
HILLSBOROUGH COMMUNITY COLLEGE TAMPA, FLORIDA



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



OFFICE OF RISK MANAGEMENT FOR
HUMAN RESOURCES

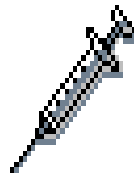
FEBRUARY, 2002

NOTE: This edition replaces all other previous versions of the College's Bloodborne Pathogen Exposure Control Plan. Submit recommendations for further improvement or enhancement of the Plan by writing to the Office of Risk Management, District Administrative Offices Room 217.



BIOHAZARD

BLOODBORNE



PATHOGENS

EXPOSURE CONTROL PLAN

PUBLISHED BY:
THE OFFICE OF RISK MANAGEMENT
FOR HUMAN RESOURCES
TELEPHONE: (813) 253-7187

FIRST EDITION

FEBRUARY, 2002

**EMERGENCY TELEPHONE NUMBERS
(FILL IN MISSING NUMBERS)**

FIRE DEPARTMENT _____ **9-911**

AMBULANCE _____ **9-911**

POLICE _____ **9-911**

POISON CONTROL CENTER _____ **253-4444**

COLLEGE SECURITY OFFICE _____ **253-7911**

(7:00 A.M. TO 10:00 P.M. MONDAY TO FRIDAY)

24-HOUR, 7 DAYS (CELLULAR) _____ **220-7032**

OFFICE OF RISK MANAGEMENT _____ **253-7187**

CAMPUS PRESIDENT: _____

SUPERVISOR'S OFFICE: _____

HOME: _____

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INTRODUCTION

The purpose of the Exposure Control Plan for Bloodborne Pathogens is to define work practices and procedures to help ensure that employees and students at Hillsborough Community College are protected from health hazards associated with the occupational exposure to bloodborne pathogens or other infectious body fluids they may come in contact with while at work. The Exposure Control Plan (Bloodborne Pathogens) is part of the College's compliance with Rule 38L20 FAC, Chapter 442 of Florida Statutes and regulations from the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) entitled "Occupational Exposures to Bloodborne Pathogens" (Code of Federal Regulations, 29 CFR 1910.1030) commonly known as the OSHA Bloodborne Pathogen Standard.

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties. In addition to blood, all other bodily fluids are to be considered as potentially infectious. Examples of other potentially infectious materials are, semen, vaginal secretions, saliva in dental procedures, body fluids visibly contaminated with blood, and all unknown fluids. Parenteral exposure is defined as "piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

This Plan applies to and is required reading for all employees who are potentially at some risk of having an exposure incident. In addition, all affected employees shall be familiar with and adhere to Section 4-4.4 and any other section of the College's Employee Safety and Health Program (Safety Manual) that is relevant to their work duties.

This Exposure Control Plan (referred to as the Plan throughout this document) shall be reviewed annually by the Office of Risk Management and/or the Campus Safety Loss Prevention Committees. Copies of this plan are available at each campus and from the District Administrative Offices.

EXPOSURE DETERMINATION BY JOB CLASSIFICATION

All job classifications at Hillsborough Community College have the potential for an occupational exposure to bloodborne pathogens. However, no classifications exist where all employees are exposed to bloodborne pathogens. The following classifications/programs have the greatest risk of an exposure.

Classifications:

Allied Health Programs
Athletic Trainers
Emergency Marshals
Faculty
Housekeeping and Service Staff
Science Laboratory Personnel
Program Biologists
Safety and Security Officers
Summer Camp Counselors

Tasks performed by HCC personnel in which the greatest risk of exposure exists include the following.

1. Direct patient care and laboratory procedures while teaching health science clinical courses in clinics or College facilities.
2. Teaching and supervising science laboratory procedures.
3. Responding to campus incidents/accidents which, involve blood or other body fluids.

PROCEDURES FOR HANDLING EXPOSURES ON HCC CAMPUSES/CENTERS

Campuses

NOTE: Employees/students must report all exposure incidents, suspected or actual, to your immediate Supervisor/Instructor and College Safety & Security office at extension **7911** as soon as possible.

