POLICY
Bloodborne Pathogen Exposure Control Plan

This Policy is Applicable to the following Spectrum Health sites:
Continuing Care (CHW), Corewell Health Beaumont Grosse Pointe Hospital, Corewell Health Beaumont Troy Hospital, Corewell Health Big Rapids Hospital, Corewell Health Dearborn Hospital, Corewell Health Farmington Hills Hospital, Corewell Health Gerber Hospital, Corewell Health Grand Rapids Hospitals (Blodgett Hospital, Butterworth Hospital, Helen DeVos Children's Hospital), Corewell Health Greenville Hospital, Corewell Health Ludington Hospital, Corewell Health Medical Group East, Corewell Health Medical Group West, Corewell Health Pennock Hospital, Corewell Health Reed City Hospital, Corewell Health South (Niles, St. Joseph, and Watervliet Hospitals; Corewell Health Medical Group South; Applicable Corewell Health South Regional Sites), Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital, Corewell Health William Beaumont University Hospital (Royal Oak), Corewell Health Zeeland Hospital, Outpatient/Physician Practices (CHW)

Applicability Limited to: N/A

Reference #: 11975

Version#: 6

Effective Date: 07/21/2024

Functional Area: Clinical Operations, Infection Prevention

Department Area: All RNCs (All Spectrum Health Rehab and Skilled Nursing Facilities), Ambulatory, Infection Prevention

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1. Purpose

To outline the process for minimizing the risk of exposure to bloodborne pathogens by providing training, resources, engineering controls and personal protective equipment (PPE) and to promote safe work practices and reduce hazards in the workplace.

2. Definitions

2.1. **Bloodborne pathogens (BBP) -** Pathogenic microorganisms that are present in human blood that can infect and cause disease in persons who are exposed to blood containing these pathogens. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS).

2.2. **Contaminated -** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

2.3. **Contaminated laundry -** Laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

2.4. **Contaminated sharps -** Any object contaminated with blood or other potentially infectious material that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken vacuum tubes, and other sharp objects.

2.5. **Decontamination -** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point at which they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

2.6. **Engineering controls -** Controls that isolate, minimize, or remove a workplace hazard. Include "Sharps with Engineered Sharps Injury Protection" and "Needleless Systems".

2.7. **Exposure incident -** A specific exposure to the eye, mouth, other mucous membrane, non-intact skin, or parenteral exposure to blood or other potentially infectious materials that results from the performance of a team members' duties.

2.8. **Occupational Exposure -** As defined by the Occupational Safety and Health Administration (OSHA), occupational exposure refers to the reasonable anticipation of skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (e.g., any body fluid that is visibly contaminated with blood) that may result from the performance of personnel duties.

2.9. **Occupational Safety and Health Administration (OSHA) -** A federal agency that is part of the Department of Labor. OSHA's Bloodborne Pathogen Standards prescribe safeguards to protect healthcare workers and patients against health hazards caused by bloodborne pathogens, imposing federal requirements on employers whose personnel can reasonably anticipate contact with blood or other potentially infectious materials. The requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment, housekeeping, laboratories, hepatitis B vaccination, post-exposure follow-up, hazard communication and training, and record-keeping.

2.10. **Other potentially infectious material/fluids (OPIM) -** Fluid containing visible blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids; or tissue.

2.11. **Other infection prevention measures -** All other care practices that encourage cleanliness and reduce risk of transmission of infectious diseases.

2.12. **Parenteral** - Piercing mucous membranes or the skin barrier via needle stick, human bites, cuts, or abrasions.

2.13. **Percutaneous** - Blood/body fluid contact with non-intact skin (exposed skin that is chapped, abraded, or afflicted with dermatitis).

2.14. **Permucosal -** Splash of blood or body fluid into an eye or other mucous membrane.

2.15. **Personal protective equipment (PPE) -** Specialized clothing or equipment worn by an individual to protect him or her from a hazard.

2.16. **Regulated waste -** Any one of the following:

2.16.1. Liquid or semi-liquid blood or other potentially infectious materials.

2.16.2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
2.16.3. Items caked with dried blood or other potentially infectious materials which are capable of releasing these materials during handling.
2.16.4. Contaminated sharps
2.16.5. Pathological and microbiological waste containing blood or other potentially infectious materials.
2.16.6. Anything with a biohazard label is assumed infectious even though not grossly saturated with blood and body fluids and must be disposed of as regulated medical waste in a red biohazard bin.

