

Blood Borne Pathogens Exposure Control Plan

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POLICY:

The Kadlec Regional Medical Center and Clinics is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "[Occupational Exposure to Blood Borne Pathogens.](#)"

The ECP is a key document to assist our hospital in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Standard precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- Employee Health and the Infection Control Committee are responsible for the implementation of the ECP. Employee Health and the Infection Control Committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- Department Directors/Managers are responsible for infection control and plan implementation for their respective areas, and work in conjunction with Employee Health and the Infection Preventionist.

- Healthcare workers have the most important role in the Exposure Control Plan. The ultimate execution of much of the program is the Healthcare Workers responsibility.
- Kadlec Regional Medical Center will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Kadlec Regional Medical Center will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Employee Health will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- Kadlec Regional Medical Center (KRMC) is responsible for training the employees and the documentation of the training. KRMC will make the written ECP available to employees, OSHA, and NIOSH representatives as requested.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which employees have occupational exposure:

The following table gives examples of employees' risk for exposure to blood borne pathogens. Category I employees have occupational exposure to blood or body fluids. Category II employees may have occupational exposure to blood or body fluids in an unplanned fashion. Category III employees have no occupational exposure to blood or body fluids.

Category I	Category II	Category III
Diagnostic Imaging	Clinical Engineering	Accounting/Pt Financial Services
Respiratory Therapy	Nurses with non-pt care duties	Administration with no pt. contact
Sterile Processing	Central Supply	Foundation Employees
Nursing staff with direct pt. contact	Chaplain	Human Resources Employees
Physicians	Facilities	Information systems
Environmental Services	Patient Registration Staff	Materials management

Personnel performing or assisting with invasive procedures	Diagnostic Imaging not performing	Medical Records
EKG Technicians	Pharmacy Personnel	Nutrition Srvs with no pt contact
Laboratory Staff	SecurityFront Office Assistant	Secretarial Staff in non patient care areas
Medical Assistants	Social Work Services	Coding/Billing
Decon Team members	Transport Aides	
	Dieticians	
	Unit Secretaries	
	Volunteers with direct pt contact	
	Meal Service Representatives	
	Therapy Services	
	Valets	

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Standard Precautions

All employees will utilize standard precautions. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. (See Isolation Policy #1112)

Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by accessing Policy on the HR Portal.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens.

Engineering Controls:

- **Sharp Safety Devices**
Sharps safety devices are used to eliminate or minimize a healthcare workers exposure to blood borne pathogens. Examples of sharps safety devices utilized at Kadlec include needleless systems, needle safety devices, etc. These devices shall be evaluated and selected by the Value Management Committee. Devices shall be selected based on their effectiveness at reducing risk of injury and for their appropriateness for use in patient care. Front line employees shall be involved in the evaluation and selection process. This process shall be documented in the minutes of the Value Management Committee.
- **Sharps Containers**
All contaminated sharps shall be discarded as soon as feasible in sharp containers. Sharps containers are located in all patient care areas and in work areas where sharp disposal is anticipated. Sharps disposal containers are inspected and maintained or replaced by Stericycle, Inc. or Environmental Services whenever necessary to prevent overfilling.
- **Regulated Waste**
Hazardous waste will be handled according to Environmental Services policies on Infectious Waste Handling, Cleanup of Hazardous or Unknown Spills, Needle Box Handling, and Chemotherapy Waste Disposal. Stericycle collects all hazardous waste from all Kadlec Clinics.
- **Hand washing facilities**
Hand washing facilities will be available throughout the hospital and if no facilities are available, an antiseptic hand cleanser will be made available.
Work Practice Controls: Specific work practice controls listed below are used to prevent or minimize the exposure to blood borne pathogens.
(Occupational Safety and Health Administration (OSHA) 29 CFR Part 1910.1030, Occupational Exposure to Blood Borne Pathogens)
- **Recapping of needles should be avoided.** In the event that it is necessary to recap a needle during a procedure it is recommended to use a one-handed scoop method.

- Do not mouth pipette
- Avoid splashing or spraying blood or OPIM
- Avoid pouring out blood or OPIM from containers
- Do not use a hand or foot to push down trash in a receptacle
- Wash your hands after a procedure and/or as needed
- Covered cups only at clinical work' stations, registration and/or front desk reception. Food is only allowed in the lounge/break room.
- Eating, drinking, applying cosmetics or lip balm and handling contact lenses are not permitted in areas which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists, i.e. lab areas, medication rooms, specimen holding areas, dirty rooms, etc.
- Disposal of Suction Canisters: Disposal of all wall suction canisters should be done in accordance with standard precautions. Canisters should be changed PRN. Solidifying agents will be used in canisters containing blood or body fluids before disposal to prevent leakage and resulting contamination, using the following directions:

Record I&O disconnect the tubing from the top of the canister and cap the suction ports. With the canister still in the wall holder, open the large, capped opening and pour the solidifying agent into the canister and replace the cap. Make sure all caps are tightly in place prior to removal from wall unit. Bag the canister in red bags and place it in the designated receptacle in the dirty utility room.

