

Community Mental Health
Authority



Bloodborne Pathogens
Exposure Control Plan

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PLAN FOR CONTROLLING THE EXPOSURE OF COMMUNITY MENTAL HEALTH AUTHORITY (CMHA) EMPLOYEES TO THE RISK ASSOCIATED WITH BLOODBORNE PATHOGENS.

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B merit serious concern for workers occupationally exposed to blood, other potentially infectious materials, and other body fluids that contain bloodborne pathogens such as the human immune deficiency virus (HIV), and the Hepatitis B virus (HBV).

CMHA recognizes the potential danger to its employees, which results from occupational exposure to bloodborne pathogens as addressed by OSHA's Bloodborne Pathogen Standard, 29 CFR 1910.1030. Recognizing that it is in the best interest of CMHA and the people it serves, the Gogebic CMHA Board supports and desires to fully comply with these rules. To this end, this Bloodborne Pathogens Exposure Control Plan has been adopted.

This plan addresses the methods of compliance with 29 CFR 1910.1030 through the use of policies and standards of practice. These policies and standards of practice are intended to establish a consistent level of protection for all employees. Actions to prevent transmission of these infections should not, however, interfere with the interests of the infected clients, particularly their interests in maintaining the confidentiality of sensitive medical information and in receiving the same care and consideration as clients who are not infected.

This plan shall be under continual evaluation and review. All employees have a responsibility for identifying situations or conditions which have an impact on this plan and should be addressed by modifications or additions. Changes shall be made and communicated as soon as the need is recognized. In addition, the plan shall be reviewed annually.

The Chief Executive Officer, in cooperation with the Program Directors, provides continuing support, both motivational and financial, for the Exposure Control Plan.

Implementation of the Exposure Control Plan is the responsibility of all administrative personnel.

EXPOSURE DETERMINATION

CMHA has determined occupational exposure for all of its employees by analyzing the duties and tasks that might result in exposure to blood or other potentially infectious material. To make these determinations, CMHA used:

- Job descriptions.
- Evaluation of routine and reasonably anticipated tasks and procedures.
- Evaluation of procedures or tasks in non-routine situations as a condition of employment.

CMHA made this exposure determination without regard to the use of personal protection clothing and equipment. As a result of the exposure determination process, CMHA has classified employees as being either in **Category A** or **Category B**.

- **Category A** employees are those that perform procedures or occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment.
- **Category B** employees are those whose occupational-related tasks do not involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. They do not perform or assist in personal cares and are not reasonably anticipated to be exposed in any other way.

The Human Resource (HR) Coordinator shall insure that all position descriptions, including administrative and support personnel, whether paid or volunteer, have been assigned a Risk of Exposure to Bloodborne Pathogens Category A or B.

All Program Directors and supervisors are responsible for monitoring subordinate workers' job performance and for updating job descriptions if individuals in a job are performing new tasks, which present a change in occupational exposure status.

HAZARD DETERMINATION FOR AT RISK EMPLOYEES:

All new employees, whether Category A or B, will have initial BBP training. **Category A** employees will also have annual training to include changes, updated rules and regulation, new equipment or Personal Protective Equipment (PPE); HBV vaccine or HBV antibody testing will also be offered.

Program Directors, supervisors, and managers are also responsible for monitoring subordinates' compliance with risk reducing Universal Precautions and specific risk reducing policies and procedures. Supervisors shall be particularly attentive to recognize and act to prevent unsafe actions by anyone in their presence.

The HR Coordinator shall monitor employee training status and ensure that whenever a new position description is prepared, it is reviewed and classified for exposure risk classification prior to being approved.

All employees share responsibility with and for their co-workers to ensure compliance with CMHA's policies for the prevention or transmission of disease among clients, staff, and visitors in its facilities and other locations where service is provided. Therefore, each employee must know how to recognize occupational exposure and must communicate changes in the exposure classification to their supervisor if asked to perform tasks or procedures that involve an increased risk of exposure. CMHA makes the Exposure Control Plan available to all employees electronically, via the intranet.

The CMHA Board recognizes that **Universal Precautions** provide the first line of defense for employees against the risks of exposure to Bloodborne Pathogens. Universal Precautions shall be practiced at all times to reduce the risk of employees contracting a bloodborne disease. Since an individual's medical history is often not known, and even if known, cannot reliably identify if the person is infected with HIV, HBV, or other Bloodborne Pathogens, Universal precautions must be consistently used for all activities involving contact with blood, tissue, and body fluids, or equipment or materials which may have been contaminated by these substances.

