HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: EXPOSURE CONTROL PLAN **Effective Date:**
Policy Number: 134 **Med Staff:**
Regulation: **Admin:**

I. POLICY
EXPOSURE CONTROL PLAN

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 employees. Relative to this goal, OSHA enacted the Bloodborne Pathogens Standard, codified as 29 CFR 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 employees may encounter in their workplace.
Hardin County General Hospital believes that there are a number of "good general principles" that should be followed when working with bloodborne pathogens. These include that:
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 employee exposure to bloodborne pathogens
We have implemented this Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

To protect our employees from the health hazards associated with bloodborne pathogens
To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

II. DEFINITIONS

OSHA-Occupational Safety and Health Administration
HBV-Hepatitis B Virus
HIV- Human Immunodeficiency Virus

III. RESPONSIBILITY

A. 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 Exposure Control Officer
2. Department Managers and Supervisors
3. Education/Training Instructors
4. Employees

1. EXPOSURE CONTROL OFFICER

The Exposure Control Officer will be responsible for overall management and support of our facility's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- Overall responsibility of implementing the Exposure Control Plan for the entire facility
- Working with administrators and other employees 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
- Knowing current legal requirements concerning bloodborne pathogens
- Acting as facility liaison during OSHA inspections
- Conducting periodic facility audits to maintain an up to date Exposure Control Plan

The Infection Control Nurse has been appointed to be the Exposure Control Officer. We have determined that the Exposure Control Officer will require assistance in fulfilling their responsibilities. To assist them in carrying out their duties, we have created an Exposure Control Committee composed of the Infection Control Committee members.

2. DEPARTMENT MANAGERS AND SUPERVISORS

Department managers and supervisors are responsible for exposure control in their respective areas. They work directly with the Exposure Control Officer, the Infection Control Department and employees to ensure that proper exposure control procedures are followed.

3. EDUCATION/TRAINING COORDINATOR

Our education/training coordinator will be responsible for providing information and training to all employees who have the potential for exposure control to bloodborne pathogens. Activities falling under the direction of the coordinator include:

- Maintaining an up to date list of personnel requiring training (in conjunction with management)
- Developing suitable education/training programs
- Scheduling periodic training seminars for employees
- Maintaining appropriate training documentation such as "sign in sheets'
- Periodically reviewing the training programs with the Exposure Control Committee, Department Managers and Supervisors to include appropriate new information

The Director of Nursing along with the Infection Control Nurse has been selected to be the Education/Training Coordinators

4. EMPLOYEES

As with all of our facilities activities, our employees have the most important role in our bloodborne pathogens compliance program, of 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
- Attend the Bloodborne Pathogens training sessions

- Plan and conduct all operations in accordance with our work practice controls
- Develop good personal hygiene habits.

B. Availability to Employees

To help them with their efforts, our Exposure Control Plan is available to our employees at any time. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in each department's Policy and Procedure Manual.

IV. EQUIPMENT

V. PROCEDURES
INFECTION CONTROL: N/A

1. EXPOSURE DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this in our facility, we have prepared the following lists:
Job classifications in which all employees have occupational exposure to bloodborne pathogens
Job classifications in which some employees have occupational exposure to bloodborne pathogens
Tasks and procedures in which occupational exposure to bloodborne pathogens occur (these tasks and procedures are performed by employees in the job classifications shown on the previous lists)
The initial lists were compiled on or before May, 1992. The Infection Control Nurse will work with department managers and supervisors to revise and update these lists as our tasks, procedures, and classification change.

2. 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. The first five areas we deal with in our plan are:
- Standard Precautions
- Establishing appropriate engineering controls
- Implementing appropriate work practice controls
- Using necessary personal protective equipment (PPE)
- Implementing appropriate housekeeping procedures

Each of these areas are reviewed with our employees during their training session. We fell we will eliminate or minimize our employees' occupational exposure to bloodborne pathogens as much as possible.

A. Standard Precautions
We have observed the practice of Standard Precautions to prevent contact with blood and other potentially infectious materials since 2/88. As a result, we treat all human blood, dried blood, contaminated surfaces, and the following body fluids as if they are known to be infectious for HBV, HIV, and other bloodborne pathogens:

Semen	Vaginal Secretions	Saliva
Cerebrospinal Fluid	Synovial Fluid	Pleural Fluid
Pericardial Fluid	Peritoneal Fluid	Amniotic Fluid

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious. The Infection Control Nurse and Committee are responsible for overseeing our Standard Precautions Program.

