

SUBJECT: BLOODBORNE PATHOGEN EXPOSURE PLAN

EFFECTIVE
DATE: 08-21-08 (replaces 04-01-05)

APPROVED BY:

Reviewed (no changes): _____

Executive Director

I. POLICY

The McIntosh Trail Community Service Board will comply with Federal Law 1910-1030 of the Occupational Safety and Health Administration (OSHA). This exposure control plan is designed to eliminate or minimize employee exposure to bloodborne pathogens. This comprehensive plan is based on current scientific knowledge, accepted practice guidelines and applicable law and regulations.

II. PROGRAM MANAGEMENT

A. Responsible Persons

1. The Infection Control Nurse (ICN) has the overall responsibility for implementation and management of the Exposure Control Plan. The ICN will be assisted by the site monitors at each facility. The site monitors are identified as the facility and/or department directors or their designee. Activities delegated to the ICN include, but are not limited to, the following:
 - a. Accept overall responsibility for implementing the Exposure Control Plan.
 - b. Communicate with administrative leadership.
 - c. Assist administrators and other employees in developing and administering any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
 - d. Investigate ways to improve the plan.
 - e. Revise and update the plan at least annually or when necessary.
 - f. Collect and maintain a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
 - g. Maintain awareness of current legal requirements.
 - h. Identify system needs.
 - i. Quarterly collate and report employee blood and body fluid exposure trends to Health and Safety Committee.
 - j. Assist with educational training needs for all related infection control policies/procedures.
 - k. Develop and maintain vaccination program and record keeping system.

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II. PROGRAM MANAGEMENT (CONTINUED)

A. Responsible Persons (Continued)

2. Health and Safety Committee

- a. Review employees blood and body fluid exposure trending reports.
- b. Decide on changes to systems and engineering controls.
- c. Review and approve changes in the plan, policies, and procedures.
- d. Meet at least quarterly.
- e. Review and update the job category listings and accompanying work activities.
- f. Review current OSHA interpretations/changes.
- g. Compositions of the committee may include the following persons or departments:
 1. Medical Director
 2. Director of Pine Woods
 3. Infection Control Nurse
 4. Residential Services
 5. Management Information Services

3. Facility and Department Directors/Designees

Directors or their designees are responsible for implementing the Standard and for exposure control and compliance with universal precautions within each of their respective areas. They must:

- a. Ensure compliance with the following related policies and procedures located in this section of the manual:
 1. Implementation of Infection Control Policies and Orientation and Training of Staff;
 2. Body Substance Precautions;
 3. Hand Washing Policy and Procedure;
 4. Sharp Object Handling and Disposal;
 5. Cleaning and Disinfection of Reusable Equipment and Materials;
 6. Infectious Waste Management;
 7. Employees with Diagnosed or Suspected Communicable Diseases;
 8. Employee Immunization Program;
 9. Employee Exposure to Blood and Other Potentially Infectious Body Substances.

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II. PROGRAM MANAGEMENT (CONTINUED)

A. Responsible Persons (Continued)

3. Facility and Department Directors/Designees (Continued)

- b. Oversee implementation and compliance of work practice controls.
- c. Ensure employee training when new employees are hired, when changes occur in engineering, work practice controls, and employee jobs.
- d. Ensure that all departments and work areas have appropriate personal protective equipment available to employees and that employees are trained in the use of this equipment.
- e. Ensure personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- f. Ensure that cleaning schedules are set up and ensure compliance.
- g. Maintain an up-to-date, accurate record of personnel trained.
- h. Maintain training records within the facility or the department for three years.
- i. Maintain appropriate training documentation.
- j. Feedback information to the Infection Control Nurse regarding system change needs.
- k. Ensure employees receive medical consultation and treatment (if required) as soon as possible.
- l. Investigate and record circumstances surrounding exposure incidents within 24 hours after the incident occurs.
- m. Non-compliance will be addressed by the director and re-training will be accomplished through review of the policy on universal precautions and/or consulting with the Infection Control Nurse.

4. Human Resources

Report new and/or revised job classes to members of the Health and Safety Committee.