Simply stated, the concept behind Universal Precautions is that: **All human blood and body fluids are to be treated as if they are known to contain Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), or other Bloodborne Pathogens (BBP).**

Employees at this agency must use this approach whenever they handle blood, bloody fluids, or other potentially infectious materials. By making this assumption, employees will stringently avoid all contact with potentially contaminated items by following standard safety precautions, use of proper safety controls, and wearing the appropriate PPE.

Disease-specific warnings shall not be displayed in client rooms or labeled on specimens. CMHA staff believe that the posting of client-specific warnings could lead to over reliance on diagnosis and a general lowering of attention to the constant need to unfailingly practice Universal Precautions. Furthermore, such warnings may be a severe breach of client confidentiality. Universal Precautions takes the guesswork out of how to respond to a potential exposure situation safely.

The following **procedures** are required of all employees when working in areas or situations where exposure to blood, tissue, and body fluids or equipment which may have been contaminated by these substances is likely to occur. These universal guidelines do not relieve employees of responsibility for knowing and complying with more detailed policies and standards of practice included in this Exposure Control Plan which must be consulted and followed routinely.

1. **Wash hands** after contact with clients and immediately after contact with blood, body fluids, or human tissue.
2. **Wear gloves** when anticipating contact with blood, body fluid, tissues, mucous membranes, or contaminated surfaces or if breaks in the skin are present.
3. **Wear an impervious gown** or apron if splattering of clothing is likely.
4. **Wear a mask** if there is to be contact with an infectious disease spread by splatter droplets.
5. **Wear a mask and eye protection** if aerosolization or splattering is likely to occur such as in wound irrigation or suctioning.
6. **Use mouthpieces, mouth barriers, or other ventilation devices** available during emergency resuscitation. These devices will be readily available for use in areas where the need for resuscitation is most likely.
7. **Handle sharp objects carefully:** do not cut, bend, break, or reinsert used needles into original sheath. **Discard sharp objects** intact, immediately after use into an impervious needle disposal box. **Report**

immediately, all: needle stick accidents, mucous membrane splashes, or contamination of open wounds with blood or body fluids.

8. **Dispose of all spills** that contain or may contain biological contaminants in accordance with policies for hazardous waste disposal.
9. **Post Universal Precautions signs** in all areas where exposure to blood or other potentially infectious materials is likely.

ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, PPE shall also be used. Engineering and work practice controls may include, but are not limited to, the following:

1. Ventilation systems
2. Glove boxes
3. Handwashing facilities
4. Disposal containers for sharps and contaminated spills
5. Needleless systems or self-sheathing systems for needles

Each Program Director, supervisor, or manager is responsible for evaluating current controls and implementing any additional controls needed and for ensuring the proper use of all engineering controls by employees under his/her direct supervision.

The following applies to all employees:

1. Employees are responsible for proper use and routine care of health safety devices and PPE.
2. Each employee must recognize the possibility of failure of a safety device. Accordingly, employees shall adhere to the tenants of Universal Precautions, always working with care and without placing unjustifiable reliance on mechanical devices as the sole means of avoiding the risk of personal contamination.
3. Each employee is responsible for reporting observed deficiencies in existing devices to Program Directors, supervisors, managers, or RN staff.
4. Engineering safety controls and devices shall be maintained in working order consistent with manufacturer's specifications and common sense, whichever offers the greater degree of worker protection.
5. Program Directors and professional staff shall be alert to the availability of new or improved protective devices.

HANDWASHING

All employees shall wash their hands and any other skin with soap and water and flush exposed mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Handwashing facilities that are readily accessible to all employees in their workplace shall be provided.

In locations where sinks are not practical, antiseptic towelettes, cleanser, and paper or cloth shall be available along with appropriate closable disposal containers for depositing used cleaning materials. These are intermediate measures that do not eliminate the need to wash hands at a sink. All employees are required to wash their hands as soon as feasible after using antiseptic cleanser and towel alternatives.

Employees shall advise supervisors or managers directly of any locations where contamination could reasonably be expected to occur, and hands cannot be cleaned in accordance with the following standards so that corrective action can be taken.

Inability to clean hands in accordance with this policy prior to possible contamination of self or others that could result in transmitting a bloodborne disease shall be reported and evaluated as a possible exposure incident.

Employees will follow the correct handwashing procedure. Handwashing is considered to be the single most effective method for preventing the spread of nosocomial infections. Handwashing removes transient microbial contamination acquired by recent contact with infected clients or environmental surfaces.

