
POLICY AND PROCEDURES

Department: Infection Control

Effective Date: June 2001

Revised Date: March 2003, May 2005, August 2006, February 2008, November 2008

November 2009, November 2010, March 2011, July 2011.; 04/22/2012, 04/14/2013 6/2015

Reviewed Date: August 2004, September 2007

Policy Name: Blood Borne Pathogen Exposure Control Plan

POLICY:

It is the policy of Bath Community Hospital to maintain a safe working environment for the employees that minimizes the occupational exposure to blood borne pathogens and to comply with the Occupational Safety and Health Act 1910.1030 Occupational Exposure to Blood Borne Pathogens. It is the purpose of this policy to outline and describe:

Definitions

Scope of Employees Covered

Personal Protective Equipment

Responsibilities

Universal Precautions

Exposure Control Practices

Post Exposure Follow-Up

Information and Training

Record Keeping

DEFINITIONS:

Blood Borne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. Most commonly refers to HBV, Hepatitis C, HIV, syphilis, Human T-Cell Lymphotropic Virus (HTLV-1).

Body Fluids – Liquid secretions including, but not limited to, blood, saliva, vomit, urine or feces.

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

Communicable Disease – Those infectious illnesses that are transmitted through direct or indirect (including airborne) contact with an infected individual, but not limited to, the body fluids of the infected individual.

Exposure Incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand Washing Facilities – A facility that provides an adequate supply of running water, soap and single use towels or hot air drying machines.

Hepatitis B – A viral disease of the liver, transmitted through blood and blood products.

Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane or parenteral (piercing) contact

with blood or other potentially infectious materials that may result from the performance of the employee's duties. (example: crime scene investigation, refuse collection, cleaning blood, excrement, vomitus).

Personal Protective Equipment – Specialized clothing or equipment worn by an individual to protect him/her from a hazard including, but not limited to, gloves, laboratory coats, face shields, masks, and mouthpieces.

Contaminated Sharps – Means any contaminated object that can penetrate the skin including, but not limited to, needles and broken glass.

Universal/Standard Precautions – Is an approach to infection control to reduce the likelihood of exposure by standardizing the manner in which a task is performed.

SCOPE OF EMPLOYEE COVERAGE

All full-time, part-time and seasonal employees who have exposure to blood borne pathogens are covered by this policy and its standard operating procedures. OSHA has defined the classification of employee work activity into three categories with regards to HIV and HBV regulations. They are:

Category I. Tasks that involve actual or potential for mucous membrane or skin contact with blood, body fluids, or tissues. Universal precautions apply (all people should be assumed to be infectious for blood borne pathogens and take universal precautions to prevent communicable disease transmission).

Applies to: Physicians, Anesthesia, Nursing, Certified Nursing Assistants, Medical Assistants, and Surgical Techs, Security, *Transportation, Dietary, Environmental Services,*

Task	Precautions
Direct contact with body fluids while providing care or treatment to clients.	Gloves, masks, goggles, gown, lab coat, specimen transport container.

Category II. Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require exposure in an emergency.

Applies to: Social Services, Medical Practices, *Dietary, Pharmacy, OT, and PT providing inpatient services*

Task	Precautions
Direct contact with body fluids.	Gloves

Category III. Tasks that involve no exposure to blood, body fluids or tissues, and does not entail predictable or unpredictable exposure to blood or blood by-products.

Applies to: All other job categories and clerical personnel in all departments.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment will be provided to employees as needed. Examples of personal protective equipment include, but are not limited to: gloves, masks, eye wear, apron, gown, and sharps safety devices. If a personal protective equipment (PPE) is penetrated by blood or potentially infectious material, it will be removed immediately or as soon as possible. Staff will remove PPE prior to leaving the work area. Removed PPE will be placed in the designated area or container for cleaning and storage or disposal. If an employee's personal clothing becomes soiled with blood or potentially infectious material, scrubs are available and the soiled clothing will be sent for laundering at no cost to the employee.

