



"Creating Life Opportunities"

Policy and Procedure # 211

Exposure Control Plan

Approval: _____ Effective Date: 1/4/2010

POLICY:

All situations which involve contact with blood, semen, vaginal secretions, 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 such as: feces, mucus, vomit, or damaged skin tissue will be handled with utmost care.

All employees will be provided training annually. This plan will be updated annually or whenever necessary to reflect new or modified tasks, procedures or regulations.

RATIONALE:

Precautions must be taken against the spread of disease or infection. Because we are not going to know that an individual we work with (client / co-worker) has, or is a carrier of, a communicable disease such as Viral Hepatitis A, Viral Hepatitis B, Hepatitis C, HIV / AIDS, etc. it is imperative that all injured or ill persons be handled as if they have a communicable disease.

Careful handling is also required to prevent the spread of other viruses, fungus, infections, and skin disorders.

DEFINITIONS:

1. "**Blood**" means human blood, human blood component, and products made from human blood.
2. "**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).
3. "**Contaminated**" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
4. "**Contaminated Laundry**" means laundry which has been soiled with blood or other potentially infectious materials.



"Creating Life Opportunities"

Policy and Procedure # 211

Exposure Control Plan

5. "**Contaminated Sharps**" means any contaminated object that can penetrate the skin including, but not limited to, hypodermic needles and broken glass.
6. "**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.
7. "**Exposure Incident**" means contact with blood or other potentially infectious materials that result from the performance of an employee's duties. Exposure may be through the eye, mouth, other mucous membrane, or through non-intact skin.
8. "**Regulated Waste**" means materials which contain enough blood or bloody matter that it could be squeezed out.
9. "**Source Individual**" means any individual whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.
10. "**Universal Precautions**" are an approach to infection control whereby all human blood and other human body fluids thought to contain blood are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

PROCEDURE:

1. A list of all job classifications and tasks in which employees may have occupational exposure to blood borne pathogens has been developed. Notification of exposure potential will be incorporated into employee orientation procedures.
2. Hepatitis B vaccination is available at EFI's expense to all employees who have occupational exposure.
 - A. The vaccination series will be made available through a licensed health care facility to employees with occupational exposure. Vaccinations will be given after the employee has received the required training and within ten working days of initial assignment to perform at-risk tasks.
 1. Exceptions will be made for employees who have previously received the complete hepatitis B vaccination series, antibody testing which has revealed that the employee is immune, or the vaccine is not recommended for medical reasons.



"Creating Life Opportunities"

Policy and Procedure # 211

Exposure Control Plan

- B. Post-exposure evaluation and follow-up is provided to all employees who have had an exposure incident.
 - C. Any employee choosing to decline the hepatitis B vaccination must sign the Hepatitis B Vaccine Declination form.
 - D. An employee who initially declines the hepatitis B vaccination may decide at a later date to be vaccinated.
3. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances where it is difficult to tell if body matter contains blood it will be considered and treated as infectious materials.
- A. Hand washing before and after giving direct care is essential. Hand washing after care is necessary even when gloves are worn.
 - 1. Thorough cleaning requires at least ten seconds of friction with warm, soapy water.
 - 2. If hand washing facilities are not readily accessible antiseptic hand cleanser may be used along with a clean cloth or paper towel.
 - B. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, or other potentially infectious materials, mucous membranes, or non-intact skin.
 - 1. Latex gloves are available in all first aid kits and administrative offices.
 - C. Protective clothing will be changed when going from a dirty task to a clean task.
 - D. When administering mouth-to-mouth resuscitation a clear mouth barrier must be used.
 - 1. Barrier devices are available in first aid kits.
 - E. When there is potential for splashing or spraying of blood or other potentially infectious matter a face mask and protective gown should be worn.
 - 1. Face masks and gowns are available upon request to your supervisor.
 - F. Under rare and extraordinary circumstances, when it is the employee's professional judgment that the injured party's life would be placed at risk by a momentary delay in locating and putting on personal protective equipment he or she may decline its use. When an employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - 1. In the event of unprotected contact with potentially contaminated surfaces the employee must wash his / her hands and other affected areas with soap and water immediately after direct contact has ceased.
 - 2. An Exposure Report will be filed (in accordance with #9 of this plan).

Policy and Procedure # 211

Exposure Control Plan

4. Specimens of potentially infectious materials such as, urine or feces shall be placed in a container which prevents leakage.
 - A. Specimen containers must be clearly labeled as to their contents.
5. Potentially contaminated sharps shall be handled with caution.
 - A. Potentially contaminated sharps must be disposed of in a closable, puncture resistant container.
 - B. Broken glass 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.
 - C. Hypodermic needles will be handled by the plastic end while wearing latex gloves.
6. General precautions will be taken to prevent the spread of illness and infection.
 - A. Frequent hand washing with soap and warm water.
 - B. Keep hands away from mouth and face while working
 - C. Wash hands carefully before eating.
 - D. Dry, chapped skin places care givers at a greater risk for infection. After providing care, carefully wash and apply lotion to moisturize hands.
 - E. Minimize direct (physical) contact with others during periods of known communicability of colds (first 1-3 days) or flu (first 3 days of clinical symptoms). Employee's who suspect they may have contracted a communicable disease, will seek a physician for diagnosis, and will obtain a written doctor's release, before returning to work.
 - F. Bathroom surfaces visibly soiled with blood, fecal matter, or other body secretions should be cleaned with a germicide
 - G. Dishes used by people with infectious diseases may be used by other people once they have been washed in hot, soapy water using friction, and then allowed to air dry. If using a dishwasher, it is important that all visible food be thoroughly removed.
 - H. To prevent the spread of infection, each client will wash his or her laundry separately.
 1. Clients will not share laundry baskets. Laundry will not be sorted or folded on a common surface.
 - I. Women who are pregnant should, because of their lowered resistance to infections, be extra cautious when providing direct care.
7. Decontamination procedures are to be followed when doing clean-up following an incident, to prevent the spread of disease or illness.
 - A. When cleaning up after an accident or illness employees will wear latex gloves.
 - B. If splashing is likely, an apron or smock may be worn to protect clothing.

