3

UPMC Hanover

**Bloodborne Pathogen Exposure Control Plan Departmental Plan**

**Department: UPMC Hanover Clinical Laboratory Date: 9/30/2022**

UPMC is committed to providing a safe work environment for all staff. As part of the University of Pittsburgh Medical Center, the UPMC Health System Policy (HS-IC0604) titled *OSHA Bloodborne Pathogen Standard Exposure Control Plan* has been implemented.

The following information is provided in order to supplement the system wide Bloodborne Pathogen (BBP) Exposure Control Plan (ECP) and make it “site-specific” for UPMC Hanover. The goal of the “site- specific” ECP is to eliminate or minimize occupational exposure to BBP in accordance with OSHA standard 29 CFR 1910.1030.

Name of Department:

Clinical Laboratory

Department Manager:

John Samuel

Phone:

717-316-2150

**I. SCOPE AND PURPOSE OF PLAN**

This policy applies to employees working in the UPMC Hanover clinical laboratory and ancillary staff who have occupational exposure to blood or other potentially infectious materials covered by the OSHA Bloodborne Pathogen standard. These employees will receive education, training, protective equipment, Hepatitis B vaccine and other provisions of the plan.

**II. GENERAL PROGRAM MANAGEMENT**

1. RESPONSIBLE PERSONNEL
   1. EXPOSURE CONTROL DESIGNEE  
      Renee Smith MT (ASCP). CIC  
      Manager Infection Prevention  
      UPMC in Central PA   
      717-231-8316
   2. LABORATORY EXPOSURE CONTROL DESIGNEE: Sherilyn Solanick, MS, MT(ASCP)

Laboratory Safety Officer 717-316-2150 ext. 4652

* 1. ADMINISTRATIVE/MANAGEMENT:

The Manager responsible for BBP compliance in this department:   
John Samuel

717-316-2150

* 1. EMPLOYEE HEALTH:

Responsible for maintaining medical records related to employee health, offering Hepatitis B Vaccine to appropriate new employees at no charge to the employee, providing exposure evaluation and follow-up testing.

UPMC Hanover Employee Health Location:

Human Resources  
300 Highland Ave  
Hanover, PA 17325

Phone: 717-216-3711

* 1. EMPLOYEES:
     1. Responsible for adhering to the policies and procedures included in both the system-wide and department-specific ECP and completing annual BBP training.
     2. Responsible for notifying the department manager of any engineering, work practice controls or Personal Protective Equipment (PPE) that may be insufficient or in need of improvement.

1. AVAILABILITY OF WRITTEN ECP TO EMPLOYEES

The ECP is available at all timesto all employees through the Infonet on MCN Policy Manager and located in the Laboratory Safety Manual.

1. REVIEW AND REVISION OF PLAN

The departmental plan is reviewed annually at minimum and when new or modified tasks/procedures are implemented, new positions are established or changed in technology or engineering controls are implemented that affect exposure to BBP.

**III. EXPOSURE CONTROL PLAN**

1. JOB CLASSIFCATION AND CATEGORIES OF EXPOSURE See Appendix A.
2. LISTS OF DEPARTMENT TASKS/PROCEDURES See Appendix B.

**IV. METHODS OF COMPLIANCE**

1. STANDARD PRECAUTIONS

Standard precautions apply to all tasks listed for the clinical laboratory. Details of standard precautions are found in UPMC policy HS-IC0609 and UPMC Harrisburg "OSHA Bloodborne Pathogen Standard Exposure Control Plan".

1. ENGINEERING CONTROLS

An engineering control is a means of eliminating or minimizing BBP exposure by the use of available technology and devices. If engineering controls do not eliminate exposure then the use of PPE is required (UPMC policy HS-IC0604).

* 1. Safety needles/devices are used by ALL employees in this department.
  2. Engineering controls are listed in the Task procedures list. See Appendix B.
  3. The UPMC MedApproved process evaluates new devices used system wide.

1. WORK PRACTICE CONTROLS
   1. Existing work practice controls are reviewed/revised at least annually.
   2. Specific engineering and work practice controls used in this department are may be found in Appendix C.
2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is used as a barrier against exposure to blood or other potentially infectious materials, however its use does not supersede implementation of engineering and work practice controls. PPE in use in the laboratory is listed in Appendix C.

The department supervisors will inspect all PPE periodically and ensure that sufficient supplies are readily available in work areas.

**VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1. PROCEDURE
   1. Immediately after the exposure, wash the area thoroughly with soap and water. If eyes are involved, flush with saline or sterile water and page the Exposure Response Team (ERT). If the mouth is involved, rinse with plain water or an appropriate antiseptic mouthwash, if available.

To notify the ERT:

Contact the in house operator by dialing "0". For outside calls dial 717-316-3711.