Gloves – Disposable gloves in appropriate sizes are available. Staff will wear gloves with any situation that contact

with blood or body fluids is reasonably anticipated. Gloves are changed between patient contacts. Disposable gloves are not to be washed or disinfected for reuse. Gloves are removed before leaving the work area. Hands are washed immediately after removing gloves. Bath Community Hospital is a latex free facility. Hypoallergenic gloves or glove liners will be available if needed. Utility gloves used for housekeeping may be disinfected and reused. They will be discarded if they are cracked, peeling, torn, punctured, or show signs of deterioration.

Mask, Eye Protection, and Face Shields – Mask in combination with eye protection devices will be worn whenever splashes, spray, splatter, or droplets of fluid may be generated and eye, nose, mouth contamination can be reasonably anticipated.

Foot Wear – Foot wear will be worn if there is any potential for shoes to become contaminated with blood or potentially infectious fluids.

Fluid Resistant Gowns or Aprons – Protective impervious gowns or aprons will be worn if there is a potential for soiling clothes with blood or fluid. Impervious gowns will be worn by staff during all endoscopy procedures. Gowns are placed in the blue impervious bio-hazard labeled linen bags for storage until pick up by the laundry service.

Sharps Safety Devices – It is the practice of Bath Community Hospital for all employees to use the provided safety devices in the department.

Employees decontaminating instruments or equipment are required to wear appropriate protective equipment:

1. Full face shield
2. Fluid resistant gown
3. Gloves for cleaning and Hi-Risk gloves for filling the washer and removing instruments from the washer.

RESPONSIBILITIES

It is the responsibility of the Infection Control Practitioner designee to:

- a. Review and evaluate the program every year.
- b. Maintain required (training, vaccination and exposure) records in the employee's medical file for reference.
- c. Schedule employee training for physicians and staff.
- d. Provide medical services indicated including, but not limited to vaccinations, consultations and follow-up treatment.

It is the responsibility of the Dept Manager or responsible person to familiarize his/her department with this policy and ensure that the provisions are carried out within their respective department as specified.

It is the responsibility of the Dept Manager to:

- a. Initiate or assist in getting first aid for the injured or exposed person.
- b. Complete an Incident Report form and forward to the Risk Manager.
- c. Assure persons with blood and body fluid exposure, receive a copy of the follow-up guidelines and are referred for follow-up as soon as possible.

It is the responsibility of the *employee* to:

- a. Know and follow this policy
- b. Perform their job to avoid exposure to blood and body fluids and use personal protective equipment as needed.
- c. Help an injured or exposed person without exposing themselves.
- d. Immediately notify the Nurse Manager of any exposure or incident to the employee or anyone else that

- occurred during the performance of assigned duties. Assist the supervisor in filling out the Incident and Exposure Report form.
- e. Be seen in the Emergency Room if the employee is injured or believed to have been exposed to a potentially hazardous material.
 - f. If treatment is rendered by an emergency service and exposure has occurred, the employee should notify the Emergency Room Staff.

STANDARD OR UNIVERSAL PRECAUTIONS

An employee must use the appropriate equipment and procedures to reduce the risk of exposure from blood and blood by-products. Standard or universal precautions are as follows:

- a. The employee must wash his/her hands after any potential exposure within a reasonable time. (Before and after direct patient care, between each patient, after gloves are removed, after coughing or sneezing or blowing or wiping nose, before eating, after toilet use, before leaving the office.) When in doubt, wash your hands. Hand washing is the most important act in preventing the transmission of infection. See hand washing procedure.
- b. The employee must use necessary personal protective equipment, with limited exceptions (i.e., emergency situations).
- c. Disposal of any sharps must be in puncture proof containers.
- d. Employees must not recap needles or syringes except when a sterile needle is changed unless using a one handed technique.
- e. Broken glass, which may be contaminated, must be removed by using forceps or a broom and dustpan and is to be placed in a puncture resistant container.
- f. Protective eye wear and nasal protection must be worn if contaminants have the potential to be spattered or inhaled.
- g. Avoid direct contact with saliva, tears, sweat, urine, semen, feces or vomit.
- h. Do not place common instruments such as pens, penlights or other items in your mouth.
- i. Refrain from eating, drinking, smoking, applying cosmetics, and handling contact lenses in areas where the potential of exposure to blood or other potentially infectious materials may occur.
- j. All employees are responsible for maintaining a clean and sanitary work site at all times.
- k. OR scrubs are to be laundered in a hospital approved laundry.
- l. Hand sanitizer, antimicrobial hand soap and lotion are standardized at BCH. All products are to be hospital approved. Non approved items will be thrown away.

EXPOSURE CONTROL PRACTICES

Exposure Control Practices are measures that each employee can take to avoid contact with blood or body fluids. Any reasonably expected contacts with blood or blood products are to be treated as infectious and standard precautions must be used. Examples of procedures that exposure may occur include: any procedure, care and handling of specimens, clean up of equipment, venipuncture, medication injections, handling disposal of hazardous waste, handling or soiled laundry.

All contaminated waste must be disposed of in an approved container and in an approved manner. Waste is discarded in red bags or sharps containers in the area of use where the item becomes contaminated. Containers are supplied as follows:

Red Plastic Bags – Impermeable, impact and tear resistant and labeled with the biohazard sign. Bags which are $3/4$ full are sealed by twisting the top of the bag, doubling the top over, and clinching tightly with tape or band. Bags are then placed in a biohazard waste box.

Sharps Containers – Rigid and puncture resistant with protection from sticks at the opening. Each container will be labeled with the biohazard symbol. Containers are sealed and removed from area when they are $3/4$ full. Staff are assigned to check for fullness weekly. Full and sealed containers are placed in biohazard boxes.

Linen Bags – Supplied by Carillion and are the same for all linen.

Specimen Containers – These containers are rigid, leak-proof and properly labeled. Specimen will be placed in a leak proof baggy with the biohazard label. Blood samples may be obtained with mechanical pipetting. Mouth pipetting or suctioning is strictly forbidden.

Sharps safety devices are supplied to all areas of the facility. Safety needles are to be used. Safety Scalpels are available throughout the facility.

Biohazard waste and soiled linen storage areas are away from the general traffic flow, are protected from vermin, insects, vandalism, and are maintained in a sanitary manner. Surfaces contaminated with spilled or leaked biohazard waste will be cleaned with a detergent and a tuberculocidal cleaning agent. Spills will be reported to the Nurse Manager immediately and an incident report will be completed. Waste and linen is held for less than 30 days. The storage area will be clearly marked with a biohazard label. Staff handling waste and soiled linen will wear gloves. All records of biohazard pick-up, transport, and disposal will be maintained for three years.

Anyone who has an exposure must report to the Nurse Manager to initiate an Incident and Exposure Report form. The Incident Report must be completed within twenty four hours of the incident and forwarded to the Infection Control Practitioner. The Infection Control Practitioner will complete the Exposure Follow-Up form.

The Infection Control Practitioner with appropriate assistance:

- a. Assess the exposure, the Hepatitis B vaccination status, and the source's HIV and HBV status is possible. Consent must be obtained for HIV and HBV testing.
- b. Provide individual post-exposure management and treatment of the exposed employee.
- c. Make arrangements for HIV and HBV testing and counseling for employees upon consent.
- d. Consult with the Health Department physician for follow-up care and counseling.
- e. Maintain a confidential medical file for exposed employees.
- f. Report exposure to the Safety Officer for inclusion on the OSHA 300 log.

POST EXPOSURE FOLLOW UP

If an exposure has occurred, encourage cuts or needle sticks to bleed freely, if not life threatening. Flush exposure to mucous membranes with water. Eyes should be flushed for 15 minutes with eye lids held open. An eye wash station is at the scrub sink. An emergency shower is located in the locker room. If medical attention, such as suturing, is necessary, contact a physician.

A medical file is maintained for all employees with an exposure. Any medical results must be kept confidential and will only be available to the immediate health care worker. The employee must be notified according to the Virginia Communicable Disease Control Measures if positive exposure has occurred. Any worker's compensation claim in relation to an occupational exposure must be documented at the time of exposure by blood tests, in order to establish a baseline for future reference. These records must be kept for 30 years.

