BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

HIT is committed to providing a safe and healthful work environment for our employees. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring continued compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents.

PROGRAM ADMINISTRATION

- All site program managers at HIT are responsible for implementation of the ECP. The Safety Coordinator and the Developmental Disabilities (DD) Director of Nursing will review, maintain, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infections materials must comply with the procedures and work practices outlined in this ECP.
• HIT will provide and maintain all necessary personal protective equipment (PPE), clean up kits, engineering controls (e.g. sharps containers), labels, etc. Individual site managers will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

• The Safety Coordinator and the DD Director of Nursing will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

• The Agency Staff Trainer, Safety Coordinator, DD Director of Nursing and site managers will be responsible for training, documentation of training and making the ECP available to all employees.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications at HIT in which all employees of that designation have that potential for occupational exposure:

1. Nurse (all programs)
2. Medical Support Professionals (DD Support)
3. Direct Support Professionals (Residential and Day Services)
4. Certified Nurses Assistant (Dakota Alpha, Dakota Pointe)
5. Dietary Aide (Dakota Alpha)
6. Resident Assistants (Dakota Pointe)
7. Managers and Assistant Managers (Residential, Day Services, Dakota Pointe)
8. Certified Occupational Therapy Assistant (DD Support, Dakota Alpha)
9. Registered Occupational Therapist (Dakota Alpha)
10. Speech Therapist (Dakota Alpha, DD Support)
11. Teacher (WRHS)
12. Teacher Assistant (WRHS)
13. Job Coaches (Day Services)
14. Restorative Aide (DD Support)
15. Physical Therapist (Dakota Alpha, Kids)
16. Early Interventionist (Kids)
17. Care Givers (Daycare)

The following is a list of job classifications at HIT in which some employees of that designation may have periodical potential for occupational exposure.
1. Housekeeper (Dakota Alpha)
2. Maintenance personnel (All programs)

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions:
All employees at HIT will practice universal precautions. Universal precautions require all employees to assume that any blood and certain body fluids are infectious and must be handled according to this policy.

Exposure Control Plan:
Employees covered by the blood borne pathogens standard will receive an explanation of the ECP during their initial training session. This information will also be reviewed with the employee on an annual basis. All employees can review the ECP at their work site at any time by contacting their direct manager. If requested, the employee can be provided with a copy of the ECP free of charge within 15 days of their request.

The Safety Coordinator and the DD Director of Nursing is responsible for reviewing and updating the ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices:
Engineering controls will be used to reduce employee exposure in the work place by removing the hazard and isolating the employee from exposure.

Work practice controls will reduce the likelihood of exposure through using safe procedures while a task is being performed.

HIT identifies the need for changes in engineering controls and work practices through review of OSHA records, review of exposure incidents and Safety Committee recommendations.

HIT will evaluate new procedures and new products regularly by keeping current on information and recommendations from Occupational Health, OSHA, Workforce Safety and Insurance, other regulating agencies and external classes and seminars.

Both front line employees and management officials are involved in this process through employee interviews, training sessions, exposure incident investigations, near miss reports, Safety Committee reviews and recommendations from external regulating agencies.

Jake Thomas, Safety Coordinator, is responsible for ensuring that these recommendations are implemented. The following are HIT’s Engineering and Work Practice Controls

A. Hand Washing
All employees who have had contact with blood or potentially infectious material shall wash the affected areas with antibacterial soap as soon as possible. Follow these steps to wash your hands: (Hand Hygiene information from the World Health Organization is
also given to our employees.) Some work sites have this information posted in bathrooms.

1) Turn on the faucet with a paper towel, if possible, and dispose of the paper towel properly.
2) Wet your hands and apply soap.
3) Work up soap lather for at least 20 seconds and rinse your hands with large amounts of water. Be very careful to avoid splashing. Keep water contained in the sink.
4) Dry your hands with a paper towel and use that paper towel to turn the faucet off. Then dispose of the paper towel properly.
5) Use waterless hand sanitizers if you do not have immediate access to soap and water. Wash your hands with soap and large amounts of water as soon as you can.
   - Wash hands as soon as feasible after removing gloves or other Personal Protective Equipment.
   - Wash hands before leaving the work area.
   - Clean up kits should be available at all work settings and in all agency vans.

B. Management of Sharps
   - Sharps Containers/needle disposal units are located in nurses’ offices, designated rooms where medications are administered and in some public bathrooms.
   - Agency nurses and site managers are responsible and can be contacted for replacing and properly disposing of containers when they are full.
   - Contaminated sharps will be discarded immediately or as soon as possible in sharps containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded.
   - Agency nurses and site managers will check on needle disposal units on a regular basis. When the unit gets to the full line, an agency nurse will ensure that the container is properly disposed.
   - If the integrity of disposal container is compromised, contact an agency nurse for proper disposal.
   - Recapping or needle removal is prohibited.
   - Reusable sharps such as scissors, tweezers, fingernail clippers, and toenail clippers should be decontaminated immediately.

