

EXPOSURE CONTROL PLAN

3037

COBB COUNTY COMMUNITY SERVICES BOARD

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Date

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COBB COUNTY COMMUNITY SERVICES BOARD

EXPOSURE CONTROL PLAN

PURPOSE:

The purpose of the Exposure Control Plan of the Cobb County Community Service Board is to protect the health and safety of all employees who can reasonably be expected, as the result of performing their job duties and/or performing any other activities, to be exposed to blood and other bodily fluids. Standard/Universal precautions are based on the principle that all blood, body fluids, body secretions, and excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

Responsibility for Compliance

The development and administration of the Blood Pathogens Exposure Control Plan will be the responsibility of the Director of Nurses and the Medical Director.

Their responsibilities will include:

- Ensure training of the Blood Pathogen Exposure Control Plan to all new hires and ensure training is included in the online system annually.
- Developing written procedures for handling contaminated material and the disposing of it in all agency sites.
- Ensure appropriate personal protective equipment is in all sites and vehicles.
- Provide Hepatitis B vaccines to all candidates based on their class of exposure.
- Review the Blood Pathogen Exposure Plan, for effectiveness and updating the Plan as needed.
- Reviewing the Infection Control Policy and Procedures annually and developing new Policies and Procedures as needed.

What is an Occupational Exposure? Occupational exposure occurs during the performance of job duties and may place a worker at risk of for HBV, HCV, or HIV infection.

Exposure is defined as a percutaneous injury (e.g., needle stick or cut with a sharp object), contact of mucous membranes, or contact of skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood or other body fluids to which standard/universal precautions apply.

Any direct contact without barrier protection to concentrated viruses is considered an exposure that requires clinical evaluation.

For human bites, the clinical evaluation must include the possibility that both the person bitten and the person who inflicted the bite were exposed to bloodborne pathogens. Transmission of HBV or HIV infection only rarely has been reported by this route.

See Policy 3034 Employee Occupational Exposure Regarding Needle sticks.

What are considered blood borne pathogens?

- Blood borne pathogens are micro-organisms that can cause disease when transmitted to another individual through blood or certain body fluids contaminated with blood.
- Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain blood. The risk for transmission of HBV, HCV, and HIV infection from these fluids and materials is extremely low.
- In addition to blood and body fluids containing visible blood, semen and vaginal secretions also are considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HBV, HCV, and HIV, they have not been implicated in occupational transmission from client to health care provider.

What to do after an exposure?

- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water; eyes should be flushed/irrigated completely with warm water or normal saline.
- No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of bloodborne pathogen transmission; however, the use of antiseptics is not contraindicated.
- The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.
- The employee will be advised to seek medical evaluation immediately.
- A sharps report and post exposure report will be completed

Exposure Incident Investigation

- An exposure is considered an agency incident and the incident form will be completed each time an exposure incident occurs.
- Each exposure will be determined by the Director of Nursing (DON) and the Client Rights Representative, if it needs an exposure investigation completed.

Exposure Determination

The CSB will determine which employees can be reasonably expected to be exposed to blood or other bodily fluids. Those employees in classification 1 and 2 will be offered the Hepatitis B series. Health-care personnel are defined into four classifications:

- Classification 1.
 1. Employees whose activities involve *frequent* contact in situations where there may be blood and bodily fluids:
 - a. Nurses
 - b. Doctors
 - c. Employees who work with the developmental disability population
 - d. Van drivers
 - e. Employees who handle bodily fluids such as blood or urine specimens

- f. Employees who change diapers
 - g. Employees who have constant contact in a child care setting.
 - h. Employees who work in residential sites
 - i. Employees who perform first aid and CPR
 - j. Employees who work in janitorial or housekeeping positions
 - k. Employees who are known first responders during natural disasters and bio-terrorism.
- Classification 2:
 2. Employees whose activities involve *some* contact with situations where there may be blood and bodily fluids
 - a. Clinicians
 - b. Peer Specialists
 - c. Van Drivers
 - d. Facility workers
 - e. Employees who handle laundry
 - Classification 3:
 3. Employees whose activities involve *none to rare* contact with blood and bodily fluids.
 - a. Secretaries
 - b. Employees who work in business office
 - c. Employees who work in Medical Records Department
 - d. Employees who work in Human Resource Department
 - e. Employees who work in any other positions that have no contact with blood or bodily fluids
 - f. Employees in food services
 - Classification 4:
 4. This classification involves students and interns who have limited exposure to blood and bodily fluids. They are encouraged to have their Hepatitis B series prior to training in the agency. Included in this population are volunteers who have close contact with clients. They are encouraged to have the hepatitis series before volunteering with the agency.

