To: All Rasmussen College Campuses

From: Christian Wright, Department Dean, School of Health Sciences

Cc: Lori Kruizenga, General Counsel

Date: February 10, 2017

Subject: Safety and Health Manual

The Rasmussen College Safety and Health Manual include the safety protocols established for all Health Science and Nursing labs. Please maintain a copy of this manual in a red binder and place it in each Health Science and Nursing lab in a highly visible and easily accessible location. The Campus Director, Academic or Nursing Dean, School of Health Science and School of Nursing leadership should also keep a copy in their offices.

Please familiarize your faculty, staff and students with the policies and procedures set forth in this manual. These procedures must be implemented in all Health Science and Nursing labs to help maintain a safe working and learning environment.

This manual contains a great deal of safety-related information. It is divided into numbered sections for quick reference and most eventualities are covered. Examples of the corresponding forms can be found at the end of this manual and are referenced by letter. In addition, the forms to be utilized at each campus are available for immediate use under the Facilities SharePoint page. If you need clarification with anything in this manual, do not hesitate to contact the Compliance Department for support.

Thank you.
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Section I – Standard Operations

Subsection 1 – Administration of Health and Safety

1.1.1 Employee Responsibilities

Each Campus Director (CD) and/or Academic or Nursing Dean (AD) are responsible for ensuring that safe working conditions are provided for those employees under their supervision and for investigating reports of unsafe working conditions. Each CD/AD are also responsible for knowing the safety and health guidelines, investigating accidents, reporting accidents and properly advising the Human Capital and Compliance Department of appropriate situations. Similar responsibilities are expected of faculty members with respect to the students they instruct or supervise in clinical, laboratory and field trip settings. Similarly, CDs/ADs and faculty should assist in maintaining and improving campus safety, health and security.

Each employee is to place safety and health requirements as first importance in the performance of their work duties for Rasmussen College. The protection of students, fellow employees, and the public on the college’s property is a shared responsibility of every employee.

All employees are responsible for notifying their CD/AD of a violation or deficiency in safe and healthful working conditions and for recommending corrective measures, if possible. Additionally, the CD/AD is to be notified of every injury or accident regardless of how trivial such accidents may appear at that time.

All employees are responsible for maintaining a locked door policy when a laboratory session is completed; meaning that when a laboratory classroom is not in a scheduled employee facilitated session, the laboratory classroom must be locked. Students are not allowed into a laboratory classroom without an employee present and during non-scheduled laboratory sessions.

Subsection 2 – Inspection and Compliance Requirements

1.2.1 Annual Inspections

An annual inspection of the college’s facilities and operations will be conducted under the direction of the Compliance Department. Each inspection report will record pertinent safety violations, noncompliance items, and observed deficiencies. Employee(s) directly involved in the use or operation of the facilities or functions being inspected are to participate in the inspection process.

1.2.2 Reporting Noncompliance

Observed violations of safety standards, deficiencies, and noncompliance items will be reported on the SAFETY HAZARD REPORT FORM, (FORM C). Notification of the recorded violations and the arrangement for the accomplishment
of appropriate corrective action will be given to the Corporate Counsel/Director of Regulatory Compliance and the person in charge of the facility or function being inspected. The responsible person is to respond to the CD/AD indicating corrective action accomplished with regard to each reported violation.

Subsection 3 – Reporting of Accidents/Incidents

1.3.1 Introduction
In the event of a medical emergency, an injury, an accidental exposure to hazardous gases, chemicals or materials, or a needlestick or cut, regardless of the severity, it shall be the responsibility of the student/employee to promptly report said injury or exposure to the senior manager, immediate supervisor, or instructor. While Rasmussen faculty may be qualified to perform care for some accidents and injuries, they are not expected to treat such cases.

1.3.2 Investigation and Reporting
An investigation and report shall be completed by the Campus Director or his/her designee. This report must be completed on the STUDENT OR VISITOR INJURY REPORT FORM (FORM G) or the EMPLOYEE INJURY REPORT FORM (FORM J), and when possible, the WITNESS REPORT FORM (FORM H). Copies of these forms shall be distributed as follows:
1. Copy sent to the Campus Director.
2. Copy filed in the student/employee file.
3. Copy sent to the HR Generalist at the campus if an employee was involved.
4. Copy sent to the Rasmussen College, Inc. Compliance Department if a student was involved.

1.3.3 Occupational Safety and Health Administration (OSHA) Regional Offices
Rasmussen College works with the Regional and National OSHA offices for reporting and other purposes. All correspondence needs to be coordinated through the Compliance or Human Capital Departments.
Subsection 4 – Medical Emergencies, First Aid and Medical Treatment

1.4.1 Requests for Emergency Medical Assistance
After calling 911, the Campus Director should be notified. Provide the following information to the operator when making a 911 call:
- Building name
- Building location
- Floor number
- Location of emergency—room number
- Details concerning the accident, illness, etc.

1.4.2 Student Medical Treatment for Accidents
Students who receive medical treatment as a result of an accident are covered under the Rasmussen College, Inc. insurance policy. Reimbursement for medical treatment must be coordinated through the Campus Director of the campus where the student is enrolled for review. Campus Directors will submit student invoices and student injury reports to ComplianceQuestions@rasmussen.edu.

1.4.3 Employee Injury Reporting
The College is required to maintain a listing of all workplace illnesses and injuries and to complete a summary report of the findings annually. A college injury report is to be completed immediately following an injury, no matter how slight. A record of the injury must be filed immediately by the employee or his or her supervisor in conjunction with the designated HR Generalist.

14.4 Medical Return to Work Authorization
In some situations, a Return to Work Authorization may be required from the attending physician before an employee may return to work. The employee’s supervisor is responsible for seeing that this form is sent to the HR Generalist allowing the employee to return to work.

1.4.5 **First Aid Kit Location**

It is recommended that the campus maintain a stocked first aid kit for non-emergency medical care. The location of this kit should be communicated to all employees working in that area. These kits are to be used for minor medical emergencies.

### Subsection 5 – Power Losses

1.5.1 **General Information**

The college may experience power losses to one or more buildings due to storms, power company disruptions, or damage to the service lines entering the campus. These interruptions can lead to conditions that may result in personal injury or damage to equipment or facilities. This section sets forth general procedures to be used in the event of loss of power.

Power losses greatly increase the likelihood of an accident due to the following:

1. The loss of lighting increases the possibility of injury to those moving throughout the building/campus.
2. The attendant electrical surge accompanying the restoration of power may damage electrical devices not switched off.
3. The operation of electrical devices during a phase loss may result in damage to these devices.
4. The electrical loss may disrupt telephone service and emergency devices such as fire alarms.

In the event of power loss, every effort should be made to immediately turn off all electrical equipment within an employee’s work area before power is restored to protect the equipment within their area.

1.5.2 **Reporting Power Losses**

In instances when power loss is due to the disruption of utility service, the electric company should be called to restore services.

1.5.3 **Emergency Lighting**

During periods of power outages, emergency lighting will automatically come on in the hallways and stairways of all buildings that have these devices.

### Subsection 6 – New Employee Safety and Health Orientation

1.6.1 **Policy**
Rasmussen College requires all new employees to attend a new employee orientation. This orientation includes an awareness of safety importance and the employee’s responsibility for maintaining a safe and healthy work environment. An overview of workplace safety basics is also provided. The expected results are that RCI employees are more safety conscious employees who are receptive to learning and practicing the specifics of a safe, healthy workplace.

1.6.2 Safety Orientation for New Employees
All new employees of Rasmussen College will participate in a safety and health orientation program within (2) two weeks of their first day of reporting to work. The orientation will consist of the following information:

1. General safety policies of the college  
2. Fire protection and prevention requirements  
3. Medical Emergencies, first aid  
4. Reporting Accidents/Incidents  
5. Hazardous Materials Communications (SDS)  
6. Bloodborne Pathogens  
7. Biohazard labeling and disposal  
8. Vaccination/Immunization Procedures  
9. CPR

The new employee’s supervisor will present safety procedures and policies specific to the new employee’s position and any information the supervisor feels will provide the new employee with a safe environment. Complete the ANNUAL EMPLOYEE SAFETY AND HEALTH MANUAL TRAINING SIGN-IN RECORD (FORM D) and NEW EMPLOYEE SAFETY AND HEALTH MANUAL TRAINING FORM (FORM E).

Subsection 7 – Fire Prevention and Protection Requirements

1.7.1 Fire Prevention Procedures
The following procedure must be followed in an effort to reduce the risk of fire:

1. Sufficient waste receptacles should be provided and emptied on a daily basis.  
2. All oily cloths are to be kept in a covered metal can.  
3. Accumulations of paper and flammable materials are to be kept to a minimum.  
4. Combustible materials should be stored in a proper cabinet or container and away from heating or electrical devices.  
5. Finely divided material produced in shops or laboratories (e.g., sawdust or fabric) should be frequently removed to prevent accumulation.

1.7.2 Exitways
No obstructions may be placed in front of or upon any exit door. No aisle, exit access, or stairway may be obstructed with furniture or other obstructions so as to reduce the required width of the exitway during hours the facility is open to students or employees.

1.7.3 Doors, Hallways, Stairways, and Landings
Fire doors separating stairwells from hallway or smoke partition doors must be maintained in working order. They are never to be blocked, wedged, or tied open. The storage of any kind, or the use of office or laboratory equipment in the hallways or stairways, is strictly forbidden.

1.7.4 Railings, Steps, Walks
The area immediately outside of building exits will be maintained free of material at all times. Bicycles and vehicles are not permitted on sidewalks immediately adjacent to an exit.

1.7.5 Fire Extinguisher
Fire extinguishers, in appropriate sizes and types, are provided throughout the campus for normal activities in each area. Extinguishers are inspected as required by a qualified contractor. The theft of or tampering with an extinguisher should be reported immediately to the Campus Director.

1.7.6 Fire Evacuations
Fire alarms or other evacuation notification procedures will be sounded to evacuate the building or buildings. Able employees and students are encouraged to assist with the evacuation of disabled and impaired persons when possible, consistent with the procedures of the individual facility.

As soon as the fire alarm is activated, the faculty, staff and students will immediately exit the building by the nearest exit. Maps are posted throughout the campuses. Any faculty teaching a class when an alarm is activated should supervise an orderly exodus of students from the classrooms and buildings to a predetermined location. All classroom doors should be closed after everyone has exited. The faculty member will stay with the class until the administrator in charge has made the all-clear announcement and normal activities can be resumed. Under no circumstance is anyone allowed to re-enter the building until the reason for the alarm has been determined and corrected.

All faculty and staff members must know where all exits are in the buildings in which they teach. All new employees will be required to review the Safety Plan, which contains all policies and procedures dealing with safety and health issues. It is the responsibility of all employees to make certain that their own areas are evacuated promptly and properly.

The purpose of these procedures is to reduce the likelihood of injury or death in the event of a fire or any other major catastrophe that would necessitate the evacuation
of any of the buildings on the college campus. Knowledge of the evacuation routes will reduce the possibility of panic or unsafe action in the event of an emergency.

1.7.7 PACE

If you detect a fire act immediately to notify the fire department, campus administration, and anyone in the general area of the fire. The following steps must be taken if you detect a fire:

1. **Pull** the fire alarm.
2. **Alert** occupants and notify campus administration.
3. **Call** 911 and give as much information as time allows.
4. **Evacuate** the building immediately.
Section II – Exposure Control Plan

Subsection 1- Bloodborne Pathogens

2.1.1 Rasmussen College Safety and Health Manual Components

OSHA 29 CFR Part 1910.1030, Toxic and Hazardous Substances, was published in the Federal Registry on December 6, 1991 and was most recently amended on April 13, 2012. Our written Exposure Control Plan is designed to comply with all requirements of the standard by outlining the steps we are taking.

1. Written Exposure Control Program: The following written plan is based on procedures on this Campus that could result in occupational/instructional exposure to bloodborne pathogens. It addresses all aspects of the standard as it applies to this Campus. It is reviewed at least annually and updated whenever necessary to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, including appropriate safer medical devices designed to reduce the risk of occupational/instructional injuries.

2. Exposure Determination: Exposure determination is based on the tasks students/employees perform that could result in exposure to bloodborne pathogens. The determination was made without regard to the use of Personal Protective Equipment. See 2.1.39, Exposure Determination.

3. Engineering and Work Practice Controls: We use engineering controls and work practice controls to reduce the risk of potential bloodborne pathogen hazards. It is our policy to maintain an ongoing evaluation of safer needles and other devices engineered to reduce the risk of sharps injuries. We solicit input from employees, students, externship sites, and Professional Advisory Committees who have direct patient contact to help evaluate and select appropriate engineering controls and work practice controls for use in an educational environment.

4. Personal Protective Equipment (PPE): Our personal protective equipment is appropriate for the tasks that a student/an employee are required to perform. We have certain minimum requirements, and these are listed in the program-specific subsections in this manual. See 2.1.14, Location of PPE and Other Safety Equipment, to locate the appropriate PPE.


6. Housekeeping: Housekeeping requirements are adhered to according to the schedule in 2.1.25, Housekeeping Procedures That Minimize Exposure.

7. Hepatitis B Vaccination Requirements: All Health Science students/employees may seek the vaccination series based on current Centers for Disease Control (CDC) recommendations. For more details, see 2.2.9, Hepatitis B Vaccinations.

8. Post-Exposure Evaluation and Follow-Up: Our policy is to provide evaluation and medical treatment to students/employees in the event that a bloodborne exposure incident occurs. See 2.3.2, Post-Exposure Evaluation and Follow-Up for additional information.
9. **Training Guidelines and Information:** All students and employees will be trained prior to entering a Health Science lab or assignment to any task that can result in a risk of bloodborne exposure. They will be instructed according to this written plan and will have ample opportunity to ask questions. See 2.3.8, Training Requirements.

Rasmussen’s program will be evaluated and updated on an ongoing basis and at least annually as required by current OSHA regulations. Students and employees are encouraged to confer with all managers to offer suggestions on how to improve the program.

### 2.1.2 Exposure Control Program for Rasmussen College

The purpose of this notice is to inform you that this campus is complying with OSHA Standard 29 CFR P1910.1030 by:

1. Compiling an exposure determination list for this campus.
2. Providing all exposed students and employees with an opportunity to receive Hepatitis B Virus (HBV) vaccinations, post-exposure evaluation and follow-up.
3. Providing a written Exposure Control Program.
4. Implementing an Exposure Control Program which will provide all students and employees with the knowledge and means to best avoid possible bloodborne pathogen infections in the campus laboratories.

This program applies to all procedures performed at the campus during which students and employees may be exposed to blood or other potentially infectious materials as they participate in instructional and practice events.

### 2.1.3 Safety and Health Oversight Responsibility

The Campus Director is the Safety and Health Manager and is responsible for implementing, enforcing, and updating this program as directed by the Compliance Department at Rasmussen College.

### 2.1.4 Program Objective

The objective of this Exposure Control Program is to inform students and employees of the contents of the OSHA standards and how it applies to the campus. Students are made aware of the modes of transmission and the symptoms of bloodborne diseases and are required to participate in an orientation class initially. Employees are made aware after hire and annually thereafter. New students and newly hired Health Science and Nursing instructors participate in a training/orientation prior to or on the first day of class. They are informed that HBV vaccination and post-exposure evaluation and follow-up procedures based on current CDC recommendations are available to them. Rasmussen employs administrative controls, engineering controls, and lab practice controls to reduce the risks of bloodborne exposure incidents.
2.1.5 Standard/Universal Precautions
This campus will observe and comply with the concept of standard/universal precautions. This means that all students’/employees’ blood and other potentially infectious materials (OPIM)* will be treated as if known to be infectious for the Human Immunodeficiency Virus (HIV), Hepatitis B or C, and other bloodborne pathogens. **There are no exceptions for this policy. All students/employees will practice using standard/universal precautions.**

* OPIM includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids for which differentiating between/among fluids is not possible.

