

OLIVE VIEW-UCLA MEDICAL CENTER

**2013**

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**BLOODBORNE  
PATHOGENS  
EXPOSURE  
CONTROL  
PLAN**

**LEARNING MODULE**

**Bloodborne Pathogens Exposure Control Plan**  
**Biohazardous waste Policy**  
**Title 8**

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*(After reviewing the learning module and /or watching  
the BBP video, please sign in and complete the post  
test. Safety coordinators will review test and are  
available for interactive questions/answers)*

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**POLICY:** All employees will adhere to Olive View Medical Center Bloodborne Pathogens Exposure Control Plan, as mandated by the California Occupational Safety and Health Administration (Cal/OSHA), which complies with the Cal/OSHA Bloodborne Pathogens Standard CCR Title 8, Section 5193.

This Exposure Control Plan is found in the Infection Control Manual and will be made accessible to all employees.

**PURPOSE:** To provide a safer environment for patients, visitors and employees and to reduce the risk of exposure to Bloodborne pathogens.

This Bloodborne Pathogens Exposure Control Plan has been developed by Olive View to provide guidelines, policies and procedures for the prevention or minimization of occupational exposure to bloodborne pathogens or other potentially infectious materials.

**DEPARTMENTS:** ALL

#### **DEFINITIONS:**

**Bloodborne Pathogens:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

**Contaminated:** the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on a surface or in or on an item.

**Decontamination:** the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **DEFINITIONS: (Con't)**

**Engineering Controls:** equipment (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

**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.

**Needle or Needle Device:** a needle of any type, including but not limited to solid and hollow-bore needles.

**Needleless System:** a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established.
2. The administration of medication or fluids
3. Any other procedure involving the potential for an exposure incident.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**One-Hand Technique:** A procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

#### **Other Potentially Infectious Materials (OPIM) :**

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **DEFINITIONS: (Con't)**

difficult or impossible to differentiate between body fluids such as emergency response.

2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. Any of the following, if known or reasonably likely to contain or be infected with HBV, HIV, or HCV:
  - a. Cell, tissue, or organ cultures from humans or experimental animals.
  - b. Blood, organs, or other tissues from experimental animals or
  - c. Culture medium or other solutions.

**Personal Protective Equipment:** specialized clothing or equipment worn (i.e., gloves, gowns, mask or face shields and goggles) or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

#### **Regulated Waste:**

1. Liquid or semi-liquid blood or OPIM.
2. Contaminated items that:
  - a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM
  - b. Are capable of releasing these materials when handled or compressed
3. Contaminated sharps
4. Pathological and microbiological wastes containing blood or OPIM.
5. Regulated Waste includes "medical waste" regulated by Health and Safety Code Sections 117600 through 118360.

**Sharp:** any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels,

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **DEFINITIONS: (Con't)**

lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

**Source Individual:** any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee from hospital and clinic patients.

**Standard Precautions:** an approach to infection control, in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens

**Work Practice Controls:** policies that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

#### **PROCEDURE:**

##### **I. ASSIGNMENT OF RESPONSIBILITY:**

- A. The Infection Control Committee and its designees in conjunction with Environmental Health and Safety, and Employee Health Services are responsible for monitoring compliance with this policy.
- B. This policy is to be reviewed and revised as needed and at least annually by the Infection Control Committee.
- C. It is the shared responsibility of Infection Control, and Environmental Health and Safety to provide training on this policy to all employees via their safety coordinators.
- D. It is the responsibility of the department managers and service chiefs to assure that initial and annual training is provided to all employees as outlined in the Education and Training section of this policy.
- E. Employees are to comply with this policy. Failure of employees to comply with this policy will result in disciplinary action per hospital policy.