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II. PROGRAM MANAGEMENT (CONTINUED)

A. Responsible Persons (Continued)

5. Employees

Employees have the most important role in the bloodborne pathogen Compliance program. In this role, they must do such things as:

- a. Review and practice the following policies/procedures:
 1. Implementation of Infection Control Policies and Orientation and Training of Staff;
 2. Body Substance Precautions;
 3. Hand Washing Policy and Procedure;
 4. Sharp Object Handling and Disposal;
 5. Cleaning and Disinfection of Reusable Equipment and Materials;
 6. Infectious Waste Management;
 7. Employees with Diagnosed or Suspected Communicable Diseases;
 8. Employee Immunization Program;
 9. Employee Exposure to Blood and Other Potentially Infectious Body Substances.
 10. Consumers with Diagnosed or Suspected Communicable Diseases.
- b. Recognize what tasks they perform that include occupational exposure.
- c. Plan and conduct all operations in accordance with practice controls, i.e., body substance precautions, hand washing, etc.
- d. Develop and maintain good personal hygiene habits.
- e. Identify and report hazards in the workplace.
- f. Report all exposures.
- g. Accept or decline the Hepatitis B vaccine of a Category I employee.

B. Availability of the Exposure Control Plan

The Exposure Control Plan is available to employees at any time. Employees are advised of this availability during their orientation sessions. Copies of the Exposure Control Plan are in Volume II of the McIntosh Trail Policies and Procedures Manual found in each center.

C. Review and Update of the Plan:

1. The plan shall be reviewed annually by June 30 of each year.
2. The plan shall be updated as necessary whenever tasks and procedures or job classifications or medical guidelines involving occupational exposure are added or changed.

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III. DETERMINATION OF EXPOSURE

A. Definitions. For the purpose of this document:

1. Blood means human blood, blood components, and products made from blood.
2. Bloodborne pathogens means pathogenic micro organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and Hepatitis C virus (HCV).
3. Other potentially infectious material (OPIM) means all body fluids whether or not visible blood is present. Tears and sweat are not considered a body fluid for the purpose of this document.
4. Potential occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other body fluids. All such body fluids are considered potentially infectious.

B. Job Classifications:

1. The following job classifications within the organization have potential exposure to bloodborne pathogens:
 - a. Category I: Job classifications in which all employees have occupational exposure to bloodborne pathogens.
 - b. Category II: Job classifications in which some employees have occupational exposure to bloodborne pathogens.
2. Hepatitis B Virus (HBV) infection is the major infectious occupational hazard for health care workers. The risk of acquiring HBV infection from occupational exposure is dependent on the frequency of percutaneous and permucosal exposures to blood and blood products. Any health care worker may be at high risk for HBV exposure, depending on the tasks that he or she performs.
If those tasks involve exposure to blood or blood-contaminated body fluids on at least a monthly basis, then such workers should be vaccinated. Vaccination should be considered for other workers, depending on the nature of the task.

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IV. METHODS OF COMPLIANCE

A. Universal precautions

1. All employees are to observe universal precautions.
2. Refer to administration policy on universal blood and body fluid precautions.

B. Engineering Controls

Engineering controls are the use of technology to eliminate or minimize exposure to bloodborne pathogens. Infection Control Coordinators periodically work with facility or department directors to review tasks and procedures performed in facilities where engineering controls can be implemented or updated.

The type and use of engineering controls are examined during the annual Exposure Control Plan review. Opportunities for new or improved engineering controls are identified at this review. Any existing engineering controls are also reviewed for proper function and needed repair or replacement during safety and infection control inspections, held in conjunction with the department director or designee where the equipment is located.

The following engineering controls should be used throughout the facility:

- a. Readily accessible hand washing facilities (or alcohol-based hand rinses);
- b. Containers for contaminated sharps with the following characteristics:
 1. Puncture-resistant;
 2. Color-coded or labeled with a biohazard label;
 3. Leakproof on the sides and bottom.
- c. Specimen containers are leakproof and puncture resistant.
- d. Sealed plastic bags are used for handling and transport of specimens of blood or other materials.
- e. Safety needles (retractable) are used for all IM injections.
- f. Safety venipuncture needles are used for all lab draws.

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IV. METHODS OF COMPLIANCE (CONTINUED)

C. Work Practice Controls

The following work practice controls have been established to eliminate or minimize exposure.

