



BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

FY2009 Annual Review

Note: All policies/plans/procedures referenced in this plan can be found on the policy website:
<http://www.utoledo.edu/policies/>

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following Exposure Control Plan for The University of Toledo Medical Center (UTMC) has been developed.

The Plan will be reviewed and updated annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee job classifications associated with occupational exposure.

The Department Manager is responsible for ensuring that all employees with potential occupational exposure to bloodborne pathogens be inserviced at least annually. Managers must maintain the Exposure Control Plan in the Infection Control Manual and ensure compliance to the Plan through ongoing communications and inservicing.

1. EXPOSURE DETERMINATION

Occupational exposure is defined by OSHA as: "reasonably un-anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties."

OSHA requires employees to perform an exposure determination that reflects job evaluations and job descriptions and related risk of occupational exposure to blood or other potentially infectious materials as part of their work duties. Department managers, who have employees with potential for occupational exposure, are responsible for developing a department specific Exposure Determination. The Exposure Determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This Exposure Determination is required to list all job classifications in which any employee may potentially be expected to incur such occupational exposure, regardless of frequency.

At this facility the following job classifications have been determined to carry some risk of occupational exposure to infectious agents:

JOB CLASSIFICATION INCLUDED BUT NOT LIMITED TO:

- ◆ Nurse (R.N. and L.P.N)
- ◆ Nurse Aide, Nursing Assistant Medical Assistant Hospital Transport
- ◆ Mobile I.C.U. Tech/E.M.T.
- ◆ Dental Assistant/Dental Hygienist
- ◆ Respiratory Therapist
- ◆ Speech/Occupational/Physical Therapist
- ◆ EKG Tech
- ◆ Surgical Tech
- ◆ Laboratory Worker (Clinical or Research)/Pathology or Autopsy employees who has contact with human blood or blood products.
- ◆ Sterile Processing and Central Service employees who handles contaminated items.
- ◆ Laundry worker (Linen Department) who handle soiled linen.
- ◆ Custodial worker
- ◆ Radiology Tech

- ◆ Maintenance employees (plumbers)
- ◆ Eye Bank Technician
- ◆ BioMed Tech/Perfusionist
- ◆ Physician, Physician Assistant
- ◆ Campus Police/Security Officer
- ◆ Clerical Specialist in patient care areas
- ◆ Dietician, Social Worker, Psychologist, Mental Health Technician

UTMC will provide the Hepatitis B vaccination series for those employed by our institution. Nursing/Allied Health schools and other institutions will be responsible for insuring appropriate vaccination of students prior to their assignment at UTMC.

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. This schedule and method of implementation is found in the Infection Control Committee minutes, 1992.

Compliance Methods

Standard Precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived HIV status of the source individual.

Engineering controls will be utilized to eliminate or minimize exposure to employees at this facility. Examples of engineering controls in use at UTMC include, but are not limited to: handwashing sinks, splash guards, etc.

Administrative or work practice controls include handwashing, using appropriate technology, separation of food from the work area, and using appropriate personal protective equipment, as dictated by the task.

The Environmental Services Department custodial workers will empty full sharps containers while performing housekeeping duties in patient rooms and upon patient discharge. Health care workers will empty sharps containers whenever they become full and a custodial worker is not available to perform the task.

Needles are not to be recapped by hand, bent, broken or cut (see HM-08-020), "Disposal of Sharps" located in the Safety Manual). Needle-less and/or safety needle and safe sharps technology are employed at UTMC and compliance is expected. Recapping is prohibited. Failure to use or employ the safety mechanism or interrupting the activation of the safety mechanism will be viewed as subject for disciplinary action.

All sharps are to be disposed immediately in the approved puncture-resistant needle disposal containers located on the wall adjacent to all patients beds or in any hospital-approved puncture resistant container outside of patient care areas and in laboratory settings. All small pieces of glass, slides, pipettes, or guidewires contaminated with blood or body fluids, will be placed in puncture-resistant needle disposal boxes. Sharps containers are located on the central supply carts or are available through Central Services.