B. Engineering Controls

One of the key aspects of our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. We use equipment such as sharps containers, stick blocks, safety devices etc. as appropriate. Inspections are done periodically by Risk Management, Quality Improvement, and Infection Control to survey the use of these controls. Recommendations are made accordingly as to the updating, implementation, and additions of new controls where needed. Other engineering controls used in this facility are:

- Hand washing
- Specimen containers which are leak proof, labeled with a biohazard warning label, and puncture resistant when necessary.
- Secondary containers which are leak proof, color coded or labeled with a biohazard warning label, and puncture resistant if necessary

C. Work Practice Controls

In addition to engineering controls, we use a number of work practice controls to help eliminate or minimize exposure. Many of these have been in effect for some time. The person(s) responsible for overseeing the implementation of these Work Practice Controls is the Infection Control Nurse with the assistance of the Infection Control Committee members. They work in conjunction with all departments to effect this implementation. We have adopted the following Work Practice Controls as part of our Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as possible, after removal of gloves, or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, employees 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 accomplished through the use of a medical device or using a one handed technique. Blood draw tube holders are to be discarded after each use and not reused.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens
- Food and drink are not to be kept in refrigerators, freezers, or on countertops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting or suctioning of blood or other infectious materials is prohibited
- All procedures involving blood or other infectious materials minimize splashing, spraying, or other actions generated 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
- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary
- 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 employees, the equipment manufacturer and the equipment service representative prior to handling, servicing, or shipping

  When a new employee or an employee transfers from one department to another, the new job classification is assessed by the Exposure Control Officer and any new or additional training and inservicing is done by the Education/Training Coordinator.

3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is our employee's last line of defense against bloodborne pathogens. Because of this, we provide (at no cost to the employee) equipment to protect themselves against an exposure.

This includes, but is not limited to:

- Gloves
- Gowns
- Laboratory coats
- Face shields
- Masks
- Safety glasses
- Goggles
- Mouthpieces
- Resuscitation bags
- Picket masks
- Shoe covers
- Safety sharps

The Exposure Control Officer, working with department supervisors is responsible for ensuring that all departments and work areas have appropriate PPE available to employees. Our employees are trained regarding the use of the appropriate PPE for their job classification and tasks they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position. To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, we adhere to the following practices:

- All equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness
- Reusable equipment is cleaned, laundered, and decontaminated as needed
- Single use PPE is disposed of

To make sure that this equipment is used effectively as possible, our employees adhere to the following practices when using PPE:

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

Gloves are worn:

- Whenever employees 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
- Masks and eye protection are used whenever splashes or sprays may generate droplets of infectious materials
- Protective clothing is worn whenever potential exposure to the body is anticipated
- Surgical caps and shoe covers are used in any instances where gross contamination is anticipated

4. HOUSEKEEPING

Maintaining the hospital in a clean and sanitary condition is an important part of our Bloodborned Pathogens Compliance Program. To facilitate this we have set up a written schedule for cleaning and decontamination of the various areas. The schedule provides the following information:

- The area to be cleaned/decontamined
- Day and time of scheduled work
- Cleansers and disinfectants used
- Any special instructions that are appropriate

Using this schedule, our housekeeping services employ the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials
- Protective coverings are removed and replaced as necessary
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.

The Director of General Services 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, used bandages, 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:
    a. Closeable
    b. Leak proof
    c. Puncture resistant
    d. Red in color or labeled with the biohazard label

Containers for this regulated waste are located throughout the hospital within easy access of the employees 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 used. Whenever employees 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 Director of Genera Services is responsible for the collection and handling of the hospital's contaminated waste.

5. HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW UP

Everyone 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 blood borne pathogens occur.