Hand Washing

- When to wash your hands
People, surfaces and objects are touched frequently throughout the day. This is one way to accumulate germs on the hands. In turn, a person can infect themselves by touching their eyes, nose or mouth. Although it may be impossible to wash frequently, hand washing can help limit the transfer of bacteria, viruses and other microbes.
- Always wash your hands before:
 - Preparing food
 - Eating
 - Treating wounds
 - Giving medicine
 - Touching an injured person
 - Caring for someone who is sick
 - Inserting or removing contact lenses

When arriving at work

- Always wash your hands after:
 - Preparing food, especially raw meat or poultry
 - Using the toilet
 - Changing a diaper
 - Touching an animal or animal toys, leashes or waste
 - Blowing your nose, coughing or sneezing into your hands
 - Treating wounds
 - Touching a sick or injured person
 - Handling garbage
 - Using the bathroom
 - Smoking a cigarette
 - When removing latex gloves
 - Chewing gum

Of course, it is also important to wash your hands whenever they look dirty.

How to Wash your Hands – All agency sites will have “wash your hand signs” posted in all bathrooms and kitchen area.

- 10 step procedure for washing hands properly
 1. Make sure a clean towel is ready in advance
 2. Turn on the water and make it nice and warm
 3. Wet your hands
 4. Put soap on your hands
 5. Rub your hands together
 6. Rub both sides and between fingers too
 7. Rinse you hands and don't touch the sink
 8. Dry your hands with a paper towel and discard into the trash
 9. Use a clean paper towel to turn the water off
 10. Throw the paper towel in the trash

How to use Hand Sanitizer – Hand Sanitizer are installed in agency sites with “how to rub your hands” signs posted

1. Apply sanitizer, preferably that contains 60% alcohol, unless contraindicated, to the palm of one hand.
2. Rub sanitizer over all surfaces of the hands and fingers until dry.

Hazardous Waste/Sharps (see also Policy #3011 – Bio-Hazardous Waste and Hazardous Material)

- Determination of a hazardous material is based on evidence concerning the physical and health hazards of all chemical products used.
- The sharps containers will be closeable, puncture resistance, labeled with a bio-hazardous label, and leak proof and be kept no more than $\frac{3}{4}$ full,.
Red hazardous bags are used at some sites in the agency, although the agency has minimal exposure to blood and bodily fluids as a whole. All contaminated items with blood and bodily fluids are doubled bagged, if a red hazard bag is not available and

placed in a trash receptacle with a lid or given to EMS if they have been called, or a waste company that handles contaminated materials.

- All specimen refrigerators have a “No Food Allowed” sign on the front door.
- Janitorial services and/or housekeepers will discard anything saturated by blood and/or bodily fluids in a double bag, tie and place in a trash receptacle with a lid or given to EMS if they have been called, or the waste company that handles contaminated materials.
- No items, such as broken glass, will be picked up by hands.
- Warning labels will be affixed to containers, refrigerators containing blood or other bodily fluids such as urine.

Needle sticks and Sharps Safety

- All employee needle stick injuries (see Policy #3034 – Employee Occupational Exposures Regarding Needle Sticks) or exposure to blood and bodily fluids should be reported immediately so prompt medical attention and follow-up treatment can be provided.
- Contaminated sharps, broken glass, glucometer lancets, plastic or other sharp objects will be placed into an appropriate sharps container.
- All sharps used in blood draws, syringes and needles have safety devices.
- A Sharp Report and Post Exposure Follow-up Report is completed with the follow-up information available.
- All medical information from an exposure will be kept confidential and shall not be disclosed or reported, except with the employee’s expressed written consent.
- Every attempt will be made to locate the source individual and ask them to be tested for HIV, HBV and HCV.
- Disposable needles contaminated with blood may never be removed from the original syringes.
- Never remove the needle by unscrewing it with the hands.
- Needles must never be bent or broken prior to disposal in an approved sharps container.
- Never rearrange, compress, or push down on the contents in any Sharp container with hands.
- Prevent spillage or protrusion of the sharp container contents immediately prior to handling or transporting it.
- All filled Sharp containers will be placed in a box especially made for pick up by the waste company that handles contaminated materials.

Standard Precautions include proper hand hygiene, the use of personal protective equipment and the appropriate cleaning and handling of equipment, environmental surfaces, and laundry.

- Personal protective equipment is used throughout the agency.
- All blood and bodily fluids are considered contaminated.
 1. Gloves
Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.
 2. Masks and Goggles

Masks, in combination with eye protection devices such as goggles, will be worn whenever 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.

3. Aprons

Aprons or protected clothing will be worn in occupational exposure situations. The type and characteristic will depend upon the task, location, and degree of exposure anticipated.

4. Barrier Mask

Barrier Mask should always be used when giving CPR/ First Aid for cardiac and breathing emergencies.

5. Boots

Boots will be worn by Facilities Operations staff when involved with overflowing toilets or other situations involving contaminated substances.

Training

All employees regardless if they are new hires or current employees will participate in an initial and annual training program.

Exposure Control Plan Glossary

Biohazard label

a label affixed to containers of regulated waste, refrigerators /freezers and other containers used to store, transport or ship blood and other potentially infectious material. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Biohazard symbol



Biohazard Waste

any items or material containing blood or bodily fluid.

Blood

Blood is the red fluid that circulates in Blood vessels, i.e. veins and arteries. It has a major role in the body's defense against infection.

Blood borne Pathogens

disease producing 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 (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated

the presence or the reasonably anticipated presence of blood or other potential infectious materials on an item or surface.

