CATAWBA COUNTY
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

Date of Preparation/Update: _____

Annual Review Dates: _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

County/Facility BBP Coordinator: _____

Department Head/Director: _____

Revised June 2002

BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN

A. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;

2. Comply with the OSHA Bloodborne Pathogens Standard,1910.1030 and the Needlestick Safety and Prevention Act.

B. EXPOSURE DETERMINATION

An exposure determination of each department has been completed to identify which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (PPE) since employees are considered to be exposed even if they wear personal protective equipment.

Appendix (A) includes a listing of job classifications in each department or facility in which all employees within the identified job classification may be expected to incur such occupational exposure, regardless of frequency.

In addition, it also includes a separate listing of job classifications within this department/facility in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposures are also to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure.

C. IMPLEMENTATION SCHEDULE AND METHODOLOGY

A schedule and method of implementation for the various requirements of the OSHA BBP Standard applicable to each department/facility, must be developed by each applicable department/ facility and submitted to Risk Management for record keeping.

1. Compliance Methods:

   Universal precautions will be observed throughout the County in order to prevent contact with blood or other potentially infectious materials.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needle-less devices, shielded needle devices, and plastic capillary tubes. Medical devices with engineered sharps injury protections and needle-less systems constitute an effective engineering control and must be used where feasible.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. These controls will be examined and maintained on a regular schedule according to departmental guidelines.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are to be readily accessible after incurring exposure. If there is a case where a hand washing facility is not accessible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes is to be provided. If this alternative is used, then the employee is to wash their hands with soap and running water as soon as possible after the occupational exposure. The location(s) of the nearest hand washing facility should be readily available to employees that are using the alternative method.

Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

2. Annual Review Exposure Control Plan

An annual review and update will be conducted to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Medical devices with engineered sharps injury protections and needle-less systems constitute an effective engineering control and will be considered during our review. These devices will be used where feasible to ensure employee safety. Refer to Appendix (D).

This review will:

- Take into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks); and

- Document consideration and use of appropriate, commercially available, and effective safer devices (e.g. describe the devices identified as candidates for use, the methods(s) used to evaluate those devices and justification for the eventual selection).

Since no one medical device is considered appropriate or effective for all circumstances, we will select devices that, based on reasonable judgment;

- Will not jeopardize client or employee safety or be medically inadvisable; and

- Will make an exposure incident involving a contaminated sharp less likely to occur.

(During annual review of devices, each department/facility must inquire about new or prospective safer options and document this fact in their written Exposure Control Plan. This would include, but would not be limited to, newly available medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Consideration and implementation of safer medical devices shall be documented in the Exposure Control Plan by describing the safer devices identified as candidates for adoption; the method or methods used to evaluate devices and the results of evaluations; and justification for selection decisions. This information must be updated at least annually.

The revised Exposure Control Plan must implement the safer medical devices that are appropriate, commercially available, and effective. No one medical device is appropriate in all departments/facilities and all circumstances. For purposes of this standard, an "appropriate" safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

Although new devices are being continually introduced a safer device may not be available for every situation.

For purposes of this standard, an "effective" safer medical device is a device that, based on reasonable judgment, will make an exposure incident involving a contaminated sharp less likely to occur in the application in which it is used.

If no engineering control is available, work practice controls shall be used and, if occupational exposure still remains, personal protective equipment must also be used.)

Employee Input

Input will be solicited from non-managerial employees responsible for direct patient care in each facility/department regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices. Employees selected will be identified in each specific BBP Plan.

The employees providing input will represent the range of exposure situations encountered in the workplace, such as those in the health department, mental health, substance abuse, or EMS, along with others involved in direct care of patients. Specific procedures for obtaining employee input are prescribed in each facility. This provides the employer with flexibility to solicit employee input in any manner appropriate to the circumstances of the workplace. Each department will take reasonable steps to obtain employee input in the identification, evaluation, and selection of controls. Methods for soliciting employee input may include involvement in informal problem-solving groups; participation in safety audits, worksite inspections, or exposure incident investigations; participation in analysis of exposure incident data or in job or process hazard analysis; participation in the evaluation of devices through pilot testing.)