Policy and Procedure # 211

Exposure Control Plan

1. Protective clothing is available in the administrative offices upon request.
- C. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined and decontaminated as soon as feasible.
 1. A readily observable label shall be attached to contaminated equipment pending decontamination.
 2. Equipment will be thoroughly scrubbed with soap and water to remove dirt or other organic matter.
 3. Equipment will be sprayed with a solution of one part bleach to ten parts water, Lysol cleaner, or other germicide.
 4. Accessible surfaces will be wiped with a clean, dry cloth or paper towel.
 5. Thermometers must be wiped before and after use with an alcohol wipe and stored in plastic.
- D. All contaminated areas, such as floors, sinks, counter tops, toilets, bath seats, door facings, etc., will be treated with a disinfectant solution.
- E. Mops and other cleaning items will be rinsed in a disinfectant solution immediately after use.
- F. Disposable towels will be used whenever possible to limit the potential for further contamination.
 1. Regulated waste, such as saturated paper towels, tissues, face masks, etc., will be placed in bio-hazard bags (red) or incinerated prior to disposal in the landfill.
 - a. Covered trash cans lined with red bio-hazard bags may be used for temporary storage of regulated waste.
 2. Fluids may be poured down a toilet.
- G. Non-disposable contaminated items such as towels, clothing, bedding, etc., shall be handled only when wearing latex gloves.
 1. Contaminated laundry will be handled as little as possible to reduce the potential of spreading airborne contaminants or contaminating employees' clothing.
 2. Items will be immediately rinsed and placed in red plastic bio-hazard bags.
 3. Bags will be labeled "Caution, contaminated laundry".
 4. Contaminated items will be washed separately in hot water and detergent; then dried on high dryer setting.
8. Exposure incidents requiring outside medical attention will be reported immediately to the Executive Director, the Safety Manager, or Administrator on Call.



"Creating Life Opportunities"

Policy and Procedure # 211

Exposure Control Plan

9. Any exposure to blood or other contaminated materials must be reported. An investigation will be conducted and follow-up action will be taken.
 - A. An Exposure Report will be filled out by the exposed employee and turned in to his / her supervisor before the end of the shift.
 1. The Supervisor will contact the Safety Manager immediately to relate the details of the exposure and receive direction. The Exposure Report will be forwarded to the Human Resources Department ASAP.
 - B. The source individual will be identified and his / her name documented unless identification is infeasible or he / she wishes to remain anonymous.
 - C. 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.
 1. If the source individual refuses to be tested, EFI will document the refusal.
 2. When the source individual is already known to be infected with HBV or HIV, testing will not be repeated.
 3. Results of the source individual's testing (or known status) shall be made available to the exposed employee. The employee shall be informed that this information is to remain confidential.
 - D. The exposed employee may elect to have a baseline blood collection and follow-up tests. Test results will be considered confidential information.
 - E. Health care professionals evaluating an employee after an exposure incident will be provided pertinent information including:
 1. A copy of WISHA Regulations
 2. A description of the exposed employee's duties which resulted in exposure
 3. Type and source of exposure
 4. Results of the source individual's testing, if available
 5. Any available medical records relevant to the appropriate treatment including vaccination status
 - F. EFI will receive a written opinion from the attending health care professional. A copy will be provided to the employee within 15 days of the completed evaluation.
 1. Assurance that the employee has been informed of the results of the evaluation,
 2. The health care professional will advise as to the need for Hepatitis B vaccination,
 3. The health care professional will report any medical conditions resulting from the exposure which require further evaluation or treatment.
10. All other findings or diagnoses shall remain confidential and shall not be included in the written report. All employees will participate in a blood borne pathogens training program. Employees whose jobs require that they perform tasks which are on EFI's

Policy and Procedure # 211

Exposure Control Plan

occupational exposure list will attend training prior to assignment to specified tasks and annually thereafter. Training will include:

- A. A general explanation of methods of transmission, symptoms, and methods of control
- B. An explanation of this Exposure Control Plan and access to a copy of this plan
- C. Identification of tasks and activities that may involve exposure to blood and other potentially infectious materials
- D. An explanation of procedures which will reduce the risk of exposure
- E. Instruction on the use of personal protective equipment and the selection of personal protective equipment
- F. Disposal and storage of regulated waste
- G. Clean-up procedures
- H. Hepatitis B vaccine
- I. Procedure to follow in the event of an exposure;
 1. Immediate action,
 2. Reporting requirements,
 3. Post-exposure evaluation and follow-up.

11. Training records will be maintained in employee's personnel files.

- A. Dates of training sessions
- B. Contents summary of training session
- C. Qualifications of the instructor
- D. Verification of attendance by the instructor

12. EFI will establish and maintain a medical file for each employee separate from his / her personnel file.

- A. Medical files will be considered confidential.
- B. Contents of these records may be disclosed only with the written consent of the employee.
- C. Records will be maintained for the duration of employment plus 30 years.
- D. This file will include:
 1. Name and social security number
 2. A copy of the employee's hepatitis B vaccination status including the dates of each vaccination
 3. Any medical records relative to the employee's ability to receive the vaccination
 4. A copy of all post-exposure examination results, related medical testing, and follow-up procedures, written medical opinion



"Creating Life Opportunities"

Policy and Procedure # 211

Exposure Control Plan

5. A copy of any information provided, by EFI, to a health care professional