PURPOSE:

The purpose of the Bloodborne Pathogens Standard is to eliminate or reduce occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter during their work activities. This Bloodborne Pathogen Exposure Control Plan is intended to meet the requirements of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard; Final Rule 29 CFR 1910.1030, as well as the Needlestick Safety and Prevention Act.

POLICY:

Introduction
OLOLRMC has implemented this Exposure Control Plan in order to minimize occupational exposure to diseases transmitted by the bloodborne route. This is accomplished by providing a safe working environment through the practices of:

I. Exposure Determination
II. Methods of Compliance-Standard Precautions
III. Engineering and Work Practice Controls
IV. Personal Protective Equipment
V. Housekeeping
VI. Hepatitis B Vaccination and Post-Exposure Follow-up
VII. Communication of Hazards to Employees
VIII. Recordkeeping

Program Review
The Infection Control and Safety Management Departments are primarily responsible for this plan and its maintenance, update, and annual review as well as conducting periodic monitoring for policy compliance. Each Department Head or Manager is responsible for the implementation of this Exposure Control Plan in their departments.

A copy of this Exposure Control Plan is accessible to all employees.

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
The review and update of this plan shall also:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Employee Health and Infection Control Departments will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

**PROCEDURE:**

I. **EXPOSURE DETERMINATION**

Each Department Head is responsible for classifying tasks performed in their areas of responsibility according to the OSHA job classifications. The OSHA I and II job classifications have been combined on the “At Risk” list to provide full protection to all employees who have either normal or unplanned exposure to blood or body fluids as part of their routine job tasks. Body fluids mean ALL secretions and excretions, except sweat, (regardless of whether or not they contain visible blood), non-intact skin, and mucous membranes.

Human Resources, Employee Health, and Infection Control will assist Department Heads with the monitoring of the “At Risk” list of all job titles by Department in which employees in those job classifications have occupational exposure. This exposure determination shall be made without regard to the use of personal protective equipment. The following is a list of tasks and procedures or groups of closely related tasks and procedures in which the potential for occupational exposure exists:

**Exposure Prone Tasks:**

- Administering intravenous fluids and medications
- Blood glucose determination
- Direct patient care
- Environmental cleaning of patient care areas
- Flushing intravenous and arterial lines
- Handling all biohazard, medical wastes
- Handling contaminated or dirty linen
- Handling contaminated sharps and sharps containers
- Handling contaminated medical equipment
- Performing and assisting in endoscopic, laparoscopic, invasive and surgical procedures
- Phlebotomy
- Starting, changing and discontinuing all intravenous and arterial lines
- Transporting patients
- Transporting or handling specimens
- Ventilator care
- Wound care

Each new employee's job title and the tasks and procedures that they will perform are checked against the Job Classification on the “At Risk” list. Employee Health refers to this list to assign new employees needing OSHA Bloodborne Pathogens Training and Hepatitis B Vaccination.

If the employee is transferring from one job to another within our facility, the job classifications pertaining to their new position are also checked against the list. Based on this "cross-checking", the new job classification, which will bring the employee into occupational exposure situations, is identified.

II. METHODS OF COMPLIANCE - STANDARD PRECAUTIONS

Standard Precautions apply to (1) blood, (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood, (3) non-intact skin, and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital. Use Standard Precautions for the care of all patients. Standard Precautions merges the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the transmission of bloodborne pathogens) and Body Substance Isolation (designed to reduce the transmission of pathogens from moist body substances).

III. ENGINEERING AND WORK PRACTICE CONTROLS

A. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

B. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
   2. Spill Clean-up - All department heads and supervisory personnel are responsible for ensuring that their employees are prepared to properly respond to spills of potentially infectious materials such as blood/body fluids in their work area. Each department will maintain proper spill clean-up equipment at all times. If necessary, due to the volume of the spill, notify the Housekeeping Department to disinfect the area.

Standard Precautions will be employed in all circumstances by the person(s) cleaning the spill. Decontamination and cleaning materials shall include but not be limited to EPA registered disinfectant, and other appropriate cleaning equipment (i.e., cleaning cloths, towels, etc.).

Hands will not pick up broken glassware. The use of mechanical means such as brooms, brushes, dustpans, tongs or forceps will be employed.
a) The department where the spill occurs will be responsible for the clean-up initially using a hospital approved germicidal solution. Spill clean up will be done by employees trained in the use of Standard Precautions.

b) The area involved in the spill will be restricted to patient, visitor, and staff traffic passage until the clean-up/disinfecting efforts are completed.

c) Assemble materials and equipment to include such items as wet floor signs, gloves, cleaning cloths, paper towels, hospital-approved germicide, Bio-Hazard Bags, clear plastic bag for linens contaminated with infectious waste. Put on protective clothing as required.

d) Remove bulk amount of blood/body fluid with an absorbent rag or paper towel and dispose of in appropriate receptacle. Place linen in soiled linen bag and soiled paper towels in biohazard bag. The area can then be cleaned with a hospital approved germicidal solution.

e) If necessary, after the bulk amount of blood/body fluid has been removed, notify the Housekeeping Department to disinfect the area.

f) Remove protective clothing and dispose of properly.

g) Wash hands.

3. Sharps Injury and Blood and Body Fluid Exposure Prevention - Care will be taken to prevent injuries when using needles, scalpels, and other sharp instruments or devices, when handling sharp instruments after procedures, when cleaning used instruments, and when disposing of used needles. Puncture-resistant containers (needleboxes) are located in the patient rooms as well as key areas in all Clinical Departments.

a) Use available safer medical devices, such as sharps with engineered sharps injury protection or needleless systems, for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids. Safer medical devices are those with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident. For purposes of this plan, an "available" safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

b) Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; when absolutely necessary, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.

c) Do not bend, break, or otherwise manipulate used needles by hand. Do not remove used needles from disposable syringes by hand, unless a situation exists which necessitates using a syringe to draw blood and transfer the collected blood into a test tube before disposing of the contaminated syringe. In such a situation, a syringe with engineered sharps injury protection must be used. Removal of the safety-engineered needle must be accomplished after activation of the safety feature and using safe work practices (including use of mechanical means of removal whenever possible). Transfer of the blood from the syringe to the test tube must be done using a needleless blood transfer device.

d) Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as
practical to the area in which the items were used. Place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
e) All occupational exposures to blood or body fluids are to be reported immediately by completing an Electronic Safety Event Report with prompt follow-up in Employee Health or the ECU. When an exposure occurs Monday through Friday, the employee is to go to Employee Health for follow-up. When the exposure occurs before or after Employee Health hours, or on the weekend/holidays, the employee is to go to the Emergency Care Unit for follow-up.
f) Work Area Restrictions - Eating, drinking, applying cosmetics or lip balm, and the handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This includes laboratory work areas, patient and treatment rooms, nursing units, and other patient care areas. These areas will be called "potentially contaminated areas" and should be identified in department-specific written procedures. Personnel are to eat, drink, in areas designated for these purposes (clean areas such as cafeteria, lounges, and break rooms). In addition, food and drink shall not be kept in refrigerators, freezers, shelves, or bench tops where blood or other potentially infectious materials are kept.
g) Procedures - All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances (e.g., cleaning contaminated instruments, irrigation). Mouth pipetting or suctioning of blood or potentially infectious material is prohibited.
h) Specimen Handling - All containers used to contain specimens of blood or other potentially infectious materials shall prevent leakage during collection, handling, storage, transport, or shipping. Since Standard Precautions are utilized in this facility, there is no need to label each specimen with a biohazard symbol; however, the containers must be recognizable as specimen containers. Biohazard labels must be attached to carriers designed to transport multiple specimens. If the outsides of the specimen containers are soiled with blood or other potentially infectious materials, the primary containers must be placed in a secondary container that prevents leakage during all phases of handling. The secondary container (trays and coolers) shall also be puncture resistant. If the transport container becomes contaminated, the person identifying the leakage shall promptly clean up the spill according to protocol.
i) Contaminated Medical Equipment - Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. All equipment which may become contaminated during use shall be examined prior to servicing or shipping and shall be decontaminated as necessary and when possible. Prior to sending equipment that may be decontaminated to Bio-Med or after initiating service call, it shall be decontaminated with hospital approved disinfectant. (If equipment has been involved in a patient injury, refer to the Safe Medical Device policy.) When it is not possible or feasible to decontaminate the equipment, the parts that are contaminated must be labeled with a biohazard symbol stating which portions may be contaminated. Those who perform
maintenance on potentially contaminated equipment must observe Standard Precautions and wear appropriate PPE when handling contaminated equipment. If it is necessary to ship equipment that has not been decontaminated to a manufacturer, the company representative or the manufacturer must be notified of the biohazard prior to shipping and appropriate labels must be affixed to the equipment. Reusable equipment is not to be used for the care of another patient until it has been cleaned and reprocessed appropriately. Single-use items are to be discarded properly. Any single-use items under consideration for third party reprocessing will be approved by the Infection Control Committee.

