for glove use:
  - Use sterile gloves for procedures involving contact with normally sterile areas of the body.
  - Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require use of sterile gloves.
  - Gloves must be changed between patients.
  - Gloves must 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.

- Gloves must not be washed or disinfected for reuse.
- General purpose utility gloves (i.e., rubber household gloves) for non-patient contact (i.e., housekeeping, transportation, laboratories, etc.), where tasks involve potential blood and body fluid contact but where a high level of manual dexterity is not required, shall be used. Utility gloves may be decontaminated with an appropriate disinfectant and reused but shall be discarded if they are peeling, cracked or discolored, or if they have punctures, tears, or other
- evidence of deterioration.
- When a healthcare worker or student discovers that he or she is allergic to the gloves provided, this fact shall be reported to their supervisor. Gloves made from a material to which the employee or student is not allergic shall be made available.

Gowns

Impervious gowns must be worn when a particular task may result in contamination of clothing due to splashing or spattering of blood or other body fluids. Hands must be washed after gowns are removed. Disposable gowns must be discarded as regular waste unless significantly contaminated with blood/bloody body fluids in which case they shall be discarded in a red bag as biohazardous waste. Reusable gowns must be placed in an impervious laundry bag with a minimum of agitation, and sent to the Texas Medical Center laundry.

All garments which are penetrated by blood, or other body fluids, must be removed immediately or as soon as feasible and placed in the appropriate container for disposal. All personal protective equipment must be removed prior to leaving the work area and placed in the designated receptacle.

Masks & Goggles

Masks and goggles or glasses with solid side shields or masks with eyeshields incorporated that provide side protection or chin length face shields must be used any time there is a potential for blood or body fluids to contaminate mucous membranes. If mucous membranes become contaminated with blood or other body fluids, flush immediately with water.

All healthcare workers should wear a surgical mask that is rated by ASTM (American Society for Testing and Materials) at a level 2 or higher.

Surgical Caps or Hoods, Shoe Covers or Boots

Surgical caps or hoods and fluid resistant knee-high booties must be worn in instances when gross contamination can reasonably be anticipated. They should be removed when soiled followed by handwashing. New booties should be donned if there is a continuing risk of contamination with blood or body fluids during the procedure.

CPR

Disposable mouth barriers or reusable resuscitation bags for cardiopulmonary resuscitation (CPR) shall be provided on patient units and in treatment areas. After use, reusable resuscitation bags shall be placed in a plastic bag and returned to sterile processing for cleaning and sterilization.

Cleaning Up Spills

Cleaning up spills of blood, other body fluids, and unfixed tissues:

- Gloves must be worn.
- Forceps shall be used to pick up any sharp objects such as broken glass or plastic before the fluid is wiped up. Heavy general purpose utility gloves must be worn to clean up spills if broken glass or plastic is present.
- The spilled substance shall be thoroughly wiped up using disposable absorbent material (i.e., paper towels) which are then discarded as regular waste. If the absorbent material is saturated (dripping) with blood/bloody body fluids, then the absorbent material shall be discarded as biohazardous waste.
- The area of the spill will then be convered with a 1:10 dilution of sodium hypochlorite*. After 5 minutes, the sodium hypochlorite can be removed with absorbant material and the latter discarded as regular waste.

Contaminated Equipment

- Gloves must be worn when handling contaminated instruments or equipment.
- All instruments to be returned to sterile processing shall be placed in puncture resistant bins with lids.
- All equipment contaminated with blood or other body fluids shall be decontaminated by appropriate means prior to servicing (i.e., in the dirty utility room of the patient care area).
- Gloves must be worn by the person who decontaminates the equipment.
- When equipment cannot be decontaminated prior to servicing, a sticker displaying the biohazard symbol shall be attached.
- The area(s) contaminated shall be written on the front of the sticker.
- UTMB will provide to healthcare workers certain safety products designed to prevent sharp object injuries. Healthcare workers will be engaged in the selection of these safety products. For their protection, healthcare workers are required to use these products. These products include but are not limited to safety needles for: venipuncture, intravenous lines, finger/heel sticks, intramuscular injections and general needle/syringe usage. The requirement to use these products does not apply to those devices that are not available with a safety feature or that must be modified for certain procedures and the modification precludes the use of the safety feature.