* 1. The exposed staff member must notify his or her immediate supervisor and/or the department manager.
  2. Exposures should be evaluated as soon as possible post exposure.
  3. Staff members must be evaluated and exposures deemed significant prior to getting the source patient tested.
  4. The staff member should report to UPMC Employee Health during operating hours. Exposures should be evaluated within 2-4 hours.
  5. If the exposure occurs on an off-shift or over the weekend, the staff member should report to the nearest UPMC Hanover Emergency Department. Follow up will be directed to UPMC Employee Health.

Staff members must notify UPMC Work Partners and complete the appropriate claim information. UPMC incident reports can be filed via telephone by contacting 1-800-633-1197.

* 1. Exposed staff members should present with the source patient's name and the name of the source patient's attending physician if available.
  2. In accordance with Pennsylvania State Law 148, the staff member must request evaluation of a significant exposure within 72 hours of the incident if the source patient is to be approached for testing.
  3. Employee Health will coordinate appropriate treatment and follow up post-exposure.

Source: UPMC Central PA Procedure Manual. Bloodborne Pathogen Exposure Procedure. August 2022

## Appendix A

**LIST OF JOB CLASSIFCATIONS AND CATEGORIES OF EXPOSURE**

Job classifications are coded for risk of occupational exposure to bloodborne pathogens and are placed in one of 3 categories:

***Category I*** Job classification in which **ALL** employees have occupational exposure.

***Category II*** Job classification in which **SOME** employees have occupational exposure

## Department: Clinical Laboratory

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Classification** | **Job Code** | **Category I** | **Category II** |
| Medical Lab technician | LABCEN05 | X |  |
| Medical Technologist | LABCEN07 | X |  |
| Phlebotomist | CEN0174 | X |  |
| Courier | CEN0178 | X |  |
| Supervisor, Laboratory | LABCEN10 | X |  |
| Point of Care Coordinator | FSCEN0177 | X |  |
| Senior Specimen Processor | LABCEN02 | X |  |
| Histotechnician | CEN0180 | X |  |
| Cytotechnologist | CEN0173 | X |  |
| Specimen Processor | LABCEN01 | X |  |
| Laboratory Support Technician | LABCEN04 | X |  |
| Administrative Assistant Associate | CEN0006 |  | X |
| Laboratory Manager |  | X |  |

## Appendix B

**STANDARD PRECAUTION TASK LIST**

**Required PPE or barrier is indicated by "X".**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TASK** | **PPE and Barriers to use when performing task** | | | | |
|  | **HAND HYGIENE** | **GLOVES** | **LAB COAT or**  **Gown (fluid resisitant)** | **MASK/EYE COVERING or SHIELD** | **Other Enginering Control** |
| Handling unopened specimens | X | X | X |  |  |
| Opening and handling specimens | X | X | X | X |  |
| Decapping tubes | X | X | X | X |  |
| Routine phlebotomy | X | X |  |  |  |
| Special phlebotomy (trauma or capillary collection) | X | X | X | X |  |
| Handling fixed tissue | X | X | X |  |  |
| Handling unfixed tissue | X | X | X | X |  |
| Processing specimens for culture | X | X | X |  | Process in biological safety cabinet |
| Handling positive blood cultures | X | X | X |  | Process in biological safety cabinet |

## Appendix C

**ENGINEERING CONTROLS LIST**

An engineering control is a device that eliminates or minimizes exposure to blood or other potentially infectious materials.

**Name of Department/Practice: Clinical Laboratory**

|  |  |
| --- | --- |
| **TYPE OF ENGINEERING CONTROL** | **LOCATION OF CONTROL/ DESCRIPTION** |
| Hand washing facilities | Throughout laboratory. |
| Waterless hand gel | Throughout laboratory |
| Sharps containers | Throughout laboratory |
| Biohazard waste containers | Throughout laboratory |
| Eye wash station | Throughout laboratory |
| Sealable plastic bags for specimen transport | Specimen processing area |
| Safety needles and lancets (for venipuncture and capillary blood collection) | * Outpatient phlebotomy * Phlebotomy carts * Specimen receiving area, phlebotomy restock * Microbiology lab |
| Safety scalpels | * Microbiology lab |
| Biological Safety Cabinet | * Core lab * Microbiology lab * Histology lab |
| Safety googles and shields | Throughout laboratory |
| Gloves | Throughout laboratory |
| Lab coats, knee length, fluid resistant | Laboratory storeroom |



## Exhibit D

**PROCEDURES IN WHICH ENGINEERED CONTROL DEVICES ARE NOT USED/ ASSOCIATED SAFE WORK PRACTICES**

**Department: Clinical Laboratory Review Date: 9/30/2022**

 **Engineered control devices are used for ALL procedures in this department**

* **There are some procedures for which engineered control devices are NOT used. (Table below MUST be completed for each process)**

**Reasons engineered devices cannot be used: 1) No device is available 2) The available devices are unsafe for staff or patients**

**3) The available devices make it impossible to do the procedure 4) Other**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROCEDURE** | **REASON ENGINEERED DEVICE IS NOT USED** | | **SAFE WORK PRACTICES IMPLEMENTED TO CONTROL EXPOSURE** |
| **Number (1-4)** | **Description** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |