WRITTEN EXPOSURE CONTROL PLAN

2021/2022

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Section I

PURPOSE

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by our Associates. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CRF 1910.1030. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens" that Associates may encounter in their workplace.

Campbell County Health (CCH) believes that there are a number of general principles that should be followed when working with bloodborne pathogens. These include:

- ❑ It is prudent to minimize all exposure to bloodborne pathogens.
- ❑ Risk of exposure to bloodborne pathogens should never be underestimated.
- ❑ Our facility should institute as many engineering and work practice controls as possible to eliminate or minimize Associate exposure to bloodborne pathogens.

We have implemented this Exposure Control Plan to:

- ❑ Protect our Associates from the health hazards associated with bloodborne pathogens.
- ❑ Provide appropriate treatment and counseling should a healthcare worker (HCW) be exposed to bloodborne pathogens. Further reference to HCW encompasses employed staff, non-employed staff (students, volunteers) and contract employees. This Plan covers all HCW within CCH.

Section II

GENERAL PROGRAM MANAGEMENT

I. RESPONSIBLE PERSONS

There are four major "Categories of Responsibility" that are central to the effective implementation of our Exposure Control Plan. These are:

1. The Infection Preventionists
2. Department Directors, Managers, and Supervisors
3. Education/Training
4. All HCW

Follow-up

1. Infection Prevention Employee Health
2. Workers Compensation Program

A. Exposure Control Officer:

- ❑ The Infection Preventionists / Employee Health Nurse will be responsible for overall management and support of the CCH Bloodborne Pathogens Compliance Program. Activities which are delegated to the Infection Preventionists typically include, but are not limited to: Overall responsibility for implementing the Exposure Control Plan for the entire system.
- ❑ Working with administrators and other HCW to develop and administer any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
- ❑ Looking for ways to improve the Exposure Control Plan as well as to revise and update the plan when necessary.
- ❑ Collecting and maintaining a suitable reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information.
- ❑ Acting as facility liaison during OSHA inspections.
- ❑ Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.

The CCH Infection Prevention Committee and its members, respectively, are available to assist the Exposure Control Officer(s) in fulfilling their duties and implementing the Exposure Control Plan.

B. Department Directors, Managers, and Supervisors:

Department Directors, Managers, and Supervisors are responsible for exposure control in their respective areas. They work directly with the Infection Prevention Department, the Infection Prevention Committee, and HCW to ensure that proper exposure control procedures are followed.

C. Education/Training Coordinator:

Professional Development acts as a resource for provision of information and training for all HCW, under the direction of the Infection Prevention Director. Included in this are the mandatory annual updates and the monthly orientation program.

D. Associates:

As with all of CCH programs, the HCW have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role, they must do things such as:

- ❑ Know what tasks they perform that have occupational exposure.
- ❑ Complete the bloodborne pathogens training.
- ❑ Plan and conduct all operations in accordance with our work practice controls.
- ❑ Develop good personal hygiene habits.

II. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO HCW

To help them with their efforts, the CCH Exposure Control Plan is available to our HCW at any time. HCW are advised of this availability during their education/training sessions. The Exposure plan is available on Policy Manager under Infection Prevention Policies.

III. REVIEW AND UPDATE OF THE PLAN

We recognize that it is important to keep our Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated on an annual basis.

- ❑ Whenever new or modified tasks and procedures are implemented which affect occupational exposure of HCW.
- ❑ Whenever our HCW's jobs are revised such that new instances of occupational exposure may occur.
- ❑ Whenever we establish new functional positions within CCH that may involve exposure to bloodborne pathogens.

Section III

EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations Associates may encounter. To facilitate this in our System, we have prepared the following:

- ❑ Job classification list according to risk of exposure to bloodborne pathogens.
- ❑ HCW required to comply Respirator Protection Program requiring Fit Testing

HCW required to comply with Hepatitis B Vaccination / Declination Policy

X Required X Recommended Dept.	JOB TITLES	Hepatitis B imm.	PAPR Training	N95 Resp. Fit	Resp. Med. Questionnaire	TB	Annual TB	Respiratory Protection
Acct	All Employees	X				X		X
Admin	Non Nurses	X				X		X
Admin	Nurses (COO has request fit test, needs Med Q)	X	X		X	X		X
Bio-Med	All Employees	X	X		X	X		X
BHS	Office Specialist, Case Manager, Sub. Abuse, Non-Nurses	X				X		X
BHS	Out Patient- Psychiatrist, NP, PA,	X	X		X	X		X
BHS	Nurse Manager, Mental Health Tech, LPN, RN,	X	X	X	X	X		X
Chaplin Service	All Employees	X	X			X		X
Child Care	All Employees	X				X		X
Comm. Rel.	All Employees	X	X	X		X		X
Cardiac Rehab	ALL Employees	X	X	X	X	X		X
Care Manager	Care Managers &Social worker	X	X	X		X		X
Care Manager	Nurse Care Managers	X	X	X	X	X		X
Diabetic Ed.	Diabetic Educator Non-Nurse	X				X		X
Diabetic Ed.	Diabetic Educator Nurse	X	X	X	X	X		X
Dialysis	Department Secretary	X		P100	X	X		X
Dialysis	Director, Manager, Techs, Nurses	X	X	P100 & N95	X	X		X
ECD	All Employees	X	X	X	X	X		X
EMS	All Employee	X	X	X	X	X		X
EVS	Director	X				X		X
EVS	All Laundry Employees	X				X		X
EVS	All EVS	X	X	X	X	X		X
HH&H	Case Manager, MSW, Office Coordinator. Dept. Secretary	X				X		X
HH&H	CNA, RN, Clinical Super. Director, Physical Therapy	X	X	X	X	X		X
Home med Res.	All Employees	X	X	X	X	X		X
HR	All HR Employees	X				X		X
ICU	CCS & RN , Dept. Secretary	X	X	X	X	X		X
ICU	Director Med/Surg ICU	X	X		X	X		X
IS/IT	All IS Employees	X				X		X
IP EH PD	All Non-Nurses	X				X		X
IP EH PD	All Nurses	X	X		X	X		X

Lab	All Lab Staff	X	X	X	X	X		X
Lab	Director	X				X		X
Legacy	All EVS, All Activities, Restorative Employees	X	X	X	X	X	X	X
Legacy	Care Assist, CNA, Med Aid, LPN, RN, CCS, Care Manager, Nurses, Respiratory Therapy	X	X	X	X	X	X	X
Legacy	All Officer Personnel-Non Nurses, Nutrition, Materials	X				X	X	X
Legacy	Plant Operations	X	X		X	X	X	X
Materials Mgmt.	All Employees	X				X		X
Med/Surg	Clinical Doc. Spec. Dept. Sec., CNA, RN, CCS	X	X	X	X	X		X
Medical Staff	Med Staff Coordinator. & Med Staff Assistant	X				X		X
House Sup.	House Supervisor	X	X	X	X	X		X
Nutrition	All Employees	X				X		X
OB	CCS, Lactation Consultant, Tech, Nurses,	X	X	X	X	X		X
OB	Dept. Secretary and Clinical Informatics Analyst	X				X		X
Occ. Health	All Employees-Wellness	X				X		X
Oncology & Rad Oncology	Dept. Sec, Office Corr. Director,	X				X		X
Oncology & Rad Oncology	LPN & RN & CCS	X	X	X	X	X		X
Oncology & Rad Oncology	Radiation Therapist, Physicist *(Physicist Colorblind)*	X	X		X	X		X
Pathology	Al l Pathology	X	X	**P100**	X	X		X
Patient Access	All Patient Access	X				X		X
Patient Exp.	All Employees	X				X		X
Pharmacy	All Pharmacy Employees	X				X		X
Plant Op	Admin Secretary	X				X		X
Plant Op	All other Plant Ops	X	X		X	X		X
Providers	Clinics, Oncology	X	X	X	X	X		X
Providers	ECD, Hospitalist, Pediatric Hospitalist &Mid-levels, Anesthesiology & CRNA	X	X	X	X	X		X
Radiology	Clinical Supervisor, Director, PACs Admin, Rad Tech, Safety, Rad IS, Transport, MRI, US, Nuclear Med	X	X	X	X	X		X
Radiology	Dept. Secretary's	X				X		X
Recruitment	Professional Recruiter	X				X		X
Rehab	All Employees	X	X	X	X	X		X
Rehab	Department Secretary, Massage Therapy, Orthofitter	X				X		X
Resp. Therapy	All Employees	X	X	X	X	X		X
Sleep Lab	All Sleep Lab Employees	X	X	X	X	X		X
Security	All Security Staff	X	X			X		X
CLINICS Audiology, Cardiology, Coumadin, Endocrine, Family Practice, Geriatric, Internal Medicine, Kids, Neurology & Pain, Pediatric, Pulmonology, Urology, Walk-In, Wright								
Clinics	RN, LPN, Medical Assistant, Rad Tech, Surgery Coordinator, Lab, Any Nurse Supervisor or Nurse Manager	X	X	X	X	X		X
Clinics	Practice Manager, Supervisor, Registration Specialist, Clerk Analyst, Office Coordination, Non Nurse, Audiology Staff	X				X		X
SURGERY / CATH LAB / PRSC								
Surgery	Surgery Coordinator, Dept. Sec., Registration Specialist, Clerk Analyst, OR Scheduler, Non Nurse Staff	X				X		X
Surgery-	Nurse Director, Nurse Clinical Supervisor, RN Specialty Coordinator, RN Pre- Anesthesia Testing, RN, Surgery Tech OR Aide, OR Coordinator, Surgery Coordinator, Rad Tech, OR Buyer, PAT Testing, PAT Coordinator. - ALL Nursing	X	X	X	X	X		X
Sterile Process	All Employees	X	X	X	X	X		X

EXPOSURE CATEGORIES
Category I

TYPES OF BODY FLUIDS, BLOOD	BARRIER NEEDED	SAMPLES OF PROCEDURES	HEALTHCARE WORKERS
A. Oral/Pharyngeal Secretions Mouth Trachea Nares	1. Wash hands after contact 2. Gloves 3. Mask/goggles if aerosolization likely 4. Gowns if soilage of clothing is expected	Suctioning Oral/pharyngeal Endotracheal tubes Tracheostomies Intubation/Extubation Resuscitation Specimen obtaining Oral examinations All dental procedures Tracheostomy care Handling linen or articles soiled with oral secretions	Physicians Nurses CNA's Tech's Laboratory Personnel Cardiac Respiratory Personnel Radiology Personnel Services Personnel
B. Blood (from any site)	1. Wash hands after contact 2. Gloves 3. Mask/goggles if aerosolization likely 4. Gowns if soilage of clothing is expected 5. Moisture-proof linen bags 6. Leak-proof trash bags	Venipunctures(any reason) Arterial punctures Processing specimens in Lab Hemodialysis (all patients) Transfusion therapy Central venous line access Managing frank blood from wounds or drainage Serosanguinous wound drainage Irrigation of wounds Trauma wound care Delivery – normal, C-section Handling of infant Blood, amniotic fluid Post-delivery care of umbilical cord	Physicians Nurses CNA's Tech's Laboratory Personnel Respiratory Personnel Radiology Personnel Environmental Services Personnel
C. Urine Incontinence Fistula	1. Wash hands after contact 2. Gloves 3. Individual urine collection	Catheterization – straight or foley Collecting/handling/processing of specimens	Physicians Nurses CNA's Tech's

TYPES OF BODY FLUIDS, BLOOD	BARRIER NEEDED	SAMPLES OF PROCEDURES	HEALTHCARE WORKERS
Catheters Specimen collection	specimen containers 4. Closed urinary drainage system 5. Moisture resistant linen bags for soiled linen 6. Masks, goggles, gown or apron if aerosolization, splattering, or soiling likely.	Irrigation of catheters or ileoconduits Perineal care Toilet assistance Handling linen/articles soiled with urine	Laboratory Personnel Respiratory Personnel Radiology Personnel Environmental Services Personnel
D. Fecal Drainage Normal defecation Ostomy drainage Incontinence	1. Wash hands after contact 2. Gloves 3. Gown if soilage is likely 4. Moisture-resistant linen bags	Administering enemas Incontinence care Ostomy care Diarrhea (all types) Gallbladder drainage (T-tube) Rectal tubes – insertion/removal Toileting assistance Handling linen/articles contaminated with feces Rectal examination Performing barium enemas, GI series x-rays	Physicians Nurses CNA's Tech's Laboratory Personnel Respiratory Personnel Radiology Personnel Environmental Services Personnel
E. Lesions or Wound Drainage Traumatic Operative Necrotic Erosions	1. Wash hands after contact 2. Gloves 3. Mask, goggles if aerosolization or splattering is likely 4. Gown or apron if soilage likely 5. Moisture-resistant RED Biohazard bags for soiled dressings 6. Cover draining wound	Wound care Cleansing Irrigation (mask, gown, & goggles at all times)Changing dressing (regardless of infective status) Handling linen/articles contaminated with drainage Bathing non-intact skin Wound examination	Physicians Nurses CNA's Tech's Environmental Services Personnel
F. Other Body Fluids Moist tissue	1. Wash hands after contact 2. Gloves	Peritoneal dialysis procedures Thoracentesis	All personnel in room Physicians

TYPES OF BODY FLUIDS, BLOOD	BARRIER NEEDED	SAMPLES OF PROCEDURES	HEALTHCARE WORKERS
Cerebrospinal fluid Peritoneal Dialysis fluid Abdominal fluid Vomitus, nasogastric tube drainage Tissue/organs Synovial (joint) fluid)	3. Mask & goggles for aerosolization or splattering 4. Gowns/aprons if soilage likely 5. Secured specimens collection system	Paracentesis Vaginal exams Intracranial monitoring procedures Lumbar punctures Biopsies Bone marrow aspirations Organ procurement Arthroscopy Specimen handling	Nurses CNA's Tech's Laboratory Personnel Respiratory Personnel Radiology Personnel Environmental Services Personnel
G. High Risk Procedures	Always required: 1. Gloves 2. Masks 3. Goggles	Surgery Orthopedic procedures Heart surgery Vascular surgery Plumbing work on sewer systems (protective attire such as overalls) Handling/sorting soiled linen Management of trauma patients Bronchoscopy Endoscopy Contact with frank GI bleeding Phlebotomy on Infectious Disease patients	All personnel in room Physicians Nurses CNA's Tech's Laboratory Personnel Respiratory Personnel Radiology Personnel Environmental Services Personnel
H. Tasks that involve no exposure to blood, body fluids, or tissues, but occupation may require performing unplanned Category I tasks.	Only if contact with blood or body fluids is required, use: 1. Gloves 2. Gowns/aprons, if soilage likely 3. Masks, if splashing, spraying,	Patient/family interviews, admission, counseling, etc.	All HCW's

TYPES OF BODY FLUIDS, BLOOD	BARRIER NEEDED	SAMPLES OF PROCEDURES	HEALTHCARE WORKERS
	or aerosolization likely 4. Goggles, if splashing or spraying likely Otherwise, no barriers are needed.	Patient transportation and transfer	All HCW's
		Delivering food trays/collecting and handling food trays	Nutrition Services
		Handling soiled patient equipment	All HCW's
		Performing routine physiotherapy	Physical Therapy
		Taking routine x-ray and diagnostic tests	Radiology Personnel
		All nursing tasks not falling into Category I: A. Bathing B. Dressing C. Feeding D. Ambulatory E. Routine assessments	Nurses CNA's Techs
		Physical examinations excluding focused exams listed in Category I	Physicians Nurses
		Routine housekeeping in patient care areas.	Environmental Services Personnel