Non-Contaminated Sharps (See HM-08-020)

Non-contaminated sharps shall be disposed of in the hospital-approved sharps disposal containers. ONLY NON-CONTAMINATED UNBROKEN GLASS shall be placed in glass disposal containers. The glass disposal containers may be requisitioned from Stores.

Needle-Less Systems

Definition: Safety devices now include needle-related products. These safety devices are defined as "a non-needle sharp or 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 exposure without doing additional harm to the patient or compromising patient care." Needle-less" is defined as a device that does not use needles for the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is established.

Needle-less systems will be used in all cases/procedures where it is available. Nonuse of any protected catheter device will be considered a breach of safe work practice as defined by the Plan and Infection Control Policy # 31: ISO-400, Standard Precautions. The Department manager will be responsible for enforcing the use of needle-less systems in use at UTMC.

3. SAFE WORK PRACTICES

Lab Specimens

All specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, and transport. Lab specimens will be bagged prior to transport to the lab. Lab requisition or extra labels will be attached to the outside of the specimen bag. If the bag becomes contaminated on the outside, a new bag will be placed over it and sealed. UTMC utilizes Standard Precautions in the handling of all specimens so labeling/color coding of specimens is not necessary except when specimens leave the facility. Specimens transported outside this facility must be sealed in a plastic bag with the transport trays/containers labeled "BIOHAZARD."

Labeling of blood tubes with patient name or number during collection of blood specimens is mandatory.

For use of the tube system, see Safety #S-08-011.

Mouth Pipetting/Suctioning

Mouth pipetting/suctioning of blood/body fluids is prohibited.

Food And Drink

Eating and drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas when there is a risk of occupational exposure. Food and drinks are not to be stored in refrigerators, freezers, shelves, cabinets, or counter tops where blood and other potentially infectious materials are present.

Handwashing

Hands should be washed between patient contacts and before and after using gloves or other personal protective equipment. Hands and other skin surfaces should be washed immediately with soap and water for a minimum of fifteen to twenty (15-20) seconds. Dry hands with paper towel and use towel to turn off faucet handles for non-automated sinks.

If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations, including contact with the patient's skin such as in taking a blood pressure. (CDC Guideline for Hand Hygiene in Health Care Settings, MMWR, 10/25/02)

Contaminated Equipment

All equipment that may be contaminated must be decontaminated prior to servicing. If complete decontamination is not possible, the portions of the equipment that are still contaminated must be labeled with a BIOHAZARD sticker specifically identifying the portions that remain contaminated.

If a contaminated medical device is being transported within the institution, the device must be transferred in a secondary container (red bag) to prevent leakage from the primary container. The department receiving the contaminated device should be notified in advance that the device is contaminated.

Personal Protective Equipment

Personal protective equipment is an employee's barrier against blood borne pathogens. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The following PPE will be available, as deemed appropriate by department manager, at no cost to the employee.

Disposable gloves	Facemasks	Isolation Gowns	Surgical caps
Utility gloves	Face shield	Gowns	Shoe covers
Hypoallergenic gloves	Eye shield	Lab coats	Mouthpieces
Sterile gloves	Resuscitation devices	Aprons	Goggles
			Ambu Bags

Personal protective equipment will be considered 'appropriate' only if it prevents blood or other potentially infectious materials from striking through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or mucous membranes. Scrubs are not considered personal protective equipment.

If personal scrubs or clothing are contaminated with Blood or body fluids, the following actions should be taken:

- a. Remove the soiled scrubs immediately and cleanse any areas that had exposure to bodily fluids.
- b. If needlestick or splash to mucous membrane or open area of skin, follow the Exposure Control Plan for follow up with University Health Services.
- c. Check out temporary scrubs from Linen Services at 3739
- d. May request contaminated clothing be washed by contract laundry facility or launder according to manufacturer's guidelines.

Appropriate personal protective equipment (PPE) will be made available to all employees, physicians, residents, students, volunteers, patients and visitors as necessary to protect them from illness or injury that may be caused by exposure to the environment at UTMC. PPE will be located so as to be accessible to all individuals who may have need of PPE. The department manager will be responsible for assuring PPE is available in appropriate quantities. (See S-08-032)

All blood and body fluid spills will be cleaned using spill kits, which are available from Environmental Services. Environmental Services will be responsible for restocking contents of spill kit containers by request. The Safety and Health Manager/designee will be responsible for monitoring locations of spill kits and updating procedures as needed.

