

IN THE EVENT OF A BLOODBORNE PATHOGEN EXPOSURE



STAY CALM Remember that an exposure does not mean you will become infected with a pathogen.



WASH WASH WOUND AND SKIN SITES WITH SOAP WATER.



FLUSH FLUSH EYES, NOSE OR MOUTH WITH WATER 15 MINUTES.



REPORT REPORT YOUR INJURY – DO NOT DELAY!

- Notify your supervisor
- Notify Team Leader during working hours, AOD on evenings, nights, holidays and weekends. AOD phone: 1-800-677-0166
- Notify Infection Control Officer
- Complete an Accident Report



MEDICAL EVALUATION: THE TEAM LEADER, AOD OR INFECTION CONTROL OFFICER WILL REFER YOU TO A PHYSICIAN

- Describe the circumstances of your injury
- If advised, proceed to do so proceed to the nearest Emergency Room.
- Follow the post-exposure care recommendations of the physician/emergency department and Infection Control Officer.

HVDDSOO'S BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Section I: Purpose to the Exposure Control Plan

HVDDSOO is committed to providing a safe and healthy environment for both staff and the individuals we support. In pursuit of that goal the following Exposure Control Plan (ECP) has been developed.

This plan is written in accordance with the Occupational Safety and Health's Standard "Occupational Exposure to Bloodborne Pathogens" (Standard 29 CFR 1910/0130). The purpose of this Standard is to reduce occupational exposure to "bloodborne pathogens that employees may encounter in their workplace".

Bloodborne pathogens are infections caused by microorganisms in the blood that can cause disease in humans. Workers exposed to bloodborne pathogens are at risk for serious and/or life threatening illnesses. These pathogens include but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

The purpose of the ECP is to:

- minimize and/or prevent occupational exposure to bloodborne pathogens
- provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens

Section II: General Program Management:

A. Responsible Persons:

There are four major categories of personnel that are central to the effective implementation of our ECP. These are:

- Infection Control Committee/Infection Control Officer
- Department Managers and Supervisors
- Education/Training Instructors
- Our Employees

The following sections define the roles played by each of these groups in carrying out the Exposure Control Plan.

Infection Control Officer:

Infection Control Officer's duties include but are not limited to:

- overall responsibility for implementing the ECP for the entire facility,
- responsibility for management and support of HVDDSOO's Bloodborne Pathogens Compliance Program,
- working with administrators and other employees to develop and administer any additional bloodborne pathogen related policies and practices needed to support the effective administration of this plan,
- educating and supporting individuals who sustain an exposure are who are at heightened risk for exposure,
- being available for staff in homes where there is a heightened risk of exposure,

- providing training to staff in homes where there is a heightened risk of exposure,
- maintaining records documenting training,
- maintaining records on exposed individuals,
- notification to appropriate personnel and/or agencies should an exposure occur,
- collecting and maintaining a reference library on bloodborne pathogens,
- collecting and maintaining a reference library on the Bloodborne Pathogen Standard
- knowing current legal requirements concerning bloodborne pathogens,
- acting as facility liaison during OSHA inspections,
- updating Exposure Control Plan annually and as needed,
- provision and maintenance of all necessary personal protective equipment (PPE),
- maintaining and evaluating engineering controls such as safety needles and sharps disposal containers,
- reporting on all above to the Infection Control Committee as directed by the Medical Director,
- responsibility for ensuring that all medical actions required by the OSHA Standard are performed and maintained.

To assist the ICO in carrying out these duties HVDDSOO has created an Infection Control Committee. The Infection Control Committee meets at least monthly. The Infection Control Committee is composed of the following people:

- Medical Director or designee (Chair)
- Infection Control Officer
- Nursing Program Coordinator
- Hospital Nurse Liaison
- Residential nurse
- Business Officer
- Representative from Personnel
- Representative from Work Control
- Representative from Talent and Development
- Representative from Residential IRA's/ICF's

Department Managers and Supervisors:

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

Education/Training Coordinator:

Our education/training coordinator will be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. Responsibilities include:

- maintaining an up-to-date list of facility personnel requiring training
- working with Infection Control Officer and Infection Control Committee to develop educational/training programs
- maintaining appropriate training documentation
- periodic review of training programs with the Infection Control Officer and Department Managers and supervisors to include appropriate new information.