TYPES OF BODY FLUIDS, BLOOD	BARRIER NEEDED	SAMPLES OF PROCEDURES	HEALTHCARE WORKERS
I. Tasks that involve no exposure to blood and body fluids or tissues and occupation does not require performing Category I tasks	No barriers needed		Tasks routinely performed by: Gift Shop Personnel Medical Records Clerks Patient Access Office Personnel, e.g., secretaries, fiscal staff, Human Resources staff Pharmacists Plant- Ops Information Desk Clerks Materials Management Volunteers Environment Services Personnel delivering clean laundry, routine housekeeping in non-patient care areas

Section IV

METHODS OF COMPLIANCE

We understand that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens at CCH. The first six areas we deal with in our plan are:

- ❑ The use of Standard Precautions
- ❑ Establishing appropriate Engineering Controls.
- ❑ Implementing appropriate Work Practice Controls.
- ❑ Using necessary Personal Protective Equipment.
- ❑ Implementing appropriate Environmental Services Procedures
- ❑ Management of blood and body substance spills

By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, we feel that we will eliminate or minimize our HCW's occupational exposure to bloodborne pathogens as much as possible.

A. STANDARD PRECAUTIONS

We observe the practice of Standard Precautions to prevent contact with blood and other potentially infectious materials. As a result, we treat all human blood and body fluids as if they are known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens.

B. ENGINEERING CONTROLS

One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize Associate exposure to bloodborne pathogens. As a result, CCH supplies equipment such as sharps disposal containers, self-sheathing needles, and ventilating hoods as appropriate.

The existing Engineering Controls are reviewed annually for proper function and needed repair or replacement in conjunction with the Department Director, Manager, or Supervisor where the equipment is located.

The following Engineering Controls are used throughout our facility:

- ❑ Handwashing facilities (or antiseptic hand cleansers and towels or alcohol based hand rub), which are readily accessible to all HCW's who have the potential for exposure.
- ❑ Self-sheathing needles. Needle-less IV systems.

- ❑ Containers for contaminated reusable sharps having the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label
  - Leak-proof on the sides and bottom.
- ❑ Specimen containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, when necessary
- ❑ Secondary containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, if necessary

C. NEEDLESTICK SAFETY AND PREVENTION ACT

The Needle stick Safety and Prevention Act was passed by the United States Congress and signed into law in November 2000. CCH complies with the Needle Stick Safety Act with the help of the Product Evaluation Committee specific objectives are:

1. To review and select safety devices.
2. To provide education for new device usage.
3. To have ongoing review of devices in conjunction with review of exposures.
4. To continually evaluate and update as new and improved devices become available.

Employee Health and Employee Safety also track device injuries and investigate any potentially unsafe devices.

D. WORK PRACTICE CONTROLS

In addition to Engineering Controls, CCH uses a number of Work Practice Controls to help eliminate or minimize HCW's exposure to bloodborne pathogens. Many of these Work Practice Controls have been in effect for some time.

The Infection Preventionists/ Employee Health are designated as responsible for overseeing the implementation of these Work Practice Controls. They work in conjunction with Department Directors, Managers, Supervisors, and our CCH's Professional Development Department to effect this implementation.

CCH has adopted the following Work Practice Controls as part of our Bloodborne Pathogens Compliance Program:

- ❑ HCW's wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- ❑ Following any contact of body areas with blood or any other infectious materials, HCW's wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.

- ❑ Contaminated needles and other contaminated sharps are not bent, recapped, or removed unless:
  - It can be demonstrated that there is no feasible alternative
  - The action is required by specific medical procedure
  - In the above two situations, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique

- ❑ Contaminated, reusable sharps are placed in appropriate containers immediately, or as soon as possible after use.
- ❑ Applying cosmetics, lip balm and handling contact lenses is prohibited in work areas where blood and other potentially infectious materials are present.
- ❑ Food and beverages are not to be stored in refrigerators, freezers, or other storage areas where blood or other potentially infectious material are present
- ❑ Food and beverages are only consumed in designated areas where and/or when the risk of exposure to blood or other potentially infectious materials has been determined to be low
- ❑ Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- ❑ All procedures involving blood or other infectious materials minimize splashing, spraying, or other actions generating droplets of these materials.
- ❑ Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- ❑ If outside contamination of a primary specimen container occurs, that container is placed within a second, leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)
- ❑ Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
  - Information regarding the remaining contamination is conveyed to all affected Associates, the equipment manufacturer, and the service representative prior to handling, servicing, or shipping.