1. Employees shall wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment (PPE).
2. Following any contact of body areas with blood or any other infectious materials, employees shall wash their hands and any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with water.
3. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed unless:
 - a. It can be demonstrated that there is no feasible alternative.
 - b. The action is required by specific medical protocol.
 - c. In the two situations above, the recapping or needle removal is accomplished through the use of a mechanical device or a one-handed technique.
4. Eating, drinking, smoking, applying cosmetics or lipbalm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
5. Food and drink is not kept in refrigerators, on countertops, or in other storage areas where blood or other potentially infectious materials are present.
6. All procedures involving blood or other infectious materials shall be performed in such a manner as to minimize splashing, spraying, or other actions generating droplets of these materials.
7. Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, and placed in sealed plastic bags for handling and transport.
8. If outside contaminations of a primary specimen container occurs, that container is placed within a second leakproof container and appropriately labeled for handling and transport.

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IV. METHODS OF COMPLIANCE (CONTINUED)

C. Work Practice Controls (Continued)

9. Contaminated equipment is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated the decontamination is not feasible).
 - a. An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions, before being serviced by or shipped to an outside agency.
 - b. Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer, and the equipment service representative prior to handling, servicing or shipping.

D. Personal Protective Equipment

1. Personal protective equipment (PPE) is provided in appropriate sizes at no cost in areas where exposure to bloodborne pathogens is likely to occur.
2. The following are classified as PPE:
 - a. gloves;
 - b. gowns/aprons;
 - c. face shields/masks;
 - d. goggles.
 - e. protective CPR shield
3. Hypoallergenic gloves will be made available to employees who are allergic to the gloves in use, upon request.
4. PPE is to be used by the employee for those tasks where exposure to bloodborne pathogens is likely to occur. (Note: If in the employee's professional judgment, the use of the PPE would have prevented the delivery of health care or public safety services or increased the hazard to the worker or co-worker, the circumstances will be reviewed on a case-by-case basis.)
5. All reusable PPE is cleaned, laundered, and decontaminated as needed by the facility.
6. All reusable PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
7. Single-use PPE shall be placed in appropriate area or container for disposal.

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IV. METHODS OF COMPLIANCE (CONTINUED)

D. Personal Protective Equipment (Continued)

8. Any garments penetrated by blood or other infectious materials are to be removed immediately, or as soon as feasible.
9. All PPE is to be removed before employee leaves a work area.
10. Gloves are worn in the following circumstances:
 - a. whenever employee anticipates hand contact with potentially infectious materials;
 - b. when performing vascular access procedures;
 - c. when handling or touching contaminated items or surfaces.
11. Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an "exposure barrier".
12. Utility gloves are decontaminated for use unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed of.
13. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
14. Protective clothing (such as gowns or aprons) is worn whenever potential exposure to the body is anticipated.

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IV. METHODS OF COMPLIANCE (CONTINUED)

E. Housekeeping

1. Each facility is responsible for developing and maintaining a written schedule for cleaning and decontaminating various areas of the facility. Facilities using contracted services should ask contractors for written schedules. Facility directors are responsible for setting up these written schedules and ensuring compliance.
(See Cleaning and Disinfection Practices, Policy 2506) for minimum standards.)
Area-specific schedules should provide the following information:
 - a. The area to be cleaned/decontaminated;
 - b. Day and time of scheduled work;
 - c. Cleansers and disinfectants to be used;
 - d. Any special instructions.
2. All equipment surfaces are cleaned and decontaminated:
 - a. after contact with blood or other potentially infectious materials;
 - b. after the completion of medical procedures;
 - c. immediately (or as soon as feasible) when surfaces are overly contaminated;
 - d. after any spill of blood or infectious materials;
 - e. at the end of the work shift if the surface may have been contaminated during that shift.
3. All parts, bins, cans, and other receptacles intended for reuse, that that have a reasonable likelihood for contamination, are routinely inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
4. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.) and placed in puncture proof sharps container located in clinical areas where used.

F. Regulated (infectious) Waste

1. Refer to administrative policies on safe management of infectious waste on universal blood and body fluid precautions.
2. All contaminated sharps are to be placed in sharps containers located in all clinical areas where used.
3. Other infectious waste is disposed of per policy on universal blood and body fluid precautions.
4. Infectious waste cans are labeled with biohazard label. Bags for containing infectious waste are red or orange-red.

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IV. METHODS OF COMPLIANCE (CONTINUED)

- G. Laundry
Refer to Residential facilities (Pine Woods and Katharos) for policies regarding handling of laundry.