Devices with Engineered Sharps Protection and Needleless Systems

- Needleless systems including intravenous administration sets and devices to withdraw medications from vials will be used, when possible, throughout the UTMB Health System.
- All sharps devices with safety protection will be reviewed annually and compared with new safety devices available commercially. New devices that have more effective sharps protection will be selected to replace sharps currently in use.
- New safety devices will be assessed by personnel who use sharps devices in their daily work.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as described in the section on needle removal below. Shearing or breaking of contaminated needles is prohibited.

Venipuncture

Venipuncture and insertion of steel needles or plastic catheters into any intravascular space shall be carried out with great care.

- Gloves must be worn.
- Vacutainers with sharps protection shall routinely be used for venipuncture.
- In the extraordinary circumstance where blood cannot be obtained using a vacutainer, a needle and syringe with sharps protection shall be used. However, in transferring blood from syringes to vacutainers, NEVER FORCIBLY INJECT blood into the tubes. **Forcible injection of blood through the rubber stopper of tubes without a vacuum may cause the top to pop off and spray blood on the operator. Tubes without a vacuum shall be discarded and replaced by tubes with a vacuum.**

Needle Removal

Needles shall never be removed from a syringe or vacutainer holder, and they shall be disposed of as a unit in a puncture resistant leakproof container. One exception to this rule is removal of needles from syringes used to obtain arterial blood, or recapping dental needles used for local anesthesia or needles used for titrating IV sedation.

- Needles must never be placed on the patient's bed, on environmental surfaces in the patient's room, or left attached to the administration set and hung over the IV pole.
- The top of a puncture resistant leak proof (sharps) container should always be viewed prior to approaching it with a sharp for disposal to avoid puncture injury from a needle sticking out of the opening. Never try to "stuff" needles into a full box. Always relace the sharps container when it is three quarters full.
- When sharps containers are ¾ full, they shall be carefully sealed and packaged for disposal. During removal and packaging, needle disposal containers shall be held in the upright position to avoid leakage of blood or other body fluids.

- Needles and sharp objects shall be discarded as quickly as possible after use in a puncture-resistant leakproof (sharps) container.
- Sharps containers will be located as close to treatment areas as possible, but not mounted too low which might allow access by children.

Blood and Body Fluid Exposure

Exposed HCW's should report to the Employee Health Clinic (EHC) from 7:30am to 4:30pm Monday through Friday and exposed students to Student Health from 8:00am to 5:00pm Monday through Friday as soon as possible. During evenings, weekends and holidays, exposed HCWs and students should report to the Emergency Department. Exposure of a healthcare worker or student is defined as follows:

- Puncture of skin or laceration by a sharp object contaminated with blood, blood-tinged fluids or other potentially infectious body fluids.
- Contamination of mucous membranes (eyes, nose, mouth) by blood, blood-tinged fluids or other potentially infectious body fluids.
- Contamination of non-intact skin (cuts, scratches, abrasions, dermatitis, etc.) by blood, blood-tinged fluids, other potentially infectious body fluids or unfixed tissues.
- Contamination of intact skin by blood, blood-tinged fluids, or other potentially infectious body fluids that is prolonged or involves an extensive area.
- When a needlestick or injury with other types of sharps occur, the wound should be cleansed immediately with povidone-iodine, chlorhexidine, or 70% isopropyl alcohol and washed off. The sharps injury should be reported immediately to the employee's or student's supervisor. An employee will be sent to the Employee Health Clinic, and a student will be sent to Student Health immediately. After hours or on weekends or holidays, the employee or student will be sent to the Emergency Department.
- Employees and students with sharps injuries will be cared for based on Infection Control Policy 01.02 Bloodborne Pathogens (BBP) Occupational Post-Exposure Management.

Off-site clinics refer to your agency specific policy for instructions

Laboratory Specimens

- All laboratory specimens shall be placed in leakproof containers (e.g., specimen cups, culturettes, vacuum tubes) and then bagged in single, biohazard specimen bags.
- Requisition slips shall not be placed in the bag or stapled through the bag, but rather, placed in the outside pocket.
- When specimens are sent to other outside laboratories, the containers in which the specimens are placed must be labeled with a biohazard sign.
- If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded according to the requirements of this standard. If the specimen could puncture the primary container, the primary container shall be placed

within a secondary container which is puncture-resistant in addition to the above characteristics.

- Laboratory specimens may be sent through the tube system. Place specimen in a biohazard bag with request slip in outside pocket into a Zip N' Fold pouch. The pouch should be sealed appropriately.
- If a pneumatic capsule is received that appears grossly wet or soiled, wear gloves before handling the capsule and removing the contents. Be aware that there may be broken glass or plastic inside! Remove sharp objects (broken glass or plastic) using forceps. Discard any wet or soiled padding as infectious waste. Clean the inside and outside surfaces of the pneumatic capsule with a **1:10 dilution of sodium hypochlorite**. Call the physical plant dispatcher and notify them of the contamination of the tube system.

Arterial Puncture

Arterial puncture shall be carried out with great care.

- Gloves must be worn.
- After obtaining the arterial sample, great care shall be exercised when replacing the cap on the needle of the syringe. The one-handed technique, with the cap lying on a flat surface, shall be used. The syringe shall be held in one hand and the needle inserted into the cap. The cap will be snapped into place by pushing the cap against a vertical surface. The capped needle shall then be removed from the syringe and immediately placed in a sharps container. The hub of the syringe will be plugged with the rubber cap from the kit.
- In the Infant Special Care Unit arterial blood for blood gas determinations shall be obtained with a scalp vein needle with engineered sharps protection. After removal from the artery, the scalp vein needle sharps protection device shall be immediately deployed.

Biohazard Waste Disposal in Hospitals and Clinics

- Biohazardous waste includes:
  - Microbiological waste
  - Pathological waste
  - Human blood and blood products (disposable items saturated (dripping) with blood/bloody body fluids)
  - Bulk Blood (100cc or more)
  - Sharps Containers
- Single-use biohazard boxes are used for disposal of biohazardous waste. If waste contains free liquids, a sufficient amount of LiquiLoc solidifier shall be added to the container to absorb 150% of the free liquids.

Needles and other sharp instruments must never be placed in trash bags.

Soiled Linen

Soiled linen must not be sorted or rinsed in patient care areas but shall be bagged in an impervious laundry bag and placed in the laundry bin in the soiled utility room. Laundry from patients in isolation shall not be segregated. Medical instruments and sharps must not be placed in the laundry bag.

Pinprick Testing

Pins or needles used for pinprick sensory testing shall be used on only one patient and then disposed of in a puncture resistant leakproof (sharps) container.

Body Secretions Disposal

Secretions and body fluids from patients can be safely discarded in disposable drainage receptacles which are placed into a red bag (i.e., chest drainage (pleurovacs) suction canisters, etc.). If the drainage receptacle is not disposable, the fluid may be discarded in the sink. Pour the fluids carefully to avoid splashing and follow with copious amounts of water. Eye protection should be worn.

Patient Transport

Patients who are being transported require no special precautions other than precautions currently in effect on the unit.

Refer to ICHE policy 01.19 – Isolation Precautions

Deceased Patients

Deceased patients shall be wrapped appropriately so that leakage does not occur. HCW's carrying out these procedures must wear gloves and other barriers indicated by the physical condition of the patient and likelihood of contamination of clothes and mucous membranes.

Refrigerator Freezers

All refrigerators, freezers or other areas where blood and body fluids are stored must be labeled with the biohazard symbol.

OSHA Document

Copies of OSHA regulations entitled "Occupational Exposure to Bloodborne Pathogens; Final Rule" are available online and in Healthcare Epidemiology.

ER & Trauma

- Since the time available to don protective gear (i.e., gowns, gloves, goggles, masks and impermeable booties) prior to exposure to large amounts of blood may be very limited, HCW's and students assigned to the Trauma Center shall be prepared to don protective gear on short notice.
- With a large number of HCW's and students working in a very limited area around a trauma patient, great care should be exercised with needles and other sharp objects to prevent personnel from accidentally sticking each other.

Labor & Delivery

- Gowns made of impermeable material, gloves, protective booties, masks and safety goggles or glasses with solid side shields or masks with eyeshields incorporated must be worn by the operative team including students during vaginal delivery and caesarian sections. It is <u>strongly recommended</u> that the members of the operative team and students wear two pairs of gloves.

OR and PACU

- Members of the operative team including students, should wear goggles or glasses with solid side shields or masks with eyeshields incorporated. It is <u>strongly recommended</u> that members of the operative team and students wear two pairs of gloves.
- Biopsy specimens shall be dropped directly into a leakproof container held

by a circulating nurse to avoid contamination of the outside of the containers. The specimens shall be dropped very carefully to avoid splashing solution. The caps shall be applied tightly and the specimens bagged in single, biohazard specimen bags. The requisition slips shall not be placed in the bags or stapled through the bags. Requisition slips shall be placed in the outside pocket of the bag.