j) Pregnant Healthcare Workers
Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health-care workers will be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

k) Invasive or Exposure Prone Procedures
Health care workers who perform invasive or exposure prone procedures will adhere to Standard precautions vigorously to minimize the risk of transmission of bloodborne pathogens from infected patients to HCWs and vice versa.

1) An invasive procedure is defined as a procedure involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body, including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations, and excluding venipuncture and intravenous therapy.

2) Characteristics of exposure prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.

3) Standard Precautions will be the minimum precautions for ALL such invasive or exposure-prone procedures:

   • All health care workers who participate in exposure prone or invasive procedures will routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients.

4) Gloves and surgical masks will be worn for invasive or exposure prone procedures.

5) Protective eyewear or face shields will be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids.

6) Gowns or aprons made of materials that provide an effective barrier will be worn during procedures that are likely to result in the splashing of blood or other body fluids.

7) All health-care workers who perform or assist in vaginal or cesarean deliveries will wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and will wear gloves during post-delivery care of the umbilical cord.
8) If a glove is torn or a needlestick or other injury occurs, the glove must be removed and a new glove replaced as promptly as patient safety permits; the needle or instrument involved in the incident must also be removed from the sterile field.

1) Laboratory Procedures

Blood and other body fluids from ALL patients should be considered infectious. To supplement the Standard Precautions as previously listed, the following precautions are required for health care workers in clinical laboratories.

1) All patient specimens are considered infectious.

2) All specimens of blood and body fluids must be put in a well-constructed container with a secure lid to prevent leakage during transport. Care will be taken when collecting each specimen to avoid contaminating the outside of the container and the laboratory form if accompanying the specimen.

3) All persons processing blood and body fluid specimens (e.g., removing tops from vacuum tubes) will wear gloves. Masks and protective eyewear will be worn if mucous/membrane contact with blood or body fluids is anticipated. Gloves will be changed and hands washed after completion of specimen processing.

4) For routine procedures, such as histologic and pathologic studies or microbiologic culturing, a biological safety cabinet is not necessary. However, biological safety cabinets (Class I or II) will be used whenever procedures are conducted that have a high potential for generating aerosolized droplets. These include activities such as blending, sonicating, and vigorous mixing.

5) Mechanical pipetting devices will be used for manipulating all liquids in the laboratory. Mouth pipetting will not be done.

6) Use of needles and syringes will be limited to situations in which there is no alternative, and the previous recommendations for preventing injuries with needles/sharps will be followed.

7) Laboratory work surfaces should be decontaminated with an appropriate chemical germicide after a spill of blood or other body fluids and when work activities are completed. With large spills of cultured or concentrated infectious agents in the laboratory, the contaminated area will be flooded with a liquid germicide before cleaning, and then decontaminated with fresh germicidal chemical. Refer to the policy on Infectious Waste Spill Management for specific details. Gloves will be worn during the cleaning and decontaminating procedures.

8) Contaminated materials used in laboratory tests are decontaminated before reprocessing or placed in bags and disposed of in accordance with institutional policies for disposal of infectious waste. Refer to the Infectious Waste Policy for specific details.

9) Scientific equipment that has been contaminated with blood or other body fluids should be decontaminated and cleaned before being internally repaired or transported to the manufacturer. (See Contaminated Medical Equipment section in this policy)
10) All persons should wash their hands after completing laboratory activities and remove protective clothing before leaving the laboratory.

m) Autopsy Procedures
In addition to the Standard Precautions as previously listed, the following precautions must be used by persons performing postmortem procedures:
1) All persons performing or assisting in postmortem procedures must wear gloves, masks, protective eyewear, gowns, and/or aprons, which create an effective barrier.
2) Instruments and surfaces contaminated during postmortem procedures will be decontaminated with an appropriate chemical germicide.

n) Blood Donor Area
1) Employees outside the volunteer blood donor area, who perform phlebotomy, venipuncture or who initiate IV therapy shall wear gloves, at a minimum, for personal protection.
2) Employees who perform phlebotomies in the volunteer blood donation area are exempt from the wearing of gloves; however, the employer shall be responsible for:
   (a) Periodically evaluating this exception;
   (b) Making gloves available to all employees who wish to use them in this area;
   (c) Not discourage the use of gloves;
   (d) Require that gloves be worn in the following circumstances;
       • When the employee has cuts, scratches or other breaks in his or her skin.
       • When the employee judges that hand contamination with blood may occur; for example, when performing phlebotomy on an uncooperative source individual; and
       • When the employee is receiving training in phlebotomy.
Employees who perform plasmapheresis are not exempt from wearing gloves.

IV. PERSONAL PROTECTIVE EQUIPMENT

A. Provision. When there is a risk of occupational exposures, personal protective equipment (PPE) such as, but not limited to gloves, gowns, lab coats, face shields, masks, or respirators, will be provided at no cost to employees. PPE 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 prevents blood or other infectious material from passing through or reaching worker’s 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. It is the responsibility of the employee to inform the manager/supervisor of difficulty or inability to obtain/use specific PPE so that an alternative solution may be determined.

B. Use. All personnel who may have occupational exposure are required to use personal protective equipment when they have reasonable anticipation of exposure. The only exception is in rare circumstances when, in the employee's professional judgement, a specific instance would have prevented the delivery of care or would have posed an increased hazard to the safety of the worker or co-worker.
C. **Accessibility.** Appropriate PPE in proper sizes shall be readily accessible in the work area or issued to employees. Persons with allergies or other conditions limiting the ability to use certain PPE shall be evaluated by Employee Health to determine the appropriate solution.

D. **Cleaning, Laundering, and Disposal.** PPE shall be provided, replaced, cleaned, repaired, laundered, and/or disposed of at no cost to employees. Any time PPE is penetrated by blood or other potentially infectious materials, the garments shall be removed immediately, or as soon as feasible, in a manner which prevents contact with intact and non-intact skin, and mucous membranes and placed in the soiled linen. (This does not include personal clothing items.) Standard Precautions will be used when handling all laundry. All PPE must be removed prior to leaving the work area. If personal protective equipment fails to protect against the soiling of employee personal clothing, the PPE is not appropriate for the tasks being performed. Laundering of personal clothing items will be addressed on a case-by-case basis. The same care shall be exercised in the handling of contaminated personal clothing as the PPE handling described above.

E. **Gloves** – Gloves shall be worn when contact with blood, mucous membranes, non-intact skin or other potentially infectious material is likely. *Disposable gloves* must be removed and replaced as soon as practical, when contaminated or as soon as feasible if they are torn, punctured, or when the barrier properties are compromised. With the exception of reusable utility gloves, gloves should never be washed or decontaminated for reuse. *Utility (heavy-duty reusable) gloves* are to be decontaminated with approved solution following the last use of the shift. However, they must be discarded if they are cracked, torn, punctured, or exhibit other signs of deterioration. Disposable gloves are for single use only. A variety of gloves, including powder less and hypoallergenic gloves are available. Employees with known allergies to latex gloves must notify Employee Health of their condition to determine the appropriate alternative gloves.

F. **Masks, Eye Protection, Face Shields** – Masks in combination with eye protection devices, such as goggles or glasses, shall be worn whenever splashes, sprays, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Reusable goggles are to be cleaned with hospital provided decontamination solution by the user of the goggles. They shall be thoroughly cleaned and rinsed with water before reuse.

G. **Gowns, Aprons, Other Protective Body Covering** – Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. In all circumstances the garment chosen will not allow blood or other potentially infectious materials to pass through to the skin or mucous membranes of the person. All used coverings shall be disposed of in appropriate receptacles after use.

H. **Surgical Caps or Hoods, Shoe Covers, or Boots** – Additional protective clothing shall be worn when gross contamination of the head or feet is reasonably anticipated (e.g., autopsies, orthopedic procedures).