1. Upon notification, the Safety & Security office shall dispatch an officer to the scene and notify the Office of Risk Management (7187) as soon as possible.
2. Employees responding to a call where the possibility of an exposure exists shall have the following personal protective equipment (PPE) with them. The determination to wear PPE should be made after arrival at the incident site.
 - Disposable single-use hypoallergenic gloves
 - Protective disposable clothing (apron)
 - Goggles and face shield (splatter potential from blood or other body fluids)

NOTE: PPE is available at all Campus Safety & Security offices. Individual PPE kits have been made available to Academic Deans, Department Directors and Science Laboratory Supervisors.

3. Personal Protective Equipment shall be worn when there may be contact with blood or body fluids. All body fluids are to be considered as potentially infectious and appropriate protective measures shall be taken. This is especially critical in circumstances where body fluid types are difficult or impossible to identify.

WARNING: Do Not Treat Person(s) or Touch any Bodily Fluids, Unless Personal Protective Equipment (PPE) is Worn and Adequate Protective Barriers are in Place Between You and the Affected Exposure Area.

4. The Security Officer responding to the incident shall:
 - Secure the site
 - Coordinate clean-up
 - Complete a College incident report giving as detailed a description of the exposure to blood or body fluids as possible. Copies of the incident report shall be provided only to College officials on a need to know basis or have assigned responsibilities relating to the incident.
5. The College Risk Manager shall perform the following upon receipt of written notice.
 - Contact the individual(s)/employees regarding post exposure evaluation and follow-up and conduct an investigation of the exposure incident as soon as possible.
 - Complete a College Report of Significant Work Related Exposure to Bodily Fluids, form 2-1-1064 (02/02). Copies of the report shall be provided only to College officials on a need to know basis or have assigned responsibilities relating to the incident. Also, copies may be provided, on request to the Health Department and health professionals involved in post exposure evaluations.
 - Refer exposed employee(s) to the appropriate health facility.

NOTE: Science laboratory students should complete form 3-1-002 (02/02), Informed Consent at the beginning of the semester.

Centers/Clinical Setting

An employee exposed during a clinical must comply with the following.

1. Report the exposure immediately to the appropriate local clinician and adhere to the exposure control plan prescribed by the clinic or facility where the exposure occurred.
2. Report the exposure to the Safety & Security office at 813.253.7911 as soon as practical. Security will complete the appropriate reports and notify the Office of Risk Management.

3. The Office of Risk Management shall

- Contact the employee regarding post exposure evaluation and follow-up.
- Ensure a completed College Report of Significant Work Related Exposure to Bodily Fluids, form 2-1-1064 (02/02) if, exposure warrants.

NOTE: Allied Health Program students should complete form 3-1-001 (02/02), Informed Consent at the beginning of the semester. Allied Health students shall follow the plan prescribed by the clinic or facility where the exposure occurred and report the incident to Security 813.253.7911 and their personal physician. All other students experiencing an exposure should report the incident to Security as soon as practical and should consult their personal physicians.

UNIVERSAL PRECAUTIONS AND ENGINEERING CONTROLS

All College employees and students shall observe universal precautions to prevent contact with blood or other infectious materials. Personal protective clothing and equipment is available and shall be worn by employees to prevent occupational contact or exposure to blood or other body fluids. Personal protective equipment (PPE) that is available includes goggles, disposable hypoallergenic gloves, facemask and disposable protective clothing.

After responding to an incident where PPE is worn, PPE shall be removed prior to leaving the area and discarded immediately into a "red" bag. The "red" bag shall be placed in a designated biohazard receptacle unless EMS personnel take the "red" bag with them. Biohazard receptacles are puncture resistant, leak proof, properly labeled containers located in campus Safety & Security offices.

Employees involved in exposure incidents shall wash their hands with non-abrasive soap or antiseptic cleanser and water immediately or as soon as feasible after removal of gloves and/or other PPE items.

Employees with splashes, splatters, or spray exposure to the eyes, nose, or mouth shall flush the area with water immediately after contact.

In addition to the above precautions, needles or other sharps, such as glass involved in incidents shall be immediately, or as soon as feasible, placed in a container designated for sharps. Sharps containers are located in EMS, Nursing Laboratory, and Science Laboratory rooms.

