

## **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN POLICY**

### **POLICY:**

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, UMCHS will adhere to the agency's Bloodborne Pathogen Exposure Control Plan. This plan will be reviewed annually. (See Bloodborne Pathogen Exposure Control Plan.)

Human Resources Director will maintain a list of "Primary First Aid Responders" for Head Start and Early Head Start identifying classroom staff who have been identified to provide "First Aid" care for cuts and bleeding injuries to children where potential for exposure to Bloodborne Pathogens may occur. (See "Primary First Aid Responder List")

Staff will adhere to Universal Precautions and preventive measures outlined within the Bloodborne Pathogen Exposure Control Plan and associated policies sited herein.

### **Bloodborne Pathogens Exposure Control Plan**

Facility Name: Umatilla-Morrow County Head Start, Inc.

Date Prepared: August 10, 1992

Date Revised: August 17, 2000

Date Revised: August 12, 2002

### **PURPOSE**

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

### **EXPOSURE DETERMINATION**

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

Nutrition Services Director, WIC Director, WIC Certifier, and identified "Primary First Aid Responders" in HS/EHS center classrooms, such as EHS Teacher, EHS Teacher's Assistant, HS CFA and HS Full Day Teacher.

### **IMPLEMENTATION SCHEDULE AND METHODOLOGY**

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

## **1. Compliance Methods**

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual. (See Handling of Body Fluids Policy, Blood/Body Fluid Clean-up Policy and Procedure, and Handwashing Policy)

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:

Puncture-Resistant sharps containers

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Sharps containers: examined weekly by WIC Certifier. Containers will be replaced when full. The WIC Director will ensure that appropriate containers are utilized in the WIC clinics.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

The Health Services Manager, WIC Director and direct supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. (See Hand washing Policy)

The Health Services Manager, WIC Director and direct supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible with soap and water.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedures:

Recapping or removal of contaminated sharps is NOT permitted. (See WIC Disposal of Sharps Policy) Reusable sharps are not used in WIC Clinics.

### **3. Work Area Restrictions**

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

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this facility to accomplish this goal are:

Blood draw technique according to WIC procedure outlined in the BIOCHEMICAL ASSESSMENT section of the WIC Nutrition Manual.

Prompt disposal of Hemocue cuvettes after hemoglobin reading is completed.

### **4. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

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

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

### **5. Contaminated Equipment**

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

## **6. Personal Protective Equipment**

### **PPE Provision**

The Health Services Manager and WIC Director are responsible for ensuring that the following provisions are met.

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Procedure: Finger, toe, or heel stick blood draw.

PPE required: Gloves

The Health Services Manager and the WIC Director will ensure WIC Clinics and Head Start centers are well stocked with personal protective gloves and are readily available to WIC Certifiers for Hemocue procedures and Head Start staff for emergency first aid and diapering procedures.

### **PPE Use**

The Health Services Manager and the WIC Director shall ensure that the employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or coworker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

### **PPE Accessibility**

The Health Services Manager and the WIC Director shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

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

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. (See WIC -Personal Protective Equipment Policy and Head Start Blood/Body Fluid Clean-up Kit Policy and Procedure)

### **Gloves**

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

Disposable gloves used at this facility are not to be washed, decontaminated or re-used and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove 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.

### **Eye and Face Protection**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Situations at this facility which would require such protection are as follows:

It is not anticipated that eye and face protection will be needed during procedures performed by the employees identified in this plan.

### **Additional Protection**

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery). The following situations require that such protective clothing be utilized:

It is not anticipated that gross contamination will occur during procedures performed by the employees identified in this plan.

## **7. Housekeeping**

This facility will be cleaned and decontaminated according to the following schedule: (See WIC Cleaning Guidelines and Head Start Cleaning Guidelines)

Decontamination will be accomplished by utilizing the following materials:  
Bleach Solution.

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

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis. Any broken glassware which may be contaminated will not be picked up directly with the hands.

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

## **8. Regulated Waste Disposal**

### **Disposable Sharps**

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

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

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

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

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

ONLY non-reuseable containers will be used for sharps disposal at this

facility.

### **Other Regulated Waste**

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

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

NOTE: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations. (The DNR is the controlling agency in Wisconsin.)

State Regulation: ORS 459.386-459.405 and OAR 333-18040 thru 333-18-070.

## **9. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up**

### **General**

Umatilla-Morrow County Head Start, Inc. shall make available the Hepatitis B vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The Health Services Director, WIC Director and direct supervisors shall ensure that all accidents are reported to the Human Resources Director and that medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

- a. Made available at no cost to the employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of another licensed healthcare professional; and
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

The Health Services Director is in charge of the Hepatitis B vaccination program. UMCHS will contract with the Umatilla County Health Department to provide this service.

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

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

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

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

### **Post Exposure Evaluation and Follow-Up**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Human Services Resources Director and the Health Services Director.

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

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Health Services Director shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- b. The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by a licensed health professional chosen by the employee.

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

- a. A copy of 29 CFR 1910.1030;
- b. A written description of the exposed employee's duties as they relate to the exposure incident;
- c. Written documentation of the route of exposure and circumstances under which exposure occurred;
- d. Results of the source individuals blood testing, if available; and
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **Healthcare Professional's Written Opinion**

Employee shall obtain and provide the Health Services Director a copy of the evaluating healthcare professional's written opinion within 10 days of the completion of the evaluation.

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

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

- a. A statement that the employee has been informed of the results of the evaluation; and
  - b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- c. Recommendations for care.

Note: All other findings or diagnosis shall remain confidential and shall not be

included in the written report.

## **10. Labels and Signs**

The WIC Director shall and the Health Services Director when necessary shall ensure that bio-hazard labels shall 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 materials.

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

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

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

## **11. Information and Training**

The Human Resource Director and the Health Services Director shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated annually. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the Umatilla-Morrow County Head Start, Inc. Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
- h. An explanation of the basis of selection of PPEs.
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- l. Information on the evaluation and follow-up required after an employee incident.
- m. An explanation of the signs, labels, and color coding systems.

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

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

## **12. Recordkeeping**

### **Medical Records**

The Human Resources Manager is responsible for maintaining medical records as indicated below. These records will be kept in the Personnel Files at the Pendleton Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, 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.
- c. A copy of all results of examinations, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

### **Training Records**

The Human Resources Manager is responsible for maintaining the following training records. These records will be kept in the Personnel Files. Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names and qualifications of persons conducting the training;
- d. The names and job titles of all persons attending the training sessions.

## **Availability**

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20.

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

## **Transfer of Records**

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

### **13. Evaluation and Review**

The Umatilla-Morrow County Head Start, Inc. Safety Committee is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

### **14. Dates**

All provisions required by this standard will be implemented by:

Exposure Control Plan: September 1, 1992  
Information and Training, and Record Keeping: October 1, 1992  
Engineering and work practice controls, PPE, housekeeping, Hepatitis B vaccination, Post-exp. evaluation and F/U; labels and signs:  
November 1, 1992