I. **Resuscitation Devices** – Barrier devices shall be used in place of mouth to mouth resuscitation. Following use, such items, if reusable, will be decontaminated. Those devices that are disposable will be discarded in the appropriate receptacle.
V. HOUSEKEEPING

A. All facilities are maintained in a clean and sanitary condition. Housekeeping is responsible for determining and maintaining written cleaning and decontamination schedules based on the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

B. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Housekeeping will ensure that adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surface are being followed.

C. Contaminated work surfaces shall be decontaminated immediately or as soon as feasible with an appropriate disinfectant:
   • after completion of procedures
   • when surfaces are overtly contaminated following any spill of blood or other potentially infectious materials
   • at the end of the work shift, if the surface may have become contaminated since the last cleaning.

D. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

E. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

F. The room and bedside equipment of patients on Transmission-Based Precautions will be cleaned using the same procedures used for patients on Standard Precautions, unless the infecting microorganism(s) and the amount of environmental contamination indicate special cleaning. No fogging or airing of room is indicated. Routine washing of walls, blinds, or curtains is not indicated; however, these should be washed if they are visibly soiled. Cubicle curtains should be changed if visibly soiled.

G. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

H. 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.

Handling of Trash
Standard Precautions will be used in handling all patient trash. There will be no Isolation trash set up in the Isolation rooms. All patient trash is to be handled the same.

1. Patient trash/wastes that must be placed in Bio-Hazard Bag trash include:
   • liquid or semi liquid blood or other potentially infectious materials;
   • contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed;
items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
- contaminated sharps (use puncture-resistant container), and
- pathological and microbiological waste containing blood or other potentially infectious material.

2. Trash/wastes that meet the above definition from patient care areas include items such as items grossly soiled with infectious organisms such as purulent dressings, wound dressings containing blood, bags (receptacles), and tubings/filters. Contain this type of trash in a plastic bag in the patient room, then place into the red bag trash in the soiled utility room.

3. Disposal of all regulated waste shall be in accordance with applicable regulations.

**Regulated Waste.**

**Contaminated Sharps Discarding and Containment.**

1. 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 in accordance with OSHA standard.

2. 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 (e.g., laundry);
   - Maintained upright throughout use; and
   - Replaced routinely and not be allowed to overfill.

3. When moving containers of contaminated sharps from the area of use, the container shall be:
   - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
   - Placed in a secondary container if leakage is possible. The second container shall be: closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled or color-coded.

4. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

**Linen**

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments. There will be no linen hamper set up in isolation rooms. All patients’ linen will be handled the same using Standard Precautions.

1. Contaminated linen is to be bagged at the location where it is used and will not be sorted or rinsed in the location of use.

2. Employees who have contact with contaminated linen will wear protective gloves and other appropriate personal protective equipment.

3. The standard cloth bags will be used for the majority of the soiled linen. Whenever contaminated linen is wet and presents a reasonable likelihood of soak-through or of leakage from the bag, the linen is to be first placed in a plastic bag; and then the plastic bag is to be placed inside the cloth bag for transport to prevent soak-through and/or leakage of fluids to the exterior.
VI. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

See the Hepatitis B Vaccination Program policy (EH1004) and the Employee Blood and Body Fluid Exposure policy (EH 1006).

VII. COMMUNICATION OF HAZARDS TO EMPLOYEES

A. Labels and Signs:

Labeling with the biohazard symbol or the use of red bags or containers is used to warn employees of potential hazards. The universal biohazard symbol must always be used in conjunction with the word "biohazard". The warning labels must be orange-red or predominantly so, with lettering and symbols in a contrasting color.

1. The following items must be labeled appropriately as biohazard:
   a) Contaminated equipment
   b) Containers of regulated waste
   c) Refrigerators and freezers to store blood or other potentially infectious materials
   d) Sharps disposal containers
   e) Containers used to store, transport, or ship blood or other potentially infectious materials (e.g., blood drawing trays)
   f) Containers used to transport items contaminated with blood or other potentially infectious materials

2. Labeling is not required for:
   a) Transfusion related equipment including containers of blood, blood components, and blood products labeled as to their contents and released for transfusion or other clinical use because they have been screened for HBV, HCV, and HIV prior to their release.
   b) Individual containers of blood or other potentially infectious materials that are placed in secondary labeled containers during storage, transportation, shipment, or disposal.
   c) Specimen containers: Standard Precautions are utilized when handling all specimens.
   d) Laundry bags: Standard Precautions are used when handling all laundry.