Housekeeping staff involved in the clean up of the area shall wear PPE. Decontamination of the affected area shall include using an approved disinfectant/sterilant solution that is also a tuberculocide.

PPE used by cleanup personnel and any soiled materials shall be placed in "red" bag(s) and discarded as stated above. Broken glass shall be discarded using mechanical means such as forceps, tongs, brush and dustpan. Glass must be placed in a sharps container for appropriate disposal.

Cleanup personnel shall wash their hands and other exposed areas immediately or as soon as feasible after the cleanup is completed. Any tools used must be washed and disinfected as soon as possible.

All "red" bags and sharp receptacles shall be disposed of by giving them to responding emergency medical service. If EMS is not used, or EMS does not take the biohazardous waste, contact Security.

CAUTION: Eating, drinking, smoking, applying cosmetics, lip balm, or handling contact lenses is prohibited in work areas where there is a reasonable likelihood of an occupational exposure.

TRAINING

NOTE: All HCC employees shall receive Bloodborne Pathogens training within thirty days of initial employment.

Required training for employees in classifications or programs identified as greatest risk employees (page 2) shall occur:

- Within thirty days of initial employment.
- When an individual's job function requires occupational exposure.
- Annually within one year of the previous training session.
- When modification of tasks or procedures affect the employee's occupational exposure.

NOTE: Employees whose primary employer is not HCC, but are at risk of exposure, e.g. contract workers, shall receive training from their primary employer. Documentation verifying receipt of training shall be provided to the College Attorney and the Office of Risk Management within 30 days of commencement of employment at HCC. Training may be verified by using the Statement of Training form, 2-1-060 (02/02) or a similar form.

The training program contains the following minimum requirements:

1. Location of OSHA regulations regarding occupational exposure to bloodborne pathogens, 29 CFR Part 1910.1030.
2. Current Bloodborne Pathogens video or CD-ROM. Highlighting the following:
 - Universal Precautions
 - Method for Reporting Incidents
 - Documentation Required
 - Epidemiology and Symptoms of Bloodborne Diseases
 - Modes of Transmission
 - Job Hazard Analysis (to recognize tasks which, may expose an employee to blood and other potentially infectious materials)
 - Methods that will prevent or reduce exposure including use of personal protective equipment
 - Information on the types, proper use, vocation, handling, decontamination and disposal of personal protective equipment
 - An explanation on the basis for selection of personal protective equipment

- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and where vaccination will be offered
- Information on the post-exposure evaluation and follow-up procedures HCC will provide for the employee following an exposure incident
- An opportunity for interactive questions and answers.

TRAINING RECORDS

Training records shall be maintained on file for all affected employees by the Office of Risk Management. Training records shall include documentation of the following:

- Dates of the training sessions.
- The contents of the training session.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training.
- Copies of vaccination declination or acceptance form signed by the applicable employees.
- Training records shall be kept on file for three years from the date of training.
- Training records shall be made available, for examination or copying to, the Director and Assistant Secretary of Labor for Occupational Safety and Health upon request from employees or employee representative(s).
- Requirements involving transfer of records shall be as set forth in 29 CFR 1910.20(h).

HEPATITIS “B” INOCULATION

(Inoculation shall be made available only after attendance at required training)

College employees in job classifications/programs listed with the greatest risk of exposure (page 2) of this plan who attend the required training shall be given the opportunity to receive the hepatitis B vaccine at no cost to them.

The vaccination is administered by BayCare's Occupational Health Services. The primary clinic is located at 3005 W. Dr. Martin Luther King Jr. Blvd., Tampa, FL. 33607, room 201. Contact Risk Management at 7187 to schedule an appointment. You will be required to show positive proof of identification (e.g., HCC employee ID card or recent pay statement) when reporting for appointment.

All employees in the identified job classification who are at risk must read and sign a copy of the Informed Consent/Declination for Hepatitis B Inoculation form prior to being vaccinated (form 2-1-061 (02/02) after attending the required training. This form is required by the College as a matter of record.