After possible skin exposure, the employee should immediately clean hands with an approved disinfectant hand cleaner. If cuts or abrasions to the skin are contaminated, the employee should apply an approved antiseptic to the wound immediately and contact medical personnel. All contaminated wastes must be disposed of by the hospital's approved manner, Biohazard Containers will be supplied.

Laboratory orders

Patient - "NEEDLESTICK PROFILE - EMPLOYEE ORDERS"

Source - "NEEDLESTICK PROFILE - PATIENT ORDERS".

All employee incidents require a urine drug screen.

INFORMATION AND TRAINING

Initial information and training will be provided to covered employees by appropriately trained personnel. Training will consist of:

- a. Making available a copy of the standard for the employee's reference.
- b. Reviewing the policy and procedures.
- c. Discussing Blood Borne Pathogens including modes of transmission, HBV Vaccination, HIV Exposure and personal protective equipment.
- d. Providing written material that explains HBV and HIV.
- e. Making available the HBV Vaccination and consent or declination form.
- f. Opportunity for questions and answers.

Training will occur during orientation for new employees, before assignment to new tasks where occupational exposure may take place, and at least annually thereafter.

RECORD KEEPING

The employer record keeping file will consist of:

- a. A confidential medical record for each employee who performs Category I and II tasks, will include all exposure/injury reports and reports of medical follow-up treatment.
- b. Training records for annual training for Blood Borne Pathogen Policy and Exposure Control Plan to include content, who taught the course and attendance. These will be maintained for up to three years after the training.
- c. A record of Hepatitis B vaccinations or declination of Hepatitis B vaccine from all employees.

The Hepatitis B Vaccine will be made available at no cost to all employees during orientation. Employee participation is on a voluntary basis only. If the employee chooses to accept the vaccination, he/she must complete a consent form. If the employee declines the vaccination, he/she must sign a declination form. If the employee initially declines, he/she may at a later time, elect to accept the vaccine. The Hepatitis B Vaccination is administered in a series of three (3) shots over a six (6) month period of time. Employees will be notified of the side effects and risks associated with the vaccine during the informed consent process. The Recombivax is administered in three 1 ml doses IM in the deltoid muscle. Dose # 2 is given at one month after the initial dose, and #3 is given at 6 months. The employee is encouraged to be tested for immune status at no cost to the employee within one year. If testing reveals no immunity, a booster dose of 1 ml will be made available. Employees who have received the complete series previously, have shown antibody results showing immunity, or those who have medical reasons contraindicating the administration of the vaccine are exempt from vaccine administration.

EVALUATION

An annual evaluation of the effectiveness of this Blood Borne Pathogen program will be conducted by the Infection Control designee to include review/revision of this plan or policies/procedure, compliance of staff with the requirements of this plan, and tracking and trending of exposures. The annual evaluation will be presented to the Quality Improvement Committee.

ATTACHMENTS

Confidential Medical File Form
Hepatitis B Vaccine Consent/Declination Form
Exposure Follow-Up Report
Post-Exposure Declination Form

HIV Antibody Test Consent Form

APPROVALS

EOC: 04/22/2012

CIC Lead Team

Date:



PO Drawer Z
106 park Lane
Hot Springs, Va. 24445
540.839.7000
7 _____

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Confidential Employee Medical File

Name -

DOB -

Hepatitis B. Series

#1 #2 #3

Titer

Date Performed

Result

Hepatitis B Surface Ab
Rubella Antibodies IgG
Varicella Zoster IgG
Mumps Abs IgG
Rubeola Ab Ig EIA

mIU/mL
IU/ml
index
index
index

Influenza:

TST

Date Results

07/22/2011 -

07/22/2011 - Annual TB Risk Assessment -

TDap



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Hepatitis B Vaccine Consent/Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk for acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

Consent for Vaccine Administration

The risks, benefits, and alternatives of the Hepatitis B vaccine have been discussed with me. I understand and agree to three injections over a six month period of time – one now, one in one month, and one in six months. I agree to complete the series of three injections.

I also understand that I will be given the option, at no charge to me, for antibody testing within one year to check my immune status to Hepatitis B.

Name: _____

Signature: _____ Date:

Witness: _____ Date:

Declination for Vaccine Administration

However, I decline the Hepatitis B vaccine at this time. I understand that by declining the vaccine, I continue to risk acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me by the Health Department.