Dentistry and Oral Surgery

- All HCW's participating in a dental or oral surgery procedure on any patient must wear gloves and goggles or glasses with solid side shields and masks or masks with eyeshield incorporated. All linen must be placed in impervious laundry bags.
- All equipment contaminated with blood, other body fluids or unfixed tissues must be decontaminated by appropriate means prior to servicing (i.e., in the dirty utility room of the patient care area).
  - Gloves must be worn by the person who decontaminates the equipment.
  - When equipment cannot be decontaminated prior to servicing, a sticker displaying the biohazard symbol shall be attached. The area(s) contaminated shall be written on the front of the sticker.

Pathology Laboratory Medicine

- Phlebotomy trays shall be red or will be labeled with the biohazard symbol.
- All non-disposable equipment that comes into contact with blood or body fluids shall be disinfected with a **1:10 dilution of sodium hypochlorite.**
- Mechanical pipetting devices shall be used for the manipulation of all liquids in the laboratory. Mouth pipetting is prohibited.
- Laboratory coats or aprons shall be worn while working with potentially infectious material. Soiled laboratory coats or aprons shall be removed prior to leaving the laboratory.
- Gloves must be worn to avoid skin contact with blood and other body fluids as well as surfaces, materials and objects that may be contaminated by them. Gloves must be worn when removing specimen containers from Ziploc bags as specimens are received in the laboratory.
- When potentially infectious materials are processed, all procedures shall be carefully performed to minimize the creation of droplets and aerosols
- Biological safety cabinets (class II) and other primary containment devices (e.g., centrifuge safety caps) must be used whenever procedures are conducted that have a high potential for creating aerosols or infectious droplets. These include centrifuging, blending, sonicating or vigorous mixing.
- If spill kits are used, the spill shall first be covered with absorbent powder, fluids carefully removed with the use of gloves, and the area disinfected (see kit directions).
- Fingers, pencils, instruments and other foreign objects shall not be placed in the mouth.
- Should a centrifuge accident occur and the inside of the centrifuge become

contaminated with blood or body fluids, the centrifuge must be decontaminated using very careful technique. Report the incident to the laboratory supervisor immediately

- Gloves shall be worn for the decontamination process.
- Broken fragments of glass or plastic shall be picked up with forceps and placed in a puncture-resistant leakproof (sharps) container for disposal. Heavy gloves shall be worn to clean spills if glass or plastic is present.
- The centrifuge shall be disinfected with a hospital-grade disinfectant that is allowed to remain on surfaces for 15 minutes before further cleaning.
- All tubes, caps, etc, shall be disinfected with a **1:10 dilution of sodium hypochlorite.**
- Transparent plastic shielding shall be used between the droplet-collecting area and the operator of fluorescent activated cell sorters.
- All blood and body fluids shall be discarded by carefully pouring them down the sink. Specimens that cannot be discarded in the sink shall be placed in fluid-tight containers and then be placed in biohazard boxes.
- All HCW's and students must wash their hands with soap and water before leaving the laboratory.
- When specimens of blood, other body fluids or unfixed tissues are sent from the laboratory at UTMB to locations outside of UTMB, they shall be placed in containers labeled with the biohazard symbol. These labels shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color. Any specimens that are sent through the U.S. Mail shall meet the specifications of the U.S. Postal Service and/or Department of Transportation. HCW's shall be trained on proper handling of specimens for shipment.
- All equipment contaminated with blood, other body fluids, or unfixed tissues shall be decontaminated by appropriate means prior to servicing (i.e., in the dirty utility room of the patient care area).
- Gloves must be worn by the person who decontaminates the equipment
- When equipment cannot be decontaminated prior to servicing, a sticker displaying the biohazard symbol must be attached. The area(s) contaminated shall be written on the front of the sticker.

Surgical Pathology

- HCW's and students must wear gloves and plastic disposable aprons. Safety goggles or glasses with solid side shields and masks or masks with eyeshields incorporated must be worn.
- All HCW's (e.g. laboratory technicians, residents, faculty) and students working with unfixed tissue must wear gloves.
- Personnel shall be very careful with microtome knives when preparing histologic sections with the cryostat.

