

BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN OVERVIEW FOR ALL DEPARTMENTS

POLICY

It is our policy to maintain a safe working environment for the employees that minimizes the occupational exposure to blood borne pathogens and to comply with the Occupational Safety and Health Act 1910.1030 Occupational Exposure to Blood Borne Pathogens. It is the purpose of this policy to outline and describe the following as an overview for all departments:

- Definitions
- Scope of Employees Covered
- Personal Protective Equipment
- Responsibilities
- Universal Precautions/Exposure control practices
- Post Exposure Follow-Up
- Information and Training
- Recordkeeping

****Category I employees should refer to the Davie County Exposure Control Policy (Section 8B) and detailed Policy and Procedures Exposure Control Plans unique to High Risk Departments.**

The safe performance of daily operations has recently become more threatened by life endangering communicable diseases, with the most infectious being Human Immuno deficiency Virus (HIV) and Hepatitis Virus.

DEFINITIONS

Blood Borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans - most commonly refers to HBV, HIV, and syphilis.

Body Fluids: Liquid secretions including, but not limited to, blood, saliva, vomit, urine or feces.

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

Communicable Disease: Those infectious illnesses that are transmitted through direct or indirect (including airborne) contact with an infected individual, but not limited to, the body fluids of the infected individual.

Exposure Incident: 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.

Hand washing Facilities: A facility that provides an adequate supply of running water, soap and single use towels or hot air drying machines.

Hepatitis B and C: A viral disease of the liver, transmitted through blood and blood products.

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral (piercing) contact with blood or other potentially infectious materials that may result from the performance of the employee's duties. (example: crime scene investigation, refuse collection, cleaning blood, excrement, vomit).

Personal Protective Equipment: Specialized clothing or equipment worn by an individual to protect him/her from a hazard including, but not limited to, gloves, laboratory coats, face shields, masks, and mouthpieces.

Contaminated Sharps: Means any contaminated object that can penetrate the skin including, but not limited to, needles and broken glass.

Universal / Standard Precautions: Is an approach to infection control to reduce the likelihood of exposure by standardizing the manner in which a task is performed.

SCOPE OF EMPLOYEE COVERAGE

All full-time, part-time and seasonal employees who have exposure to blood borne pathogens are covered by this policy and its standard operating procedures. OSHA has defined the classification of employee work activity into three categories with regards to HIV and HBV regulations. They are:

- I. **Category I:** Tasks that involve actual or potential for mucous membrane or skin contact with blood, body fluids, or tissues. Universal precautions apply (all people should be assumed to be infectious for blood borne pathogens and take universal precautions to prevent communicable disease transmission).

Employees in Category I (High Risk) include:

Nurses
Medical Assistants
Lab Staff
Home Health Aides
EMT / Paramedics
Physicians
Sheriff's Officers
Waste Treatment facility workers

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- II. **Category II:** Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require exposure in an emergency.

Employees that fall in Category II (Minimum Risk) include:

Contract cleaning service
Personal Care Providers
Physical / Occupational Therapists

- III. **Category III:** Tasks that involve no exposure to blood, body fluids or tissues, and does not entail predictable or unpredictable exposure to blood or blood by-products.

Employees that fall in Category III (No Risk) include:

All other job categories
Clerical personnel in all departments

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) will be provided to employees as needed. Examples of personal protective equipment include, but are not limited to: gloves, masks, eye wear, apron, gown, resuscitation equipment. If a PPE is penetrated by blood or potentially infectious material, it will be removed immediately or as soon as possible. Staff will remove PPE prior to leaving the work area. Removed PPE will be placed in the designated area or container for cleaning and storage or disposal. If an employee's personal clothing becomes soiled with blood or potentially infectious material, scrubs are available and the soiled clothing will be sent for laundering at no cost to the employee.

Gloves - disposable gloves in appropriate sizes are available. Staff will wear gloves with any situation that contact with blood or body fluids is reasonably anticipated. Gloves are changed between patient contacts. Disposable gloves are not washed or disinfected for reuse. Gloves are removed before leaving the work area. Hands are washed immediately after removing gloves. Hypoallergenic gloves or glove liners will be available if needed. Utility gloves used for housekeeping may be disinfected and reused. They will be discarded if they are cracked, peeling, torn, punctured, or show signs of deterioration.

Mask, Eye Protection, and Face Shields - Mask in combination with eye protection devices will be worn whenever splashes, spray, splatter, or droplets of fluid may be generated and eye, nose, mouth contamination can be reasonably anticipated.

Foot Wear-Foot wear will be worn if there is any potential for shoes to become contaminated with blood or potentially infectious fluids.

Fluid Resistant Gowns or Aprons- Protective impervious gowns or aprons will be worn if there is a potential for soiling clothes with blood of fluid.

