Blood borne Pathogens Exposure Control Plan

Mid-Michigan District Health Department



Policy

The Mid-Michigan District Health Department is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with MIOSHA Rule 325.70001, "Blood Borne Infectious Diseases."

The ECP is a key document to assist our facility in implementing and ensuring 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
- Record keeping

Procedures for evaluating circumstances surrounding and exposure incident
The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Program Administration

The Medical Director is responsible for the implementation of the ECP.

Agency Leadership will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures, which affect occupational

exposure, and to reflect new or revised employee positions with occupational exposure. Administrative Office contact 989-831-2537.

Mid-Michigan District Health Department will maintain and provide all necessary personal protective equipment (PPE), engineering controls, (e.g., sharps containers), labels and red bags as required by the standard. CHED staff will ensure that adequate supplies of the equipment are available in the appropriate sizes. If additional supplies are needed, it will be ordered through standard processes and approved by a member of CHED leadership.
Contact location/phone number: CBO CHED Supervisor 989-227-3109, MBO CHED Supervisor 989-831-3609, GBO CHED Supervisor 989-875-1028 and/or 989-875-1025, or the CHED Division Director 989-831-3639.

CHED Leadership will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained.

CHED Leadership will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedure and work practices outlined in this ECP and follow policy 124.1 Procedure for Employee Exposure to BBP. Refer to Policy 050.0 Healthcare Personnel Vaccinations, Occupational Exposure Risk by Position.

Part-time, temporary, contract and per diem employees are covered by the standard.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions and infection control measures that are intended to prevent parenteral, mucous membranes and non-intact skin exposure of health care workers to blood borne pathogens. Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, infection control procedures should be used for all clients.

Exposure Control Plan

Employees receive an explanation of this ECP during their initial orientation session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts. ECP is available in the employee handbook, or the employee may contact a Branch Office Supervisor for a copy. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Safety Lancets for finger pokes
- Safety Needles
- Sharps Containers

Sharps disposal containers are inspected and maintained or replaced by clinic staff every three months or sooner to prevent overfilling. In the event a sharps container or other contaminated biohazardous waste needs to be transported. The employee will close the container and secure it with packing tape. Containers are to be placed in a sealed transport container back to the office and placed in the biohazard collection box immediately. Biohazard collection boxes are picked up on a quarterly basis by the contracted company.

This facility identifies the need for changes in engineering control and work practices through Review of Incident Reports and Needle Stick and Sharps Injury Reports.

We evaluate new procedures or new products regularly as needed. This process includes but is not limited to evaluation and selection of safer sharps, needles and blood collecting devices.

Both front line workers and management officials are involved in this process. Employees can bring new sharps and safety needles to the attention of management as the new instruments are identified.

CHED Division Director and Branch office Supervisors will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by GCN and CLIA training provided by appropriate staff in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Nitrile gloves
- Masks
- Goggles
- Face shields
- Gowns

PPE is in each area where potential exposure to BBP may occur. PPE may be obtained through Branch Office Supervisor. All employees have access to PPE via the storage room within each branch office.

All employees using PPE must observe the following precautions:

- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
- Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth
- Remove PPE after it becomes contaminated, and before leaving the work area
- Used PPE may be disposed (of/in):
    - Uncontaminated PPE can be disposed of in the regular trash.
    - Contaminated PPE should be disposed of in biohazard boxes in each branch office.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE. Hand washing should last a minimum of 20 seconds. If soap and water are not immediately available, antiseptic towelettes or hand sanitizer should be used. Hand washing should be completed as soon as the employee has access to soap and water after use of sanitizer/towelettes.
- Never wash or decontaminate disposable gloves for reuse
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

<u>Housekeeping</u>

See Policy 142.2 Housekeeping Procedures. Regulated waste is placed in containers which are closable and constructed to contain all contents and prevent leakage, appropriately labeled, or color-coded (see labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The sharps disposal containers will be collected by contractor every three months or as needed.

Other regulated waste is to be collected by contractor every three months or as needed.

Contaminated sharps are discarded immediately or as soon as possible in the containers that are closable, puncture- resistant, leak proof on sides and bottom, and labeled or color-coded appropriately. Sharps disposal containers are available in each branch office and can be obtained from each Branch Office Supervisor.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Contaminated laundry is not produced at MMDHD. If an employee has a concern regarding personal clothing or PPE that is possibly contaminated with blood or OPIM, the employee will consult with their supervisor or division director on the appropriate follow-up. Proper PPE removal instructions listed above will be followed and the clothing or PPE item will be bagged and stored in such a way as to prevent the release of blood or OPIM until the item can be disposed of.

Labels

CHED Leadership will ensure 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 a member of CHED Leadership if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Equipment, Environment and Work Surfaces

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:
    - After completion of procedures
    - Immediately or as soon as feasible when surfaces are clearly contaminated or after any spill of blood or OPIM
    - At the end of the work shifts or if the surface may have become contaminated since the last routine cleaning.

- Spills of blood should be decontaminated with freshly diluted (1:10) bleach, or with an EPA – approved disinfectant. Appropriate gloves, gowns and masks should be worn if necessary to protect clothing and employee during cleaning and decontamination procedures. Cover spill with paper towels or other absorbent material and flood with diluted bleach solution. Let stand for at least ten minutes. Clean up with more paper towels. Dispose of as infectious waste. With large spills of culture or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before cleaning, then decontaminated with fresh germicidal chemical.

- Protective coverings, such as plastic wrap, aluminum foil or imperviously backed absorbent paper used to cover equipment and environmental surfaces, shall be removed, and replaced as soon as feasible, when they become openly contaminated or at the end of the work shift if they "may" have become contaminated.

- Broken glassware, which may be contaminated, should not be picked up directly with the hands. It must be soaked with disinfectant and then cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

Hepatitis B Vaccination

The Mid-Michigan District Health Department will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. See Policy 050.0 Healthcare Personnel Vaccinations Policy

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact a Branch Office Supervisor. Clinton extension 3109, Gratiot extension 1028 or 1025, or Montcalm extension 3609. See Policy 124.1 Procedure for Employee Exposure to Bloodborne Pathogens.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Medical Director or the Branch Office Supervisor ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy to OSHA's blood borne pathogens standard. Use of BBP Forms as listed with Policy 124.1 Procedure for Employee Exposure to Bloodborne Pathogens (BBP-1 through BBP-4 as appropriate)

Branch Office Supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Medical Director or the Branch Office Supervisor provides the employee with a copy of the evaluating health care professional's written opinion within fifteen days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Agency Leadership will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- 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

CHED Leadership will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log, complete an Incident Report, and notify the Medical Director of injury log.

If it is determined that revisions need to be made the Medical Director and the CHED Director will ensure that appropriate changes are made to this ECP (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.).

EMPLOYEE TRAINING

All employees who have occupational exposure risks to blood borne pathogens receive training conducted by the Branch Office Supervisor and/or the Global Compliance Network.

All employees who have occupational exposure risks to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of the blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location removal, handling, decontamination, and disposal of PPE
- And explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons 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 the incident and the medical follow-up that will be made 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 the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available through GCN.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at Human Resources.

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 Human Resources.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Rule 325.70015, “Recordkeeping”.

Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resources Office 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. Such request should be sent to Human Resources in the Administrative Offices.

MIOSHA Record Keeping

An exposure incident is evaluated to determine in the case meets MIOSHA’s Record keeping Requirements. This determination and the recording activities are done by the Medical Director.

Sharps Injury Log

In addition to the Rule 325.70015 Record keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- 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.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.