Employees:

Our employees have the most important role in our bloodborne pathogens compliance program. The ultimate execution of much of our Exposure Control Plan rests in the hands of HVDDSOO's employees. Part time, temporary, contract and per diem employees are covered by the Exposure Control Plan. Employees are responsible for:

- adhering to Standard Precautions at all times. Staff are trained on Standard Precautions as part of the New Employee Orientation and again at mandatory CPR/First Aid training.
- knowing what tasks they perform that have occupational exposure
- attending annual bloodborne pathogens training
- planning and conducting all operations in accordance with HVDDSOO's work practice controls

B. Employee Training:

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases. Training occurs as part of the New Employee Orientation and then annually. The training programs covers, at a minimum, the following:

- a copy and explanation of the OSHA standard
- an explanation of our Exposure Control Plan
- an explanation of tasks and other activities that may involve exposure to blood and other potentially infected material. This includes training on what constitutes an exposure incident.
- an explanation of the use and limitations of engineering controls, work practices and personal protective equipment (PPE).
- an explanation of the types, uses, location, removal, handling, decontamination and disposal of personal protective equipment
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on the efficacy, safety, method of administration and benefits of vaccination. HVDDSOO offers the hepatitis B vaccine series to all employees free of charge
- information on appropriate actions to take should occupational exposure occur
- information on who to contact should occupational exposure occur
- information of medical follow-up that will be available should occupational exposure occur
- information on the post-exposure evaluation and follow-up that the employer is required to provide the employee following an exposure incident
- an explanation of signs, labels and color coding required by the OSHA standard that are used at this facility.

The Infection Control Officer can be contacted during working hours for all questions and concerns staff may have about the Exposure Control Plan. Phone number for the Infection Control Officer: 845-947-6231.

C. Availability of the Exposure Control Plan:

Our Exposure Control Plan is available to our employees at any time. Employees are advised of this availability during their annual training. Copies of the Exposure control Plan are kept in the Infection Control Office and on the HVDDSOO's Health Services home page.

The Exposure Control Plan must be reviewed and updated:

- annually
- when new medical standards and procedures are issued by national bodies such as the Center for Disease Control (CDC)
- whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.
- whenever our employee's jobs are revised such that new instances of occupational exposure may occur.
- whenever HVDDSOO establishes new functional positions within our facility that may involve exposure to bloodborne pathogens.

Section III: Exposure Determination

A. Exposure Determination

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter.

B. Job Classifications:

HVDDSOO has identified 3 categories of risk for employees:

Category I: (highest risk for exposure): Staff whose work assignment involves tasks or procedures in which all or some employees have a reasonable likelihood of contact with blood or other potentially infectious materials.

Category II: Staff whose regular work assignment involves no routine exposure to blood or other potentially infectious materials. Staff may be exposed to bloodborne pathogens when they assist with tasks or when an accident or injury occurs

Category III: Staff whose regular work assignment involves no exposure to blood or other potentially infectious materials

C. Work Activity/Tasks

Tasks and Procedures with Potential Risk for Exposure to Blood borne Pathogens or other potentially infected material.

The following list identifies categories of tasks undertaken by staff on a regular basis that increase the risk of exposure to bloodborne pathogens or other potentially infected material. The list is not intended to be all-inclusive but rather identifies categories of tasks undertaken by staff on a regular basis that may increase exposure risk.

D. Personal Care Tasks:

Assistance with activities of daily living including but not limited to: bathing, toileting and/incontinence/menses care, shaving, nail care, clean-up of body fluids

Medical care including but not limited to:

- Assistance with wound care, ostomy care including g-tube, j-tube, colostomy and ileostomy care, foley catheter care, first aid, finger stick blood sugar monitoring injections, specimen collection and transport, assistance with/performance of

physical exams dental and laboratory procedures, vital sign monitoring (primarily use of thermometers), emergency responder/CPR/AED, and disposal of sharps.

