ATHLETIC TRAINING PROGRAM
POLICY AND PROCEDURE MANUAL
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INTRODUCTION

The Florida International University (FIU) professional Master of Science in Athletic Training degree program is housed in the Nicole Wertheim College of Nursing and Health Sciences. The Athletic Training Program curriculum is grounded in evidence-based practice and features hands-on learning. Athletic training students practice skills relevant to the current practice of athletic training in a variety of clinical education settings. Our faculty incorporates technology into the curriculum through the Simulation Teaching and Research Center, a state-of-the-art simulation facility that enhances students’ athletic training education.

Athletic training students are required to complete a minimum number of clinical education hours in a variety of settings in addition to their didactic curriculum. Students complete clinical education experiences at local high schools, rehabilitation clinics, orthopedic physicians’ offices, and with FIU National Collegiate Athletic Association (NCAA) Division I athletic teams. FIU athletic training students have also completed internships with the National Football League (NFL), Major League Baseball (MLB), the National American Soccer League (NASL), Major League Soccer (MLS), and the National Aeronautics and Space Administration (NASA).

The professional Master of Science in Athletic Training degree program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The program received initial accreditation from the CAATE in February of 2008. In 2013, the CAATE awarded the program 10 years (the maximum) of continuing accreditation. Students will graduate from the program with a Master of Science degree in athletic training and be eligible to sit for the Board of Certification (BOC) examination.

The Athletic Training Program at Florida International University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The program is grounded in the National Athletic Trainers’ Association Code of Ethics (Appendix A), the BOC Standards of Professional Practice (Appendix B), and the Florida State Practice Act (Appendix C) for Athletic Training.
VISION STATEMENT

The vision of the Florida International University Athletic Training Program is to be nationally recognized for advancing evidence-based athletic training education, research, and clinical practice as well as for cultivating athletic trainers dedicated to life-long learning and professional engagement.

MISSION STATEMENT

The mission of the Athletic Training Program involves a comprehensive educational approach in preparing students for a successful career in the athletic training profession. The mission is consistent with the mission of Florida International University. The following are components of the Athletic Training Program mission:

1. To teach the basic and advanced knowledge and skills required to be successful in the athletic training profession through didactic and clinical education components.

2. To instill critical thinking, problem solving, ethical reasoning abilities, and interpersonal skills required to be successful in the athletic training profession with regard to working with the physically active population.

3. To develop scholarly practitioners who appreciate advancing knowledge and critically examine the body of knowledge for evidence-based practice as a foundation for the delivery of athletic training care.

4. To encourage students to become dedicated and professionally involved in the athletic training profession in terms of continuing education, leadership, and professional responsibility.

5. To cultivate knowledgeable Athletic Training Students who qualify to sit for the Board of Certification (BOC) exam.
GOALS AND OBJECTIVES

To accomplish the mission of the Athletic Training Program, a number of goals and objectives have been developed to allow for continuous assessment of the program. The goals and objectives of the program are:

1. To create a positive and stimulating learning environment in both the didactic and clinical educational components of the program by providing high quality faculty and preceptors committed to promoting research and scholarship in athletic training.

2. To prepare students as athletic training professionals by offering a variety of clinical education experiences under the direct supervision of experienced and competent preceptors who serve as educators and mentors with regard to working with the physically active population.

3. To promote the dedication to life-long learning by exposing students to the need for continually advancing the knowledge of athletic training practice through inquiry and research.

4. To facilitate student involvement in the athletic training profession by assisting and encouraging participation in national, district, and state conventions/meetings.

5. To develop an athletic training curriculum that exceeds the educational standards and guidelines for didactic and clinical course work as set forth by the national accrediting body (Commission on Accreditation of Athletic Training Education) and the state of Florida.
PERSONNEL DESCRIPTIONS

For an Athletic Training Program to be successful, the involved personnel must be aware of the importance of each person’s role. This section outlines the responsibilities of each position in the program.

Chair/Program Director

College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Dean
Positions Supervised: Clinical Education Coordinator
Preceptors
Adjunct Faculty
Graduate Assistants/Teaching Assistants
Athletic Training Students

Basic Function: The Program Director is responsible for the day-to-day operation, coordination, supervision, and evaluation of all aspects of the Athletic Training Program. This individual must be an excellent leader, have a broad based knowledge of the Athletic Training profession, have excellent management skills, and possess the necessary qualifications to perform the functions as identified in the Commission on Accreditation of Athletic Training Education (CAATE) standards. The Program Director must be a full-time faculty member of Florida International University, be in good-standing with the Board of Certification (BOC), be licensed by and in good standing with the Board of Athletic Training in the State of Florida, and shall fulfill the following duties and responsibilities:

- Plan, develop, implement, deliver, document, and assess all components of the curriculum;
- Document on-going compliance with the CAATE standards including the completion of annual reports, self-studies, and coordination of site visits;
- Provide input to and assure quality clinical education;
- Manage the programmatic budget;
- Serve as the program liaison with academic administrators;
- Serve as the program liaison with the CAATE, the National Athletic Trainers’ Association, and/or the BOC;
- Provide updated information to the students, staff, and faculty with regard to the program; and
- Serve as the final authority in determining any actions surrounding students in the program.
Clinical Education Coordinator
College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Chair/Program Director
Positions Supervised: Preceptors
Graduate Assistants/Teaching Assistants
Athletic Training Students

Basic Function: To provide the coordination, supervision, and evaluation of the clinical education component of the Athletic Training Program in consultation with the Program Director. This individual must demonstrate adequate leadership and clinical skills in student-based learning and competency-based education. The Clinical Education Coordinator must be a full-time faculty member of Florida International University, be in good-standing with the Board of Certification (BOC), be licensed by and in good standing with the Board of Athletic Training in the State of Florida, and shall fulfill the following duties and responsibilities:

♦ Assure student clinical progression;
♦ Conduct and/or oversee the on-going evaluation of students, preceptors, and clinical sites;
♦ Conduct on-going preceptor training;
♦ Provide a manual for preceptors, which details the policies and procedures of the program and their responsibilities as an extension of the academic program;
♦ Identify the psychomotor skills to be acquired during clinical education experiences and establish criteria for student evaluation;
♦ Assign students to clinical rotations and provide the preceptor with the names and phone numbers of students assigned to that site in a timely manner;
♦ Determine authorized absences in the clinical setting by the athletic training students and inform the preceptors of the intended absence;
♦ Contact each preceptor during the student’s clinical rotation to review the student’s progress, determine student competence in their clinical skills, and identify areas that need improvement;
♦ Ensure that all necessary evaluation forms are completed by preceptors and students and that these evaluations are maintained in the appropriate official file;
♦ Meet with each athletic training student during each clinical rotation to discuss clinical evaluations and experiences;
♦ Assess preceptors and provide feedback to improve clinical education; and
♦ Serve as a moderator when problems arise in the clinical setting.
Athletic Training Faculty
College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Chair/Program Director
Positions Supervised: Adjunct Faculty
Graduate Assistants/Teaching Assistants
Athletic Training Students

Basic Function: To provide instruction of athletic training knowledge, skills, and abilities in required coursework. This individual must demonstrate adequate instructional skills in student-based learning and competency-based education as well as effective advising/mentorship of students. Athletic Training Faculty may be a full-time faculty member of Florida International University or a part-time adjunct faculty member. Faculty who are Athletic Trainers must be in good-standing with the Board of Certification (BOC) and be licensed by and in good standing with the Board of Athletic Training in the State of Florida. Faculty who are not Athletic Trainers must be appropriately credentialed and in good standing with the regulatory agencies of their profession. Athletic Training Faculty shall fulfill the following duties and responsibilities:

♦ Incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas;
♦ Teach and evaluate the National Athletic Trainers’ Association Educational Competencies assigned to their respective teaching areas;
♦ Provide a course syllabi with a daily/weekly schedule to show the appropriate documentation of inclusion of assigned educational competencies;
♦ Meet every scheduled class for the entire allotted time;
♦ In the case of an emergency or illness, notify the Program Director and make provisions for covering the class (in advance) if possible;
♦ Incorporate a culmination project or capstone experience during the semester; and
♦ Administer final exams during the official exam days noted on the academic calendar.
Medical Director
College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Chair/Program Director
Positions Supervised: Preceptors
Athletic Training Students

Basic Function: To provide competent direction and/or guidance to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current acceptable performance standards. This individual must be involved in the athletic training program and encourage other physician(s) to be involved in the athletic training program as well. The Medical Director must have a sincere interest in the professional preparation of the athletic training student and should be willing to share his/her knowledge through ongoing informal discussion, clinics, in-service educational sessions, and shall fulfill the following duties and responsibilities:

♦ To participate in the education of athletic training students in both the didactic and clinical components of the athletic training program;
♦ To develop and maintain a clinical affiliation agreement between his/her office and Florida International University to provide supervision and clinical education experience for athletic training students;
♦ To provide surgery observation opportunities for students enrolled in the following courses: Clinical Education III, IV, and V;
♦ To conduct and/or facilitate annual guest lectures in didactic courses as agreed upon with the Program Director; and
♦ To assist with medical and other health care personnel involvement in the formal instruction of athletic training students.
Preceptor
College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Chair/Program Director/Clinical Education Coordinator
Positions Supervised: Athletic Training Students

Basic Function: A preceptor is a certified/licensed health care professional who teaches and evaluates students in a clinical setting using an actual patient base and who has completed preceptor training. A preceptor provides instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students. The role of a preceptor as an educator and a mentor is a critical component in the education of athletic training students. The preceptor will assist the student in developing and refining his/her athletic training clinical proficiency skills and foundational knowledge in the field of athletic training according to his/her level in the Athletic Training Program. All preceptors utilized by the Florida International University Athletic Training Program will be expected to (if applicable):

- Supervise students during clinical education;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission on Accreditation of Athletic Training Education;
- Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
- Provide assessment of athletic training students’ clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of knowledge, skills, and evidence regarding the practice of athletic training;
- Complete initial and on-going preceptor training conducted by the Clinical Education Coordinator;
- Demonstrate understanding of and compliance with the policies and procedures set forth in the Athletic Training Program Policy and Procedure Manual;
- Provide the athletic training student with adequate orientation to the policies and procedures of the clinical site;
- Submit required forms by the deadlines established by the program;
- Establish regularly scheduled meetings with the athletic training student throughout the semester to review his/her progress relative to the goals and objectives of the clinical experience;
- Immediately report any misconduct or gross clinical proficiency skill deficiencies demonstrated by the student to the Clinical Education Coordinator;
- Attend all clinical education meetings as requested by the program; and
- Provide a current resume, verification of BOC certification (athletic trainers only), proof of membership to the National Athletic Trainers’ Association (athletic trainers only), proof of professional liability insurance, and proof of Florida licensure.
Athletic Training Program Clerical Staff

College: Nursing and Health Sciences
Department: Athletic Training
Reports To: Chair/Program Director

Basic Function: To provide administrative support to the faculty members in the Athletic Training Program in tending to the day-to-day operation, coordination, supervision, and evaluation of all aspects of the program. The Clerical Staff shall fulfill the following duties and responsibilities:

- Order supplies for the program and maintain inventory records of instructional supplies, program supplies, and equipment for educational purposes;
- Maintain a current list of income and expenditures;
- Maintain student files, faculty files, and preceptor files, by monitoring the receipt of required documentation for the program and accreditation;
- Complete and follow-up on the necessary paperwork, documentation, correspondence, and fees required for the program and accreditation;
- Mail letters, brochures, or other correspondence to current students, prospective students, faculty, clinical faculty, accreditation personnel, or other individuals as stipulated by faculty in the program;
- Facilitates the completion of the necessary forms for timely payment of affiliated faculty (adjuncts and teaching assistants) and clinical faculty; and
- Secure on-time payment for accreditation fees and other invoices as necessary.
ADMISSION CRITERIA

The admission criteria for the Athletic Training Program include:

- Bachelor degree from an accredited institution
- Minimum 3.00 GPA average (based on a 4.0 scale) in the last 60 credits of upper division courses of the bachelor degree
- Complete the following prerequisite courses with a minimum grade of “C”:

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
<td>General Biology and Lab</td>
<td>4</td>
</tr>
<tr>
<td>Human Anatomy and Lab</td>
<td>4</td>
</tr>
<tr>
<td>Human Physiology and Lab</td>
<td>4</td>
</tr>
<tr>
<td>Physics and Lab</td>
<td>4</td>
</tr>
<tr>
<td>Principles of Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>Statistics</td>
<td>3</td>
</tr>
<tr>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology or Biomechanics</td>
<td>3</td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td>3</td>
</tr>
</tbody>
</table>

- Submit the following directly to the Athletic Training Program by February 15th:
  - Three letters of recommendation (one must be from a faculty member)
  - A curriculum vitae/resume
  - A personal statement of professional and educational goals
- Be admitted to the University Graduate School (apply on-line at [www.gradschool.fiu.edu](http://www.gradschool.fiu.edu) by February 15th; international students must apply by February 1st).

Of the eligible students meeting the admission criteria, the 25 (space permitting) top scoring students will be admitted to the program. The scored components of the admission criteria are:

<table>
<thead>
<tr>
<th>Competitive-Entry Criterion</th>
<th>Grade Scale</th>
<th>Points</th>
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</thead>
</table>
| Minimum 3.00 GPA average (based on a 4.0 scale) in the last 60 credits of upper division courses of the bachelor degree | 3.90 – 4.00 UD GPA = 60 points  
3.80 – 3.89 UD GPA = 54 points  
3.70 – 3.79 UD GPA = 48 points  
3.60 – 3.69 UD GPA = 42 points  
3.50 – 3.59 UD GPA = 36 points  
3.40 – 3.49 UD GPA = 30 points  
3.30 – 3.39 UD GPA = 24 points  
3.20 – 3.29 UD GPA = 18 points  
3.10 – 3.19 UD GPA = 12 points  
3.00 – 3.09 UD GPA = 6 points  
Below 3.0 = 0 points | 60 |
Complete the prerequisite courses with a minimum grade of “C” (2.0)

<table>
<thead>
<tr>
<th>GPA Range</th>
<th>Points</th>
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<tbody>
<tr>
<td>3.90 – 4.00</td>
<td>30 points</td>
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<td>3.80 – 3.89</td>
<td>27 points</td>
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<td>3.70 – 3.79</td>
<td>24 points</td>
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<td>3.60 – 3.69</td>
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<td>3.20 – 3.29</td>
<td>9 points</td>
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<td>3.10 – 3.19</td>
<td>6 points</td>
</tr>
<tr>
<td>3.00 – 3.09</td>
<td>3 points</td>
</tr>
<tr>
<td>Below 3.0</td>
<td>0 points</td>
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Three letters of recommendation

<table>
<thead>
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<th>% Range</th>
<th>Points</th>
</tr>
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<tbody>
<tr>
<td>90-100%</td>
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<tr>
<td>80-89%</td>
<td>7 points</td>
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<tr>
<td>70-79%</td>
<td>4 points</td>
</tr>
<tr>
<td>Below 70%</td>
<td>0 points</td>
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</table>

TOTAL 100 points

The application procedure to the Athletic Training Program is a 2-step process:

**Step 1: Application to the University Graduate School**
The student must apply to the University Graduate School via the Admissions Office and complete a State University graduate admissions application by February 15th (February 1st for international students).
- Graduate Application Online Form available at www.gradschool.fiu.edu
- Official Transcripts & TOEFL scores MUST be sent to the Admissions Office.

**Step 2: Submission of required documents to the Athletic Training Program**
Submit the following directly to the Athletic Training Program by February 15th
- Three letters of recommendation (one must be from a faculty member)
- A curriculum vitae/resume
- A personal statement of professional and educational goals
CONDITIONAL ADMISSION POLICY

Applicants may be admitted on a conditional basis to the Athletic Training Program. There are three conditional admission decisions, which include the following criteria:

- **Graduate School Conditional 1-term Admission.** Applicant satisfies all of the requirements as defined by the Athletic Training Program based on original copies of records. This conditional admission gives the students until the middle of their first semester in the program to submit their final/official documentation to complete their admissions file. The following scenarios do not qualify for conditional one term admission:
  - Applicants who will not complete their bachelor’s degree until after the start of their first semester.
  - International applicants who do not have a passing TOEFL score, but wish to retake the exam during their first semester.

Students who fail to submit all of their documentation before the registration period of the next semester will not be able to enroll for the following term.

- **Graduate School Conditional 2-term Admission.** Applicants are conditionally admitted because their undergraduate GPA in their upper-level coursework is below 3.0. Applicants who have already taken 12 graduate credits at FIU are not eligible for two term conditional admission. Students admitted on a two term conditional basis must:
  - Achieve a GPA of 3.25 or higher for the first 12 graduate-level credits.
  - Complete these 12 credits within the first two consecutive semesters (THE FIRST SEMESTER BEGINS WHEN ORIGINAL ADMISSION IS GRANTED).

The conditional 2-term hold will be lifted if the student meets the criteria within the first two consecutive semesters and he/she will be fully admitted.

- **Program Conditional Admission.** Applicants are conditionally admitted to the Athletic Training Program because they have not successfully completed a maximum of two prerequisite courses. Applicants who are currently enrolled in prerequisite courses at the time of application will be reviewed on a case-by-case basis. Students admitted on a program conditional basis must:
  - Complete all prerequisite courses with a grade of “C” (2.0) or higher within the first two consecutive semesters (THE FIRST SEMESTER BEGINS WHEN ORIGINAL ADMISSION IS GRANTED).
  - Submit official transcripts verifying the earned grade in the prerequisite courses.

Students who fail to complete the prerequisite courses and submit official transcripts before the registration period of the next semester will not be able to enroll for the following term.
TRANSFER STUDENT POLICY

Students interested in transferring to the Athletic Training Program at Florida International University must meet all admission requirements. In accordance with the Florida International University Graduate School Transfer Credit Policy, the Athletic Training Program may accept a maximum of 11 graduate credits (20% or less of the total required credits of graduate coursework) earned from another institution beyond a bachelor’s degree, subject to approval by the Program Director. Acceptance of transfer credits for a course is dependent upon the following provisions:

- The student received a grade of 3.0 or better on a 4.0 scale;
- The course was taken at an accredited institution;
- The course was relevant, as judged by Program Director upon review of the course syllabus, to the Athletic Training Program;
- The course is listed on an official transcript received by Graduate Admissions;
- The course will be no older than 6 years at the time of graduation from the program.

Students who have completed graduate athletic training coursework at another Athletic Training Program accredited by the Commission on Accreditation of Athletic Training Education (CAATE) or students who have completed graduate credits from a non-CAATE-accredited program may apply for transfer credit. Transfer credits will be reviewed by the Program Director on a case-by-case basis. The Program Director may request additional documentation to render a decision on transfer credits. Graduate credit is not awarded for life experiences.

If admitted to the program, transfer students will be required to complete all courses in the prescribed sequence. Transfer students will be required to enroll in all of the clinical education courses.
NON-DISCRIMINATORY STATEMENT

In compliance with the Florida International University non-discriminatory policy, the Athletic Training Program accepts applications from qualified applicants, regardless of race, color, creed, age, disability, gender, sexual orientation, religion, marital status, or national origin. In addition, it is the policy of the Athletic Training Program to extend these principles into the clinical setting. All preceptors, graduate assistants, coaches, staff, patients, and athletes must be judged and treated under these same conditions.
PROGRAM OF STUDY

The courses in the Athletic Training Program encompass the athletic training professional domains, which include:

1. **Injury/Illness Prevention and Wellness Protection** - Students identify injury, illness, and risk factors associated with participation in sport/physical activity and implement all components of a comprehensive wellness protection plan and injury prevention program.