All employees who consent to vaccination must fill out the Hepatitis B Inoculation Certification Statement provided by the clinic. The certification statement will be maintained by the Healthline Clinic until completion of the inoculation series. After completion of the series, the clinic will mail the certification form to the Office of Risk Management in order to verify that payment for the vaccine is authorized. Certification statements shall be maintained as part of employee training records. A copy will be provided to the Human Resources Department for inclusion in employee personnel records.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

All employees involved in an exposure incident must complete the Report of Significant Work Exposure to Bodily Fluids, form 2-1-1064 (02/02) which includes:

- Documentation of the route(s) and circumstances of the exposure.
- Identification and documentation of the Source Individual unless it is not feasible or is prohibited by law.
- Testing of the Source Individual's blood for HIV and hepatitis B virus infectivity as soon as feasible after consent is obtained, unless infectivity of the source person is known or if testing is prohibited by law.
- Results of the Source Individual tests shall be made available to the exposed employee along with an explanation of applicable laws and regulations.
- As soon as possible after consent is obtained, blood shall be collected from the exposed employee for testing for HIV and hepatitis B virus. If baseline blood is collected, but the employee does not consent to HIV or hepatitis B serologic testing, the sample shall be preserved for at least 90 days for possible testing if the employee subsequently reconsiders.
- Employees involved in an exposure incident shall be referred to the appropriate medical care provider. Post-exposure illness prevention, counseling, and evaluation of reported illnesses shall be provided without charge to the employee based on the recommendations of the health care provider.
 - ✓ Public Health Department, 1105 E. Kennedy Blvd., Tampa
 - ✓ Any local hospital
- All employees involved in an exposure incident shall receive an evaluation from a healthcare professional. The healthcare professional evaluating the incident shall be provided with a copy of the Report of the Exposure Incident.
- Within 15 days of completion of the evaluation, a copy of the evaluating healthcare professional's written opinion, including whether the hepatitis B vaccination is indicated, shall be obtained and provided to the employee.
- The healthcare professional's written opinion shall be limited to stating that the employee has been informed of the results of the evaluation and that the employee has been told of medical conditions resulting from exposure and further evaluations and treatment that may be required.

NOTE: All other findings and diagnoses shall be confidential and shall not be included in the written report.

MEDICAL RECORDS

Accurate medical records shall be maintained by the Human Resources Department on all employees who have an occupational exposure. Records shall comply with 29 CFR 1910.20 and shall include the following information:

- The name and social security number of the employee.
- A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by title 29 CFR 1910.20(f)(2).
- A copy of all results of examinations, medical testing, and follow-up procedures as required by title 29 CFR 1910.20(f)(3).
- A copy of the written opinion from the evaluating healthcare professional.
- A copy of the information provided to the healthcare professional as required by title 29 CFR 1910.20(f)(4)(ii)(B)(C) and (D).
- **The employee's medical records shall be maintained in strict confidence. Disclosures and reports to any person within or outside the College, except as required by title 29 CFR 1910.20, or as may be required by law without written consent from the employee are forbidden. Records shall be maintained for at least the duration of employment plus 30 years.**

REVISION OF THIS PLAN

This Exposure Control Plan shall be reviewed and updated annually or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, when new or revised employee positions reflect occupational exposure and when federal or state rules change.

Statement of Training

If a possible risk of occupational exposure to blood or other potentially infectious materials exists, contract or non-full time employees must receive training as required by the Occupational Safety and Health Administration (OSHA).

- I have received 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens training through my primary employer.
- I have received 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens training through HCC.
- Contractor employees have received 29 CFR Part 1910.1030 Occupational Exposure to Bloodborne Pathogens Bloodborne Pathogens training.

Employer/Company Name: _____

Employer/Company Address: _____

Company Rep. Name: _____

Record Keeper Name & Telephone #: _____

SIGNATURE of Employer/Company Representative

DATE:

SIGNATURE of Employee

DATE:

Please return this form to your supervisor within three (3) days after training is completed.

NOTE: A copy of this form must be provided to the Hillsborough Community College, College Attorney and/or the Office of Risk Management within 30 days of commencement of employment at the College, or within 30 days after training is completed which ever comes first.