C. Management of contaminated equipment
   - Any contaminated equipment should be cleaned using a chemical disinfectant, and following manufacturer’s instructions. OSHA’s position is that EPA registered
tuberculocidal disinfectants, diluted bleach solutions and EPA-registered disinfectants that are labeled as effective against both HIV and HBV, as well as Sterilants/High-Level Disinfectants cleared by the FDA, meet the requirement in the standard and are “appropriate” disinfectants to clean contaminated surfaces; provided that such surfaces have not become contaminated with an agent(s) or volume/concentrations of agent(s) for which higher level disinfection is recommended.

- Broken or damaged equipment contaminated with blood or other potentially infections material should be decontaminated prior to being repaired or discarded.
- Broken or damaged equipment that cannot be decontaminated should be packaged appropriately to minimize exposure and subsequently labeled to warn of any potential hazards.

D. Management of Specimens
- All specimens will be placed in specimen containers which are puncture resistant.
- Occult stool samples will be collected per instructions and double bagged.
- All specimen containers should be labeled with donor’s name, date, time and contents.
- The specimens will be placed within a secondary container which prevents leakage during handling and transport to the lab.

E. Personal Protective Equipment (PPE)
When there is a potential for an occupational exposure to bloodborne pathogens, HIT will provide, at no cost to the employee, appropriate personal protective equipment; examples include but are not limited to:

- Disposable gloves
- Gowns
- Pocket masks
- Eye protections
- Face shields
- Shoe covers
- Any other protective device as needed

- HIT shall train all employees in use of appropriate PPE. In situations where PPE is declined by the employee, a review of such an incident shall be performed by HIT to prevent such occurrence in the future. The incident shall be documented.
- HIT will provide PPE to all personnel who need it to safely perform their job tasks. Appropriate PPE will be located in all agency settings.

- In the event an employee contaminates his/her clothing with infections materials the employee should remove clothing immediately or as soon as feasible.

- Scrubs will be available at appropriate work sites in the event an employee needs to change his/her clothing.

- PPE will be removed before leaving the work area.

- Contaminated disposable PPE will be discarded appropriately.

- Disposable gloves:
  - Gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious material, mucous membranes, and non-intact skin.
  - Gloves are required when touching contaminated items or surfaces.
  - Disposable gloves should be replaced as soon a practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - Disposable gloves will not be washed or decontaminated for reuse.
  - Utility gloves (such as those used for cleaning duties) can be decontaminated for reuse if the integrity of the glove is not compromised. Gloves should be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration.

- Masks, eye protection and face shields
  - Eye protection devices are to be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious material may be generated or eye/nose/mouth contamination can be reasonably anticipated.

- Gowns, aprons, shoe covers and other protective body clothing
  - Protective clothing is not routinely needed, however, in the event of potential exposure, protective clothing will be provided.

F. Housekeeping

- All work sites will be maintained in a clean and sanitary condition. Each worksite will be cleaned on a schedule based upon:
  - Location
o Type of surface to be cleansed
o Type of dirt/spills/fluids present
o Task or procedure being performed

- General procedures for cleaning areas which may have been contaminated:
  o All equipment and environmental working surfaces are cleaned and
decontaminated as soon as feasible after contact with blood or other
potentially infectious material.
  o The disinfectants used for decontamination will be a broad spectrum
virucidal agent.
  o All reusable receptacles (i.e. garbage cans) which have a reasonable
likelihood for becoming contaminated with blood or other potentially
infections materials are inspected and decontaminated on an as needed
basis
  o Reusable containers are not opened, emptied, or cleaned manually or in
another manner which would expose employees to a risk of injury.
  o Employees using sharps will be trained in the proper use of needle disposal
units throughout the facility.
  o Disposal of all regulated medical waste shall be in an approved regulated
medical waste disposal area.
  o All other types of containers of contaminated waste will be closable and
constructed to contain all contents and prevent leakage of contents during
handling, storage and transport.
  o If outside contamination occurs, material is placed in a secondary container
of similar construction as the first.
  o Bins and pails which could be contaminated are cleaned and decontaminated
as soon as feasible after visible contamination.
  o Broken glassware that may be contaminated is only picked up using
mechanic means, such as a brush and dustpan.

G. Laundry
- The following contaminated articles will be laundered by this company:
  o Bed Linens
  o Underwear
  o Clothing
Kitchen Towels

- Laundering will be performed by various staff members and/or clients, depending on the needs of the setting. (i.e. Direct Support Professionals and Housekeeper.)
- Contaminated laundry should be handled as little as possible with minimal agitation.
- Wet contaminated laundry should be placed in leak-proof containers before moving to laundry station.
- All employees should use Universal Precautions when handling all laundry. PPE should be worn when handling laundry soiled with blood/urine/feces, etc.
- All contaminated laundry should be washed separately from non contaminated laundry.

