EXPOSURE CONTROL PLAN

FOR

HOME CARE

BLOOD BORNE PATHOGEN

STANDARDS
Hospice of Rutherford County, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control, including:
  * Standard precautions
  * Engineering and work practice controls
  * Personal protective equipment
  * Housekeeping
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Communication of hazards to employees
* Record keeping
* Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.
I. Program Administration

A. Director of Clinical Services (DONS) is responsible for the implementation of the ECP. The Director of Clinical Services shall maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.

C. The Director of Clinical Services shall maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and labeled or red bags as required by the standard. The supply tech shall ensure that adequate supplies of PPE are available in the appropriate sizes.

D. The Director of Clinical Services shall be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.

E. The Director of Clinical Services shall be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

F. The Director of Clinical will review the circumstances of all exposure incidents to determine:
   1. Why the exposure incident occurred.
   2. If procedures were being followed; and if procedures, protocols and/or training need to be revised.
   3. Ensure that appropriate changes are made if needed.
   4. Documentation of this evaluation should accompany the exposure report.

II Methods of Implementation and Control

A. Standard Precautions

   All employees shall utilize standard precautions. Standard Precautions is an infection control method, which requires employees to assume that all human blood, and human body fluids and secretions are infected with bloodborne pathogens and must be handled accordingly.

B. Exposure Control Plan Education

   1. Employees covered by the bloodborne pathogens standard shall receive an explanation of the ECP during their initial training session. It shall also be reviewed in their annual refresher training. All employees shall have an opportunity to review this plan. A copy of the plan shall be made available free of charge and within 15 days of the request.

   2. The Director of Clinical Services shall be responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.
C. Engineering Controls and Work Practices

Engineering controls and work practice controls shall be used to prevent or minimize exposure to bloodborne pathogens.

1. Practice good hand washing and use of waterless hand cleanser when soap and water are not available.
2. Personal protective equipment for Category I and Category II Employees and to other staff upon request.
3. Perform procedures to avoid or minimize spraying, splashing, and spattering of blood or body fluid.
4. New technology for safer needles and sharps will be evaluated as new products become available and implemented whenever possible to further prevent needle sticks and cuts. Director of Clinical Services will evaluate our engineering controls annually. Hospice Employees shall have input in the evaluation of these needles and sharps.
5. All employee exposures to blood or other potentially infectious materials shall be evaluated and assessed for trends, patterns and/or opportunities to improve current practices.
6. Contaminated sharps and needles shall be discarded immediately or as soon as possible in containers that close, are puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately.
7. Sharps containers shall be easily accessible and as close as feasible to the immediate area where sharps are used, i.e., home care the nurse should bring the container into the client's home if Sharps will be used during the visit. No recapping or bending of contaminated needles shall be done. Sharps containers will be inspected regularly and replaced when 3/4 full.
8. Bins and pails (e.g., wash or emesis basin) must be cleaned and de-contaminated as soon as feasible after visible contamination.
9. Broken glassware which may be contaminated must be picked up using mechanical means, such as a brush and dustpan.
10. Hospice shall maintain a sharp's injury log annually to monitor types of incidents.

III Labels

A. The following labeling method(s) will be used:

<table>
<thead>
<tr>
<th>ITEMS TO BE LABELED</th>
<th>LABEL TYPE (size, color, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Specimen Containers</td>
<td>1. Bag with Biohazard Emblem</td>
</tr>
<tr>
<td>2. Specimen Refrigerator</td>
<td>2. Red Biohazard Sticker</td>
</tr>
<tr>
<td>All other items defined as Biomedical Waste- refer to IP043</td>
<td>3. Red Biohazard Bag</td>
</tr>
</tbody>
</table>

B. The Home Care Coordinator/Hospice House Coordinator shall ensure warning labels are affixed or red bags are used as required. Employees are to notify the Coordinators if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labeling.
IV Personal Protective Equipment (PPE)

A. PPE shall be provided at no cost to employees. Director of Clinical Services/Program Coordinators shall provide training in the use of the appropriate PPE for the tasks or procedures employees will perform.

B. The types of PPE available to employees are as follows:

Gloves, masks, goggles, plastic or fluid resistant gowns or aprons, disinfectant or towelettes, sharps containers, one-way CPR mask or mouthpiece and sanitizer hand gel.

C. Refer to written procedures (e.g., the agency's policy and procedure manual RM 020) for instructions on the use of PPE for specific tasks that may expose workers to blood or other potentially infectious materials (OPIM).

D. PPE is located in stock rooms and supply shall be made available for home care staff for use in patients’ homes.

E. All employees using PPE must observe the following precautions:

10. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
11. Remove PPE after it becomes contaminated, and before leaving the work area.
12. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated or if their ability to function as a barrier is compromised.
13. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing or deterioration.
14. Never wash or decontaminate disposable gloves for reuse.
15. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

V Housekeeping / Contaminated Waste/Needles Sharps

A. Refer to RM 020 Infection Control Guidelines and for specific policies related to the inpatient facility refer to the specific Inpatient /Residential Facility Policy and Procedure Manual

VI. Risk Category for Exposure

* Hospice of Rutherford County, Inc., to meet OSHA and CDC guidelines, shall provide employees a written exposure control plan; provide training to all staff who are at risk of exposure, on hire and at least annually, at no cost to the employee during working hours; make available Hepatitis B vaccine to staff who are listed under Category I and II at no cost. Employees taking the vaccine will receive the 1st injection, one month later the 2nd injection and five months later the 3rd and final injection. Employees will be tested for development of immunity 4 - 6 weeks after completion of the series.

* Employees are classified according to work-related tasks in one of three categories of potential exposure: Refer to Tables B and C for specific procedure according to category and discipline/department.
CATEGORY I

Procedures that involve exposure to blood, body fluids and/or tissues:

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, tissues or a potential for spills or splashes. Use of the appropriate protective measure(s) is required for every employee performing Category I Procedures.

Symptom/Disease Specific Category identifies patients. Procedures for these clients are considered Category I. See Table A at the end of this policy.

CATEGORY II

Procedures that involve no exposure to blood, body fluids, or tissues. However, because of the nature of the work, the performance of Category I procedures may be necessary.

The normal work routine involves no exposure to blood, body fluids, or tissues, but the exposure or potential may result as a condition of employment. Appropriate protective equipment (i.e., gloves, masks, gowns, etc) is readily available as specified in the policy.

Personnel performing Category II procedures need not wear protective equipment, but they should be prepared to utilize protective equipment on short notice.

CATEGORY III

Procedures that involve no exposure to blood, body fluids, or tissues.

The normal work routine involves no exposure to blood; body fluids or tissues (although situations can be imagined or hypothesized under which anyone, anywhere might encounter potential exposure to body fluids). Persons who perform these duties are not to be called to perform or assist in emergency medical care of first aid, or to be potentially exposed in some other way. Activities that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones and personal contacts such as handshaking are Category III procedures.
### CATEGORY I PROCEDURES

- Bladder irrigation
- Cleaning of blood/body fluids/spills
- Catheter care
- ChemStick/AccuCheck (blood sugar testing)
- Collecting blood specimen
- Collecting sputum specimen
- Collecting stool/urine specimen
- Colostomy/ileostomy care (including irrigation)
- Cultures, obtaining
- Diabetic urine testing
- Disposal of contaminated articles (including trash)
- Dressing change, IV
- Dressing change, wound
- Enema-giving and/or suppository insertion
- Fecal impaction, removal of
- Incontinent care
- IV, administering (including insertion of)
- Laundry/linen, handling of soiled
- NG tube (including insertion, removal, feeding, giving meds via, and dressing change)
- Nasal/oral/tracheal suctioning
- Oral/hygiene
- Output, measuring of
- Rectal/oral temperature, measuring of
- Perineal care
- Post mortem care
- Topical medication, application of
- Tracheostomy care
- Vaginal douching
- Cleaning, body fluids spill and/or splash
- Cleaning, toilets (including bedside commodes)
- Cleaning, rooms (including patient rooms)
- Dishes and utensils, handling soiled
- Feeding syringes, handling soiled
- Laundry/linen, handling soiled (including sorting & pre-soaking)
- Assisting with bedpan, BSC, etc.
- Cleaning of Wheelchairs, bedside commodes
CATEGORY II PROCEDURES

- Bedside/table/over-bed table, cleaning
- Compress, applying (cold / warm)
- Dressing/undressing the patient
- Ear care
- Eye care
- Eye drops/ointments, administration
- Oral medications, administration
- Vital signs, measuring
- Cleaning baseboards
- Cleaning furniture
- Cleaning laundry equipment
- Floor care, unless visibly contaminated or isolation in place
- Washing windows
- Accidents & incidents
- Ace bandage, application and/or removal of
- Back rub
- Bath (including bed bath & skin care)
- Bed-making (occupied)
- Bed-making (unoccupied)
- Feeding (including syringe feeding)
- Hair care
- Injections
- Intake, measuring of
- Meal service and tray pick-up
- Nail care
- Nebulizer/IPPB treatments
- Nursing/Social Worker/Bereavement Assessments
- Nose drops, instillation of
- Oxygen administration of
- Protective devices/restraints (including application & removal of)
- Range of motion
- Shaving
- Transfer of patient, assisting with
- Turning/repositioning patient, assisting with
- Weighing the patient

CATEGORY III PROCEDURES

These procedures do not involve any exposure to blood and body fluids. No protective equipment or precautionary measures are needed.