Distribution: Original signed copy will be retained in the student's program file.
A copy of the signed form will be transmitted to and retained by the applicable program Dean.

Allied Health Programs

As a student performing clinicals for the Allied Health Programs, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B (HBV), and human immunodeficiency virus (HIV).

Hillsborough Community College recommends that Allied Health Program students obtain the hepatitis B vaccine prior to entering the clinical portion of the program.

NOTE: Proof of vaccination from hepatitis B may be required before participating at certain clinical affiliate sites. In accordance with the Affiliation Agreement between Hillsborough Community College and the clinical agencies, ALL hospital policies and procedures supersede College policy regarding prevention of infectious diseases. Students are required to abide by those policies and procedures.

I have read and completely understand the risks involved in the clinical portion of the Allied Health Programs at Hillsborough Community College, especially the risk of contracting the HBV through human blood spills, tuberculosis, HIV, and other infectious diseases while I am participating in the required clinical experiences. **I agree to indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, its Officers, agents and employees from any and all claims, demands and liabilities or cause of action, including attorney's fees and costs by or a result of my participation in the experiment portion of the Allied Health programs.**

<i>Student's Printed Name*</i>	<i>Student's Signature</i>	<i>Date</i>
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**Students under 18 years of age must have a parent or legal guardian read this document and sign below.*

I am the parent or legal guardian of the above named student and I too join in the agreement to be responsible for the expenses incurred by the named student. I agree to **indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, its Officers, agents and employees from any and all claims, demands and liabilities or cause of action, including attorney's fees and costs by or a result of my participation in the experiment portion of the Allied Health programs.**

<i>Parent/Legal Guardian Printed Name</i>	<i>Parent/Legal Guardian Signature</i>	<i>Date</i>
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Course #	Course Title	Session	Instructor's Name
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**Distribution: Original signed copy will be retained in the student's program file.
A copy of the signed form will be transmitted to and retained by the applicable program Dean.**

Science Laboratory Programs

As a student performing Science Laboratory Experiments, I understand that I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B (HBV), and human immunodeficiency virus (HIV).

I have read and completely understand the Science Laboratory safety rules and understand that I must follow the safety rules, as the Science Laboratory is potentially dangerous. I will exercise caution while performing the scheduled experiments and assume the risk of injury.

In addition, I understand that Hillsborough Community College does not carry insurance for accident or injury during a laboratory class. I agree to be responsible for obtaining medical aid and paying the resulting expenses. **I agree to indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, its Officers, agents and employees from any and all claims, demands and liabilities or cause of action, including attorney's fees and costs by or a result of my participation in the experiment portion of the Science programs.**

I have completed the Science Laboratory Safety Quiz and my score is _____ out of 10.

<i>Student's Printed Name*</i>	<i>Student's Signature</i>	<i>Date</i>
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**Students under 18 years of age must have a parent or legal guardian read this document and sign below.*

I am the parent or legal guardian of the above named student and I too join in the agreement to be responsible for the expenses incurred by the named student. I agree to **indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, it's Officers, agents and employees from any and all claims, demands and liabilities or cause of action, including attorney's fees and costs by or a result of my participation in the experiment portion of the Science programs.**

<i>Parent/Legal Guardian Printed Name</i>	<i>Parent/Legal Guardian Signature</i>	<i>Date</i>
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Course #	Course Title	Session	Instructor's Name
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Distribution: Original signed copy will be retained in the student's file.

Practicing safety in the laboratory can protect you from possible serious injury. Experience has demonstrated that when safety is an integral part of any activity, the possibility of injury is reduced. Students are expected to become familiar with and to follow the laboratory safety rules. You are responsible for your safety as well as that of your neighbors and fellow students. By following the rules, the laboratory will be a safe learning environment. **NOTE: All experiments must be performed under the supervision of an instructor or assistant. It is REQUIRED that appropriate eye protection (i.e., safety glasses/safety goggles) be used for any experiments involving flame, chemicals, bacterial cultures, body fluids, or the dissection of preserved specimens.**

