

## Infection Control

<b>Policy:</b>	<b>Bloodborne Pathogens Exposure Control Plan</b>	<b>Policy No:</b>	<b>179-205 (formerly 179-2005)</b>
<b>Effective Date:</b>	<b>11/05/96</b>	<b>Prepared By:</b>	<b>Infection Prevention and Control</b>
<b>Revised Date:</b>	<b>10/14/05, 02/07/06, 9/11/07, 10/25/07, 7/7/11, 2/19/15, 3/17, 8/21/19</b>	<b>Approved By:</b>	<b>Chief Medical Officer</b>
<b>Revision:</b>	<b>8</b>	<b>Departments:</b>	<b>All</b>

### **Policy**

Swope Health Services (SHS) will provide a safe work environment for Associates by eliminating or minimizing occupational exposure to bloodborne pathogens in accordance with the Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030.

This policy assists in managing the exposure of the associate by providing rapid and complete assessment, treatment and follow-up as indicated by current medical standards and OSHA guidelines.

### **Purpose**

- A. To identify those Associates having the potential for occupational exposure to blood or other potentially infectious materials.
- B. To assist those associates who experience an occupational exposure to blood and/or body fluids to receive timely assessment, treatment and management as indicated by current medical standards and OSHA guidelines.

This exposure control plan (ECP) includes:

- Define high-risk body fluids
- Use of Personal Protective Equipment (PPE)
- Standard Precautions
- Hand Hygiene
- Transmission based precautions
- Engineering and work practice controls
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to associates and training
- Recordkeeping

### **Responsibilities**

Collaboration between the Chief Medical Officer (CMO) and the Director of Infection Prevention and Control, and with suggestions from the Medical Administration Team, the ECP will be maintained, reviewed and updated at least annually, and whenever necessary to include new or modified tasks and procedures.

**Associates** who are determined to be at risk for occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

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The associate is responsible for notifying their supervisor immediately of exposure or suspected exposure.

**Materials Management** will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and ensure adequate supplies.

The **Human Resources Benefits Manager** is responsible for ensuring that all medical actions required by the standard are performed and that appropriate occupational health and OSHA records are maintained. They will direct the associate to the nearest contracted occupational health services for medical management. HR will provide transportation when requested, or when they determine transportation is necessary.

The **Infection Prevention and Control Department** is responsible for orientation and annual training regarding the ECP. They also will assist in the investigation of the blood borne pathogen exposure in the associate, and assist with identifying the index patient and get proper testing complete.

Supervisor/Manager is responsible for assisting the associate with the event report, contacting HR and Infection Prevention and Control Department, identifying index patient, assisting with ordering or tests for index patient.

**Human Resources** is responsible for maintaining documentation of training.

### **Risk of Exposure Determination**

Risk of exposure is determined by job description and duties.

Each associate will be informed of his/her risk category during orientation.

### **Risk Categories**

**Category I-High Risk:** The following is a list of job classifications at SHS in which all associates are routinely at risk for exposure to blood or OPIM.

- Physicians
- Physician Assistants
- Nurse Practitioners
- Nurses
- Medical Assistants
- Dentists
- Dental Assistants
- Laboratory
- Technicians/Assistants
- Dental Hygienist
- Therapist
- Radiology
- Transportation

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**Category II-Moderate Risk:** The following is a list of job classifications at SHS in which associates are not routinely at risk for exposure to blood or OPIM. However, the potential for exposure may occur during an emergency.

- Maintenance/Housekeeping
- Security
- Behavioral Health Clinical Staff
- Residential Facility
- CSS Workers
- Patient Registration Staff (PSR)

**Category III-Low Risk:** The following is a list of job classifications at SHS in which associates are not at risk of exposure to blood or OPIM as part of their usual duties.

- Administration staff
- Business Office
- Materials Management
- Pharmacy staff
- Clerical staff
- Information Technology
- Call Center
- Finance
- Human Resources

### **Methods of Implementation and Control**

**Standard Precautions:** All associates will utilize standard precautions. See Policy # 179-202: Standard Precautions.

**Exposure Control Plan:** Associates covered by the bloodborne pathogens standard receive an explanation of the ECP during orientation and annual refresher training. Associates may review this plan at any time by accessing it on the e portal. The Infection Prevention and Control Department, CMO, and HR are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with potential for occupational exposure.

**Engineering Controls and Work Practices:** Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens and OPIM. These controls and work practices include:

- Blunt tip syringes
- Needles with safety features
- Sharps containers

Clinic staff members inspect sharps containers daily and replace them whenever necessary to prevent overfilling.

Swope Health Services identifies the need for changes in engineering controls and work practices through:

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- Review of records
- Employee interviews
- Risk Management review of incidents resulting in exposure

New procedures and products are evaluated by:

- Literature review
- Supplier information
- Feedback from staff members

**Personal Protective Equipment (PPE):** PPE is provided to associates at no cost to them. Training in the use of the appropriate is done at orientation and throughout the associates regular job duties. PPE is to be used by all associates in all situations where skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material can be reasonably anticipated. All contaminated PPE must be removed prior to leaving the work area. The types of PPE available are:

- Gloves
  - Disposable gloves for single use will not be washed, decontaminated, or reused.
  - Glove allergies or sensitivities must be reported to the individual's supervisor and communicated further to leadership.
- Masks
- Mask should be worn appropriately when in use. Masks should not be hanging around the ears, pulled down completely under chin or pulled up past eyes. Eye protection
  - Prescription, non-prescription or fashion eyeglasses are not PPE. Eyeglasses must be covered by goggles, face shields or other protective eyewear unless equipped with solid side & top shields.
- Gowns
  - Healthcare approved disposable or reusable impervious gowns, aprons, lab coats, clinic jackets and other garments may be utilized depending on the anticipated degree of exposure as long as they do not allow blood or other potentially infectious material to pass through to clothing, skin or mucous membranes.

PPE is located in each clinical area and may be obtained through Materials Management. Each manager is responsible for ensuring that PPE is available. See Policy # 179-202: Standard Precautions.

**Infectious Waste:** Waste will be handled and disposed of according to facility policy. See Policy # 179-212.

**Laundry:** Laundry will be handled according to facility policy. See Policy #179-214.

**Labels:** The following labeling methods are used:

- Contaminated laundry—Red biohazard bag
- Laboratory specimens—Zippered bag with biohazard symbol
- Biohazard waste containers—Biohazard symbol on containers—red bags inside
- Transport containers for instrument reprocessing—Biohazard labels
- Sharps containers—Red container with biohazard symbol

Materials Management is responsible for ensuring an adequate supply of red biohazard bags, specimen bags and biohazard labels.

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Each clinic manager is responsible for ensuring that labels are affixed and red bags are used as required.

Associates are to notify the leadership/manager/director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

## **Hand Hygiene: (refer to hand hygiene policy #179-204):**

- Before and after all patient contacts
- Before and after glove use
- Immediately following contact with high-risk body fluids
- Immediately or as soon as feasible after removing PPE (self-contamination can occur during removal and gloves may have microscopic holes so while they are good protection, they are not 100% protection).
- Hand hygiene products and hand washing sinks will be conveniently located throughout the organization and easily accessible.
- After using the restroom
- Before and after eating
- When moving from a contaminated area on a client to a clean area on the same client
- When hands are visibly soiled
- Before and after any aseptic and/or sterile procedure
- Before and after procedures
- After touching patient surroundings
- Before, during and after preparing food
- After changing diapers or cleaning up a child who has used the toilet
- After blowing you nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After touching garbage or biohazard waste

## **Food and Drink:**

- Eating, drinking, applying cosmetic or lip balm and handling contact lenses are prohibited in all work areas where there is a reasonable likelihood of contamination or occupational exposure.
- Food and drinks shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious material is present.

## **Equipment and supplies:**

- All equipment must be cleaned (decontaminated) before being sent for reprocessing or servicing.
- Non-disposable equipment shall be cleaned with an approved disinfection between each use (between each patient use).

