

EXPOSURE CONTROL PLAN

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PURPOSE

- I. To establish Agency programs that include policies and procedures for the protection of patients/clients and staff from exposure to blood borne pathogens, airborne pathogens, and hazardous materials.
- II. To establish Agency procedures to follow to evaluate and implement new technology to decrease airborne or blood borne pathogen hazards from the workplace.

POLICY

- I. The Agency is committed to providing a safe and healthy work environment for the entire staff. In accordance with federal and state laws and regulations, the Agency will design, implement, and evaluate annually an Exposure Control Plan which will include:
 - A. Identifying which job-related tasks will put an employee at an increased risk for exposure to an airborne or blood borne pathogen.
 - B. Identifying the needed engineering controls and personal protective equipment.
 - C. Ensuring that education, exposure follow-up, and documentation will be completed as outlined in the Blood borne Pathogen Program, per Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 relating to Blood borne Pathogens, Airborne Pathogen Program, and Hazardous Materials Program.
 - D. Compliance of the Agency, employees and contractors with Health and Safety Code, Chapter 85, Subchapter I, in the prevention of the transmission of human immunodeficiency virus and Hepatitis B virus.

PROCEDURE

- I. Employee Exposure Determination will be based on activities (tasks) performed and job classification.

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- A. The following activities may expose an employee to blood or other potentially infectious materials:
1. Blood tests by finger stick;
 2. All venipunctures;
 3. Any intravenous procedures: implantable port access or deaccess, peripheral or central lines, epidural catheters, heparin locks;
 4. Dressing changes of draining wounds;
 5. Removal of fecal impaction;
 6. Emptying/changing of any drainage device: urinary drainage collection devices, colostomy bags, gastrostomy or jejunostomy devices, J-P drains, and wound drainage collection devices; and
 7. Bathing of patients/clients with excreta on the skin or from draining wounds.
- B. All employees in the following job classifications may have occupational exposure to blood or other potentially infectious materials:
1. Registered Nurses
 2. Licensed Vocational/Practical Nurses
 3. Home Health Aides/Attendants
 4. Sitters/Companions

II. Methods of Implementation of Exposure Control Plan

- A. On hire and annually, all employees will be provided education on the exposure control plan.

B. Standard Precautions

1. All employees will be provided with appropriate equipment and instruction on required guidelines through the use of in-services and written protocols.
2. Proper hand hygiene by health care personnel at the beginning and end of each visit, and after any procedure considered as occupational risk.
3. Gloves must be worn at all times when a reasonable potential for contamination of the employee by blood or body fluids exists.
4. The use of face masks, eye protection, and disposable gowns is required when the potential for splashing of blood or other infectious materials is possible.
5. All health care workers who have cuts, abrasions, puncture wounds or a hangnail of their own hand must wear gloves at all times during patient/client contact.

C. Transmission-Based Precautions

1. In addition to Standard Precautions, Transmission-Based Precautions (Contact, Droplet, or Airborne) will also be implemented for patients/clients with suspected or documented infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission, in accordance with CDC guidelines. (See Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) for detailed guidance, including diagnosis specific recommendations.)
 - a. Contact Precautions are implemented along with Standard Precautions for known or suspected infections or evidence of syndromes that present an increased risk for contact transmission.

- (1) Gown and gloves are to be donned prior to any contact with the patient's/client's skin or surfaces, equipment, or articles within close proximity to the patient/client.
 - (2) Staff will use disposable equipment whenever possible. Any non-disposable equipment should be left in the patient's/client's home until the patient/client is discharged, if possible. Equipment that cannot be left in the home will be thoroughly cleaned and disinfected with an appropriate disinfectant. Alternatively, contaminated reusable equipment will be placed in a plastic bag for transport and subsequent cleaning and disinfection.
 - (3) Contact precautions are indicated for patients/clients infected or colonized with Multi-Drug Resistant Organisms, or where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission.
- b. Droplet Precautions are implemented with Standard Precautions to prevent transmission of pathogens spread through respiratory droplets generated by a patient/client who is coughing, sneezing or talking.
- (1) Healthcare personnel wear a mask for close contact with an infectious patient/client; the mask is donned upon room entry. Patients on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette.
 - (2) Infectious agents for which Droplet Precautions are indicated include but are not limited to *B. pertussis*, influenza virus, adenovirus, rhino virus, *N. meningitides*, and group A streptococcus.