B. Information and Training:

Training regarding occupational hazards and required personal protective measures will be provided to all new employees at general orientation for employees with risk of occupational exposures. As part of department specific orientation, employees with risk of occupational exposure will receive job specific training prior to beginning activities that may place them at risk of occupational exposure. Retraining must occur on an annual basis within one year of the original training date. Department managers must ensure that each employee with risk of exposure receives annual training. An individual knowledgeable on the subject matter must conduct the training. Training content must include:

2. A general explanation of the epidemiology and symptoms of bloodborne pathogens.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of how tasks and other activities that may involve exposure to blood or other potentially infectious materials can be recognized.
6. An explanation of methods that will prevent or reduce occupational exposure, including appropriate engineering controls, work practices, PPE, and the limitations of each.
7. Information on the types, proper uses location, removal, handling, decontamination, and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the HBV vaccine including efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccination will be offered free of charge through the Employee Health Department.
10. Information on the appropriate actions to take and persons to contact in emergency involving exposures to blood or other infectious materials.
11. 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.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs, labels and/or color-coding used to identify hazards.

VIII. RECORDKEEPING

A. Medical Records:
A medical record must be established and maintained for each employee with the potential for occupational exposures. These records will include:
1. The employee's name and employee number, which can be cross-referenced to obtain the employee's social security number.
2. A copy of the employee's Hepatitis B vaccination status, including the date of all Hepatitis B vaccinations and any medical records related to the employee's ability to receive the vaccinations.
3. A copy of all results of examinations, medical testing, and follow-up procedures that have been compiled as the result of occupational exposures.

Employee medical records will be maintained confidentially in the Employee Health Department. Contents of the medical record will not be disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by law. Employees can access their medical records by requesting access through the Employee Health Nurse. Medical records may also be released to anyone having written consent of the employee. Worker’s compensation medical records must be maintained for the duration of employment plus 30 years.

B. Sharps Injury Log
Employee Health will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall be maintained for the period required by OSHA. The sharps injury log shall contain, at a minimum:
1. The type and brand of device involved in the incident,
2. The department or work area where the exposure incident occurred, and
3. An explanation of how the incident occurred.

C. Training Records:
Training records may be maintained indefinitely but minimally for three years from the date of training. Training records will include the following information:
1. The date of training sessions.
2. The content or summary of the training sessions.
3. The name and qualifications of persons conducting the training.
4. The names and job titles of all persons attending training sessions.
Training records shall be provided to the employer or employee representative upon request for examination or copying.

D. Transfer of Records
OLOLRMC will comply with requirements involving transfer of records. If a facility ceases to do business and there is no successive employer to receive and retain the records for the prescribed period of time, the facility's administration must notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three months before the records are scheduled for disposal. NIOSH may request that the records be forwarded to them to be maintained for the duration of the prescribed period of time.

Definitions - For purposes of this policy the following shall apply:

“Bio-hazard” means infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals or the environment.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means 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).

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
"Decontamination" means 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.

“Engineering Controls” means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines or alcohol-based waterless hand sanitizers.

"HBV" means Hepatitis B virus.

"HIV" means human immunodeficiency virus.

“Needleless Systems” means a device that does not use needles for:
   (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
   (2) The administration of medication or fluids; or
   (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

"Other Potentially Infectious Materials" means:
(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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); or
(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions, and blood, organs or other tissues from experimental animals infected with HIV or HBV.

"Percutaneous" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
"Personal Protective Equipment (PPE)" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered personal protective equipment.

"Regulated Waste" means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

“Sharps with Engineered Sharps Injury Protections” means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

"Source Individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

"Sterilize" means to use a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.

“Standard Precautions” is an approach to infection control. Standard Precautions apply to (1) blood, (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood, (3) nonintact skin, and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital. Use Standard Precautions for the care of all patients. Standard Precautions merges the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the transmission of bloodborne pathogens) and Body Substance Isolation (designed to reduce the transmission of pathogens from moist body substances).

"Work Practice Controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).