

DEPARTMENT: Infection Control

POLICY: NUMBER IC-320

SUBJECT: Blood Borne Pathogen Exposure Control Plan

PURPOSE:

To promote a safe and healthy work environment for our staff. The development of this exposure control plan is to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard CFR 1910.1030, "Occupational Exposure to Blood borne Pathogens".

POLICY:

The Blood borne Pathogen Exposure Control Plan (BBP ECP) is the key document to assist Frances Mahon Deaconess in implementing and complying with the standard.

RESPONSIBILITY:

- **Infection Control Practitioner Responsibilities**
 1. Implement the BBP ECP.
 2. Maintain, review, and update the plan annually and as needed.
 3. Make a copy of the BBP ECP available to employees and surveyors.
- **Materials Management Department** will maintain and provide all necessary personal protective equipment (PPE), engineering controls, labels, red bags, and yellow bags for distribution to departments in the hospital.
- **Department Manager Responsibilities**
 1. Determine and assigns an employee risk category based upon employee's risk for occupational exposure to blood borne pathogens.
 - a. Include risk categories for their staff in the department's infection control policy.
 - b. Notify human resources of any changes in employee risk categories, so job descriptions can reflect correct risk category.
 2. Maintain adequate supplies of PPE of appropriate sizes, engineering controls, labels, and red and yellow bags in their department.
 3. Provide training in the use of the appropriate personal protective equipment for the tasks or procedures employees in the department will perform.
- **Employees** who are determined to have occupational exposure to blood and other potentially infectious materials must comply with the work procedures and work practices outlined in the BBP ECP.
- **Employee Health Nurse** Responsibilities are outlined Employee Health Policy/Procedure 825
- **Human Resource Department** will maintain OSHA records and documentation of training related to Blood borne Pathogens via annual Healthstream education.

DEFINITIONS:

Employee Risk Categories: Category classifications have been developed to inform employees about their risk for occupational exposure to Blood borne pathogens. The risk categories are:

CATEGORY I These employees **will have** occupational exposure to Blood borne pathogens in performance of their routine jobs.

CATEGORY II These employees **may have** occupational exposure to Blood borne pathogens in the performance of their routine jobs.

CATEGORY III These employees **will not have** exposure to Blood borne pathogens in the performance of their routine job

Department Managers will ensure that all employee positions have been assessed and classified according to the categories listed above. These categories are noted on the employee's job description and in the department's infection control plan.

1. METHODS OF IMPLEMENTATION AND CONTROL

a. STANDARD PRECAUTIONS

- i. **Standard precautions are used for all patients.** All blood, body fluids, and other potentially infectious materials (OPIM) are treated as though they are potentially infectious since it may not be known if a patient has a blood borne disease. Examples of OPIM include: blood, any body fluid, stool, and tissue specimens.
- ii. Employees will use protective equipment, engineering, and work practice controls that are available to protect the employee from exposure to blood, body fluids and other potentially infectious materials (OPIM).

b. EXPOSURE CONTROL PLAN

- i. Employees covered by the blood borne pathogen standard receive an explanation of the plan during their initial training and annually. All employees can review this plan at any time during their work shifts by looking on the HOME drive on the computer or by contacting the Department Manager (DM) in their work area. Additional training will be provided by DM if new tasks or procedures are instituted that may affect the employee's occupational exposure to BBP.

