



EL PASO COMMUNITY COLLEGE PROCEDURE

For information, contact Institutional
Effectiveness: (915) 831-6740

CGC-2 Prevention of Health- Related Exposure to Communicable Diseases

APPROVED: October 26, 1988 **REVISED:** November 8, 2012
Year of last review: 2021
AUTHORIZING BOARD POLICY: CGC

Classification: Institutional

Responsible Vice President or Associate Vice President: Vice President of Student and Enrollment Services

Designated contact: Chief of Police

OBJECTIVE: To outline guidelines to protect students, faculty*, and staff from unnecessary risk of communicable disease exposure.

PROCEDURE: The most recent guidelines on standard precautions from Centers for Disease Control will be followed in all on-campus and off-campus clinical learning experiences. If affiliate procedures exceed minimum recommendations, affiliate procedures will be followed. The following general preventive guidelines apply in all situations.

- I. Students, faculty, and staff participating in situations requiring direct (patient) contact will utilize protective accessories such as gloves, masks, gowns, and eye goggles. Use of these accessories is necessary when there is potential contact with blood or other body fluids.
- II. Protective devices will be available in appropriate instructional laboratories and clinical affiliates. In certain circumstances, students may be required to purchase items through the College bookstore or other locations.
- III. Storage devices for needles or other objects that are contaminated by blood or other body fluids will be disposed of in biohazard containers as provided by the College and/or the clinical affiliate.
- IV. Faculty, staff, and students at risk of contracting infectious diseases because of their possible high exposure to them will be familiar with the sources and methods of transmissions as well as the proper techniques to utilize in preventing their transmission.
- V. All students and faculty in health-related programs must complete the on-line community orientation annually.
- VI. All personnel will utilize the following standard precautions when providing patient care during clinical or laboratory experience:
 - A. Obtain an adequate medical history. Although it is important to take a medical history, the health care provider should treat all patients as potential sources of infection even when the medical history is negative.
 - B. Use protective attire and barrier techniques. The health care provider will use protective attire and barrier techniques whenever there is a possibility of coming in contact with body fluids such as blood or saliva, exudates from wounds or sores, and body excrements, or when touching mucous membranes or infected tissues. These barrier techniques include the use of gloves, gowns, surgical masks, and protective eye wear or face shields.
 - C. Hand washing. Always scrub using an approved technique before the first patient, between patient contacts, after touching inanimate objects likely to be contaminated by blood or saliva from patient and before leaving the patient treatment area. Hand sanitizers may be used in lieu of hand washing if there are no visible sores on the hand.
 - D. Appropriate use and care of sharp instruments. Items such as needles, scalpels, blades, and sharp instruments should be considered as potentially infective and must be handled with extraordinary care to prevent unintentional injuries. For instance:
 1. Use disposable instruments such as needles and scalpel blades whenever possible and then dispose of these items in such a way as to prevent possible injury and infection to all persons, (including the janitorial staff) that might come in contact with these instruments. Sharp instruments should be placed in puncture-resistant containers for disposal.

* Note: The word "faculty" denotes instructors, counselors and librarians.

2. Prevent needle sticks by recapping needles even if the treatment provider might want to reuse the needle later during the same treatment procedure on the patient not recapping needles and promptly disposing of needles in appropriate Bio Hazard containers.
 3. Use heavy duty rubber gloves when cleaning contaminated sharp instruments of gross debris. Use ultrasonic cleaners whenever possible.
- E. Disinfect or sterilize instruments.
1. Instruments that normally penetrate soft tissue and/or bone must be cleaned and sterilized after each use. The sterilization should be accomplished by approved methods using manufacturer's recommendations vapor. The adequacy of these sterilizers should be verified by the periodic use of spore-testing devices.
 2. Instruments that are not intended to penetrate soft tissue, but may come in contact with soft tissue should be sterilized if possible. If such sterilization is not feasible these instruments should at least receive a high-level disinfection. The disinfectant should be one that is registered with the EPA as a high level disinfectant. Check the label.
- F. Decontaminate environmental surfaces at the completion of work activities on each patient. All surfaces that may have become contaminated with patient fluids or exudates should be wiped with an absorbent toweling to remove extraneous organic material and then disinfected with a suitable germicide. This germicide should be registered with the EPA and classified as tuberculocidal.
- G. Cover surfaces that may be contaminated by blood or other body fluids with impervious-backed paper, aluminum foil, or clear plastic wrap. Remove, discard, and replace these coverings between patients.
- H. Dispose of contaminated wastes. All sharp instruments to be discarded, and any material such as gauze that has been contaminated with blood or other material from the patient should be disposed of with special precaution. Contaminated fluids may be poured into a drain connected to the sewer system. Contaminated wastes should be disposed of in accordance with local or state environmental regulatory agency requirements.
- VII. Students and faculty with exudative lesions should avoid direct patient care or handling of patient care equipment until the condition is resolved.
- VIII. Chemical germicides at manufacturer's recommended dilutions will be used to decontaminate spills of blood and other body fluids. Gloves will be worn during the cleaning procedures.
- IX. Soiled linen will be handled as little as possible and bagged.
- X. Waste which includes blood, exudates, or secretions will be placed in a red, plastic bag to be incinerated or autoclaved.
- XI. An individual with exposure (parenteral or mucous membrane) to blood or other body fluids should obtain serologic tests for hepatitis or HIV infection and medical follow-up for any febrile illness occurring within 12 weeks. All medical treatments and tests will be at the individual's expense or as covered by individual health insurance. An incident report should be completed at the affiliate and at the College. A written counseling form indicating the individual has been advised of the need for medical follow up and testing will be placed in the student's program file.
- XII. Fit-Testing and Purchase of N-95 Masks
- A. Students and faculty will be required to be fit-tested for an appropriate sized N-95 Mask for use as required by clinical affiliates and /or in preparation for emergency situations.
 - B. Fit-Testing will be performed by trained faculty and staff in the Emergency Medical Technology Program.
 - C. N-95 Masks will be purchased at the student's expense as one of the mandatory equipment requirement for identified health career programs.
 - D. The cost of faculty and staff N-95 Masks will be charged to the appropriate program budget through a journal entry.
 - E. Students and faculty will adhere to procedures at assigned clinical affiliates for appropriate use of N-95 Masks.



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AFFILIATE INCIDENT REPORT FORM

General Information

Name of affiliate _____ Unit Assigned _____

Report prepared by _____ Address _____

Phone number _____ Email _____

Incident Report Information

Title of Report _____

Date of Incident ____ / ____ / ____ Duration _____

Location _____

Name of Incident _____

Brief Description _____

Person(s) Involved in
Incident _____

Activities of above person at the time of
incident _____

Any other outside party involved in
incident _____

Contact Details _____

Witness of Incident, Name and Contact
Details _____

Any Injury taken place, provide details _____

Any Police complaint filed, provide detail _____

Describe any actions taken after the incident _____

Signature _____ Date ____ / ____ / ____

Report Submitted to: Name _____

Signature _____ Date ____ / ____ / ____

8/2011



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SHARPS INJURY REPORTING FORM

Employee or Student Information

Name _____ EPCC ID _____

Address _____ Phone _____

Course _____

Incident

Date/Time of Incident _____ Date/Time of Reporting _____

Location _____

Procedure

Procedure at Time of Incident _____

Purpose Sharp was Used for _____

Implements Causing Injury

Implement
Involved _____

Cause of Injury _____

Nature of Injury

Superficial ☐ Deep ☐ Moderate ☐ bleeding ☐ Glove Penetrated by Sharp ☐

Part of Body Injury _____

Type of Contamination

Blood ☐ Blood Stained Fluid ☐ Non Blood Stained Fluid ☐ Unknown ☐

Risk Assessment/Treatment

First Aid Yes ☐ Advised ☐ N/A ☐

Risk Assessed Yes ☐ No ☐ N/A ☐

Incident Report Yes ☐ Advised ☐ N/A ☐

Gloves Worn Yes ☐ No ☐ N/A ☐

Date of Last Hepatitis B Course/Booster/Anti HBS _____

Date of Last Tetanus _____

Information Regarding Source Patient Known ☐ Unknown ☐

Follow Up Strategy/Comments _____

Signature _____ Date _____ / _____ / _____

Signature _____ Date _____ / _____ / _____

8/2011