Autopsy Service

- Barrier clothing must be worn by those participating in and/or observing an autopsy.
  - Impermeable gown
  - Two pairs of gloves
  - Mask
  - Goggles or glasses with solid side shields
  - Impermeable booties
- Handling and disposal of sharps.
  - All sharps including needles, scalpel blades and saw blades shall be handled with great care.
  - All disposable sharps shall be placed in a puncture-resistant leakproof (sharps) container immediately after use.
  - Sharps containers shall be sealed and appropriately discarded when ¾ full.
- Steps shall be taken to minimize generation of aerosols by electric saws.
- Surfaces in the autopsy suite ordinarily touched by ungloved hands shall not be touched by the gloved hands of those performing autopsies.
- A person not involved in the performance of the autopsy (circulator) shall be present in the room during each autopsy.
- This person provides assistance to the autopsy team (e.g., answers the phone, completes paperwork, obtains supplies, provides specimen containers, etc.).
- Specimens shall be carefully (to avoid splashing) dropped into specimen containers held by the circulating person to prevent contamination of the outside of the containers.
- Instruments, the autopsy table and all other surfaces contaminated with blood, other body fluids or tissue must be cleaned and then disinfected using a **1:10 dilution of sodium hypochlorite.**
- All disposable materials contaminated with blood/bloody body fluids or tissues shall be discarded as biohazardous waste.
- All soiled laundry shall be considered contaminated and shall be handled using gown & gloves.

Notification of Emergency Personnel

- Refer to ICHE policy 01.26 – Reporting and Notification of a Communicable Disease for Emergency Personnel, Peace Officers, Correctional Officers and Firefighters

Employee and Student Furlough Due to Occupational

All employee and student exposures to high-risk infectious diseases will be investigated by ICHE as follows:

- The diagnosis of the suspected infectious disease will be confirmed in the source patient.
- A determination will be made by the ICHE as to which employees and/or

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students sustained an exposure to the source patient.

- For exposed employees and students, the dates of occupational exposure or period of occupational exposure will be determined.
- Each exposed employee's and/or student's immune status relative to the source patient's disease will be determined by:
    1. A positive history for the source patient's infectious disease or;
    2. When the exposed employee or student has a negative history for the source patient's disease or the source patient's disease is one for which a positive history is a poor indicator of immunity, a serologic test will be obtained through Employee Health or Student Health to determine whether the exposed employee or student has antibody to the source patient's infecting microorganism.
- If a serologic test is required to determine the immune status of an employee or student, the employee or student will be required to provide a blood sample or will be furloughed without pay or placed on leave of absence from course work for the duration of the incubation period of the disease.
- An attempt will be made to determine whether the exposed employee or student has had recent exposure in the community to the same disease as that of the source patient.
- Employees or students with established occupational exposures, who are not immune to the source patient's disease, may be required to be furloughed (placed on medical leave of absence) and appropriate start and stop dates for the furlough/leave period will be determined.
- Both the furloughed employee and appropriate management staff (or student and office of Student Affairs) will be notified of the inclusive dates of the furlough.
- Each employee or student exposure will be handled individually, and decisions regarding furlough will be made on a case-by-case basis.
- Employees may be furloughed, and students may be placed on leave of absence due to exposure to an infectious disease on the recommendation of ICHE, which has been approved by the Hospital Administration.
- Employees will not be required to use sick or vacation time during their furlough period but will receive institutional administrative leave. Students' absences will be excused and will not count against absence limits in the course. However, the student may be required to make up missed course activities at the discretion of the course director.
- Furloughed employees or students, who develop the disease to which they were exposed, must be cleared by Employee Health or Student Health, respectively, before they return to work or course work.
- Diseases in which exposure of employees or students may result in furlough:

- Varicella
- Measles
- Mumps
- Rubella
- Pertussis
- Others-at the discretion of ICHE

- If an employee develops signs and symptoms consistent with a reaction to a vaccination given by Employee Health and it is necessary for the employee to be out of work, the employee will be allowed to take administrative leave instead of sick time. The signs and symptoms will be closely monitored by Employee Health.

- If a student develops signs and symptoms consistent with a reaction to a vaccination given by Student Health and it is necessary for the student to miss scheduled course activities, the student's absence during this time will be excused and will not count against absence limits in the course. However, the student may be required to make up missed course activities at the discretion of the course director. The signs and symptoms will be closely monitored by Student Health.

References

1. Federal Register, December 6, 1991, Part II; Department of Labor, Occupational Safety and Health Administration: 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule.
2. Chapter 81, subchapter H of the Health and Safety Code. Title 25 Health Services, Chapter 96 Bloodborne Pathogen Control.
3. Occupational Safety and Health Administration. Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards, OSHA 3186-OER, 2003.
4. NIOSH Guide to the Selection and Use of Particulate Respirators: Certified Under 42 CFR 84. DHHS Publication Number 96-101. January 1996