c. ENGINEERING AND WORK PRACTICE CONTROLS

- i. Hand washing: Facilities for hand washing are provided throughout the hospital.
 1. Hand hygiene is to be followed as outlined in IC-352 Hand Hygiene Policy.
 2. Staff members who do not have access to hand washing facilities will be provided with antiseptic wipes and/or an alcohol-based hand rub.
- ii. Eyewash stations: Eyewash stations are distributed throughout the facility and are monitored by the maintenance department per American National Standards Institute (ANSI) standards.
- iii. Sharps Injury Prevention
 1. Wherever possible employees will use devices that are designed to prevent contact with blood, body fluids, and OPIM. Some examples of these devices are self-sheathing IV stylets and plastic capillary tubes.
 2. Input from staff that will use commercially available safety devices is obtained during the evaluation of new devices.
 3. Disposable sharps are disposed of in containers that are leak-proof, puncture resistant, and labeled with the biohazard symbol. If recapping a contaminated needle cannot be avoided, a one-handed technique must be used for recapping contaminated needles. Employees are not to leave the room with an uncapped contaminated needle. Disposable sharps receptacles are in every room where needles are used or might be used.
 4. Contaminated reusable sharps are cleaned after use and placed in a rigid, puncture resistant container and taken to sterile processing for sterilization or disinfection.
- iv. Spill Clean-up: Precautions taken when cleaning potentially infectious spills include the following:
 1. Obtain necessary supplies (rags, paper towels, PPE {gloves, goggles, gown, etc.}, bleach solution, and wet floor sign).
 2. Use dustpan and broom, tongs, or other device to pick up any sharp objects that may be present and dispose of objects in sharps container.

3. Broken glass will be cleaned up using mechanical means, such as tongs or a broom and dustpan and disposed of in the following manner:
 - a. Broken glass covered with blood/body fluids will be disposed of in the red sharps containers.
 - b. All other broken glass will be disposed of in rigid, puncture resistant containers (e.g. cardboard boxes).
 - c. Absorb liquid material with rags or paper towels and dispose of in the appropriate container (reusable linens in yellow bag, disposable linens or paper items in red biohazard bag).
 - d. Use hospital approved germicidal detergent to remove any visible debris not removed with the rags or paper towels.
 - e. Apply bleach solution to affected area and allow saturating the area for 10 minutes. Place wet floor sign in front of wet area if appropriate.
 - f. Dispose of PPE in appropriate container.
 - g. Wash hands.
- v. Biohazard Labels are used to alert staff that the contents in a container are contaminated with blood, bloody body fluids or OPIM.
- vi. Specimens of blood, tissue, or OPIM are placed in a leak proof container labeled with required patient identification and biohazard label. This container is then placed into a second container labeled with a biohazard label for handling and storage.
- vii. Eating, drinking, application of cosmetics or lip balm, and handling of contact lenses is not done in work areas where there is a possibility of being exposed to Blood borne pathogens.
- viii. Equipment that requires repairs or shipping will be decontaminated before service or shipping.
 1. If decontamination of the equipment cannot be done, a biohazard label will be attached to the equipment stating which portion of the equipment is contaminated.
 2. Information regarding the contaminated equipment will be conveyed to all persons who will be working with the contaminated equipment.

d. PERSONAL PROTECTIVE EQUIPMENT

- i. Personal protective equipment (PPE) is provided to our employees at no cost to them. PPE is to be worn by the employee when it is reasonably anticipated that the employee will have contact with blood or other potentially infectious materials. The following is a list of PPE available to employees:
 1. Disposable gloves. Hypoallergenic gloves are available for employees. Gloves will be replaced when they are torn or punctured and after each use.
 2. Utility gloves: Utility gloves are available to use when applicable. Utility gloves may be decontaminated for re-use provided the integrity of the glove is not compromised. The integrity of the glove is considered to be compromised if it is torn, peeling, cracked, etc.
 3. Gowns or lab coats must be moisture resistant.
 - a. Reusable moisture resistant gowns and lab coats will be laundered in the facility and maintained according to manufacturer guidelines.
 - b. Disposable moisture resistant gowns and lab coats will be disposed of in the appropriate receptacle after use.
 4. Masks (surgical masks, PAPRs, and masks with N95 filters are available for situations when further protection is required.)
 5. Goggles or face shields attached to a mask. Glasses without side shields are not considered protective equipment.
 6. Shoe covers