**INFECTION CONTROL  
POLICY AND PROCEDURE**

**SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE  
CONTROL PLAN**

**PROCEDURE:** (Con't)

- F. Each department manager and service chief is responsible to monitor the compliance of employees with this policy.
- G. Infection Control and Employee Health Services are responsible for follow up after an exposure incident.
- H. Reports of exposure incidents are to be reviewed by the Safety and Infection Control Committees with periodic reassessment of risk within the facility

**II EXPOSURE DETERMINATION CLASSIFICATIONS:** (by department)

**CATEGORY I DEPARTMENTS**

(All employees have occupational exposure to bloodborne pathogens)

Ambulatory Medicine	Environmental Services	Pediatrics
Anesthesiology	Laboratory	Physical Therapy
Cardiology	Medicine	Psychiatry
Central Processing	Nursing	Radiology
Community Health Plan (CHP)	OB/GYN	Safety Police
Dietary	Respiratory Therapy	Surgery
Dental Clinic	Occupational Therapy	
Emergency Medicine	Operating Room	
Employee Health	Pathology	

**A. CATEGORY II DEPARTMENTS**

(SOME employees have occupational exposure to bloodborne pathogens)

Facilities

**Job Classification**

**Task/Procedure**

Biomedical Technicians

Handling and repair of contaminated biomedical equipment.

Plumbers

Maintenance and repair of the sewage system.

## INFECTION CONTROL POLICY AND PROCEDURE

### SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PROCEDURE: (Con't)

#### B. CATEGORY III DEPARTMENTS

(No employees have occupational exposure to bloodborne pathogens)

Admissions	Linen Services	Patient Financial Service
Business Office	Materials Management	Personnel
Communications	Medical Administration	Pharmacy
Data Processing	Medical Records	Social Work
Expenditure Management	Medical Transcribing	Utilization Management
Hospital Administration	Office Services	Volunteers
Human Resources	Outpatient Financial Services	
Library Sciences	Pastoral Services	

### III COMPLIANCE METHODS

#### A. STANDARD PRECAUTIONS

Standard precautions are observed in all patient care areas to prevent contact with blood or other potentially infectious materials as prescribed in the facility infection control policy and procedures and in departmental policies and procedures.

1. Handwashing facilities and alcohol based handrub are provided in all patient care areas of the facility. Employees must wash their hands immediately or as soon as feasible after removing their gloves or other personal protective equipment. Hand lotion, provided by facility, may be applied only after thoroughly washing hands.
2. Employees must wash their hands and any other skin with soap and water or alcohol handrub or flush mucous membranes with water, immediately, or as soon as feasible following contact with blood or other potentially infectious materials.
3. NEVER mouth pipette or suction blood or other potentially infectious material. Ambu bags, mouthpieces or other ventilation devices should be used for CPR.
4. Employees shall wear appropriate personal protective equipment (i.e., gloves, mask, goggles, gown) whenever the likely risk of exposure exists.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **COMPLIANCE METHODS (Con't.)**

5. Employees shall avoid splashing, spraying, splattering, or generation of droplets whenever blood or other potentially infectious materials are handled. Any spill should be cleaned up promptly with a disinfectant solution.
6. Employees shall not eat, drink, smoke, or perform personal activities (e.g., applying lip balm, handling contact lenses) in work areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials.
7. Employees shall not keep food or drink in any freezers, refrigerators, shelves, cabinets, or on countertops or bench tops where blood or any other potentially infectious materials are present.

#### **B. ENGINEERING AND WORK PRACTICE CONTROLS**

1. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized.
  - a. Sharps containers
  - b. Biosafety cabinets
  - c. Needleless IV devices (Needleless system)
  - d. IV catheters with safety device
  - e. Syringe with safety device
  - f. Lancets with safety device
  - g. Scalpels with safety device
  - h. Plastic blood collection tubes
2. The above controls will be examined and maintained or replaced annually or as needed to ensure introduction of new devices and engineering controls. Responsibility to review the effectiveness of the individual controls and new protective devices shall reside with the Infection Control Committee.



## INFECTION CONTROL POLICY AND PROCEDURE

### SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

#### COMPLIANCE METHODS (Con't.)

3. The following exceptions apply to the engineering controls required by subsection of the revised Bloodborne Pathogens Standard 5193 (BBPS) (d) (3) (A) and include:
  - a. **Market availability** – the engineering control is not required if it is not available in the marketplace
  - b. **Patient safety** – the engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines in a reasonable exercise of clinical judgment, that use of the engineering control will jeopardize patient safety or the success of a medical, dental, or nursing procedure involving the patient. The determination must be documented according to the procedure required by c) (1) (B) 6 (BBPS).
  - c. **Safety performance** – the engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
  - d. **Availability of safety performance information** - the engineering control is not required if the employer can demonstrate that reasonable specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

**In all the above exclusions, the burden of documentation and proof of efficacy falls to the employer.**

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **COMPLIANCE METHODS (Con't.)**

##### **C. HAND HYGIENE**

Handwashing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. 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 or alcohol based handrub.