- c. Airborne Precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air such as, but not limited to rubeola virus [measles], varicella virus [chickenpox], *M. tuberculosis*, and disseminated herpes zoster.
- (1) Non-immune healthcare workers should not care for patients/clients with vaccine-preventable airborne diseases (e.g., measles, chickenpox, and smallpox) if immune staff are available.
 - (2) Healthcare personnel caring for patients/clients on Airborne Precautions wear a mask or respirator, depending on the disease-specific recommendations.
 - (3) Healthcare workers will wear a fit-tested NIOSH-approved N95 or higher level respirator for respiratory protection when entering the room or home of a patient/client when the following diseases are suspected or confirmed:
 - (a) Infectious pulmonary or laryngeal tuberculosis or when infectious tuberculosis skin lesions are present and procedures that would aerosolize viable organisms (e.g., irrigation, incision and drainage, whirlpool treatments) are performed.
 - (b) Smallpox (vaccinated and unvaccinated). Respiratory protection is recommended for all healthcare personnel, including those with a documented "take" after smallpox vaccination due to the risk of a genetically engineered virus against which the vaccine may not provide protection, or of exposure to a very large viral load (e.g., from high-risk aerosol-generating procedures, immunocompromised patients/clients, hemorrhagic or flat smallpox).

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2. Transmission-Based Precautions remain in effect for limited periods of time (i.e., while the risk for transmission of the infectious agent persists or for the duration of the illness).

D. Work Practice Controls

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure, such as where lab specimens are collected.
2. Any surface which has come into contact with blood or other potentially infectious body fluids must be wiped down with a bleach solution, diluted at 1:10 with water, or a commercially prepared disinfectant solution.
3. All sharps will be left uncapped and disposed of immediately into properly labeled containers. If a needle must be recapped for safety, the one-handed scoop method is to be utilized. All nurses are to take Biohazard sharps containers into the home for disposal of needles used on venipunctures or when other infrequent procedures are performed.
4. The containers used for collection of sharps must be puncture resistant, closeable, opaque, non-breakable, and leakproof. A sharps container will be left in the patient's/client's home when venipunctures or other frequent procedures are performed on a continual basis. These containers are to be handled and stored in the home in a safe manner, away from children and pets. When the containers are approximately 2/3 full, the nurse is to transport the container to the office to be disposed of in an approved manner for destruction.
5. The nurse is to transport the filled container with the lid closed, stored upright to prevent spills, and transported in such a manner as to not come into contact with children or others during transport. The patient/client and/or family shall be taught the correct procedure for the storage and use of the sharps container in the home.

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6. All contaminated materials are to be placed in a closeable receptacle and labeled as Biohazardous before suitable disposal.

E. Engineering Controls

1. Engineering controls shall be used to eliminate or minimize employee exposure. These include:
 - a. Self-sheathing needles
 - b. Sharps with engineered sharps injury protections
 - c. Needle less systems
 - d. Engineering controls shall be examined and maintained or replaced on a regular schedule by the administrator or designee.

F. Warning Labels

1. An approved Biohazard symbol must be affixed to all regulated waste containers.
2. Refrigerators containing blood or body fluids shall have a Biohazard symbol affixed to the door.
3. The Biohazard label shall be affixed to all containers used for transport of blood or body fluids, i.e.; ice chests or other containers.
4. Red bags and or containers marked with the Biohazard symbol may be substituted for the labels.