Contaminated sharp

any contaminated object that can penetrate the

Exposure Control Plan	skin including, but not limited to, needles and broken glass. a written program developed and implemented which sets forth procedures, personal protective equipment, work practices and other methods that are capable of protecting employees from exposure to blood borne pathogens.
Hand washing	the adequate technique to wash hands using soap and water and/or hand gel.
HBV	Hepatitis B is a virus that infects the liver
HCV	Hepatitis C is a virus that causes inflammation of the liver which can lead to scarring of the liver.
HIV	HIV is the human immunodeficiency virus that attacks the body's immune system that can lead to AIDS.
Occupational Exposure	a reasonably anticipated skin, eye, mucous membrane or parental contact with blood and other potentially infectious materials that may result from the performance of an employee's duty.
Pathogen	a bacteria or virus capable of causing infection or disease.
PPE	Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. PPE may include but is not limited to gloves, gowns or aprons, masks, eye protection.
Safety devices	a device on needles and syringes that is designed to prevent needle sticks.
Sharps	needles or other objects that can penetrate the skin.
Sharp Container	a container that holds contaminated needles syringes and other sharp objects.
Source Individual	any individual whose blood or potentially infectious materials may be a source of occupational exposure to the employee.
Standard Precautions	the concept of Standard precautions is to consider all human blood and all bodily fluids infectious for HIV, HBV and HCV and other blood borne pathogens.

Related Policies: This plan/policy should be used in conjunction with the following policies:

- a. Infection Control Plan – Policy #3021**
- b. Employee Occupational Exposures including Needle Sticks – Policy #3034**
- c. Bio-Hazardous Waste and Hazardous Material – Policy # 3011**

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POST EXPOSURE FOLLOW-UP
Needle Stick Injury

Source Individual
Employee

5. Additional comments

1. Was the source individual identified?

- Source known and tested
Source known but not tested
Source not known

2. Was the source individual positive for the pathogen below? Before exposure?

Table with columns: Path, Test, Result, Date. Rows include HBV (HbsAg, HbeAg, AntiHBS, AntiHBc), HCV (AntiHCv, EIA, PCR/HCV, RNA), HIV (AntiHIV, #CD4, Cells, Antigen, Load, Other), and Other.

3. Check all that apply to source individual:

- Blood product recipient
Injection drug user
Elevated liver enzymes
Hemophilia
Sexual high risk behavior
Dialysis
Other,

4. If source individual was HIV pos, what treatment has he/she received?

- unknown
AZT
3TC
dde
IDV
Other,

Name _____ # _____

1. The employee was seen by

- Emergency Room
- Other, _____

2. Was the employee vaccinated against HBV before the exposure?

- No
 - 1 dose
 - 2 doses
 - 3 doses
 - Antibodies tested
- Date: ____/____/____

3. Was the employee pregnant?

- Yes trimester 0 1 2 3
- No
- N/a

4. Results of baseline tests:

<u>Path</u>	<u>Test</u>	<u>Result</u>
<u>Date</u>		

HBV	HbsAg	0 pos	0 neg	0 not tested	_____
	HbeAg	0 pos	0 neg	0 not tested	_____
	Anti HBs	0 pos	0 neg	0 not tested	_____
HCV	AntiHBc	0 pos	0 neg	0 not tested	_____
	AntiHCV				_____
	EIA	0 pos	0 neg	0 not tested	_____
HIV	AntiHCV				_____
	supp	0 pos	0 neg	0 not tested	_____
	AntiHIV	0 pos	0 neg	0 not tested	_____

5. List all post-exposure treatment/Prophylaxis given to the employee.

6. List results of any employee follow-up tests.

7. Other comments: _____

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Blood and Body Fluid Exposure Report

Name _____ Employee # _____
Work Location _____ Date of Injury _____
Location of Incident _____ Time of Injury _____

1. Job Category: Check one

- MD
- Nurse Type (RN, LPN etc.)
- Counselor
- Other

2. Explain where injury occurred:

3. Source Individual identified: Check one

- No
- Yes
- Unknown
- N/A

4. Which body fluids were involved in the exposure?

- Blood
- Vomit
- Sputum
- Urine
- Feces
- Other

5. What part of the body was exposed?

- Eyes
- Mouth
- Nose
- Skin Size of Area: _____
Intact _____ Non- Intact _____
- Other: _____

6. What personal protective equipment was worn at the time of the exposure?

- Gloves
- Goggles
- Eyeglasses
- Mask
- Apron
- Shoe Covers

7. The exposure was the result of

- Direct client care
- Specimen container leaked/spilled
- Unknown
- Other _____

8. The length of time that blood or body Fluid was in contact with skin or the Mucus membrane?

- Less than 5 minutes
- 5-14 minutes
- 15-30 minutes
- 31-60 minutes
- Longer than 1 hour

9. The amount of blood and body fluid that came in contact with skin or Mucus Membrane?

- Small amount (teaspoon size amount)
- Moderate amount (up to quart cup)
- Large amount (more than 500 cc)

10. Other Comments: _____

11. Follow up education done: _____