##### **D. CONTAMINATED NEEDLES AND SHARPS**

1. Do not bend, hand-recap, shear or break contaminated needles and other sharps.
2. Recap or remove contaminated needles from disposable syringes only when medically necessary. To recap needles, use a mechanical device or one-handed technique.
3. Place contaminated needles in an appropriate puncture-resistant, leak-proof container immediately after use.
4. Contaminated sharps are to be placed immediately, or as soon as possible, after use into containers that are puncture resistant, labeled with a biohazard label, leak proof and located in all patient care units.

##### **E. SPECIMENS**

Specimens of blood or other potentially infectious materials will be placed in a plastic zip-lock bag to prevent leakage during the collection, handling, processing, storage, transport or shipping of the specimens.

##### **F. CONTAMINATED EQUIPMENT**

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated. If it is not feasible to decontaminate contaminated equipment before servicing a readily observable label will be attached to the equipment stating which portions remain

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **COMPLIANCE METHODS (Con't.)**

contaminated. This information shall be conveyed to servicing representatives prior to handling, servicing or shipping so appropriate precautions will be taken.

#### **G. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Employees at risk of occupational exposure shall be provided appropriate personal protective equipment (PPE) at no cost. Such PPE will not permit blood or other potentially infectious materials to pass through it or reach the employees' clothing, undergarments, skin, eyes mouth, or other mucous membranes under normal conditions of use and for the duration of time the PPE will be used. Employees shall wear PPE appropriate to the type of occupational exposure reasonably anticipated during the normal performance of their jobs. All employees will be trained in the proper selection, indications, mandated use and proper procedures for disposal or reprocessing of PPE. Failure to wear appropriate PPE will be investigated and documented to determine whether the failure was justified and whether changes are needed to prevent future occurrences.

Appropriate PPE shall be readily available to employees in the appropriate sizes. All PPE shall be cleaned, repaired or replaced by the department as needed to maintain its effectiveness. Garments penetrated by blood or other potentially infectious materials shall be removed or disposed immediately or as soon as feasible and replaced by clean or newly laundered garments. (If contaminated garments are not disposable then garments shall be bagged and Infection Control notified for outside laundering arrangements.) All PPE shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

##### **1. GLOVES**

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

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **COMPLIANCE METHODS (Con't.)**

- b. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- c. Hypoallergenic gloves, gloves liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Employees will report any such reactions to their supervisor.

#### **2. MASKS, FACE SHIELDS, AND EYE PROTECTION**

- a. Masks, face shields and eye protection include: goggles, full face shields, masks with shields or glasses with solid side shields. Eyeglasses are not protective equipment.
- b. Masks and eye protection shall be worn whenever spraying or splashing of blood or body fluids is anticipated to prevent exposure of the mouth, nose and eyes.
- c. Reusable eyewear or face shields are to be washed with soap and water and wiped with an appropriate disinfectant.
- d. Disposable masks and shields are placed in regular trash after one use.
- e. Masks are worn to prevent transmission of airborne diseases.

#### **3. GOWNS, APRONS, AND OTHER PROTECTIVE CLOTHING**

- a. The use of this type of clothing varies with the degree of occupational exposure. Fluid resistant gowns or aprons shall be worn during procedures likely to cause splashing, droplets and spraying (i.e., surgery, some radiological procedures).

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **COMPLIANCE METHODS (Con't.)**

- b. Surgical caps or gowns and/or shoe covers or boots shall be worn where gross contamination can be reasonably anticipated.
- c. Disposable gowns/aprons are discarded in trash after one use. Reusable gowns shall be handled as regular linens, all of which is handled as contaminated.

#### **4. EMERGENCY VENTILATION DEVICES**

Ventilation devices such as Ambu bags, mouth pieces or other devices should be used instead of resuscitating mouth-to-mouth. Resuscitation equipment is found in all patient care areas, and on crash carts.

#### **I. HOUSEKEEPING**

There are written housekeeping schedules for all areas maintained by Environmental Services. These schedules enumerate tasks or procedures performed in each area.