2.17. **Source patient -** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the team member.

2.18. **Standard Precautions -** A method of infection control in which blood; all body fluids except sweat regardless of whether they contain visible blood; non-intact skin; and mucous membranes are treated as a potential source for transmission of infectious agents.

2.19. **Team member -** Persons whose activities involve contact with patients, or with blood/other body fluids from patients in any healthcare setting.

2.20. **Work-practice controls -** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique, performing procedures to minimize or eliminate splash, appropriate hand washing).

3. Responsibilities

All Corewell Health team members.

4. Policy

4.1. Employee Exposure Risk Determination

4.1.1. All team members must utilize Standard Precautions in the care of all patients regardless of their infection status.

4.1.2. For a list of departments or job titles in which all team members have been determined to have an increased risk verses a lower risk of potential occupational exposure to blood or other potentially infectious materials (traditionally referred to as category A or category B) please refer to facility specific Infection Control and Prevention SharePoint page.

4.2. Methods of Compliance

4.2.1. Engineering Controls

4.2.1.1. Engineering controls will be used to eliminate or minimize team members' exposure. Where occupational exposure risk remains after implementation of these controls, personal protective equipment (PPE) will also be used.

4.2.2. Selection of Engineering Controls

4.2.2.1. Corewell Health will evaluate and implement devices which have the potential to reduce exposure of individuals to biological, chemical, and physical hazards.
4.2.2.2. The Infection Control and Prevention Interdisciplinary Committee (or similar committee) and General Product Value Analysis Committee will make

recommendations for implementation of safety devices and/or personal protective equipment, based in injury reports from Employee Health and Safety (EHS).

4.2.2.3. The engineering controls will be trialed and evaluated by non-managerial team members, including stakeholders.

4.2.3. **Product Controls**

4.2.3.1. **Sharps containers** shall be leak-proof, puncture resistant, labeled with a biohazard label, secured, upright, mounted if possible and closeable. They shall be available in all locations where sharps are used. Sharps are defined as any object that can penetrate the skin including but not limited to needles, scalpels, broken glass, exposed ends of wires.

4.2.3.2. **Soiled instruments** and equipment trays are to be discarded or reprocessed according to the Instrument Care and Handling policy.

4.2.3.3. **Medical waste containers** shall be used to discard medical waste. They are to be labeled, leak-proof containers, bags, or biohazard bin lined with a red plastic bag. For further guidance refer to the Corewell Health West / South / Priority Health - Medical Waste Management Plan policy.

4.2.3.4. **Protective Shields**, biological safety cabinets or other controls are used in laboratories to prevent exposure to blood or other potentially infectious materials. All pipetting will be done with mechanical pipettes, mouth pipetting is prohibited. Reference Blood-Borne Pathogen Standard Precaution/Exposure Control Plans lab policy for additional guidance.

4.2.3.5 **Specimen containers** will be used to store blood or other potentially infectious materials. These containers must be leak-proof and labeled with a biohazard symbol on the outside.

4.2.3.6 **Engineered safety sharps / needleless** systems will be evaluated, trialed, and implemented as approved by the General product Value Analysis Committee and Employee Safety.

4.2.3.7 **Hand washing facilities or hand hygiene products** are available in soiled utility rooms, patient rooms, clean utility rooms, exam rooms, lab draw station, laboratories, restrooms, and other areas as determined to be necessary.

4.2.4 Work Practice Controls

4.2.4.1 Work practice controls are controls that reduce the likelihood of exposure by altering the way a task is performed.

4.2.4.2 For task specific standard operating procedures (SOP) to reduce exposure risk for Corewell Health East inpatient settings, please reference CHE – Standard Operating Procedure for Inpatient Settings for further guidance.

4.2.4.3 For task specific SOP to reduce exposure risk for Corewell Health East ambulatory settings, please reference CHE – Standard Operating Procedure for Outpatient Ambulatory Settings for further guidance.

4.2.5 Standard Precautions

4.2.5.1 Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in all healthcare environments, regardless of the diagnosis.