2.1.6 Instructional Practice Controls
This is the way in which a task is performed so that the chance of exposure to blood and OPIM is reduced. If the task is performed in the safest manner possible, consistent with 2.1.5 Standard/Universal Precautions, exposure risks can be greatly reduced. Instructional practice controls are listed as follows:

1. Students are present in the lab only when they are properly supervised by a Health Science or Nursing instructor.
2. No two-handed needle recapping is performed.
3. No food or drink is present in the labs.
4. Invasive procedures may be performed only while under the direct supervision of a Health Science or Nursing instructor. This requires the instructor to be on site, in class, and overseeing or otherwise supervising the individual invasive procedures.
5. Students are permitted to practice invasive procedures only if allowed by the program of study. Please refer to programmatic student handbooks for each program’s requirements. Students are permitted to practice invasive procedures only on other students enrolled in the same program of study. Recruiting students outside of the program in which the student is currently enrolled is prohibited.
6. Students will participate in invasive procedures only using the appropriate equipment in a designated part of the Health Science or Nursing laboratories.

2.1.7 Engineering Controls
Engineering controls reduce exposure by either isolating the student and employee from a hazard or removing the hazard from the campus. Sharps containers, needleless devices, and self-sheathing needles are examples. It is the policy of this campus to evaluate safer devices as they become available and to implement their use. Student and employee participation is not only required but also encouraged. To report a safety hazard, please use the SAFETY HAZARD REPORT FORM (FORM C).

2.1.8 Personal Protective Equipment (PPE)
Another way of minimizing exposure to blood and other potentially infectious materials is the use of appropriate Personal Protective Equipment (PPE).
provides a barrier that prevents skin and mucous membranes from being exposed to blood and other potentially infectious materials. The campus is responsible for purchasing, maintaining, cleaning, and disposing of PPE. This equipment includes but is not limited to gloves, barrier garments (such as disposable lab jackets), masks, eye protection, and, if necessary, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices used for practice. See 2.1.14, Location of PPE and Other Safety Equipment, for the location of personal protective equipment at this campus and the program-specific subsections of this manual for specific PPE requirements.

2.1.9 Introduction to PPE
Appropriate PPE must be worn by students and instructors at all times while in the lab. PPE must not be worn outside the lab. If any part of the PPE is soiled by blood or other potentially infectious material, the Health Science or Nursing instructor must be notified, and the PPE must be disposed of in a biohazardous waste receptacle and replaced with the supplies located in each lab. The following is a list of specific pieces of PPE and their related policies. See 2.1.15, Selecting Appropriate PPE, to identify the correct PPE for each procedure.

2.1.10 Gloves
Gloves must be worn any time there is a risk of hands having direct skin contact with blood, mucous membranes, non-intact skin, and other potentially infectious materials. Gloves must also be worn whenever handling items or surfaces that might be contaminated with blood or other potentially infectious material. Disposable, single-use gloves are provided for use. Remember to replace gloves after each student contact or as soon as possible when gloves are visibly soiled, torn, or punctured and their ability to function as a barrier is compromised in any way. Disposable gloves should never be washed or disinfected for reuse. Hands must be washed each time gloves are removed. Since petroleum-based hand cream may compromise the integrity of latex gloves, its use is not permitted. Utility gloves must be used for housekeeping procedures. Utility gloves may be disinfected for reuse if not punctured, torn, or exhibiting signs of deterioration such as peeling, discoloration, or cracking. If any of these signs are present, inform the instructor and discard the gloves.

2.1.11 Mask
Always wear a mask during procedures in which you can reasonably anticipate splashes, sprays, droplets, and/or the spattering of blood or other potentially infectious materials. The mask should be adjusted so it fits snugly against the face. The mask should be changed between participants or whenever soiled. Never allow the mask to dangle around the neck after a procedure. Remove the mask before leaving the lab, and dispose of it in the regular trash receptacle if it is not contaminated or in the hazardous waste receptacle if it is contaminated. A contaminated mask should be handled only by its strings. Do not touch the mask itself.
2.1.12 **Eye Protection**
Since the function of protective eyewear is to protect the mucous membranes of the eyes from splatters of blood or other potentially infectious materials, the procedure and the amount of splatter should dictate the choice of eyewear. It is permissible to use conventional eyewear if it is equipped with non-perforated side shields. Safety glasses or goggles with side shields are acceptable. A face shield is acceptable, provided the shield wraps around the face to protect the eyes in the same manner as side shields do.

2.1.13 **Barrier Garments**
Disposable lab coats provided by the campus must be worn by students and instructors at all times while in the lab. The lab coat must protect the wearer’s skin, uniform, etc., from possible exposure to blood or other potentially infectious materials. As with all PPE, the lab coat must not be worn outside of the lab area. Barrier garments must be worn at all times for all procedures during which exposure to blood or other potentially infectious materials can be reasonably anticipated. Disposable lab coats must be removed when they are visibly soiled and placed in a container marked with a biohazard label (or a red bag). Universal precautions must be observed when handling contaminated waste.

2.1.14 **Location of PPE and Other Safety Equipment**

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves, Non-Sterile</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Gloves, Sterile</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Gloves, Utility</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Masks</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Protective Eyewear</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Disposable Gowns</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>First Aid Kit/Supplies</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Hand Wash Station</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
<tr>
<td>Eye Wash Station</td>
<td>Health Science &amp; Nursing Labs</td>
</tr>
</tbody>
</table>

See the program-specific subsections in this manual for more details regarding PPE or contact the Health Science or Nursing Dean if you have questions or need additional information.

2.1.15 **Selecting Appropriate PPE**
The selection of appropriate PPE depends on the procedure. This is a performance-based standard and, as such, the PPE that is required will vary. All routine lab procedures require a barrier garment. This campus has made an informed decision to provide appropriate PPE based on the tasks performed. This PPE barrier garment is readily available in appropriate sizes. See the program-specific subsections in this manual for the minimum PPE requirements for each program and procedure.
2.1.16 Students and Employees Exceeding Schedule for Minimum PPE if Deemed Necessary
All students and employees are encouraged to be cautious of procedures that may lead to the exposure of infectious materials. The PPE listed in the campus-specific section of the manual is the required minimum. The use of such equipment is not optional. If PPE is not available, we encourage students or employees to report this concern to the Academic or Nursing Dean or Campus Director immediately.

2.1.17 Protective Practices for Health Science and Nursing Programs
Teaching a lab mandates that instructors practice preventive measures throughout all phases of the instructional experience. Aseptic practice in healthcare has never been more paramount. Students must leave the classroom with a working knowledge of universal precautions and the preventive measures appropriate in the medical office, pharmacy, hospital, or medical clinic.

It is mandatory that lab instructors teach and use standard/universal precautions in the laboratory. Under the concepts stated in 2.1.5, Standard/Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV). All body fluids must be considered potentially infectious materials.

Preventive measures are to be reviewed with all Health Science and Nursing instructors and substitutes. Classroom evaluations are to be conducted annually and upon all new hiring by the Academic Dean, School of Health Sciences Program Coordinator, or Dean of Nursing to ensure that instructors have properly interpreted and applied the preventive measures.

2.1.18 Hand Washing
Routine hand washing is required in all phases of clinical training. Hands are to be washed before and after all procedures, including those requiring disposable or utility gloves. Hand washing facilities must provide an adequate supply of warm, running, potable water and soap dispensers with an antibacterial soap. Single-use paper towels must be readily available.

2.1.19 Hand Washing Procedure
- Wash hands held in a downward position with warm, soapy, potable water.
- Wash vigorously for at least 45 to 60 seconds.
- Run fingernails across the palm of each hand.
- Rinse hands with freely flowing potable water, with hands in a downward position.
- Dry hands with a single-use paper towel, and use the same towel to turn off water faucets.

2.1.20 Use of Disposable Gloves
If students, instructors, or sanitation personnel are latex sensitive, see 2.6.1 – Latex Allergy Protocol for additional information.
2.1.21 Disposable Glove Application Procedure
- Wash hands utilizing the hand washing procedure.
- Don disposable gloves.
- On termination of the procedure, remove the gloves and dispose of them in a proper biohazardous waste container.
- Wash hands utilizing the hand washing procedure.

2.1.22 Heavy Duty Utility (Reusable) Glove Application Procedure
Utility gloves must be used when cleaning instruments, work surfaces, equipment, etc.
- Wash hands utilizing the hand washing procedure.
- Don utility gloves.
- On termination of the task, wash the gloves with warm, soapy water and dry them with a single-use paper towel.
- Remove the gloves and store them appropriately.
- Wash hands utilizing the hand washing procedure.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration in a proper biohazardous waste container.

2.1.23 Procedures Involving Blood or Other Potentially Infectious Bodily Fluids
These procedures must be performed using a technique that minimizes splashing, spraying, spattering, and the creation of droplets of these substances. If a procedure has a high probability of splashing, spraying, or spattering, appropriate protective equipment must be worn.

2.1.24 Activities Excluded from Health Science and Nursing Laboratories
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in laboratories.
- Food and drink are not to be kept in refrigerators, freezers, on shelves, in cabinets, on countertops, on tables, or benches in laboratories.
- Social events/parties involving food or drink are not allowed in laboratories.
- The pipetting and suctioning by mouth of blood or any other bodily fluids are not acceptable procedures to be used in any task or procedure.
- Specimens of blood or other potentially infectious bodily fluids are not to be stored in any containers other than those capable of preventing leakage. These bodily fluids must be clearly labeled with the contents and the date and must be properly disposed of within 24 hours. See 2.1.26, Labels and Signs, for information on biohazard labels.

2.1.25 Housekeeping Procedures That Minimize Exposure
All equipment and work surfaces must be cleaned and decontaminated using appropriate disinfectants per the manufacturer’s guidelines found on the manufacturer material data safety sheets in Section IV.
Broken glass must be picked up using a mechanical means such as tongs or a brush and dustpan.

Sharps containers and red bags must be picked up frequently by a commercial service that practices preventive measures in handling biohazardous waste. All regulated waste must be discarded according to federal, state, and local regulations.

2.1.26 Labels and Signs
Warning labels, including the biohazard legend, must be affixed to containers of regulated waste if they are not already so marked by the manufacturer of the container. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. Such signs, at least 10 inches x 10 inches in size, shall be placed on each Health Science laboratory door. See section 2.1.35, Biohazardous Labeling for additional information.

2.1.27 Work Areas and Non-Work Areas

Work Areas*
Appropriate PPE must be worn in all Health Science labs if exposure to blood or other potentially infectious materials can be reasonably anticipated. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lens are prohibited in these areas. Food and drink are not permitted in lab areas and should never be left on countertops in any area where there is a reasonable likelihood of contamination. Food and biohazardous materials must not be kept in the same refrigerator under any circumstances.

Non-Work Areas*
The following areas are designated as Non-Work Areas. PPE must be removed prior to entering these areas:

- Halls
- Classrooms
- Offices
- Restrooms

* The purpose of designating Work Areas and Non-Work Areas is to avoid cross-contamination. Follow these guidelines and remove PPE before entering Non-Work Areas.

2.1.28 Investigation of Exposure Incidents
- Exposed party should complete the STUDENT OR VISITOR INJURY REPORT FORM (FORM G)
  - If exposed party is an employee of Rasmussen College, the injured person should complete the EMPLOYEE INJURY REPORT FORM (FORM H).
- The exposed party will receive a confidential medical evaluation, treatment, and follow-up by a healthcare professional as deemed necessary for the exposure risk.
- The exposed party should seek such medical attention from a medical provider of their choice.
If the exposed party does not have a medical provider, he/she should be given CAMPUS INFORMATION SHEET (FORM M), which lists a local provider the exposed party may choose to use.

- If the exposed party has personal medical insurance, the treatment must first be billed to your insurance by your medical provider.
  - Any bill for an outstanding balance above what insurance will cover must be submitted to the Campus Director of the campus where the student is enrolled for review.
  - For employees, any bill for an outstanding balance above what insurance will cover must be submitted to your HR Consultant.
- If the exposed party does not have personal medical insurance, any bill for an outstanding balance must be submitted to the Campus Director of the campus where the student is enrolled for review.
- The source individual’s blood shall be tested as soon as feasible in order to determine HBV or HIV infectivity.
- The healthcare professional’s written opinion for post-exposure evaluation and follow-up shall include that the student/employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report, as in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

2.1.29 Safety Precautions for Non-Invasive Procedures

The following safety precautions are to be used in Rasmussen’s Health Science and Nursing programs:

- Use 2.1.5, Standard/Universal Precautions.
- Follow 2.1.19, Hand Washing Procedure.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Follow procedural techniques.
- Use red bags for biohazardous waste, if applicable.
- Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure for application and reuse.
- Disinfect the work area with a 1:10 bleach-to-water solution or commercial germicidal solution.

2.1.30 Handling Accidents on Campus

- Perform basic first aid.
- Activate the emergency system by calling 911 as needed.
- Notify the supervisor of the injury.
- Complete the STUDENT OR VISITOR INJURY REPORT FORM (FORM G) and/or EMPLOYEE INJURY REPORT FORM (FORM H) and send to the department indicated on the form. If needed, include a completed WITNESS REPORT FORM (FORM I) as well.
• Investigate the accident to determine whether new procedures could eliminate the recurrence of such accidents.
• The Campus Director must complete the CAMPUS DIRECTOR’S BUILDING SAFETY INVESTIGATION AND EVALUATION OF EMPLOYEE OR STUDENT OR VISITOR INJURY REPORT FORM (FORM J).

2.1.31 Handling Laboratory Cleanup
• Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure.
• Clean work surfaces with soapy water.
• Dry the area with single-use paper towels.
• If blood or bodily fluid spills exist, disinfect with a 1:10 bleach-to-water solution or commercial germicidal solution. Dispose of single use paper towels in proper waste receptacle.
• Neutralize any alkaline spills with a weak acidic solution.
• Neutralize any acid spills with baking soda.
• Dispose of any cleaning supplies in regular trash containers.
• Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure, for preparing gloves for the next use.
• Follow 2.1.19, Hand Washing Procedure.

2.1.32 Handling Equipment Cleanup
• Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure.
• Dispose of biohazardous waste in an appropriate container.
• Remove utility gloves, and follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure, for preparing gloves for the next use.
• Follow 2.1.19, Hand Washing Procedure.

2.1.33 Cleaning and Disinfecting
• All equipment and working surfaces must be cleaned and disinfected after contact with blood or other potentially infectious materials and if there has been any reasonable likelihood of contamination. All work surfaces must be decontaminated after completion of procedures, immediately (or as soon as feasible) after any spill of blood or other potentially infectious materials, whenever the surfaces are visibly contaminated and at the end of the class. An appropriate disinfectant (EPA approved as a hospital-grade disinfectant) must be used, and utility gloves must be worn. Work surfaces should be decontaminated according to the above schedule to avoid cross-contamination to a student/an employee who may touch the surface.
• If protective coverings (plastic wrap, aluminum foil, etc.) are used, they must be removed and replaced at the end of each procedure. These materials must be disposed in the biohazardous container if they are contaminated or in the regular trash receptacle if they are not contaminated.
• Equipment that may become contaminated with blood or other potentially infectious materials through routine use must be checked regularly and cleaned
and disinfected prior to servicing or shipping. See 2.1.35, Biohazardous Labeling.

- All waste receptacles intended for reuse that may become contaminated with blood or other potentially infectious materials must be cleaned and disinfected on a regular basis. These containers should be inspected daily. They must be cleaned and disinfected immediately (or as soon as feasible) when they are visibly contaminated.

- Broken glass must not be picked up by hand. Mechanical means, such as forceps, tongs, or a dustpan and broom, must be used (not a vacuum.) Broken, contaminated glass must be discarded into a sharps container.

- Reusable items and/or devices contaminated with blood or other potentially infectious material must be decontaminated before washing and/or reprocessing. Use a 1:10 bleach-to-water solution to decontaminate surfaces and the Autoclave to sterilize instruments.

- All Health Science and Nursing labs must be mopped with a 1:10 bleach-to-water solution after any laboratory session that utilizes any potentially infectious material including, but not limited to, bodily fluids such as blood and urine, and any dissection specimen(s).

2.1.34 Responsibility for Housekeeping

- It is the responsibility of the Campus Director to ensure that this Campus is maintained in a clean and sanitary condition. The Campus Director will implement the schedule for cleaning and disinfecting all rooms, including all surfaces and equipment. Housekeeping staff must wear utility gloves when cleaning and disinfecting surfaces and/or items that may have been contaminated with blood and/or other potentially infectious materials. Disinfectants that are chemical germicides and have been approved for use as hospital disinfectants must be used at the recommended dilution. When surfaces are contaminated with blood spills or other potentially infectious materials, an approved surface disinfectant or a 1:10 bleach-to-water solution must be used after pre-cleaning with absorbent material and a detergent solution. All Health Science and Nursing labs must be mopped with a 1:10 bleach-to-water solution after any laboratory session that utilizes any potentially infectious material including, but not limited to, bodily fluids such as blood and urine, and any dissection specimen(s).

2.1.35 Biohazardous Labeling

The following warning label indicates biohazardous material such as regulated waste, blood, specimens, or other potentially infectious materials. A red bag or container is also an indication that the contents should be treated as biohazardous materials.
Refrigerators and/or freezers that contain blood, specimens, or other potentially infectious materials must be labeled with a biohazardous warning label.

All biohazardous waste containers will be properly labeled (or identified by using red bags or red containers as specified by OSHA in the bloodborne pathogen standard). Biohazardous waste containers include, but are not limited to, all sharps containers and regulated (soft) waste containers. See 2.1.26, Labels and Signs, for more information about labeling.

Disposable, single-use gloves are the minimum PPE required while handling potentially infectious materials.

2.1.36 Biohazardous Material
OSHA’S definition of Regulated Waste is defined as “liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious material 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.” Pathological wastes also fit this category. Contaminated sharps signify any contaminated object that is capable of penetrating the skin. This includes, but is not limited to, all needles, blades, and broken or unbroken contaminated glass (slides, collection tubes, capillary tubes, etc.) It is important to follow safe handling practices and properly dispose of these wastes. See 2.1.39, Safe Handling Practices (General), for details.

2.1.37 Biohazardous Collection Company
This campus uses a biohazardous collection company to handle the removal and disposal of biohazardous waste materials. This company is an approved vendor for the purposes of safely disposing of biohazardous waste from the campus. At no time, should an employee or student remove biohazard waste from the lab or campus, unless it is to an approved biohazard waste storage room other than the laboratory. Other means of disposal are used and are in compliance with federal, state, and local regulations. See 2.1.39, Safe Handling Practices (General), for additional details.
2.1.38 Safe Handling Practices (General)

All infectious waste materials must be placed in closable, leak-proof containers or bags that are either labeled with a biohazardous warning label or color-coded in red. If it appears that the primary container is leaking or is likely to leak and become contaminated, then a secondary container must be used. This secondary container must also follow the procedures in 2.1.26, Labels and Signs. It is important that no leakage occur during storage or removal. Containers are checked daily to ensure that leakage or overfilling has not occurred. Sharps containers should not exceed the 75 percent full or ¾ full levels. All containers must be closed when moved and must be handled with utility gloves. Notify the Campus Director if problems with the handling and/or storage of regulated waste are observed.

2.1.39 Exposure Determination

Occupational exposure is defined by OSHA as any reasonably anticipated skin, eye, mucous membrane, or other potential contact with blood or other potentially infectious material that may result from the performance of a student’s or an employee’s duties. Incidental exposures, which are neither reasonable nor routinely expected, are excluded. The following form lists the job categories and tasks that could result in exposure to blood and other potentially infectious materials. This exposure determination has been made without regard to the use of any PPE.

The following positions have or may have risk of exposure to blood or other potentially infectious materials. This occupational exposure determination has been made without regard to the use of any PPE.

**CATEGORY A. ALL OF THE FOLLOWING POSITIONS HAVE RISK OF EXPOSURE:**

- Medical Assisting Students
- Medical Assisting Lab Instructors
- Surgical Technology Students
- Surgical Technology Lab Instructors
- Medical Laboratory Technician Students
- Medical Laboratory Technology Lab Instructors
- Nursing Clinical Lab Instructors and Clinical Supervisors
- Health Science Lab Assistants
- Patient Care Technician Students
- Patient Care Technician Lab Instructors
- Physical Therapist Assistant Students
- Physical Therapist Assistant Lab Instructors
- Radiologic Technology Student
- Radiologic Technology Lab Instructors

**CATEGORY B. ALL OF THE FOLLOWING POSITIONS HAVE SOME RISK OF EXPOSURE WHILE PERFORMING THE TASKS THAT ARE LISTED:**

- Health Science Instructors: While performing final skills assessment
Subsection 2 – Infectious Disease Exposure Control Plan

2.2.1 Hepatitis B Virus Infection

- **Epidemiology.** Many healthcare workers exposed to blood have a high level of serum Hepatitis B Virus (HBV) markers indicating a previous infection. This level is several times higher than the general public and higher than that of healthcare workers who are not exposed to either blood or needles. High-risk groups include those who contact blood, such as students and instructors in the Medical Assisting, Medical Laboratory Technology, Surgical Technology, Practical Nursing, Radiologic Technology, and Registered Nursing.

- **Symptoms of Hepatitis B.** Infected individuals fall into three groups. About one-third of the infected individuals have no symptoms; one-third may have a mild case exhibiting flu-like symptoms and are not usually diagnosed as hepatitis. The remaining one-third may have severe symptoms such as jaundice, dark urine, nausea, abdominal pains, extreme fatigue, and anorexia. Joint pain, fever, and a rash may also sometimes be experienced. The virus destroys liver cells, and individuals infected with Hepatitis B are at risk for liver cancer, cirrhosis, and chronic liver disease.

2.2.2 Hepatitis C Virus Infection

- **Epidemiology.** It is estimated that approximately several million Americans are infected with Hepatitis C. The disease can also be contracted through bloodborne exposure incidents in healthcare environments. In the United States, Hepatitis C is the single leading cause of liver transplants. For more information, please visit [http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm](http://www.cdc.gov/hepatitis/hcv/hcvfaq.htm).

- **Symptoms of Hepatitis C.** Hepatitis C is called a “silent killer” because a person can be infected with the disease and have no symptoms or just mild flu-like symptoms. Persons with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. When symptoms occur, they can include fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint pain and jaundice.

2.2.3 Human Immunodeficiency Virus (HIV) Infection
• **Epidemiology.** The number of HIV cases in the United States is expanding rapidly beyond the reported 1,000,000 cases. Recent medical advances including drug therapy have reduced the number of deaths attributed to a later state of HIV, called AIDS. There is still no cure, however, and a successful vaccine to prevent HIV infection is not available. Modes of transmission that involve healthcare workers are needlesticks, extensive contact with blood or other body fluids, and direct mucous membrane or non-intact skin exposure. See 2.2.6, Modes of Transmission: HIV Infection, for details.

• **Symptoms.** The first symptoms may appear within a month of exposure. An individual may experience an acute retroviral syndrome, which is a flu-like sickness with possible fever, diarrhea, fatigue, rash, lymphadenopathy, and joint pain. After this self-limiting illness, the HIV-infected person may be asymptomatic and in apparently good health for an indeterminate length of time. Then, the patient may develop symptoms associated with the later state of HIV (AIDS). Some of the signs and symptoms are persistent, generalized lymphadenopathy, fever for more than a month, significant weight loss, persistent diarrhea, or a combination of any of these symptoms. AIDS is diagnosed by certain indicator diseases. These are pneumonia, esophageal cancers, neurologic disorders, or dementia and cancers such as Kaposi's sarcoma and non-Hodgkin's lymphoma.

2.2.4 **Tuberculosis Infection**

• **Epidemiology.** The Centers for Disease Control (CDC) estimates that 10 to 15 million Americans have latent tuberculosis bacterial infection. The infection can turn from latent to active status without warning if the host’s immune system is weakened by other health stressors. Active tuberculosis infections can be cured with one of several antibiotics. Modes of transmission of tuberculosis can be found in 2.2.7, Modes of Transmission: Tuberculosis Infection.

• **Symptoms.** Active tuberculosis bacteria may grow in several areas of the body, resulting in several different symptoms. Tuberculosis in the lungs may produce symptoms such as a bad cough lasting three (3) weeks or longer, chest pain, and the coughing up of blood or sputum (phlegm from deep inside the lungs). Other symptoms of active tuberculosis infection include fatigue or weakness, loss of weight, loss of appetite, fever, chills, and sweating at night.

2.2.5 **Modes of Transmission: Hepatitis B and C**

Hepatitis B and C are spread by contact with blood and Other Potentially Infectious Materials (OPIM). OPIM, as defined by OSHA, includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), any body fluid that is visibly contaminated with blood, and all body fluids when it is difficult or impossible to differentiate between or among them. Exposure can result from any contact with blood or OPIM by non-intact skin. For example, chapped hands, cuts, and any type of lesion can provide a route of entry for the virus. Direct contact with a contaminated source patient is not the only mode of transmission. Healthcare workers should be aware that transmission could occur through contact with work...
surfaces and other inanimate objects in the workplace that may have become contaminated with blood or OPIM. However, injuries from contaminated needles or sharp instruments are the primary mode of transmission in the healthcare environment.

2.2.6 Modes of Transmission: HIV Infection
Human Immunodeficiency Virus (HIV) has been found in human blood, semen, vaginal secretions, saliva, tears, breast milk, urine, cerebrospinal fluid, and amniotic fluid. Transmission of the virus, however, is implicated only in blood, semen, vaginal secretions, and possibly breast milk. Modes of transmission include sexual intercourse with an infected person; use of contaminated needles; parenteral, mucous membrane, or non-intact skin contact with HIV-infected blood or blood products; transfusion of infected blood or transplants of infected organs; and transmission of the virus from mother to child around the time of birth.

2.2.7 Modes of Transmission: Tuberculosis Infection
Tuberculosis bacteria are transmitted through the air when a person with an active tuberculosis infection in the lungs coughs or sneezes. People nearby may become infected by breathing in the bacteria. People with active tuberculosis infections in other parts of their bodies, such as the kidney or spine, are usually not infectious. People with active tuberculosis infections are most likely to spread it to people they see on a daily basis, such as classmates or coworkers.

2.2.8 Bloodborne Pathogen Diseases in the Healthcare Environment
Hepatitis B and C and HIV are only three diseases caused by bloodborne pathogens. Other diseases that may be spread through infected blood include malaria, syphilis, brucellosis, Creutzfeldt-Jakob disease, and leptospirosis. Healthcare workers must be aware that certain patient treatment procedures can lead to possible transmission of infectious agents. Injuries from contaminated needles or sharp instruments are the leading mode of transmission in healthcare environments. Transmission can also occur when the eyes or mucous membranes of a healthcare worker are splattered with blood or if direct skin contact is made with a contaminated work surface when the skin is broken.

Because Hepatitis B, Hepatitis C, and HIV are serious diseases, it is important for all employees to understand and follow this written Exposure Control program. Following the guidelines in our written plan will reduce the likelihood of occupational exposure incidents. In addition to 2.1.5, Standard/Universal Precautions; 2.1.6, Instructional Practice Controls; 2.1.7, Engineering Controls; 2.1.25, Housekeeping Procedures That Minimize Exposure; and the use of PPE listed in the appropriate program–specific subsections of this manual, all employees and students identified in 2.1.39, Exposure Determination Form, are urged to get the Hepatitis B vaccination. It is an effective means of preventing this disease. This Campus’s policy on Hepatitis B vaccinations can be found on the following pages.
This Campus’ exposure control policy regarding Hepatitis B vaccinations shall address all circumstances warranting such vaccinations and shall identify students/employees at substantial risk of directly contacting body fluids. All such students/employees must receive the Hepatitis B vaccinations in amounts and at times prescribed by the College Catalog and/or programmatic handbooks.

All students/employees at risk of exposure have been previously identified in 2.1.39, Exposure Determination Form. It is Rasmussen’s mandatory policy that all Health Science and Nursing students/employees participate in immunization series, provide proof of previous immunization, or provide a written statement from a physician outlining the contraindications for participation in series. For students, compliance with the timeline of this policy is also mandatory as outlined by the programmatic standards for each program.

Currently, the HBV vaccinations are given in the deltoid muscle in three (3) intramuscular doses over a six-month (6-month) period. They are also given in a 2-Dose series for adolescents aged 11-15, and these previous vaccinations are acceptable for students to show previous immunization. Following the final dose of the initial series, testing for antibodies may be performed. Re-vaccination is required for individuals who did not respond to the first series. Once seroconversion has occurred, protection is considered lifelong.

2.2.10 Policy Regarding Hepatitis B Vaccination
It is the policy of this Campus that all students/employees identified in 2.1.39, Exposure Determination Form, as having potential occupational exposure to blood or other potentially infectious materials be offered HBV vaccination free of charge. The vaccine will be administered according to current CDC-approved protocol. All Health Science students and employees identified in 2.1.39, Exposure Determination Form, may participate in immunization series, provide proof of previous immunization, or provide a written statement from a physician outlining the contraindications for participation in this series. Reference the College Catalog or Programmatic Handbook for additional details.

2.2.11 Training Program Regarding HBV/HIV
Rasmussen’s School of Health Sciences and School of Nursing students and employees at instructional/practice risk to bloodborne pathogens, as identified in the Rasmussen College Exposure Control Plan required by OSHA Standard 29 Part 1910.1030, must attend an initial training program during school/working hours. New employees will receive this training upon beginning work and annually thereafter. Rasmussen College will continually review and upgrade the training program.

2.2.12 Reasons That Student/Employee Can Decline HBV Series
A student/an employee can decline participation in the HBV series if:
The student/employee has previously received the complete HBV vaccination series, proof is produced, and a copy of the health record is placed in the student’s/employee’s confidential health file.

Antibody testing has revealed that the student/employee is immune to Hepatitis B, proof is produced, and a copy of the health record is placed in the student’s/employee’s confidential health file.

The vaccine is contraindicated for medical reasons, with documented proof from a medical provider.

A student/an employee become pregnant. In such cases, a letter must be provided from that person’s physician indicating whether the student/employee should participate/continue in the series. This documentation must be filed in the student’s/employee’s confidential health file.

The vaccine is forbidden by a student’s/employee’s religion. In such cases, the student/employee must provide a letter from a clergyman or other religious official stating the reason for the declination. This letter must be placed in the student’s/employee’s confidential health file.

All students participating in the School of Nursing programs, Medical Assisting Program, Medical Laboratory Technician Program, Radiologic Technology program, Surgical Technician Program, or Health Sciences Program must provide proof of inoculations, provide a letter of declination from a physician or religious official, or participate in the inoculation series (total of three) prior to being assigned to an externship location.