A. Vaccination Program

To protect our employees as much as possible form the possibility of Hepatitis B infection, we have implemented a vaccination program. This program is available, at no cost, to all employees who have exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations over a six month period. As part of their bloodborne pathogens training our employees have received information regarding Hepatitis vaccination, including it's safety and effectiveness. The Infection Control Nurse is responsible for setting up and operating our vaccination program, which has been in effect since April 1991. Vaccinations are performed under the supervision of a licensed physician. Employees taking part in the vaccination program are kept on file with the Infection Control Nurse. Employees who have declined to take part in the program have signed a declination form. Employees are informed of the vaccination program in their training.

B. Post Exposure Evaluation and Follow Up

If one of our employees is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that we immediately focus our efforts on:

- Investigating the circumstances surrounding the exposure incident
- Making sure that our employees receive medical consultation and treatment (if required) as soon as possible

The Infection Control Nurse works with the doctors to investigate every exposure incident that occurs. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred (date and time)
- Where the incident occurred (location in the hospital)
- What potentially infectious materials were involved in the incident (type of material example: blood, amniotic fluid, etc.)
- Source of the material
- Under what circumstances the incident occurred (type of work being performed)
- How the incident was caused (accident, unusual circumstances)
- PPE being used at the time of the incident
- Actions taken as a result of the incident (employee decontamination, clean up, notifications made)

After this information is gathered, it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. We use post exposure evaluation forms along with the report of incident to document and ensure proper follow up on exposure incidents. We recognize that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved. As the first step in the process we provide an exposed employee with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred
- Identification of the source individual (unless infeasible or prohibited by law)

Next, if possible, we test the source individual's blood to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Finally, we collect and test the blood of the exposed employee for HBV and HIV status, maintaining strict confidentiality. Once these procedures have been completed, an appointment is arranged for the exposed

employee with a health care professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

C. Information Provided to the Health Care Professional

To assist the health care professional we forward a number of documents to them including:

- A copy of the Bloodborne Pathogens Standard
- A description of the exposure incident
- The exposed employees relevant medical records
- Other pertinent information

D. Health Care Professional's Written Opinion

After the consultation, the health care professional provides our facility with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion will contain only the following information:

- Whether HBV Vaccination is indicated for the employee
- Whether the employee has received the HBV Vaccination
- Confirmation that the employee has been informed of the results of the evaluation
- Confirmation that the employee has been told about any medical condition resulting from the exposure incident which require further evaluation or treatment

All other findings or diagnosis will remain confidential and will not be included in the written report.

E. Record Keeping

To make sure that we have as much medical information available to the health care professional as soon as possible, we maintain comprehensive medical records on the employees. The personnel director and the Infection Control Nurse are responsible for setting up and maintaining these records which include the following information:

- Name of the employee
- Social security number of the employee
- A copy of the employee's HBV status
- Dates of any vaccinations
- Contaminated equipment

6. INFORMATION AND TRAINING

Having well informed and educated employees is extremely important when attempting to eliminate or minimize our employees' exposure to bloodborne pathogens. Because of this, all employees who have a potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue. The employees have been inserviced and will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position required at the time of their new job assignment. The Infection Control Nurse is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training.

A. Training Topics

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 blood borne pathogens
- Our Exposure Control Plan (and where employees 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:
    a. Engineering controls
    b. Work practice controls
    c. PPE
- Selection and use of PPE including:
    a. Types available
    b. Proper use
    c. Location within the hospital
    d. Removal
    e. Handling
    f. Decontamination
    g. Disposal
- Visual warnings of biohazards within the hospital including labels, signs, and color coded containers
- Information on the HBV Vaccine including:
    a. Efficiency
    b. Safety
    c. Method of administration
    d. Benefits of Vaccination
    e. Free Vaccination Program
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs, including incident reporting
- Information on the post exposure evaluation and follow up, including medical consultation that we provide

B. Training Method

Training presentations make sure of several training techniques including:

- Classroom type atmosphere with personal instruction
- Videotape programs
- Employee handouts
- Review sessions

Because we fell that employees need an opportunity to ask questions and interact with their instructor, time is allotted for this in every training session.

C. Record Keeping

We maintain training records containing the following information:

- Dates of all training sessions
- Contents of the sessions
- Names/qualifications of the instructor
- Names/job titles of those attending

These records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives

VI. DOCUMENTATION

A. Review and Update

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 under the following circumstances.

- Annually, on or before May 5th each year
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur
- Whenever we establish functional positions within our facility that my involve exposure to bloodborne pathogens.

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