4.2.5.2 Standard Precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposure.

4.2.5.3 Standard Precautions will be implemented when contact with any of the following are anticipated:

4.2.5.3.1 Blood

4.2.5.3.2 All human tissues, secretions, and excretions, regardless of whether they contain visible blood.

4.2.5.3.3 Non-intact skin

4.2.5.3.4 Mucous membranes

4.2.5.3.5 Vascular access

4.2.5.4 For specific guidance regarding standard precautions please refer to the Infection Prevention Standard Precautions & Other Infection Prevention Measures policy.

4.2.6 Hand Hygiene and Hand Washing

4.2.6.1 For specific guidance to hand hygiene and hand washing please refer to the Infection Prevention Hand Hygiene Policy.

4.2.7 Handling Sharps (needles, blades, broken glass, etc.)

4.2.7.1 Minimize the handling of all sharps.

4.2.7.2 Never recap used needles or use any other technique that involves directing the point of a needle or sharp toward any part of the body.

4.2.7.3 If recapping is clinically necessary, use the one-handed “scoop” technique or a mechanical device designed for holding the needle sheath. Two-handed recapping is highly discouraged.

4.2.7.4 Do not remove used needles from the syringe, or blades from handle by hand.

4.2.7.5 Shearing, breaking, or bending of contaminated needles is prohibited.

4.2.7.6 Needleless access devices should be used to draw blood from venous or arterial lines.

4.2.7.7 Draw blood directly into vacuum tubes or use a transfer device to inject blood into vacuum tubes.

4.2.7.8 Needles and other sharps will be promptly discarded in approved sharps containers.

4.2.7.9 Needles and other sharps will be disposed of only to the indicated line of the sharp’s container. Do not overfill the container.

4.2.7.10 Team members will never insert their fingers or hand into any sharps’ container.

4.2.7.11 All sharps containers must be closed securely before removal or disposal. Sealed sharps containers will be handled and disposed of as medical waste.

4.2.7.12 Utensils such as tongs, forceps, dustpan, and broom will be used to pick up contaminated broken glass, needles, other sharps that have fallen on to the floor or to another surface.

4.2.7.13 Sharps that are contaminated with blood or potentially infectious materials shall not be stored or processed in a manner that requires team members to insert hands or fingers into the containers where sharps have been placed.

4.2.7.14 Reusable sharps must be kept in a closed puncture resistant leak-proof container labeled with a biohazard warning symbol for transport to the reprocessing area.

4.2.7.15 Sharps containers mounted to the wall will be affixed so that the opening / disposal area of the container is 52 – 56 inches from the floor.

4.2.8 Handling Specimens

4.2.8.1 Specimens of blood, tissue or other potentially infectious materials shall be kept in leak-proof primary containers during collection, transport, handling, and storage.

4.2.8.2 Specimens of blood, tissue or other potentially infectious materials transported outside of the immediate areas for diagnostic purposes shall be placed inside a secondary container (e.g., specimen bag) with the requisition slip outside of the secondary container. These containers will be marked with biohazard labels.

4.2.8.3 Blood or other potentially infectious materials that must be transported or shipped will be clearly marked with a biohazard label.

4.2.9 Equipment Repair

4.2.9.1 Patient care and other equipment that has been soiled with blood, body fluids, secretions, and/or excretions must be handled in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other patients and environments.

4.2.9.2 Reusable durable medical equipment (such as, but not limited to, a commode) which had contact with non-intact skin, blood, body fluids, or mucous membranes, must be thoroughly cleaned with a hospital approved disinfectant before it is used for the care of another patient.

4.2.9.3 Do not place soiled equipment in clean areas until it has been properly cleaned.

4.2.9.4 Any patient care equipment that is sent from the department for repair or services shall be cleaned with a hospital approved disinfectant (unless specific agreement exists with the outside contracted company).

4.2.9.5 Equipment that cannot be fully decontaminated will be labeled with a biohazard warning prior to transport/shipment. The persons responsible for transporting and repairing the equipment will be notified of the possible contamination via the label.

4.2.10 Patient Placement

4.2.10.1 Every effort will be made to provide a private room for any patient who grossly contaminates the environment with bodily fluids or who does not or cannot be expected to assist in maintaining appropriate hygiene or environmental control.

