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I. Purpose:


The purpose of this document is to comply with OSHA's Occupational Exposures to Bloodborne Pathogens in Title 29 Code of Federal Regulations 1910.1030 and as revised in 2001 by the Needlestick Safety and Prevention Act. The intent of this exposure control plan is to prevent bloodborne infections by eliminating or minimizing employee exposures to blood, blood products, and other potentially infectious materials.

II. Objectives:

- A. To avoid and reduce the exposure of our employees, clients, volunteers, and students in the course of their work to infectious pathogens by providing appropriate information concerning the proper handling and disinfecting of potentially infectious materials, including understanding the principles of transmission of infection.
- B. To reduce or eliminate the potential exposure to infectious pathogens by proper hand washing and the use of personal protective equipment.
- C. An understanding of the proper procedure to report an incident.
- D. An understanding of the OSHA Standards.

III. Responsibilities:

- A. This plan must be reviewed annually and updated when necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- B. Employees are expected to follow the Infection Control policy, plan and procedures of their particular place of work.
- C. The Infection Control Officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.
- D. The Infection Control/Safety Committee consists of a medical professional, and Infection Control Officer / Safety Officer who are responsible for the program
- E. A copy of the plan may be obtained from the health and safety section of the agency policies and procedure, and the infection control training is available by contacting the Infection Control Officer.
- F. In accordance with OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the Infection Control Plan and the methods of compliance are as follows:
 - 1. **First Aid Kits & Spill Kits:** The following procedure addresses how first aid and spill kit supplies are replenished as needed.
 - a. The Safety Committee Chair is responsible for ensuring the first aid and spill kits at all agency locations are replenished as needed and monthly during the safety walk through.

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b. The Infection Control Officer will order first aid and spill kit supplies as needed.

G. **Exposure Classification Determination:** OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required in order to create a list of job classifications in which all employees may be expected to incur occupational exposure, regardless of frequency.

1. **Classification I:** includes persons that perform such activities as administration of medications, (if qualified) assist clients who may be injured or bleeding, may perform CPR, may repair bleeding injuries including first aid, may be involved in cleaning up blood or other decontaminated efforts after an injury, may be involved with client care in a residential type setting with regards to contaminated waste products, and may be the first direct care staff to assist with agitated and/or injured clients. This classification is the priority classification for receiving HEP B injections (vaccine is optional).
2. **Classification II:** includes persons that are at low risk and may be involved with direct care, including potentially dangerous clients, may encounter suspected or unsuspected bleeding, may be CPR/FA certified and assist with agitated clients, but should not clean suspected or unsuspected blood.


H. **Implementation Schedule and Methodology:** OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard.

1. **Universal Precautions:** The increasing prevalence of HIV, HBV and HCV increases the risk of infection to individuals who have occupational exposure. All patients' blood and certain body fluids should be considered infected with HIV, HBV, HCV, and/or other blood-borne pathogens, and infection-control precautions adhered to that minimize the risk of exposure to these materials. This is "universal precautions" and should be used when handling blood, bodily fluids containing visible blood, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Universal precautions do not apply to saliva, feces, nasal secretions, sputum, sweat, tears, urine, and vomit unless they contain visible blood. If it is difficult or impossible to differentiate

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between body fluid types in a particular circumstance, all body fluids must be considered potentially infectious material.

- I. **Communicable Diseases:** The agency shall provide annual trainings to all employees regarding communicable diseases such as Staphylococcus, Rubella, Tuberculosis, Cytomegalovirus, COVID 19, and STD’s.
- J. **Bloodborne Pathogens –** Although several diseases are transmitted by blood, the ones that put you at the greatest risk are Hepatitis B Virus, Hepatitis C, and Human Immunodeficiency Virus,
- K. **Engineering and Work Practice Controls:** Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after the institution of these controls, personal protective equipment must also be used. These controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is completed monthly during the safety check done by a safety committee member.
 - 1. The following engineering controls are used at all locations:
 - a. Sharps containers
 - b. Safe needle devices
 - c. Gowns
 - d. Caps
 - e. Spill kits
 - f. First aid kits
 - g. CPR face shields
 - h. Masks
 - i. Disposable gloves
 - j. Training
- L. **Universal Precautions and biohazard waste disposal** will be observed by staff in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material is considered infectious regardless of the perceived status of the source individual. The use of Universal Precautions include:
 - 1. Hand washing, and appropriate personal protective equipment such as gloves, gowns, and masks, whenever touching or exposure to patients' body fluids is anticipated.
 - 2. Immediately after use, dispose of contaminated sharps in an appropriate puncture resistant, leak-proof container.

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3. These containers are located in the following areas:
 - i. Children’s Medical Department
 - ii. Residential Treatment Facilities (Staff offices)
 - iii. Progress Industries (Staff office)
 - iv. Screen Print\Embroidery Room
 - v. Adult Medical Medication Room
 - vi. Shelby Medical Office
4. Full sharps containers will be removed and replaced with empty containers by the nurse or maintenance department.
5. Full sharps containers are kept in the shed until picked up by Accu Medical Waste Services, Inc., 886.696.837
6. Place all contaminated materials into a bio-hazard waste container including gloves.




M. Biohazard Labels: Warning labels shall be affixed to containers or regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels required by OSHA shall include the following:


1. These labels shall be fluorescent orange/orange red with lettering or symbols in a contrasting color.
2. Red bags or red containers may be substituted for labels.
3. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the label requirement.
4. Labels required for contaminated equipment shall state which portions remain contaminated.

N. Needles:

1. Contaminated needles and other contaminated sharps must not be recapped, bent, removed, sheared, or purposely broken.
2. Do not remove needles from the syringe.
3. Place directly into a red sharps container immediately or as soon as possible.
4. A disposable needle holder (for use with vacutainer blood drawing tubes) is now available and must be evaluated and used where appropriate, eliminating the need to remove the needle from the holder. The needle and holder are discarded in a sharps container.

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- O. Training shall be provided as follows: Training must be completed initially within 10 days of hire date and annually and at the time of the initial assignment and only for tasks where occupational exposure may occur.
1. Persons Served and other Stakeholders are given training by:
 - a. Handouts on Bloodborne Pathogens Infection Control, Universal Precautions, and Communicable Diseases, which are posted the lobby.
 - b. A network TV with a wellness channel is located in the front lobby of The Center and Rehab Center to provide persons served with wellness information.
 - c. OASIS, S.E.H. and C.S.U. staff provide a wellness group to ensure that persons served gain knowledge of how to stay healthy.
- P. Training records shall include:
1. Dates, contents or summary of training sessions
 2. Names and qualifications of persons conducting training
 3. Names of all persons attending training sessions
- Q. The Training must include the OSHA standard: 29 CFR 1910.1030
1. Explanation of bloodborne pathogens.
 2. Explanation of the modes and transmissions of bloodborne pathogens
 3. Explanation of communicable diseases
 4. The agency's exposure control plan.
 5. Explanation of universal precaution and engineering controls, work practices, and personal protective equipment.
 6. Information on types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment. Includes an explanation of the basis for selection of personal protective equipment.
 7. Information on Hepatitis B vaccine, including efficacy, safety, administration, and benefits. The vaccination is free of charge.
 8. Information on the appropriate actions to take and persons to contact in emergency involving potentially infectious materials.
 9. Proper removal of personal protective equipment.
 10. Proper hand washing.
 11. Explanation of procedure to follow if exposure incident occurs, including the method of reporting the incident and medical follow-up.
 12. The agency will provide a question and answer period following training. The person conducting training shall be knowledgeable in the elements contained in the training program in relation to the workplace.

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R. Hepatitis B Vaccine:

1. All employees who have potential exposure to blood or other potentially infectious materials in the course of their job will be offered the Hepatitis B vaccine, at no cost to the employee.
2. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials.
3. All injections are given by The Richland County Health Department. A booster can be given if staff request or the health department nurse feels that it is necessary.

S. Post-Exposure Evaluation and Follow-up: Exposure Definition: Incidents that constitute an exposure involve contamination by blood and bodily fluids by needle stick; splash in eye or mouth; open wounds (skin to skin), or contact with unprotected hands.

T. Potential Exposure Procedure:

1. Employee will wash area with soap and water immediately.
2. Employee will report to his/her supervisor and the Infection Control Officer immediately/ Safety Chair.
3. The Infection Control Officer / Safety Chair will complete the post-exposure evaluation form.
4. The agency will make available a confidential medical evaluation from a medical physician or an Infection Specialist. This will be at no cost to the employee.
5. The Infection Control Officer will document the route of exposure and the circumstances under which the exposure occurred and forward the information to the Human Resource department.
6. The Infection Control Officer will identify and document the status of the source individual's HBV/HIV results, if known.
7. The Infection Control Officer and Human Resources will notify the source individual and attempt to obtain consent to collect and test the blood for HBV/HIV infection.
8. The source individual must sign a consent/denial form for this to happen.
9. The employee is encouraged to obtain blood testing for HBV/HIV as soon as possible following exposure.
10. Employees have 90 days following baseline blood collection to decide if they want their blood tested for HBV/HIV.

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11. Appropriate follow-up and evaluation. The agency will request a confidential, written medical evaluation from the Physician involved in evaluating the exposed employee.

U. Medical Evaluation: When an exposure incident occurs, the Infection Control Officer will send the employee for a confidential medical evaluation and follow-up.


1. In the event of an exposure, take the following steps:
 - a. Cleanse the area thoroughly.
 - b. Report the incident immediately to the supervisor and infection control officer.
 - c. Employee must complete an incident report within 24 hours.
 - d. The Infection Control Officer will send the employee to Workable to have a medical evaluation.
 - e. The employee will get follow-up medical evaluations three months and six months after first evaluation.

V. Control Method Evaluation: In addition, the department must evaluate the circumstances of the exposure incident. The goal of this evaluation is to identify and correct problems in order to prevent recurrence of similar incidents.

1. Information that needs to be included in the documentation is:
 - a. The route(s) of exposure and circumstances under which an exposure incident occurred.
 - b. An evaluation of the policies and “failures to control” at the time of the exposure incident.
 - c. The engineering controls in place at the time of the exposure incident.
 - d. The work practices and protective equipment or clothing used at the time of the exposure incident.
 - e. Copies of all paperwork will be kept in the Human Resource Department.

W. Record keeping: All records required by the OSHA standard will be maintained by the Human Resource Department for 30 years from the date the employee leaves the agency.

1. These records shall include:
 - a. Name and Social Security number of the employee
 - b. Copy of employee’s Hepatitis B vaccination record, which includes date of all vaccinations.
 - c. A copy of all results of exams, medical testing, and follow-up procedures
 - d. The employer’s copy of the healthcare professional’s written opinion

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- e. The employer shall ensure that the employee’s medical records are kept strictly confidential and are not disclosed or reported without the employee’s written consent to any person within or outside the workplace.

- X. OSHA Survey: All records will be made available upon request by the OSHA Assistant Secretary and OSHA Director for examination. If medical records are requested, a letter of release will be obtained from the employee before releasing the records.

- Y. Transfer of records: If the agency ceases to do business and there is no successor employer to receive and retain the records for 30 years, the agency shall notify the OSHA Director at least 3 months prior to their disposal and transmit them to the Director. This specification must be requested by the OSHA Director at the time the agency ceases to do business.

- Z. Forms and Policy:
 - 1. [Hepatitis B Vaccine Form](#)
 - 2. [Occupational Post-Exposure Evaluation Follow-up](#)
 - 3. [Occupational 3 Month Post-Exposure Evaluation Follow-up](#)
 - 4. [Occupational 6 Month Post –Exposure Evaluation Follow-up](#)
 - 5. [Infection Control Policy](#)