



## **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC.**

### **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

Hawkeye Area Community Action Program, Inc. (HACAP) is committed to providing a safe work environment for our employees. In pursuit of this endeavor, the following exposure control plan (ECP), in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" has been developed to eliminate or reduce risk as per the following:

- I. Exposure Determination: Definitions, Exposure Categories and Hepatitis B Vaccination
- II. Implementation Methodology
- III. Post Exposure Evaluation and Follow-up
- IV. Training
- V. Record Keeping

#### **I. EXPOSURE DETERMINATION**

**All blood and body fluids are to be treated as potentially infectious.**

OSHA requires employers to determine which employees may incur occupational exposure to blood and other potentially infectious materials. Exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e. employees are considered exposed even if they wear PPE).

##### **A. Definitions**

**Exposure Incident** means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties. Exposure to bloodborne pathogens may occur in many ways; needlestick injuries are the most common means of exposure for direct care workers, but bloodborne pathogens may also be transmitted through contact with the mucous membranes and non-intact skin of workers.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in the human blood or other potentially infectious materials (OPIM) and cause disease in humans. These include, but are not limited to, Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

Other Potentially Infectious Materials means:

- 1. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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).

Exposure determination is based on the definition of occupational exposure without regard to personal protective clothing and equipment.

## **B. Exposure Categories**

HACAP has placed its employment positions within two exposure categories:

### **Category A Employee:**

Job descriptions require performance of tasks on a daily basis that involve performing blood tests, handling blood specimens and sharp instruments that could involve accidental exposure to another person's blood. These positions include:

Nurses, Licensed Dietitians, and Registered Dental Hygienists

As part of the job description, these employees may perform tasks, such as first aid, that put them at risk for blood or other potentially infectious material exposure. These positions include:

Early Childhood Teachers, Assistant Teachers, Lead Childcare Workers, Assistant Childcare Workers, Comprehensive Services Site Supervisors, Family Support Workers, Weatherization Technicians, Maintenance Workers, Property Managers, Tenant Resource Managers, and Case Managers.

### **Category B Employee:**

Job descriptions do not normally involve tasks resulting in exposure to blood, body fluids or tissue, but may be recruited to help care for children for short periods of time or could be required to provide emergency care / first aid resulting in exposure to blood/body fluids including splashes/spills in a HACAP facility. These positions include:

All other HACAP employment positions not listed in Category A.

## **C. Hepatitis B Vaccination**

**Category A and B** employees will be offered pre-exposure Hepatitis B Vaccine and post exposure treatment.

## **II. IMPLEMENATATION METHODOLOGY: UNIVERSAL PRECAUTIONS**

All blood and body fluids are to be treated as potentially infectious.

All staff and volunteers must always exercise good hygiene practices in the workplace and while engaging in work-related tasks in the community.

### **Handwashing:**

One of the best means to prevent disease and control infection is good handwashing practices. This includes using soap and running water, scrubbing 10 – 20 seconds, drying hands, and using a paper towel to turn off the faucet.

When soap and water are not readily available, cleansing towelettes / sanitizer should be used, to be followed by proper handwashing as soon as possible thereafter.

**Sanitation/Cleaning:**

Sanitation should be completed by individuals who have completed Universal Precaution training. Volunteers or untrained substitutes will not be involved unless there are extenuating emergent situations. OSHA approved disinfectants mixed according to manufacturer's recommendations are to be used in cleaning surfaces that have been contaminated with blood, mucus or any other body fluid. Mops or similar reusable cleaning tools are to be cleaned and rinsed in the OSHA approved disinfectant.

**Food, Drink and Cosmetics:**

Eating, drinking, applying cosmetics or handling contact lenses should not be done in areas where there is a potential for exposure to bloodborne pathogens.

**Sharps:**

The greatest chance for exposure occurs with skin punctures from contaminated articles.

1. Use a broom and dustpan or tongs to pick up sharp objects like needles or broken glass.
2. Dispose of medical sharps in approved sharps container (available at all HACAP sites).
3. Contaminated needles are **not** to be re-capped or bent.

**Bloody Materials:**

Gauze sponges or towels that have been saturated with blood should be placed in leak proof bags and/or biohazard bags according to OSHA Standards.

**Employee/Enrollee Health Care:**

1. Employees with open lesions or broken skin should keep these areas covered.
2. Children in childcare who have open sores should have sores covered by a dressing.
3. Soiled or wet clothing should be placed in a plastic bag, tied securely and labeled with the child's name to be sent home with a parent.