G. Sharps Protection Program

1. Definitions
 - a. "Engineering controls" - controls such as sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections

and needle less systems that isolate or remove blood borne pathogens hazard from the workplace.

- b. "Needle less systems" - devices that do not use needles for
- (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
 - (2) the administration of medication or fluids; or
 - (3) any other procedure involving the potential for occupational exposure to blood borne pathogens due to per cutaneous injuries from contaminated sharps. Examples include: IV medication systems which administer medication or fluids through a catheter port using non-needle connections; and jet injection systems which deliver liquid medication beneath the skin or through a muscle.
- c. "Sharps with engineered sharps injury protections" - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident. Examples include: syringes with a sliding sheath that shields the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters; and intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.
2. In accordance with OSHA's regulations, the Agency will design, implement and evaluate whenever possible new technology for safer needles and sharps to further prevent needlesticks and cuts.
 3. The Administrator or designee shall review and update information for sharps protection 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.

- a. The review and update shall reflect changes in technology that eliminate or reduce exposure to blood borne pathogens.
 - b. The Administrator or designee shall document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
4. The Agency shall solicit input from non-managerial employees responsible for direct patient/client care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls. Employees selected should represent the range of exposure situations encountered in the workplace, such as those in geriatric, pediatric and others involved in direct patient/client care.
- a. Employee input will be documented and included with the Exposure Control Plan. Documentation may include:
 - (1) Listing the employees involved and describing the process by which input was requested; or
 - (2) Present references to the minutes of meetings, copies of documents used to request employee participation, or records of responses received from employees.
5. The Agency shall establish and maintain a sharps injury log for recording per cutaneous injuries from contaminated sharps.
- a. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.
 - b. The sharps injury log shall contain, at a minimum:

- (1) The type and brand of device involved in the incident.
 - (2) The department or work area where the exposure incident occurred.
 - (3) An explanation of how the incident occurred.
 - (4) Additional information the Agency may request as long as the employee's privacy is protected.
- c. The OSHA 300 log may serve as the sharps injury log, provided information is entered on the log about the type and brand of the device causing the sharps injury and records are maintained in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated.
- d. The sharps injury log shall be maintained by the Administrator or designee.
- e. The sharps injury log shall be retained for five years following the end of the year to which it relates (OSHA 29 CFR 1904.6).

III. Disease Specific Control Programs

A. Hepatitis B

1. Direct patient/client care employees are offered the HBV vaccination series on hire.
2. The Agency is responsible for the series, including cost, at any time the employee elects to receive the vaccination series. The series must be started within ten (10) days of request.
3. The employee elects to receive or decline the HBV vaccination series by documenting on the appropriate form.

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4. The vaccinations may be administered by assigned Agency personnel and documented appropriately or by an outside facility.
- B. Hepatitis C
1. As there is no vaccine against Hepatitis C, and no treatment after an exposure that will prevent infection - orient and in service staff on infection control procedures to prevent exposure.
- C. Tuberculosis
1. On hire and annually, all staff who have direct contact with patients/clients will be screened for TB by completing a TB Fact Sheet/Symptom Screen. The TB Fact Sheet/Symptom Screen provides information about TB as well as documentation of the employee's risk factors and potential symptoms of TB.
 2. An initial baseline TB test will be completed on hire, using the two-step Tuberculin Skin Test (TST) or a single Blood Assay for M. Tuberculosis (BAMT) to test for infection. If the employee can provide proof of a negative TST within the previous twelve (12) months, then only a single TST or a blood test would be required on hire. If the employee can provide proof of two (2) or more negative TSTs but the most recent is more than twelve (12) months prior to the hire date, then only a single TST or a blood test would be required. Those who have a history of BCG Vaccine should also receive baseline testing unless they have a previous documented positive TST result.
 3. Employees who indicate having symptoms on the TB Fact Sheet/Symptom Screen or who exhibit symptoms of TB will be referred to their primary care provider or the local or state health department for evaluation. A work release will be required prior to the employee's return to work.
 4. Employees who have a previous documented positive TST result, or documentation of treatment for latent TB Infection or TB Disease, are required to provide proof of a chest radiograph to exclude TB disease. Serial followup radiographs are not needed.