When a new HCW comes to CCH, or changes jobs within the facility, the following process takes place through the Manager/Preceptor to ensure that they are trained in the appropriate work practice controls:

- ❑ The HCW's risk check list and the tasks and procedures that they will perform are checked against the Job Classification and Task Lists which we have identified in our Exposure Control Plan as those in which occupational exposure occurs.
- ❑ If the HCW is transferred from one job to another within our facility, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- ❑ Based on this "cross-checking," the new job classifications and/or tasks and procedures which will bring the HWC into occupational exposure situations are identified.
- ❑ The HCW is then trained by the Manager/Preceptors on the department

regarding any work practice controls that the HCW is not experienced with.

E. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is a first line of defense against bloodborne pathogens. Because of this, our facility provides (at no cost) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment obtained through Materials Management includes, but is not limited to:

- ❑ Gloves
- ❑ Gowns / Aprons / Sleeve covers
- ❑ Laboratory equipment
- ❑ Face shields/masks
- ❑ Safety glasses
- ❑ Goggles
- ❑ Resuscitation bags
- ❑ Pocket masks
- ❑ Hoods
- ❑ Shoe covers
- ❑ PAPR's / Elastomeric Respirators

Hypoallergenic gloves, and similar alternatives are readily available, to HCW's who may require them.

The Infection Preventionists/ Employee Health working with Department Directors, Managers, and Supervisors, are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available.

HCW's are trained regarding the use of the appropriate personal protective equipment for their job classifications and the tasks/procedures they perform. Additional training is provided when necessary if a HCW takes a new position or new job functions are added to their current position.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect the HCW's from potential exposure, CCH adheres to the following practices:

- ❑ All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- ❑ Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed.
- ❑ Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of after use.

To make sure that this equipment is used as effectively as possible, our Associates adhere to the following practices when using their personal protective equipment:

- ❑ Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as possible.
- ❑ All personal protective equipment is removed prior to leaving a work area.

- ❑ Gloves are worn in the following circumstances:
  - Whenever Associates anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.
- ❑ 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”.
- ❑ Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed of.
- ❑ Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- ❑ Protective clothing (such as gowns and aprons) is worn whenever potential exposure to body fluids is anticipated.

- ❑ Surgical caps/hoods and/or shoe covers/boots are used in any instances where “gross contamination” is anticipated (such surgery).

F. ENVIRONMENTAL SERVICES

Maintaining our System in a clean and sanitary condition is an important part of our Bloodborne Pathogens Compliance Program. To facilitate this, Environmental Services completes routine cleaning and disinfecting on a regular basis.

Environmental Service staff employs the following practices:

- ❑ All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - After the completion of medical procedures;
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated;
  - After any spill of blood or infectious materials;
  - At the end of the work.

- ❑ Protective coverings (such as plastic wrap or absorbent pads) are removed and replaced:
  - As soon as it is feasible when overtly contaminated;
  - At the end of the work shift if they may have been contaminated during the shift.

- ❑ All pails, bins, cans, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- ❑ Potentially contaminated broken glassware is picked up using mechanical

means (i.e., dustpan/brush, tongs, forceps, etc.).

The Environmental Service Manager is responsible for setting up our cleaning and decontamination schedule and making sure it is carried out. We are also very careful in handling regulated waste (including contaminated sharps, laundry, and other potentially infectious materials). The following procedures are used with all of these types of wastes:

- ❑ They are discarded or "bagged" in containers that are:
  - Closeable
  - Puncture-resistant
  - Leak-proof, if the potential for fluid spill or leakage exists
  - Labeled with appropriate signage for the waste inside
- ❑ Containers for this regulated waste are located throughout CCH within easy access of our HCW's and as close as possible to the sources of the waste;
- ❑ Waste containers are maintained upright, routinely replaced, and not allowed to overfill;
- ❑ Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is sed. All laundry is considered contaminated and is put into appropriately colored bags
- ❑ Whenever our HCW's move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container, if leakage is possible from the first container

The Environmental Service Department staff is responsible for the collection and handling of contaminated waste.

