

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

**Purpose & Scope:**

To eliminate or minimize occupational exposure to blood borne pathogens in accordance with the Occupational Safety Health Administration (OSHA) revised standard – 29 CRF 1910.1030, “Occupational Exposure to Blood borne Pathogens.”

**Policy:**

This Blood borne Pathogen Exposure Control Plan applies to all Legent Orthopedic & Spine Hospital employees, contractors, and agency personnel determined to work in areas where occupational exposure to human blood, human blood components, and products made from human blood or other potentially infectious materials is possible. Other potentially infectious materials (OPIM) include semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids as well as any unfixed tissue or organ (other than intact skin) from a human (living or dead). Employees, contractors, and agency personnel will comply with the procedures of the Blood borne Pathogen Exposure Control Plan.

**Procedure:**

I. Administration

- A. The Unit and Department Directors/Managers/Supervisors, in coordination with Central Supply, will administer the Blood Borne Pathogen Exposure Control Plan.
- B. The Infection Control Practitioner will review and update the Blood borne Pathogen Exposure Control Plan at least annually, and whenever necessary, to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- C. Each department and/or the Product Committee will inform the Infection Control Committee of any changes in technology that eliminate or reduce exposure to blood borne pathogens and will document the consideration and implementation or appropriate, commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- D. Unit and Department Directors/Managers/Supervisors, in coordination with Central Supply, will maintain and provide all necessary personal protective equipment, engineering controls, and other equipment as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available at the appropriate sites.

II. Methods of Compliance:

- A. Standard Precautions:

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

1. Standard Precautions will be observed to prevent contact with blood or other potentially infectious materials.
2. Standard Precautions will be applied to all patients receiving care at Legent regardless of their diagnosis or presumed infection status.

**B. Engineering and Work Practice Controls:**

1. Handwashing facilities and/or antiseptic hand cleanser will be readily accessible to employees.
  - a. Employees will wash their hands as promptly and thoroughly as possible between patient contacts, after removing gloves and other personal protective equipment, and after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them.
  - b. Employees will wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
2. Needles and other contaminated sharps will not be bent, recapped, or removed:
  - a. If the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure, then the use of a mechanical device or a one-handed technique will be utilized.
3. Needles and other contaminated sharps will be disposed of in a puncture-resistant labeled or color-coded container that is leak proof on the sides and bottom.
4. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses will be prohibited in work areas where there is a reasonable likelihood of occupational exposure.
5. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
6. Procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances:
  - a. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
7. Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping:
  - a. The container for storage, transport, or shipping will be labeled or color-coded.
  - b. If outside contamination of the primary container occurs, the primary container will be placed within a second container to prevent leakage.
  - c. If the specimen can puncture the primary container, the primary container will be placed within a secondary container that is puncture-resistant.
8. Equipment that may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

necessary:

- a. A readily observable label will be attached to the equipment stating which portions remain contaminated.
- b. Information pertaining to the contaminated equipment will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions are taken.

**C. Personal Protective Equipment (PPE):**

- 1. PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices will be provided at no cost to employees when there is potential for an occupational exposure:
  - a. Gloves will be worn when it is reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.  
Disposable (single-use) gloves such as surgical or examination gloves, will not be washed or decontaminated for re-use and will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
  - b. Masks, eye protection, and face shields will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
  - c. Gowns, aprons, and other protective body clothing will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
  - d. Surgical caps or hoods and/or shoe covers, or boots will be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).
- 2. PPE and appropriate alternatives will be readily assessable to all employees.
- 3. Cleaning, laundering, disposal, repair and replacement of PPE will be provided at no cost to the employees.
- 4. PPE penetrated by blood or other potentially infectious materials, will be removed immediately, or as soon as feasible, and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 5. All PPE will be removed prior to leaving the work area.

**D. Environmental Standards:**

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

1. The worksite will be maintained in a clean and sanitary condition:
  - a. An appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area will be implemented.
2. All equipment, environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.
3. Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
4. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they have become contaminated during the shift.
5. All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
6. Broken glassware that may be contaminated will not be picked up directly with the hands, but through mechanical means, such as a brush and dust pan, tongs, or forceps.
7. Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where the sharps have been placed.

**E. Contaminated Sharps Discarding and Containment:**

1. Contaminated sharps will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on the sides and bottom, and labeled or color-coded.
2. Containers will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or reasonably anticipated to be found.
3. Containers will remain upright through use, replaced routinely, and will not be allowed to overflow.
4. Containers will be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping:
  - a. If leakage is possible, the primary container will be placed within a second closable container that is labeled or color-coded.
5. Reusable containers will not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

**F. Other Regulated Waste Containment:**

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

1. Regulated waste will be placed in containers that are closable, labeled or color-coded, and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
2. Regulated waste is defined as any solid waste that is generated in the diagnosis, treatment or immunization of human beings or animals or research pertaining thereto or in the production or testing of biologicals, including but not limited to the following:
  - a. Solid or blood-soaked bandages;
  - b. Culture dishes or other glassware;
  - c. Discarded surgical gloves – after surgery;
  - d. Discarded surgical instruments;
  - e. Needles – used to give shots or draw blood;
  - f. Cultures, stocks, swabs used to inoculate cultures;
  - g. Removed body organs; and h. Lancets.
3. Containers will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping:
  - a. If outside contamination occurs, the primary container will be placed within a second closable container that is labeled or color-coded.
4. Disposal of all regulated waste will be in accordance with applicable regulations of the United States, states and territories, and political subdivisions of states and territories.

