JEWISH COMMUNITY HOUSING CORPORATION

Bloodborne Pathogens Exposure Control Plan

Purpose:

The purpose of the Jewish Community Housing Corporation Bloodborne Pathogens Exposure Control plan 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 P.L. 106-430. 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 (OPIM).

Responsibilities:

Employees are expected to follow policies and procedures. All employees will be orientated at time of hire; and annually in-serviced in regards to this plan. All employees will be subject to the requirements of the standard.

The Exposure Control Officer is the Assistant Administrator / Director of Wellness who has overall responsibility for the program.

The exposure control officer must ensure the required employee training is completed and an annual program review and update is performed, as required by the regulations.

A copy of the plan may be obtained from Assistant Administrator/ Director of Wellness or is available in the Wellness Center at Weston Assisted Living; or in the Administration office of each JCHC community.

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the exposure control plan and the methods of compliance are as follows:

1. Exposure 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.

a. At JCHC communities, the job classifications where **all** employees are considered potentially at risk are found on the list entitled **"List of Job Classification Risk Categorization by Department- All at Risk."**

List of Job Classification Risk Categorization by Department- All at Risk.

At Risk:

The following are job classifications and job duties that place these individuals at risk:

- Registered Professional Nurses
- Licensed Professional Nurses
- Certified Medication Aides
- Certified Nursing Aides

Potential Risk:

In other departments, the job classifications where **some** employees are considered potentially at risk are:

- Housekeepers
- Porters
- Wait Staff
- Superintendents
- Assistant Superintendents

2. Implementation Schedule and Methodology

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

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

Universal precautions will be observed 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.

B. Engineering and Work Practice Controls

The following engineering controls are used at this location:
Sharps Containers
Biohazardeous bags and containers
Safe Needle devices

The above controls are examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is monitored daily by the RN / LPN in charge.

Hand washing facilities are also available for employees who incur exposure to blood or other potentially infectious materials. At this facility hand washing facilities are located:
Wellness Office
Public bathrooms
Staff bathrooms

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes than those areas shall be washed or flushed with water, as appropriate, as soon as feasible following contact.

C. Needles

Contaminated needles and other contaminated sharps must not be recapped, bent, removed, sheared or purposely broken. Do not remove needles from the syringe. Place directly into a red sharps container immediately or as soon as possible.

JCHC employees that are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps, are solicited their input from non-managerial employees in identifying, evaluating and selecting engineering and safe work practices.

D. Waste Containers for Sharps

All sharps must be placed into appropriate sharps containers. The sharps containers are puncture resistant, labeled with a biohazard label and are leak proof.

E. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

F. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. The department uses the following methods to accomplish this goal:

G. Specimens and Labeling

Specimens of blood or other potentially infectious materials will be placed in a container to prevent leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard (see Appendix D for the Biohazard Label).

Any specimen that could puncture a primary container must be placed in a puncture resistant secondary container.

If the primary container becomes contaminated on the outside, it must be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

H. Contaminated Equipment

Equipment that has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination of the equipment is not feasible.

I. Personal Protective Equipment

The purpose of personal protective clothing and equipment is to prevent or minimize the entry of material into or onto the worker's body. This includes entry via apparent or in-apparent skin lesions or through the membranes of the eye, nose, or mouth. All personal protective equipment will be provided without cost to employees. 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 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 in the following manner:

<u>Personal Protective Equipment</u>
Gloves:
Lab Coat
Face Shield
Clinic jacket
Protective eyewear (with solid side shield)
Masks
Surgical Gown
Shoe Covers
Utility Gloves
Examination Gloves
Other PPE (list) (See MSDS Sheets)

All personal protective equipment will be cleaned, laundered, repaired, replaced and/or disposed of by the employer at no cost to employees. Immediately (or as soon as feasible) remove garments penetrated by blood. 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.

Gloves shall be worn where it is reasonable to anticipate employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves are located in or are and available at the wellness center, housekeeping closets, dining service supply areas.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated. If they are torn, punctured, or when their ability to function as a barrier is compromised, they need to be replaced as soon as feasible. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are to be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

J. Work-site Cleaning/Schedule:

The work-site must be maintained in a clean and sanitary condition. Where body fluids are present, the areas are cleaned and decontaminated immediately.