Documentation of Employee Input

Each department/facility is required to document how they received input from employees. This obligation shall be met by:

- Listing the employees involved and describing the process by which input was requested; or

- Presenting other documentation, including references to the minutes of meetings, copies of documents used to request employee participation, or records of responses received from employees.

3. Engineered Sharps & Needle-less Systems

Sharps with Engineered Sharps Injury Protections

Non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other

fluids, or other procedures involving the risk of sharps injury will be used where feasible. During our annual review, these devices will be discussed, reviewed as to their effectiveness with our procedures, and used where feasible. This covers a broad array of devices, including:

- Syringes with a sliding sheath that shields the attached needle after use;
- Needles that retract into a syringe after use;
- Shielded or retracting catheters
- Intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.

(Safety equipment must be available at all times. Each department/facility would then be responsible to implement the chosen control(s) as soon as it becomes available and adjust their exposure control plan to illustrate such. In the meantime, work practice controls must be used and, if occupational exposure still remains, personal protective equipment must also be used.)

Needle-less Systems

Needle-less systems is defined as devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. During our annual review, these devices will be discussed, reviewed as to their effectiveness with our procedures, and used where feasible. Types of needle-less systems include:

- IV medication systems which administer medication or fluids through a catheter port using non-needle connections; and
- Jet injection systems, which deliver liquid medication beneath the skin or through a muscle.

4. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken.

5. Containers for REUSABLE Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible after use, into appropriate sharps containers. At this

facility, the sharps containers are to be puncture resistant, labeled with a biohazard label, and are to be leak resistant.

6. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Any specimens, which can puncture a primary container, will be placed within a secondary container, which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

7. Contaminated Equipment

Supervisors are responsible for ensuring that equipment that has become contaminated with blood or other potentially infectious materials are examined prior to servicing or shipping and are decontaminated as necessary unless the decontamination of the equipment is not feasible.

8. Personal Protective Equipment

PPE Provision:

Supervisors are responsible for ensuring that required PPE is available within their respective work sites.

All personal protective equipment used at this facility will be provided without cost to employees.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or

reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

PPE Use:

Supervisors shall ensure and enforce employee use of appropriate PPE..

PPE Accessibility:

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to the employees. The employer makes all repairs and replacements with no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves:

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at any facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Eye and Face Protection:

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to

be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Additional PPE Protection:

Additional protective clothing (such as chemical/splash resistant coveralls/ coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated.

9. Housekeeping

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Dustpans and hand-brooms or forceps/tongues are to be used.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

10. Regulated Waste Disposal

Disposable Sharps:

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries).

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Other Regulated Waste:

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste shall be in accordance with applicable State, and local regulations.

11. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color-coded red) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

Whenever Universal Precautions are used in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated), no labeling or color-coding is necessary as long as all employees recognize the hazards associated with the handling of this material.

Departmental polices will identify.

Whenever contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry,

contaminated laundry must be placed in bags or containers which are labeled or color-coded.

12. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up

General:

The County/Department will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The County/department will ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post exposure follow-up (including prophylaxis), are:

a. Made available at no cost to employee;

b. Made available to the employee at a reasonable time and place;

c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

d. Provided according to the recommendations of the U.S. Public Health Service.

An accredited laboratory at no cost to the employee shall conduct all laboratory tests.

Hepatitis B Vaccination:

The Risk Manager is in charge of the Hepatitis B vaccination program. The Occupational Health Center or other identified facility will administer vaccinations.

Hepatitis B vaccination will be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

Each employee who declines the Hepatitis B vaccination offered shall sign a waiver indicating his or her refusal. Appendix (B) includes the OSHA declination statement to be used for this purpose.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, the County at no cost shall make such booster doses available to the employee.