2. **Clinical Evaluation and Diagnosis** - Students conduct a thorough initial clinical evaluation of injuries and illnesses commonly sustained by the athlete/physically active individual and formulate an impression of the injury and or illness for the primary purposes of administering first aid or making appropriate referrals to physicians for diagnosis and medical treatment.

3. **Immediate and Emergency Care** - Students provide appropriate first aid and emergency care for acute injuries according to accepted standards and procedures, including effective communication for appropriate and efficient referral, evaluation, diagnosis and follow up care.

4. **Treatment and Rehabilitation** – Students plan and implement a comprehensive treatment, rehabilitation and/or reconditioning program for injuries and illnesses, including long and short-term goals, for optimal performance and function.

5. **Organizational and Professional Health and Well-being** - Students plan, coordinate and supervise the administrative components of an athletic training program, comply with the most current BOC practice standards and state/federal regulations, and develop a commitment to life-long learning and evidence-based clinical practice.
The courses in the Athletic Training Program are offered in a logical sequence to maximize student learning. The prescribed course sequence is as follows:

### Semester I (Summer B) - 8 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>ATR 5805</td>
<td>Clinical Education Seminar in Athletic Training</td>
<td>1</td>
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<tr>
<td>ATR 5105C</td>
<td>Principles of Athletic Training</td>
<td>4</td>
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<tr>
<td>ATR 5115C</td>
<td>Management of Medical Emergencies</td>
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### Semester II (Fall) - 11 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR 5217C</td>
<td>Orthopedic Assessment I – Lower Extremity</td>
<td>4</td>
</tr>
<tr>
<td>ATR 5305C</td>
<td>Therapeutic Modalities</td>
<td>4</td>
</tr>
<tr>
<td>ATR 5815L</td>
<td>Clinical Education I</td>
<td>3</td>
</tr>
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</table>

### Semester III (Spring) - 11 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ATR 5218C</td>
<td>Orthopedic Assessment II – Upper Extremity</td>
<td>4</td>
</tr>
<tr>
<td>ATR 5316C</td>
<td>Rehabilitation Techniques in Athletic Training</td>
<td>4</td>
</tr>
<tr>
<td>ATR 5825L</td>
<td>Clinical Education II</td>
<td>3</td>
</tr>
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### Semester IV (Summer C) - 10 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>ATR 5219C</td>
<td>Orthopedic Assessment III – Head, Spine, and Trunk</td>
<td>4</td>
</tr>
<tr>
<td>ATR 5435</td>
<td>Diseases and Disabilities in the Physically Active</td>
<td>3</td>
</tr>
<tr>
<td>ATR 5835L</td>
<td>Clinical Education III</td>
<td>3</td>
</tr>
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### Semester V (Fall) - 9 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR 5517</td>
<td>Administration and Professionalism in Athletic Training</td>
<td>3</td>
</tr>
<tr>
<td>ATR 5845L</td>
<td>Clinical Education IV</td>
<td>3</td>
</tr>
<tr>
<td>ATR 6620</td>
<td>Masters of Science Research in Athletic Training I</td>
<td>3</td>
</tr>
</tbody>
</table>

### Semester VI (Spring) - 9 Credits

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATR 6425</td>
<td>Pharmacology and Diagnostic Imaging in Athletic Training</td>
<td>3</td>
</tr>
<tr>
<td>ATR 6855L</td>
<td>Clinical Education V</td>
<td>3</td>
</tr>
<tr>
<td>ATR 6621</td>
<td>Masters of Science Research in Athletic Training II</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL CREDITS REQUIRED** 58

All courses must be taken in sequence. Course sequence may be modified by the department.

See on-line course catalog at [http://catalog.fiu.edu/](http://catalog.fiu.edu/) for most up-to-date course descriptions.
RETENTION AND ACADEMIC PROBATION POLICY

A grade of “C-” (1.7) or below is considered a failing grade in the Athletic Training Program. Athletic training courses in which the athletic training student earns a grade of “C-” (1.7) or below must be retaken with a grade of “C” (2.0) or higher in accordance with the program course sequencing requirements. Matriculation in the program is suspended until the student earns a passing grade of “C” (2.0) or higher. The initial grade and the repeat grade(s) are included in the computation of the cumulative grade point average. The number of credits required for graduation will be increased by the number of credits repeated.

Students enrolled in the Athletic Training Program must maintain a university cumulative grade point average of 3.0 or higher on a 4.0 scale. Athletic Training is an allied health care profession and academic performance should be a priority in the program.

Athletic training students who fail to meet the GPA requirements will be placed on academic probation for one semester during which time the clinical education hours will be restricted. A student who is placed on probation will be given a verbal and written warning, including possible disciplinary action. The athletic training student must also meet with the Program Director on a regular basis to ensure academic improvement through study hall assignments, tutoring services, and/or other counseling. Mid-semester grade reports will be collected and sent directly to the Program Director by all students on academic probation.

A student may be placed on academic probation for a maximum of two semesters, either consecutively or inconsecutively. If a student fails to meet the academic standards of the program after two semesters of probation, he/she will meet with the Program Director and be given a written dismissal verification notice. A copy will be filed in the student’s academic file maintained by the Program Director. The student does have the right to appeal via the Nicole Wertheim College of Nursing and Health Sciences grievance process. The student may seek options other than athletic training or transfer to another institution.
INCOMPLETE GRADE POLICY

An incomplete grade is a temporary designation given at the discretion of the instructor for work not completed because of a serious interruption not caused by the student’s own negligence. An incomplete must be made up within two terms or it will automatically default to an F. There is no extension of the two term deadline, which includes the summer term. To complete the course, the student must consult with the instructor who will define the remaining requirements for successful completion.
PROGRAM-SPECIFIC COSTS

The Athletic Training Program charges differentiated tuition and fees (refer to cnhs.fiu.edu/at for details). There will be additional costs (above tuition and fees) while completing the program, which may include, but are not limited to:

- Costs associated with the clinical clearance requirements
- Uniforms
- Transportation to and from campus
- Transportation to and from on-campus and off-campus clinical sites
- National Athletic Trainers’ Association student membership
CLASS/LABORATORY AND CLINICAL ATTENDANCE POLICY

The Athletic Training Program strives to deliver a high quality education that instills critical thinking, problem solving, ethical reasoning abilities, and interpersonal skills. Active student participation in class/laboratory activities and discussions is an important determinant of the quality of education obtained. Therefore, student attendance is mandatory for all classes and laboratory sessions. Furthermore, active student engagement in the clinical setting is important for translating knowledge and skills from the classroom/laboratory setting to clinical practice. Students may only be excused from a class/laboratory session or from their assigned clinical education assignment under certain circumstances. Proper approval must be obtained by submitting the Excused Absence Request Form (Appendix D). The Excused Absence Request Form must be submitted prior to the date of absence for foreseen circumstances.

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Category</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical responsibilities</td>
<td>Foreseen</td>
<td>Team schedule, travel confirmation, and/or preceptor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>correspondence</td>
</tr>
<tr>
<td>Athletic training related professional conference</td>
<td>Foreseen</td>
<td>Conference agenda and registration confirmation</td>
</tr>
<tr>
<td>Illness and/or hospitalization</td>
<td>Unforeseen</td>
<td>Health care provider letter stating the dates of excused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>absence</td>
</tr>
<tr>
<td>Family and/or personal emergency</td>
<td>Unforeseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
</tr>
<tr>
<td>Personal Day*</td>
<td>Foreseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
</tr>
<tr>
<td>Academic responsibilities</td>
<td>Foreseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
</tr>
</tbody>
</table>

If a student is approved for an excused absence from a class or laboratory session, s/he must make up any coursework, assignments, quizzes, exams, or other learning activities prior to the absence under foreseen circumstances. Students approved for an excused absence under unforeseen circumstances may make up any coursework, assignments, quizzes, exams, or other learning activities after the date of absence at the convenience of the primary instructor. Participation points for class will not be awarded nor factored into a student’s grade for an excused absence.

If a student misses a class or laboratory session without proper approval (an unexcused absence), s/he will not be permitted to make up any coursework, assignments, quizzes, exams, or other learning activities completed on the day of the absence. Participation points for class will be deducted and factored into a student’s grade for an unexcused absence.

*Personal Days

Class/Laboratory: Students are limited to one excused personal day per semester. Students must complete the Excused Absence Request Form (Appendix D) and obtain approval from the Program Director a minimum of two weeks prior to the requested personal day. If a student is approved for an excused personal day from a class or laboratory session, s/he will be permitted to make up an exam prior to the absences; however, any coursework, assignments, quizzes, or other learning activities will be
factored into the student’s grade as a zero. Additionally, participation points for class will be deducted and factored into a student’s grade for an excused personal day.

Clinical Education Assignment: Students are limited to two excused personal days per clinical assignment. Each additional personal day in excess of two (2) will result in a deduction of 5% points from the final grade in the Clinical Education course for that semester. Students must complete the *Denied Absence Request Form* (Appendix D) and obtain approval from his/her preceptor, the Clinical Education Coordinator, and the Program Director a minimum of two weeks prior to the requested personal day. The athletic training student must attempt to find a replacement for his/her absence at the request of his/her preceptor.
CLASSROOM AND LABORATORY ETIQUETTE POLICY

The Athletic Training Program strives to establish productive teaching and learning environments in both the classroom and laboratory settings. The athletic training student must adhere to the following classroom and laboratory etiquette:

- Be on time;
- Be respectful of the faculty, fellow students, and athletic training equipment and supplies;
- Do not use athletic training equipment and supplies for personal use;
- Do not interrupt the instructor or other students;
- Do not text;
- Do not eat;
- Silence cell phones;
- Use laptops, iPads, or other electronic devices for class or laboratory purposes only;
- Do not wear or place shoes on the treatment tables;
- Do not sit on the computer tables; and
- Keep the classroom and laboratories clean at all times.
CLASSROOM AND LABORATORY DRESS CODE POLICY

It is important that all athletic training students representing the Athletic Training Program be professionally dressed both in the classroom and laboratory setting. Personal hygiene is necessary while working as a health care professional, therefore; the athletic training student must be clean-shaven, showered with his/her hair combed, and have nails of reasonable length that do not interfere with the application of athletic training skills in both the classroom and laboratory setting. Jewelry should be tasteful, professional, conservative, and safely allow the application of athletic training health care in both the classroom and laboratory setting. Long hair that may interfere with the application of athletic training health care in the classroom and laboratory setting must be pulled back.

Athletic Training Program uniforms will be issued to athletic training students at the beginning of each academic year. The athletic training uniform is to be clean, presentable, and worn in a professional manner at all times. Clothing issued by the Athletic Training Program is not permitted for social events and should not be worn outside of Athletic Training or Athletic Department events. Blue jeans material, sweat pants, nylon pants, tights (i.e., yoga pants), and cycling shorts are not permitted in the classroom or laboratory setting. Clothing is not permitted if it contains an advertisement for alcohol or tobacco; fraternity or sorority letters; or, logos from other colleges, universities, or professional teams. Hats are not permitted inside buildings. Rumpled or ripped clothing, underwear as outerwear, and inappropriately revealing attire (i.e., bare midriffs) are not permitted at any time. If an athletic training student is not professionally dressed, he/she will be asked to leave the class and/or laboratory setting.

<table>
<thead>
<tr>
<th>Classroom</th>
</tr>
</thead>
</table>
| **For Women:**  
  - A reasonable length skirt or trousers of a non-jeans material combined with a top (such as a dress shirt or sweater set) is considered acceptable. An informal dress with appropriate skirt length is also acceptable.  
  **For Men:**  
  - A combination of a collared shirt (such as a dress shirt or polo shirt) and cotton trousers is considered acceptable.  
| Laboratory |
| - Shorts of a professional length are to be worn with a program-issued or approved T-shirt. |
| STAR Center |
| - Slacks and a program-issued polo shirt is considered acceptable.  
  - Name tags must be worn at all times.  
  - Shoes that enclose the toes must be worn with socks (sandals or sandal-type shoes are not permitted). |
WEB-BASED/COMPUTER-BASED SOCIAL NETWORKING POLICY

Athletic training students are encouraged not to have profiles on social networking websites such as Facebook, Twitter, Instagram, etc. The following guidelines should be followed if a student chooses to utilize such services:

1. No offensive or inappropriate pictures should be posted. Examples of offensive or inappropriate pictures include, but are not limited to, alcohol, illegal drugs, and sexual innuendos.

2. No offensive or inappropriate comments should be posted. Examples of offensive or inappropriate comments include, but are not limited to, references to drunkenness, illegal drugs, acts punishable by law, and foul language (curse words).

3. No reference to being an athletic training student at Florida International University should be posted.

4. No information related to the health or playing status of any athlete or patient from Florida International University or clinical sites utilized by the Athletic Training Program should be posted.

NOTE: In addition to the unfortunate reality of online predators, potential employers and internship supervisors also use these sites to screen candidates. Many graduate programs and scholarship committees now search these sites to screen applicants. Therefore, athletic training students are required under this policy to set all social networking pages to “private” to limit open access. A violation of the policy is a violation of academic standards. Conduct which falls under the policy may also be subject to disciplinary action under the applicable conduct code.
REQUIREMENTS FOR CHALLENGING THE BOARD OF CERTIFICATION EXAM

The Athletic Training Program at Florida International University is dedicated to cultivating knowledgeable athletic training students who qualify to sit for the Board of Certification (BOC) exam. Students who are enrolled and/or registered in their final semester prior to graduation are eligible to sit for the BOC exam. The BOC requires the Program Director of the Athletic Training Program to confirm that eligible students have earned, or will earn, their athletic training degree from a program accredited by the Commission on Accreditation of Athletic Training Education. Students are encouraged to refer to the candidate handbook available at www.bocatc.org for more information regarding eligibility, the application procedure, and the examination process.

Students must meet the following requirements to obtain endorsement from the Program Director to sit for the BOC exam:

- Be in good-standing in the program.
- Obtain Program Director approval of a formalized study plan a minimum of two months prior to the BOC exam application deadline (refer to www.bocatc.org).
  - Students must develop a formalized study plan with daily objectives that span a minimum of two months.
  - Students must meet with the Program Director to discuss and develop the formalized study plan a minimum of three months prior to the BOC exam application deadline.
- Must meet both practice exam criteria listed below.
  - Pass the mock BOC exam that is administered by the Athletic Training Program with a score of 80% or higher.
    - For the January/February BOC exam cycle, the mock exam will be administered in the ATR 5845L Clinical Education IV course during the month of November or on a date specified by the course syllabus.
    - For the March/April BOC exam cycle, the mock exam will be administered once during the month of January on a date specified by the Program Director.
    - For the May/June BOC exam cycle, the mock exam will be administered once during the month of March on a date specified by the Program Director.
  - Complete a BOC self-assessment exam (available at www.bocatc.org) in test mode with no more than one area of weakness. Students will complete the BOC self-assessment exam in a computer lab, which will be proctored by the Program Director or his/her designee. The Program Director will select the BOC self-assessment exam on the day of the scheduled exam.
    - For the January/February BOC exam cycle, the BOC self-assessment exam will be scheduled during the month of December on a date specified by the Program Director.
    - For the March/April BOC exam cycle, the BOC self-assessment exam will be scheduled during the month of February on a date specified by the Program Director.
    - For the May/June BOC exam cycle, the BOC self-assessment exam will be scheduled during the month of April on a date specified by the Program Director.
- Obtain approval from the Program Director to apply for the BOC exam as documented on the Board of Certification Exam Approval Form (Appendix E).
CLINICAL EDUCATION COMPONENT

Clinical education provides students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer. The purpose of the clinical education within the Florida International University Athletic Training Program is to promote, reinforce, and transfer the athletic training knowledge that is gained in the didactic component into the clinical setting to enhance student learning. Students must be directly supervised by a preceptor associated with the Florida International University Athletic Training Program during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

Students will be provided with the opportunity to gain clinical education in a variety of setting, including but not limited to, colleges/universities, high schools, physical therapy clinics, physician offices, and community/special events while enrolled in the clinical education courses (which include Clinical Education Seminar in Athletic Training as well as the Clinical Education I-V courses). Students will gain clinical education experiences that address the continuum of care that would prepare the student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills, and clinical abilities, role delineation studies, and standards of practice delineated for Certified Athletic Trainers in the profession. Examples of clinical experiences must include, but are not limited to, individual and team sports; sports requiring protective equipment (eg, helmet and shoulder pads); patients of different genders; non-sport patient populations (eg, out-patient clinic, emergency room, primary care office, industrial, performing arts, military); and a variety of conditions other than orthopedics (eg, primary care, internal medicine, dermatology). The clinical education rotation plan for each student matriculating through the program shall reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.

Students will not receive any monetary remuneration during clinical education experiences, excluding scholarships. Students shall not replace professional athletic training staff or medical personnel under any circumstances.
CLINICAL CLEARANCE POLICY

Each affiliated health care facility has its own requirements which must be met prior to students being allowed to participate in clinical experiences at the facility. These requirements are to protect the students and the patients for whom they will be caring. The background investigation and health and immunization screening for the Nicole Wertheim College of Nursing and Health Sciences meet the majority of the clinical requirements for facilities in Miami-Dade and Broward Counties. Once all of the requirements are met, the student will be authorized to participate in clinical experiences. It is possible that participation at a particular facility may necessitate additional screening/requirements or that additional screening/requirements may be necessary during the course of the Athletic Training Program (this may incur an additional cost at that time). The Centers for Disease Control recommended standards for healthcare workers are followed (www.cdc.gov).

The prompt completion and documentation of clinical requirements will prevent a delay in the athletic training student’s access to clinical experiences. All requirements must be completed by the assigned due date. It is the responsibility of the athletic training student to keep the requirements current for each semester. Students are responsible for all costs associated with the background investigation and immunization tracking. The athletic training student MUST complete all of the background/drug investigation and immunization tracking through American DataBank. Students should keep all original documents and be prepared to show them each semester if requested by the assigned health care facility.

Because of the need for proper sequencing of immunizations and the time it may take, it is recommended that the athletic training student review his/her immunization record to locate proof of all relevant immunizations. Students may use Florida International University (FIU) Student Health Services www.fiu.edu/~health to complete their health and immunization requirements. A health fee is part of the FIU semester fees, the charges are reasonable and the personnel understand the requirements for health professionals and the appropriate sequencing of immunizations. The athletic training student needs to bring documentation of all titers and immunizations to this visit. You can make an appointment to see a primary care provider or receive immunizations at the Modesto A. Maidique Campus (305) 348-2401 or Biscayne Bay Campus (305) 919-5620. If an athletic training student chooses to use another health care provider and they have questions, please refer them to the Center for Disease Control and Prevention (CDC) regarding recommendations for health care providers.