Subsection 3 – Post-Exposure Evaluation and Follow-up

It is the policy of Rasmussen that all students/employees identified in 2.1.39 as having potential occupational exposure to blood or other potentially infectious materials be offered the post-exposure evaluation and follow-up required by OSHA and standard medical practice.

2.3.1 OSHA Post-Exposure Requirements. The following requirements are from the OSHA Standards regarding Post-Exposure Evaluation and Follow-Up:

- Initially, Rasmussen must keep all information regarding the student’s/employee’s exposure confidential.
- Rasmussen must document the circumstances of any exposure, identifying and testing the source individual and documenting results on the STUDENT OR VISITOR INJURY REPORT FORM (FORM G) for students or the EMPLOYEE INJURY REPORT FORM (FORM H) for employees.
- The exposed student’s/employee’s blood must be tested.
- Laboratory tests must be conducted by an approved laboratory at no cost to the student/employee.
- Results of the source individual’s blood testing must have been made
available to the student/employee as soon as those results are received.

- Postexposure prophylaxis (when medically indicated as recommended by the United States Public Health Service [USPHS]), counseling, and evaluation must be provided by the campus.

The following information must be supplied to the physician who evaluates a student/an employee involved in an exposure incident:

- A copy of the bloodborne pathogens standard.
- A description of the exposed student’s/employee’s duties as they relate to the exposure incident.
- Documentation of the circumstances of the incident, including routes of entry, noted on the STUDENT OR VISITOR INJURY REPORT FORM (FORM G) for students and on the EMPLOYEE INJURY REPORT FORM (FORM H) for employees.
- Any results that may be available on the source individual’s blood testing or diagnosis.
- Any medical records that might be relevant to the treatment of the student/employee, including Hepatitis B vaccination status.

The physician’s written evaluation must include only the following information. (Any other findings must be confidential and cannot be written in the report.) The physician must state:

- Whether the Hepatitis B vaccine is indicated.
- Whether the student/employee has been informed of the results of the evaluation and testing.
- Whether the student/employee has been informed about any medical conditions resulting from exposure to blood or OPIM.
- Whether further evaluation and treatment are required.

When the student/employee consents to be tested, they are also required to appear for any further evaluation, procedures, testing, or treatment related to the incident.

2.3.2 Post-Exposure Evaluation and Follow-Up Policy

Certain steps must be followed in the Post-Exposure Evaluation and Follow-Up Procedures, as required by OSHA and Rasmussen.

It is the policy of this campus to offer immediate medical evaluation and follow-up to all students/employees who have an exposure incident. All post-exposure evaluations and follow-up information will remain confidential. It is the policy of Rasmussen that all students or employees who have an exposure incident must participate in the post-exposure evaluation or risk termination as a student or an employee. The exposure incident becomes part of that student’s/employee’s confidential health file.

This is OSHA’s definition of an exposure incident:
“Exposure incident means a specific eye, mouth, other mucous membrane, or non-intact skin that comes in contact with blood or other potentially infectious materials as a result of the performance of a student’s/an employee’s duties.”

Students who are injured or exposed to blood or OPIM at an externship site should follow the guidelines that the site maintains for injuries or exposures. Whether or not a student wishes to use the externship site’s guidelines, he or she should contact the externship coordinator and follow the Campus post-exposure evaluation and follow-up procedures.

2.3.3 Steps to Take in Case of an Exposure Incident

1. The incident must be reported immediately to the Academic or Nursing Dean and Campus Director so that the status of the source student/employee can be determined if possible. Both the exposed and source student/employee must be sent for an immediate, confidential evaluation by a medical provider. If in doubt, contact either the HR Generalist at the location or the Rasmussen College’s Compliance Department.

2. The campus representative must make an immediate, confidential medical evaluation available to the exposed student/employee. This is available at no charge to the student/employee and should include evaluation, counseling and post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service and deemed necessary by the medical provider or emergency practitioner.

3. It is a Rasmussen policy that all exposed students and employees be evaluated or risk administrative action, including termination or being dropped from school.

4. When a student/an employee is sent for medical evaluation, the campus must provide the clinic in charge of the evaluation with a copy of the incident report.

5. The STUDENT OR VISITOR INJURY REPORT (FORM G) and/or the EMPLOYEE INJURY REPORT (FORM H) must be completed. Copies must be included in the information sent to the healthcare professional, and copies must also be maintained in the student’s/employee’s confidential health file.

6. Since the evaluation is confidential the information received by the campus is limited. For example, the written opinion for Hepatitis B vaccination must be limited to whether the vaccination is indicated and whether the student/employee had the vaccination.

7. The written opinion for post-exposure evaluation and follow-up must be limited to the following:
   a. The student/employee has been informed of the results.
   b. The student/employee has been told about any medical conditions resulting from exposure that will require further evaluation and/or treatment.
8. All other findings and diagnoses must remain confidential and are not included in the report to the Campus. The student/employee, of course, has access to all of his or her information from the professional healthcare provider.

2.3.4 Recordkeeping
OSHA requires specific documentation and records. Since records are used to document compliance with regulations and our property and casualty insurance company, it is important to keep and maintain accurate records.

The following is an excerpt from the OSHA Standards:
Facilities must keep accurate records. The recordkeeping system required by OSHA calls for medical records to be kept for each employee who has had an exposure incident for the duration of employment plus 30 years. Other requirements include:
- Confidentiality and inclusion of the employee’s name and Social Security number.
- Hepatitis B vaccination status, including dates of injections.
- Results of any evaluations following an exposure incident, medical testing and follow-up procedures, along with a copy of the healthcare professional’s written opinion.

In addition, training records must be maintained for three years and must include:
- Dates of training sessions.
- Contents and/or a summary of training programs.
- Trainers’ names and qualifications.
- Names and job titles of all persons attending training sessions.

Any of these training or medical records must be made available to employees, anyone with written consent of an employee, and OSHA upon request of such documents.”

2.3.5 Training Records
An important part of your Exposure Control Program is student/employee training. All training sessions must be documented and the records kept for three (3) years. The STUDENT SAFETY AND HEALTH TRAINING SIGN-IN RECORD (FORM F) should be kept on file with the Academic or Nursing Dean. Completion of training for new employees should be sent to the HR Generalist, Academic or Nursing Dean, Program Coordinator, or other manager who maintains the employee’s file. However, as employees undergo annual training, that documentation must be sent to the Rasmussen College Compliance Department. For these purposes, use the ANNUAL EMPLOYEE SAFETY AND HEALTH MANUAL TRAINING SIGN-IN RECORD (FORM D) to document training.

2.3.6 Medical Information
Each Health Science and Nursing student must have immunization records evidenced within Certified Background. Any record that may pertain to his or her
inability to receive the HBV vaccination or other health related documents will be maintaining. For students, records should be maintained in Certified Background and employee records are maintained in the employee’s file. Documentation of all exposure incidents, including date, location, name of source, type of incident (needlesticks, etc.) must also be maintained.

These records must be kept confidential and are not to be disclosed to anyone within this campus or to anyone outside of this campus except as required by law. In addition, copies of the medical information must be kept on file for a period of thirty (30) years if an incident occurs.

2.3.7 Emergency Procedures
At any point in time, if an emergency occurs that could result in exposure to blood or other potentially infectious materials, the appropriate PPE must be worn. If a blood spill (or a spill of other potentially infectious materials) occurs, utility gloves, a mask, a gown, and protective eyewear must be worn for the cleanup procedure. Until the decontamination is complete, you must continue to wear this PPE. If you are not sure of the appropriate action, you must contact the Academic or Nursing Dean or Campus Director.

In an emergency, the decision not to use PPE rests solely with the instructor. He or she is expected to exercise professional judgment in this action but should be aware that he or she will be asked to explain the reasoning. In addition, see the campus-specific information at the front of this manual to locate the affiliated medical clinic.

2.3.8 Training Requirements
Training will be provided at the time of initial assignment/on the first day of attendance, and at least annually thereafter, for tasks in which occupational exposure may occur. The training will be offered during school hours and at no cost to the students/employees. If students/employees are given new tasks or if existing tasks are modified, additional training will be provided.

Training will include at least the following:
1. An accessible copy of the Bloodborne Pathogen Standard (one is included in this manual)
2. An explanation of the epidemiology and symptoms of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. An explanation of the Safety Manual, including where it is located and where and how a copy can be obtained
5. How to recognize tasks that may result in exposure to blood and other potentially infectious materials
6. An explanation of our engineering controls, work practice controls, and PPE
7. The type of PPE available and where it is located
8. How to select the appropriate PPE and our minimum requirements for various tasks and procedures
9. How to properly dispose of PPE that is soiled and/or contaminated
10. An explanation of the color code and biohazardous warning symbol
11. How to handle biomedical waste generated at this Campus
12. Information on the Hepatitis B vaccination, including benefits, efficacy, etc.
13. Whom to contact in case of an emergency involving blood or other potentially infectious materials
14. What to do in case of an exposure incident
15. Information on post-exposure evaluation and follow-up
16. An explanation of Material Safety Data Sheets (SDS) and how to read them
17. An interactive question-and-answer session

Subsection 4 – Hepatitis B Vaccination Protocol

2.4.1 Hepatitis: General Information
Hepatitis is a dangerous liver condition that results in long-term liver damage. Many kinds of bacteria and viruses can cause hepatitis.

Hepatitis A is caused by the Hepatitis A virus. It is commonly spread due to ignorance of personal hygiene habits like hand washing. You can contract Hepatitis A by eating or drinking substances contaminated with the virus. This form of hepatitis is common in the United States. Hepatitis A causes serious health problems.

Hepatitis B is caused by the Hepatitis B virus. Hepatitis B is bloodborne and can be spread through contact with contaminated blood. You can contract Hepatitis B by using an unsterilized needle, razor, or toothbrush previously used by someone who is infected with the virus. Hepatitis B can also be spread through contact with the bodily fluids of an infected person, such as semen and vaginal secretion. This means that Hepatitis B can be spread by having sex with someone who has the disease. Hepatitis B is responsible for chronic infection in more than one (1) million people in the United States. It can be serious and even fatal, causing such illnesses as cirrhosis and cancer of the liver.

Hepatitis C is caused by the Hepatitis C virus. You can contract Hepatitis C by contact with contaminated blood or by having sex with an infected person. Hepatitis C is sometimes spread by household contact. Recipients of blood transfusions and people who inject illegal drugs are at risk for this disease. Hepatitis C also causes chronic disease. It is a major cause of cirrhosis in the United States, and it is likely a major cause of liver cancer worldwide. Yearly, 8,000 to 12,000 people die from Hepatitis C–related liver disease.

Hepatitis D is caused by the Hepatitis D virus, but it cannot be contracted unless the Hepatitis B virus has actively infected the liver. People who have been immunized against Hepatitis B are also immune to Hepatitis D. Hepatitis D can be very dangerous when it does become active. It exists worldwide, but it is generally spread in different ways from region to region. In areas like the United States and Europe, where the disease is less common, Hepatitis D spreads through contact with contaminated blood. In the United States, the two most at-risk groups for Hepatitis
D are people with hemophilia and users of injectable drugs. In northern Africa, southern Europe, and the Middle East, Hepatitis D is most often transmitted by means other than contact with contaminated blood. In these areas, it is most often spread by close personal contact with people already infected with Hepatitis D.

Hepatitis E is most often spread by drinking impure water. Hepatitis E outbreaks have caused 10 percent death rates in pregnant women. Travelers to Asia, Africa, and Central and South America could be at greater risk of becoming infected with Hepatitis E.

2.4.2 Hepatitis B
Hepatitis B is a very common infectious disease. It can:

1. Spread easily.
2. Be transmitted from person to person in a variety of ways.
3. Infect without producing many noticeable symptoms.

Many people are infected with Hepatitis B and do not know it. Some infected people do not have any symptoms. Others who have been recently infected might think they have the flu, as many early symptoms of Hepatitis B are similar to flu symptoms. For instance, Hepatitis B can cause fever, joint and muscle pain, stomach pain, or a combination of those symptoms. People infected with Hepatitis B may feel nauseous, tired, and not interested in eating. Hepatitis B can also cause yellowing of the skin and the whites of the eyes. Other symptoms of Hepatitis B include dark urine, light-colored stools, and rashes on the skin. Subjects should talk with their doctor if they think they have Hepatitis B.

Although most patients recover, Hepatitis B infection can disable a person for weeks or months and can lead to serious illness. Some adults who become infected with Hepatitis B do not realize that they are sick because they have no symptoms. Infected people without symptoms are a risk to themselves because they have an increased chance of developing serious problems like liver cancer. They are also a risk to others because they can spread Hepatitis B for their entire lifetime. Approximately 4,000 to 5,000 people in the United States die each year from Hepatitis B–related liver disease.

The following groups are at increased risk for contracting Hepatitis B:

- People with many sexual partners, homosexually active males, prostitutes, and people who have repeatedly contracted sexually transmitted diseases
- People who use illegal, injectable drugs
- People who require frequent or large-volume blood transfusions or blood products
- Babies born to mothers who are infected with or carrying Hepatitis B
- Anyone who has close contact with an infected person
- People who come from areas in which Hepatitis B is common
- Alaskan natives and Pacific Islanders
- Prison inmates
People can protect themselves against Hepatitis B. One important way to do this is to minimize the known risks by making changes in lifestyle and behavior. People can also be vaccinated against Hepatitis B. These vaccines may not protect everyone. Subjects should talk with their doctor to discover whether vaccination is right for them.

2.4.3 HBV Protocol for Rasmussen College
The Health Science and/or Nursing leader are the designated party responsible for HBV administration. It is the responsibility of this individual to maintain a list of available locations who can administer injections for employees and students.

Subsection 5 – Tuberculosis Protocol

2.5.1 Risk of Tuberculosis Transmission
Tuberculosis is spread by tiny, airborne microbes. It is not transmitted by contact. The tubercule bacilli is small and lightweight and can travel for long distances on dust particles, moisture, and in air currents. It can remain suspended for long periods of time. Tuberculosis is contracted by inhaling pathogens in the air. It enters the body in the respiratory tract and takes up residence in the lungs. Individuals with a healthy immune system may resist development of active tuberculosis, but once the pathogen is inside the body, the individual has a tuberculosis infection. Infection is not the same as an active disease. The immune system will seal off the pathogens. The pathogens may remain sealed forever, or they may escape and cause active tuberculosis months or years later. Although many people are infected with tuberculosis, only 10 percent progress to the active disease state. Whereas the lungs are the primary site for the development of tuberculosis, other areas of the body may also be involved.

Once infected with *M. tuberculosis*, the individual’s tuberculin skin test will convert from negative to positive. Additional tests must be conducted to determine whether the individual has a tuberculosis (TB) infection or TB disease. The individual may be treated with drug therapy prophylactically. Often this involves multiple drugs, which must be taken over a long period of time, generally six (6) months to one (1) year. Since therapy occurs over a long period and patient compliance may be minimal, directly observed therapy (DOT) is often recommended to ensure that the medication is taken as directed. Multidrug-resistant tuberculosis often occurs when patients start and stop their medication, and the drug resistant disease is then transmitted to others.

2.5.2 Tuberculin Testing
Tuberculin testing is performed at intervals prescribed by the assessed degree of risk. The two-step PPD testing, QuantiFeron Gold TB Testing, T-SPOT Testing, and Chest X-Ray are currently accepted by the School of Nursing. The two-step PPD Testing, QuantiFeron Gold TB Testing, and Chest X-Ray are currently accepted by the School of Health Sciences. The test is read in 48 to 72 hours. Reading the test involves measuring induration. Erythema (skin redness) is not
considered. The second TB test is given a minimum of one week and a maximum of three weeks later to look for a boosted reaction. The reason for two-step testing is because the immune system may forget that the tuberculosis infection is in the body. If the individual has been infected for a long period, the first test will read negative. The first injection of PPD “awakens” the immune system. The second test will then read positive.