INDICATIONS FOR HAND WASHING:

1. Between contacts with different clients.

2. Before invasive procedures.
3. Before and after contact with wounds.
4. Before contact with particularly susceptible clients: clients with catheters or other invasive devices; **clients** with weakened immune systems
5. After contact with a source that is likely to be contaminated with virulent microorganisms or pathogens.
6. After removing gloves or other PPE.

PROCEDURE:

1. Remove jewelry.
2. Wet hands under running water.
3. Keeping hands lower than elbows, apply soap or antiseptic.
4. Use friction by vigorously rubbing hands together to clean between fingers, palms, back of hands and wrists. Rub for at least 10-15 seconds.
5. Keeping hands in downward position, rinse under running water.
6. Use paper towels to dry hands.
7. Do not touch sides of sink or faucet but use paper towel to turn off the faucet and discard. All manually controlled faucets are considered contaminated.
8. Dispose of single use or linen towel in appropriately marked closable containers.
9. Apply hand cream after **frequent** handwashing. Use lotion to prevent skin irritation, breakdown, and subsequent infection.

NEEDLES AND SHARPS

Universal Precautions apply to any used needle or sharp. Handle sharp objects carefully.

1. Do not cut, bend, break, or routinely reinsert used needles into original sheath by hand.
2. Discard sharp objects intact, immediately after use into an impervious needle disposal box.
3. Report immediately all accidents, including needle sticks, mucous membrane splash, or contamination of open wounds with blood or body fluids.

NOTE: When investigating an accident, place the offending implement in an appropriate safe, sealed contaminated waste container for examination and possible testing.

Employees must adhere to the following Standard of Practice when working with uncapped needles, syringes, or IV tubing.

For uncapped needles:

1. No needles or sharps will be recapped or recovered. All syringes used should have a self-sheathing mechanism.
2. Place all needles and syringes in the red sharps containers that are provided by Stericycle.
3. IV equipment will not be used or disposed of in the homes.

Sharps containers will be picked up at the main office in Wakefield by Stericycle on at least a quarterly basis. Stericycle is a licensed infectious waste hauler (Stericycle, PO Box 6575, Carol Stream, IL, 60197 or 906-249-5246)

INGESTION OF BLOODBORNE PATHOGENS

1. Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas where blood or other potentially infectious materials are located.
2. Employees may not keep food and drink in refrigerators, freezers, or other areas where blood or other potentially infectious materials are present.
3. Employees will perform all procedures that involve blood or other potentially infectious materials using methods that minimize splashing, spraying, and aerosolization.
4. Employees must place specimens of blood or other potentially infectious materials in containers that prevent leakage during collection, handling, and transporting.

HANDLING OF POTENTIALLY INFECTIOUS SPECIMENS

All employees shall adhere to Universal Precautions to guard against infection by Bloodborne Pathogens when collecting or packaging biological specimens.

When collecting or assisting with the collection of biological specimens, employees shall comply with the requirements for the use of personal protective equipment.

The following procedure shall be used when collecting or packaging biological specimens, blood, or other potentially infectious materials:

1. Use the proper collection devices.
2. Use safeguards against splashing, spraying, spattering, and generation of droplets of blood or other potentially infectious materials.
3. Secure the specimen in an approved leak-proof container.
4. Seal the container immediately in the area in which the sample was taken and affix patient identification labels.
5. Clean obvious soiling from the outside of container using detergent germicide.
6. Properly mark the container if the container is not pre-coded.
7. If leakage occurs or if there is any question about the integrity of the primary container, it shall be placed in a second approved container that shall also be labeled.
8. Neutralize blood spills with bleach solution 1:10 or appropriate disinfectant before cleaning them up.
9. Employees shall wash their hands immediately after closing the container and before handling it for transport to storage or its destination.

HANDLING OF POTENTIALLY INFECTIOUS EQUIPMENT

All employees shall adhere to Universal Precautions to guard against infection by Bloodborne Pathogens when working with or around equipment which may have been contaminated.

All equipment with any possibility of being contaminated by blood or other infectious materials shall be thoroughly cleaned and decontaminated following manufacturer's instructions, immediately prior to servicing by a technician or being moved within or outside of the agency. If areas of the equipment are inaccessible to the user and any possibility of contamination exists, the equipment shall be labeled with an approved biohazard label annotated as to which part or parts of the equipment are contaminated.

Because equipment is designated as re-usable, it may be a source of environmental contamination unless properly cleaned, disinfected, or sterilized.