- 1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures immediately, or as soon as feasible, after any spill of blood or other potentially infectious material, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- 2. Disposable protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- 3. All bins, pails, cans and similar reusable receptacles shall be inspected and decontaminated on a regularly scheduled basis and whenever necessary, if they have a reasonable likelihood for becoming contaminated.
- 4. Broken glassware shall not be picked up with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps, and disposed of in "Sharps" containers.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

5. Housekeepers shall not handle reusable sharps.

#### **I. LAUNDRY**

1. All soiled laundry is handled using Standard Precautions.
2. Laundry shall be handled as little as possible and with a minimum of agitation. It shall be collected in leak-proof bags at the location where it is used and shall not be sorted or rinsed in the location of use.
3. Housekeepers and linen handlers who have contact with contaminated laundry shall wear gloves and other appropriate PPE provided by the hospital and shall be trained in identifying, bagging, handling and transporting contaminated laundry.

#### **J. BIOHAZARDOUS WASTE**

1. Regulated waste shall be placed in containers which are closable, leak-proof, labeled or color-coded as required and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
2. If outside contamination of the regulated waste containers occurs, it shall be placed in a second container that meets all of the requirements of the primary container above.
3. All regulated waste shall be disposed of in accordance with applicable regulations.

### **IV HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW UP**

#### **A. GENERAL**

*Olive View* 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 Employee Health Service will provide medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis to all employees at no cost to the employee.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW UP (Con't)**

##### **B. HEPATITIS B VACCINATION**

1. Hepatitis B vaccine 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.
2. 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. All employees who decline the Hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal.
3. If a routine booster dose of Hepatitis B is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

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

1. After receiving an exposure, employees should wash the contaminated area with soap and running water, notify a supervisor, obtain source individual's identification if possible, and report immediately to Employee Health Services. After hours or on weekends, the employee should report to the Emergency Room.
2. It is imperative that the employee report the incident immediately for prophylactic measures to be effective.
3. The employee will be provided with medical treatment, informational materials, and appropriate counseling as to available options which include the following:
  - a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
  - b. Identification and documentation of the source individual, if available.
  - c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine bloodborne pathogens infectivity.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW UP (Con't)**

- d. Rapid HIV testing shall be done on the source individual's blood if consent is signed or blood is available in the lab. 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.
4. Collection and testing of blood for HBV/HIV/HCV 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 have their blood collected for testing for HIV/HBV/HCV 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.
    - c. HIV testing is done in Employee Health Services, Medical Walk-in and Emergency Room

#### **D. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

The healthcare professional evaluating an exposure incident is to be provided with the following:

1. A copy of this regulation
2. A description of the exposed employee's duties as they relate to the exposure incident.
3. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
4. Results of the source individual's blood testing, if available.
5. All medical records relevant to the appropriate treatment of the employee, including vaccination status.



## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **E. THE EMPLOYER'S RESPONSIBILITY TO THE EMPLOYEE REGARDING THE HEALTHCARE PROFESSIONAL'S FINDINGS.**

The employer is required to provide to the exposed employee the results of HIV, HBC, and HCV testing of the source individual in order to assist the employee in deciding whether to be tested and how to comply with other elements of post exposure management.

The employer by making this information available to the employee does not necessarily have the authority to be informed of the source individuals test results, only that this information be provided to the employee.

The exposed employee is also to be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

If the source individuals consent for testing of blood cannot be obtained, the employer must document in writing that legally required consent cannot be obtained.

#### **F. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

The employee shall be provided with healthcare professional's evaluation within 15 days. This written evaluation shall be limited to:

1. Whether hepatitis B vaccination is indicated for this individual, and whether it was administered.
2. That the employee has been informed of the evaluation results.
3. 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.

**All other findings or diagnoses shall remain confidential and shall not be included in the written report.**

### **V. LABELS AND SIGNS**

#### **A. LABELS**

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

#### **LABELS (Con't.)**

1. Warning labels shall be affixed to containers of regulated waste, refrigerators, freezers and other containers used to store blood or other potentially infectious materials.
2. Labels shall display the universal biohazard symbol and the word "BIOHAZARD" and shall be fluorescent orange red with lettering or symbols in a contrasting color.
3. Labels shall be affixed to containers by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.
5. Regulated waste, which has been decontaminated need not be labeled or color-coded.

