

## Bloodborne Pathogen Student Policy

### I. Purpose

Students in any academic, research, or occupational program at Montana Tech of the University of Montana who are at risk for bloodborne pathogen exposure are required to present documentation of serologic evidence of immunity to hepatitis B (HBV), either by vaccination or previous infection. Students who cannot meet this requirement for legitimate religious or medical reasons must have their case reviewed by the Montana Tech Biohazard Committee on an individual basis. If the Committee grants a waiver, they must do so in writing prior to the student's acceptance into the clinical component of the nursing program. In other departments, the waiver must be granted in writing prior to the student's first potential exposure to human blood or other potentially infectious materials. Records of the waiver must be kept in the students' files within the department that is requiring the immunization.

### II. Procedure

- A. Students who are unable to meet the requirements of documentation of immunity for religious or medical reasons must provide written documentation of the reasons which preclude immunization for review by the Biohazard Committee. Request for review by the Biohazard Committee must be made prior to application for admittance into the nursing program. For other departments, the request for review must be made at least two weeks prior to the first potential exposure to human blood or other potentially infectious materials to allow time for resolution.
- B. Effective June 1999, students are required to present the following information prior to admittance into the nursing program, or in other departments, prior to their first potential exposure to human blood or other potentially infectious materials. Students will not be allowed in areas or settings which may present their first potential exposure to human blood or other potentially infectious materials without this documentation.
  - 1. Documentation of serologic immunity; or
  - 2. Documentation of immunization series; or
  - 3. Signed waiver of exemption from immunization requirements

### III. Exposures

- A. If a student has an exposure (i.e. eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials) in a setting sponsored by Montana Tech, the student must follow the policy of the facility where they are working. The student is responsible for the cost of post-exposure testing. Students can go to the Student Health Center, the Family Service Center in Butte, or a private physician for testing and counseling. Records of the exposure and follow-up must be kept in a confidential file in the Environmental Health and Safety office.

- B. If a student has an exposure, the student must report it immediately to the instructor or supervisor. A Student Exposure Incident Form must be completed by the student, signed by the student and instructor or supervisor, and sent to the Environmental Health and Safety Director.

## **IV. Training**

Student training must be done prior to the student's first potential exposure to bloodborne pathogens. The training must include the requirements of the Bloodborne Pathogen Standard, universal precautions, and the Montana Tech policy. The training may be incorporated into class materials or done through training provided by the Office of Environmental Health and Safety.

## Student Exposure Incident Form

Student Name:	
Student ID #:	Date of incident:
Department/building:	Date Reported:

<b>Type of exposure:</b>
Human bite Blood/body fluid splash Open wound, scratch, or abrasions contaminated with blood/body fluid/urine/stool Puncture or from sharp object Needle stick following venipuncture Needle stick from IVP or VIPB Needle stick following injection Other (describe) _____
Describe exposure incident in detail:
What actions were taken immediately following the incident?
What precautions were in use at the time of the incident? Check all that apply
<input type="checkbox"/> Gloves <input type="checkbox"/> Gown/apron <input type="checkbox"/> Mask <input type="checkbox"/> Eyewear <input type="checkbox"/> CPR shield <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____

Dates of HBV vaccinations:	
Employee signature:	Date:
Instructor/Supervisor signature:	Date:
Signature of person preparing report:	Date:

Follow-up	Date
Student referred to physician of choice Seen by:    Office    ER    Pro-Med    Student Health Center  Declined to be seen	
Other comments:	

This document must be printed after completion, signed, and sent to [mcameron@mtech.edu](mailto:mcameron@mtech.edu) or brought to EHS office CBB 003.