1. Employees engaged in cleaning equipment shall use PPE that will ensure that there is no contact of potentially contaminated material with skin or personal clothing.
2. Clean large equipment, stationary or portable, with a germicidal detergent avoiding splatter or dripping. If dripping is reasonably anticipated, use a drop cloth under the equipment being cleaned.
3. Wipe gross soiling from small re-reusable equipment and send it to an appropriate location for cleaning and sterilization.
4. Clean spills from around the equipment cleaning area immediately.
5. All cleaning materials and PPE shall be disposed of as infectious waste or properly prepared for transport to the laundry area as potentially infectious laundry.
6. Wash hands after removal of PPE.

EMPLOYEE EXPOSURE INCIDENT

1. The first, most important thing to do in the event of acute exposure is to cleanse the affected area with soap and water (except in the case of a splash to the eye which should be cleansed with copious amounts of water.)
2. In the case of a human bite or animal bite that punctures the skin, the employee should be sent to the Aspirus Ironwood Hospital.
3. The employee will contact their supervisor immediately following the incident, obtain proper forms and be sent to Aspirus Ironwood Hospital for treatment.
4. The following forms that must be completed detailing the circumstances of the exposure include Supervisor's Report of Accident, Authority for Treatment, CompOne Administrators First Fill Form, and Express Claim (forms are exhibits to policies 01-04-44 and 01-04-65). Employee will follow-up with Aspirus Occupational Health for further instructions and testing. The supervisor will turn the paperwork into the HR Coordinator.
5. Employees declining Bloodborne Pathogens testing following an exposure incident must sign a 'Waiver of Bloodborne Pathogens Testing' form.

BLOOD SPILL

1. Wash hands
2. Apply eye protection and a mask or face shield combination.
3. Glove.
4. Gowns are optional.
5. Prepare a solution of 1 part chlorine bleach to 10 parts water.
6. Pour solution on blood spill.
7. Use paper towels to wipe up blood and solution.
8. Dispose of waste in a red biohazard bag. Double bag this in a household trash bag.
9. If blood spill was on a throw rug, bring the rug to the laundry area and wash immediately. Add 1/2 cup of bleach to the wash.
10. If the spill contains glass, use a dustpan or other mechanical means to scoop up spill. Do not pick up glass with hands.
11. Remove gloves.
12. Remove face protection.
13. Wash hands.
14. If a blood spill needs to be cleaned in any part of the CMHA office building, a “spill kit” will be used.
15. These kits are located near the First Aid Kits in the reception desk area in Board Administration, Clinical, Community Services, and ABA departments.

AVAILABILITY AND ACCESSIBILITY OF PERSONAL PROTECTIVE EQUIPMENT

PPE includes but is not limited to: gloves, gowns, laboratory coats, face shields, masks, eye protection, pocket masks, and other ventilation devices.

Appropriate equipment is that which does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of use.

CMHA will provide a sufficient quantity of appropriate PPE in appropriate sizes to insure that employees have it available when and where needed.

CMHA will evaluate the need for and provide, at no cost to the employee, appropriate PPE.

CMHA will investigate and document all instances in which an employee has declined the use of PPE in order to determine if practices can be established to prevent future occurrences.

Hypoallergenic gloves will be provided for employees who are allergic to the gloves normally issued.

CMHA will provide for the cleaning, laundering, or disposal of all required PPE.

Program Directors, managers, and supervisors are responsible for monitoring inventory in their departments and adjustment of normal delivery volume as rates of consumption change. In the event that usually high short-term use depletes local supplies, the supervisor will requisition urgent delivery from other departments.

Program Directors, managers, and/or supervisors shall insure that no employee, will at any time, have to choose between providing immediate attention to the client in an emergency without the benefit of protective equipment or waiting for appropriate equipment to be found.

Each employee is responsible for knowing of the location and inventory level of appropriate and properly sized protective equipment, and for advising Program Directors, supervisors, or managers if adequate supplies are not available to them for the duration of the shift.

Employees have an obligation to treat protective equipment in a manner that will prolong its use.

Incidence of possible exposure resulting from non-availability of appropriate PPE is a serious flaw in job performance for all involved.

PERSONAL PROTECTIVE EQUIPMENT KITS

A kit containing a variety of sizes and current PPE will be found at the locations listed. All employees are responsible to know the location, contents, and use of these PPE kits.

Required locations:

- Greenbush Home
- Lakeshore Home
- Ayer Street Home
- CMHA Main Office in Wakefield
- Agency vehicles that transport clients

Required items:

Latex gloves and vinyl gloves, barrier gowns, eye shields, face shields or mask, biohazard waste bag, Disinfectant/Antiseptic Wipes (for hand cleaning), CPR Micro shield (for mouth-to-mouth resuscitation).

GENERAL USE OF PERSONAL PROTECTIVE EQUIPMENT

All employees shall use appropriate PPE to the extent judged appropriate based on any possibility of contracting an infection from Bloodborne Pathogens at work.