G. MANAGEMENT OF BLOOD AND BODY SUBSTANCE SPILLS

Prompt removal of spots and spills of blood and body substance followed by cleaning and disinfection of the area contaminated is a sound infection control practice and meets occupational health and safety requirements.

- ❑ Process of spill management- (may need to contact ES for assistance with large spills).

Strategies for decontaminating spills of blood and other body substances (e.g. vomit, urine) differ based on the setting in which they occur and the volume of the spill:

- In patient-care areas, healthcare workers can manage small spills by cleaning with detergent solution;
- For spills containing large amount of blood or other body substances, workers should contain and confine the spill by:
  - Removing visible organic matter with absorbent material (e.g. disposable paper towels);
  - Removing any broken glass or sharp material with forceps; and

- Soaking up excess liquid using an absorbent clumping agent (e.g. absorbent granules).

Areas at greater risk for spills house their own spill kits which are stocked and monitored by Employee Health. Environmental Services houses universal spill kits for all other areas. These spill kits are provided by Environmental Services, the HCW's who found /made the spill is responsible for using the kits.

Table Management of Blood or Body Substance Spills

Spot Cleaning	• Select appropriate PPE • Wipe up spot immediately with damp cloth, tissue, or towel • Discard contaminated materials/ Disinfect with hospital approved disinfectant • Perform hand hygiene
Small spills (up to 10cm diameter)	• Select appropriate PPE • Wipe up spill immediately with absorbent material • Place contaminated absorbent material into impervious container or plastic bag for disposal • Clean the area with warm detergent solution, using disposable cloth or sponge • Wipe the area with sodium hypochlorite bleach and allow to dry • Perform hand hygiene
Large spills (greater than 10cm diameter)	• Select appropriate PPE • Cover area of the spill with an absorbent clumping agent and allow to absorb • Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances • Place all contaminated items into impervious container or plastic bag for disposal • Discard contaminated materials • Mop the area with detergent solution • Wipe the area with sodium hypochlorite bleach and allow to dry for 5 minutes • Perform hand hygiene

Use of chemical disinfectants such as sodium hypochlorite bleach should be based on assessment of risk of transmission of infectious agents from that spill.

Section V

HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION & FOLLOW-UP

For full polices please see:
IP/EH/700-_____

CCH recognizes that, even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. VACCINATION PROGRAM

To protect HCW's as much as possible from the possibility of Hepatitis B infection, CCH has implemented a vaccination program which is available, at no cost, within 10 days of initial assignment to all HWC's, to included HCW who have occupational exposure to bloodborne pathogens.
The vaccination program consists of a series of three inoculations over a six-month period, with a positive blood titer (indicating immunity post vaccination). As part of their bloodborne pathogens training, all HCW have received information regarding Hepatitis vaccination, including its safety and effectiveness.

If a HCW's chooses to decline the vaccination, the HCW must sign a declination form if they are deemed to be at risk for exposure to bloodborne pathogens (see chart on page 6). HCW who decline may request and obtain vaccination at a later date at no cost.

The Employee Health Nurse is responsible for setting up and operating our vaccination program. To include vaccinations, lab titers, and declinations. These records are kept in Employee Health in the HCW's chart.

To ensure that all HCW's are aware of our vaccination program, it is thoroughly discussed in our bloodborne pathogens training.