Post-Exposure Evaluation and Follow-up:

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Risk Manager/Department Supervisor for investigation.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;

b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state of local law.

c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, Occupational Health shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.

d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

b. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status, as indicated on consent.

Each employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The County's Occupational Health Department will perform all post exposure follow-ups or other identified healthcare provider.

Information Provided to the Healthcare Professional;

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

a. Written documentation of the route of exposure and circumstances under which exposure occurred;

b. Results of the source individual's blood testing, if available; and

c. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion:

Occupational Health Center shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

a. A statement that the employee has been informed of the results of the evaluation; and

b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

13. Labels and Signs

Supervisors shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

14. Information and Training

The Department Head/Supervisor/Training Officer shall ensure that training is provided to each employee at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift.

The training will be interactive and cover the following:

a. A copy of the standard and an explanation of it's contents.

b. A discussion of the epidemiology and symptoms of bloodborne diseases;

c. An explanation of the modes of transmission of bloodborne pathogens.

d. An explanation of the Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.

e. The recognition of tasks that may involve exposure.

f. An explanation of the use and limitations of methods to reduce exposure, (i.e. engineering controls, work practices and personal protective equipment)

g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE

h. An explanation of the basis of selection of PPE

i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.

l. Information on the evaluation and follow-up required after an employee exposure incident.

m. An explanation of the signs, labels, and colors coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Employees who have received bloodborne pathogens training within the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that have not already been covered.

15. Recordkeeping

Medical Record:

The County Risk Management Department is responsible for maintaining medical records as indicated below. These records will be secured in the County Risk Management/Personnel Department Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be secured and maintained apart from personnel records, kept confidential, and maintained for at least the duration of employment plus 30 years. The records shall include the following:

a. The name and social security number of the employee.

b. A copy of the employee's HBV vaccination status, including the dates of vaccination.

c. A copy of all results of examinations, medical testing, and follow-up procedures.

d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training Records:

The County/Risk Management is responsible for maintaining training records. These records will be kept at the Personnel Department or other secure location.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

a. The dates of the training sessions.

b. An outline describing the material presented.

c. The names and qualifications of persons conducting the training.

d. The names and job titles of all personnel attending the training sessions.

Sharps Injury Log

The Sharps Injury log will be maintained in a manner that protects the privacy of our employees. Every sharps injury will be noted on the Sharps Injury Log ASAP after the injury has been reported. The sharps injury log must be maintained for the period required by 29 CFR 1094 (5 years). Refer to Appendix (C).

All Sharps Injuries will be investigated by the supervisor for accident cause(s) and corrective action. The corrective action will be noted on a Supervisor's Accident Investigation Report form or other tracking methods. At a minimum, the log will contain the following:

- The type and brand of device involved in the incident;
- Location of the incident (e.g., department or work area);
- Description of the incident

Availability of Records:

All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020.

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA) and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

Transfer of Records:

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

16. Evaluation and Review

The Risk Manager and a designated department representative is responsible for annual review of this program, and its effectiveness, and for updating the written program and attachments as needed.

17. Dates

All provisions required by this standard will be implemented immediately upon approval and implementation of the written program.

18. Outside Contractors

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, written standards operating procedures are to be established for situations involving the use of outside contractors by the County. A copy of these standard operating procedures is to be attached to this document.

APPENDIX (A)

EXPOSURE DETERMINATION

Department/Facility: _____ Date:_____

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category.

In addition, OSHA requires a listing of job classifications in which **some** employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

APPENDIX (B)

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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. However, I decline the 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.

Signature: _____

Date: _____

APPENDIX (C)

SHARPS INJURY LOG

Date	Brand/Type of Device	Accident Location	Description of the Incident/Injury

APPENDIX (D)

ANNUAL LOG
Consideration & Implementation of Engineering Controls

Date	Devices Discussed	Comments
Log and brief comments of attendees:		

Note: Consideration and implementation of appropriate engineering controls, and the solicitation of non-managerial healthcare workers in evaluating and choosing devices must be conducted annually.