

**MAINE COMMUNITY COLLEGE SYSTEM  
PROCEDURES MANUAL**

**HEALTH AND SAFETY  
Section 809.1**

**SUBJECT: INFECTIOUS DISEASES**

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**PURPOSE: To establish a procedure to effectively reduce and manage occupational exposures to infectious diseases.**

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**1. Clean-up Policy for Exposure to Blood & Body Fluids**

- a. Gloves are **ALWAYS** worn.
- b. Wash contaminated areas with a germicidal/tuberculocidal agent.
- c. Wash hands thoroughly after removal of gloves.

**2. Exposure Incidents** – If a student, faculty member, staff member or visitor is potentially exposed to Human Immunodeficiency Virus (HIV) or Hepatitis B Virus (HBV), the following procedure is to be followed:

- a. If a health care worker has a percutaneous (needle-stick or cut) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to body fluids or has a cutaneous exposure to blood when the worker's skin is chapped abraded, or other non-intact, the source patient shall be informed of the incident and tested for HIV and HBV infections, after consent is obtained (OSHA CPL 2-2.44B). The exposed person will also be tested. The campus President's Office should be contacted for the testing procedure.
- b. If patient consent is refused or if the source patient is currently documented to be HIV positive or subsequently tests HIV positive, the worker shall be evaluated clinically and by HIV antibody testing as soon as possible and advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. In addition, Maine Community College System will begin treatment of the worker with azidothymidine (AZT) with the worker's consent, as soon as possible after the exposure incident. HIV seronegative workers shall be retested 6 weeks post-exposure and on a periodic basis thereafter (12 weeks and 6 months after exposures). (OSHA CPL 2-2.44B). If there is any difficulty with this procedure, please contact the President at your individual campus.
- c. Follow-up procedures shall be taken for health care workers exposed or potentially exposed to HBV. The types of procedures depend on the immunization status of the workers (i.e., whether HBV vaccination has been received and antibody response is adequate) and the HBV serologic status of the source patient. (OSHA CPL 2-2.44B)
- d. **Note:** "health care worker" also means faculty/staff member or student or visitor.

- e. Maine Community College System Policy 809 will be followed in dealing with records of accidental exposure, confidentiality, mandatory screening, and referral sources.

**3. Precautions for Food Service Employees and Culinary Arts Program Students and Faculty**

- a. Any Maine Community College System Food Service Employee or Culinary Arts student or faculty member who has a skin cut or abrasion on the hand, or who is wearing a band aid or other bandage on the hand for any reason, and who is likely to come into contact with food, must also wear appropriate gloves.

**4. Procedures for HIV Testing**

- a. The exposed student/employee is counseled PRIOR to the testing by a designated campus health care provider.
- b. The pre-test checklist is completed.
- c. The informed consent form is signed by the student/employee and the campus health care provider.
- d. A blood sample is drawn by a qualified health care provider.
- e. Indicated on the form in the Kit to whom the results are to be sent.
- f. Post-test counseling is to be done by the campus health care provider after the test results have been received. Complete the post-test checklist.
- g. Test results are kept by the campus health care provider separate from the student/employee record in compliance with Maine law. No one else is to have access to this file.

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REFERENCES:                   MCCS Policy 809

DATE ADOPTED:               December 1, 1993

DATE(S) AMENDED:         January 26, 2010

**HIV TESTING – PRE-TEST CHECKLIST**

- Printed material given to client
- Client read and understood printed material
- Anonymity & restrictions on release of test results explained
- Risk of discrimination explained
- Client risk assessed
- Client knowledge assessed re: \_\_\_\_\_ sex/needle partner referral discussed  
AIDs, test, risk reduction, purpose
- Test accuracy
- Consent Form signed
- Test:  Performed  
 Refused  
 Deferred
- Neg & Pos results explained
- False results explained
- Risk reduction discussed
- Emotional impact of test discussed
- Client’s plan discussed
- Post-test counseling discussed
- Return Date: \_\_\_\_\_

Educational Material/Condoms given, specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Referrals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor Signature/Date: \_\_\_\_\_