Name: _____

Signature: _____ Date:

Witness: _____ Date:



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Blood or Body Fluid Exposure Report Form

This form is submitted with an Incident Report to the Infection Control Practitioner Medical Director within 24 hours of incident. The Infection Control Practitioner Medical Director reviews the Incident Report and interviews the employee to complete this form and determine treatment. This form is then filed in the employee's confidential medical file.

Employee: _____ Date of Exposure: _____ Time: _____

Type of Exposure (blood, body fluid, hazardous waste) _____ Describe how the incident occurred. (Include t

Personal protective equipment (PPE) at time of exposure: _____

Give a detailed explanation/rational if personal protective equipment was not being used on reverse of form. Describe any failure of PPE being used: _____

Names of other potentially exposed people involved in this incident: Name(s): _____

Source Information (if known): _____

Name: _____ SS#: _____ Physician: _____
Address: _____
Phone: _____ Consent obtained for testing? _____ Date test sent: _____

Preliminary discussion and instructions to the employee:

- Blood Borne Pathogen plan recommended precautions reviewed
- Antibody Status reviewed _____
- Consent for testing obtained _____ Date test sent: _____

(If blood collection is allowed, but consent for HIV testing is declined, the blood is kept for 90 days, during which time the employee can choose to have the sample tested)

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

Infection Control Practitioner Medical Director Follow-up:

Employee test results received and shared with the employee: _____

Follow-up testing recommended: _____

Source results received and shared with the loyee: _____ Employee reminded of confidentiality of results.

Post –Exposure Prophylaxis: _____ None indicated: _____

- Access to counseling provided
 - Findings and signature added to incident report
 - Medical Director's written or dictated evaluation attached to this form
 - Suggestion for changes in facility procedure to reduce future exposures
- Suggestions referred to: _____



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The completed form is placed in the Confidential Employee Medical File.

Post Exposure Treatment Declination

I understand that I have been exposed to blood and/or other infectious materials and may be at risk of acquiring Hepatitis B, Hepatitis C, HIV, or other infections.

I have been given the opportunity to have a confidential medical evaluation and follow-up at no charge to me. However, I decline the follow-up evaluation and possible treatment at this time. I understand that by declining treatment, I continue to be at risk of acquiring an infection. If I am exposed to infectious materials in the future and want to receive follow-up, I will receive it at no charge.

Name: _____

Signature: _____ Date:

Witness: _____ Date:



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Blood and Body Fluid Exposure Form

Name: _____ Date: _____

Counseling Documentation: Pre Testing _____ Post Testing

Teaching Subjects:

- () Confidentiality of results, Testing process and accuracy
- () Definitions, Terminology Transmission, Prevention, Medications
- () Health Maintenance, Sleep, Diet, Exercise, Safe Practices: Condoms; Monogamy
- () Partner Notification, Family Planning, Abstinence, IV Drug Use

Verbal confirmation of subject knowledge and understanding

() Yes () No – Follow up sessions planned: _____

Counseling conducted by: _____



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Confidential Employee Medical File

Name

Date Hired

Hepatitis Vaccine:

- Declined Vaccination (Signed declination attached)
- Exempt from Vaccination (Completed series previously, antibody test shows immune status, contraindicated for medical reasons)

Vaccine Received (Signed consent form attached)

Date(s) _____

Hepatitis Profile (Antibody Testing):

- Declined antibody testing

Date Performed _____ Results

Booster given with no immunity - Date _____

TB Tine Test (Annual requirement):

Date Results

Date Results

Date Results



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Post Exposure Treatment Declination

I understand that I have been exposed to blood and / or other infectious materials and may be at risk of acquiring Hepatitis B, Hepatitis C, HIV, or other infections.

I have been given the opportunity to have a confidential medical evaluation and follow-up at no charge to me. However, I decline the follow-up evaluation and possible treatment at this time. I understand that by declining treatment, I continue to be at risk of acquiring an infection. If I am exposed to infectious materials in the future and want to receive follow-up, I will receive it at no charge.

Name _____

Signature _____ Date

Witness _____ Date