- ii. Any personal protective equipment penetrated by blood or other infectious material is to be removed as soon as possible and placed in an appropriate red waste or yellow laundry container bearing the biohazard label. When applicable, as recommended by ICP, or supervisor; FMDH will launder personal clothing that is heavily soiled with potentially infectious material. Place personal clothing in a yellow bag and take down to the laundry department.
- e. HOUSEKEEPING PRACTICES
- i. All equipment, surfaces, and protective coverings used over equipment or surfaces are to be decontaminated and disinfected after contact with blood/bloody body fluids:
 - 1. After the completion of the procedure;
 - 2. When the surface is visibly contaminated (or when feasible);
 - 3. At the end of the work shift if the surface may have been contaminated during that shift.
 - a. Decontamination is accomplished by cleaning the surface using a cleaner supplied by the hospital.
 - b. Disinfection is accomplished using one 1:10 bleach solution (or the premixed product that the hospital uses).
 - ii. All pails, bins, cans, and other routinely used receptacles are inspected, decontaminated, and disinfected as needed.
 - iii. Disposable items soaked or saturated with blood/bloody body fluids are disposed of in waste containers lined with red plastic bags bearing the biohazard label. The filled containers are removed from the main facility to a secure waste storage room until removed by appropriate contracted vendor for disposal.
 - iv. Filled sharp containers are closed securely, placed in a dirty utility room to await transport from the main facility to a secure waste storage room, and then removed by appropriate contracted vendor for disposal.
 - v. Laundry contaminated with blood/bloody body fluids is placed in yellow plastic laundry bags bearing the biohazard label and cared for according to Environmental Services laundry policies and procedures.
 - vi. For any area or item of special concern that needs cleaning, the facility work order system will be used to alert housekeeping of the project.

Category A waste can be disposed of by the contracted medical waste disposal vendor. For guidance please see Environmental Services policy ES-130 Category A Waste Handling and Disposal. For guidance on what constitutes Category A waste, please see the following website [https://www.iata.org/whatwedo/cargo/dgr/Documents/DGR52_InfectiousSubstances\(DGR362\).pdf](https://www.iata.org/whatwedo/cargo/dgr/Documents/DGR52_InfectiousSubstances(DGR362).pdf)

2. HEPATITIS VACCINATION

The Employee Health Nurse (EHN) will review the safety, benefits, efficacy, and method of administration and availability of hepatitis B vaccinations (HBV) with new employees at the time of hiring. This vaccine is offered free of charge to all employees at the time of hiring and is encouraged unless there is a contraindication or the employee has previously been immunized. An employee who declines the hepatitis B vaccination series will sign a “Declination of Hepatitis B Vaccine” form. See Employee Immunization policy for complete information.

3. NEEDLE STICK OR EXPOSURE INJURY –

POST-EXPOSURE EVALUATION AND FOLLOW-UP: The procedure for an employee who sustains a needle stick or exposure to BBP or OPIM is outlined in Employee Health Policy/Procedure 825 and adheres to CDC Updated U.S. Public Health Service guidelines for the management of

occupational exposures to HBV, HCV, and HIV and recommendations for post exposure prophylaxis. MMWR 2001;50 (No. RR-11):1--52.

4. RECORD KEEPING

- a. Training Records will include the following information and will be kept on file for 3 years by the department directors or human resources department.
 - i. Date of the training session
 - ii. Contents or summary of training session
 - iii. Names and job titles of all persons attending session
- b. OSHA logs will be retained for a minimum of five years by the human resources dept.
- c. Exposure incidents will be recorded in the employee's health record and will be retained for a period of 30 years after the employee's termination by the EHN.

REVIEW AND REVISION STATEMENT:

The Infection Control Practitioner in collaboration with the Infection Control Committee is responsible for reviewing the BBP ECP annually. The Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of such plans shall also:

Reflect changes in technology that eliminate or reduce exposure to blood borne pathogens; and document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps shall be asked for input in the identification, evaluation, and selection of effective engineering and work practice controls. (plan original date 6/1992)