Employees shall remove immediately, or as soon as feasible, any garment that is penetrated by blood or other potentially infectious material. All PPE shall be removed prior to leaving the work area and shall be placed in a designated container for storage, washing, decontamination, or disposal.

Each employee is responsible for inspecting protective equipment before use.

SPECIFIC USE OF PERSONAL PROTECTIVE EQUIPMENT

Masks, eye protection, and face shield combination shall 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 anticipated.

To properly apply eye protection:

1. Wash hands.
2. Apply eye protectors.
3. Glove.
4. Perform procedure.
5. Remove gloves.
6. Remove eye protectors.
7. Wash eye protectors with soap and water.
8. Wash hands.
9. Keep eye protectors in a convenient, clean, and dry area.

Employees shall wear gloves when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, and during vascular access procedure.

STANDARDS OF PRACTICE

Routine cleaning of equipment, work areas and surfaces.

1. Employees cleaning equipment, work areas, or work surfaces shall use PPE that insures there is no contact of potentially contaminated material with skin or personal clothing.
2. Clean large equipment, stationary or portable, with germicidal detergent, avoiding spatter or dripping. If dripping is reasonably anticipated, use a drop cloth under the equipment being cleaned.
3. Clean spills from around the equipment cleaning area immediately if they occur.
4. All cleaning materials and PPE shall be disposed of as hazardous waste or properly prepared for transport to the laundry area as potentially hazardous laundry.

5. Wash hands.

Cleaning of bins, pails, cans, and receptacles:

1. All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be emptied, inspected, and decontaminated daily.
2. All bins, pails, cans, and similar receptacles shall be emptied, cleaned, and decontaminated immediately or as soon as feasible under visible contamination.

Broken glassware: Broken glassware that may be contaminated shall not be picked up directly with hands. It shall be cleaned up using mechanical means and disposed of in puncture-resistant containers that are appropriately labeled.

TRASH AND INFECTIOUS WASTE

Infectious Waste: Infectious waste includes any material which poses a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise mismanaged. Although biological waste is the most likely to present a risk of exposure to healthcare workers, non-biological waste may become contaminated by infected body fluids and also pose a risk of infecting healthcare and support workers.

Biological Waste: Biological waste consists of blood, excretions, exudates, secretions, suctioning, and disposable medical supplies which have come in contact with these substances including but not limited to:

1. Medical waste - catheters, bandages and any disposable items used in the treatment of clients.
2. Laboratory waste - cultures, specimens, slides, blood, and tissue samples.
3. Potentially hazardous non-biological waste or trash – includes garbage waste from the preparation, cooking and serving of food in any area where biological waste may contaminate otherwise non-biological garbage or trash. Also included in this category is combustible (plastic, wood, or paper) and non-combustible (metal or glass) materials discarded from or in an area contaminated by contact with biological waste.

All biological waste and potentially hazardous non-biological waste including all disposable medical products are to be discarded into a double trash bag before being secured and placed in the outdoor waste receptacle.

Reference: Craig, Stericycle, 906-249-5246

STANDARDS OF PRACTICE

When working with trash or waste, Universal Precautions shall be taken as the first line of defense against occupational exposure to Bloodborne Pathogens. Therefore, at a minimum, all biological waste and any non-biological waste collected from locations in which medical procedures are performed, shall be considered infectious and handled accordingly:

1. **Gloves will be worn at all times when** gathering, containerizing, transporting, or destroying waste which has any chance of having been exposed to blood, other human fluids or tissue.
2. **Do not over fill containers** so that they cannot be easily and tightly closed without stretching the container.
3. **All containers or bags will be tightly closed or sealed** prior to being taken from the area in which the waste was created. Closed bags shall not be left in the area in which they were filled but shall be moved promptly to the outdoor waste receptacle.
4. **If the outside of any bag** which may contain biohazardous waste is observed to be punctured or damp from internal leakage, that container shall be placed into another qualified container by a gloved and gowned employee before it is moved or otherwise handled.
5. **A two-person method of double bagging** is preferred and shall be used if a second worker is reasonably available and properly dressed for handling potentially infectious material.
 - The partner should cuff the clean bag over his hands, opening it widely.
 - The person handling the defective or contaminated container should place it carefully into the second bag.
 - The clean bag is then closed securely by the partner holding the bag.

6. Spills from hazardous waste containers shall be cleaned up immediately. Blood spills require particular attention and shall be cleaned up immediately using 5.25% Sodium Hypochlorite (bleach) mixed 1 part to 10 parts water.
7. Immediately after containerizing potentially hazardous waste or handling filled waste containers, employees shall wash their hands in accordance with Universal Precautions and the handwashing standard described in this plan.