4.2.11 Other Work Practice Controls

4.2.11.1 Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in direct patient care areas, laboratories, or any other contaminated work areas.

4.2.11.2 Food and drinks may only be stored in a refrigerator intended for food storage and separated from clinical or research materials.

4.2.11.3 Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation.

4.2.11.4 All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.

4.2.12 Personal Protective Equipment

4.2.12.1 All necessary PPE is made readily available to team members.

4.2.12.2 All PPE will be available in appropriate sizes within each department.

4.2.12.3 Managers are responsible for assisting in determining the appropriate PPE required for a specific procedure.

4.2.12.4 Team members are responsible to reasonably anticipate potential exposures, and don appropriate PPE for the situation, including eye protection.

4.2.12.5 Contaminated gloves, masks and disposable gowns will be discarded into waste receptacles after each use and between patients.

4.2.12.6 For specific guidance regarding gloves, gowns, masks, respirators, and eye protection please refer to the Infection Prevention Standard Precautions & Other Infection Prevention Measures policy.

4.2.13 Specialty PPE

4.2.13.1 Cover gowns, scrubs and surgical caps must be worn during a procedure if potentially infectious materials might splash, splatter or spray.

4.2.13.2 Potentially contaminated personal protective coverings such as but not limited to gowns, laboratory coats, and aprons shall not be worn outside of the area of exposure.

4.2.13.3 For specific guidance regarding attire in the perioperative area please refer to the Departmental Dress Code – Surgical Attire policy.

4.2.14 Housekeeping

4.2.14.1 Cleaning is the physical removal of organic material or soil from objects. It must be accomplished with water, mechanical actions, and detergents. One must visually inspect an object after the process to assure that cleaning has been accomplished.

4.2.14.2 Disinfecting is the killing or inactivation of all microorganisms, except for some spore forms on inanimate objects. The efficacy of disinfecting is affected by a number of factors, including the type and level of microbial contamination, the activity of the disinfectant, and the disinfectant contact time. Organic material and soil can block disinfectant contact and may inhibit disinfectant activity. Therefore, cleaning must precede all disinfecting processes.

4.2.15 Disinfecting Environmental and Medical Equipment Surfaces (Non-Critical Items)

4.2.15.1 Environmental surfaces, such as floors and walls are usually not involved in direct transmission of infectious pathogens. A detergent, with or without low-level disinfectant activity, is sufficient for the usual, general cleaning of these surfaces.

4.2.15.2 High touch surfaces (such as but not limited to) doorknobs, light switches, keyboards, monitor screens and dials of patient monitoring equipment play a role in

the transmission of infectious diseases via the hands of team members. These surfaces should be disinfected regularly with a hospital approved disinfectant.

4.2.16 Approved Products for Cleaning and Disinfecting

4.2.16.1 Products have been approved by the Infection Control and Prevention Committee, in collaboration with the Clinical Products Value Analysis Team and the Hazardous Materials Committee for use within all locations.

4.2.16.2 To introduce a new product contact either the Infection Control and Prevention Department or the Clinical Products Value Analysis Team for discussion and approval by both prior to use.

4.2.16.3 All hospital approved cleaning products will be Environmental Protection Agency (EPA) registered and used in accordance with Manufactures Instructions for Use (MIFU).

4.2.17 Clean Up of Large Spills of Blood and Body Fluids

4.2.17.1 Secure the area and notify the area supervisor.

4.2.17.2 Don proper PPE as appropriate for the situation.

4.2.17.3 Promptly remove any contaminated garments.

4.2.17.4 Locate the blood and body spill kit and use according to directions.

4.2.17.5 If spill kit is not available, per Corewell Health West / South / Priority Health - Hazardous Material Spill Response policy, promptly cover the spill with paper towels and pour hospital approved disinfectant over the spill. After allowing the disinfectant to sit for ten minutes, clean up with additional paper towels and discard them into a biohazard medical waste bag.

4.2.17.6 If broken glass or other sharp materials are present, use a dustpan, forceps, or other mechanical devices for cleanup. Discard that waste into a biohazard sharps container.

4.2.17.7 Contact Environmental Services for assistance per Corewell Health West / South / Priority Health - Hazardous Material Spill Response policy.