**G. Laundry:**

1. Standard Precautions will be utilized in the handling of all soiled laundry:
  - a. Contaminated laundry will be placed and transported in bags or containers recognized by employees as requiring handling with standard precautions.
  - b. Soiled linen will be placed in an impervious container at the site of collection.
2. Employees will wear gloves and other appropriate personal protective equipment when handling contaminated laundry.
  - a. Avoid contamination of uniform, scrubs, etc. by holding linens away from the body.
3. Contaminated laundry will be handled as little as possible with a minimum of agitation.
4. Contaminated laundry will be bagged at the location where it was used and will not be sorted or rinsed in the location of use.
  - a. Never place contaminated linen on the floor.
5. Contaminated laundry will be placed and transported in bags or containers that prevent soak-through and/or leakage of fluids to the exterior.
  - a. When the linen bag is two-thirds full it will be emptied.

**III. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up:**

- A. All medical evaluations and procedures including the Hepatitis B vaccine and vaccination

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

series and post-exposure evaluation and follow-up, including prophylaxis, will be:

1. Available at no cost to the employee.
  2. Occur at a reasonable time and place.
  3. Performed by or under the supervision of a licensed physician or other healthcare professional.
  4. Provided according to recommendations of the U.S. Public Health Service current at the time the evaluations and procedures take place.
- B. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
- C. The Hepatitis B vaccine and vaccination series will be available to all employees who have occupational exposure:
1. Hepatitis B vaccination will be made available after the employee has received appropriate training and within 10 working days of initial assignment to all employees who have occupational exposure unless the following has occurred:
    - a. Employee has previously received the complete Hepatitis B vaccination series.
    - b. Antibody testing has revealed that the employee is immune.
    - c. The vaccine is contraindicated for medical reasons.
  2. A signed deferral will be required if an employee declines to accept the Hepatitis B Vaccine.
- D. Post-exposure evaluation and follow-up will be available to all employees who have had an exposure incident:
1. A confidential medical evaluation and follow-up will include the following:
    - a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
    - b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
    - c. The source individual's blood will be tested as soon as feasible to determine HBV and HIV infectivity:
      - When the source individual is already known to be infected with HBV or HIV, testing need not be repeated
      - Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
    - d. Collection and testing of blood for HBV and HIV serological status.
    - e. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
    - f. Counseling and evaluation of reported illnesses.
- E. The healthcare professional evaluating an employee after an exposure incident will be

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

provided the following information:

1. A description of the exposed employee's duties as they relate to the exposure incident.
2. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
3. Results of the source individual's blood testing, if available.
4. All medical records relevant to the appropriate treatment of the employee including vaccination status.

F. The employee will be provided a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation:

1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - a. That the employee has been informed of the results of the evaluation.
  - b. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

#### IV. Communication of Hazards:

A. Human Resources, Infection Control, Education Department, Department Managers/Directors/Supervisors and Employee Health will be responsible for training, documenting training and making the written Exposure Control Plan available to employees, OSHA and the National Institute for Occupational Safety and Health representatives.

B. Warning labels will be affixed to containers of regulated waste refrigerators and freezers containing blood or other potentially infectious material and other containers used to store; transport or ship blood or other potentially infectious materials:

1. The labels will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
2. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method to prevent their loss or unintentional removal.
3. Red bags or red containers may be substituted for labels.
4. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.
5. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

6. Labels required for contaminated equipment will also state which portions of the equipment remain contaminated.

7. Regulated waste that has been decontaminated need not be labeled or color-coded.

C. Employees with occupational exposure will participate in a training program during work hours provided at no cost to the employee. Training will be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place.
2. When changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
3. At least annually thereafter.

D. Material appropriate in content and vocabulary to educational level, literacy, and language of employees will be used. The training program will contain at a minimum the following:

1. An accessible copy of the regulatory text of the plan and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the Exposure Control Plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding.
14. An opportunity for interactive questions and answers with the person conducting the training session.

E. The person conducting the training will be knowledgeable in the subject matter covered by

<b>POLICY: BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN</b>	<b>POLICY No: IC 100.21</b>
<b>APPROVAL DATE:</b>	<b>APPROVED BY:</b>
<b>REVIEWED/REVISED DATE: 07/10/2019</b>	

the elements contained in the training program as it relates to the workplace that the training will address.

**V. Recordkeeping:**

A. Employee Health and Human Resources will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Occupational exposure records will contain the following:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. The employer's copy of the healthcare professional's written opinion.
5. A copy of the information provided to the healthcare professional.

B. Employee medical records will be kept confidential, will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace, and will be kept for at least the duration of employment plus 30 years.

C. Training records will be maintained for 3 years from the date on which the training occurred and will include the following:

1. The dates of the training sessions.
2. The contents or a summary of the training sessions.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

D. A sharps injury log will be established and maintained for the recording of percutaneous injuries from contaminated sharps

E. The information in the sharps injury log will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log will include the following:

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.

**REFERENCES:**

IC 02.03.01



CMS 482.42 1. D.1---1. D.12

CMS 482.42 2. A.3

<https://www.cdc.gov/niosh/topics/correctionalhw/plan.html>

Occupational Safety Health Administration (OSHA) revised standard – 29 CFR 1910.1030,  
“Occupational Exposure to Blood borne Pathogens