E. Behavioral/Crisis Interventions:

- Performance of physical interventions and management of aggression.

F. Housekeeping and Environmental Tasks:

- Housekeeping and environmental tasks that put employees at risk for contact with bloodborne pathogens include but are not limited to: washing of linens and personal laundry, collection and disposal of trash/waste, cleaning and disinfection of personal care items, cleaning and disinfection of the household environment, cleaning and disinfection of a blood or bodily fluid spill, collection and disposal of sharps/medical waste, plumbing and maintenance that may involve contact with human waste, blood or other potentially infected material.

Section IV: Methods of Compliance

By adhering to the requirements of OSHA's Bloodborne Pathogens Standard in the following five areas HVDDSOO believes it can effectively eliminate and/or minimize our employee's occupational exposure to bloodborne pathogens.

A. Standard Precautions

HVDDSOO observes the practice of Standard Precautions throughout our facility. Standard Precautions are designed to prevent transmission of disease. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. These precautions are based on the principle that blood, bodily fluids, secretion, excretions, non-intact skin and mucous membranes may contain transmissible infectious agents therefore all human blood and bodily fluids must be treated as if they are infectious.

B. Engineering Controls

Engineering controls are designed to eliminate or minimize employee exposure to bloodborne pathogens and are often technology based. These include the use of safer medical devices such as shielded needles and sharps disposal boxes.

HVDDSOO uses the following engineering controls:

- hand washing facilities are readily accessible to all employees who have the potential for exposure
- only self-sheathing needles, safety lancets and syringes with an integrated safety device are used.
- sharps containers are puncture resistant, leak proof on the sides and bottom. Sharps containers are either color coded (red) and/or labeled with a biohazard label.

Evaluation of new or safer medical devices shall be conducted by the employees responsible for direct patient care through pilot testing under the supervision of the Infection Control Officer. The Infection Control Officer will collect evaluations of the device(s) and

report to the Infection Control Committee.

C. Work Practice Controls

HVDDSOO utilizes Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. Work Practice Controls are specific procedures followed by staff to reduce exposure to blood or other potentially infected material. Hand hygiene and sharps safety are two examples of Work Practice Controls.

The Infection Control Officer is responsible for overseeing the implementation of HVDDSOO's Work Practice Controls. The Infection Control Officer works with department managers, supervisors and staff development to implement Work Practice Controls.

HVDDSOO has adopted the following Work Practice Controls as part of our bloodborne pathogens compliance program:

- employees must wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment,
- following any contact with blood or other potentially infected material
- exposed body surfaces/skin are washed with soap and water
- exposed mucous membranes of the eyes, nose and mouth are flushed with water.
- contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
 - it can be demonstrated that there is no practical alternative
 - the action is required by a specific medical procedure
 - in the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- contaminated reusable sharps are placed in appropriate containers immediately or as soon as possible after use.
 - sharps containers are kept upright throughout use to avoid spillage.
 - sharps containers are replaced when the container is 2/3rd full or reaches the designated fill level.
 - sharps containers are locked closed prior to transport for disposal
 - only a licensed registered nurse can transport sharps
 - used sharps containers are double locked in the Jervis Clinic for monthly collection by a licensed vendor.
- eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential of exposure to bloodborne pathogens.
- food and drink is not kept in refrigerators, freezers or on countertops or in other storage areas where blood or other potentially infectious materials may be present.
- all procedures involving blood or other potentially infected material minimize splashing, spraying or other actions generating droplets of these materials.
- specimens of blood or other potentially infected material are placed in designated leak-proof containers and are appropriately labeled for handling and storage.
- if an employee's clothing becomes contaminated with blood and/or other potentially infected material the clothing is to be washed in the facility.
- work surfaces are cleaned and disinfected on a routine basis. All work surfaces are to be cleaned at least once during a shift and cleaned and decontaminated immediately after contamination with blood or other potentially infected material.
- spills of blood/potentially infected material are to be cleaned and disinfected

immediately with a 1:9 dilution of household bleach to water.