4.2.18 Linen

4.2.18.1 Linen soiled with blood, body fluids, secretions, or excretions, will be handled, contained, bagged, and transported, in a manner that prevents skin or mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other patients and the surrounding environment.

4.2.18.2 Contaminated linen will be placed in fluid resistant soiled laundry bag, filling no more than 2/3 full. Double bagging of linen is not required.

4.2.18.3 Never place soiled linen on the floor or on clean surfaces.

4.2.18.4 Visibly contaminated clothing will be removed in a manner to avoid skin contact.

4.2.18.5 In the event that a team member's uniform becomes soiled with blood/body fluids, they may change into Corewell Health issued scrubs to wear for the remainder of their shift according to the Dress Code and Identification (ID) Badge policy.

4.2.18.6 The soiled clothing of the team member may be placed in a plastic soiled linen bag, labeled with the team member's name and phone number, and then sent for laundering.

4.2.19 Hepatitis B Vaccination

4.2.19.1 Hepatitis B is a highly recommended vaccine offered to all team members; especially those team members exposed to blood and body fluids or within high-risk areas. Please reference facility specific Infection Control and Prevention SharePoint page for a list of higher verses lower risk departments or job titles for further guidance.

4.2.19.2 If a team member chooses not to receive the vaccination after they have been educated about the vaccine efficacy, safety, method of administration, and benefits of the vaccine then they must sign a Hepatitis B declination. By declining the vaccination, they remain at risk of acquiring Hepatitis B. If they initially decline to receive the vaccine, they can later reach out to Employee Health Services to receive the vaccine.

4.2.19.3 All team members whose work involves occupational exposure to bloodborne pathogens, and who requests the Hepatitis B vaccine, will start the vaccination regimen in a timely manner. There will be no charge to any team member who receives the Hepatitis B vaccine under this program.

4.2.19.4 Team members who have completed their Hepatitis B vaccine series are recommended to have a Hepatitis B antibody determination drawn.

4.2.19.5 Post exposure Hepatitis B vaccine and immune globulin will also be offered to team members through Employee Health Services.

4.2.19.6 Employee Health Services will maintain current vaccination records or immunity status of all team members.

4.2.19.7 A list of all vaccines and guidelines for team members can be found within the Immunization Guidelines for Team Members policy.

4.2.20 Management, Post-exposure Evaluation and Follow Up to Bloodborne Pathogens Exposures:

4.2.20.1 Refer to Management of Occupational Exposures to Blood or Body Fluids policy.

4.2.20.2 Refer to Corewell Health West - Post Exposure Prophylaxis (PEP) for Occupational HIV Exposure policy if needed.

4.2.20.3 In the event that the Special Pathogen Unit (SPU) is activated or a patient with a suspected special pathogen presents to a Corewell Health Facility, any team member who participates in the care of the patient or in the waste management of the patient will be monitored for symptoms for the duration of care plus the incubation period of the specific organism. This will be determined by the SPU leadership, Infection Control and Prevention and Employee Health Services. Please reference the Regional emerging Special pathogen Treatment Center (RESPTC) SharePoint page for additional information.

4.2.20.4 Refer to facility specific Infection Control and Prevention SharePoint page for further Employee Health Service exposure guidance.

4.2.20.5 Communication of BBP Hazards

4.2.20.5.1 Appropriate warning labels must be 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 material. Exceptions to this requirement are: red containers, containers of blood, blood contents, or blood products

that are labeled as to other contents and have been released for transfusion or other clinical use; and individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal.

4.2.20.5.2 Labels required for the above must consist of the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color.

4.2.20.5.3 Labels must be affixed to the container.

4.2.20.5.4 Labels required for contaminated equipment must be in accordance with this policy and must indicate which portions of the equipment are contaminated.

4.2.20.6 Training

4.2.20.6.1 All approved training will be conducted or reviewed by Infection Control and Prevention, Environmental Safety, or Environmental Services.

4.2.20.6.2 All individuals covered by this Exposure Control Plan must complete annual Bloodborne Pathogen training as required by OSHA regulations and Corewell Health policy.

4.2.20.6.3 Bloodborne pathogen training will be presented at new hire orientation and a competency will be completed annually thereafter.