UTMC will clean, launder, and dispose of personal protective equipment at no cost to the employee. All personal protective equipment will be removed prior to leaving the work area. All garments, which are penetrated by blood, will be removed immediately or as soon as feasible.

Gloves

Gloves will be worn where it is reasonably anticipated that employees will have contact with blood, other potentially infectious material, non-intact skin, and mucous membranes. Gloves will be worn when performing

vascular access procedures, and when handling or touching contaminated items or surfaces and during disinfecting and cleaning of blood/body fluid spills. If the procedure performed is invasive, requiring sterile technique, sterile gloves shall be worn. Otherwise, non-sterile latex or vinyl disposable (single use) gloves are to be worn.

Disposable gloves such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible, if they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable gloves will not be washed or decontaminated for reuse. Utility gloves may be decontaminated for reuse if the integrity of the gloves is not compromised (they must be discarded if they are allergenic gloves, powderless gloves, etc.).

Surgical or Isolation Mask/Protective Eyewear

Masks in combination with goggles or glasses with solid sides, or chin-length face shields, will be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious material may be generated and eye, nose or mouth contamination is possible (this includes all surgical procedures, catheterization lab procedures, traumas, codes, arterial sticks, intubation, suctioning, and blood gas analysis).

In the event of an exposure, flush immediately with water and report the incident to your supervisor. Report to University Health and/or Emergency Department for appropriate post-exposure treatment.

During microsurgery, (e.g. while using a microscope) when it is not anticipated that there would be splattering or splashing of blood, protective eyewear may not be required.

4. HOUSEKEEPING/LAUNDRY PROCEDURES

A schedule of cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, the type of soil present, and tasks performed is available from the Environmental Services Department (Refer to Housekeeping Policies # 7000, 7002, 7006).

All blood and body fluid spills will be cleaned using the spill kits.

All work surfaces must be decontaminated after completion of each procedure, when contaminated during a procedure, and at the end of the work shift

Contaminated broken glass is not to be picked up directly with hands, but should be cleaned up using mechanical means (e.g. brush and dustpan, plastic disposable dustpan, tongs or forceps).

Regulated waste, such as contaminated sharps must be contained and disposed of in labeled or color-coded containers. (See HM-08-019 and HM-08-020).

Laundry

Laundry should be handled as little as possible, bagged at the location where it is used and stored in laundry carts for pick up. All laundry is handled the same, contaminated or not and bagged in plastic. Gloves must be worn when handling soiled laundry. Since all soiled laundry is considered contaminated, it is not necessary to double bag or use red bags.

5. REGULATED (INFECTIOUS WASTE)

The State of Ohio has specific regulations regarding the disposal of infectious waste. The detailed requirements can be found in Chapter 3745 of the Ohio Revised Code and Chapters 3745-27 and 3745-37 of the Ohio Administrative Code.

Infectious Waste includes:

- ◆ Cultures and stocks of infectious agents and associated biologicals
- ◆ Discarded live and attenuated vaccines
- ◆ Laboratory wastes in contact with infectious agents
- ◆ Pathological wastes
- ◆ Waste material from isolation rooms
- ◆ Patient care waste (bandages, dressing, gowns) heavily soiled with blood/body fluids
- ◆ Contaminated sharps

All dressings, paper tissues, and other disposable items soiled beyond the point of absorption with infective material (respiratory, oral or wound secretions) should be considered infectious waste and will be placed in RED BAGS (e.g. Hemodialysis tubing not sufficiently flushed following dialysis is considered infectious). (See #HM-08-19)

Isolation Rooms

All trash from rooms of isolated patients is considered infectious waste and should be disposed of in red bags. The waste cans in isolation rooms should be lined with red bags.

All RED TRASH BAGS will be placed in the infectious waste tubs in the dirty utility room for pick up by Environmental Services.

6. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

Hepatitis B vaccination is available to all employees with occupational exposure free of charge and is made available after training and within ten (10) days of initial assignment. If the employees at risk refuse vaccination, the employee must sign a "DECLINATION STATEMENT" that is kept in the employee's confidential file in the University Health Services Office. Vaccination may occur at any time if the employee changes his/her mind.

Post-Exposure Evaluation And Follow-Up

When an employee incurs an exposure incident, it is to be reported to the University Health Services Department or to the Administrative Coordinator on call (if the University Health Services office is closed).

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with OSHA requirements. The Occurrence Report must be sent to University Health Services. The name of the patient related to the incident, the hospital medical record number, patient diagnosis, location of patient and detailed description of how the incident occurred, must be included in the report.

Management of potential exposures will include the following:

- ◆ Documentation of the exposure and the circumstances under which the exposure occurred.
- ◆ Identification and documentation of the source individual.
- ◆ Testing of the source individual's and the employee's blood, after informed consent or according to applicable law.
- ◆ Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of the applicable laws and regulations concerning disclosure.

- ◆ After an exposure incident, the exposed employee's blood will be collected and tested after consent is obtained. Consent is required for HIV testing only. If an employee refuses to consent to HIV testing, the blood sample will be preserved for at least ninety (90) days in the lab.
- ◆ University Health Services Department will give a written opinion to the employee within fifteen (15) days of the completion of the evaluation. The opinion shall contain the following information:
 - A. The results of both the source patient and employee testing.
 - B. Any medical conditions resulting from the exposure incident that requires further evaluation or treatment.

Sharps Injury Log

All exposure incidents will be entered on the OSHA Sharps Injury Log in the Safety and Health Department. Each employee sustaining a sharps injury will be asked to complete a questionnaire regarding the incident. The facts of these incidents will be compiled in a report that will be presented quarterly to the Infection Control and Safety committees.

7. HAZARD COMMUNICATION

Specific labeling (with the biohazard symbol or the use of RED BAGS or containers) must be used to designate regulated waste (See HM-08-018, Hazard Communication, located in the Safety Manual). Items requiring labeling with the fluorescent orange or orange-red "biohazard" label include:

- ◆ Contaminated equipment
- ◆ Containers of regulated waste
- ◆ Refrigerators and freezers containing infectious materials
- ◆ Containers used to store or transport infectious materials
- ◆ Sharps disposal containers
- ◆ Contaminated equipment sent for servicing or repairing
- ◆ Individual containers of blood or other potentially infectious materials that are placed in secondary labeled containers during storage, transport shipment or disposal

Labeling Is Not Required For:

- ◆ Containers of blood, blood components, and blood products labeled as to their contents and released for transfusion or other clinical use
- ◆ Laundry bags or containers since this facility uses standard precautions for handling all laundry.
- ◆ Regulated waste that has been decontaminated
- ◆ Specimens collected and delivered within the institution

Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur, and annually while employed at UTMC.

Training for employees will include the following components:

- 1) OSHA standard for Bloodborne Pathogens.
- 2) Epidemiology of bloodborne diseases.
- 3) Modes of transmission of bloodborne pathogens.
- 4) Exposure Control Plan, i.e. point of the plan, lines of responsibility, implementation, etc.
- 5) Procedures, which might cause exposure to blood or other potentially infectious material at this facility.
- 6) Control methods, used to minimize exposure to blood or other potentially infectious materials.
- 7) Personal protective equipment available at this facility.

- 8) Post Exposure evaluation and follow-up.
- 9) Signs and labels used at this facility.
- 10) Hepatitis B vaccine program at this facility.
- 11) Infectious waste/sharps management.

Training will be managed through written materials, videotapes, online computer training or through the Safety Training presentations. Designated individuals are available by pager to answer questions.

Recordkeeping

All records regarding employee exposure to potentially infectious material required by the OSHA standard, will be maintained by Employee Health Services. The OSHA 300 log will be maintained by the Health and Safety Department. All documentation of Safety training will be kept in the Safety and Health Department.

Dates

All provisions required by the standard will be implemented by May 29, 1992, and reviewed annually.

Approval:

	9/2/2008
Infection Control Committee, Chairperson	Date
	9/2/2008
Director, Safety & Health	Date