**Personal Protective Equipment (PPE):**

All **PPE** will be provided at HACAP without cost to employees and in a variety of sizes. This equipment is chosen based on anticipated exposure to blood and other potentially infectious materials. The equipment provided consists of disposable protective gloves for attendance to any situation in which exposure to blood, potentially infectious material, non-intact skin, and mucous membranes may occur. **PPE and/or CPR resuscitation masks** are available at all HACAP facilities.

All PPE must be removed and hands washed before leaving the work area, or before moving from one work area to another (i.e. one classroom to another classroom).

Each department will implement Universal Precautions criteria as it pertains to their job descriptions.

### III. POST-EXPOSURE EVALUATION AND FOLLOW-UP

#### A. Exposure

When an employee believes they or a client has an exposure incident the following should take place:

1. Employee and/or client shall wash exposed area thoroughly with soap and water, or with plain water for eye exposure.
2. Suspected exposure must be reported to the immediate supervisor if available **AND** to Human Resources **IMMEDIATELY**.
3. All employees who experience an exposure incident will fill out a **Blood Exposure Incident (BEI) Report and Employee Report of Injury Packet** immediately.
4. A client who incurs an exposure incident will fill out a **BEI Report** immediately.
5. **If the employee has not had a pre-exposure vaccination the following must happen within 24 hours of the incident.** A copy of the **BEI Report** will be taken (by the employee) to the treating emergency center or healthcare provider. The **Employee Report of Injury Packet** provided by Human Resources will provide guidance for employees on where to seek medical treatment. In the case of life-threatening situations, employees will seek treatment at the nearest emergency department. The treating healthcare provider shall determine follow-up treatment and testing. The employee may decline treatment in writing and additionally must sign the **Hepatitis B Consent/Declination Form** either accepting or declining vaccination.
6. If the employee **has had** pre-exposure vaccination, the employee may decline medical evaluation in writing **or** seek medical evaluation as outlined immediately above.
7. In all cases, the completed **BEI Report and Employee Report of Injury Packet** must be forwarded to the Human Resources department within 24 hours of the exposure incident.

#### B. Communications

The **Blood Exposure Incident Report** will contain the following information:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. An indication of whether the employee received pre-exposure vaccination.
3. Location, date and time of incident.
4. Record of on-site treatment received.
5. Identification of source individual, if known.
6. Record of healthcare provider's evaluation, recommendations, testing, treatment, precautions given and follow-up suggested.
7. **Hepatitis B Acceptance/Declination Form.**
8. Signatures of employee or client and healthcare provider.

The treating health care provider will:

1. Be provided a copy of the **Blood Exposure Incident Report**.
2. Enter information on the **BEI Report** as to the testing, treatment, precautions given and follow-up suggested.

All information regarding medical treatment, testing, examination, and follow up care will be kept confidential.

#### IV. TRAINING

Training for employees in **Category A** will be conducted during initial orientation and include:

1. The OSHA standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne pathogens.
3. Modes of transmission of bloodborne pathogens.
4. This exposure control plan with focus on points of the plan, lines of responsibility, how the plan should be implemented, etc.
5. Identification of tasks/procedures that might result in exposure to blood or other potentially infectious materials.
6. Education on control methods.
7. Education on PPE available and proper use.
8. Education regarding who should be contacted concerning exposure.
9. Education on post exposure evaluation and follow-up.
10. Identification of signs and labels used.

The person responsible for conducting training will be a qualified Bloodborne Pathogens trainer as specified by their dedicated Department and Program.

Annual training on Bloodborne Pathogens will be provided to all HACAP employees at the All Staff Meeting.

#### V. RECORDKEEPING

Human Resource will maintain all records required by OSHA standard.

1. Medical Records shall include:
  - a. Employee's name and social security number.
  - b. Employer's Hepatitis B vaccination status including vaccination dates and any medical records related to the employee's ability to receive vaccinations or the employee's written declination(s).
  - c. Copies of any **BEI Report** with the healthcare provider's summary and attached documentation (where appropriate) of the post-exposure evaluation, testing, treatment, precautions given and follow-up suggested.
2. Training Records shall include:
  - a. Dates of training sessions.
  - b. Summary of or contents of training sessions.
  - c. Names and qualifications of person(s) conducting the training.

3. Record Availability:

- a. Training and medical records must be available, upon request, to the Director of NIOSH and to the Assistant Secretary of Labor at OSHA.
- b. Training records must be available to the employee.
- c. Medical records must be available to employee or employee's designee (with written authorization by the employee); authorized representatives of HACAP or legal designee; and those responsible for implementation of this plan.

4. Retention of Records:

- a. Medical records must be kept confidential for the duration of employment plus 30 years.
- b. Training records must be kept for 5 years or in accordance with program funder requirements, whichever is longer.
- c. If business ceases, records are to be maintained by the successor organization or, if no successor, then notification must be made to NIOSH as to record disposal.