4.2.20.6.4 The bloodborne pathogen training program includes discussions of HIV, HBV, HCV and other bloodborne pathogens as appropriate, modes of transmission, engineering controls, safe work practices, personal protective equipment, and the HBV vaccine as well as information regarding post exposure management procedures to be followed.

4.2.20.6.5 Department management will schedule training programs regarding bloodborne pathogens; maintain documentation on those trained, the date of training and the content of the training programs; and monitor work practices to determine the need for individual or group retraining.

4.2.20.6.6 Team members employed by other agencies who are contracted to work on-site at Corewell Health will be provided with orientation material that includes a review of Standard Precautions and Bloodborne Pathogens.

4.2.20.6.7 Contracts for temporary employment services of team members shall require prior training in the use of Standard Precautions based on current CDC guidelines. The contracted agency is responsible for educating contractual team members on the CDC guidelines regarding the transmission of bloodborne pathogens before beginning work at Corewell Health.

4.2.20.6.8 Failure on the part of a contractual team member to demonstrate adequate knowledge of safe work practices can result in temporary or permanent removal of the contractual team member.

4.2.20.6.9 Trainees (including medical and nursing students, interns, residents, and fellows) or any other individual pursuing a medically related training program will receive orientation and training to insure familiarity with Corewell Health policies regarding standard precautions and bloodborne pathogens. Trainees will comply with all Corewell Health policies regarding standard precautions and bloodborne pathogens and demonstrate a

familiarity with those policies and guidelines through work practices. Failure to comply with the policies may result in temporary or permanent removal of the student/trainee from Corewell Health premises.

4.2.21 Record Keeping

4.2.21.1 All medical records maintained under this program are confidential. The record will meet all requirements of the OSHA Access to Employee Exposure and Medical Records standard, 29 CFR 1910.20. Each team member has the right to access his or her personal employee health records as well as any exposure records. Records are available to MIOSHA/OSHA, as requested by state/federal regulators.

4.2.21.2 All team members' medical records will be kept for the duration of employment plus 30 years thereafter. Should the facility close, MIOSHA shall be informed at least 3 months before disposal of any records.

4.2.21.3 Training records will be maintained for three years by the Human Resources Department.

4.2.21.4 A sharps injury log will be maintained by Employee Health Services. The sharps injury log contains: the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred. The sharps injury log will be maintained as outlined in OSHA 29 CFR 1904.6.

4.2.22 Implementation Schedule

4.2.22.1 The dates set forth by OSHA for implementation of the components of the OSHA regulation on Occupational Exposure to Bloodborne pathogens were as follows:

- 4.2.22.1.1 June 4, 1992 – training and record keeping.
- 4.2.22.1.2 July 6, 1992 – engineering and work practice controls, personal protective equipment, Hepatitis B vaccination, and Post exposure evaluation and follow-up.
- 4.2.22.1.3 May 5, 1995 – exposure control plan.
- 4.2.22.1.4 April 18, 2001 – sharps with engineered sharps injury protection and needleless system.

4.2.23 Review Cycle

4.2.23.1 The Exposure Control Plan will be reviewed and updated under the following circumstances:

- 4.2.23.1.1 Annually
- 4.2.23.1.2 When new or modified tasks or procedures are implemented that have potential for occupational exposure.
- 4.2.23.1.3 When team members' jobs are revised such that a new potential for occupational exposure may exist.
- 4.2.23.1.4 When new positions are established that may involve exposure to bloodborne pathogens.

5. References

APIC Text of Infection Control and Epidemiology, 4th Edition 2014
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Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee, 2007.
https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

Selecting, Evaluating and Using Sharps Disposal Containers, U.S. Department of Health and Human Services, January 1998 https://www.cdc.gov/niosh/docs/97-111/default.html

OSHA Access to Employee Exposure and Medical Records standard, 29 CFR 1910.20
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020#:~:text=Each%20employer%20shall%2C%20upon%20request,designated%20representative%20specific%20written%20consent.

OSHA Bloodborne Pathogens and needlestick Prevention Standards
https://www.osha.gov/bloodborne-pathogens/standards

6. Policy Development and Approval

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7. Keywords

risk, sharps, spill clean up, potentially infectious materials, standard precautions, BBP, bloodborne pathogen, exposure, blood borne, blood-borne, vaccine, infection prevention, infection control, infectious,