Requirements that must be completed before clinical experiences are allowed include the following:

- Proof of Health Insurance
- Certification in CPR/AED
- Background Investigation
- Drug Screen
- Immunization Screening
- Consent and Release Authorization Form
- Attestation Form
TECHNICAL STANDARDS POLICY

The Athletic Training Program at Florida International University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards policy set forth by the Athletic Training Program establishes the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). Compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) exam. The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be permitted to begin the clinical education component of the program.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or they believe that, with reasonable accommodations, they can meet the standards. The Florida International University Office of Disability Services will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation as required by law. The **Technical Standards** form (available on the American DataBank website) must be completed by all students as a component of the clinical clearance process.
ATHLETIC TRAINING STUDENT PROFESSIONAL BEHAVIORS

The Athletic Training Program seeks to instill professional behaviors in each athletic training student. The professional behaviors expected of athletic training students are defined as follows:

- **Demonstrates a professional attitude:** The ability to exhibit appropriate conduct that represents the profession of athletic training effectively.
- **Demonstrates punctuality and promptness:** The ability to arrive on time and prepared for Athletic Training related activities.
- **Dresses professionally and maintains professional personal appearance:** Dresses in accordance to the guidelines set forth in the Florida International University Athletic Training Program’s Policy and Procedure Manual.
- **Demonstrates reliability and dependability:** The ability to exhibit professional attitude and conduct at a high and consistent level.
- **Demonstrates organizational skills and manages time efficiently:** The ability to maintain a systematic and effective method for successfully meeting responsibilities.
- **Demonstrates the ability to adapt well to changes:** The ability to adapt well to changing environments, schedules, and/or experiences.
- **Demonstrates emotional maturity:** The ability to relate to other people in a consistent manner with mutual satisfaction and helpfulness.
- **Maintains rapport with others:** The ability to effectively and freely interact with fellow athletic training students, preceptors, staff, and others within the confines of the clinical education setting.
- **Maintains a proper professional relationship with athletes/patients:** The ability to act in manner that represents the character expected of a properly qualified and competent health care provider.
- **Maintains a proper professional relationship with preceptor and other personnel:** The ability to act in manner that represents the character expected of a properly qualified and competent health care provider.
- **Communicates regularly with preceptor:** The ability to discuss ideas and concerns, and to seek feedback from the preceptor.
- **Expresses thoughts effectively and concisely in verbal and written form:** The ability to sensitively and effectively convey one’s thoughts to both peers and superiors alike.
- **Uses appropriate medical terminology:** The ability to use proper medical terminology when communicating with peers, preceptors, and other health care professionals.
- **Demonstrates the ability to understand and follow direction:** The ability to be aware of and follow direction given by others.
- **Demonstrates appropriate body language:** The ability to use appropriate mannerisms, postures, and facial expressions.
- **Maintains patient confidentiality:** The ability to know and apply commonly accepted standards for patient confidentiality.
- **Demonstrates ability to work with others:** The ability to work with others in effecting positive patient outcomes.
• **Demonstrates ability to work respectfully and effectively with diverse populations:** Demonstrates knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment.

• **Demonstrates honesty and integrity:** The ability to exhibit behavior that is in accordance with the National Athletic Trainers’ Association Code of Ethics and is representative of the athletic training profession.

• **Exhibits compassion and empathy:** The ability to exhibit humanistic values and a concern for the needs and well-being of others.

• **Recognizes sources of conflict that can impact a patient’s health:** The ability to recognize when and how something may negatively impact a patient.

• **Understand duties, ethical, and legal considerations within the scope of practice for athletic trainers:** The ability to exhibit behavior that is in accordance with the National Athletic Trainers’ Association Code of Ethics, the BOC’s Standards of Practice, and state regulations.

• **Demonstrates ability to formulate appropriate questions:** The ability to recognize the need for better understanding and to formulate appropriate questions based on that need.

• **Verifies solutions to problems and accepts more than one answer:** Demonstrates the ability to seek answers to problems and respects opinions and expert advice.

• **Demonstrates the ability to offer own thoughts and ideas as appropriate:** The ability to stimulate discussion by offering own thoughts and ideas.

• **Demonstrates self-initiative:** The ability to internally motivate oneself to learn and acquire new knowledge about the athletic training profession.

• **Seeks out/reads Athletic Training literature, NATA position statements, and additional related sources:** The ability to remain up-to-date with the most current information available and understand the connection between continuing education and the improvement of athletic training practice.

• **Reflects upon constructive feedback and modifies behavior appropriately:** The ability to recognize constructive feedback and utilize it for the purpose of self-improvement.

• **Monitors own progress and seeks out feedback from mentors:** The ability to self-reflect and seek guidance from others for the purpose of self-improvement.

• **Seeks preceptor assistance with proficiency development or assessment in timely and appropriate manner:** The ability to monitor progress and seek assistance when needed in a timely fashion and in accordance with discussed expectations.

• **Demonstrates confidence in abilities:** The ability to exhibit the self-assurance in one’s own skills and talents (athletic training or otherwise).

• **Demonstrates overall motivation to learn:** Demonstrates the initiative to utilize available resources in an attempt to maximize the benefits of the clinical education setting.

The professional behaviors of each athletic training student will be evaluated by a preceptor for academic credit according to the clinical education course syllabi.
CLINICAL DRESS CODE POLICY

It is important that all athletic training students representing the Athletic Training Program be readily identified and professionally dressed both in the clinical setting. Personal hygiene is necessary while working as a health care professional, therefore; the athletic training student must be clean-shaven, showered with his/her hair combed, and have nails of reasonable length that do not interfere with the application of athletic training skills in the clinical setting. Jewelry should be tasteful, professional, conservative, and safely allow the application of athletic training health care in the clinical setting. Long hair that may interfere with the application of athletic training health care in the clinical setting must be pulled back.

Athletic Training Program uniforms will be issued to athletic training students at the beginning of each academic year. The athletic training uniform is to be clean, presentable, and worn in a professional manner at all times. Clothing issued by the Athletic Training Program or by an affiliated clinic site is not permitted for social events and should not be worn outside of Athletic Training or Athletic Department events. Blue jeans material, sweat pants, nylon pants, tights (i.e., yoga pants), and cycling shorts are not permitted in the clinical setting. Clothing is not permitted if it contains an advertisement for alcohol or tobacco; fraternity or sorority letters; or, logos from other colleges, universities, or professional teams. Hats are not permitted inside buildings. Rumpled or ripped clothing, underwear as outerwear, and inappropriately revealing attire (i.e., bare midriffs) are not permitted at any time. If an athletic training student is not professionally dressed, he/she will be asked to leave the clinical setting. The following dress code guidelines must be adhered to at all times in the clinical setting:

- Slacks and a program-issued or approved polo shirt are to be worn in the clinical setting (ie, athletic training facilities, physical therapy clinics, physician offices).
- Name tags must be worn at all times.
- Shoes that enclose the toes must be worn with socks (sandals or sandal-type shoes are not permitted).
- During team practice hours, shorts of a professional length may be worn with a program-issued or approved polo shirt or T-shirt.
- When traveling with teams, students are required to adhere to the team dress code.
- Game day dress will be determined by the sport covered.
REQUIREMENTS FOR DIRECT SUPERVISION

Students must be directly supervised by a preceptor associated with the Florida International University Athletic Training Program during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient. Direct Supervision of athletic training students is required as set forth by the Committee on Accreditation of Athletic Training Education guidelines and as mandated by the Florida State Practice Act (Florida Law 468.701.8 “Direct Supervision means the physical presence of the supervisor on the premises so that the supervisor is immediately available to the trainee when needed”). At no time during the clinical experiences shall an athletic training student be expected to perform tasks that would be in violation of Florida Licensure or the Board of Certification (BOC) Standards of Professional Practice. The requirements for direct supervision include:

- Constant visual and auditory interaction between the athletic training student and the preceptor.
- The physical presence of the preceptor to provide direct supervision in the form of aid, direction, and instruction when clinical skills and procedures are performed by the student while obtaining clinical experience at the clinical site or while traveling.
Athletic Training Program Policies and Procedures

CLINICAL EDUCATION HOURS POLICY

The Florida International University Athletic Training Program is dedicated to providing all athletic training students with the opportunity to be successful in their studies, both academically and clinically. The clinical education gained within the clinical education component of the Athletic Training Program will count towards the total hours necessary to be eligible for graduation. The availability of clinical education opportunities varies by clinical site relative to time of day, days of the week, and team travel. Students must have a minimum of one day off in every seven day period.

Students are required to complete the designated number of clinical education hours for academic credit as published on the clinical education courses syllabi. The athletic training student is responsible for inputting their clinical education hours via E*Value on a daily basis for approval by his/her preceptor as verification of meeting clinical education course requirements. The minimum/maximum requirement for clinical hours is as follows:

- ATR 5805 Clinical Education Seminar in Athletic Training
  - Minimum = 15 hours/week
  - Maximum = 30 hours/week

- ATR 5815L Clinical Education I
  - Minimum = 15 hours/week
  - Maximum = 30 hours/week

- ATR 5825L Clinical Education II
  - Minimum = 15 hours/week
  - Maximum = 30 hours/week

- ATR 5835L Clinical Education III
  - Minimum = 15 hours/week
  - Maximum = 30 hours/week

- ATR 5845L Clinical Education IV
  - Minimum = 20 hours/week
  - Maximum = 40 hours/week

- ATR 6855L Clinical Education V
  - Minimum = 20 hours/week
  - Maximum = 40 hours/week

The minimum and maximum clinical education hour requirement for athletic training students on academic probation will be 15 and 20, respectively. Athletic training students who are not on academic probation and wish to obtain additional clinical hours beyond the aforementioned maximum may submit the Request for Additional Clinical Experience form (available on E*Value) to the Clinical Education Coordinator for approval.

Note: The following do not constitute clinical education hours: travel time(s), meal time(s), open lab time(s), and meeting(s) with a preceptor to complete course assignments, surgery observations, and internships.
CONFIDENTIALITY POLICY

Disclosing any information about a patient’s condition is considered unethical by the Board of Certification (BOC). Information regarding a patient’s condition is highly confidential. Any athletic training student that discusses this information outside of the health care system may be dismissed from the Athletic Training Program. Athletic training students are not permitted to speak to the media, their classmates, their friends, their family, or anyone outside of the health care staff regarding a patient’s injury/illness.
ATHLETIC TRAINING PRACTICE POLICY

This policy encompasses Athletic Training practice that is unsafe and unprofessional.

Unsafe Athletic Training practice is jeopardizing a patient’s life, health or safety, engaging in unprofessional conduct, or violating the National Athletic Trainers’ Association Code of Ethics. Unsafe athletic training practice is defined to include, but is not limited to, the following behaviors of a health care professional, a preceptor or an athletic training student:

- Failure to supervise adequately the performance of acts by any person working at the preceptor or athletic training student’s direction; or
- Delegating or accepting the delegation of an athletic training function or prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care; or
- Failure to utilize appropriate judgment in administering safe athletic training practices based upon the expected level of athletic training preparation; or
- Performing new athletic training techniques or procedures without proper education and preparation; or
- Failure to report through the proper channels the unsafe or illegal practice of any person who is providing athletic training care; or
- Engaging in activities which do not fall within the realm of standardized athletic training practice; or
- Endangering the welfare of the patient through own physiological or mental health status.

Unprofessional conduct is athletic training behavior (acts, knowledge, and practices) which fails to conform to the accepted standards of the Athletic Training profession including the National Athletic Trainers’ Association Code of Ethics and the Board of Certification Standards of Professional Practice. Unprofessional conduct shall include but not be limited to the following:

- Inaccurate recording, reporting, falsifying or altering client records; or
- Verbally or physically abusing patients; or
- Falsifying or manipulating patient records; or
- Appropriating without authority, medications, supplies or personal items of the patient; or
- Falsifying documents submitted to the athletic training program; or
- Leaving an athletic training assignment without properly advising appropriate personnel; or
- Violating the confidentiality of information or knowledge concerning the client; or
- Conduct detrimental to the public interest; or
- Discriminating in the rendering of athletic training services; or
- Impersonating a licensed practitioner, or permitting another person to use his/her athletic training identification for any purpose; or
- Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a health care professional, a preceptor, or an athletic training student; or
Presenting a forged prescription; or

Selling or attempting to sell a controlled dangerous substance or otherwise making such drugs available without authority to self, friends, or family members; or

Socializing with patients or clients at local clubs or establishments; or

Dating patients or clients; or

While caring for a patient, engaging in conduct with a patient or athlete that is sexual or may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client, or engaging in sexual exploitation of a client; or

Obtaining money, property or services from a patient through the use of undue influence, harassment, duress, deception or fraud; or

Engaging in fraudulent billing practices, including violations of federal Medicare and Medicaid laws of the state medical assistance laws; or

Allowing own value system to interfere with patient care/well-being; or

Lacking respect for human dignity and the uniqueness of the patient, restricted by considerations of social or economic status, personal attributes, or the nature of health problems; or

Failing to safeguard the client’s right to privacy; or

Failing to act to safeguard the client and the public when health care is affected by the incompetent, unethical, or illegal practice of any person; or

Failing to assume responsibility and accountability for individual athletic training judgments and actions; or

Failing to exercise informed judgment and use individual competence and qualifications when seeking consultation, accepting responsibilities, and delegating athletic training activities to others.

An athletic training student is a student and is therefore subject to the academic standards review of the Athletic Training Practice Policy. A violation of the policy is a violation of academic standards.
SANCTIONS IMPOSED FOR UNSAFE / UNPROFESSIONAL ATHLETIC TRAINING PRACTICE

If an athletic training student demonstrates unsafe or unprofessional behavior in a course(s) or clinical education assignment, the Athletic Training Program and/or preceptor may impose any of the following sanctions:

- Additional learning assignments designed by the faculty and/or preceptor to contribute to the achievement of course objectives and change behavior.
- Immediate suspension from the setting.
- Immediate dismissal from the course.
- Immediate dismissal from the clinical assignment.
- Grade of “F” for course.
- Dismissal from the Athletic Training Program.
INTERNSHIP POLICY

The Athletic Training Program at Florida International University encourages athletic training students to seek athletic training-related internships in accordance with program policies and procedures. The hours obtained during an internship do not count towards the clinical education hours required for graduation from the Athletic Training Program. Students participating in internships are not covered by the Florida International University student medical malpractice liability insurance policy. Students may complete internships during the Summer B session in the fourth semester of the program, which may result in an “Incomplete” grade for the Summer B course(s). Students must obtain approval to complete an internship, which is a three-step process.

Step One: The athletic training student must gain approval from the Clinical Education Coordinator to apply for an internship(s) by meeting the following requirements:
- The athletic training student must be in good academic standing in the program;
- The athletic training student must schedule an appointment with the Clinical Education Coordinator (by the deadline announced in the clinical education course) and provide the following information in writing:
  - Details of the internship(s), such as location, dates, supervisor, etc.
  - A description of how the internship(s) will provide a learning opportunity that is not available within the clinical education component of the program.
  - The internship application process, including timelines such as application deadline, requirements, etc.

Step Two: The athletic training student must gain approval from the Clinical Education Coordinator to submit the internship(s) application by meeting the following requirements:
- The athletic training student must have approval from the Clinical Education Coordinator to apply for an internship(s).
- The athletic training student must schedule an appointment with the Clinical Education Coordinator a minimum of one week prior to the application deadline and provide the following:
  - Cover letter;
  - Resume; and
  - All required application documents.

Step Three: The athletic training student must gain approval from the Clinical Education Coordinator and Program Director to accept an internship offer by meeting the following requirements:
- The athletic training student must email the Internship Contract form (Appendix F) to the Clinical Education Coordinator within 24 hours of receiving the internship offer.
- The athletic training student must schedule a meeting with the Clinical Education Coordinator (by the deadline specified by the Clinical Education Coordinator) to discuss the internship details
- The athletic training student must sign the Syllabus Modification Contract form(s) (Appendix G).

Note: Approval of all internships is contingent upon the successful execution of a Memorandum of Understanding between Florida International University and the internship site.
OUTSIDE ACTIVITIES POLICY

An outside activity is any clinical experience (patient care or observation) obtained at sites that do not have a clinical affiliation agreement or memorandum of understanding with Florida International University. The Athletic Training Program does not recognize or endorse outside activities - supervised, unsupervised, paid, volunteer, or otherwise. Students participating in outside activities are not covered by the Florida International University student medical malpractice liability insurance policy. Participating in outside activities may be a violation of the Board of Certification (BOC) Standards of Professional Practice and/or state regulation.
FLORIDA INTERNATIONAL UNIVERSITY
INFECTION CONTROL GUIDELINES

The purpose of the Florida International University (FIU) Infection Control Guidelines is to provide recommendations from the Center of Disease Control for controlling the spread of communicable infections. The FIU Infection Control Guidelines include policies and policies for the surveillance, prevention, and control of infection. Refer to Appendix H for the FIU Infection Control Guidelines.

*The Athletic Training Program adheres to the FIU Infection Control Policy. This policy pertains to both the classroom and clinical settings (on-campus and off-campus clinical sites).*
FLORIDA INTERNATIONAL UNIVERSITY
BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

The purpose of the Florida International University (FIU) Bloodborne Pathogen Exposure Control Policy is twofold: (1) to protect personnel from exposure to bloodborne pathogens and (2) to provide appropriate prophylaxis, response, treatment, and counseling for personnel. This policy applies to all laboratory, teaching, healthcare, recreational, and athletic facilities at FIU in which exposure to bloodborne pathogens may occur. Refer to Appendix I for the FIU Bloodborne Pathogen Exposure Control Policy

The Athletic Training Program adheres to the FIU Exposure Control Plan. This plan pertains to both on-campus and off-campus clinical sites.
APPENDIX A
PREAMBLE
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

**PRINCIPLE 4:**

Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
BOC Standards of Professional Practice
Implemented January 1, 2006

Introduction

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers’ Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as “Athletic Trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:
I. Practice Standards
   II. Code of Professional Responsibility

I. Practice Standards

Preamble
The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:
- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:
- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes
The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

**Standard 1: Direction**
The Athletic Trainer renders service or treatment under the direction of a physician.

**Standard 2: Prevention**
The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

**Standard 3: Immediate Care**
The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**
Prior to treatment, the Athletic Trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

**Standard 5: Treatment, Rehabilitation and Reconditioning**
In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

**Standard 6: Program Discontinuation**
The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

**Standard 7: Organization and Administration**
All services are documented in writing by the Athletic Trainer and are part of the patient’s permanent records. The Athletic Trainer accepts responsibility for recording details of the patient’s health status.

**II. Code of Professional Responsibility**

**Preamble**
The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The *Professional Practice and Discipline Guidelines and Procedures* may be accessed via the BOC website, www.bocatc.org.

**Code 1: Patient Responsibility**
The Athletic Trainer or applicant:

1. Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
1.2 Protects the patient from harm, acts always in the patient’s best interests and is an advocate for the patient’s welfare
1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
1.4 Maintains the confidentiality of patient information in accordance with applicable law
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

**Code 2: Competency**
The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities
2.2 Participates in continuous quality improvement activities
2.3 Complies with the most current BOC recertification policies and requirements

**Code 3: Professional Responsibility**
The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
3.3 Collaborates and cooperates with other healthcare providers involved in a patient’s care
3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient’s care
3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
3.10 Complies with all confidentiality and disclosure requirements of the BOC
3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

**Code 4: Research**
The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2 Protects the rights and well being of research subjects

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**
The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

**Code 6: Business Practices**
The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance
APPENDIX C
FLORIDA STATE PRACTICE ACT
(Statues & Rules) 2011

468.70 Legislative intent.
It is the intent of the Legislature that athletes be assisted by persons adequately trained to recognize, prevent, and treat physical injuries sustained during athletic activities. Therefore, it is the further intent of the Legislature to protect the public by licensing and fully regulating athletic trainers.

History.—s. 320, ch. 94-119; s. 1, ch. 95-388; s. 2, ch. 2000-332.

