

## **OSHA BLOODBORNE PATHOGENS POLICY AND EXPOSURE CONTROL PLAN**

### **POLICY**

The Practice is committed to providing a safe and healthy work environment for our entire staff. 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 ECP is a key document to assist our organization 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
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

### **PROGRAM ADMINISTRATION**

The OSHA Compliance Officer is responsible for implementation of the ECP. The OSHA Compliance Officer will maintain, review, 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 infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The OSHA Compliance Officer will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The OSHA Compliance Officer will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The OSHA Compliance Officer 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 OSHA Compliance Officer will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

- Maintain sharps disposal containers
- Sharps with engineered sharps injury protections (SESIP), Needleless systems

Sharps disposal containers are inspected and maintained or replaced by the OSHA Compliance Officer (or his or her designee) on a weekly basis or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through review of podiatric/medical literature, discussions with other health care providers, information from consultants/vendors, and employee interviews.

We evaluate new procedures and new products regularly by reviewing literature, supplier information, products, and information from tradeshow and consultants.

Both front-line workers and management officials are involved in this process in the following manner: we have periodic discussions within the office and an annual sharps discussion meeting where we solicit the feedback of all front line workers in ways to make the sharps process safer and to reduce our overall risk of bloodborne pathogens.

The OSHA Compliance Officer is responsible for ensuring that these recommendations are implemented.

#### **Personal Protective Equipment (PPE)**

Examples of PPE include: gloves, gowns, laboratory coats, face shields, face masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices, as necessary. PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the OSHA Compliance Officer.

The types of PPE available to employees are as follows: gloves, eye protection, gowns/scrubs, and facemasks.

The type of PPE needed should be determined based on the task and the degree of anticipated exposure.

- **Gloves:** Shall be worn if employees may have hand contact with blood or OPIM, when performing vascular access procedures, or when handling or touching contaminated items or surfaces.
- **Masks, Eye Protection, and Face Shields:** Shall be worn whenever any eye, nose, or mouth contamination can be reasonably anticipated from spray or droplets of OPIM.
- **Gowns, Aprons, and Other Protective Body Clothing:** Shall be worn in occupational exposure situations.
- **Other:** As indicated.

PPE is located within each patient room and in the supply closet/cabinet and may be obtained on a self-service basis. It is our goal to make these items as readily accessible as possible. Please notify the OSHA Compliance Officer if you notice the stock running low of a certain item. The OSHA Compliance Officer, however, is ultimately responsible for ensuring that we stay adequately stocked in appropriate levels of the appropriate types of PPE. The OSHA Compliance officer will take a periodic inventory, no less than weekly, to ensure that we have adequate stocks of PPE and that they are readily available.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in regulated waste containers.
- Used PPE requiring laundering shall be deposited: Laundry room..
- Used PPE requiring decontamination shall be: n/a.
- Wear appropriate gloves when it is 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 or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- 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.

The procedure for handling used PPE is as follows:

- Disposable Items: dispose of the PPE in regulated waste containers in the office for proper disposal. Do not use regular waste containers.
- Non-disposable Items: These items must be disinfected in an approved manner, using the appropriate disinfectant solution and methods. Appropriate PPE (including gloves and goggles) must be worn while disinfecting the soiled PPE. For questions about specific items, contact the OSHA Compliance Officer and consult the cleaning instructions on the item in question.

### Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: Turn them over to a contracted medical waste firm for appropriate disposal.

The procedure for handling other regulated waste is: Throw in dumpster.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in each exam room and lab where sharps are used.

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

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

For cleaning/decontaminating OPIM, the Practice uses EPA registered tuberculocidal disinfectants, or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water. Quaternary ammonium products are appropriate for use in general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces.

### **Laundry**

The following contaminated articles will be laundered by this company: None - we use disposable PPE and supplies..

Laundering will be performed/managed by the OSHA Compliance Officer on a regular basis, as needed, in a manner that is consistent with this ECP. According to OSHA standards, employees are NOT permitted to take protective equipment home and launder it. It is the responsibility of the Practice to provide, launder, repair, replace, and dispose of PPE.