RESPONSIBILITIES

It is the responsibility of the Department Director or designee to:

- 1) Review and evaluate this program every year.
- 2) Maintain required (vaccination, incident, and exposure follow-up) records in the employee's medical file for reference.
- 3) Schedule new employee training and annual in-service training for staff.
- 4) Refer for medical services indicated including, but not limited to vaccinations, consultations and follow-up treatment.
- 5) Maintain a sharps injury log, if sharps are used by staff, for a period of 5 years.

It is the responsibility of the Department Director to familiarize his/her staff with this policy and ensure that the provisions are carried out within their respective department as specified. Specific responsibilities include the following:

- Initiate or assist in getting first aid for the injured or exposed person.
- Complete an Employee Accident/Injury Report form, forward to the Workers' Compensation Administrator, and place a copy in the employee's file.
- Workers' Compensation Administrator will include the exposure in the OSHA 300 log.
- Ensure that persons with blood and body fluid exposure complete an incident report and are referred for follow-up as soon possible.

It is the responsibility of the employees to:

- Know and follow this policy
- Perform their job to avoid exposure blood and body fluids and use personal protective equipment as needed.
- Help an injured or exposed person without exposing themselves.
- Immediately notify the Department Director of any exposure or incident to the employee or anyone else that occurred during the performance of assigned duties. Assist the Department Director in filling out the Accident / Injury Report form.
- Contact your Department Director if an employee is injured or believed to have been exposed to a potentially hazardous material. If the injury is serious, employees are to call 911 for EMS service.
- The receiving medical service or facility will be notified of any exposure.

STANDARD OR UNIVERSAL PRECAUTIONS

An employee must use the appropriate equipment and procedures to reduce the risk of exposure from blood and blood by-products. Standard or universal precautions are as follows:

- a. The employee must wash his/her hands after any potential exposure for at least 20 seconds. (Before and after direct patient care, between each patient, after gloves are removed, after coughing or sneezing or blowing or wiping nose, before eating, after toilet use, before leaving the office.) When in doubt, wash your hands. Hand washing is the most important act in preventing the transmission of infection.
- b. The employee must use necessary personal protective equipment, with limited exceptions (i.e., emergency situations).
- c. Disposal of any sharps must be in puncture proof containers.
- d. Employees must not recap needles or syringes except when a sterile needle is changed unless using a one handed technique.
- e. Broken glass, which may be contaminated, must be removed by using forceps or a broom and dustpan.
- f. Protective eye wear and nasal protection must be worn if contaminants have the potential to be spattered or inhaled.
- g. Avoid direct contact with saliva, tears, sweat, urine, semen, feces or vomit.
- h. Do not place common instruments such as pens, penlights or other items in your mouth.
- i. Refrain from eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where the potential of exposure to blood or other potentially infectious materials may occur.
- j. All employees are responsible for maintaining a clean and sanitary work site at all times.
- k. Body Fluid spills are cleaned with a 1:10 bleach/water solution.

EXPOSURE CONTROL PRACTICES

Exposure Control Practices are measures that each employee can take to avoid contact with blood or body fluids. Any reasonably expected contacts with blood or blood products are to be treated as infectious and standard precautions must be used. Examples of procedures that exposure may occur include: any dressing change, care and handling of specimens, clean up of equipment, venipuncture, medication injections, handling disposal of hazardous waste, and handling of soiled laundry.

All contaminated waste must be disposed of in an approved container and in an approved manner. Waste is discarded in red bags or sharps containers in the area of use where the item becomes contaminated. Containers are supplied as follows:

- 1) **Red Plastic bags** are impermeable, impact and tear resistant, and labeled with the biohazard sign. Bags which are full are sealed by twisting the top of the bag, doubling the top over, and cinching tightly with tape or band. Bags are then placed in a biohazard waste box.

- 2) **Biohazard Boxes** are doubled walled and corrugated and labeled with the biohazard label. All open seams are sealed with moisture resistant tape of at least 2 inch width. A red plastic bag is placed in the box to ensure double bagging of waste. Boxes will not exceed 30 pounds. When box is full, seal the red bag as stated previously and close flaps of box. Tape and seal the box with at least 2 strips of tape. Write the date and your ID # on the outside of each box.
- 3) **Sharps Containers** are rigid and puncture resistant with protection from sticks at the opening. Each container will be labeled with the biohazard symbol. Containers are sealed and removed from area when they are 3/4 full. Staff is assigned to check for fullness weekly. Full and sealed containers are placed in biohazard boxes.
- 4) **Linen Bags** are leak proof, and are labeled with the biohazard sign. Grossly soiled linens will be placed in water-soluble laundry bags.
- 5) **Specimen containers** are rigid, leak-proof and properly labeled. Specimens will be placed in a leak proof baggy with the biohazard label. Blood samples may be obtained with mechanical pipetting. Mouth pipetting or suctioning is strictly forbidden.
- 6) **Biohazard waste and soiled linen storage areas** are away from the general traffic flow, are protected from vermin, insects, vandalism, and are maintained in a sanitary manner. Surfaces contaminated with spilled or leaked biohazard waste will be cleaned with a detergent and a tuberculocidal cleaning agent. Spills will be reported to the Department Director immediately and an incident report will be completed. Waste and linen is held for less than 30 days. The storage area will be clearly marked with a biohazard label. Staff handling waste and soiled linen will wear gloves. All records of biohazard pick-up, transport, and disposal will be maintained for three years.