## **OSHA defines high-risk body fluids as those identified by the CDC. They are:**

- Amniotic fluid
- Blood
- Breast milk (for frequent/prolonged exposure)
- Cerebrospinal fluid (CSF)

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- Pericardial fluid
- Peritoneal fluid
- Pleural fluid
- Saliva (when doing mouth care or oral surgery)
- Seminal fluid
- Synovial fluid (joint)
- Tissue
- Vaginal secretions
- Any body fluid containing visible blood

### **Needlestick Prevention**

- Associates must consistently and correctly utilize both engineering and work practice controls in the prevention of needlesticks
- Handle all sharp objects carefully.
- Contaminated needles and other sharps (including but not limited to lancets, needles, dental wires, razors, guidewires, broken glass) or anything that could penetrate the skin and expose the associate to blood or other potentially infectious material must not be bent, broken, recapped, or otherwise manipulated by hand, including removing or deactivation of any engineered safety mechanism(s).
- Discard intact sharp objects immediately after use into a leak-proof, puncture-resistant, hospital-approved container.
- Unit, department or area supervisors/managers/directors must ensure that approved sharps containers are correctly and conveniently placed in all necessary areas, including but not limited to, patient exam rooms, treatment rooms, laundry room, laboratory, and specimen handling/processing areas, etc.
- Sharps containers should be placed where there is an unobstructed view of the inlet opening. Containers should be immediately replaced when contents reach the  $\frac{3}{4}$  full level or if they cease to properly function.
- Sharps containers must be disposed of in covered, designated holding (red) tubs while awaiting final disposal.
- If an exposure has occurred, wash the area with soap and water immediately. If eye splash occurs, then proper eye wash technique should then be administered to rinse the eye.

**Hepatitis B Vaccination:** (also see policy on Associate Infection Prevention and Control Requirements and Immunizations, policy # 179-220).

The Infection Prevention and Control Department will provide training to associates on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration and availability.

The hepatitis B vaccination series is available at no cost to the associates that are in Risk Category I and II as identified above.

Vaccination is encouraged for associates in category I and II unless:

- Documentation exists that the employee has previously received the series.
- Antibody testing reveals that the associate is immune.
- The vaccine is medically contraindicated.
- The associate states that he/she has received the full vaccine series in the past.

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Vaccination will be given as a 3-dose series; initial dose, and one month and six months after the initial dose. There is also a Hep B Vaccine that is only a two-dose series that may be utilized if appropriate.

If an employee declines the vaccination, the employee must sign a declination but may request and obtain the vaccination at a later date at no cost.

Vaccination will be provided by infection prevention and control/occupational health department. Documentation of Hepatitis B status/declination/proof of vaccination/etc. will be kept in occupational health files.

### **Post-Exposure Procedure, Evaluation and Follow-up:**

- If an exposure incident occurs, the associate will receive immediate first aid (clean the wound, flush eyes or other mucous membranes, etc.).
- The associate will contact his/her immediate supervisor/manager. The supervisor/manager will contact the Human Resources Benefits Manager and Infection Prevention and Control Department for an immediate and confidential medical evaluation and follow-up to be conducted by the contracted occupational health provider.
- It is imperative that the associate get evaluated right after first aid has been administered. If the Human Resources Benefits Manager or Infection Prevention and Control Director is not available then contact the Chief Medical Officer. If none are available, the manager of the area can implement plans to get the associate evaluated and identifying the source patient.
- The associate and/or immediate supervisor/manager will complete an incident report and document how the exposure occurred.
- The associate and/or immediate supervisor/manager with the assistance of the Infection Prevention and Control department will identify and document the source individual (see Bloodborne Pathogen Exposure to an Associate standing order/template in eCW to order correct lab on source patient).
- Consent will be obtained and arrangements made to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity.
- HR will provide transportation for medical-management (assessment) to proper contracted occupational health provider.
- The source individual's test results will be conveyed to the occupational health provider.
- Associates exposed to potentially infectious blood and/or body fluids after hours need to notify their immediate supervisor and notify the Benefits Manager, who will coordinate the immediate supervisor to provide for medical management within four hours.