468.701 Definitions.
As used in this part, the term:

1. “Athlete” means a person who participates in an athletic activity.
2. “Athletic activity” means the participation in an activity, conducted by an educational institution, a professional athletic organization, or an amateur athletic organization, involving exercises, sports, games, or recreation requiring any of the physical attributes of strength, agility, flexibility, range of motion, speed, and stamina.
3. “Athletic injury” means an injury sustained which affects the athlete’s ability to participate or perform in athletic activity.
4. “Athletic trainer” means a person licensed under this part.
5. “Athletic training” means the recognition, prevention, and treatment of athletic injuries.
6. “Board” means the Board of Athletic Training.
7. “Board of Certification” means the nationally accredited certifying body for athletic trainers or its successor agency.
9. “Direct supervision” means the physical presence of the supervisor on the premises so that the supervisor is immediately available to the trainee when needed.
10. “Supervision” means the easy availability of the supervisor to the athletic trainer, which includes the ability to communicate by telecommunications.

History.—s. 321, ch. 94-119; s. 2, ch. 95-388; s. 99, ch. 98-166; s. 1, ch. 99-349; s. 131, ch. 99-397; s. 16, ch. 2011-95.

Note.—Section 21, ch. 2011-95, provides that “[e]xcept as otherwise specifically provided in this act, this act shall take effect upon becoming a law, and shall not apply retroactively.”

Note.—Former s. 468.71.

468.703 Board of Athletic Training.

1. The Board of Athletic Training is created within the department and shall consist of nine members appointed by the Governor and confirmed by the Senate.
2. Five members of the board must be licensed athletic trainers, certified by the Board of Certification. One member of the board must be a physician licensed under chapter 458 or chapter 459. One member of the board must be a physician licensed under chapter 460. Two members of the board shall be consumer members, each of whom must be a resident of this state who has never worked as an athletic trainer, who has no financial interest in the practice of athletic training, and who has never been a licensed health care practitioner as defined in s. 456.001(4).
(3) For the purpose of staggering terms, the Governor shall appoint the initial members of
the board as follows:
   (a) Three members for terms of 2 years each.
   (b) Three members for terms of 3 years each.
   (c) Three members for terms of 4 years each.
(4) As the terms of the members expire, the Governor shall appoint successors for terms of
4 years and such members shall serve until their successors are appointed.
(5) All provisions of chapter 456 relating to activities of the board shall apply.
(6) The board shall maintain its official headquarters in Tallahassee.

        History.—s. 3, ch. 95-388; ss. 100, 245, ch. 98-166; s. 2, ch. 99-349; s. 132, ch. 99-397; s. 157, ch. 2000-160; s.
17, ch. 2011-95.
1Note.—Section 21, ch. 2011-95, provides that “[e]xcept as otherwise specifically provided in this act, this act
shall take effect upon becoming a law, and shall not apply retroactively.”

468.705 Rulemaking authority.
The board is authorized to adopt rules pursuant to ss.120.536(1) and 120.54 to implement
provisions of this part conferring duties upon it. The provisions of s. 456.011(5) shall apply to
the board’s activity. Such rules shall include, but not be limited to, the allowable scope of
practice regarding the use of equipment, procedures, and medication, requirements for a written
protocol between the athletic trainer and a supervising physician, licensure requirements,
licensure examination, continuing education requirements, fees, records, and reports to be filed
by licensees, protocols, and any other requirements necessary to regulate the practice of athletic
training.
        History.—s. 323, ch. 94-119; s. 4, ch. 95-388; s. 239, ch. 98-166; s. 139, ch. 98-200; s. 3, ch. 99-349; s. 133, ch.
        Note.—Former s. 468.73.

468.707 Licensure by examination; requirements.
Any person desiring to be licensed as an athletic trainer shall apply to the department on a
form approved by the department. The department shall license each applicant who:
   (1) Has completed the application form and remitted the required fees.
   (2) Is at least 21 years of age.
   (3) Has obtained a baccalaureate degree from a college or university accredited by an
accrediting agency recognized and approved by the United States Department of Education or
the Commission on Recognition of Postsecondary Accreditation, approved by the board, or
recognized by the Board of Certification.
   (4) If graduated after 2004, has completed an approved athletic training curriculum from a
college or university accredited by a program recognized by the Board of Certification.
   (5) Has current certification in cardiovascular pulmonary resuscitation with an automated
external defibrillator from the American Red Cross or the American Heart Association, or an
equivalent certification as determined by the board.
   (6) Has passed the examination and is certified by the Board of Certification.
        History.—s. 5, ch. 95-388; s. 101, ch. 98-166; s. 4, ch. 99-349; s. 134, ch. 99-397; s. 159, ch. 2000-160; s. 1, ch.
2006-39; s. 18, ch. 2011-95.
1Note.—Section 21, ch. 2011-95, provides that “[e]xcept as otherwise specifically provided in this act, this act
shall take effect upon becoming a law, and shall not apply retroactively.”
468.709 Fees.
(1) The board shall, by rule, establish fees for the following purposes:
   (a) An application fee, not to exceed $100.
   (b) An examination fee, not to exceed $200.
   (c) An initial licensure fee, not to exceed $200.
   (d) A biennial renewal fee, not to exceed $200.
   (e) An inactive fee, not to exceed $100.
   (f) A delinquent fee, not to exceed $100.
   (g) A reactivation fee, not to exceed $100.
   (h) A voluntary inactive fee, not to exceed $100.
(2) The board shall establish fees at a level, not to exceed the statutory fee cap, that is adequate to ensure the continued operation of the regulatory program under this part. The board shall neither set nor maintain the fees at a level that will substantially exceed this need.
History.—s. 6, ch. 95-388; s. 5, ch. 99-349; s. 135, ch. 99-397.

468.711 Renewal of license; continuing education.
(1) The department shall renew a license upon receipt of the renewal application and fee, provided the applicant is in compliance with the provisions of this section, chapter 456, and rules promulgated pursuant thereto.
(2) The board may, by rule, prescribe continuing education requirements, not to exceed 24 hours biennially. The criteria for continuing education shall be approved by the board and must include a current certificate in cardiovascular pulmonary resuscitation with an automated external defibrillator from the American Red Cross or the American Heart Association or an equivalent training as determined by the board.
(3) If initially licensed after January 1, 1998, the licensee must be currently certified by the Board of Certification or its successor agency.
History.—s. 7, ch. 95-388; s. 102, ch. 98-166; s. 6, ch. 99-349; s. 136, ch. 99-397; s. 160, ch. 2000-160; s. 2, ch. 2006-39; s. 19, ch. 2011-95.

1Note.—Section 21, ch. 2011-95, provides that “[e]xcept as otherwise specifically provided in this act, this act shall take effect upon becoming a law, and shall not apply retroactively.”

468.713 Responsibilities of athletic trainers.
An athletic trainer shall practice within a written protocol established between the athletic trainer and a supervising physician licensed under chapter 458, chapter 459, chapter 460, or otherwise authorized by Florida law to practice medicine or, at an athletic event, pursuant to direction from a physician licensed under chapter 458, chapter 459, chapter 460, or otherwise authorized by Florida law to practice medicine. A written protocol shall require that the athletic trainer notify the supervising physician of new injuries as soon as practicable.
History.—s. 8, ch. 95-388.

468.715 Sexual misconduct.
The athletic trainer-athlete relationship is founded on mutual trust. Sexual misconduct in the practice of athletic training means violation of the athletic trainer-athlete relationship through which the athletic trainer uses such relationship to induce or attempt to induce the athlete to engage, or to engage or attempt to engage the athlete, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the athlete. Sexual misconduct in the practice of athletic training is prohibited.
History.—s. 9, ch. 95-388.
468.717 Violations and penalties.
Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:
  (1) Practicing athletic training for compensation without holding an active license under this part.
  (2) Using or attempting to use an athletic trainer license that has been suspended or revoked.
  (3) Knowingly employing unlicensed persons in the practice of athletic training.
  (4) Obtaining or attempting to obtain an athletic trainer license by misleading statements or knowing misrepresentation.
  (5) Using the title “athletic trainer” without being licensed under this part.
History.—s. 10, ch. 95-388.

468.719 Disciplinary actions.
  (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
    (a) Failing to include the athletic trainer’s name and license number in any advertising, including, but not limited to, business cards and letterhead, related to the practice of athletic training. Advertising shall not include clothing or other novelty items.
    (b) Committing incompetency or misconduct in the practice of athletic training.
    (c) Committing fraud or deceit in the practice of athletic training.
    (d) Committing negligence, gross negligence, or repeated negligence in the practice of athletic training.
    (e) While practicing athletic training, being unable to practice athletic training with reasonable skill and safety to athletes by reason of illness or use of alcohol or drugs or as a result of any mental or physical condition.
    (f) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
  (2) The board may enter an order denying licensure or imposing any of the penalties in s.456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s.456.072(1).
History.—s. 11, ch. 95-388; s. 103, ch. 98-166; s. 7, ch. 99-349; s. 137, ch. 99-397; s. 161, ch. 2000-160; s. 27, ch. 2000-318; s. 42, ch. 2001-277; s. 18, ch. 2005-240.

468.723 Exemptions.
This part does not prevent or restrict:
  (1) The professional practice of a licensee of the department who is acting within the scope of such practice.
  (2) An athletic training student acting under the direct supervision of a licensed athletic trainer.
  (3) A person from administering standard first aid treatment to an athlete.
  (4) A person licensed under chapter 548, provided such person is acting within the scope of such license.
  (5) A person providing personal training instruction for exercise, aerobics, or weightlifting, if the person does not represent himself or herself as able to provide “athletic trainer” services and if any recognition or treatment of injuries is limited to the provision of first aid.
History.—s. 325, ch. 94-119; s. 13, ch. 95-388; s. 313, ch. 97-103; s. 1016, ch. 2002-387; s. 3, ch. 2006-39.
Note.—Former s. 468.75.
APPENDIX D
ATHLETIC TRAINING PROGRAM
EXCUSED ABSENCE REQUEST FORM

Name: _______________________________________________ Date: ________________

In accordance with the Class/Laboratory and Clinical Attendance Policy, I am requesting to be excused from (select all that apply):

☐ Class(es) _________________________________ on ______________________.
   (Class prefix and number)     (Date/s)

☐ *Clinical on ______________________.
   (Date/s)

☐ Program Meeting on ______________________.
   (Date/s)

*Requires Preceptor and Clinical Educator Coordinator approval in addition to Program Director Approval

The purpose(s) for requesting this excused absence is (are)…

☐ Clinical responsibilities
☐ Athletic training related professional conference
☐ Illness and/or hospitalization
☐ Family and/or personal emergency
☐ Personal Day – Clinical
☐ Personal Day – Class/Lab
☐ Academic responsibilities

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Category</th>
<th>Required Documentation</th>
</tr>
</thead>
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<tr>
<td>Clinical responsibilities</td>
<td>Foreseen</td>
<td>Team schedule, travel confirmation, and/or preceptor correspondence</td>
</tr>
<tr>
<td>Athletic training related professional conference</td>
<td>Foreseen</td>
<td>Conference agenda and registration confirmation</td>
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<tr>
<td>Illness and/or hospitalization</td>
<td>Unforeseen</td>
<td>Health care provider letter stating the dates of excused absence</td>
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<tr>
<td>Family and/or personal emergency</td>
<td>Unforeseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
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<tr>
<td>Personal Day</td>
<td>Foreseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
</tr>
<tr>
<td>Academic responsibilities</td>
<td>Foreseen</td>
<td>Required documentation will be determined on a case-by-case basis</td>
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Preceptor (if applicable):

☐ Approved with no replacement Athletic Training Student (ATS) necessary
☐ Approved only with replacement ATS:
   ☐                                                                
   (Print name of replacement ATS)     (Signature of replacement ATS)

☐ Not Approved
Clinical Education Coordinator: _________________________________

☐ Excused
☐ Unexcused

(Signature)

Program Director: _________________________________

☐ Excused
☐ Unexcused

(Signature)

OFFICE USE ONLY:

Required documentation attached:

☐ Yes – Date received: __________________

☐ No
# BOARD OF CERTIFICATION EXAM APPROVAL FORM

Student Name: _______________________________________ Panther ID: ______________

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<thead>
<tr>
<th>Requirement</th>
<th>Satisfied</th>
<th>Not satisfied</th>
</tr>
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<tbody>
<tr>
<td>In good standing in the program</td>
<td></td>
<td></td>
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<tr>
<td>Approved formalized study plan with daily objectives that span a minimum of two months (attached)</td>
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<tr>
<td>A score of 80% or higher on the mock BOC exam</td>
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<tr>
<td>BOC self-assessment exam results with no more than 1 area of weakness</td>
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Meeting with the Program Director Date: ________________

Notes:

☐ Approved for exam cycle (circle one):
  - January/February
  - March/April
  - May/June

☐ Not Approved

Signature, Program Director
APPENDIX F
ATHLETIC TRAINING PROGRAM
INTERNSHIP CONTRACT

Athletic training student: ________________________________________________________

Internship: __________________________________________________________________

Location: _____________________________________________________________________

Semester/Dates: _______________________________________________________________

Supervisor: ___________________________________________________________________

Supervisor email: _______________________________ Supervisor phone: ________________

Description of internship:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Courses to be modified (sign Syllabus Modification Contract for each course):

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

5. __________________________________________________________________________
I, __________________________________________, acknowledge that completing this internship may require modifications to the didactic and clinical components of the Athletic Training Program. I am aware that the clinical education hours completed for the internship do not count towards the clinical education hours required for graduation. I am aware that I am not covered by the Florida International University student medical malpractice liability insurance policy while completing my internship. I am also aware that I may be given an “Incomplete” grade for my Summer B course(s) as outlined on the syllabus modification contract(s).

______________________________________________________   ______________________
Athletic training student’s signature                                                      Date

☐ Approved

☐ Not approved

______________________________________________________   ______________________
Clinical Education Coordinator’s signature                                           Date

☐ Approved

☐ Not approved

______________________________________________________   ______________________
Program Director’s signature                                                                 Date
APPENDIX G
ATHLETIC TRAINING PROGRAM
SYLLABUS MODIFICATION CONTRACT

Athletic training student: ________________________________________________________

Course: ____________________________________________________________________

Semester: _____________________________________________________________________

Instructor: _______________________________________________________________

Rationale for modifying syllabus:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

<table>
<thead>
<tr>
<th>Component to be Modified</th>
<th>Modification</th>
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</table>

*Attach syllabus to contract
I, ________________________________________, acknowledge the above stated syllabus modifications and agree to abide by these modifications. I understand that my grade for this course will be based on the syllabus and above stated modifications. I am also aware that I may be given an “Incomplete” grade for my Summer B course(s) as outlined on the syllabus modification contract(s).

______________________________________________________   ______________________
Athletic training student’s signature                                                      Date

☐ Approved

☐ Not approved

______________________________________________________   ______________________
Instructor’s signature                                                                             Date

☐ Approved

☐ Not approved

______________________________________________________   ______________________
Program Director’s signature                                                                 Date
Florida International University

Infection Control Guidelines

DEPARTMENT OF RISK MANAGEMENT & ENVIRONMENTAL HEALTH & SAFETY
CSC 162 (305) 348-2621 ehs@fiu.edu
www.fiu.edu/~ehs
An ounce of prevention is worth far more than a pound of cure
This document outlines the methods by which EH&S will implement the FIU Workplace Infection Control Program based on recommendations by the Centers for Disease Control (CDC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Last date revised: _09/2009 _________ / __1/2013 ______ / __________ / __________

The Biosafety Officer is responsible for assuring this program meets the standards of these guidelines. The following individual is designated to fulfill this responsibility:

**Tamece Knowles**

Employee name or title: __________________________

Telephone #: 348-3387
PURPOSE
The purpose of this document is to provide guidelines based on recommendations from the Center of Disease Control for controlling the spread of communicable infections in the workplace setting.

SCOPE
University-wide

DEFINITIONS
Infection control: policies and procedures established for the surveillance, prevention, and control of infection.

Presenteeism: the practice of being on the job while experiencing or displaying/experiencing symptoms of illness that undermine productivity. Health conditions most typically associated with presenteeism include: flu/colds, gastrointestinal disorders, depression, back and joint pain.

Pathogens: microorganisms (e.g. bacteria, viruses, or parasites) that can cause disease in humans, animals, and plants.

INTRODUCTION
Infections are caused by human pathogens, such as bacteria, viruses, and microorganisms, which can invade the body and compromise its well-being. Any situation that brings people together provides an opportunity for the transmission of infectious agents. Infection control in the workplace focuses on pathogens that are transmitted by person-to-person contact or eating and drinking.

MODE OF TRANSMISSION
There are a variety of ways in which infections can spread from person to person. These are referred to as the Modes of Transmission. Knowing mode of transmission is important in controlling the spread of infection. See below

1. Contact: this is the most frequent mode of transmission and involves direct contact between persons in which one person is infected and the infectious organism spreads to other persons by direct contact such as touching. It can also involve indirect contact where-in a non-infected person touches the surface of an object that was touched by an infected person.
   a. Touching or being exposed to body fluids such as blood, or saliva, which contain infectious organisms, can also cause infection
   b. There are some infections caused by contact which are not expected to occur in the workplace. Additional information on infections caused by intimate contact can be obtained from the Centers for Disease Control website: www.cdc.gov
2. airborne: droplets from sneezing or coughing can spread or carry infectious agents through the air from one person to another.
3. common vehicle: spread of diseases through contaminated food, water, etc.
4. vector: diseases that are carried by an animal such as mosquitoes, ticks, fleas and transmitted to humans by biting.
COMMON WORKPLACE PATHOGENS

Community-Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA)

**Definition**
MRSA is a type of staphylococcus bacteria that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin.

**Symptoms**
MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

**Mode of Transmission**
Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene.

**Prevention and Control**
Practice good hygiene:

1. Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
2. Keep cuts and scrapes clean and covered with a bandage until healed.
3. Avoid contact with other people’s wounds or bandages.
4. Avoid sharing personal items such as towels or razors.

Vantomycin-Resistant Enterococci (VRE)

**Definition**
Enterococci are bacteria that are present in the intestines and are often found in the environment. Sometimes these bacteria can cause infections. Vancomycin is an antibiotic that is often used to treat the infection. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE).

**Symptoms**
VRE can live in the intestines without causing disease. However, when VRE infects the urinary tract, blood stream, or wounds, it may become more difficult to treat.

**Mode of Transmission**
VRE is usually passed to others by direct contact with stool, urine or blood containing VRE. It can also be spread indirectly via contaminated environmental surfaces. VRE usually is not spread through casual contact such as touching or hugging. VRE is not spread through the air by coughing or sneezing.
Prevention and Control
The following are some measures to prevent spread of VRE:

- Always wash your hands thoroughly after using the bathroom and before preparing food. Clean your hands after close contact with persons who have VRE. Wash with soap and water (particularly when visibly soiled) or clean with alcohol-based hand cleaner.
- Frequently clean areas of your home such as your bathroom that may become contaminated with VRE. Use a household disinfectant or a mixture of one-fourth cup bleach and one quart of water to clean those areas and surfaces that are touched frequently.
- Wear gloves if you may come in contact with body fluids that may contain VRE, such as feces. Always wash your hands after removing gloves.
- Be sure to tell any healthcare providers that you have VRE so that they are aware of your infection.

Multi and Extremely Drug-Resistant Tuberculosis (MDR and XDR TB)

Definition
Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain.

Multidrug-resistant TB (MDR TB) is TB that is resistant to at least two of the best anti-TB drugs, isoniazid and rifampicin. These two drugs are considered “first-line” drugs used to treat all persons with TB disease.

Extremely drug resistant TB (XDR TB) is a relatively rare type of MDR TB. XDR TB is defined as TB which is resistant to isoniazid and rifampin; is resistant to any fluoroquinolone (bacterial drug) and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

Symptoms
TB in the lungs may cause symptoms such as: a cough that lasts 3 weeks or longer, pain in the chest, and coughing up blood or sputum. Other symptoms of active TB disease are: weakness or fatigue, weight loss, loss of appetite, chills, and fever.