V. LABELS AND SIGNS

- A. Biohazard labels or the color red or orange-red bags shall be used to designate regulated (infectious) waste.
- B. The following items require labeling:
1. Sharps containers;
 2. Refrigerators/freezers containing blood or other potentially infectious material.
 3. Containers used in transport or shipment of any specimens to outside facilities.
 4. Containers of regulated (infectious) waste.
 5. Contaminated equipment being serviced by or shipped to an outside agency.
 6. Rooms/areas used to store potentially infectious waste materials.

VI. HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOWUP

- A. Hepatitis B vaccination
1. Hepatitis B vaccination series is offered free of charge to all employees and to consumers of mental retardation facilities and other group homes at risk for Hepatitis B exposure.
The vaccination is offered at the time of employment, following exposure, and any time an employee wishes to take advantage of the series.
 2. The employee has the right to decline. A declination statement form must be signed.
 3. Refer to policies on Hepatitis B immunization and on prophylactic treatment for hepatitis exposure.
- B. Post exposure evaluation and followup
1. The department responsible for post exposure evaluation and followup is the infection control nurse under the direction of the Medical Center.
 2. Protocols for post exposure evaluation and followup for bloodborne pathogens are in place. Refer to the following policies:
 - a. Administrative policy on employee exposure to blood and other potentially infectious body substances.
 - b. Policy on Hepatitis B screening and vaccination.

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VI. HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP (CONTINUED)

B. Post exposure evaluation and follow-up (Continued)

3. The purpose of the exposure program is to:
 - a. Investigate the circumstances surrounding the exposure incidents.
 - b. Provide employees medical consultation and treatment (if required) as soon as possible after incident.
4. Information will be obtained according to the policy on employee exposure to blood and other potentially infectious body substances.

C. Recordkeeping

1. The employer shall maintain records on the exposed employee for duration of employment plus 30 years as required by OSHA regulations.
2. The following information is kept in the employee health record:
 - a. name of the employee
 - b. Social Security number of employee
 - c. A copy of the employee's Hepatitis B vaccination status
 - i. dates of any vaccination
 - ii. medical records relative to the employee's ability to receive vaccination
 - d. Copies of the results of the examinations, medical testing, and followup procedures that took place as a result of an employee's exposure to bloodborne pathogens.
3. Information will be kept confidential and will not be disclosed or reported to anyone without the employee's written consent (except as required by law).

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VII. INFORMATION AND TRAINING

The topics covered in the training program include, but are not limited to, the following:

- a. The Bloodborne Pathogens Standard;
- b. The epidemiology and symptoms of bloodborne diseases;
- c. The modes of transmission of bloodborne pathogens;
- d. This Exposure Control Plan (including where employees can obtain a copy);
- e. Discussion of tasks and activities that may involve exposure;
- f. A review of methods for preventing or reducing exposure, including:
 1. Engineering controls;
 2. Work practice controls;
 3. Personal protective equipment.
- g. Selection and use of personal protective equipment, including:
 1. Types available;
 2. Location within the facility;
 3. Handling;
 4. Disposal;
 5. Proper use;
 6. Removal;
 7. Decontamination.
- h. Visual warnings of biohazards including labels, signs, and color-coded containers.
- i. Information on the Hepatitis B vaccine including:
 1. Efficacy;
 2. Method of administration;
 3. Free vaccination program to all employees;
 4. Safety;
 5. Benefits of vaccination.
- j. Actions to take and persons to contact in an instance of exposure involving blood or other potentially infectious materials.
- k. Procedures to follow if an exposure occurs, including reporting mechanisms.
- l. Information on the post-exposure evaluation and follow-up, including medical consultation, that the facility provides.

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VIII. TRAINING METHODS

Training presentation may make use of several training techniques, including:

- a. Classroom-type atmosphere with personal instruction;
- b. Video tape programs;
- c. Training manuals/employee handouts;
- d. Employee review sessions.
- e. Trail Talk newsletter

IX. TRAINING RECORDS

To facilitate and document employee training, department and facility directors maintain training records containing the following information supplied by the Infection Control Nurse:

- a. Dates of all training sessions;
- b. Contents/summary of the training sessions;
- c. Names and qualifications of the instructors;
- d. Names and job titles of employees attending the training sessions.

These training records are available for examination and copying by employees and their representatives, as well as by OSHA and its representatives.

Reference: JCO Chapter IC