**HIV TESTING – POST-TEST CHECKLIST**

**POST-TEST COUNSELING**

Complete only if test results are POSITIVE

- \_\_\_\_\_ Anonymity & restrictions on release of test results explained.
- \_\_\_\_\_ Test purpose explained
- \_\_\_\_\_ False results discussed
- \_\_\_\_\_ AIDS/ARC prognosis discussed
- \_\_\_\_\_ Immune system protection recommended
- \_\_\_\_\_ Flu/pneumonia vaccine recommended
- \_\_\_\_\_ TB Screening recommended
- \_\_\_\_\_ Syphilis screening recommended
- \_\_\_\_\_ Co-factors explained
- \_\_\_\_\_ Infectiousness discussed
- \_\_\_\_\_ Risk reduction plans discussed
- \_\_\_\_\_ Medical evaluation recommended
- \_\_\_\_\_ Sex/needle partner referral discussed
- \_\_\_\_\_ Partner referral assistance (coaching, role-play, or actual notification) explained & offered
- \_\_\_\_\_ Assistance in partner referral requested  
                                  Type of assistance: \_\_\_\_\_
- \_\_\_\_\_ History of blood, semen, or body tissue donation discussed
- \_\_\_\_\_ Social & emotional consequences discussed
- \_\_\_\_\_ Risk of discrimination discussed
- \_\_\_\_\_ Educational material/condoms given
- \_\_\_\_\_ Additional post-test services (information, referrals, assistance with partner notification) explained and offered.

Educational Materials/Condoms Given: \_\_\_\_\_

\_\_\_\_\_

Other Referrals: \_\_\_\_\_

\_\_\_\_\_

Counselor Signature/Date: \_\_\_\_\_

**INFORMED CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
ANTIBODY TEST**

I, \_\_\_\_\_, hereby give my permission to the health care provider at \_\_\_\_\_ to obtain a blood specimen from me and to submit this specimen for testing for antibodies to the Human Immunodeficiency Virus. I acknowledge that this test will be performed with my full knowledge; and I also understand that this test, if positive, will indicate that I have most likely been exposed to and infected with HIV. I understand that this virus has been implicated as the cause of the illness commonly known as A.I.D.S.

I, therefore, authorized that the results of this test be placed in confidence with by health care provider at \_\_\_\_\_. Further, I also authorize that the results of my test (either positive or negative) may be released to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (if none, please indicate).

I acknowledge that I have been made aware of the risks and benefits associated with the performance of this test. Some of the risks are those generally associated with the process of obtaining a blood specimen which could include minor bleeding and swelling and discomfort at the site from which the blood specimen was obtained. In addition, I understand that should the test be positive it will indicate that I am at some risk for having or developing certain signs or symptoms of severe illness now or in the future. I also understand that should the test be positive it could have an impact on my future employability or acceptance for certain employment, my ability to purchase life insurance and/or health insurance, and other similar important social and/or economic issues.

I hereby acknowledge that I submit to the performance of this test in an entirely voluntary fashion and that I have not been coerced or induced in any way to have this test performed.

I understand that under Maine law the results of this test will be made known to my health care provider at \_\_\_\_\_ and any other health care provider whom I designate as being responsible for my care. I also understand that under Maine law I have a right to designate that my medical records will be subject to strict confidentiality protection by \_\_\_\_\_ and its health care provider and may not be released without my express written permission.

I also acknowledge that I have been told should the results of this test be positive, indicating that I have been infected with the virus, that I will be informed. I am aware that a positive test carries with it social and emotional consequences as previously outlined as well as the emotional stress associated with knowing that I have been infected with a virus that can cause a very serious

illness. I understand that I will be informed about good preventative practices in use to avoid the spread of this virus to others and that your health care provider at \_\_\_\_\_ will refer me to appropriate sources for medical care and social services in an attempt to solve any problems which the results of this test may cause me.

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Patient's Signature

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Witness' Signature

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(Date)

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(Date)

**For Prospective Students in  
Nursing and Allied Health Programs**

If you are considering a career in nursing or any of the allied health professions, you should be aware that during the course of your training and subsequent employment, you are likely to working in situations where exposure to infectious diseases is possible. This is an occupational risk for all health care workers and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your program.

I have read and I understand the above statement.

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Signature

**INFORMED REFUSAL AND INDEMNIFICATION FOR HEPATITIS B  
VACCINATION**

**CONFIDENTIAL**

I, \_\_\_\_\_ am employed by/at  
\_\_\_\_\_. My employer/instructor has provided training to me regarding the hepatitis B vaccine. I understand the effectiveness of the vaccine, the risks of contracting hepatitis B, and the importance of taking active steps to reduce the risk.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I also agree to indemnify, defend and hold harmless the Maine Community College System ("MCCS"), its officers, agents and employees from any and all claims and losses accruing to or experienced by the MCCS and resulting from my contracting hepatitis B or transmitting it to another person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness  
(MCCS Employee)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date