POST EXPOSURE FOLLOW UP

Anyone who has an exposure must report to the Department Director and initiate an Incident and Exposure Report form. The Incident Report must be completed within 24 hours of the incident and placed in the Confidential Medical File maintained by the Department Director.

If an exposure has occurred, encourage cuts or needle sticks to bleed freely, if not life threatening. Flush exposure to mucous membranes with water. Eyes should be flushed for 15 minutes with eye lids held open. If medical attention, such as suturing, is necessary, refer employee to a physician. After possible skin exposure, the employee should immediately clean hands with an approved disinfectant hand cleaner. If cuts or abrasions to the skin are contaminated, the employee should apply an approved antiseptic to the wound immediately and contact medical personnel. All contaminated wastes must be disposed of in an approved container and in an approved manner.

The Department Director will:

- 1) Assist the staff in completing the Incident / Exposure report form.
- 2) Refer the exposed staff members to an approved medical provider for testing, counseling and treatment.
- 3) Place the completed exposure report form in the confidential medical file for exposed employees.
- 4) Report exposure to the designated Workers' Compensation Administrator immediately by filling out the Employee Accident/Injury Report form. Designated Workers' Compensation Administrator will record incident for inclusion on the OSHA 300 log. Designated Workers' Compensation Administrator staff is currently in the Finance Office.
- 5) Add incident to sharps Injury log, if applicable.

The Department Director will maintain a confidential medical file for all employees with an exposure. Any medical results must be kept confidential and will only be available to the immediate health care worker. The employee must be notified according to NC Communicable Disease Control Measures if positive exposure has occurred. Any worker's compensation claim in relation to an occupational exposure must be documented at the time of exposure by blood tests, in order to establish a baseline for future reference.

INFORMATION AND TRAINING

Initial information and training will be provided to covered employees by appropriately trained personnel. Training will consist of:

- Making available a copy of the standard for the employee's reference.
- Reviewing the policy and procedures.
- Discussing Blood Borne Pathogens including modes of transmission, HBV Vaccination, HIV, exposure and personal protective equipment
- Providing written material that explains HBV and HIV.
- Making available the HBV Vaccination and consent or declination form.
- Opportunity for questions and answers.

Training will occur during orientation for new employees, before assignment to new tasks where occupational exposure may take place, and at least annually thereafter for those in Category I.

RECORDKEEPING

The employer recordkeeping file will consist of:

- a) A confidential medical record for each employee who receives the HBV vaccine and all employees with exposure/injury reports will be kept for a duration of employment plus 30 years.
- b) Training records for annual training for Blood Borne Pathogen Policy and Exposure Control Plan to include content, who taught the course and attendance. These will be maintained for up to three years after the training.

HEPATITIS VACCINATION

The Hepatitis B Vaccine will be made available at no cost to all employees in Category I and II. Employee participation is on a voluntary basis only. If the employee chooses to accept the vaccination, he/she must complete a consent form. If the employee declines the vaccination, he/she must sign a declination form. If the employee initially declines, he/she may at a later time, elect to accept the vaccine. The Hepatitis B Vaccination is administered in a series of three (3) shots over a six (6) month period of time. Employees will be notified of the side effects and risks associated with the vaccine during the informed consent process. The Recombivax is administered in three 1 ml doses IM in the deltoid muscle. Dose #2 is given at one month after the initial dose, and #3 is given at 6 months. The employee is encouraged to be tested for immune status at no cost to the employee after an exposure. If testing reveals no immunity, a booster dose of 1 ml will be made available. Employees who have received the complete series previously, have shown antibody results showing immunity, or those who have medical reasons contraindicating the administration of the vaccine are exempt from vaccine administration.

Due to the increased exposure for the staff of the Health Department, EMS, Sheriff's Office, Detention, and Waste Treatment, a more extensive plan follows. Plans and Procedures, Exposure/ Incident reports, Post exposure reports, medical file forms, consent forms, etc. can be found in Section 8B.

EVALUATION OF PLAN

An inspection to evaluate the implementation of this plan will be conducted in each department annually. Results will be reported to the Safety Committee and to the Department Directors when an area for improvement is identified.

The Safety Committee will review inspection results for trends and issues and recommend actions to improve if needed.