X Administrative tasks, all departments
X Beverages, serving
X Charting and record keeping tasks
X Cleaning office areas
X Drying laundry
X Housekeeping/laundry maintenance, kitchen, maintenance
X Kitchen, routine cleaning procedure
X Medications, delivery of
X Medications, destroying
X Medication orders
X Storage of medications
X Storing Clean equipment

Hospice of Rutherford County, Inc
VII Post Exposure Procedure

A. Wash contaminated area immediately using antibacterial soap.

B. Report to supervisor immediately.

C. Complete occurrence report documenting the route of exposure, and circumstances that the incident occurred.

D. Identify and document the potential source of the exposure unless the employer can establish that the identification is not feasible or is prohibited by state or local law.

E. If known, the patient should be informed of the incident and after consent is obtained, should be tested for Hepatitis B (HBV), HIV and Hepatitis C (HCV) status immediately, samples should be registered through outpatient department and if outside hospital outpatient registration hours through the emergency room at Rutherford Hospital. The registration form specifically for blood borne pathogen exposure will be used. Never attempt to register the specimen using the patient’s name, use last for of social security number and birthdate. If patient refuses testing this should be documented. The local Health Director may be contacted for assistance in obtaining a court order if necessary.

F. When the patient is already known to be infected with HBV, HCV, or HIV, testing should not be repeated.

G. The exposed employee's blood shall be collected immediately and tested for the presence of Hepatitis B antibodies if there is no documented test already available stating immunity. Testing for HCV will be done if the source patient is positive for the virus. A written consent will be obtained for baseline testing for the presence of HIV and testing done immediately. The exposed employee will be sent to contracted occupational medical facility for testing and follow-up. Rutherford Hospital's Occupational Medicine department is the contracted agency and exposures occurring after normal department hours will be followed up on by the emergency department. If not already documented a Hep B titer will be drawn to check status of immunity. Testing for HVC will be done if the source patient is positive for the virus and baseline testing for the presence of HIV.

H. The Hospice Medical Director shall be notified immediately of all positive lab results so that involved individuals can be informed and treatment initiated. Only in extreme emergencies outside contracted occupational medical facility operating hours, the Medical Director of Hospice will initiate treatment if indicated using guidelines for Post Exposure Phrophylaxis (PEP) from the CDC. These may be accessed at CDC website.
Website (http://www.cdc.gov/hiv/topics/treatment/post-exposure-prophylaxis.htm) or The National Clinician’s Post-Exposure Prophylaxis Hotline 1-888-448-4911. The Medical Director shall be responsible for providing the employee a written copy of the medical evaluation within 15 days which should include; a) the employee has been informed of the results of the testing; b) the employee has been told about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluations or treatment; c) if the Hepatitis B vaccination is indicated for the employee and if the employee has received the vaccination. Pre and Post test counseling will be given to the employee with regards to exposure, risk and treatment at time of follow up by the contracted occupational medical facility.

K. All employees with known exposure to HIV, Hepatitis B or Hepatitis C pathogens shall be tested at 6 weeks, 3 months, and 12 months post exposure. A liver panel will also be done on individuals exposed to a positive Hepatitis C source. Testing will be done through contracted occupational medical facility.

VIII. Medical Records
A. Medical records shall be established and maintained on each employee with occupational exposure. The record will include the name and social security number of employee; a copy of the employee’s Hepatitis B vaccination status including dates of all the Hepatitis B vaccinations and any medical records relative to the employees ability to receive vaccination; a copy of all results of examinations, medical testing, and follow-up procedures; and the employer's copy of the Medical Director's written opinion.

B. Hospice of Rutherford County, Inc. shall ensure that employee medical records are kept confidential and not disclosed or reported without the employee's written consent to any person within or outside the work place except as required by this procedure or may be required by law.

C. The employer shall maintain the records for at least the duration of employment plus 20 years.

D. Employee medical records shall be provided upon request of the employee or to any one having written consent of the employee with in 15 days of the request.

IX. Employee Training
A. All employees who are at risk of possible exposure shall receive training on blood borne pathogens upon hire and annually thereafter. The training shall include but is not limited to the following:

1. An explanation of the Occupational Safety and Health Administration (OSHA) Standard regarding blood borne pathogens
2. An explanation of the Hospice ECP and how to obtain a copy
3. An opportunity to ask questions and to receive information regarding the questions.

B. Training records on all employees shall be kept for a minimum of three years from the date of the training.
C. The training records shall include the following:

1. The dates of the sessions.
2. The contents of the sessions.
3. The name and title of the person conducting the session.
4. The name and title of all persons attending the session.

D. Records shall be made available to the employee within 15 days of request.