### **Administration of Post-Exposure Evaluation and Follow-up:**

- Postexposure treatment should begin as soon as possible after exposure. For HBV: preferably within 24 hours, and no later than 7 days. For HIV: treatment should be started as soon as possible, preferably within hours as opposed to days, after the exposure. HCV: there is no postexposure treatment that will prevent HCV infection.
- If there are questions about appropriate medical treatment for occupational exposures, assistance is available from the CDC's Clinician's Post Exposure Prophylaxis (PEP) Line at: 1-888-448-4911.
- The Human Resources Benefits Manager and/or Infection Prevention and Control Department will ensure that the contracted occupational health provider receives:
  - Relevant associate medical records, including vaccination status

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- A description of the associate's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- Results of the source individual's blood test (if available)
- The Human Resources Benefits Manager will provide a written opinion within 15 days of the completion of the evaluation. The written opinion will include:
  - Whether Hepatitis B vaccination is indicated for the associate, and if the associate has received such vaccination.
  - That the associate has been informed of the results of the evaluation.
  - That the associate has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation, prophylaxis or treatment.

### **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident:**

- The Risk Manager will review the circumstances of all exposure incidents to determine:
  - Engineering controls in use at the time
  - Work practices followed
  - A description of the device being used (including type and brand)
  - Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
  - Location of the incident (clinic, exam room, etc.)
  - Procedure being performed when the incident occurred
- The Human Resources Benefits Manager will record all percutaneous injuries from contaminated sharps in an injury log.
  - The log will serve as a tool for identifying high-risk areas and evaluating devices.
  - The log will be recorded and maintained in such manner as to protect the confidentiality of the injured associate.

### **Employee Training:**

- All employees who have occupational exposure to bloodborne pathogens receive initial and annual training.
  - Initial training will be provided by the Infection Prevention and Control Department during New Employee Orientation.
  - Annual training will be provided via Relias.
  - All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
    - Information regarding the OSHA bloodborne pathogen standard
    - An explanation of the exposure control plan (ECP) and how to obtain a copy
    - An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
    - An explanation of the use and limitations of engineering controls, work practices and PPE



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- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at SHS
- An opportunity for interactive questions and answers with the person conducting the training session

### **Recordkeeping:**

- Training Records:
  - Training records are completed for each associate upon completion of training. These documents will be kept in Human Resources for at least three years.
  - The training records include:
    - The dates of the training sessions
    - The contents or a summary of the training sessions
    - The names and qualifications of persons conducting the training
    - The names and job titles of all persons attending the training sessions
  - Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to: Human Resources
- Medical Records:
  - Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."
  - The Human Resources Benefits Manager is responsible for maintenance of the required medical records. These confidential records are kept for at least the duration of employment plus 30 years.
  - Employee medical records are provided up request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Infection Prevention and Control Department/Occupational Health Department.

### **OSHA Recordkeeping:**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by the Human Resources Benefits Manager.

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## **Sharps Injury Log:**

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

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

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

## **References**

Center for Disease Control and Prevention. Morbidity and mortality weekly report. (Dec. 2013).  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Center for Disease Control and Prevention. Exposure to blood. (July 2003).  
[https://www.cdc.gov/HAI/pdfs/bbp/Exp\\_to\\_Blood.pdf](https://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf)

Occupational Safety and Health Administration standard 29 CFR 1910.1030—Bloodborne Pathogens--  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=10051&p\\_table=STANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS)

Occupational Safety and Health Administration standard 29 CFR 1910.1020—Access to Employee Exposure and Medical Records--  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10027](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027)

Occupational Safety and Health Administration standard 29 CFR 1904-- Recording and Reporting Occupational Injuries and Illness--  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_id=9631&p\\_table=STANDARDS](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9631&p_table=STANDARDS)

Policy # 179-202—Standard Precautions

Policy # 179-204—Hand Hygiene

Policy # 179-218—Transmission Based Precautions

Policy # 179-212—Infectious Waste

Policy # 179-214—Contaminated and Soiled Laundry