5. Employees who have a positive baseline TST, a newly converted TST or those who report symptoms of TB will be referred to their primary care provider or the local or state health department for evaluation and radiograph to exclude TB disease. A work release will be required prior to the employee's return to work. Repeat radiographs are not needed unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest radiograph.
6. Serial testing is not required unless an exposure to TB occurs.
7. The Agency will coordinate the home management of clients with suspected or confirmed tuberculin infection through engineering and work practice oversight.

IV. Responsibilities

A. Agency Responsibilities

1. To provide training and information related to airborne and bloodborne pathogens for all staff upon hire and annually thereafter.
2. To provide training and information related to HIV/AIDS for all staff upon hire and annually thereafter.
3. To provide appropriate personal protective equipment (PPE). The Agency will provide disposable, CDC approved masks. (HEPA, Technol)
4. To maintain staff confidentiality with regard to follow-up testing, record keeping, and identification of staff who have experienced needlesticks.
5. To maintain current accurate logs and summaries as required by OSHA.

B. Staff Responsibilities

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1. To attend the educational in-service related to airborne and blood borne pathogens upon hire and annually thereafter.
2. To successfully master a cognitive and skill evaluation of the materials.
3. To notify the Agency of any special needs related to personal protective equipment (PPE) and/or engineering controls, (e.g., the need for extra large gloves, etc.).
4. To appropriately implement the PPE, engineering controls, and work practice controls to decrease the risk of exposure.
5. To notify the Agency of any defects in PPE or engineering controls, (e.g., self-sheathing needles that do not work).
6. To notify the appropriate supervisor of any exposure occurrence or symptom manifestations of TB.
7. To complete all documentation as required.
8. To participate in selecting safer devices as needs are identified.

V. Exposure Management

A. Airborne Exposure Procedures

1. The exposure occurrence will be reported to the supervisor immediately.
2. An "Occurrence/Incident Report" form will be completed by the involved individual, and the OSHA 300 Log will be completed by the Agency.
3. Medical follow-up will be initiated at no cost to the employee.
4. The supervisor, with input from appropriate resources, will review the incident and determine what, if any, changes need to be made to engineering controls, work practice controls, personal protective

equipment, housekeeping, or handling of medical waste to prevent future exposure to patients/clients or staff.

B. Blood borne Exposure Procedures

1. The exposure occurrence will be reported to the supervisor immediately.
2. An "Occurrence/Incident Report" form will be completed by the involved individual, and the OSHA 300 Log will be completed by the Agency.
 - a. As appropriate, a sharps injury log will be maintained by the Agency to include the type and brand of device involved in the incident, where the exposure incident occurred and explanation of how the incident occurred.
3. Medical follow-up will be initiated at no cost to the employee.
4. The following lab work will be obtained from the employee at the intervals designated below for Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus:
 - a. As soon as possible or at least within forty-eight (48) hours of exposure
 - b. Six (6) weeks after exposure
 - c. Three (3) months after exposure
 - d. Six (6) months after exposure
 - e. And twelve (12) months after exposure if becomes infected with HCV from a source who is coinfecting with HIV and HCV.
 - f. Or as recommended by the physician treating the employee.
5. The Agency will offer counseling to the employee.

6. The Agency will obtain a physician's order and patient/client consent to obtain blood samples for the following:
 - a. Hepatitis B Virus
 - b. Hepatitis C Virus
 - c. Human Immunodeficiency Virus
 - d. If the patient/client refuses to give consent, the Agency will document the inability to obtain patient/client consent.

7. The supervisor, with input from appropriate resources, will review the incident and determine what, if any, changes need to be made to engineering controls, work practice controls, personal protective equipment, housekeeping, or handling of medical waste to prevent future exposure to patients/clients or staff.

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