The following laundering requirements must be met:

- handle contaminated laundry as little as possible, with minimal agitation.
- place wet, contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use either red bags or bags marked with the biohazard symbol for this purpose. If leaking is a continuing concern, the bags should be double-bagged.
- wear the following PPE when handling and/or sorting contaminated laundry: gloves, gowns, and masks.

### **Labels**

The following labeling methods are used in this facility:

#### Equipment to be Labeled

#### Specimens

Refrigerators and freezers containing blood or OPIM

Other containers used to store, transport, or ship blood or OPIM

Contaminated laundry

Sharps containers

Regulated waste containers

#### Label Type (size, color)

biohazard label

biohazard label

biohazard label

red bag or biohazard label

biohazard label

red bag or biohazard label

The OSHA Compliance Officer 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 The OSHA Compliance Officer if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

### **HEPATITIS B VACCINATION**

The OSHA Compliance Officer will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination 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 evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. (See Appendix A in this section.) Employees 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 file.

Vaccination will be provided by a local health care provider that is agreed upon by the employee and the OSHA Compliance Officer. Contact the OSHA Compliance Officer for the current list of providers in our area.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

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

Should an exposure incident occur, immediately contact the OSHA Compliance Officer.

An immediately available confidential medical evaluation and follow-up will be conducted by the health care professional of the employee's choosing. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. Some states allow for deemed consent if proper procedures are followed. Check with your State occupational health department. Document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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

The OSHA Compliance Officer ensures that the health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The OSHA Compliance Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following (See Appendix B in this section):

- 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 OSHA Compliance Officer provides the employee with 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

The OSHA Compliance Officer 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 (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

These findings should be documented. (See Appendix C in this section).

The OSHA Compliance Officer will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. (See Appendix D in this section).

If revisions to this ECP are necessary, the OSHA Compliance Officer will ensure that appropriate changes are made. Examples of possible 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 bloodborne pathogens receive initial and annual training conducted by The OSHA Compliance Officer, who uses various instructors and materials prepared by experts in the field of bloodborne pathogens. For each course, the credentials of the program will be reviewed by the OSHA Compliance Officer to ensure that the training program is a quality program.

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

- a copy and explanation of the OSHA bloodborne pathogen 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
  - an 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 from the OSHA Compliance Manager.

### RECORDKEEPING

#### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in each employee's file.

The training records 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
- the names and job titles of all persons attending the training sessions

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 the OSHA Compliance Officer.

#### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The OSHA Compliance Officer is responsible for maintenance of the required medical records. These confidential records are kept in the employee's file 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 requests should be sent to the OSHA Compliance Officer.

**OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by The OSHA Compliance Officer.

**Sharps Injury Log**

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

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is 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 requested by anyone, it must have any personal identifiers removed from the report.

**END OF POLICY DOCUMENT, SEE EXHIBITS ON FOLLOWING PAGES**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND THAT I AGREE TO COMPLY WITH THESE GUIDELINES:**

**Please sign on Last page.**

*Continued Next Page*



**YOU MUST CHOOSE TO ACCEPT OR DECLINE THIS VACCINATION, AND ARE REQUIRED BY LAW TO SIGN ONE OF THE TWO STATEMENTS BELOW**

**HEPATITIS B VACCINE ACCEPTANCE**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I have been given a copy of the CDC's two page "What You Need To Know" brochure about the Hepatitis B Vaccine, and have read and understood it. I have been given ample opportunity to do additional research of my own choosing.

I would like to get the hepatitis B vaccination at this time. I will work with the OSHA Compliance Officer to arrange for the vaccination, and any follow-up appointments.

Signed: (Employee Name) \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**HEPATITIS B VACCINE DECLINATION (MANDATORY, IF DECLINED)**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I have been given a copy of the CDC's two page "What You Need To Know" brochure about the Hepatitis B Vaccine, and have read and understood it. I have been given ample opportunity to do additional research of my own choosing.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX B

**EXPOSURE INCIDENT REPORTING FORM (CONFIDENTIAL)**

*Note: This form is extremely confidential. Please treat this form, and the information it contains, with the highest levels of confidentiality. IMMEDIATELY PROVIDE FIRST AID TO THE EXPOSED PERSON.*