CHEMISTRY LABORATORY SAFETY RULES

1. UNAUTHORIZED experiments will NOT be conducted in Hillsborough Community College laboratories.
2. Study your laboratory assignment prior to coming to the lab. If you don't understand a procedure ask your instructor for help.
3. Always wear ANSI-Z87.1-1989 Protector Types G, H, or K chemical splash goggles while in chemical storage areas and performing tasks involving chemicals. Closed-toed shoes are recommended.
4. Tie back long hair to prevent accidents.
5. Know the location of safety/emergency equipment and how to use it (i.e., eye wash station, emergency shower, fire blanket, first aid kit, fire alarm pull station).
7. Know your emergency evacuation route and class assembly location in the event of an emergency.
8. It is HIGHLY RECOMMENDED that contact lenses not be worn in the lab. Contact lenses are permeable to most fumes. The fumes can dissolve in the aqueous fluid in your eye, pass through the lens and become trapped under the contact lenses, possibly causing damage to your eye. If wearing contact lenses can not be avoided, an up to date prescription pair of glasses must be on your person at all times while in the lab. Additionally, you must wear non-vented chemical splash goggles while wearing contact lenses. Please notify your instructor that you wear contact lenses.
9. Report all accidents and injuries immediately to your instructor, no matter how minor.
10. Never put anything into your mouth while in the laboratory (including your fingers, pen/pencil, etc.).
11. **NEVER, NEVER PIPETTE BY MOUTH**
12. Use fume hood when necessary
13. Use directed procedures for investigating odors (wafting). Never touch hot objects.
14. Use proper procedures for handling glass tubing, thermometers, and all glass containers.
15. Heat all substances cautiously and correctly.
*Do not point a test tube opening at yourself or another person when heating materials in it. *Rotate test tube when heating in a direct flame.
*Always use caution around burners and hotplates. Never leave burners unattended. *Do not heat a sealed system under any circumstances
16. Report any glassware/equipment breakage to your instructor immediately.
17. Handle chemicals with caution:
 - (a) Read container labels carefully before opening and removing contents.
 - (b) Use only needed amount. Leftover chemicals increase waste disposal problems.
 - (c) Replace caps on containers immediately.
 - (d) Do not return chemical to reagent bottles.
 - (e) Handle combustible materials carefully.
 - (f) Do not leave experiments unattended.
 - (g) Contact instructor immediately when a spill occurs.
 - (h) Dispose of waste /excess materials as directed by your instructor.
18. When your experiment is completed:
 - (a) Turn gas valves off.
 - (b) Lock drawers or put trays in designated area.
 - (c) Clean work area; wash lab table tops.
 - (d) In case of emergency or leaving the room, turn off all experimental equipment.
 - (e) Return all materials and apparatus to proper places.
19. Any student with a medical condition that could present a problem in the laboratory should make the instructor aware of the condition.
20. When pregnant, strong consideration must be given to the possible consequences of exposing oneself, as well as the unborn child, to the chemicals in the laboratory.
21. Never work alone. An Instructor must be present at all times.
22. No horseplay in lab.