Decontamination will be accomplished by utilizing the approved solutions and supplies.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or OPIM, as well as at 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 by the housekeeping staff and porters.

Do not use hands to pick up broken glassware that may be contaminated. Use a mechanical means, such as a brush and dustpan, and place in a sharps container for disposal.

K. Infectious/Biohazard Waste Handling Procedures

Infectious waste has been defined as blood, blood products, pathological wastes, microbiological wastes, and contaminated sharps..

1. All such wastes (excluding liquids, blood, and blood products) are destined for incineration and must be placed in closeable, labeled or color-coded, leak-proof containers or bags. Be sure to label boxes with investigator's name and room or lab number. If the bag or container is contaminated on the outside or leaks, a second leak proof bag or container that is also labeled and close-able must be placed over the first and sealed to prevent leakage during handling, storage, and transporting.

2. Place all needles and sharps in properly labeled sharps disposal containers. These must be easily accessible to personnel, replaced before getting too full, puncture resistant, leak-proof, and closeable to assure containment.

   - Sharps containers are located in Wellness Center.
   - Infectious waste other than sharps shall be placed in biohazard boxes. These are located in the Wellness Center.
   - **DO NOT** throw sharps in wastebaskets leave in patient's rooms, bed linens, or pockets of lab coats. Laundry, housekeeping, custodial, and waste hauling personnel are at risk of acquiring a needle-stick due to carelessness on the part of others. The chances of becoming infected after a single needle-stick from a hepatitis B source patient ranges from 7-30%.

3. Liquid wastes (e.g., blood, blood products) can be disinfected with a solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100, or autoclaved. Once disinfected, these can be disposed of in the sanitary sewer system. If liquid wastes are collected in bulk containers, the material must be solidified with a product such as Isolyzer and the container placed in a biohazard box.

   - Custodial service will collect *properly* packaged waste and transport it to areas designated as waste collection points.

L. Biohazardous Spill Procedures

Biohazard Spill

1. Keep others out of the area to prevent spreading spilled material. Post warning signs if needed.
2. Contaminated clothing should be removed and placed in a biohazard bag for disinfecting/decontamination. Call the Biosafety Office to evaluate each case.
3. Wash hands and any exposed skin. Inform Assistant Administrator or supervisor of the spill and contact EHS (5-8501) for assistance, if necessary.
4. Put on protective clothing (lab coat, gloves, face protection and shoe covers, depending on the amount of spilled material).

5. Pick up any broken glass with forceps and dispose in a Sharps container.
6. Cover the spill with paper towels and add 10% bleach.
7. Allow 20 minutes contact time, discarding used paper towels in biohazard bag for autoclaving. Rewipe the spill area with disinfectant.
8. Place all contaminated materials into a biohazard waste container, including gloves.
9. Wash hands with soap and water.

M. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials must be handled as little as possible. Such laundry must not be sorted or rinsed in the area of use, but placed directly into laundry bags.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. If laundry is wet with contaminated fluids, make sure the laundry bag will contain the fluid. If the bag leaks, place it inside another plastic bag.

Laundry will be transported to an approved laundry vendor who can handle this laundry. Laundry workers wear protective gloves and fluid resistant aprons or gowns while handling and sorting soiled linen.

N. Hepatitis B Vaccine

All employees who have potential exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. 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.

All injections are given intramuscularly, 1.0 ml in the deltoid muscle. The first dose is given, followed at 1 and 6 months with a second and third dose, respectively. After a series of three injections, over 95% of healthy adults develop protective antibodies.

Vaccination program

Departments are responsible for the cost of the vaccine and any related costs. The vaccine will be available to the employee after training is received, and should be offered/given **within 10 working days of initial assignment.** JCHC approved workman's comp medical offices will provide this service and administer the vaccine according to standard recommendations for medical practice. An individual does not need the vaccine if he has immunity or previously received the vaccine. Should booster doses be recommended at a future date, they will be provided. If an employee initially declines the vaccine, a waiver must be signed and kept on file at JCHC If "at risk" employees initially decline the vaccine, they may decide later to receive it.

O. Post-Exposure Evaluation and Follow-up

Exposure Definition

Incidents that constitute an exposure involve contamination by blood, OPIM or high titers of cell-associated or free virus via

1) Percutaneous injury, e.g., needlestick;
2) Permucosal exposure, e.g., splash in eye or mouth;
3) Cutaneous exposure, e.g., nonintact skin, or contact with unprotected hands.

Medical Evaluation
When an exposure incident occurs, JCHC conducts a confidential medical evaluation and follow-up.

In the event of an exposure, take the following steps:

- Cleanse the area thoroughly.
- Always call JCHC on-call Director for directions to follow and/or an appointment.
- The supervisor must document route of exposure and circumstances of incident
- JCHC and/or departmental supervisors will make the necessary calls to identify the source of exposure and, if possible, determine HBV, HCV and/or HIV status. Consent must be obtained from the source in order to perform testing for HIV.
- JCHC maintains a sharps injury record for the recording of percutaneous injuries from contaminated sharps. The sharps injury record contains the type and brand of device involved, the department or work area where the exposure incident happened and an explanation of how the incident occurred. The confidentiality of the injured employee is maintained.
- JCHC will collect a blood sample from the exposed worker as soon as possible to provide a baseline.
- JCHC will provide counseling.
- The employee will return to JCHC for results within 7-14 days of completion of the evaluation and subsequent visits, per protocol.

Control Method Evaluation
In addition, JCHC 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. Information that needs to be included in the documentation is:

- The route(s) of exposure and circumstances under which an exposure incident occurred.
- An evaluation of the policies and "failures to control" at the time of the exposure incident.
- The engineering controls in place at the time of the exposure incident.

- The work practices and protective equipment or clothing used at the time of the exposure incident.

Note: Send a copy of the completed form to the Biosafety Professional, EHS, 100 EHS. Keep the original documentation with your department's records.

P. Training

Training for all employees must be conducted before undertaking tasks where occupational exposure may occur, with training each year if employees remain at risk for exposure.

Note: Bloodborne Pathogens (BBP) training is required annually.

Training must include an explanation of the following:

1) The OSHA standard for Bloodborne Pathogens.
2) Epidemiology and symptomatology of bloodborne diseases.
3) Modes of transmission of bloodborne pathogens.
4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.
5) Procedures which might cause exposure to blood or other potentially infectious materials.
6) Control methods used in the work area to control exposure to blood or other potentially infectious materials.
7) Personal protective equipment available and who should be contacted.
8) Post Exposure evaluation and follow-up.
9) Signs and labels used.
10) Hepatitis B vaccine program.

These items are covered in EHS's online training and should be included in any departmental training program which does not utilize EHS's online courses.

Recordkeeping

All records required by the OSHA standard will be maintained by Assisted Administrator/ Director of Wellness.

Training records are maintained by each department for at least 3 years from date of training. They must include: dates of the training sessions, contents of the training sessions, names and qualifications of persons conducting the training, names and job titles of all persons attending the training sessions.

Note: Bloodborne Pathogens (BBP) training is required annually.

Employee accident reporting.

- All accidents must be reported immediately to the supervisor.
- The supervisor and or the department representative will assist the employee in completing the Worker's Compensation report within 24 hours.
- The department should keep a copy of this report on file.
- The departmental Exposure Control Officer or supervisor, along with the employee, must complete a bloodborne pathogens exposure incident form for each incident, documenting the circumstances and controls in place and identifying any corrective action taken to prevent future occurrences. (

Dates

All provisions required by the standard will be **implemented** by the following dates:

The Exposure Control Plan – October 2009 .

Information and Training – November October 2009

Engineering and Work Practice Control, PPE, Housekeeping, Hepatitis B vaccination, post-exposure evaluation and follow-up, and labels and signs – November 2009

Needlestick and other Sharps Injuries- Current