LAUNDRY HANDLING PRACTICES

In accordance with Universal Precautions and this Plan, all used linen, used protective body clothing, and uniforms or personal clothing soiled with blood or other potentially infectious material is considered contaminated and is to be handled as follows:

1. Used linen, protective body clothing, and uniforms or personal clothing soiled with blood or other potentially infectious material shall be removed at the workplace for laundering.
2. Used linen, protective body clothing, and other laundry will be containerized without being sorted or rinsed before it is moved from the location in which it has been used.
3. Soiled laundry shall be placed carefully into a non-absorbent leak-proof hamper or bag that is free of holes and tears.
4. Any employee handling soiled laundry shall wear protective gloves and a properly fitted gown that prevents contact between the soiled material and personal clothing.
5. Do not over fill the bag.
6. If the first bag becomes wet or could reasonably be expected to become wet before arriving at the laundry area, or if the integrity of the bag is compromised, it shall be placed in a second bag.
7. When the bag is filled, close it immediately for transport. A container is considered full and ready for closure when all of the soiled laundry in a location of use has been containerized. Filled bags will be left only in a location specifically designed for temporary storage.
8. Laundry or linen will be taken to the designated laundry area as soon as possible.
9. Linen is sorted only in the laundry area in accordance with Universal Precautions.
10. Linen will be washed and dried in accordance with the washing machine and dryer manufacturer guidelines and the laundry detergent/soap instructions.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Communication of the hazards associated with blood, blood products, or other potentially infectious materials is extremely important. CMHA provides such hazard information to employees through the use of labels and signs. CMHA also provides information and training programs that review the hazards associated with Bloodborne Pathogens.

Label Requirements:

Warning labels will be affixed to containers of regulated waste. Labels should also be affixed to containers used to store, transport, or ship blood or other potentially infectious material.

Labels must include the universal biohazard symbol and be fluorescent orange or orange-red, with lettering or symbols in a contrasting color. The figure on the front cover of this Plan depicts the universal biohazard symbol.

Labels are also required for equipment that has been contaminated with potentially infectious materials. Such labels will meet the requirements described in the previous paragraph.

Materials Exempt from Label Requirements:

Red bags or red containers may be substituted for labels. Containers of blood or blood products that are labeled as to their contents are exempt from these requirements.

Individual containers placed in a labeled container during storage, transport, shipment, or disposal are also exempted from the label requirements. Regulated waste that has been decontaminated need not be labeled or color-coded. However, it is prudent practice to label all containers holding potentially infectious materials with the contents and the hazards associated with the materials.

OCCUPATIONAL EXPOSURE TO HIV

CMHA has adopted the CDC guidelines for the new voluntary federal guidelines for employees occupationally exposed to HIV.

Under these guidelines, any employee that is exposed to an HIV-infected consumer may choose to receive post-exposure prophylaxis within the first 2 hours following exposure.

CMHA employees will report the exposure to their supervisor immediately following exposure. Following approval from the supervisor, the employee will be taken or sent to Aspirus Ironwood Hospital where they may receive treatment.

HEPATITIS B VACCINATIONS

Hepatitis B vaccinations are an important part of the Exposure Control Plan that has been instituted at CMHA. In keeping with this Agency's concerns for employee safety and the criteria that it must meet under the Bloodborne Pathogen Standard, CMHA has implemented the guidelines described in this section for the Hepatitis B vaccination program.

The Hepatitis B vaccine and vaccination series are available to **Category A** employees who have occupational exposures to potentially infectious materials. These vaccinations are provided at no cost to the employee and are provided under the direction of the CMHA physician. HBV antibody testing will be offered to employees who desire such testing before deciding whether or not to receive HBV vaccination. If any employee has previously received the complete HBV vaccination series, is found to be immune to HBV by virtue of antibody titer, or the vaccine is contraindicated for medical reasons (allergic to HBV vaccine serum), then CMHA is not required to provide the HBV vaccine.

OBTAINING HEPATITIS B VACCINATIONS

1. In accordance with the requirements of the standard, the Hepatitis B vaccination will be provided to employees after the appropriate information on the Hepatitis B virus is reviewed during the training program. Vaccinations are provided within ten (10) working days of initial assignment to all employees who have at risk occupational exposures. Vaccines are administered by a CMHA RN.
2. According to current CDC guidelines, CMHA will offer the antibody titer within 60 days of the last vaccine in the series at no expense to the employee. If the employee is a non-responder, CMHA will offer the series of 3 again, following the above guidelines for repeat titer. If the titer indicates a non-responder, CMHA will follow current CDC guidelines.
3. A new employee may request a Hepatitis B antibody titer prior to determining if they want the Hepatitis B series or not. This will be at no cost to the employee.