#### **B. SIGNS**

1. Signs need only be posted at entranceway to HIV and HBV research laboratory and production facilities.

#### **VI. INFORMATION AND TRAINING**

- A. All employees with occupational exposure to bloodborne pathogens shall be trained during working hours at no expense to them. This training will be done at the time of initial assignment and at least annually thereafter.
- B. Additional training shall be provided when changes that affect employees' occupational exposure occur. Additional training may be limited to the changes affecting new exposures.
- C. Training shall be appropriate for the educational level, literacy and language of the employees.
- D. The trainer shall be knowledgeable in the subject matter of the training program. A video may be used along with the opportunity for interactive questions and answers with the person conducting the training session.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN INFORMATION AND TRAINING (Con't)**

- E. Training program required components:
1. An accessible copy of the regulatory text of the standard and an explanation of its contents.
  2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
  3. An explanation of the modes of transmissions of bloodborne pathogens.
  4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
  5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
  7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE and a explanation of the basis for selection of PPE.
  8. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
  9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
  10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
  11. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
  12. An explanation of the signs and labels and/or color-coding required.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

13. An explanation of the disciplinary action that will occur when employees willfully disregard safety precautions.
  
14. An opportunity for interactive questions and answers with the person conducting the training session.

## **VII. RECORD KEEPING**

### **A. MEDICAL RECORDS**

1. Employee Health is responsible for maintaining medical records related to occupational exposures as indicated below. These records will be kept in Employee Health.

Medical records shall be maintained in accordance with T8 California Code of Regulation Section 3204. These records shall be kept confidential, and not disclosed without employee's written consent and must be 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 and ability to receive vaccination.
- c. A copy of all results of examination, 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.
- e. A confidential copy of the healthcare professional opinion.

### **B. TRAINING RECORDS**

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

1. The dates of the training sessions.

## **INFECTION CONTROL POLICY AND PROCEDURE**

### **SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

2. An outline describing the material presented.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

### **B. SHARPS INJURY LOG**

1. The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.
2. The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The information recorded shall include the following information, if known or reasonably available:
  - a. Date and time of the exposure incident.
  - b. Type and brand of sharp involved in the exposure incident.
  - c. Description of the exposure incident which shall include:
    - 1) Job classification of the exposed employee
    - 2) Department or work area where the exposure incident occurred
    - 3) The procedure that the exposed employee was performing at the time of the incident.
    - 4) How the incident occurred.
    - 5) The body part involved in the exposure incident.
    - 6) If the sharp has engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
3. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
4. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

**INFECTION CONTROL  
POLICY AND PROCEDURE**

**SUBJECT/TITLE: BLOODBORNE PATHOGENS EXPOSURE  
CONTROL PLAN**

**D. AVAILABILITY**

1. The employee's records shall be made available to the employee or to his designated representative for examination and copy upon request in accordance with Title 8, California Code of Regulations (CCR), Section 3204.
2. All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute of Occupational Safety and Health (NIOSH).

**E. 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 Chief of DOSH shall be contacted for final disposition in accordance with the Section 3204.

**VIII. REVIEW AND UPDATE**

This Exposure Control Plan will be reviewed and updated at least annually and whenever such updating is indicated by changes in requirements or job exposure.

**IX. EVALUATION**

Staff is encouraged to participate in the selection and evaluation the effectiveness of engineering and work practice controls (e.g. sharps containers, needles, blades, sutures, needless systems, etc.). Safety Device Evaluation Form is located on the Intranet under Infection Control.

<b>REFERENCES :</b> California Labor Code, Section 144.7, 1998	
Centers for Disease Control and Prevention (CDC): <u>Guidelines for Infection Control in Hospital Personnel</u> , CDC Hospital Infections Program, 1998	
Sharps Injury Control Program, Department of Health Services, Occupational Health Branch/University of California	
Title 8, California Code of Regulations (CCR), Section 5193 (Bloodborne Pathogens) December 17, 1998.	
Approved by: <i>Aema Alvarez</i>	Date: 10/23/13
Review date: 3/95, 3/96, 3/99, 2/00, 2/11, 2/12, 01/2013	
Revision date: 3/93, 7/1/99, 6/01, 8/03, 12/04, 5/31/07, 3/1/10, 10/23/13	

## **Infection Prevention**

The goal of the **Infection Control Program** is to prevent the transmission of infection to patients, visitors, and workforce members, provide a safe work environment, and improve patient care and safety. Implementing environmental sanitation procedures, cleaning, disinfection, sterilization, hand hygiene, standard precautions and isolation precautions can prevent hospital acquired infections.