Mode of Transmission
TB is spread through the air from one person to another as the bacteria are carried in droplets put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. Persons nearby may breathe in these bacteria and become infected.

Prevention and Control
Avoid close contact or prolonged time with known TB patients in crowded, enclosed environments like clinics, hospitals, or shared workplace areas.
Influenza (Flu virus)

Definition
The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccination each year. University Health Services provides flu vaccinations to faculty and staff every flu season. For more information or to schedule an appointment, call 348-

Symptoms
Symptoms of flu include fever (usually high), headache, tiredness, cough, sore throat, runny or stuffy nose, and muscle aches.

Mode of Transmission
Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick.

Prevention and Control
The single best way to prevent seasonal flu is to get vaccinated every year, but the following good health practices can often help prevent respiratory illnesses like the flu.
- Avoid close contact with people who are sick. When you are sick, keep your distance from others to keep them from getting sick too.
- If possible, stay home from work or school when you are sick. You will help prevent others from catching your illness.
- Cover your mouth and nose with a tissue when sneezing or coughing.
- Wash your hands often to prevent the spread of germs.

Campylobacteriosis
Campylobacteriosis is an infectious disease caused by bacteria of the genus Campylobacter. Campylobacter is one of the most common bacterial causes of diarrheal illness in the United States. Virtually all cases occur as isolated, sporadic events, not as a part of large outbreaks. Many more cases go undiagnosed or unreported, and it is estimated to affect over 1 million persons every year.

Symptoms
Most people who become ill with campylobacteriosis experience diarrhea, cramping, abdominal pain, and fever within 2 to 5 days after exposure to the organism.

Mode of Transmission
Campylobacteriosis is associated with handling raw poultry or eating raw or undercooked poultry meat. Only a small number of Campylobacter organisms (fewer than 500) are needed to cause illness in humans. One way to become infected is to cut poultry meat on a cutting board, and then use the unwashed cutting board or utensil to prepare vegetables or other raw or lightly cooked foods.
cooked foods. The *Campylobacter* organisms from the raw meat can then spread to the other foods.

**Prevention and Control**

- Cook all poultry products thoroughly. Make sure that the meat is cooked throughout (no longer pink).
- If you are served undercooked poultry in a restaurant, send it back for further cooking.
- Wash hands with soap before and after handling raw foods of animal origin.
- Prevent cross-contamination in the kitchen:
  - Use separate cutting boards for foods of animal origin and other foods.
  - Carefully clean all cutting boards, countertops and utensils with soap and hot water after preparing raw food of animal origin.
  - Avoid consuming unpasteurized milk and untreated surface water.
- Make sure that persons, especially children, wash their hands carefully and frequently with soap to reduce the risk of spreading infection.
- Wash hands with soap after having contact with pets.

**Cryptosporidiosis**

Cryptosporidiosis is a diarrheal disease caused by microscopic parasites of the genus *Cryptosporidium*. Once an animal or person is infected, the parasite lives in the intestine and is passed in the fecal matter. The parasite is protected by an outer shell that allows it to survive outside the body for long periods of time and makes it very resistant to chlorine-based disinfectants. Both the disease and the parasite are commonly known as "crypto."

**Symptoms**

Symptoms of cryptosporidiosis generally begin 2 to 10 days (average 7 days) after becoming infected with the parasite. The most common symptom of cryptosporidiosis is watery diarrhea. Other symptoms include dehydration, weight loss, stomach cramps or pain, fever, nausea, vomiting.

**Mode of Transmission**

*Cryptosporidium* lives in the intestine of infected humans or animals. Millions of crypto germs can be released in the feces of an infected human or animal. Consequently, *Cryptosporidium* is found in soil, food, water, or surfaces that have been contaminated with infected human or animal feces. The parasite is transmitted through the fecal-oral route by:

- Accidentally putting something into your mouth or swallowing something that has come into contact with feces of a person or animal infected with *Cryptosporidium*.
- Swallowing recreational water contaminated with *Cryptosporidium* (Recreational water includes water in swimming pools, hot tubs, jacuzzis, fountains, lakes, rivers, springs, ponds, or streams that can be contaminated with sewage or feces from humans or animals.) **Note:** *Cryptosporidium* can survive for days in swimming pools as it is resistant to chlorine
- Eating uncooked food contaminated with *Cryptosporidium*. 
• Accidentally swallowing *Cryptosporidium* picked up from surfaces (such as bathroom fixtures, changing tables, diaper pails, or toys) contaminated with feces from an infected person.

**Prevention and Control**

• Practice good hygiene.
  - Wash hands thoroughly with soap and water.
  - Wash hands after using the restroom and before handling or eating food.
  - Wash hands after every diaper change, especially if you work with diaper-aged children, even if you are wearing gloves.
  - Protect others by not swimming if you are experiencing diarrhea (essential for children in diapers).

• Avoid water that might be contaminated.
  - Do not swallow recreational water.
  - Do not drink untreated water from shallow wells, lakes, rivers, springs, ponds, and streams.
  - Do not drink untreated water during community-wide outbreaks of disease caused by contaminated drinking water.
  - Do not use untreated ice or drinking water when traveling in countries where the water supply might be unsafe.

• If you are unable to avoid using or drinking water that might be contaminated, then you can make the water safe to drink by doing one of the following:
  - Heat the water to a rolling boil for at least 1 minute.
  - Use a filter that has an absolute pore size of 1 micron or smaller, or one that has been NSF rated for "cyst removal."

• Do not rely on chemicals to disinfect water and kill *Cryptosporidium*. Because it has a thick outer shell, this particular parasite is highly resistant to disinfectants such as chlorine and iodine.

• Avoid food that might be contaminated.
  - Wash and/or peel all raw vegetables and fruits before eating.
  - Use safe, uncontaminated water to wash all food that is to be eaten raw.
  - Avoid eating uncooked foods when traveling in countries with minimal water treatment and sanitation systems.

**Hepatitis A**

Hepatitis A is a liver disease caused by the hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases to widespread epidemics.

**Symptoms**

When symptoms are present, they usually occur abruptly and can include the following: fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice.
Mode of Transmission
Person-to-person transmission through the fecal-oral route (i.e., ingestion of something that has been contaminated with the feces of an infected person) is the primary means of hepatitis A virus transmission in the United States. Common-source outbreaks can occur from exposure to fecally contaminated food or water. Uncooked HAV-contaminated foods have been recognized as a source of outbreaks. Cooked foods also can transmit HAV if the temperature during food preparation is inadequate to kill the virus or if food is contaminated after cooking, as occurs in outbreaks linked to infected food handlers.

Prevention and Control
- The best protection is the Hepatitis A vaccine.
- Short-term protection against hepatitis A is available from immune globulin. It can be given before and within 2 weeks of coming in contact with HAV.
- Always wash your hands with soap and water after using the bathroom, changing a diaper, and before preparing and eating food.

Salmonellosis
Salmonella is a group of bacteria that can cause diarrheal illness in humans. They are microscopic organisms that pass person-to-person through the fecal-oral route. There are many different kinds of Salmonella bacteria. Salmonella serotype Typhimurium and Salmonella serotype Enteritidis are the most common in the United States.

Symptoms
Most persons infected with Salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment.

Mode of Transmission
Salmonella are usually transmitted to humans by eating foods contaminated with animal feces. Contaminated foods are often of animal origin, such as beef, poultry, milk, or eggs, but all foods, including vegetables may become contaminated. Many raw foods of animal origin are frequently contaminated, but fortunately, thorough cooking kills Salmonella. Food may also become contaminated by the unwashed hands of an infected food handler.

Prevention and Control
The following steps should be taken to prevent the spread of salmonella:
- Cook poultry, ground beef, and eggs thoroughly before eating. Do not eat or drink foods containing raw eggs, or raw unpasteurized milk.
- If you are served undercooked meat, poultry or eggs in a restaurant, don't hesitate to send it back to the kitchen for further cooking.
- Wash hands, kitchen work surfaces, and utensils with soap and water immediately after they have been in contact with raw meat or poultry.
- Be particularly careful with foods prepared for infants, the elderly, and the immunocompromised.
- Wash hands with soap after handling reptiles or birds, or after contact with pet feces.
- Avoid direct or even indirect contact between reptiles (turtles, iguanas, other lizards, snakes) and infants or immunocompromised persons.

**GUIDELINES FOR PREVENTION**

**Workplace Environment**
- Ensure that the work area is clutter-free and well-lit to discourage the presence of insects and vermin.
- Trim back plants and hedges close to entry doors.
- Report to Work Management ponding of water in the vicinity of your building.
- Assure doors and windows do not leak and there are no openings.
- Do not discard food in uncovered garbage containers.
- Do not leave items that decompose in the trash overnight, especially not on weekends.
- Do not leave food opened and unattended.
- Routinely clean commonly shared items, such as telephones, with surface disinfectant such as Lysol sanitizing wipes. Shared equipment, such as keyboards and equipment requiring data entry, should not be ignored.
- Use tissues only once and dispose properly
- Discourage “presenteeism”.
- Do not touch, feed, or play with animals.
- Keep broken skin covered with a band-aid, or appropriate wound protection.
- Do not share personal items such as hairbrushes, drinking cups, make-up, etc.

**Germ “Hot” Zones**
- Identify “hot zones” for germ transmission
  - door knobs, stair railings, elevator buttons, employee break rooms
- Consider Installing “no touch” technology
  - automatic touchless hand sanitizers, sinks, toilets, and hand dryers
- Provide surface and hand sanitizers in the break room
  - disposable surface sanitizing wipes (i.e. chlorox wipes) can be used to wipe down food contact surfaces
- Stress the importance of daily surface sanitation

**Personal Hygiene**

**Hand Hygiene**
Hand hygiene is an important aid in the prevention of contamination and cross transmission of microorganisms among employees. Frequent hand-washing can reduce the spread of infections in the work-place by removing microorganisms that are acquired during daily activities.

The Center for Disease Control advises that hand washing should take place as follows:
- Before preparing or eating food.
- After going to the bathroom.
- After changing diapers or cleaning up a child who has gone to the bathroom.
- Before and after tending to someone who is sick.
- Before and after contact with patients (medical setting)
- After gloves are removed (medical and lab setting)
- After handling uncooked foods, particularly raw meat, poultry, or fish.
- After blowing your nose, coughing, or sneezing.
- After handling an animal or animal waste.
- After handling garbage.
- Before and after treating a cut or wound.

Essential Components of Handwashing

**Friction:** removes visible soiling, dead skin cells, and other material which may harbor pathogenic microorganisms

**Soap:** to loosen skin oils as well as remove dirt and body fluids

**Warm Water:** to rinse off loosened dirt, debris, and pathogenic particles

Types of Hand Hygiene Agents

**Alcohol-based hand products**
- Less damaging to skin than soap and water
- Reduces time needed for hand disinfection
- More effective than soap and water
- More accessible than sinks
- Reduces bacterial counts
- Improves skin condition

**Anti-microbial hand products**
- Effectively removes transient flora, dirt, blood, and bodily fluids
- Destroys contaminating and colonizing flora

**Plain soap**
- Removes some transient flora, dirt, blood, and bodily fluids
- Not as effective as anti-microbial or alcohol-based products

Administrative Measures

- Educate the importance of hand-washing
  - Reminders should be posted in restrooms and kitchen areas
  - Ensure that there are adequate amounts of hand-washing supplies (soap, absorbent towels, etc)
- Encourage good hand-hygiene habits and provide appropriate administrative support and financial resources to stock necessary supplies to maintain high standards of hygiene in your unit.
- As part of the departmental program to improve hand-hygiene adherence, provide employees with a readily accessible alcohol-based hand-rub product

Food Precautions

When eating or preparing foods in the workplace, it’s important to follow food safety guidelines to prevent harmful bacteria from causing food-borne illness. These recommendations will help to minimize food-borne illness:
- Wash hands before and after handling any types of food or drink.
- Wash fruits and vegetables before eating.
- Food items are **absolutely prohibited** in laboratories.
- Do not share eating utensils or drinking devices, etc. with others in the workplace.
- When you have finished eating, seal food remains in a plastic bag and discard in a waste receptacle to prevent attracting insects, etc.

For additional information on food safety, please refer to the Food Safety guidelines USCG 109 on the EH&S website (www.fiu.edu/~ehs).

### REPORTING

Effective infection control practices require:
1) knowing the facts
2) applying the principles

A departmental workgroup responsible to monitor departmental hygiene practices such as sanitation, food preparation/storage and disposal, and monitoring for “presenteeism” may be an effective way to apply infection prevention principles in each work area.

**Incidence/Outbreak Reporting**

If an area reports the possibility of exposure to an infectious disease in the workplace, areas have responded as follows:

**Risk Management & EH&S**
- Investigate the situation to identify the source of infection and other potentially exposed persons.
- Interview the supervisor who reported the incident and the affected individual(s).
- Consult with Executive Director of University Health Services and Miami-Dade Department of Health for options if the possibility of epidemic/outbreak exists
- Coordinate with Academic Space to relocate class sessions in affected areas if necessary
- Distribute educational flyers pertaining to infection control and good hygiene in the workplace

**University Health Services**
- Respond to correspondence regarding symptoms and advise
- Assess possible epidemic/outbreaks and, if appropriate, contact proper health authorities and follow-up as required.
- Distribute educational information concerning symptoms, treatment, and prevention

**Utility Operations**
- Decontaminate affected facilities as recommended by CDC
- Ensure custodial personnel have been trained on disinfection and cleaning as it pertains to infection control

**Employees and Students**
- Continue to encourage and practice good hygiene habits (cough etiquette, hand-washing, etc)
The best defense against becoming infected is to learn and understand the facts related to infection control and prevention and to apply these in a prudent and responsible manner.

Please contact the Department of Risk Management and Environmental Health and Safety with any questions you may have about these safety guidelines: (305) 348-2621.
APPENDIX I
FIU Bloodborne Pathogens Exposure Control Plan

GUIDELINES TO PREVENT AND REDUCE EXPOSURE TO POTENTIALLY INFECTIOUS MATERIALS

ENVIRONMENTAL HEALTH & SAFETY
Campus Support Complex, Suite 146
Phone: (305) 348-2621  Website: ehs.fiu.edu
An ounce of prevention is worth far more than a pound of cure
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APPENDICES
1.0 INTRODUCTION

This document outlines the methods by which Environmental Health and Safety will implement the Blood-borne Pathogen Exposure Control Program as mandated by the OSHA Blood-borne Pathogen Standard 29 CFR 1910.1030.

Last date revised: 09/2009 / 7/2011 / 7/2013 /_______

Approved by: Roger Riddlemoser  
(Department Head or Unit Supervisor)  
Director  
(Title)

The University Biosafety Officer is responsible for ensuring this program meets the compliance requirements of 29 CFR 1910.1030. The following individual is designated to fulfill this responsibility:

Tamece Knowles  
Employees name or title  
348-3387  
Telephone #

1.0 INTRODUCTION

1.1 PURPOSE

This document has been prepared in response to the Code of Federal Regulations (CFR) Part 1910 of Title 29.

Bloodborne pathogens are microorganisms that pose a health risk to humans when they are exposed to blood. The following document provides guidelines for the prevention of exposures to bloodborne pathogens to employees/students in the FIU community.

It is important to note that the implementation of control measures for bloodborne pathogens do not dismiss the need for continued adherence to general infection control principles, as well as general good hygiene measures for preventing transmission of other infectious diseases that may be transmitted through contact with blood.

Information on Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV) is presented in this document, because the modes of transmission for HBV are similar to those of HIV. However, the potential for HBV transmission in the occupational setting is greater than that for HIV.

The two primary objectives of the Exposure Control Plan are:

1. **To protect** employees from exposure to bloodborne pathogens (BBP) which are defined as pathogenic microorganisms that may be present in human blood, fluids, or body tissues, or other potentially infectious materials.
2. **To provide** for appropriate prophylaxis, response, treatment and counseling for employees.
1.0 INTRODUCTION

This plan meets the performance specifications of the federal and state regulated BBP Standard. Implementation of these standards should assure compliance with the law.

Florida International University makes the following general assumptions applicable to work involving infectious materials:
- The risk of exposure is always present.
- All exposures can be minimized.
- Appropriate work practice and engineering controls to eliminate and/or minimize exposures.
- Refer to Appendix D for the Quick Start Guide.

1.2 SCOPE
The FIU Bloodborne Pathogen Exposure Control Plan applies to all laboratory, teaching, healthcare, recreational, and athletic facilities at Florida International University, in which exposure to bloodborne pathogens may occur.

1.3 PROGRAM ADMINISTRATION
There are various levels of responsibility associated with the FIU Exposure Control Plan:

**Biosafety Officer**
The University Biosafety Officer (BSO) shall be responsible for the overall management and support of the University's BBP Exposure Control Plan. Responsibilities of the BSO typically include, but are not limited to:
- Update and implement the FIU Exposure Control Plan
- Serve as a contact for Department Exposure Control Officers (ECO) for information concerning bloodborne pathogens.
- Research methods to improve, revise, or update the FIU Exposure Control Plan.
- Disseminate compliance requirements concerning bloodborne pathogens.
- Develop and/or identify suitable education/training programs.
- Monitor compliance with training requirements.
- Maintaining current list of all occupationally exposed employees
- Facilitate of annual training sessions for employees.
- Maintain information pertaining to employee exposure or status regarding HIV or HBV.

**Human Resources**
The responsibilities of Human Resources are to assure the following for employees:
- Update employee position description to include specific references to occupational exposures to BBP, where necessary.
1.0 INTRODUCTION

- Maintain compliance with applicable requirements as established under the University’s Exposure Control Plan.

Workers’ Compensation
The responsibilities of Workers’ Compensation to assure the following for employees:
- Following an exposure incident, arrange confidential medical evaluation and follow-up immediately for employees.

Other Responsible Persons
University-wide, there are two “categories of responsibility” that are integral to the effective implementation of the University’s Exposure Control Plan:
1. Supervisors: Department Heads, Faculty, Supervisors
2. Workers: Employees (and Students)

Department Heads, Faculty, and Supervisors
Each department/area must designate an Exposure Control Officer (ECO). The Department/area ECO response is responsible for exposure control in their units, and shall assure that proper exposure control procedures are followed. Responsibilities include, but are not limited to:
- Determine exposure for all employees in their unit
- Implement the Exposure Control Plan for their department/area
- Perform safety evaluations
- Provide engineering controls
- Provide for appropriate decontamination (and laundering) of reusable, employee-assigned, personal protective equipment.
- Maintain an up-to-date list of staff with occupational exposures.
- Schedule and budget for employee Hepatitis B vaccinations
- Assure new employees are trained as required within 30 days of start date.
- Maintain appropriate training documents and records of attendance.
- Investigate exposure incidents
- Know about and instruct on information received from regulatory agencies or the Department of Environmental Health and Safety regarding bloodborne pathogens.
- Conduct periodic self-audits to maintain and update their departmental Exposure Control Plan
1.0 INTRODUCTION

Employees and Students
The ultimate implementation of the Exposure Control Plan rests with the employees and students. In this role they shall do the following:

- Be familiar with the Exposure Control Plan and all its components.
- Be responsible for receiving or declining the vaccination series for Hepatitis B.
- Be knowledgeable of the tasks they perform which create hazardous exposures.
- Attend and complete required blood-borne pathogens training sessions.
- Plan and conduct all operations in accordance with recommended work practice controls.
- Develop and practice good personal hygiene habits.

Allied Health and Medical Students

- Learn the appropriate policies and procedures to follow in the event that there is an injury or potential exposure to blood-borne pathogens or other communicable diseases
- Review the FIU Blood-borne Pathogen Exposure Control Plan and department exposure control plan
- Receive orientation on the Blood-borne Pathogen policies for off-site affiliate facilities
- Be knowledgeable of all policies and procedures for reporting exposure incidents and post-exposure care

1.4 REVIEW AND UPDATE OF THE PLAN

The FIU Exposure Control Plan shall be reviewed and updated annually, on or before December 30 of each year, or under the following circumstances:

- In response to regulatory changes or newly recommended procedures
- Whenever new or modified tasks and procedures are implemented which are likely to affect employee occupational exposure
- Whenever an employee’s job is revised such that new instances of occupational exposures may occur
- Whenever a new functional position is established that may create exposure to BBP
- In response to audit recommendations

The Biosafety Officer (BSO) will be responsible for the review and update of the university plan. When this is completed, the BSO will provide updated materials to department/area ECOs for incorporation into their BBP Exposure Control Plan.
2.0 METHODS OF COMPLIANCE

Specific work practices required to minimize or eliminate exposures include use of personal protective equipment (i.e. gloves, masks, and protective clothing); and in some situations, redesign of selected aspects of the job through equipment modifications or environmental controls. These approaches constitute methods of compliance.

2.1 EXPOSURE DETERMINATION

In order to determine the potential for occupational exposures, job classifications along with their specific tasks and procedures must be examined and “flagged” for exposure control compliance. The exposure determination process involves identification of:

1. Job classifications in which all employees have occupational exposure (e.g. nurses at the Student Health Services Center).
2. Job classifications in which some, but not all, employees have occupational exposure, (e.g. research assistant).
3. Tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs in the job classifications in which some, not all, employees have occupational exposure (e.g., custodial services employees and plumbers).
4. All employees in job classifications identified in (1 and 2) above shall be trained on identification of these tasks and procedures that can lead to exposures.

The following list includes the departments/units known to perform activities that carry a potential exposure to bloodborne pathogens.

University Park

Biological Sciences
Athletics
Student Health Services
University Police Department
Environmental Health and Safety
College of Public Health
College of Medicine
Recreation Services
College of Nursing
Facilities Management/Custodial Services/Plumbing

OE and AHC Bldgs.
U.S. Century Bank Arena
Health Services Ctr.
PG-5
CSC Bldg.
AHC I Bldg.
AHC I Bldg
Recreation Center
AHC III Bldg.
University-wide

Biscayne Bay Campus

Student Health Services
Aquatic Center
Biological Sciences
Public Safety
Facilities Management/Custodial Services/Plumbing

Health Services Ctr.
Pool area
AC II
SO II
University-wide
The following are considered potential infectious material:

1. Blood
2. Body fluids
3. Semen
4. Vaginal fluids
5. Other body fluids such as:
   i. Cerebrospinal fluid
   ii. Synovial fluid
   iii. Pericardial fluid
   iv. Peritoneal fluid
   v. Amniotic fluid
   vi. Unfixed body tissues

The following list includes fluids/tissues which are not normally infectious; however, all procedures applicable to exposure control, including but not limited to universal precautions should be applied when handling these materials:

1. Saliva
2. Feces
3. Urine
4. Sweat
5. Sputum
6. Vomitus
7. Tears

The recommended criteria for determining risk of BBP exposure in the workplace involves asking the following questions about job classifications and tasks performed:

Do students or employees:

☐ Handle human blood products such as whole blood, serum, platelets, or white blood cells or come into direct contact with these products?

☐ Handle human body fluids such as semen, vaginal secretions, synovial fluid, pericardial fluids, peritoneal fluid or other body fluids which may be contaminated with blood?
2.0 METHODS OF COMPLIANCE

☐ Work with blood-borne pathogens (BBPs) or with preparations such as liquids or powders that contain the BBPs?

☐ Work with animals that are infected with BBPs?

☐ Handle unfixed (fresh or frozen) human tissues or organs (tissues and organs soaked in preservatives such as alcohol or formaldehyde are “fixed”)

☐ Handle blood, blood products, body fluids, or unfixed tissues or organs of animals infected with BBPs?

☐ Handle sharp instruments such as knives, needles, scalpels, or scissors, that have been used by others working with human blood products, body fluids tissue or organs or blood products, body fluids tissues or organs of animals infected with Hepatitis B virus

☐ Enter areas where other individuals work with human or animal blood, body fluid, or tissues and/or perform tasks within this environment?

☐ Perform tasks which may potentially result in the lab workers exposed skin or mucous membranes coming in contact with human or animal blood, body fluids, organs, or tissues which are infected with BBPs (whether known or unknown of infectious status)?

If the answer to any of the above questions is yes, then the individuals performing those tasks are considered to be at an occupational risk of exposure to blood-borne pathogens and must be provided with appropriate training and protection.

The following are a few examples of a potential for occupational exposure in the workplace:

<table>
<thead>
<tr>
<th>Occupations</th>
<th>Potential Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping</td>
<td>cleaning blood spills, dried blood, handling infectious materials</td>
</tr>
<tr>
<td>University Police</td>
<td>crime scene, bitten by suspect, contact with sharp objects during a search or scuffle</td>
</tr>
<tr>
<td>Research Laboratory Personnel</td>
<td>spills of infectious material, cuts, handling wastes</td>
</tr>
<tr>
<td>Phlebotomists</td>
<td>sharps, drawing blood, handling wastes, needle-sticks</td>
</tr>
<tr>
<td>Infectious waste handlers</td>
<td>handling containers of infectious waste</td>
</tr>
<tr>
<td>Maintenance workers/Plumbing</td>
<td>working in areas where blood or body fluid contamination is present</td>
</tr>
<tr>
<td>Athletics</td>
<td>cleaning and dressing wounds, performing First-aid or CPR</td>
</tr>
</tbody>
</table>
2.0 METHODS OF COMPLIANCE

When a new employee starts working, or when an employee changes jobs, the following process shall take place to assure that they are trained in the appropriate work practice controls:

- The Supervisor shall review the job description and determine if the possibility exists of any type of exposure while the employee performs the job duties.
- The new employee’s job classifications, and job functions shall be checked against the Job Classification and Task Lists identified in the Department’s Exposure Control Plan, as those in which occupational exposure occurs.
- If necessary, the employee shall then receive training or shall be scheduled to attend appropriate training programs. Training should be given before or within 30 days of the start date. The employee shall also be provided with the hepatitis B vaccine within 10 days of assuming his/her new responsibilities.

2.2 UNIVERSAL PRECAUTIONS

Universal Precautions apply to all individuals in the university who may be exposed to blood/body fluids of another individual in any work environment. These procedural guidelines are put forth as a guide for employees to help protect them from exposures.

1. Use protective eye wear and a face shield for procedures that commonly result in the generation of droplets or splashing of blood or other bodily fluids.
2. Use laboratory coats when conducting laboratory procedures, and additional protection (e.g., gowns or aprons) when conducting procedures in which the splashing of blood or other bodily fluids can be reasonably anticipated.
3. Use gloves during all procedures that involve the handling of items containing or contaminated with blood, or in areas where items (such as benches) could be contaminated with potentially infectious materials.
4. Do not wear torn gloves. Remove and replace them promptly.
5. Change gloves and wash your hands upon completing specimen processing.
6. Put all specimens of blood and bodily fluids into a well-constructed container with a secure lid to prevent leakage during transport.
7. Exercise care when collecting each specimen to avoid contaminating the outside of the container and the laboratory form accompanying the specimen.
8. Use biological safety cabinets when conducting procedures that have a high potential for generating aerosols.
9. Use mechanical pipetting devices for manipulating all liquids in the laboratory. Mouth pipetting is prohibited.
10. Limit the use of needles and syringes to situations where there are no other alternatives.
11. Decontaminate laboratory work surfaces with an appropriate chemical germicide after a spill of blood or other bodily fluids and upon completing work activities.
12. Clean equipment with a mild solution (1:10 dilution) of household bleach or an appropriate chemical germicide upon completing laboratory procedures. Never store contaminated equipment without the appropriate biohazard label.
13. Wash your hands upon completing laboratory activities; remove protective clothing before leaving the laboratory.
2.0 METHODS OF COMPLIANCE

14. Immediately remove clothing that becomes contaminated with blood or other bodily fluids during collection procedures. Keep such clothing separate from other clothing until properly laundered.

The following are the key elements used at Florida International University to control occupational exposures to bloodborne pathogens. All blood and body fluids must be considered as potentially infectious and personnel are to use appropriate protective measures to prevent exposure.

Personnel Practices

Hand washing:
- Hands should be washed before leaving the room in which work was conducted.
- Hand washing technique
  - Step 1: Use running water,
  - Step 2: Use enough soap
  - Step 3: Use enough friction
  - Step 4: Do not rush the process
  - Step 5: Rinse well
  - Step 6: Dry hands thoroughly with disposable paper towel or under air dryer
  - Step 7: Turn off faucet with paper towel

Contaminated Needles and Other Sharps:
- Do NOT recap, bend, or break used needles.
- Discard needles & sharps in appropriate "sharps" containers.
- Transport reusable sharps in leak-proof puncture-resistant container.
- Use mechanical device (forceps) to place contaminated broken glass into appropriate containers for autoclaving.

Personal Protective Equipment for Blood or Body Fluid Contact:
- Gloves must be used when touching blood or body fluids, mucous membranes, or non-intact skin of patients, when handling items or surfaces soiled with blood or body fluids, or when performing vascular access procedures (phlebotomy).
- Appropriate gowns or aprons when splashes or soiling of skin or clothing with blood or body fluids is likely.
2.0 METHODS OF COMPLIANCE

- Masks and goggles, or face shield during procedures likely to generate splashes of blood or body fluids into the mouth, nose, or eye.

Environmental Controls

General Housekeeping:
- Maintain work area in clean and sanitary condition.
- Decontaminate work surfaces when contaminated or after procedures are completed.
- Remove any protective work surface coverings when contaminated.

Blood or Body Fluid Spill
- Whenever cleaning a spill, the appropriate Personal Protective Equipment, including disposable gloves and a lab coat should be worn.
- If the spill involves broken glass or sharps, DO NOT pick up the pieces up by hands. Use mechanical means such as forceps or pan & brush (which will be decontaminated later) to pick up pieces and then dispose of appropriately.
- Cover the spill with paper towels and carefully pour an appropriate disinfectant around the spill. Try not to create any aerosols while performing this task.
- Cover the spill with disinfectant soaked paper towels and let stand for 20 minutes.
- Once the 20 minutes have expired, collect all materials and dispose of in an autoclave bag for decontamination/sterilization.
- Remove contaminated gloves, clothing and dispose of as well.
- Thoroughly wash hands with soap and water.

Biomedical Wastes
- Dispose waste according to State of Florida Regulation CFR 64E-16 (refer FIU Biomedical Waste Plan on the EH&S website at ehs.fiu.edu).

Transport
- Consider all laboratory specimens of human or animal origin as potentially infectious.
- Use leak proof containers for laboratory specimens.
- Place container in a sealable secondary container for transport.

Exposures to blood or body fluid via broken skin or needle sticks or mucous membrane contact:
- Wash affected area immediately and apply first aid.
- Contact EH&S at 348-2621.

2.3 ADMINISTRATIVE AND ENGINEERING CONTROLS
These practices are used to help reduce or eliminate potential exposure to human blood and other body fluids. Universal Precautions shall always be implemented to assure that exposure risks are minimized.
2.0 METHODS OF COMPLIANCE

- All potentially infectious materials shall be treated as if they are known to be infectious for HBV, HIV and other BBP. This approach is referred to as “Universal Precautions” and serves to prevent contact with blood and other potentially infectious materials.
- In circumstances where it may be difficult or impossible to differentiate between body fluid types, such fluids shall be assumed to be potentially infectious and proper Universal Precautions will be followed.
- Equipment, such as biological safety cabinets, designed to prevent contact with blood or other potentially infectious materials are classified as engineering controls.
- Hand washing facilities should be readily available for individuals to use while working with potentially infectious materials. If hand washing facilities are not available, then antiseptic hand cleansers shall be provided. Supervisors need to ensure that in cases of blood exposure the affected employee will immediately wash hands after removal of potentially contaminated gloves or other personal protective equipment.
- Mouth-pipetting is strictly prohibited in any work setting.

2.4 WORKPLACE CONTROLS

- Following any contact of body areas with blood or any other infectious materials, immediately wash hands and other exposed skin with soap and water by vigorously rubbing together all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water. Exposed mucous membranes, such as eyes, shall be flushed with water.
- Eating, drinking, smoking, and applying cosmetics or handling contact lenses is strictly prohibited in areas where there is potential for occupational exposure to BBP. Food shall not be stored in refrigerators, cabinets, etc. where there is a potential for blood exposure.
- Contaminated needles shall not be bent or recapped after use. If it is not possible to avoid recapping the needle, then it may be recapped using some type of mechanical device or using a one-handed technique to recap.
- Immediately after use, contaminated sharps shall be placed in appropriate, puncture-resistant, leak-proof containers and closable once use is finished. These containers shall be color-coded and labeled as biohazardous material.
- Equipment which becomes contaminated shall be examined prior to servicing or shipping off site. Appropriate biohazard warning labels shall be attached to any contaminated equipment, identifying the contaminated portions (every effort shall be made to decontaminate the equipment). Information regarding the contaminated equipment shall be conveyed to all affected employees and the equipment services representative prior handling, servicing or shipping.
- EH&S will work with department heads and supervisors to review tasks and procedures to determine where engineering controls can be implemented or improved. Periodic surveys shall be conducted to review:
  o Operations where engineering controls are currently employed.
  o Changes in work procedures
  o Addition of employees (and/or students) to pre-existing work locations.
2.5 PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is the employee’s “last line of defense” if administrative, engineering, or workplace controls fail to prevent an exposure. PPE minimizes and/or eliminates the likelihood that blood or other potentially infectious materials will make contact with skin, eyes, mucous membranes or underlying clothing. PPE shall be provided, at no cost, to the employee. PPE includes, but is not limited to:

- Gloves
- Safety Glasses/Goggles
- Face Shields/Masks
- Respirators/masks
- Gowns/Lab Coats
2.0 METHODS OF COMPLIANCE

- Supervisors/Faculty shall evaluate the tasks and types of exposure expected. Based upon their evaluation, they will select the appropriate PPE. They must also ensure that the PPE is readily available to the employees when needed.
- Hypoallergenic gloves, glove-liners and similar alternatives shall be made readily available to employees who may need them.
- Any visibly contaminated garment shall be removed immediately or as soon as feasible.
- Masks/goggles shall be used when the generation of splashes or splatters of blood or body fluids is possible.
- When gross contamination is expected, appropriate PPE, such as gowns, gloves, surgical caps, etc., shall be worn.
- To ensure that protective equipment remains in the condition appropriate for the protection of employees from potential exposure, employees (and students) shall adhere to the following practices:
  - Periodically inspect all PPE for any maintenance or replacement that may be needed.
  - Clean reasonable PPE, launder and decontaminate as needed.
  - Discard single-use PPE (or equipment that cannot be decontaminated) as biohazardous materials in appropriately labeled containers.
- All PPE shall be removed and properly stored, when appropriate, once the employee’s tasks are completed.
- Disposable gloves shall not be re-used.
- At the end of each procedure, or as work conditions permits, PPE visibly contaminated with blood and body fluids shall be removed. Hand-washing facilities or alcohol-based sanitizers shall be made readily accessible to all employees with occupational exposures to BBP.
- Any questions, concerns, or consultation on appropriate PPE should be directed to the Department of Environmental Health and Safety.

2.6 HOUSEKEEPING AND WASTE DISPOSAL
Maintaining the work area in clean and sanitary conditions is required as a part of the Exposure Control Plan. Cleaning can be carried out as part of regular work procedures. Departments shall maintain a written schedule for cleaning and decontamination of the appropriate work areas. This schedule shall provide the following minimum information and shall be included as an addendum of their unit Exposure Control Plan.

In accordance with the above, employees shall do the following:
- Follow established procedures and schedules for cleaning potentially contaminated equipment and surfaces.
- Routinely inspect all trash containers, pails, bins, and other receptacles for improperly disposed items. All “red bags” (i.e. biohazards bags) shall be appropriately stored for disposal.
2.0 METHODS OF COMPLIANCE

- Use mechanical means (such as dust pan and brush, tongs, etc.) to pick up potentially contaminated broken glassware. Such glassware and similar sharps shall be disposed of in sharps containers only.
- Decontaminate surfaces after completion of work tasks with an appropriate disinfectant (EPA registered tuberculocidal disinfectants (Appendix I) are recognized as acceptable for decontamination, so is household bleach diluted between 1:10 and 1:100 parts water).
- Place waste in appropriate containers, i.e. broken glass in broken glass containers. Sharps will be placed in appropriate puncture-resistant containers, and contaminated non-sharps items shall be placed in red biohazard bags and disposed of properly in accordance with FAC 64-16E.

Disposal of sharps and non-sharps biomedical/biohazardous wastes will be as follows:
- Discard contaminated sharps waste in containers that are closable, puncture-resistant, leak-proof and labeled with the biohazard symbol.
- Keep the sharps container upright and make sure the container is not overfilled
- Close the container before removal and replacement
- Secondary containers (larger container where the sharps containers and other wastes go) will be closeable, constructed to contain all the contents that are placed inside, leak-proof, and labeled as biohazardous.
- Place non-sharps contaminated waste in closeable, leak-proof biohazard-labeled containers.
- Close all containers prior to removal from the area/facility.

For additional information concerning Biomedical Waste Disposal or cleaning of areas, please refer to the FIU Biomedical Waste Plan on the Department of Environmental Health and Safety website: ehs.fiu.edu.

2.7 LABELS AND SIGNS
All employees must be informed of any types of risks associated with contact with human blood and other human body fluids. Labels and signs are a first alert to those individuals that may have a potential exposure to bloodborne pathogens.

Appropriate biohazard warning labeling shall be implemented in each area. At minimum the following items, shall be labeled:
- Containers of regulated waste
- Contaminated laundry bags and containers
- Contaminated equipment
- Any waste that is decontaminated. Sterilized waste must have an indicator on it to identify it as safe (i.e. autoclave tape).
• Biohazard symbol:

• Biohazard signs shall be posted on the doors to research and teaching laboratories, medical examination rooms, or any facility where potentially infectious materials are used or stored.
3.0 HEPATITIS B

3.1 VIRUS
- Hepatitis B virus (HBV) is a major cause of acute and chronic hepatitis, and cirrhosis in the United States. Development of infection can lead to other complications as well.
- The virus is spread in a variety of ways including unprotected sexual intercourse, and intra-venous drug use. In an occupational setting, a person can become exposed and possibly infected by the virus through exposure to infected blood/bodily fluids.
- With Hepatitis B, the onset of symptoms occurs between 45 and 160 days after infection with the virus. Symptoms include, jaundice (yellowing of the skin/eyes), fever, nausea, abdominal pain, loss of appetite, and malaise.

3.2 PREVENTION AND VACCINATION
- There is a vaccine available which provides protection from Hepatitis B infection. It involves a series of three injections over a 6 month period and has been shown to provide immunity for at least 20 years.
- Major deterrents to persons choosing to receive the vaccine have been their lack of knowledge about the risk of the disease and its consequences, and the cost of the vaccine.
- The employer is responsible for providing the Hepatitis B vaccine, at no cost to the employee, and during employee working hours. This must be offered after the employee is trained and within 10 working days of the employee’s initial assignment to the job.
- If the employee declines the vaccine, then he/she must sign a Declination Statement Form (Appendix B). If the employee choses to receive the vaccine at a later date, the employer is required to make the vaccine available at no cost as long as the occupational exposure still exists.
4.0 POST-EXPOSURE PROCEDURES

4.1 EVALUATION AND FOLLOW-UP
All exposure incidents will be regarded as serious and must be reported immediately to the employee’s Supervisor.

These procedures should be followed after an exposure:

Employee
- Administer first aid immediately for any types of injuries, including cuts, and the areas exposed should be thoroughly washed with soap and water.
- Inform the Supervisor.
- Provide the supervisor with detailed information concerning the nature of the exposure, associated biohazards, and the route of exposure.

Supervisor
- Obtain witness reports of the incident.
- Assist the employee in determining the nature of the exposure(s), any biohazards associated with it, and the routes of exposure.
- Retain and secure the source material of the exposure in a safe manner.
- Determine if the incident constitutes an occupational exposure to biohazardous materials and immediately begin documentation of the incident using the Exposure Incident Investigation Form (See Appendix G).
- All information related to employee exposure shall be regarded as confidential. Documentation shall include the activity in which the employee was engaged at the time of exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of exposure (See Appendix G).
- Direct the employee to the designated medical facility for follow-up during normal working hours. If the incidence occurs after working hours, the employee should be directed to the nearest Emergency Room for proper evaluation.
- Inform the employee that acceptance of the evaluations and/or treatments are voluntary and will be provided at no cost to the employee.

The following information must be available to the medical provider performing the post-exposure evaluation:
- A copy of this plan.
- A description of the incident and how exposure may have occurred.
- The exposed employee’s relevant medical records.
- Other information, as deemed appropriate.

The physician will provide the employee with the following in a confidential manner:
- Evaluation of the exposure risk
- A written list of testing and treatment options.
4.0 POST-EXPOSURE PROCEDURES

The supervisor and employee will receive a written medical opinion from the medical provider within 15 days of evaluation. The written opinion will contain:

- A statement that the employee has been informed of exposure risk(s) and treatment options available.
- Whether HBIG or HBV vaccine was indicated for the employee.
- Confirmation that the employee has been informed of the results of the evaluation.
- Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report made available to FIU. Medical records shall not be disclosed to anyone without the employee’s written consent, unless permitted by law.

If the employee becomes ill as a result of the exposure incident, the medical provider will forward a copy of the complete medical report to Environmental Health and Safety.
5.0 TRAINING REQUIREMENTS

Employee training or competence, established through education and experience, is mandatory for full compliance with the BBP Standard.

Employees/students shall be trained regarding the use of appropriate personal protective equipment (PPE) for their job classifications and tasks/procedures they perform.

All training shall occur before the employee begins their assignment, and will take place once annually thereafter as part of refresher training to assure compliance with the OSHA Blood-borne Pathogens Standard. This refresher training is MANDATORY for anyone working in a job function which may expose them to blood or bodily fluids.

Additional training shall be provided whenever an employee starts a new position or assumes new job functions. To determine whether additional training is needed, the supervisor should evaluate the employees’ previous job classifications/tasks and compare those to the new job or functions. Once this has been done, the supervisor will determine whether or not additional training is necessary for the employee in question.

Trainings will be provided through Environmental Health and Safety. Courses are available online or in-person. Questions about training may be addressed to the Training Education Coordinator by phone: (305) 348-1421 or email: ehstrrain@fiu.edu.

All training programs shall include, but are not limited to, the following:

- Requirements of the BBP Standard
- The epidemiology and symptoms of bloodborne diseases- specifically Hepatitis B, Hepatitis C, and HIV.
- Modes of transmission of bloodborne pathogens.
- University/Departmental Exposure Control Plan and where employees can obtain a copy.
- Explanation of how to identify tasks that may involve/create occupational exposures.
- A review of methods to be used to prevent or reduce exposure (such as engineering and work practice controls, use of personal protective equipment, etc.)
- Proper selection, use, maintenance, storage, and disposal of personal protective equipment.
- The use of appropriate labeling- biohazards labels, signs and “Color coding.”
- The Hepatitis B vaccine efficacy, safety and benefits
- Actions to be taken in case of emergencies involving BBP.
- An explanation of the procedures to follow if an exposure incident occurs, including reporting and medical follow-up.
- Information on the post-exposure evaluation and follow-up to be provided to employees in the case of an exposure incident.
6.0 RECORDKEEPING REQUIREMENTS

Each department shall maintain records containing the following information below, and shall forward copies as indicated to the Department of Environmental Health and Safety for recordkeeping compliance.

6.1 MEDICAL RECORDS

- Any medical records concerning the employee will be maintained by the designated medical provider for a period of at least 30 years per OSHA requirements.
- These records include the employee name and I.D. number, the employee’s Hepatitis B immunization status, and copies of medical exams/treatments of any post-exposure incidents.
- All records are confidential and shall not be released to any person without the employee’s consent or as required by law.

6.2 TRAINING RECORDS

- Training records for the initial BBP training as well as subsequent annual refresher courses. These records shall include the following:
  - Dates of all training sessions
  - Contents/Summary of the training sessions
  - Names and qualifications of instructors
  - Names and job titles of employees attending the training sessions

These training records will be maintained by Supervisor for a minimum of 3 years. Training records shall be made available for examination and copying by employee and their representatives, as well as representatives of regulatory agencies.

6.3 VACCINATION/DECLINATION RECORDS

- Declination Statements and vaccination records (copies) shall be maintained by the supervisor and shall be readily accessible for review by regulatory agencies and EH&S

6.4 MISCELLANEOUS

- Per the Needle-stick Act of 2000, areas are required to document any type of sharps-related injury. Sharps Injury Log shall be maintained and stored by the Supervisor. At a minimum, the sharps log will contain the following:
  - Type and brand of device involved in the incident
  - Location of incident
  - Description of incident

A copy of the logs described must be readily available for inspection by EH&S or regulatory agencies.

- Any types of training records or other information concerning BBP will be made readily available by Departmental Supervisors upon request.
7.0 MODEL EXPOSURE CONTROL PLAN

This written document outlines the methods by which this department/area will implement its Exposure Control Plan for potential exposure to blood-borne pathogens as mandated by the OSHA Blood-borne Pathogen Standard 29 CFR 1910.1030.

Department or Area name: ________________________________

Building and Room No’s: ________________________________

(For departments that occupy an entire floor, give floor #, include tabs, and storage locations in other buildings)

Last date revised: __________ / __________ / __________ / __________

Approved by: __________________________  __________________________

(Department Head or Area Supervisor) (Title)

Signature: ______________________________

RESPONSIBLE PERSONS
The Biosafety Officer shall require the assistance of each department/area head in assuring their department fulfills its responsibility to comply with the requirements of the OSHA BBP Standard and the FIU Exposure Control Plan. The individual designated to fulfill this responsibility of the departmental/area Exposure Control Officer is:

________________________________________  _________________

Employees name or title  Telephone #

AVAILABILITY TO EMPLOYEES AND STUDENTS
This Exposure Control Plan, along with specific controls, shall be made available to employees and students. Employees shall be advised of the availability of this document during their education/training sessions.

Copies of the Department's/Area’s Exposure Control Plan is kept in the following location:

Department/Area Name: ________________________________

Building and Room No: ________________________________

Contact Person: ________________________________
EXPOSURE DETERMINATION

Florida International University advocates that all employees who perform "Good Sanitation" acts, such as assisting an employee with a nose bleed, be provided with follow-up procedures should the assisting employee, while performing the "Good sanitation" act, experience an exposure incident.

Job classifications in which all employees have exposure to BBP
Below are listed the job classifications within this department, in which employees do come into contact with human blood or other potentially infectious materials:

<table>
<thead>
<tr>
<th>Job Title/Classification</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</table>

Job classifications in which some employees may have exposure to BBP
Below are listed other job classifications in the department in which some employees may reasonably come into contact with human blood or other potentially infectious materials, which may result in possible exposure to BBP:

<table>
<thead>
<tr>
<th>Job Title/Classification</th>
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<tbody>
<tr>
<td>1.</td>
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</table>

Work Activities Involving Potential Exposure to BBP
Below are listed the work activities of the job classifications identified above which involve potential exposure to blood-borne pathogens.

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Task/Procedure</th>
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<td>1 b)</td>
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<td>1 c)</td>
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</tbody>
</table>

Employees shall periodically review the job classifications and tasks identified above. Should their job classification or job descriptions change to include any of the above, they shall immediately notify their supervisor or the contact person of the need to be included in the department’s exposure control plan.
WORK CONTROL PRACTICES
____________________ shall be responsible for overseeing the implementation of work practice controls in this department/area.

Personal Protective Equipment
____________________ shall work with faculty and staff to assure appropriate personal protection equipment is provided, used, stored and maintained as required.

Housekeeping
____________________ shall be responsible for establishing the cleaning and decontamination schedule, as appropriate, as follows:

<table>
<thead>
<tr>
<th>Equipment / Area</th>
<th>Day / Time</th>
<th>Disinfectant to be Used</th>
<th>Special Instructions</th>
<th>To bePerformed by</th>
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Labels and Signs
____________________ shall assure signs are made available and appropriately affixed to all locations within the department/area where they may be required.

HEPATITIS B VACCINATIONS
____________________ shall be responsible for administration of the hepatitis B vaccination program for the department/area and shall maintain records as appropriate.

All signed declination statements, purchase orders to health care providers for administering the vaccine, and invoices for such services shall be maintained in a separate file. Declination statements shall available for review by regulatory agencies and the Department of Environmental Health and Safety.

a) Employees eligible for participation in Hepatitis B Vaccination Program

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Accepted / Denied</th>
<th>Administrative Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date #1</td>
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Florida International University
Environmental Health and Safety
Blood-borne Pathogen Exposure Control Plan
Biosafety Officer: Tamece Knowles

Origination Date: 03/1995
Revision Number: 07
Revision Date: 11/2013
Page 27 of 74
If an employee, potentially exposed to HBV, chooses to refuse participation in the vaccination program, the declination statement shall be completed.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Following an exposure incident, employees shall immediately do the following:

1. Administer first aid
2. Notify their supervisor.
3. Notify the Office of Worker’s Compensation (348-7960)

Supervisors notified of an exposure incident shall immediately do the following:

1. Documentation (investigation) of the routes of exposure and the circumstances under which exposure occurred.
2. Attempt to identify the source material or individual.
3. Attempt to obtain consent of the source individual to determine HBV or HIV infectivity.

Medical Care Providers shall be required to do the following:

1. With the consent of source individual conduct testing for HBV or HIV infectivity
2. Make, results obtained from source individual testing, available to the exposed employee
3. Advise employee of applicable laws related to disclosure of information received on the source individual
4. Collect employee blood sample
5. Obtain consent of exposed employee to conduct serological testing
6. If consent is not obtained for serological testing, maintain blood sample for 90 days, should employee later elect to have testing
7. As appropriate, provide post exposure prophylaxis
8. As appropriate, provide for employee counseling
9. Provide written opinion, per 29 CFR 1910.1030(f)(5)(ii), to the Director of Human Resources of the University

Following a report of an exposure incident, the Worker’s Compensation Office shall immediately contact the Exposure Control Officer who shall provide the medical care provider with the following:

1. A copy of 29 CFR 1910.1030
2. A copy of the exposed employee's job duties
3. Description of the route of exposure and the circumstances of exposure

4. The source individual's consent

5. The source material for testing

6. The exposed employee's vaccination status

**RECORDKEEPING**

___________________ is responsible for management of appropriate records for this department.

Medical Records

The following confidential records shall be maintained as part of the employee's personnel file for the duration of employment, plus 30 years, and shall not be reported to anyone, except as may be required by law, without the employee's written consent.

1. Employee name and social security number.

2. Employee vaccination status including dates administered and medical records related to the employee's ability to receive vaccination.

3. Copy of results of exams and tests conducted as part of exposure follow-up procedures.

4. The medical provider’s written opinion directed to the University, following post exposure evaluation.

5. Copy of information provided to the medical provider as part of the post exposure evaluation process.

Collation of appropriate information for employee files shall be overseen by the Unit Exposure Control Officer.

**TRAINING RECORDS**

Training records shall be maintained by each department, as follows:

1. Dates of training sessions.

2. Contents and summary of training sessions.
3. Names and qualifications of persons conducting the training.

4. Name and job titles of all persons attending the training.

Training records shall be maintained for a minimum of 3 years. Duplicate records shall be sent to the Department of Environmental Health and Safety for centralized document control.

**Training Materials/Compliance Issues**

Training materials and resources are available through the EH&S Safety Education Program. Training courses are accessible online via the EH&S Online Safety Training website at: ehs.fiu.edu or by contacting the Safety Education Coordinator (email: ehstrain@fiu.edu or phone: 348.1421).

For questions concerning compliance with the OSHA BBP Standard (29 CFR 1910.1030) or to request compliance assistance, contact the FIU Biosafety Officer at 305.348.3387.
APPENDICES

A.  BLOODBORNE PATHOGEN EXPOSURE CONTROL COMPLIANCE ACKNOWLEDGEMENT FORM

B.  HEPATITIS B VACCINE DECLINATION FORM

C.  OSHA BLOODBORNE PATHOGEN STANDARD

D.  QUICK START GUIDE

E.  SELF AUDIT FORM

F.  PERSONAL PROTECTIVE EQUIPMENT FORM

G.  EXPOSURE INCIDENT INVESTIGATION FORM

H.  BIOHAZARD SPILL DECONTAMINATION

I.  GENERAL INFORMATION
APPENDIX A

BLOODBORNE PATHOGEN EXPOSURE CONTROL COMPLIANCE
ACKNOWLEDGEMENT FORM
Blood-borne Pathogens Exposure Control
COMPLIANCE ACKNOWLEDGEMENT

NAME: ________________________ TELEPHONE: ___________ EMAIL: ___________

DEPARTMENT: ____________________________

LOCATION(S) OF ACTIVITY: ____________________________

I ACKNOWLEDGE THAT:
I have identified all exposures to blood-borne pathogens that are likely as part of this activity.

I ACKNOWLEDGE THAT:
I have identified engineering and administrative controls that are appropriate for this research/program activity.

I ACKNOWLEDGE THAT:
I have identified all University personnel who are likely to be exposed to blood-borne pathogens as participants in this activity.

I ACKNOWLEDGE THAT:
All University personnel involved in this activity have been appropriately trained; provided with necessary personal protective equipment and afforded the opportunity to receive the Hepatitis B vaccine series or sign the Declination Statement.

I ACKNOWLEDGE THAT:
I have read the FIU Blood-borne Pathogen Exposure Control Plan. I fully understand my responsibilities and I am prepared to assure compliance with the plan.

CHECK ONE:
○ PRINCIPAL INVESTIGATOR ○ LAB MANAGER ○ PROGRAM ADMINISTRATOR

SIGNATURE: ____________________________ DATE: __________________

Please return completed form to the Department of Environmental Health & Safety: CSC 146

07/13 - Bloodborne Pathogen Exposure Control Compliance Acknowledgement Form - EHS-F61
APPENDIX B

HEPATITIS B VACCINATION DECLINATION FORM
EMPLOYEE DECLINATION STATEMENT
(Decline Hepatitis B Vaccine)

Florida International University is making the hepatitis B vaccination series available to employees who may have occupational exposure to the hepatitis B virus.

The vaccination series consists of three shots, administered at intervals, to the deltoid muscle (upper arm). The three shot series will be administered at intervals of - one month between the first and the second shot, and six months between the second and the final shot. Your department will maintain records of having offered the vaccination series to you. Therefore, if you do not want the vaccination at this time, this declination statement will serve to document your choice.

The vaccination series will be:

- Made available to you at no cost.
- Made available to you at a convenient time and place.*
- Administered by, or under the supervision of a licensed physician or nurse.
- Provided according to guidelines of the U.S. Public Health Service.
- Made available after you have received training concerning procedures for preventing and controlling exposure to blood borne pathogens.
- Participation in a pre-screening program is not a prerequisite for receiving the hepatitis B vaccination series.

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 offered the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself; however, I choose to decline hepatitis B vaccination at this time. I understand that by declining this...

NAME OF EMPLOYEE DECLINING VACCINATION:
___________________________________________

SIGNATURE OF EMPLOYEE DECLINING VACCINATION:
___________________________________________

DATE: ___________________________________

* Your supervisor will confirm the date, time and location of your appointment.
APPENDIX C

OSHA BLOODBORNE PATHOGEN STANDARD
**Blood-borne Pathogens**

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions. For purposes of this section, the following shall apply:

"Assistant Secretary" means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

"Blood" means human blood, human blood components, and products made from human blood.

"Blood-borne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

"Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

"HBV" means hepatitis B virus.
"HIV" means human immunodeficiency virus.

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Other Potentially Infectious Materials" means (1) The following human body fluids: 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 in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production Facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials 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; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research Laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores. "Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

"Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control.

(c)(1) Exposure Control Plan.

(c)(1)(i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this
section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii) The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A) The exposure determination required by paragraph (c)(2), 1910.1030(c)(1)(ii)(B)

(c)(1)(ii)(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(c)(1)(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) Exposure Determination.

(c)(2)(i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B) A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(d)(1) General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(d)(2) Engineering and Work Practice Controls.
Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Employers shall provide handwashing facilities which are readily accessible to employees.

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

- puncture resistant;
- labeled or color-coded in accordance with this standard;
- leakproof on the sides and bottom; and
- in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

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

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or
..1910.1030(d)(2)(xi)

(d)(2)(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(d)(2)(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(d)(2)(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

..1910.1030(d)(2)(xiii)(C)

(d)(2)(xiii)(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

..1910.1030(d)(3)

(d)(3) Personal Protective Equipment.

(d)(3)(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
(d)(3)(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii) Accessibillity. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii) All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(1) Periodically reevaluate this policy;

(d)(3)(ix)(D)(2) Make gloves available to all employees who wish to use them for phlebotomy;
(d)(3)(ix)(D)(3) Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4) Require that gloves be used for phlebotomy in the following circumstances:

[i] When the employee has cuts, scratches, or other breaks in his or her skin;

[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

[iii] When the employee is receiving training in phlebotomy.

..1910.1030(d)(3)(x)

(d)(3)(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4) Housekeeping.

(d)(4)(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

..1910.1030(d)(4)(ii)(A)

(d)(4)(ii)(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(d)(4)(ii)(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
(d)(4)(ii)(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii) Regulated Waste.

..1910.1030(d)(4)(iii)(A)


(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

[a] Closable;
[b] Puncture resistant;
[c] Leakproof on sides and bottom; and
[d] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(2) During use, containers for contaminated sharps shall be:

[a] Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
[b] Maintained upright throughout use; and
[c] Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

[a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
[b] Placed in a secondary container if leakage is possible. The second container shall be:
[i] Closable;
[ii] Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
[iii] Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B) Other Regulated Waste Containment.
Regulated waste shall be placed in containers which are:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

[a] Closable;

[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

..1910.1030(d)(4)(iv)

(d)(4)(iv) Laundry.

(d)(4)(iv)(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

..1910.1030(d)(4)(iv)(C)
(d)(4)(iv)(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(e)(1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2) Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii) Special Practices

(e)(2)(ii)(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air
(HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii) Containment Equipment.

(e)(2)(iii)(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3) HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii) An autoclave for decontamination of regulated waste shall be available.

(e)(4) HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate
..1910.1030(e)(4)(iii)

(e)(4)(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(e)(4)(iv) Access doors to the work area or containment module shall be self-closing.

(e)(4)(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5) Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

..1910.1030(f)(1)

(f)(1) General.

(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(f)(1)(ii)(A) Made available at no cost to the employee;

(f)(1)(ii)(B) Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

..1910.1030(f)(2)

(f)(2) Hepatitis B Vaccination.