BIOLOGY LABORATORY SAFETY RULES

General Biology Laboratory Safety Rules

1. Do not enter the laboratory or perform any experiments without permission or supervision.
2. **Pay close attention to all instruction.** If something is not clear, ask the instructor.
3. Do not sit on laboratory tables or lean back in chairs.
4. Keep backpacks and handbags off laboratory tables during an experiment. Laboratory tables should be clear of flammables i.e., loose-leaf paper and paper towels.
5. Place all trash in the **proper** receptacle. Report ALL breakage to the instructor. The instructor will discard all broken glass to its appropriate container. (NOT IN SINK)
6. Do not eat or drink in the laboratory. No food or drink of any kind or form may ever be brought into the laboratory.
7. Report ALL accidents to your instructor, immediately, no matter how small. All injuries, no matter how minor, must be reported to HCC security. HCC security must complete an incident report.
8. Know the location of all safety equipment in the laboratory such as the fire extinguisher, safety shower, and eye wash station in case of an accident.
9. Do not wear loose fitting clothing. Closed toe shoes are recommended in the laboratory and for field experiments. **(Sandals and heels are not recommended)**
10. Tie back long hair before starting ANY experiments.
11. It is recommended that students who wear soft contact or hard contact lenses remove them before entering the laboratory.
12. Clean your workstation after each experiment and wash lab countertops.
13. Wash your hands before leaving the laboratory.
14. **NEVER PIPETTE BY MOUTH!** Students must not place anything in their mouth.
15. Return ALL reagents and equipment to their proper place at the end of each experiment. In case of an emergency, turn off all experimental equipment before leaving the room.
16. **THOROUGHLY CLEAN AND RETURN ALL DISSECTION INSTRUMENTS TO THE APPROPRIATE LOCATION** at the end of each laboratory period.
17. Clean your eyepieces, lenses, objective lenses, and the microscope stage before and after each use. Clean the lenses with LENS cleaner and LENS paper. (NOT KIMWIPES)
18. No horseplay in lab.
19. Always use caution around burners and hotplates. Never leave burners unattended.
20. Dispose of biological material (i.e., blood, body fluids, preserved specimens and related material) in appropriate biohazard container.
21. Know your emergency evacuation route and class assembly location in the event of an emergency.
22. Wear gloves when working with preserved specimens and bodily fluids i.e., blood, saliva, etc.

Microbiology Laboratory Safety Rules

1. All Biology Safety Rules apply to the Microbiology laboratories.
2. Clean laboratory surfaces with disinfectant before and after each lab period to lessen the chance for accidental infection or contamination of cultures.
3. **NEVER** remove a culture from the laboratory.
4. Immediately cover an infectious material spill with disinfectant and notify the instructor.
5. Label culture dishes with the student's name, date, and the organism cultured.
6. Take the following precautions when working with the Bunsen burner. **Never leave burners unattended.**
 - (a) Always use caution around burners and hotplates.
 - (b) Tie hair back.
 - (c) Finish staining procedures before using the microscope
 - (d) Keep microscopes, especially the power cord, away from the burner.
 - (e) Turn gas off at jet when finished.
 - (f) Ensure that the hose connections are tight around the Bunsen burner and the gas jet before lighting.
 - (g) Keep ethanol dishes at a safe distance from the burners and always keep dishes closed between sterilization.

CAUTION: GOGGLES MUST BE WORN WHEN HANDLING FLAME AND LIVE CULTURES

Informed Consent

I hereby voluntarily request and authorize the administration of the hepatitis B vaccine to me by the designated agents or representatives of Hillsborough Community College. I understand that the hepatitis B vaccine has been developed for immunization against infection caused by all sub-types of the hepatitis B virus (HBV).

I understand that if I choose to receive the vaccine, I am required to attend bloodborne Pathogens training. By my signature below, I am representing that I have attended the required training.

I understand that my participation in the immunization program is entirely voluntary and that I am free to refuse to participate or withdraw at any time without such refusal/withdrawal having any affect on my employment status at Hillsborough Community College. Should I decide not to participate or withdraw from the immunization program, I will notify my supervisor.

I understand and agree that Hillsborough Community College cannot be held responsible for any costs associated with the treatment of the vaccine's possible side effects.

I Have Carefully Read the Immunization Program's Terms and Information, Understand and Agree to be Bound by the Terms and Provisions outline on the Front and Back of Form 2-1-061 (08/01), Informed Consent/Declination.

Employee's Printed Name:

Employee's Signature:

Date:

Informed Declination

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 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, 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 can receive the vaccination series at no charge to me.

I hereby assume all risks associated with not participating in the hepatitis B immunization program. I agree to indemnify and hold harmless the District Board of Trustees of Hillsborough Community College, it's Officers, agents, and employees from any and all claims, demands, liability, or cause of action, including attorney's fees and costs, by reason of any illness, injury or death, from any cause whatsoever as a result of my decision to decline the hepatitis B vaccination.

Employee's Printed Name:

Employee's Signature:

Date:

Distribution: Original signed copy will be retained in the employee's personnel file.

A signed copy of the form will be sent to the employee with additional instructions.

Hepatitis B Inoculation Information

The hepatitis B vaccine has been developed for immunization against infection caused by all sub-types of hepatitis B virus (HBV). The vaccine will not prevent hepatitis caused by other agents or pathogens known to infect the liver.