- Disposal of Fecal Management Systems: Disposal of all Fecal Management System and Fecal Management Collection Bags should be done in accordance with standard precautions. Collection bags should be changed PRN, using the following directions:

Record I&O and disconnect the system. Cap the top of the bag with the provided capping device making sure to completely twist the cap to lock the cap in place. Bag the Fecal Management Collection Bag and place it in the designated receptacle in the dirty utility room.

This facility identifies the need for changes in engineering control and work practices through review of controls in an ongoing fashion through the Value Management Committee, and/or the Infection Control Committee. Department Directors/Managers have the responsibility to review engineering and work practice controls in their units.

New processes and products regularly evaluated by Value Management Team.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The Protective Equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees through Department Directors/Managers. Department Directors/Managers have the responsibility to provide their employees with any Personal Protective Equipment that is deemed necessary to protect them from exposure to blood or other potentially infective materials.

Training is provided at initial employee orientation, yearly as required through computer modules, and as needed through Unit managers or designee in the use of the appropriate PPE for the tasks or procedures employees will perform.

PPE will be provided and replaced as needed for each employee with potential exposure. This shall include but not be limited to gloves, gowns, goggles, masks, etc.

PPE is located on the hospital units in their supply areas and on isolation carts and may be obtained through Materials Management.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in appropriate receptacles including regular trash containers or linen bags, or red bags if saturated with body fluids.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces, mucus membranes, or non-intact skin.
- Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Gloves will not be disabled in any manner.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

All Personal Protective Equipment (PPE) will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:

Employees shall discard used personal protective equipment in appropriate waste disposal containers. If an employee's personal clothing becomes contaminated, it should be removed and

bagged, tagged with the employee's name and sent to Environmental Services for laundering prior to return to employee. Reusable eyewear that becomes contaminated should be rinsed under running water to remove any droplets adhering to the surface and then cleaned using a hospital approved disinfectant. Eyewear should then be rinsed thoroughly to prevent eye or skin irritation.

ENVIRONMENTAL SERVICES

All areas of the facility will be cleaned and decontaminated cleaned daily or as needed following Environmental Services policies.

Decontamination will be accomplished by utilizing the following materials:

- All surface decontamination will be accomplished using a hospital approved surface cleaner/disinfectant.
- All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis.

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is Policy # 86.07.706

The procedure for handling other regulated waste is Policy # 86.07.706

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled appropriately. Sharps disposal containers are available in patient rooms, exam rooms, medication rooms, soiled utility rooms, and procedure rooms.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using spill kits provided.

LAUNDRY

All linen is considered contaminated and is handled using Standard Precautions.

Linen will be placed in Gray impervious bags at the location where it was used. Linen will not be sorted or rinsed in the area of use.

All employees who handle contaminated linen will utilize Personal Protective Equipment to prevent contact with blood or other potentially infectious materials.

Laundering will be performed by: currently contracted vendors.

LABELS

The following labeling method(s) is used in this facility:

All regulated waste containers will have the sticker "Regulated Medical Waste, n.o.s. UN3291" with bar code affixed to it. The stickers are provided by Stericycle, Inc. The manager of Environmental Services will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the manager of Environment Services or designee if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

All employees or volunteers who have been identified as Exposure Category 1 or 2 on their job description will be offered the Hepatitis B vaccine, at no cost. The vaccine will be offered at the time of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing to assure the employee has sufficient immunity. Physicians, licensed independent practitioner, students, and others working in the Kadlec care environment should discuss vaccine with their respective employer, school, or Employee Health. Employees or volunteers who decline the Hepatitis B vaccine will sign a waiver in accordance with WISHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost (OSHA 1 or 2 Category). Hepatitis vaccine will be offered upon assignment to a potentially hazardous position. Employee Health will be responsible for administration of the HBV program and will maintain the records of vaccination and declination and will along with their designee administer the vaccine.

Employee Health will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost to OSHA Category 1 and 2 employees at any time. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series and antibody testing reveals that the employee is immune or 2) Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost (OSHA Category 1 and 2). Documentation of refusal of the vaccination is kept at Employee Health.

Vaccination will be provided by Employee Health. Office is located at The Kadlec Employee Health Clinic located in Suite 330 in the Corrado Building (800 Swift Blvd, Richland).

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact Employee Health per the local policy.

An immediately available confidential medical evaluation and follow-up will be conducted by Employee Health or designee with referral to the Employee Health Clinic for further treatment and education. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Employee Health ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

Employee Health ensures that the healthcare professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

If employee was referred for follow up care, Employee Health provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Employee Health 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 (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

Employee Health will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions needs to be made Employee Health and Infection Prevention collaborate to ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive training conducted by Employee Health and/or the Infection Preventionist. All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA standard is available [here](#). an explanation of our ECP and how to obtain a copy is reviewed at initial orientation
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident is reviewed at initial employee orientation or at Unit specific orientation.
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- 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 this facility
- an opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in New Hire Orientation, Unit specific orientation and yearly training, Exposure Packets, Health Stream Learning Courses and online Policy Stat policies related to blood borne pathogens and Post exposure practices.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by Education Department.

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 Education Department.

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."

Employee Health is responsible for maintenance of the required medical records. These confidential records are kept at a secure off storage site for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Employee Health.

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 Employee Health.

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.

Attachments:

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Assign Acknowledgments

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