2.5.3 Levels of Transmission Risk

High-Risk

High-risk areas or groups are those for which:

- The PPD conversion rate is greater than for other areas or previous rates; or
- There is a cluster of PPD conversion (two, three, or more over a three-month period); or
- There is evidence of patient-to-patient or patient-to-healthcare-worker transmission.

In high-risk areas, every three (3) months:

- Repeat the PPD testing.
- Repeat the risk assessment.
- Evaluate the ventilation system.

Medium-Risk

Medium-risk areas or groups are those for which:

- The PPD conversion rate is not higher than the rate for other areas.
- There is no evidence of patient-to-patient or patient-to-healthcare-worker transmission.
- There are no clusters of PPD conversions.
- However, six (6) or more TB patients have been reported within the previous year.

In medium-risk areas, every six (6) months:

- Repeat the PPD testing.
- Repeat the risk assessment.
- Evaluate the ventilation system.

Low-Risk

Low-risk areas or groups are those for which:

- The PPD conversion rate is not higher than the rates for other groups.
- There are no clusters of PPD conversions.
- There is no evidence of patient-to-patient or patient-to-healthcare-worker transmission.
- Fewer than six (6) TB patients have been reported in the last year.

In low-risk areas, annually:

- Repeat the PPD testing.
- Repeat the risk assessment.
- Evaluate the ventilation system.
2.5.4 Tuberculosis Testing Policy
All students enrolled in the Nursing and most Allied Health programs at Rasmussen College must be tested for tuberculosis and provide a negative result completed by a physician or healthcare provider.

School of Nursing:
Documentation of one of the following tests signed by administering medical professional or released from a medical facility:
• Two (2) negative Mantoux PPD tests with skin test measurement. The two tests must be administered a minimum of one week apart and no more than three weeks apart. After the initial two-step testing, one (1) Mantoux PPD test is required annually throughout the student's enrollment in the program.
• History of annual one-step Mantoux PPD testing for a minimum of two consecutive years. One (1) Mantoux PPD test is required annually throughout the student's enrollment in the program.
• Annual Negative QuantiFERON®-TB Gold Test, or Negative T-SPOT®.TB Test
If the results of the Mantoux PPD, QuantiFERON®-TB Gold Test or T-SPOT®.TB tests are positive, or if the student has a past history of positive TB tests, then a negative chest x-ray report from within the past 5 years signed by a medical professional stating that the student is not infectious is required. Student shall renew x-ray report once every 5 years throughout their enrollment in the program.

Medical Assisting, Medical Lab Technician, Physical Therapy Assistant, Radiologic Technology, and Surgical Technology Programs:
• Documentation of one of the following tests signed by administering medical professional or released from a medical facility:
• Two (2) negative Mantoux PPD tests. The two tests must be administered a minimum of one week apart and no more than three weeks apart
• Negative QuantiFERON®-TB Gold Test
• If the results of either of the Mantoux PPD or QuantiFERON®-TB Gold Tests are positive, or if the student has a past history of positive TB tests, then a negative Chest X-Ray report from within the past year signed by a medical professional stating that the student has no evidence of active TB infection is required. Student will need to re-test annually if they are unable to complete the program before the annual renewal is due.

If the campus determines that the test result is positive, the student is immediately sent to the local Health Department or a private physician for further evaluation. The student may return to class only after a written letter is submitted to the student’s file indicating physician release. Failure to pursue further testing/treatment will result in the student being terminated.
Subsection 6 – Latex Allergy Protocol

2.6.1 Latex Allergy Protocol

If a student/an employee discloses an allergy to latex, he or she should be instructed to complete the EMPLOYEE EMERGENCY TREATMENT CONTACT FORM (FORM K) and submit it to the Academic or Nursing Dean. Students should use this form even if they are not employees. The completed form will be placed in the student’s/employee’s confidential health information section of his or her academic folder. The Academic or Nursing Dean must place a note in the file along with the EMPLOYEE EMERGENCY TREATMENT CONTACT FORM (FORM K) once latex-free gloves have been provided in the lab used by the student/employee.
Section III – Health Sciences and Nursing Safety Control Plan

Subsection 1 Medical Laboratory Technician

3.1.1 Medical Laboratory Technician Safety Policy

A Medical Laboratory Technician (MLT) performs routine tests in all areas of the clinical laboratory including blood banking, chemistry, hematology, immunology, and microbiology. They search for basic clues to the absence, presence, extent, and causes of diseases. This skilled individual is responsible for performing laboratory tests efficiently and accurately for high-quality patient care. They perform a full range of laboratory tests from simple premarital blood tests, to more complex tests to uncover diseases such as HIV/AIDS, diabetes, and cancer. MLTs operate complex electronic equipment, computers, and precision instruments.

A fundamental belief in and active practice of laboratory safety is key to protecting students and others from potential accidents and life-threatening situations. Therefore, all Medical Laboratory Technician Program students are expected to know and adhere to all safety regulations at both the College and the Affiliate training sites. Medical Laboratory Technician Program students also collect and prepare laboratory specimens and perform basic laboratory tests on the premises of the College, as well as dispose of contaminated supplies. These activities involve a risk of exposure to bloodborne pathogens and accidental needlesticks. The policies listed below are designed to protect students/employees from this type of danger.

3.1.2 Safety Precautions for Invasive Procedures

- Use 2.1.5, Standard/Universal Precautions.
- Follow 2.1.19, Hand Washing Procedure.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Use sharps containers for needles, syringes, and lancets, if applicable.
- Use red bags for biohazardous waste, if applicable.
- Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure.
- Disinfect the work area with a 1:10 bleach-to-water solution or commercial germicidal solution.

3.1.3 Medical Laboratory Technician Housekeeping

All medical laboratory technician labs must be mopped daily with a 1:10 bleach-to-water solution.

3.1.4 Sterilization and Disinfection

The Medical Laboratory Technician program will use disposable devices, supplies and/or equipment whenever possible. In the event that disposable supplies are not available sterilization and/or disinfection of supplies will be followed. Sterilization and disinfection procedures currently recommended by the CDC will be used on this campus for instruments.
devices, and other autoclavable items that are contaminated with blood or other potentially infectious materials. Critical items (instruments that are introduced directly into the bloodstream or normally sterile parts of the body) will be sterilized. Semi-critical items (those that come in contact with mucous membranes but do not ordinarily penetrate body surfaces) will be sterilized or subjected to high-level disinfection with an EPA-approved germicidal/disinfectant. Non-critical items (those that do not touch the student/client or only touch the student’s/client’s intact skin) will be cleaned with an appropriate disinfectant/cleaner.

3.1.5 Minimum PPE Requirements for Medical Laboratory Technician Labs

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<tr>
<th>Procedure</th>
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<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Face Shield</th>
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3.1.6 Proper Handling of Needles/Sharps

Needles and other sharps that have been used and may or may not be contaminated will be disposed of in a red, biohazardous, OSHA-approved sharps container. Sharps containers must be closeable, leak-proof on the sides and bottom, and attached to a wall if possible. They must be easily accessible to personnel in areas where they are used. They must be kept upright, replaced routinely, not allowed to overfill (kept at less than 75 percent of fill capacity) and must be closed when moved.

3.1.7 Needles/Sharps Handling Procedure

- Needles or sharps will be placed in the sharps container immediately on completion of use.
- Needles or sharps will not be bent or removed from a sharps container.
- Safety systems and needleless systems must be used at all Rasmussen campuses. Needles will not be recapped for any reason.
- Shearing or breaking of possibly contaminated needles is prohibited.

3.1.8 Safety Precautions for Obtaining Blood

- Follow 2.1.19, Hand Washing Procedure.
- Don appropriate protective equipment: Disposable gown and eye protection.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Cleanse the puncture site with a topical skin antiseptic.
- Penetrate the skin with single-use safety needle or a safety lancet to obtain blood.
- Discard sharps in a biohazardous needle receptacle immediately.
• Apply venous pressure as necessary.
• Discard any contaminated gauze in a biohazardous container.
• Discard disposable gloves in the biohazardous container if contaminated or the regular trash receptacle if not contaminated.

3.1.9 Disposal of Sharps
Contaminated sharps must not be sheared, bent, broken, or recapped. Immediately after use, dispose of sharps in the provided sharps containers. These containers are as close as feasible to the “point of origin” or the “area of use” to minimize transport and unnecessary handling. The containers are leak-proof, puncture-resistant, and tip-resistant, and they have a lid that must be closed whenever the container is moved. Sharps containers should be mounted to the wall if possible. They must never be overfilled (if there is no “fill line,” do not exceed approximately 75 percent of the container’s fill capacity). The Program Coordinators or other designee will inspect the containers daily for signs of leakage and will remove and replace full and/or defective containers. Disposable sharps containers must never be emptied and reused.

3.1.10 Proper Medical Laboratory Technician Attire
Medical Laboratory Technician students and instructors must wear disposable lab coats at all times while in the lab. The disposable lab coat must be worn closed in the front and sleeves rolled down. Disposable lab coats must not be worn outside of the lab. Shoes are to be closed-toe and low-heeled. Long hair is to be tied back away from the face when in the laboratory. The wearing of jewelry, perfume and lotions should be minimized for personal safety and concern for others.

3.1.11 General Medical Laboratory Guidelines
• Eating, drinking, smoking and applying make-up are not allowed in the laboratory.
• No mouth pipetting.
• Avoid sniffig microbiology organisms on plated media.
• Personal use of the laboratory equipment, such as refrigerators, incubators, etc., is not permitted under any circumstance.
• All personal items, e.g. coats, backpacks, purses, etc., should be kept away from laboratory work surfaces.
• Decontaminate work surfaces before work begins, after spills and when work is completed.
• Dispose of hazards, waste and contaminated materials in approved receptacles.
• Report unsafe work conditions and safety violations.
• Remove personal protective equipment and clothing and wash hands before leaving the laboratory work area.
• Participate in opportunities to stay informed and updated about laboratory safety.

3.1.12 Processing of microbiology specimens
Many hazards are encountered from the time a specimen is collected to the time the specimen is discarded. The greatest risk of infection in microbiology is associated with processing primary specimens and manipulating the pathogens that are
isolated. It is important to exercise safe practices for handling infectious material to prevent microbial transmission. The following guidelines should be used when processing specimens for microbiology testing:

- Use disposable inoculating needles and loops whenever possible. Sterilize inoculating needles and loops in a Bacti-incinerator to prevent splattering of material upon heating.
- Cool needle and loop enough to avoid searing the agar that may create aerosols.
- Mix and transfer liquids by using a plastic disposable pipette.
- Cap or parafilm tubes when mixing or vortexing.
- Plan tasks to minimize exposure to hazards.

Subsection 2 – Medical Assisting

3.2.1 Medical Assisting Safety Policy
Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises, dispose of contaminated supplies, and sterilize medical instruments. They instruct patients about medications and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take electrocardiograms, remove sutures, and change dressings. These activities involve a risk of exposure to bloodborne pathogens and accidental needlesticks. The policies listed below are designed to protect medical assisting students/employees from this type of danger.

3.2.2 Safety Precautions for Invasive Procedures
- Use 2.1.5, Standard/Universal Precautions.
- Follow 2.1.19, Hand Washing Procedure.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Use sharps containers for needles, syringes, and lancets, if applicable.
- Use red bags for biohazardous waste, if applicable.
- Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure.
- Disinfect the work area with a 1:10 bleach-to-water solution or commercial germicidal solution.

3.2.3 Medical Assisting Housekeeping
All medical assisting labs must be mopped daily with a 1:10 bleach-to-water solution.

3.2.4 Sterilization and Disinfection
Sterilization and disinfection procedures currently recommended by the CDC will be used on this Campus for instruments, devices, and other autoclavable items that are contaminated with blood or other potentially infectious materials. Critical items (instruments that are introduced directly into the bloodstream or normally sterile parts of the body) will be sterilized. Semi-critical items (those that come in contact with mucous membranes but do not ordinarily penetrate body surfaces) will be
 sterilized or subjected to high-level disinfection with an EPA-approved germicidal/disinfectant. Non-critical items (those that do not touch the student/client or only touch the student’s/client’s intact skin) will be cleaned with an appropriate disinfectant/cleaner.

### 3.2.5 Minimum PPE Requirements for Medical Assisting Labs

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Mask</th>
<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Injections</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Specimen Testing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>All Other Procedures</td>
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<td>X</td>
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<tr>
<td>Lab Cleaning</td>
<td>X</td>
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</tbody>
</table>

### 3.2.6 Proper Handling of Needles/Sharps

Needles and other sharps that have been used and may or may not be contaminated will be disposed of in a red, biohazardous, OSHA-approved sharps container. Sharps containers must be closeable, leak-proof on the sides and bottom, and attached to a wall if possible. They must be easily accessible to personnel in areas where they are used. They must be kept upright, replaced routinely, not allowed to overfill (kept at less than 75 percent of fill capacity) and must be closed when moved.

### 3.2.7 Needles/Sharps Handling Procedure

- Needles or sharps will be placed in the sharps container immediately on completion of use.
- Needles or sharps will not be bent or removed from a sharps container.
- Safety systems and needleless systems must be used at all Rasmussen campuses. This policy was adopted July 1, 2007. Needles will not be recapped for any reason.
- Shearing or breaking of possibly contaminated needles is prohibited.

### 3.2.8 Safety Precautions for Obtaining Blood

- Follow 2.1.19, Hand Washing Procedure.
- Don appropriate protective equipment: Disposable gown and eye protection.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Cleanse the puncture site with a topical skin antiseptic.
- Penetrate the skin with single-use safety needle or a safety lancet to obtain blood.
- Discard sharps in a biohazardous needle receptacle immediately.
- Apply venous pressure as necessary.
- Discard any contaminated gauze in a biohazardous container.
- Discard disposable gloves in the biohazardous container if contaminated or the regular trash receptacle if not contaminated.
3.2.9 Disposal of Sharps
Contaminated sharps must not be sheared, bent, broken, or recapped. Immediately after use, dispose of sharps in the provided sharps containers. These containers are as close as feasible to the “point of origin” or the “area of use” to minimize transport and unnecessary handling. The containers are leak-proof, puncture-resistant, and tip-resistant, and they have a lid that must be closed whenever the container is moved. Sharps containers should be mounted to the wall if possible. They must never be overfilled (if there is no “fill line,” do not exceed approximately 75 percent of the container’s fill capacity). The Program Coordinator or other designee will inspect the containers daily for signs of leakage and will remove and replace full and/or defective containers. Disposable sharps containers must never be emptied and reused.

Subsection 3 – Surgical Technology

3.3.1 Surgical Technology Safety Policy
Surgical technologists assist in surgical operations under the supervision of surgeons, registered nurses, or other surgical personnel. Surgical technologists are members of operating room teams, which most commonly include surgeons, anesthesiologists, and circulating nurses. Before an operation, surgical technologists help prepare the operating room by setting up surgical instruments and equipment, sterile drapes, and sterile solutions. They assemble both sterile and nonsterile equipment, as well as check and adjust it to ensure it is working properly. Technologists also get patients ready for surgery by washing, shaving, and disinfecting incision sites. They transport patients to the operating room, help position them on the operating table, and cover them with sterile surgical drapes. Technologists also observe patients’ vital signs, check charts, and help the surgical team put on sterile gowns and gloves. During surgery, technologists pass instruments and other sterile supplies to surgeons and surgeon assistants. They may hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments. Surgical technologists help prepare, care for, and dispose of specimens taken for laboratory analysis and help apply dressings. Some operate sterilizers, lights, or suction machines, and help operate diagnostic equipment. After an operation, surgical technologists may help transfer patients to the recovery room and clean and restock the operating room.