H. Labels

- Specimens, contaminated laundry and sharps throughout the facility will all be properly labeled.
- Each site manager is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify their direct manager if they discover regulated waste containers, refrigerators containing blood or (Other Potentially Infectious Material) OPIM, contaminated equipment, etc., without proper labels.

HEPATITIS B VACCINATION

The Human Resource Department, Agency Nurses and Site Managers will provide training to employees on hepatitis B vaccinations, addressing safety, benefits and methods of administration of the vaccination.

The hepatitis B vaccinations series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series: 2) antibody testing reveals that the employee is immune: or 3) medical evaluations shows that the vaccination is contraindicated.

If the employee declines the vaccination, the employee must sign a declination form. Employee who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee’s medical/confidential file.

Vaccination will be provided by the agency nurses at the 2640 Sunset Drive Building, or at Dakota Alpha.

If a booster is recommended by the employee’s medical professional, the booster will be provided at no cost.
Pregnant staff should discuss with their medical provider whether she should receive the vaccination. If an employee is pregnant, written permission from her medical professional will be needed before the vaccination is given.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If an exposure incident occurs, an employee should report the incident to their manager immediately. (An employee accident report should also be filled out within 24 hours.)

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the route of exposure and how the exposure occurred. (Use HIT Employee Accident Form)
- Identify and document the source individual
- Employee will go to Sanford Occupational Health Clinic (or closest medical facility in outlying areas) for testing and post exposure medical treatment when indicated. This should be done within 24 hours of the incident. (Employee may decline testing, if so, this should be documented in writing.)
- Occupational Health may want to collect blood for HIV/HBV/HCV testing after consent from person or guardian is received. If source is already known to be infected, testing need not be done.

**ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

This will be handled by Sanford Occupational Health Clinic. HIT’s Claims Coordinator, Sara Marcis, or an Agency Nurse, will provide Sanford Occupational Health with any information they may need regarding the exposure incident.

Sara Marcis, Claims Coordinator, will ensure that the employee receives a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

**PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

Jake Thomas (Safety Coordinator) and/or Karen Smith (DD Director of Nursing), and the agency’s Safety Committee 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
• Procedure being performed when the incident occurred
• Employee’s training records in this area

The DD Director of Nursing (Karen Smith) will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revision to this ECP is necessary, Jake Thomas (Safety Coordinator) and Karen Smith (DD Director of Nursing) will ensure that appropriate changes are made. If necessary, the agency’s Safety Committee will assist in this. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by Human Resources, their site manager and other trained personnel. The training program will cover at a minimum, the following elements:

• A copy of the OSHA blood borne pathogen standard
• A copy and explanation of HIT’s ECP
• An explanation of methods to recognize tasks and other activities that may involve exposure to blood and (Other Potentially Infectious Material) OPIM
• What constitutes an exposure incident
• An explanation of the use of and limitations of engineering controls, work practices, and PPE
• An explanation of the types, uses, locations, removal, handling, decontamination, and disposal of PPE
• Information on the Hepatitis B vaccine
• Information on the appropriate actions to take and person(s) to contact in an emergency involving blood or OPIM
• An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up that is available
• Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
• An explanation of the signs and labels and/or color coding required by HIT.
• An opportunity for interaction and questions and answers regarding anything in the ECP with a competent person.
Employee training records will be kept in the Agency Trainer’s office and or within the specific work site. Employee’s Health Survey (which indicates dates of Hepatitis B Series or signed declination form, will be kept in employee’s confidential file.

**RECORDKEEPING**

**Training Records**

Training records are completed for each employee who is classified as having occupational exposure. These records will be kept for at least three years. They will be in employee’s confidential file and in the agency staff training office. These records will 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

Employee training records are provided upon request to the employee or the employee’s authorized representative within 15 working days. Such requests should be addressed to HIT’s Human Resources Office, 1007 18th ST NW, Mandan, ND 58554.

**MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure. Current records are kept in the locked medical file storage room at 2640 Sunset Drive, Mandan, ND 58554. Records of former employees are kept in the locked medical file storage room at 1007 18th ST NW, Mandan, ND 58554. These records will be kept for the duration of employment plus 30 years.

Records will be provided upon request to the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to: Human Resources Department, 1007 18th ST NW, Mandan, ND 58554.

**OSHA RECORDKEEPING**

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29CFR 1904). This determination and the recording activities are done by Sara Marcis, HIT’s Claims Coordinator, HIT’s Human Resource Department.

**SHARPS INJURY LOG**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, needle, etc.)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log will be kept by Karen Smith, DD Director of Nursing and will be reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is given to anyone, personal identifiers such as names will be removed from the report.

This plan was reviewed on February 18, 2015 by:

Jake Thomas, Safety Coordinator 2-18-2015
Sara Marcis, Outgoing Safety Coordinator 2-18-2015
Karen Smith, DD Director of Nursing 2-18-2015