- all homes must have bleach, a container for mixing and a measuring device available
- once mixed, the bleach solution is only good for 24 hours.
- when cleaning contaminated surfaces:
 - wear gloves and a gown if needed.
 - if splashing of fluids is anticipated put on a mask and face shield.
 - clean area with a solution of 1 part bleach to 9 parts water. This solution is only good for 24 hours.
 - put all contaminated materials in a plastic bag. Securely tie the bag.
 - remove personal protective equipment and place in a plastic bag. Securely tie the bag.
 - wash your hands.
 - place each plastic bag in a second plastic bag. Securely discard in outside, covered waste container
 - wash and contaminate hands.
- employees are to change gloves before caring for another person, between procedures and when gloves are torn. Hands must be washed after removal of gloves.

It is the responsibility of Talent Development and Training to ensure that an employee who changes jobs within the facility receives the appropriate training regarding and work practice controls.

D. Personal Protective Equipment (PPE)

Personal protective equipment is the employee's first line of defense against bloodborne pathogens. Our facility provides the personal protective equipment that employees need to protect themselves against exposure to bloodborne pathogens. This equipment includes but is not limited to:

- gloves
- gowns
- pocket masks
- face shields/masks

Supervisors are responsible for ensuring that all departments and work areas have appropriate and available personal protective equipment.

Employees are trained regarding the use of appropriate personal protective equipment at the New Employee Orientation and at the mandatory biannual CPR/first aid training.

To ensure the personal protective equipment is not contaminated and is in the appropriate condition our facility adheres to the following practices:

- all personal protective equipment is inspected periodically and repaired or replaced as needed
- single-use personal protective equipment is disposed of.

To make sure that personal protective equipment is used as effectively as possible

employees using personal protective equipment are to adhere to the following practices:

- any garments penetrated by blood or other potentially infected material are removed immediately or as soon as possible
- all personal protective equipment is removed prior to leaving a work area
- following removal of personal protective equipment hands are washed with soap and water
- personal protective equipment must be changed before caring for another individuals
- gloves are worn during the following circumstances:
 - whenever employees anticipate hand contact with potentially infected materials
 - when performing vascular access procedures
 - when handling or touching contaminated items or surfaces.
- disposable gloves are replaced as soon as possible after contamination or if torn, punctured or can no longer function as an “exposure barrier”
- gowns are worn whenever potential exposure of personal clothing to potentially infectious material is anticipated.
- protective clothing (such as gowns and aprons) is worn whenever potential exposure of personal clothing to potentially infectious material is anticipated.
- personal protective equipment is available in all community residences, day habs, clinics and in all vehicles that transport individuals.
- bleach is available for clean-up of spills

E. HOUSEKEEPING

Maintaining our homes, programs and offices in a clean and sanitary condition is an important part of our Bloodborne Pathogen Compliance Program. Standard housekeeping procedures are adequate for routine cleaning of individuals rooms and living areas of the home.

- areas contaminated with blood or other potentially infectious material are to be cleaned and decontaminated immediately utilizing appropriate personal protective equipment and a 1:9 bleach solution.
 - immediately after the completion of medical procedures
 - after any spill of blood or infectious materials
- protective coverings such as plastic wrap, aluminum foil and/or absorbent paper are removed and replaced as soon as it is possible when contaminated
- all pails, bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated as soon as possible if visibly contaminated
- potentially contaminated broken glassware is picked up using mechanical means such as a dust pan and brush. Contaminated broken glass is disposed of in the sharps container. Cleaning tools must be properly decontaminated or discarded after use.
- Waste containers are maintained upright, routinely replaced, cannot be overfilled and must have lids.

Unused sharps containers are available in Jervis Clinic. When no longer needed in the facility or when full sharps containers can be transported by the nurse to Jervis Clinic where a regulated vendor collects the containers for disposal.

F. Laundry

Contaminated laundry, including but not limited to individuals personal clothing and household linens, is handled as little as possible and laundered as soon as possible. Standard laundry detergents and wash/dry cycles are sufficient to decontaminate potentially contaminated laundry. The following requirement for handling potentially contaminated laundry must be met:

- handle potentially contaminated laundry as little as possible and with minimal agitation
- if necessary place wet contaminated laundry in a plastic bag before transport to the laundry room.
- if contaminated laundry may come in contact with employee clothing the employee must wear gloves and a gown
- wash and dry laundry thoroughly.
- wear gloves to transfer clothing from the washer to the dryer.
- decontaminate hands by washing with soap and water.

G. Labels

The following labeling methods are used:

- red, puncture-proof biohazard labeled sharps containers
- specimen transport containers marked with biohazard labels
- refrigerators containing blood or other potentially infectious material are marked with a biohazard label.
- the Infection Control Officer is responsible for ensuring that warning labels are affixed on all regulated waste or contaminated equipment.

Employees are to notify the Infection Control Officer if they discover regulated waste containers, refrigerators containing blood or other potentially infected material, and/or contaminated equipment without proper labels.

H. Hepatitis B Vaccinations

The Infection Control Officer is responsible for providing training to employees on Hepatitis B vaccinations. This training will address the safety, benefits, efficacy, administration and availability of the vaccine.

- the hepatitis B vaccine series is available at no cost to employees. Vaccination is encouraged unless
 - documentation exists that the employee has previously received the series
 - antibody testing reveals that the employee is immune
 - medical evaluation demonstrates that the vaccination is contraindicated
 - the employee refuses hepatitis vaccination.
 - if an employee declines the vaccination, the employee must sign a declination form.
 - employees who decline vaccination may request and obtain the vaccination at a later date at no cost.
 - documentation of refusal of vaccination is maintained in the Employee's medical records
- documentation of hepatitis B immunization is kept in the employee's medical records

I. Recordkeeping

Training records are completed for each employee. 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 of said request. Such request should be addressed in writing to Talent Development and Training.

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020. "Access to Employee Exposure and Medical Records." Personnel is responsible for maintenance of the required medical records. These confidential records are kept at the Office of Human Resources Management 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 of said request. Such requests should be sent to Personnel.

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and recording activities are the responsibility of the Infection Control Officer.

In addition to the recordkeeping requirements identified above, all percutaneous injuries from contaminated sharps are recorded in a 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.

The Sharps Log is reviewed at least annually by the Chair of the Infection Control Committee as part of the annual evaluation of the program and is maintained for at least 5 years.

J. Post-exposure Evaluation and Follow-up

Should an exposure incident occur during regular working hours the employee must immediately contact the Infection Control Officer at 845-947-6231. The Infection Control Officer will direct the employee to a medical specialist for evaluation. On weekends and holidays employees must contact the Administrator on Duty (AOD) at 800-677-0166. The AOD will then notify the physician-on-call who will advise the employee.

The Infection Control Officer must be notified of all exposure incidents.

If an exposure event occurs:

- first aid will be provided
- the infection control officer/AOD will be notified
- immediate and appropriate medical care and testing will follow

The Infection Control Officer will obtain the following information:

- route of exposure
- how exposure occurred
- identity of source individual. (done in accordance with OPWDD and NYS regulations)

The Infection Control Officer will make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity. Consent must be obtained per OPWDD regulations. If the source individual is unable to consent for testing and an alternate consentor is not available as per 14NYCRR 633.11 the physician may order anonymous testing of the source for HIV per DDSO regulations. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed. The exposed employee is provided with the source individual's test results according to OPWDD regulations and applicable disclosure laws and regulations.

K. Administration of Post-Exposure Evaluation and Follow-up

The Infection Control Officer is responsible for ensuring that the health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation are given a copy of OSHA's bloodborne pathogen standard.

The Infection Control Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employees job duties relevant to the exposure incident
- routes of exposure
- circumstances of exposure
- if possible, results of the source individuals blood test or previously documented status

The Infection Control Officer provides the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

L. Procedures for Evaluating the Circumstances Surrounding and Exposure Incident

The Infection Control Officer 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 (patient room, med room, etc.)
- procedure being performed when the incident occurred.
- employees training

The Infection Control Officer will records all percutaneous injuries from contaminated sharps in a Sharps Injury Log.