EXEMPTIONS TO THE HEPATITIS B VACCINATION PROGRAM

Employees who have already completed the Hepatitis B vaccination series are exempt from the Agency's vaccination requirements.

Employees for whom antibody testing has revealed immunity to the Hepatitis B virus or for whom vaccination is contraindicated for medical reasons, are also exempt from the vaccination requirement.

EMPLOYEES WHO DECLINE THE HEPATITIS B VACCINATION SERIES

Reference the Hepatitis B Immunization Consent/Refusal form, exhibit to policy 04-04-04.

POST EXPOSURE EVALUATION AND FOLLOW-UP

1. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to their immediate supervisor.
2. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.
3. Exposures are discussed at Safety & Risk Management Committee meetings.

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

CMHA shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

1. Authority for Treatment form.
2. Results of the source individuals blood testing, if available.

MEDICAL RECORDKEEPING

CMHA maintains accurate medical records (in accordance with 29 CFR 1910.20) for employees with occupational exposures. These records include:

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 Hepatitis B vaccinations and any medical records related to the employee's ability to receive such vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A copy of the healthcare professional's written opinion.
5. A copy of the exposure information supplied to the healthcare professional.

These medical records will be kept confidential and will not be disclosed without the employee's express written consent to any person within or outside the workplace (except as may be required by law). The CMHA HR Coordinator maintains these records for the duration of an employee's employment plus 30 years thereafter.

PROCEDURES FOR HANDLING EMPLOYEE MEDICAL RECORDS

The HR Coordinator is responsible for maintaining the confidentiality of employee medical records associated with any potential or actual exposure to Bloodborne Pathogens incident. This responsibility includes the physical and administrative safeguards necessary for such protection.

At the employee's request, actual records of examinations and other required post-exposure incident information may be retained by the examining physician, including the employee's personal physician, provided an inventory of the records held is signed by the physician and retained in the individual's medical records.

Only the above stated agent or the specifically designated alternate has authority to release any employee medical records related to potential or actual incidents of exposure to Bloodborne Pathogens regardless of circumstance, including when the release is authorized in writing by the subject employee or when required under OSHA Rule or by law.

Employee medical records are confidential and shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace.

Exception being:

1. Delivery to the Assistant Secretary (OSHA) or the Director (NIOSH) if requested and as required by OSHA Rules governing Occupational Exposure to Bloodborne Pathogens in accordance with 29 CFR 1910.20.

2. As required by any known local or state laws that may require disclosure without employee consent.

In the event of the possibility of an inadvertent or unauthorized disclosure, the authorized agent shall be notified immediately upon its discovery.

The agent responsible for maintaining employee health records shall make records available for examination and copying upon request to the subject employee, to anyone proving that they have written consent of the subject employee, or to the Assistant Secretary (OSHA) and the Director (NIOSH) in accordance with 29 CFR 1910.20. The employer shall comply with the requirements involving transfer of records as set forth in 29 CFR 1910.20(h).

BLOODBORNE PATHOGENS TRAINING

The training programs offered by CMHA include the following:

1. All new employees will receive Bloodborne Pathogens training on-line via myLearningPointe; the training is reassigned annually to all staff.
2. Information on the Hepatitis B vaccine.
3. Information on emergency incident reporting procedures and medical evaluations which will be made available.
4. Information on post-exposure evaluations and vaccinations that are provided after an exposure incident is reported.
5. Explanation of the BBP Exposure Control Plan available electronically via the intranet.
- 6.

Employees should contact their supervisor or the agency RN if they have any questions concerning these training subjects or when they feel they need additional training.

BLOODBORNE PATHOGENS TRAINING RECORDS

The Training Coordinator will assign BBP training via myLearningPointe (mLP). Upon successful completion of the on-line course, the course is then listed on the employee's electronic training transcript, maintained and available via mLP.

Original individual training records shall be retained in accordance with the agency retention schedule. Individual training records of BBP Training are releasable and can be transferred as required and regulated by 29 CFR.1910.

All employees shall receive an overview of risks associated with Bloodborne Pathogens as a part of new employee orientation and not less than annually.

AVAILABILITY

Training records shall be maintained. The following information shall be documented:

1. All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.
2. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

GLOSSARY

The following is a summary of important terms which can be found in the OSHA Bloodborne Pathogen Standard and reference materials that are provided to employees as part of this Agency's information and training programs.