For Full policy see Policy IP/EH/700- *"Immunization and Immunity for Healthcare Providers"*

B. POST EXPOSURE EVALUATION & FOLLOW UP

See Policy IP/EH/700-10 *"Blood-Body Fluid Exposure Chemoprophylaxis"*

C. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

The following information is available to the HCW

- ❑ A copy of the Bloodborne Pathogens Standard
- ❑ A description of the exposure incident
- ❑ The exposed AHCW's relevant medical records
- ❑ Other pertinent information

D. MEDICAL RECORDKEEPING

To make sure that we have as much medical information available to the participating HCW as possible, CCH Employee Health maintains comprehensive medical record on the HCW. Records are kept for the duration of the employment plus 30 years. The Employee Health Nurse is responsible for setting up and maintaining these records, which include the following information:

- ❑ Name of the HCW
- ❑ HCW Social Security number
- ❑ Copy of the HCW's Hepatitis B Vaccination status
  - Dates of any vaccination
  - Medical records relative to the HCW's ability to receive vaccination
- ❑ Copies of the results of the examinations, medical testing, and follow-up procedures which took place as a result of the HCW's exposure to bloodborne pathogens.
- ❑ A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without the HCW's written consent (except as required by law).

E. Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- ❑ the date of the injury
- ❑ the type and brand of the device involved
- ❑ the department or work area where the incident occurred
- ❑ an explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Section VI
LABELS AND SIGNS

The most obvious warning of possible exposure to bloodborne pathogens is biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program in CCH, using labels of the type shown below, or, when appropriate, using red color-coded containers.

The following items in CCH are labeled:

- ❑ Containers of regulated waste
- ❑ Refrigerators/freezers containing blood or other potentially infectious materials
- ❑ Sharps disposal containers
- ❑ Other containers used to store, transport, or ship blood and other infectious materials
- ❑ Contaminated equipment

On labels affixed to contaminated equipment, we have also indicated which portions of the equipment are contaminated.

We recognize that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the laboratories in our facilities perform only clinical and diagnostic work, which is not covered by these special signage requirements.

BIOHAZARD LABELS

BIOHAZARD

Section VII
INFORMATION & TRAINING

Having well informed and educated HCW's is extremely important when attempting to minimize or eliminate exposure to bloodborne pathogens. Because of this, all HCW's are put through a training program and furnished with as much information as possible. Additionally, HCW's are retrained at least annually to keep their knowledge current.

Infection Prevention is responsible for seeing that all HCW's who have potential exposure to bloodborne pathogens receive this training, and will be assisted by the following instructors:

- ❑ Infection Preventionists
- ❑ Employee Health Nurse
- ❑ NetLearning Training Module

A. TRAINING

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

- ❑ The Bloodborne Pathogens Standard itself
- ❑ The epidemiology and symptoms of bloodborne diseases
- ❑ The modes of transmission of bloodborne pathogens
- ❑ The CCH's Exposure Control Plan (and where HCW's can obtain a copy)
- ❑ Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- ❑ A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering Controls
  - Work Practice Controls
  - Personal Protective Equipment
- ❑ Selection and use of personal protective equipment, including:
  - Types available
  - Proper use
  - Location within the facility
  - Removal
  - Handling
  - Decontamination
  - Disposal
- ❑ Visual warnings of biohazards within our System, including labels, signs, and color-coded containers

- ❑ Information on the Hepatitis B Vaccine, including its:
  - Efficacy
  - Safety
  - Methods of Administration
  - Benefits of vaccination
  - Our System's free vaccination program
- ❑ Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- ❑ The procedure to follow if an exposure incident occurs, including occurrence reporting.
- ❑ Information on the post-exposure evaluation and follow-up, including medical consultation, which our System provides.

B. TRAINING METHODS

CCH training presentations make use of several training techniques, including, but not limited to:

- ❑ Classroom type atmosphere with personal instruction
- ❑ Videotape programs
- ❑ Training manuals/hand outs
- ❑ NetLearning training module

C. RECORDKEEPING

To facilitate the training of our HCW's , as well as to document the training process, we maintain training records, and transcripts of all HCW's who have completed the Infection Prevention Courses that include:

- ❑ Standard Precautions: Bloodborne Pathogens and other potentially Infections Materials
- ❑ Respiratory Protection Training to include: Transmission-Based Precautions: Airborne, Contact and Droplet

These training records are available for examination and copying to HCW's their representatives, as well as OSHA and its representatives. The records are located in NetLearning and the Professional Development Department.

REFERENCES:

OSHA Bloodborne Pathogen (Standard 29 CFR) 1910.1030, Last revision [77 FR 19934, April 3, 2012]