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required in
paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(f)(2)(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(f)(3) Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual’s consent is not required by law, the source individual’s blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual’s known HBV or HIV status need not be repeated.

(f)(3)(ii)(C) Results of the source individual’s testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii) Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
(f)(3)(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;


(f)(4) Information Provided to the Healthcare Professional.

(f)(4)(i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information: (f)(4)(ii)(A)

A copy of this regulation;

(f)(4)(ii)(B) A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D) Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(5) Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A) That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6) Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees.
(g)(1) Labels and Signs.

(g)(1)(i) Labels.

(g)(1)(i)(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B) Labels required by this section shall include the following legend:

BIOHAZARD

(For Illustration of Biohazard symbol, refer to page 18 in the BBP Exposure Control Manual)

(g)(1)(i)(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

..1910.1030(g)(1)(i)(E)

(g)(1)(i)(E) Red bags or red containers may be substituted for labels.

(g)(1)(i)(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii) Signs.

(g)(1)(ii)(A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

(For Illustration, Biohazard symbol, refer to page 18 in the BBP Exposure Control Manual) (Name of the Infectious Agent) (Special requirements for entering the area) (Name, telephone number of the laboratory director or other responsible person.)

..1910.1030(g)(1)(ii)(B)

(g)(1)(ii)(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a
(g)(2) Information and Training.

(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii) Training shall be provided as follows:

(g)(2)(ii)(A) At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B) Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C) At least annually thereafter.

(g)(2)(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv) Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii) The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C) An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of
personal protective equipment;

(g)(2)(vii)(H) An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

..1910.1030(g)(2)(vii)(M)

(g)(2)(vii)(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N) An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

..1910.1030(g)(2)(ix)(C)

(g)(2)(ix)(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents.

A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping.

(h)(1) Medical Records.

(h)(1)(i) The employer shall establish and maintain an accurate record for each employee with occupational
exposure, in accordance with 29 CFR 1910.1020.

(h)(1)(ii) This record shall include:

(h)(1)(ii)(A) The name and social security number of the employee;

(h)(1)(ii)(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

..1910.1030(h)(1)(ii)(E)

(h)(1)(ii)(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(1)(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h) are:

(h)(1)(iii)(A) Kept confidential; and

(h)(1)(iii)(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2) Training Records.

(h)(2)(i) Training records shall include the following information:

(h)(2)(i)(A) The dates of the training sessions;

(h)(2)(i)(B) The contents or a summary of the training sessions;

(h)(2)(i)(C) The names and qualifications of persons conducting the training; and

..1910.1030(h)(2)(i)(D)

(h)(2)(i)(D) The names and job titles of all persons attending the training sessions.
(h)(2)(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3) Availability.

(h)(3)(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

..1910.1030(h)(4)

(h)(4) Transfer of Records.

(h)(4)(i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.
APPENDIX D

QUICK START GUIDE
Quick-Start Guide

Be Familiar with the Bloodborne Pathogens Standard

- Become familiar with the requirements of the standard
- Understand employer’s responsibilities and employees’ rights

Identify the employees that need to be trained by evaluating job descriptions/tasks

- Exposure determination must be performed to identify those individuals at risk of occupational exposure
- Supervisors of each department are responsible for informing Environmental Health and Safety of any changes in the job classification status of an employee. This includes any new hires that need to be trained.

Know each of the biohazards that are associated with working in your setting

- By being aware of the risks associated with each task, the Supervisor can determine what type of training is needed for each of the individuals.

Review and update existing methods of controlling workplace exposures

- Universal precautions: treat all blood and blood products, body fluids and all other potentially infectious material as infectious regardless of the original source
- Engineering controls: these include biological safety cabinets, glove boxes, sharps containers
- Work practice controls: standard practices, housekeeping, infectious waste disposal, decontamination
- Personal protective equipment: safety glasses, gloves. Face shields, lab coats.

Develop methods to communicate this information to your employees

- Requirements of the training program
- Requirements of the Medical Surveillance Program

Follow-up

- Evaluate the training program to ensure employees are aware and know how to prevent exposures in their environment
• Develop a way to identify new tasks that would place an individual at risk and methods to control that exposures

• Train new employees before they are introduced into the work area

• Keep all training records

• Observe constantly for employee compliance
APPENDIX E

SELF-AUDIT FORM
## BLOODBORNE PATHOGENS

**Inspection / Audit:** Ref 29CFR 1910.1030  
**CDC Recommendation:** PL 100.607 (1988)

### A. EXPOSURE CONTROL PLAN (ECP)
- **A. Written Plan**
- **B. Identifying tasks**
- **C. Procedures**
- **D. Classification where occupational exposure to blood may occur**

### B. SCHEDULE FOR IMPLEMENTATIONS, OTHER PROVISIONS
- **A. Evaluating circumstances surrounding exposure incidents.**

### C. PLAN (written) AVAILABLE AND ACCESSIBLE TO
- **A. Employees**
- **B. Statutory Authorities (State & OSHA)**
- **C. Review & Update Procedures**

### D. METHODS OF COMPLIANCE FOR PERFORMANCE STANDARDS
- **A. Universal Precautions Practiced**
- **B. Engineering & Work Practice Controls**
- **C. Hand washing Facilities**
- **D. Packaging of Specimens**
- **E. Methods for Regulated Waste-Labeling**
- **F. Decontamination Procedures**
- **G. Disposal of Regulated Waste Procedures**

#### Use Of PPE Provided
- **A. Hazard evaluation for type of PPE**
- **B. Mandatory use of PPE instituted.**
- **C. Types of PPE available**
- **D. Disposable Types**
- **E. Non-disposable types**
  - Cleaning
  - Disinfection
  - Repair
  - Storage etc
- **G. Label contaminated equipment**

### E. WRITTEN SCHEDULE FOR CLEANING
- **Method of Decontamination**
- **Standards for Containers**
- **Required Equipment Contaminant.**
F. **HEPATITIS B**

Requirement: **VACCINATION** available to all employees who have occupational exposure to blood - written 10 working days of assignment - no cost to worker. 
Declination form must be signed by workers who choose not to be vaccinated.

Booster doses- free.

G. **POST EXPOSURE EVALUATION FOLLOW UP**

Follow up procedures to be made available to all employees who have had an exposure incident. **Records to be kept of Lab Tests.**

Confidentiality of Records & Diagnosis and Information.

H. **HAZARD COMMUNICATION**

A. Warning Labels

B. Orange Red / Biohazard Symbol affixed to containers of regulated waste.

C. Restricted Area Signs.

I. **TRAINING AND INFORMATION**

Initially upon assignment and annually.

**Training to include:**

A. Copy of the Regulatory Text and Explanation of Contents.

B. Discussion on Bloodborne diseases and transmission means.

C. Written exposure control plan (ECP).

D. Emergency and work practice controls.

E. Personal Protective Equipment - use, limitations etc.

F. Hepatitis B Vaccine.

G. Response to emergencies involving blood.

H. How to handle exposure incidents.

I. Post exposure evaluation and follow up program.

J. Signs, Labels and color coding (Biohazard Symbol).

**Note:** Records of all training must be kept

J. **ADDITIONAL SPECIALIZED**

Sharps encounter; unpredictable violent or psychotic behavior. Unusual circumstances or events, e.g. fights, assaults, CPR, searches and evidence handling, autopsies, and body removals.

K. **RECORD KEEPING**

Records of all related training
SS#, address, work occupation etc. HBV Status - Vaccination
Records of Incident Exposures required Declination Forms Signed
Examination Results - Confidentiality made available only to Employee Records to be kept for 30 years
Classification of Workers Class I, 11, III
APPENDIX F

PERSONAL PROTECTIVE EQUIPMENT FORM
Personal Protective Equipment Form

To be used for identification of individual employee’s Personal Protective Equipment needed for each task performed. Copies are to be forwarded to the Department of Environmental Health and Safety Biosafety Officer, CSC 146.

Employee’s Name __________________________________________
I.D. # __________________________________________________
Job title: _________________________________________________
Tasks performed: __________________________________________

Required Personal Protective Equipment:

___ Sterile medical gloves           ___ Lab coat or apron
___ Work/Utility gloves             ___ Mask
___ Eye protection
___ Other: ________________________________

Signature: _______________________________________________
Title: _________________________________________________
Date: _________________________________________________

Please return completed form to the Department of Environmental Health & Safety: CSC 146
- Personal Protective Equipment Form -  
EHS-F154
APPENDIX G

EXPOSURE INCIDENT INVESTIGATION FORM
Exposure Incident Investigation Form

Use this form to report any blood-borne pathogen exposure incidents. Fax completed form to the Biosafety Office at 348-3574.

SECTION I: ALL BBP EXPOSURE INCIDENTS

Date of Report: __________
Name: _______________________   Date of Exposure Incident: ____________________
Phone: (W) _____________ (H) _____________
Hepatitis B Status: ☐ vaccine received, date: _______ ☐ vaccine declined
Location of Occurrence: ☐ On campus     ☐ Off Campus
Building and Room Number: _________________________
Potentially Infectious Materials Involved: _______________________________________
(Blood, body fluid, etc)
Source: ________________________      Telephone: ______________________________
(Individual or Supplier)
If source from individual, health status of individual known: ☐ yes     ☐ no
Describe the task being performed at the time of the exposure:

Identify the route of exposure (skin, eye, mucous membrane, etc):

List PPE being used at the time of exposure:

To whom has the incident been reported?
1. Name: ___________________     Dept: ______________ Phone #: ___________
2. Name: ___________________     Dept: ______________ Phone #: ___________

Witnesses present (P.T.O. for witness statement):
1. Name: ___________________     Phone # (W/H): ______________________
2. Name: ___________________     Phone # (W/H): ______________________

SECTION II: FIU EMPLOYEES ONLY

Job Title: ___________________ Injured on the job? ☐ yes ☐ no Date reported:___________
Medical treatment provided? ☐ yes ☐ no If yes, where: _____________________________
Has claim or injury report been filed with FIU Worker’s Comp: ☐ yes ☐ no
If not, please contact the Worker’s Comp Program Manager at 348-7960

Form completed by:
Name: ______________________
Title: _________________________
Signature: ___________________
APPENDIX H

BIOHAZARD SPILL DECONTAMINATION
Biohazard Spill Decontamination

Spills of biohazardous materials can occur in any workplace setting. This document is to provide a framework for cleanup procedures involving biohazardous materials that may potentially expose employees or students to BBP.

For this framework, potentially infectious materials include: 1) blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial, peritoneal, amniotic fluid, or any body fluid that is visibly contaminated with blood or any body fluid where it is difficult to differentiate between body fluids; 2) any unfixed tissue or organ from a human or any BBP-containing cell or tissue cultures and BBP-infected blood, organs or tissues from animals infected with BBP.

Step 1: Required PPE:

The following items must be worn for protection when cleaning up a spill BEFORE entering the area of contamination. Instructions are for small spills only.

- Gloves: Nitrile, two pairs worn. For larger spills, vinyl or rubber gloves can be placed over the nitrile gloves.
- Eyewear: safety glasses should be used for eye protection and a face shield should be used to prevent exposure of mucous membranes such as nose and mouth.
- Clothing: for small spills a lab coat will be acceptable, but for larger spills a full-body Tyvek-type suit should be used.
- Boots: wear disposable Tyvek boot covers when cleaning spills.

Step 2: Cleanup Procedure:

- Completely cover the spill area with 10% bleach and water solution or appropriate EPA-registered product. Apply this solution from the outside edge of the spill and work your way in. Try not to create any type of splashes or aerosols while doing this.
- Under no circumstances is broken glass or sharps to be picked up by hand. A mechanical device such as dustpan, tongs, or forceps should be used. Glass and sharps should be disposed of in the proper sharps containers.
- Cover with paper towels and let stand for approximately 20 minutes to assure proper decontamination.
- Wipe up the area with new, clean paper towels and pick up the contaminated paper towels at the same time.
- Place these materials into a labeled biohazard bag for disposal.
- Using a 10% bleach and water mix, decontaminate all instruments used including face shield, goggles, brooms, etc. Nitrile gloves and non-reusable items must be discarded into biohazard bags for sterilization.

- Once the area of contamination has been cleaned, clean the area again with fresh water and dry the area to remove any leftover bleach residue.
APPENDIX I

GENERAL INFORMATION
Directory of Service and Emergency Providers

University Police
   Emergency 5911
   Non-Emergency
      Modesto Maidique Campus (305) 348-2626
      Biscayne Bay Campus (305) 919-5555

Environmental Health & Safety
   University Park Campus (305) 348-2621
   Biscayne Bay Campus (305) 919-5225

   Lab Safety:
      Biosafety (305) 348-3387
      Chemical Safety (305) 348-7835
      Environmental Compliance (305) 348-2622
      Radiation Safety (305) 348-0489

Student Health Services
   University Park Campus (305) 348-2401/2402
   Biscayne Bay Campus (305) 919-5620

Office of Human Resources
   University Park Campus (305) 348-3273
   Biscayne Bay Campus (305) 919-5545
   Worker’s Compensation (305) 348-7960
EPA’s Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis*, Human HIV-1 and Hepatitis B Virus
(Updated January 27, 2005)

**Product:** ACTRIL COLD STERILANT EPA Reg#: 52252-7 **Registrant:** MINNTECH CORP
**Approval Date:** 08/11/88 **Active Ingredients:** Hydrogen peroxide 0.800% Peroxyacetic acid 0.0600%

**Product:** CAVICIDE EPA Reg#: 46781-6 **Registrant:** METREX RESEARCH CORP
**Approval Date:** 08/22/1988 **Active Ingredients:** Isopropanol 17.200% Diisobutylphenoxyethyl dimethyl benzyl ammonium chloride 0.280%

**Product:** CAVIWIPES EPA Reg#: 46781-8 **Registrant:** METREX RESEARCH CORP
**Approval Date:** 12/05/01 **Active Ingredients:** Isopropanol 14.3% Diisobutyl-phenoxyethoxyethyl dimethyl benzyl ammonium chloride 0.230%

**Product:** CPPC STORM EPA Reg#: 67619-13 **Registrant:** CLOROX PROFESSIONAL PRODUCTS CO
**Approval Date:** 24-Nov-2004 **Active Ingredients:** Sodium hypochlorite 2.4%

**Product:** CPPC TSUNAMI EPA Reg#: 67619-12 **Registrant:** CLOROX PROFESSIONAL PRODUCTS CO
**Approval Date:** 30-Nov-2004 **Active Ingredients:** Sodium hypochlorite 0.55%

**Product:** DETERGENT DISINFECTANT PUMP SPRAY EPA Reg#: 1839-83 **Registrant:** STEPAN CO
**Approval Date:** 10/22/80 **Active Ingredients:** Alkyl*dimethyl ethylbenzyl ammonium chloride*(68%C12,32%C14)0.105% Alkyl* dimethyl benzyl ammonium chloride*(60%C14, 30%C16, 5%C18, 5%C12) 0.105%

**Product:** DISCIDE ULTRA DISINFECTING SPRAY EPA Reg#: 10492-5 **Registrant:** PALMERO HEALTH CARE
**Approval Date:** 31-Mar-1998 **Active Ingredients:** Isopropyl alcohol 63.25% Alkyl* dimethyl ethylbenzyl ammonium chloride *(68%C12, 32%C14) 0.12% Alkyl* dimethyl benzyl ammonium chloride *(60%C14, 30%C16, 5%C18, 5%C12) 0.12%

**Product:** DISINFECTANT D.C. 100 EPA Reg#: 70627-2 **Registrant:** S.C. JOHNSON COMMERCIAL MARKETS INC.
**Approval Date:** 09/29/1997 **Active Ingredients:** Alkyl*dimethyl benzyl ammonium chloride*(60%C14,30%C16,5%C18,5%C12) 0.1050% Alkyl*dimethyl ethylbenzyl ammonium chloride*(68%C12,32%C14) 0.1050%

**Product:** ECOTRU EPA Reg#: 70791-1 **Registrant:** ENVIROSYSTEMS INC
**Approval Date:** 10/02/98 **Active Ingredients:** 4-Chloro-3,5-Xylenol 0.200%
Product: ISOTEX 70 DISINFECTING TOWELETTES/TELASEPTIC DISINFECTING EPA Reg#: 10492-4 Registrar: PALMERO HEALTH CARE Approval Date: 12-Mar-1984 Active Ingredients: Isopropyl alcohol 63.25% Alkyl* dimethyl benzyl ammonium chloride *(60%C14, 30%C16, 5%C18, 5%C12) 0.12% Alkyl* dimethyl ethylbenzyl ammonium chloride *(68%C12, 32%C14) 0.12%

Primary: OPTI-CIDE 2 EPA Reg#: 70144-1 Registrar: Micro-Scientific Industries Inc. Approval Date: 7/22/03 Active Ingredients: Isopropanol 21% n-Alkyl (60% C14, 30% C16, 5% C12, 5% C18) dimethyl benzyl ammonium chlorides 0.154% n-Alkyl (68% C12, 32% C14) dimethyl ethylbenzyl ammonium chlorides 0.154%

Product: PHENOLIC DISINFECTANT HG EPA Reg#: 70627-6 Registrar: S.C. JOHNSON COMMERCIAL MARKETS INC. Approval Date: 10/06/98 Active Ingredients: Benzyl-4-chlorophenol 10.50% Phenylphenol 10.50%

Product: PRO-TECH DISINFECTANT CLEANER EPA Reg#: 211-63 Registrar: CENTRAL SOLUTIONS, INC Approval Date: 10-Jul-1996 Active Ingredients: Alkyl* dimethyl benzyl ammonium chloride *(60%C14, 30%C16, 5%C18, 5%C12) 0.105% Alkyl* dimethyl ethylbenzyl ammonium chloride *(68%C12, 32%C14) 0.105%

Product: QUANTUM TB DISINFECTANT EPA Reg#: 1677-199 Registrar: ECOLAB INC Approval Date: 25-Aug-2004 Active Ingredients: Caprylic acid 0.138%

Product: SPRAY ‘N SAN II EPA Reg#: 2915-66 Registrar: FULLER BRUSH COMPANY Approval Date: 12/11/1997 Active Ingredients: Alkyl*dimethyl benzyl ammonium chloride *(60%C14, 30%C16, 5%C18,5%C12) 0.105% Alkyl*dimethyl ethylbenzyl ammonium chloride *(68%C12,32%C14) 0.105%

Product: STERIPHENE II BRAND DISINFECTANT DEODORANT EPA Reg#: 5741-22 Registrar: SPARTAN CHEMICAL COMPANY, INC Approval Date: 10/12/88 Active Ingredients: Ethyl alcohol 64.000% 2-Benzyl-4-chlorophenol 0.071% o-Phenylphenol 0.051%

Product: VIRAHOL EPA Reg#: 60142-1 Registrar: VERIDIEN CORP Approval Date: 08-Dec-2000 Active Ingredients: Isopropyl alcohol 70%
EPA’s Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis*, Human HIV-1 and Hepatitis B Virus
(Updated January 27, 2005)

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<thead>
<tr>
<th>EPA Reg#</th>
<th>Primary Product Name</th>
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<td>211-63</td>
<td>PRO-TECH DISINFECTANT CLEANER</td>
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<tr>
<td>1677-199</td>
<td>QUANTUM TB DISINFECTANT</td>
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<tr>
<td>1839-83</td>
<td>DETERGENT DISINFECTANT PUMP SPRAY</td>
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<td>ISOTEX 70 DISINFECTING TOWELETTES/TELASEPTIC DISINFECTING</td>
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