Hepatitis B is one of the most serious forms of hepatitis. Hepatitis B can cause systemic infection, liver necrosis (death of liver cells), chronic active hepatitis, scarring of the liver (cirrhosis), cancer of the liver, and death. The Centers for Disease Control estimate one million chronic carriers in the United States. Chronic carriers can infect others and are at increased risk of developing cancer of the liver.

Other diseases have been associated with the hepatitis B virus infection. Those diseases include but are not limited to, a syndrome characterized by rash, skin welts, joint pain, inflammation of the arteries, kidney disease characterized by the inflammation of the membrane and blood vessels of the kidneys.

Transmission is primarily through blood or blood products. However, transmission can occur through other infected body fluids, contact with mucous surfaces, or breaks in the skin i.e., needle sticks.

Immunization/vaccine is recommended for persons in Hillsborough Community College classifications/programs where the greatest risk of exposure exists. The vaccine is administered by injection in a three (3) dose regimen with the second dose being administered one (1) month after the first and the third dose being administered six (6) months after the first.

The vaccine is generally well tolerated by most recipients however, any or none of the listed potential side effects may occur:

Potential Side Effects

<i>Abdominal pain/cramps</i>	<i>Dizziness</i>	<i>Insomnia</i>	<i>Rash</i>
<i>Agitation</i>	<i>Fatigue</i>	<i>Irritability</i>	<i>Reddening of injection site</i>
<i>Anorexia</i>	<i>Fever</i>	<i>Malaise</i>	<i>Soreness</i>
<i>Back pain</i>	<i>Flu like symptoms</i>	<i>Muscle and/or joint ache</i>	<i>Swelling of injection site</i>
<i>Chills</i>	<i>Flushing</i>	<i>Nausea</i>	<i>Vomiting</i>
<i>Constipation/diarrhea</i>	<i>Headache</i>	<i>Pain/stiffness in arm, shoulder neck</i>	<i>Weakness</i>

Participation in the immunization program is entirely voluntary. Employees are free to refuse to participate and may withdraw at anytime without such refusal/withdrawal having any effect on their employment status at Hillsborough Community College. However, employees are required to attend the Bloodborne Pathogens training at Hillsborough Community College prior to receiving the vaccine.

NOTE: The vaccination may not prevent infection in persons carrying an unrecognized hepatitis B infection at the time the vaccine was administered. Additionally, the vaccine may not prevent infection in persons who do not achieve protective antibody titers.

CAUTION: Pregnant women must have a physician's approval to receive the hepatitis B vaccination.

Distribution: Original signed copy will be retained in the employee's personnel file.



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
Report of Significant Work Exposure to Bodily Fluids

Name:		Date of Birth: / /	
Last	First	MI	
SS#: - -			Home Telephone#: ()
Home Address:			
City:	State:	Zip:	
EXPOSURE:		Circle one	
Date of Exposure: / /	Time of Exposure:	A.M.	P.M.
Address and Location of Exposure:			
City:	State:	Zip:	
Describe in Detail How the Exposure Occurred:			
List Bodily Fluids Exposed to: <i>(Circle or list all that apply)</i>			
Blood/Vaginal Fluid/Semen/Surgical Fluid/Other <i>(describe):</i>			
Identify the Route of Exposure: <i>(Circle or list all that apply)</i>			Body Part Exposed
Skin/Mucous Membrane/Needle Stick/Other <i>(describe):</i>			
Source Individual Name if Possible:			
Employee's Job Title:	Work Phone:	Employee's Signature:	Date:
Supervisor's Printed Name:	Work Phone:	Supervisor's Signature:	Date:
Risk Manager's Printed Name:	Work Phone:	Risk Manager's Signature:	Date:
NOTE: This report must be filed with your Supervisor and the Office of Risk Management no later than five (5) calendar days after your work exposure to Bodily Fluids.			
ALL INCIDENTS MUST RE REPORTED TO SECURITY IMMEDIATELY. 813.253.7911			
Distribution: Original signed copy will be retained in the employee's personnel file.			
A signed copy of the form will be sent to the employee with additional instructions.			