- ☐ **ANTIBODY:** A molecule made by lymph tissue that defends the body against bacteria, viruses, or other bodies. Also called immunoglobulins.
- ☐ **ANTIGEN:** A substance foreign to the body that causes the body to produce antibodies.
- ☐ **ASSISTANT SECRETARY:** The Assistant Secretary of Labor for Occupational/Safety and Health or a designated representative

- ❑ BACTERIA: A one-celled microorganism that can cause infection.
- ❑ BLOOD: Human blood, human blood components, and products made of human blood.
- ❑ BLOODBORNE PATHOGENS: Pathogenic microorganisms present in human blood that can cause disease.
- ❑ CHAIN OF INFECTION: The sequence of events that must occur for an infection to spread.
- ❑ CLINICAL LABORATORY: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- ❑ COMMUNICABLE: Capable of being transmitted from person to person.
- ❑ COMMUNICABLE DISEASE: Any disease carried from one person or animal to another by direct or indirect contact.
- ❑ CONTAMINATED: Presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- ❑ CONTAMINATED LAUNDRY: Laundry that has been soiled with blood or other potentially infectious materials on an item or surface.
- ❑ CONTAMINATED SHARPS: Any contaminated objects that can penetrate skin.
- ❑ DECONTAMINATION: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point they are no longer capable of transmitting disease.
- ❑ DIRECTOR: Director of the National Institute of Occupational Health and Safety, US Dept. of Health and Human Services, or designated representative.
- ❑ DISEASE: A condition of abnormal function involving any structure, part, or system of an organism that may or may not stem from an infection.
- ❑ ENGINEERING CONTROLS: Controls that isolate or remove bloodborne pathogens from the workplace.
- ❑ EXPOSURE INCIDENT: Specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that result from the performance of the employee's duties.
- ❑ FUNGUS: A parasitic plant that lacks chlorophyll.
- ❑ HAND-WASHING FACILITIES: A facility providing an adequate supply running potable water, soap, and single use towels or hot air-drying machines.
- ❑ HBV: Hepatitis B virus.
- ❑ HCV: Hepatitis C virus.
- ❑ HIV: Human immunodeficiency virus.
- ❑ HOST: Person who becomes diseased by being infected by bacteria, viruses, or fungi.
- ❑ INFECTION: The invasion of the body and organisms reproduce and cause disease.
- ❑ INFECTIOUS AGENT: An organism responsible for a disease.
- ❑ LICENSED HEALTHCARE PROFESSIONALS: Persons whose legally permitted scope of practices allows them to perform Hepatitis B vaccinations, post-exposure evaluations, and medical follow-ups.

- ☐ **MODE OF TRANSMISSION:** The way in which organisms are carried from reservoirs to hosts.
- ☐ **OCCUPATIONAL EXPOSURE:** Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties.
- ☐ **OTHER POTENTIALLY INFECTIOUS MATERIALS:** These materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures. **Potentially infectious materials also include:** anybody fluid visibly contaminated with blood. All body fluids in situations where it is difficult to differentiate between body fluids. Other potentially infectious materials also include unfixed tissue or organs (other than intact skin) from a human (living or dead). HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; blood, organs, or other tissue from experimental animals infected with HIV or HBV.
- ☐ **PARENTERAL:** The action of piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- ☐ **PERSONAL PROTECTIVE EQUIPMENT:** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- ☐ **PRODUCTION FACILITY:** A facility engaged in industrial-scale, large-volume or high concentration production of Human Immunodeficiency Virus or Hepatitis B Virus.
- ☐ **REGULATED WASTE:** Liquid or semi-liquid blood or other potentially infectious materials and contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Regulated wastes also include items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials.
- ☐ **RESEARCH LABORATORY:** Laboratory producing or using research laboratory scale amounts of Human Immunodeficiency Virus or Hepatitis B Virus.
- ☐ **RESERVOIR:** A place where organisms can survive and multiply without necessarily causing or exhibiting disease in a potential host population.
- ☐ **ROUTE OF ENTRY:** The way in which an organism enters a host.
- ☐ **SOURCE INDIVIDUAL:** Any individual, living or dead, whose blood or other potentially infectious fluids may be a source of occupational exposure to the employee.
- ☐ **STERILIZE:** The use of physical or chemical procedures to destroy all microbial life.
- ☐ **UNIVERSAL PRECAUTIONS:** An infection control approach in which all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus, Hepatitis B Virus and other bloodborne pathogens.
- ☐ **VIRUS:** Extremely small microorganisms that can only grow in the cells of other organisms.