Office: \_\_\_\_\_ Date/Time of Exposure: \_\_\_\_\_

Name of Exposed Person: \_\_\_\_\_

Relationship of Exposed Person to this practice:  employee,  patient,  vendor,  
 Other \_\_\_\_\_

If an employee, description of the employee's job duties relevant to the exposure incident: \_\_\_\_\_  
\_\_\_\_\_

Document route of exposure and how exposure occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the identity of the source individual known:  Yes  No. If yes, fill in data below:

Name of source individual: \_\_\_\_\_

Address of source individual: \_\_\_\_\_  
\_\_\_\_\_

Phone of source individual: \_\_\_\_\_

Is the source individual already known to be HIV, HCV and/or HBV positive:  Yes  No. If no:

Has source individual given informed consent to be tested:  Yes  No

*If yes, attach their signed consent. If no, contact local attorney to determine your options under State and Federal law. There are generally few ways to compel consent.*

Document date that exposed person is provided with test results of source individual: \_\_\_\_\_  
*Confirm that exposed person has been notified about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality)*

Was exposed person given access to a competent health care provider (at the Practice's expense) for examination after the exposure incident:  Yes  No. If no, why? \_\_\_\_\_

Name of health care provider/clinic: \_\_\_\_\_

Address of health care provider: \_\_\_\_\_

Phone of health care provider: \_\_\_\_\_ Date of 1<sup>st</sup> visit: \_\_\_\_\_

**A COPY OF THIS FORM, OUR BBP POLICY, EXPOSED PERSON'S VACCINATION RECORDS, AND THE SOURCE PERSON'S BLOOD TEST, IF MUST BE GIVEN TO THE HEALTH CARE PROVIDER**

Did exposed person give written consent to have their blood collected:  Yes  No.

Did exposed person give written consent to have their blood tested for HBV and HIV:  Yes  No.

*If yes, attach consent forms to this form. If no, we are obligated to preserve the baseline blood sample (if any) for at least 90 days. If the exposed employee elects to have the baseline blood sample tested during this waiting period, we will have the testing performed as soon as feasible.*

Signature of OSHA Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX C

EXPOSURE INCIDENT FOLLOW UP FORM (CONFIDENTIAL)

*Note: This form is extremely confidential. Please treat this form, and the information it contains, with the highest levels of confidentiality. It should be read in conjunction with the EXPOSURE INCIDENT REPORTING FORM relating to this same exposure.*

Office: \_\_\_\_\_ Date/Time of Exposure: \_\_\_\_\_

Name of Exposed Person: \_\_\_\_\_

Relationship of Exposed Person to this practice:  employee,  patient,  vendor,

Other \_\_\_\_\_

Was the exposed person (i.e. employee) provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation:  Yes  No. If no, why not?: \_\_\_\_\_

\_\_\_\_\_

Exact location of incident (i.e. patient room): \_\_\_\_\_

Procedure being performed when the incident occurred: \_\_\_\_\_

\_\_\_\_\_

If sharps involved, description of device being used (including type and brand): \_\_\_\_\_

\_\_\_\_\_

If sharps involved, document date this incident is listed on Sharps Injury Log: \_\_\_\_\_

\_\_\_\_\_

Description of protective equipment or clothing used at time of the exposure (i.e. gloves, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of engineering controls in place at the time of the exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of work practices followed at the time of the exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and description of exposed employee's last safety training in BBP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date this incident was also documented in the regular injury report at PDPM 09.02: \_\_\_\_\_

*Include on this regular injury report the feedback about how to avoid this problem in the future, which needs to be included in the Quality Improvement Program and the next BPP Committee Meeting.*

Signature of OSHA Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX D**

**SHARPS INJURY LOG**

To be filled out by OSHA Compliance Officer. If a copy is authorized to be distributed for an allowed reason, the data in the first column must be blacked out.

LAST 4 DIGITS OF EMPLOYEE'S SSN	DATE AND TIME OF INJURY	TYPE AND BRAND OF DEVICE INVOLVED (SYRINGE, SUTURE NEEDLE, ETC.)	WORK AREA WHERE INCIDENT OCCURRED	EXPLANATION OF HOW THE INCIDENT OCCURRED