**Infectious organisms** can spread by the air, mucus membranes (eyes, nose, mouth), open skin (cuts, puncture, rash, wounds, burns), and inanimate objects (ie- door knobs, keyboards, bed rails, etc.). It is impossible for you to know who is or is not infected by looking at them. Therefore, take precautions and consider all blood, body fluids, non intact skin, secretions, excretions, and mucus membranes as potentially infectious.

**Standard Precautions** and isolation (if applicable) are used to protect you and patients from exposures. Some of the major features of Standard Precautions are hand hygiene, respiratory hygiene/cough etiquette, personal protective equipment, safe injection practices, masks usage for central line placement and epidurals, and care of the environment.

**Hand hygiene** with soap and water (for 15 seconds) or an alcohol hand sanitizer (golf ball size foam) is the most important thing you can do to prevent the spread of infection. It must be done before and after direct/ indirect care with the patient or their environment, after removing gloves, using the bathroom, coughing, or sneezing.

**Artificial fingernails** (material applied to the fingernail for the purpose strengthening or lengthening nails) are not permitted for those who have direct contact with patients, patient supplies/instruments, or patient food.

**Respiratory hygiene** is covering the mouth and nose when coughing or sneezing. Individuals with signs of a respiratory infection should wear a surgical mask covering the mouth and nose while in the hospital building. (Tissues and masks are available in the lobby respiratory hygiene stations). Hand hygiene should be performed after soiling hands with respiratory secretions.

**Personal protective equipment (PPE)**- Gown, gloves, mask, eye shields, caps, and shoe protectors can be used to accomplish Standard Precautions and are available on the isolation carts.

**Transmission Based Precautions** are used in addition to Standard Precautions for any patient diagnosed with or suspected of having a contagious disease. The three categories of isolation are Airborne, Droplet, and Contact Precautions. (Refer to the Isolation Precautions or the Infection Control Manual which are available on the intranet). Know the work practices and precautions to use in your area or job duty to prevent exposures. Report exposures to your Supervisor, Employee Health, and Infection Control.

**Cleaning and disinfection**- Environmental Services follows principles of cleaning and disinfection, but all workforce members are responsible to help keep the facility clean and safe. For instance- disinfecting wipes (ie-used to clean stethoscopes between patients) and disposable single pt use items are available.

**Patient hygiene**- Patients need to be educated and encouraged to perform hand hygiene before and after care of their wound, before meals, and after using the toilet/ commode. If a patient is not near a sink or is unable to get up, make alcohol handrub available for their use.

**Infection Control Policies** are available on the unit Infection Control Manual binder or the intranet.

## Preventing Transmission of Healthcare Associated Infections (HAIs)

### **Methicillin-Resistant Staphylococcus Aureus (MRSA)**

MRSA is an antibiotic resistant bacteria that can cause skin, blood, surgical site, urinary, and respiratory infections. MRSA infections occur most frequently among patients who undergo invasive medical procedures, have weakened immune systems, or are being treated in hospitals, nursing homes, or dialysis centers.

#### **Prevent Transmission**

- Follow CDC hand hygiene guidelines and standard precautions
- Use contact precautions (gown and gloves) for MRSA colonized or infected patients
- Patients may leave their room for a procedure/test with a clean gown, covered wound, and clean hands, once the receiving area has been notified of the patient's isolation status
- Consult Infection Control for cohorting or discontinuing isolation
- Educate patients and their families about MRSA and how to prevent its spread
- Ensure proper cleaning and disinfection of equipment and the environment

### **Clostridium difficile (C.diff)**

C.diff is a spore forming microorganism that produces toxins. It is a common cause of antibiotic-associated diarrhea. Symptoms include watery diarrhea, fever, loss of appetite, nausea and abdominal pain/tenderness. The spore is extremely difficult to kill and can survive in the environment for long periods of time so it is easily transmitted by direct contact with the hands of healthcare workers or with contaminated environmental surfaces.

#### **Prevent Transmission**

- Use soap and water for hand hygiene (Post blue handwashing sign as a reminder that alcohol is not as effective)
- Use contact precautions (in addition to standard precautions) for those diagnosed with or suspected of having the infection
- Educate patients and their families about C.diff and how to prevent its spread
- Ensure proper cleaning and disinfection of equipment and the environment (Use bleach product)