3.3.2 Surgical Technology Housekeeping
All surgical technology labs must be mopped daily with a 1:10 bleach-to-water solution.

3.3.3 Sterilization and Disinfection
Sterilization and disinfection procedures currently recommended by the CDC will be used on this Campus for instruments, devices, and other autoclavable items that are contaminated with blood or other potentially infectious materials. Critical items (instruments that are introduced directly into the bloodstream or normally sterile
parts of the body) will be sterilized. Semi-critical items (those that come in contact with mucous membranes but do not ordinarily penetrate body surfaces) will be sterilized or subjected to high-level disinfection with an EPA-approved germicidal/disinfectant. Non-critical items (those that do not touch the student/client or only touch the student’s/client’s intact skin) will be cleaned with an appropriate disinfectant/cleaner.

3.3.4 Minimum PPE Requirements for Surgical Technology Labs

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Mask</th>
<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Cleaning</td>
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</table>

Subsection 4 – School of Nursing

3.4.1 Nursing Safety Policy
Nurses help other Nurses and Physicians care for ill or injured clients. Nurses usually perform a variety of client cares and treatments, including wound care, catheterization, IV therapy, medication administration, observing and caring for the ill, injured, or infirm, and councils to safeguard life and health.

These activities involve a risk of bloodborne pathogens and bodily injury if proper technique is not used.

The following policies are designed to protect practical nursing students and employees from this type of danger. Personal Protective Equipment (PPE) is a must when there is any potential for exposure.

3.4.2 Safety Precautions for Invasive Procedures:
- Use 2.1.5, Standard/Universal Precautions
- Follow 2.10.19, Hand Washing Procedure
- Follow 2.10.21, Disposable Glove Application Procedure
- 3.5.9 Disposal of Sharps
- Follow 2.10.22, Heavy Duty Utility Glove Application Procedure
- Disinfect the work area with a 1:10 bleach to water solution or germicidal solution
- 3.1.4 Sterilization and Disinfection
- 2.5.4 Tuberculosis Testing

3.4.3 Nursing Housekeeping
All nursing labs must be mopped daily with a 1:10 bleach-to-water solution.

3.4.4 Sterilization and Disinfection
Sterilization and disinfection procedures currently recommended by the CDC will be used on this Campus for instruments, devices, and other autoclavable items that are contaminated with blood or other potentially infectious materials. Critical items (instruments that are introduced directly into the bloodstream or normally sterile parts of the body) will be sterilized. Semi-critical items (those that come in contact with mucous membranes but do not ordinarily penetrate body surfaces) will be sterilized or subjected to high-level disinfection with an EPA-approved germicidal/disinfectant. Non-critical items (those that do not touch the student/client or only touch the student’s/client’s intact skin) will be cleaned with an appropriate disinfectant/cleaner.

3.4.5 Minimum PPE Requirements for Nursing Labs

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Face Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Specimen Handling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Injections</td>
<td>X</td>
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<td></td>
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<tr>
<td>Lab Cleaning</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>All Other Procedures</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
</tbody>
</table>

3.4.6 Proper Handling of Needles/Sharps

Needles and other sharps that have been used and may or may not be contaminated will be disposed of in a red, biohazardous, OSHA-approved sharps container. Sharps containers must be closeable, leak-proof on the sides and bottom, and attached to a wall if possible. They must be easily accessible to personnel in areas where they are used. They must be kept upright, replaced routinely, not allowed to overfill (kept at less than 75 percent of fill capacity) and must be closed when moved.

3.4.7 Needles/Sharps Handling Procedure

- Needles or sharps will be placed in the sharps container immediately on completion of use.
- Needles or sharps will not be bent or removed from a sharps container.
- Safety systems and needleless systems must be used at all Rasmussen campuses. Needles will not be recapped for any reason.
- Shearing or breaking of possibly contaminated needles is prohibited.

3.4.8 Safety Precautions for Obtaining Blood

- Follow 2.1.19, Hand Washing Procedure.
- Don appropriate protective equipment: Disposable gown and eye protection.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Cleanse the puncture site with a topical skin antiseptic.
- Penetrate the skin with single-use safety needle or a safety lancet to obtain blood.
• Discard sharps in a biohazardous needle receptacle immediately.
• Apply venous pressure as necessary.
• Discard any contaminated gauze in a biohazardous container.
• Discard disposable gloves in the biohazardous container if contaminated or the regular trash receptacle if not contaminated.

3.4.9 Disposal of Sharps
Contaminated sharps must not be sheared, bent, broken, or recapped. Immediately after use, dispose of sharps in the provided sharps containers. These containers are as close as feasible to the “point of origin” or the “area of use” to minimize transport and unnecessary handling. The containers are leak-proof, puncture-resistant, and tip-resistant, and they have a lid that must be closed whenever the container is moved. Sharps containers should be mounted to the wall if possible. They must never be overfilled (if there is no “fill line,” do not exceed approximately 75 percent of the container’s fill capacity). The Health Science lab faculty or Program Director/Coordinator will inspect the containers daily for signs of leakage and will remove and replace full and/or defective containers. Disposable sharps containers must never be emptied and reused.

Subsection 5 – Radiologic Technology

3.5.1 Radiologic Technology Safety Policy
Radiologic Technologists perform basic patient care tasks on a daily basis. The area of radiographic equipment and patient care areas must be cleaned before and after each use. The technologists instruct will instruct patients in preparation of medical imaging procedures which may include an intravenous catheter placement and use, electrocardiograms, and possible dressing changes, urinal and bedpan use. These activities involve a risk of exposure to blood-borne pathogens, accidental needle sticks, and contact with communicable diseases.

In addition to contact with bodily fluids and communicable diseases, a radiologic technologist will employ proper body mechanics. Proper body mechanics will be used when lifting and transferring patients, push and pulling equipment, and general using of radiographic equipment. The policies listed below are designed to protect Radiologic Technology students/employees from dangers and harm.

3.5.2 Safety Precautions for Invasive Procedures:
• Use 2.1.5, Standard/Universal Precautions.
• Follow 2.1.19, Hand Washing Procedure.
• Follow 2.1.21, Disposable Glove Application Procedure.
• Use red bags for biohazardous waste, if applicable.
• Follow 2.1.22, Heavy Duty Utility (Reusable) Glove Application Procedure.
• Disinfect the work area with a 1:10 bleach-to-water solution or commercial germicidal solution.
3.5.3 **Radiologic Technology Housekeeping**
All radiologic technology labs must be mopped daily with a 1:10 bleach-to-water solution.

3.5.4 **Sterilization and Disinfection**
Sterilization and disinfection procedures currently recommended by the CDC will be used on this Campus for instruments, devices, and other autoclavable items that are contaminated with blood or other potentially infectious materials. Critical items (instruments that are introduced directly into the bloodstream or normally sterile parts of the body) will be sterilized. Semi-critical items (those that come in contact with mucous membranes but do not ordinarily penetrate body surfaces) will be sterilized or subjected to high-level disinfection with an EPA-approved germicidal/disinfec tant. Non-critical items (those that do not touch the student/client or only touch the student’s/client’s intact skin) will be cleaned with an appropriate disinfectant/cleaner.

3.5.5 **Minimum PPE Requirements for Radiography Labs**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Face Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>All Other Procedures</td>
<td>X</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Lab Cleaning</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to Splashing or Aerosolization</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

3.5.6 **Proper Handling of Needles/Sharps**
Needles and other sharps that have been used and may or may not be contaminated will be disposed of in a red, biohazardous, OSHA-approved sharps container. Sharps containers must be closeable, leak-proof on the sides and bottom, and attached to a wall if possible. They must be easily accessible to personnel in areas where they are used. They must be kept upright, replaced routinely, not allowed to overfill (kept at less than 75 percent of fill capacity) and must be closed when moved.

3.5.7 **Needles/Sharps Handling Procedure**
- Needles or sharps will be placed in the sharps container immediately on completion of use.
- Needles or sharps will not be bent or removed from a sharps container.
- Safety systems and needleless systems must be used at all Rasmussen campuses. Needles will not be recapped for any reason.
- Shearing or breaking of possibly contaminated needles is prohibited.
3.5.8 Safety Precautions for Obtaining Blood

- Follow 2.1.19, Hand Washing Procedure.
- Don appropriate protective equipment: Disposable gown and eye protection.
- Follow 2.1.21, Disposable Glove Application Procedure.
- Cleanse the puncture site with a topical skin antiseptic.
- Penetrate the skin with single-use safety needle or a safety lancet to obtain blood.
- Discard sharps in a biohazardous needle receptacle immediately.
- Apply venous pressure as necessary.
- Discard any contaminated gauze in a biohazardous container.
- Discard disposable gloves in the biohazardous container if contaminated or the regular trash receptacle if not contaminated.

3.5.9 Disposal of Sharps

Contaminated sharps must not be sheared, bent, broken, or recapped. Immediately after use, dispose of sharps in the provided sharps containers. These containers are as close as feasible to the “point of origin” or the “area of use” to minimize transport and unnecessary handling. The containers are leak-proof, puncture-resistant, and tip-resistant, and they have a lid that must be closed whenever the container is moved. Sharps containers should be mounted to the wall if possible. They must never be overfilled (if there is no “fill line,” do not exceed approximately 75 percent of the container’s fill capacity). The Health Science lab faculty or Program Director/Coordinator will inspect the containers daily for signs of leakage and will remove and replace full and/or defective containers. Disposable sharps containers must never be emptied and reused.

3.5.10 Proper Radiologic Technology Attire

Radiologic Technology students and instructors must wear scrubs at all times while in the lab. A warm-up scrub jacket may be worn and must be worn closed in the front and sleeves rolled down. Shoes are to be closed-toe and low-heeled. Long hair is to be tied back away from the face when in the laboratory. The wearing of jewelry, perfume and lotions should be minimized for personal safety and concern for others.

3.5.11 General Radiographic/Patient Care Laboratory Guidelines

- Eating, drinking, smoking and applying make-up are not allowed in the laboratory.
- Personal use of the laboratory equipment, such as refrigerators, incubators, etc., is not permitted under any circumstance.
- All personal items, e.g. coats, backpacks, purses, etc., should be kept away from laboratory work surfaces.
- Decontaminate work surfaces before work begins, after spills and when work is completed.
- Dispose of hazards, waste and contaminated materials in approved receptacles.
- Report unsafe work conditions and safety violations.
- Remove personal protective equipment and clothing and wash hands before leaving the laboratory work area.
Participate in opportunities to stay informed and updated about laboratory safety.

3.5.12 **Proper Body Mechanics**
- Hold loads close to your body to minimize the effect of their weight.
- To prevent twisting injuries, move your torso — from your shoulders to your hips — as 1 solid unit.
- Keep your knees bent to make your legs work harder, reducing the stress on your back.
- Avoid quick, jerky movements.
- Tighten abdominal muscles to help support your movements.

3.5.13 **Transfer of Patients Protocol and Guidelines**
- Let the patient do as much of the transfer as possible.
- Check the chart for precautions, such as non-weight-bearing status and joint disease, before executing the transfer, to minimize patient discomfort and harm.
- Establish a wide base of support for your stability.
- Hold the patient's center of gravity close to your own center of gravity for a better mechanical advantage.
- Hold the patient with a transfer belt around the patient's waist to minimize stress on the patient's shoulder girdle.
- Lift the patient with your legs. Avoid back bending.
- Avoid trunk twisting during transfer.
- Never lift more than you safely can. Ask for assistance when needed.
- Watch the patient for signs of orthostatic hypotension, and take precautions to minimize its effects.

**Subsection 6 – Physical Therapist Assistant**

3.6.1 **Physical Therapist Assistant Safety Policy**
Physical Therapist Assistants assist the Physical Therapist in collecting data and providing intervention to patients with difficulties in movement. They work with patients in a variety of settings with a variety of disease and disability across the life span. Intervention and data collection activities include muscle testing, joint measurement, anthropometric measurements, therapeutic exercise, functional training, neuromuscular re-education, wound care and application of heat, cold, electricity and ultrasound therapies. These activities may involve a risk of blood borne pathogens and bodily injury if proper technique is not used.

The following policies are designed to protect PTA students and employees from this type of danger. Personal Protective Equipment (PPE) is a must when there is any potential for exposure.
3.6.2 Safety Precautions for Procedures:
- Use 2.1.5, Standard/Universal Precautions
- Follow 2.10.19, Hand Washing Procedure
- Follow 2.10.21, Disposable Glove Application Procedure
- 2.5.4 Tuberculosis Testing

3.6.3 Physical Therapist Assistant Housekeeping
All treatment equipment that comes into contact with intact skin must be cleaned with an appropriate cleaner or disinfectant. Lab treatment tables will be cleaned with appropriate cleaner or disinfectant at the end of morning lab sessions and again at the conclusion of afternoon lab sessions.

3.6.4 Proper Lifting and Body Mechanics
Physical Therapist Assistant students will participate in lab activities and exercises that pose a risk to bodily injury if not performed properly. Students must follow safety guidelines outlined in PTA lab instructions for each activity that may include the use of safety belts and proper lifting techniques and body mechanics.

3.6.5 Minimum PPE Requirements for Physical Therapist Assistant Labs

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Gloves</th>
<th>Eye Protection</th>
<th>Barrier Garment</th>
<th>Face Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Cleaning</td>
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</tbody>
</table>
Section IV – Hazardous Communication and Chemical Hygiene

Subsection 1 – Standard Operating Procedures

4.1.1 General Information
This section provides an overview of the college’s hazardous materials communication program and defines the specific institutional policies and procedures affecting the use of chemicals on college property. The most important rule is that everyone concerned in laboratory operations must be safety-minded. All personnel should know what safety and emergency equipment is available and its location. Also, personnel should maintain safe work practices at all times, which would include, but not be limited to, good housekeeping, wearing of personal protective equipment (safety goggles, aprons, gloves, etc.) and not smoking or eating where chemicals are present.

4.1.2 Selection of Chemicals
Laboratory experiments/procedures should be reviewed to see if other methods or materials could be used to teach the same principle using a less toxic or physically hazardous chemical. Special attention should be given to eliminate the use of highly acute toxins, carcinogens, and reproductive toxins. Minimize the number of chemicals being stored by only ordering what is needed for a specific period of time.

4.1.3 Labeling and Transporting Chemicals
Chemicals obtained from outside suppliers should be properly labeled, tagged, or marked with information on the identity of the chemical, its health and physical hazards, and the name and address of the manufacturer, in such a manner that this information remains with the chemical until it is completely consumed. The name on the label must correspond with the name on the Material Safety Data Sheet (SDS). Labels shall also convey the hazards associated with that chemical (such as toxicity, flammability, or reactivity). If a chemical is transferred into a new container, then that container must be labeled also. All mixtures and newly created compounds must be properly labeled. Transporting chemicals should be done so as to minimize risk of accidental spills. Furthermore, if transportation involves moving chemicals through the hallways this should be done when there are as few people as possible in the hallways. The amount and number of chemicals should be kept to a minimum.

4.1.4 Storage of Chemicals
The primary concerns with storage are avoiding contact between incompatible chemicals, minimizing amounts, and ensuring that dangerous storage conditions (heat, electrical shorts, light, etc.) are not present. All flammable/combustible chemicals (those with a flashpoint below 200 degrees F) must be stored in a specifically designed flammable storage cabinet(s). Photosensitive chemicals shall be stored away from light. Incompatibles, such as acids and sodium cyanide, acids and bases, or ethyl ether and oxidizers, shall be stored separately.
4.1.5 **Personal Hygiene**
Wear appropriate eye protection any time one is dealing with chemicals. Use other protective clothing as needed (See the SDS information on the chemical for advisement). Loose clothing and long hair should be confined when in the laboratory. Always wash exposed skin areas before leaving the laboratory.

4.1.6 **Emergency Eyewash Stations**
Emergency eyewash facilities meeting the requirements of ANSI Z358.1 will be provided in all areas where the eyes of any student or employee may be exposed to corrosive materials. All such emergency facilities will be located where they are easily accessible in an emergency.

4.1.7 **Food Handling**
Avoid consuming food, beverages, chewing gum or smoking in areas where chemicals are being used or stored. Areas where food or drinks are permitted shall be well marked and no hazardous chemicals allowed within that area. Glassware used for laboratory operations shall not be used for food or beverage consumption. Nor should containers that were used for food or beverage be used to store laboratory chemicals. Laboratory refrigerators or ice chests shall not be used to store food, even if the food is in sealed containers.

4.1.8 **Glassware**
Careful storage and handling procedures should be used to avoid damaging glassware. All damaged glassware should be discarded. Hand protection should be worn when inserting glass tubing into rubber or cork stoppers, or when placing rubber/plastic tubing on glass tubing or connections. All glass tubing should be fire polished or rounded, and lubricated when making connections. Vacuum-packed glass apparatus, such as Dewer flasks, should be handled with extreme care to prevent implosions. Hand protection (gloves) should be used when picking up broken glass.

4.1.9 **Laboratory Equipment**
Fume hoods and ventilation equipment is described separately. Good maintenance on equipment is important for safe and efficient operation. Equipment should be inspected and maintained regularly, following manufacturers’ recommendations, at a minimum. All faulty equipment should be secured so that accidental reuse of it is not possible prior to repair. Guards will be in place to prevent access to moving parts (such as belts and wheels on pumps) on equipment. Safety shielding will be used during an experiment or shop operation in which a possible explosion or high pressure exists. Pressurized apparatuses, like cylinders, are required to have an appropriate relief device and be secured (chained) to a stationary object at all times.

4.1.10 **Flammable Substances**
Do not use an open flame to heat a flammable liquid or carry out a distillation under reduced pressure. Before lighting any flame, be sure all flammable substances are removed from the area or are tightly sealed in containers away from the heat. Use
an open flame only when necessary and extinguish as soon as no longer needed. When volatile flammable chemicals are present, use only intrinsically safe or non-sparking electrical equipment. Also, storage of flammable substances (with a flashpoint below 200 degrees Fahrenheit) should be in a safety cabinet designed for flammable materials.

4.1.11 Waste Disposal
All disposals shall be in accordance with federal, state, and local regulations. No hazardous waste, as defined by the EPA less than 40 CFR 261, shall be disposed of except by an EPA approved facility. Other possible hazardous materials should be disposed of in a manner that is pre-approved by state and/or local officials. Before any chemicals are disposed, “down the drain,” prior approval by the local wastewater treatment plant should be granted. During disposal of any chemical(s), care should be taken to protect any workers in the laboratory or building who may be exposed to any potential dangers. All disposal methods should also take into account the effects on the environment. Employees should use care in separating items tentatively identified as waste chemicals or hazardous from other refuse disposed through normal means. It is the responsibility of each department to properly dispose of waste chemicals or hazardous materials. Departments that are unsure of proper disposal methods or have an accumulation of materials should consult with the appropriate supervisory staff or qualified consultants for direction.

Subsection 2 - Control Measures & Protective Equipment Requirements

4.2.1 Determining Control Measures
The decision to implement control measures such as fume hoods, protective clothing, and others will need to be determined by the specific operation or experiment. Control measures can be determined for groups of chemicals such as acids, oxiders, or acute toxins, that is highly reactive or absorbable into the body (respiratory system or skin), rather than having to evaluate every chemical individually. Although, chemicals listed by EPA as “extremely hazardous substances” under SARA Title III Section 302 and 304, should be considered individually.

Chemicals with a Permissible Exposure Limit (PEL) of 50 ppm or less, require use of a hood so that fumes do not get into the general laboratory. Chemicals, which are corrosive or are absorbed through the skin require the use of gloves and safety goggles. Also, if a possible splash situation exists, an apron or lab coat and face shield will be required.

4.2.2 Control Measures
Measures used to control chemical exposure in the workplace are often divided into three categories based on the point of control. These are:

1. Substitution of a safer chemical that can accomplish the same purpose. Enclosure of the operation so that it is not open to the work area. Minimize the amounts of chemical stored.
2. Path Controls in the Environmental Pathway Between the Chemical and the Employee.

3. The fume hoods are the major control by this method. General ventilation may be adequate for most operations involving chemicals with little or no toxicity or which are amply confined. General ventilation should exchange the air within each laboratory room a minimum of four (4) times per hour.

Within each category, there are several types of controls that may be effective. Avoid working alone in the lab. Always wear appropriate protective equipment such as safety goggles, gloves, and aprons. Good hygiene practices can help prevent contamination. Before conducting a specific procedure, be sure proper training and education has been provided.

### 4.2.3 Protective Equipment

All laboratories will be equipped with necessary safety equipment which may include an emergency shower, eye wash station, fire blanket, fire extinguisher, and first aid kit and signs indicating the location of each. Also, all exits will be labeled with a sign. Personal protective equipment, such as goggles, aprons, gloves, respirators, or lab coats will be provided to employees as needed.

### Subsection 3 – Safety Data Sheets Information

#### 4.3.1 Safety Data Sheets

Safety Data Sheets (SDS) consist of information compiled and printed by the manufacturer for each hazardous substance including the chemical name, the ingredients that are hazardous, the nature of the hazards, exposure limits, recommended precautions, emergency first aid measures, and who can provide additional information on the substance and emergency procedures.

The college maintains the master SDS binder which is located in the labs where hazardous substances are stored. Health Science faculty and Program Directors/Coordinators are responsible for maintaining the SDS binder to reflect the current information. In addition, appropriate information is kept at various storage areas (i.e., custodial closet) where SDS information must be readily accessible during hours of operation. The college will ensure that all parties have available information on hazardous materials and substances. Employees may, upon request, review SDS forms on file. Supervisors will assist in interpreting them. If an employee wants a copy of an SDS to keep, a copy will be issued to the employee upon the signing of a receipt.

If any new chemical product is purchased and received without an accompanying SDS, the product is to remain unused until a form is received from the vendor. It is the policy of the college to withhold payment until proper SDS material has been received.
Employees who, by position, purchase materials, are responsible for determining if new purchases are correctly covered in the SDS files within their area. It is the responsibility of hazardous material purchasers to assist in the inventory and updating of the SDS binder. Requests for inventory or review of sheets will be made as deemed appropriate by the Campus Director.

4.3.2 Hazardous Non-Routine Tasks
As with all establishments, the college must occasionally perform “non-routine” tasks, such as emergency pipe repairs, other emergency repairs, or special equipment or work area cleaning. The following procedures are used to inform employees of the unknown hazards, chemicals or potential exposure to such chemicals.

Prior to the performance of any “non-routine” tasks which might involve potential exposure to hazardous chemicals, the employees involved will receive specific hazard training on any hazards involved in the tasks by their immediate supervisor or if requested other appropriate supervisory personnel. The nature of the task will be reviewed in detail, hazardous chemicals potentially present will be identified and SDS sheets reviewed, necessary protective equipment will be specified and emergency procedures reviewed.

4.3.3 Outside Contractors
Contractors have an obligation to become fully informed on all chemical hazards to which their employees may be exposed while doing work for the college. On request, the contractor will be allowed to review the SDS files for the work area(s) in which their employees will be performing services. The SDS sheet will specify protective equipment necessary, and no contract labor should be performed without necessary and appropriate protective equipment. Contractors are obligated to fully inform the college prior to the commencement of work concerning the chemical hazards college employees might be potentially exposed to through the contractor’s work.

4.3.4 Hazardous Chemical Master List

The HAZARDOUS CHEMICAL MASTER LIST (FORM L) must be completed for each lab and stored in the lab’s copy of this manual along with the SDS. For each product, the product’s full name, the manufacturer’s full name, and a full list of the chemicals the product contains must be listed on the HAZARDOUS CHEMICAL MASTER LIST (FORM L). An SDS must be on file for all products. If an SDS is missing from the file, it must be requested from the manufacturer.
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<th>DESCRIPTION</th>
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<td>CAMPUS INFORMATION SHEET</td>
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</tbody>
</table>
**SELF-INSPECTION FORM (FORM A)**
(To be completed by the Campus Director)

<table>
<thead>
<tr>
<th>Location: ______________________________</th>
<th>Date: ______________________________</th>
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<thead>
<tr>
<th></th>
<th>Janitorial Area/Building Manager’s Office – Is the closet/storage area clean and orderly?</th>
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<tbody>
<tr>
<td></td>
<td>Is there appropriate signage for wet floors?</td>
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<tr>
<td>1</td>
<td>Floor – Are floors without holes, cracks, or humps?</td>
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<td></td>
<td>Are carpets, rugs, and mats secured to the floor with no loose edges?</td>
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<td>2</td>
<td>Halls/Walkways – Are halls, aisles, and passageways dry and free of tripping hazards?</td>
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<td></td>
<td>Are materials or equipment stored in such a way that sharp projective will not interfere with the walkway?</td>
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<tr>
<td>3</td>
<td>Stairs/Stairways – Are stairs in good condition, with handrails and lighting?</td>
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<tr>
<td>4</td>
<td>Storage – Are materials, products, or supplies properly and safely stored to a workable height and away from electrical control panels?</td>
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<tr>
<td></td>
<td>Are closet/storage areas clean and orderly?</td>
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<tr>
<td>5</td>
<td>Ladders – Are ladders provided where needed, of standard construction, and in good physical condition?</td>
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<td></td>
<td>Are portable metal ladders legibly marked with signs reading “CAUTION: Do Not Use Around Electrical Equipment”?</td>
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<td>6</td>
<td>Electrical – Are all required grounds (three-prong plugs) provided on power tools and surge protectors?</td>
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<td></td>
<td>Do all breaker boxes have clearly marked on and off switches?</td>
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<td>7</td>
<td>Lighting – Is lighting provided in all work areas?</td>
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<td></td>
<td>Do exterior corridors and parking areas have lighting?</td>
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<tr>
<td>8</td>
<td>Eye Protection/Eye Wash Stations – Are eye wash stations properly working and identified?</td>
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<td>9</td>
<td>First Aid – Are kits full and adequately stocked?</td>
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<td></td>
<td>Are kits located in all Health Science and Nursing Labs and employee/student lounges?</td>
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<td>10</td>
<td>Fire Extinguishers – Are fire extinguishers easily accessible?</td>
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<td></td>
<td>Are fire extinguishers clearly marked on evacuation routes?</td>
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<td></td>
<td>Do the fire extinguisher gauges show a full charge?</td>
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<td></td>
<td>Are all extinguishers serviced, maintained and tagged at intervals not to exceed one (1) year?</td>
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<tr>
<td>11</td>
<td>Entrances – Are entrances dry or provided with nonskid mats?</td>
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<tr>
<td>12</td>
<td>Exits – Are emergency exits marked and easily accessible?</td>
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<td></td>
<td>Are all marked exit doors unlocked from the inside, and do they swing toward the outside?</td>
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<td>Where exit doors open directly onto any street, alley, or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees and students from stepping into the path of traffic?</td>
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<td>13</td>
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</table>
14. **Exterior** (sidewalks, parking lots, etc.) – Are sidewalks and parking lots smooth and free of tripping hazards? □ □ Are parking spaces and handicap spaces adequately marked? □ □

15. **Appropriate Posters/Postings** – Is the OSHA 3165 Poster posted on all employee bulletin boards? □ □ Are emergency telephone numbers posted in a prominent location? □ □ If inspection is between February and April, is the OSHA 300A Log posted? □ □

16. **HazCom Labels and Documentation** – Are the Safety Data Sheets in the Dean’s and Janitorial/Building Manger’s office? □ □

17. **Certificates and Inspections** – Does the elevator have a current inspection certificate? □ □ Has the local fire marshal inspected the facilities in the last 12 months? □ □ Has the fire alarm been tested quarterly and the log maintained? □ □ Has the sprinkler alarm/water pressure been tested in the last 12 months? □ □

18. **Evacuation** – Are evacuation routes posted in all rooms? □ □

19. **Environmental Controls** – Are biohazard containers present in Health Science Labs and less than 75% full? □ □ Are restrooms and washroom kept clean and sanitary? □ □ Do all lavatories (including restrooms, break rooms, and Health Science Labs) have stocked towel and soap dispensers? □ □

If “no” has been marked on any of the above questions please indicate below, along with problem and recommendations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description of Problem</th>
<th>Proposed Solution</th>
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<tbody>
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</table>

Additional Comments or Notes:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Printed Inspector Name: __________________________________________________

Signature: ________________________________________________________________

Please send a copy of this form to the Campus Director for additional action.
CAMPUS DIRECTOR’S SAFETY INSPECTION REPORT (FORM B)

Location: _____________________________ Date: _____________________________

The attached (see Self-Inspection Form) problems and recommended solutions were brought to my attention. I have reviewed each suggestion carefully and will correct the problem by doing the following by the date indicated.

1. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

2. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

3. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

4. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

5. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

6. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

7. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

8. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

9. __________________________________________________________________________________________
   Date to be Corrected: _____________________________

10. __________________________________________________________________________________________
    Date to be Corrected: _____________________________

Additional Comments and Notes:
________________________________________________________________________________________
________________________________________________________________________________________

Campus Director’s Signature: _____________________________________________________________

Please keep a copy of this form, along with the SELF-INSPECTION FORM, on file for a period of three (3) years.
SAFETY HAZARD REPORT FORM (FORM C)

Name: _________________________________________________

Date: __________________________________________________

Day of the Week: __________________________ Time: ____________

Location: ______________________________________________

Hazardous Description: ___________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Recommended Corrective Action Plan: ___________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Date Correction Was Made: _________________________________

Additional Comments: _______________________________________

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

Please keep a copy of this form on file for a period of three (3) years.
### ANNUAL EMPLOYEE SAFETY AND HEALTH MANUAL TRAINING SIGN-IN RECORD (FORM D)

<table>
<thead>
<tr>
<th>Location:</th>
<th>Training Date:</th>
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<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Printed Name</th>
<th>Job Title/Position</th>
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<tbody>
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</table>

**Trainer(s) name and title:**

Attach a printed copy of the training presentation. Please keep this record and training presentation on file at the campus and send a copy to the Rasmussen College Compliance Department upon completion of the training.
NEW EMPLOYEE SAFETY AND HEALTH MANUAL TRAINING FORM (FORM E)

EMPLOYEE NAME: ___________________________ DATE: ___________________
(PLEASE PRINT)

☐ General Classroom Safety
I have been trained on this facility’s Fire/Emergency Plan, and I agree to comply with the requirements. I understand that the instructors are concerned about the students’ safety in this facility and acknowledge that my training descriptions require me to immediately report any safety concerns I have to the Academic or Nursing Dean. I have had the opportunity to ask questions and have them answered to my satisfaction.

☐ Bloodborne Exposure Training
Prior to any assignment that could result in exposure to blood and/or other bodily fluids, I had the opportunity to review this facility’s Bloodborne Exposure Control written plan. My training, which occurred prior to being assigned to any task that could result in a bloodborne exposure included, but was not limited to, symptoms of bloodborne diseases, modes of transmission and the use of Universal Precautions, specific work practice controls, engineering controls, and appropriate Personal Protective Equipment to reduce the risk of exposure. I understand and agree to comply with all procedures and policies set forth in the plan and have had the opportunity to ask questions and have them answered to my satisfaction. I will report any concerns and/or bloodborne exposure incidents to the Academic or Nursing Dean immediately. Because my educational training puts me at risk of exposure to bloodborne pathogens, the Hepatitis B vaccination series was offered to me at no charge within the first 10 days of my acceptance in the program.

☐ I accept the offer and will complete the vaccination series in a timely manner.
☐ I decline the offer because I have previously completed the vaccination series.
☐ I have provided proof of vaccination.

☐ Hazard Communication
I have been made aware of this facility’s written policy on hazard communications and have had the opportunity to read the plans. I have been trained on appropriate container labeling, the use of Personal Protective Equipment, and the location and use of Safety Data Sheets (SDS). I was trained prior to any assignment that could put me at risk of any chemical exposure. To the best of my ability, I will comply with this facility’s Hazard Communication requirements. I will immediately report any concerns I might have about overexposure to chemical liquids, vapors, or gas to the Academic or Nursing Dean.

☐ Tuberculosis Infection Control
I have been advised of this facility’s policy on TB Infection Control and have had the opportunity to review the written plan. I have been trained on the symptoms of infectious tuberculosis and how the disease is spread. The training took place prior to any assignment that could put me at risk of exposure to this disease. I agree to comply with the policy and will follow all guidelines as set forth in the written plan.

☐ Biomedical Waste Management
I have been trained on this facility’s biomedical waste management plan. I have had the opportunity to review the written plan and to ask questions and have them answered to my satisfaction. Training was conducted prior to any assignment that could result in exposure to biohazardous materials. The training included, but was not limited to, the definition of biomedical waste generated in this facility, proper handling and disposal of biomedical waste, appropriate use of Personal Protective Equipment, the contingency plan for cleaning any biohazardous waste spill, and on-site storage requirements.

Training appropriate to this employee’s job description was completed successfully. He/she had the opportunity to ask specific questions about job safety and/or health concerns. I have answered these questions to the best of my ability. He/she was advised to report any future safety or health concerns to the Academic or Nursing Dean.

Trainer(s) Name and Title:

I, ________________________________, hereby confirm that I have read, understand and will implement the procedures set forth in the Safety and Health Manual.

Employees Signature: ________________________________

Please file this form in the employee’s personnel file.
## STUDENT SAFETY AND HEALTH MANUAL
### TRAINING SIGN-IN RECORD (FORM F)

<table>
<thead>
<tr>
<th>Location:</th>
<th>Training Date:</th>
</tr>
</thead>
</table>

**School of:**  
- □ Health Science  
- □ Nursing  
- □ Other

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>TRAINING COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: JOHN SMITH</td>
<td>John Smith</td>
<td>MA 100</td>
</tr>
</tbody>
</table>

**Trainer(s) Name and Title:** ____________________________________________________

Attach a printed copy of the training presentation. Please keep this record and training presentation on file at the campus.
STUDENT OR VISITOR INJURY REPORT FORM (FORM G)

CAMPUS NAME______________________________________________________________

TODAY’S DATE_________________________________ DATE AND TIME OF INJURY__________

NAME__________________________________________________________

ADDRESS________________________________________________________________________

GENDER_____ DATE OF BIRTH / / _____ STUDENT’S PHONE NUMBER ______________

PROGRAM OF STUDY (if applicable)_________________________________ START DATE____________

LOCATION WHERE INJURY OCCURRED: ☐ CAMPUS/AREA OR ROOM __________________________

☐ EXTERNSHIP CLINIC_______________________ ☐ OTHER________________________

INSTRUCTOR AT TIME OF INJURY___________________________________________________________

NAME OF PHYSICIAN OR HEALTHCARE PROVIDER (FOR THIS OCCURRENCE)___________________

IF TREATMENT WAS REQUIRED (CHECK ALL THAT APPLY):

WAS PERSON TREATED IN EMERGENCY ROOM? ☐ YES ☐ NO

WAS OVERNIGHT HOSPITALIZATION REQUIRED? ☐ YES ☐ NO

WAS PERSON TREATED IN A CLINIC? ☐ YES ☐ NO

PERSON DECLINED TREATMENT ☐ YES ☐ NO

FORM COMPLETED BY (TITLE AND NAME) ____________________________ (Designated Staff)

Describe the accident or assignment/task being performed when the injury occurred (Details to be provided by Designated Staff)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

If during an assignment or task when did the injury occur? (before, during, after) ____________________

What body part was injured? (example: left index finger) __________________________

Estimated depth of wound ________________________________ Estimated volume of fluid _______________

If applicable, list the type and brand name (if known) of the item that caused the injury:

_____________________________________________________________________________________________

Source Individual’s Name (if the person came in contact with blood or OPIM) __________________________

If there is a Witness, a Witness Report must also be completed:

Witness Name________________________________________ Phone Number________________

Address__________________________________________________________
STUDENT OR VISITOR INJURY REPORT FORM (CONT’D.)

Describe the accident or assignment/task being performed when the injury occurred (Details to be provided by injured person):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

The details of the accident are accurate to the best of my knowledge.

Injured Person’s Signature__________________________________________ Date__________________________

IF THIS IS NOT A SHARPS INJURY, COMPLETE THIS SECTION.

List the Personal Protective Equipment being worn at the time of the incident:

_____________________________________________________________________________________________

Evaluation of the incident (What, if anything, can be changed to prevent a reoccurrence of this type of incident?):

_____________________________________________________________________________________________
_____________________________________________________________________________________________

IF THIS IS A SHARPS INJURY, COMPLETE THIS SECTION.

☐ THIS IS A SHARPS INJURY.
☐ The exposure source is known.
☐ The exposure source is not a student/visitor but has been identified. Details are attached.
☐ The exposure source is a student/visitor. The antibody status is known and available information is attached.
☐ The student/visitor consented to testing. The test results are attached.
☐ The student/visitor was not asked or did not consent to testing.
☐ The exposure source is unknown.
☐ The incident involved exposure to blood.
☐ The incident involved exposure to OPM (other potentially infectious materials) as listed___________________
☐ The item or device that caused the injury was equipped with a protective (safety) device.
☐ The injury occurred before the safety device was activated.
☐ The injury occurred during the activation period.
☐ The injury occurred after the device was activated.

If the item or device was equipped with a safety device, in the opinion of the Nursing or Health Science Department Chair, would some other type of engineering control, work practice control or additional training have helped prevent this injury? If so, please list below (This must be filled out.)

_____________________________________________________________________________________________
_____________________________________________________________________________________________

List the Personal Protective Equipment being worn at the time of the incident: ______________________________
☐ Sharps with protective (safety devices) are used at in this facility as designated in our written plan.

Please keep this form within the student’s academic file. If a visitor, keep in the Campus Director’s Office. Include records of counseling and results of Post Exposure Evaluation as needed. Once all paperwork is complete, scan a copy to:

ComplianceQuestions@Rasmussen.edu.

Revised 02/12/2017
EMPLOYEE INJURY REPORT FORM (FORM H)

CAMPUS NAME_____________________________________________________________________

DATE OF INJURY ___/_____/______ TIME OF INJURY____ A.M./P.M (CIRCLE ONE) EMPLOYEE’S JOB TITLE __________

EMPLOYEE’S NAME ________________________________________________________________ S.S. # ___________

EMPLOYEE’S HOME PHONE NUMBER __________________________ HIRE DATE ___________

SEX _____ DATE OF BIRTH ___/_____/______ TOTAL NUMBER OF DAYS MISSED FROM WORK ___________

LOCATION WHERE INJURY OCCURRED: ☐ CAMPUS/AREA OR ROOM # __________ ☐ OTHER ___________

NAME OF PHYSICIAN OR HEALTHCARE PROVIDER (FOR THIS OCCURRENCE) __________________________

ADDRESS/PHONE NUMBER OF HEALTHCARE PROVIDER __________________________

IF TREATMENT WAS REQUIRED (CHECK ALL THAT APPLY):

WAS EMPLOYEE TREATED IN EMERGENCY ROOM? ☐ YES ☐ NO

WAS OVERNIGHT HOSPITALIZATION REQUIRED? ☐ YES ☐ NO

WAS EMPLOYEE TREATED IN A CLINIC? ☐ YES ☐ NO

EMPLOYEE DECLINED TREATMENT. ☐ YES ☐ NO

FORM COMPLETED BY (TITLE AND NAME) __________________________ ____

(Designated Staff)

WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED? (Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-

entry.”) __________________________________________________________________________

WHAT HAPPENED? (Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”) __________________________

WHAT WAS THE INJURY OR ILLNESS? (Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or “sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”) __________________________________________________________________________

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? (Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.) __________________________________________________________________________

IF THE EMPLOYEE DIED, WHEN DID DEATH OCCUR? Date of death _____/_____/______

Source Individual’s Name (if the employee came in contact with blood or OPIM) ___________

(If there is a Witness, a Witness Report must also be completed.)

Witness Name __________________________ Phone Number __________________________

Address __________________________________________________________________________

Describe the accident/injury (Details to be provided by Employee) _______________________________________________________

_____________________________________________________________________________________

The details of the accident are accurate to the best of my knowledge.

Employee Signature __________________________ Date __________________________

Provide a copy of this form to the HR Generalist. Keep completed information in the employee’s Medical Record within the confidential personnel file. This documentation must be kept on file for a period of thirty (30) years.
WITNESS REPORT FORM (FORM I)

CAMPUS____________________________________________________________________________

TODAY’S DATE________________________ DATE AND TIME OF INJURY___________________

WITNESS’ NAME_____________________________________________________________________

WITNESS’ ADDRESS______________________________________________________________

WITNESS’ PHONE____________________________________________________________________

NAME OF PERSON INJURED___________________________________________________________

AREA IN BUILDING WHERE INJURY OCCURRED________________________________________

DESCRIPTION OF ACCIDENT: Describe how the accident happened, who was injured, what was damaged and who witnessed the accident.

_________________________________________________________________________________

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_________________________________________________________________________________

The details of the injury described above are accurate to the best of my knowledge.

Witness Signature_________________________________________ Date______________________

Keep completed information in the injured student’s or employee’s file. Provide a copy of this form to: ComplianceQuestions@Rasmussen.edu.
Rasmussen College Safety and Health Manual

CAMPUS DIRECTOR’S BUILDING SAFETY INVESTIGATION AND EVALUATION OF EMPLOYEE OR STUDENT OR VISITOR INJURY REPORT FORM (FORM J)

EMPLOYEE:
INJURED EMPLOYEE: ________________________________________________________________

JOB TITLE: ______________________________________ AGE: ___________ HIRE DATE: ___________

DATE/TIME OF INJURY: ______________ WHERE INJURY HAPPENED: __________________________________

LOST TIME AS A RESULT OF INJURY: ______________ LOST TIME BEGAN: ______________

WAS EMPLOYEE’S PREVIOUS INJURY RECORD REVIEWED WITH HIM/HER? ______________________________

TOTAL NUMBER OF INJURIES TO DATE FOR THIS EMPLOYEE? ______________________________

DOES PREVIOUS INJURY RECORD INDICATE REPEATED TYPES OF INJURIES? ______________________________

WAS THE REPORT TO MANAGEMENT DELAYED? ____________ WAS FIRST AID DELAYED? ____________

WHY? __________________________________________________________________________________________

STUDENT:
INJURED STUDENT: ________________________________________________________________

PROGRAM: ______________________________________ AGE: ___________ START DATE: ___________

DATE/TIME OF INJURY: ______________ WHERE INJURY HAPPENED: __________________________________

WAS THE REPORT TO MANAGEMENT DELAYED? ____________ WAS FIRST AID DELAYED? ____________

WHY? __________________________________________________________________________________________

ALL:
CAMPUS DIRECTOR’S COMMENTS REGARDING CAUSE OF INJURY:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

WHAT SHOULD BE DONE AND BY WHOM TO PREVENT RECURRENCE OF THIS TYPE INJURY IN THE FUTURE?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

WHAT ACTION ARE YOU TAKING TO SEE THAT THIS IS DONE?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

_____________________________________________________________  ____________________________________
Campus Director’s Signature          Employee/Student’s Signature

Please keep a copy of this form on file for a period of three (3) years.

Revised 02/12/2017
EMPLOYEE EMERGENCY TREATMENT/CONTACT FORM (FORM K)

Employee Name: ___________________ Date of Birth: ___________________

Note: This information is voluntary. This information is requested in the event that emergency personnel are required to administer first-aid or other emergency medical treatment to you. Rasmussen College complies with the Americans with Disabilities Act by maintaining the information recorded as strictly confidential.

☐ I prefer not to provide this information. (Check this box and sign below if you do not want to provide this information for your personnel file.)

People to be contacted in the event of an emergency (please print):

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
<th>Relationship</th>
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Vehicle: Year ____Make________ Model ________Color ______License Plate _____

MEDICAL CONDITIONS

List all allergies and any special precautions or treatment indicated for these allergies:

________________________________________________________________________

List any medications being taken:

________________________________________________________________________

List any chronic physical problems:

________________________________________________________________________

List any diseases that we should be aware of:

________________________________________________________________________

Employee’s Signature: _________________________ Date: ________________

Keep completed information in the employee’s confidential personnel file.
HAZARDOUS CHEMICAL MASTER LIST (FORM L)
PAGE ___OF ___

Campus Location: ________________________________

<table>
<thead>
<tr>
<th>PRODUCT NAME:</th>
<th>MANUFACTURER:</th>
<th>CHEMICAL(S):</th>
<th>SDS ON FILE:</th>
<th>DATE ENTERED:</th>
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File in the SDS Binder and Safety and Health Manual.
The following requirements of OSHA 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens and Rasmussen College protocol have been met.

**EACH OF THE FOLLOWING MUST BE IMPLEMENTED:**

<table>
<thead>
<tr>
<th>SECTION</th>
<th>DATE</th>
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<tbody>
<tr>
<td>EXPOSURE CONTROL WRITTEN PLAN</td>
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<tr>
<td>EXPOSURE DETERMINATION</td>
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<tr>
<td>HBV VACCINATION PROTOCOL</td>
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<tr>
<td>POST-EXPOSURE EVALUATION AND FOLLOW-UP</td>
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<tr>
<td>TRAINING</td>
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<td>RECORDKEEPING</td>
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<td>ENGINEERING/WORK PRACTICE CONTROLS</td>
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<tr>
<td>HOUSEKEEPING</td>
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<tr>
<td>PERSONAL PROTECTIVE EQUIPMENT</td>
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<td>LABELS/SIGNS</td>
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Note: It is our practice to review our policies and procedures at least annually.

Following is/are the clinic(s) that may be used by this Campus. If the exposure occurs after the clinic’s hours of operation, the student/employee should be sent to the emergency room. Please review the information on billing of the treatment in section 2.1.28.

**Employee Injury Clinic**

Clinic/Doctor’s Name: __________________________________________
Clinic Address: ________________________________________________
Clinic Phone: _________________________________________________
Clinic Fax: __________________________________________________

**Student or Visitor Injury Clinic**

Clinic/Doctor’s Name: __________________________________________
Clinic Address: ________________________________________________
Clinic Phone: _________________________________________________
Clinic Fax: __________________________________________________

Please keep a copy of this form on file for a period of three (3) years.