



Origination: 4/12/2017
Last Approved: 4/12/2017
Last Revised: 4/12/2017
Next Review: 4/12/2019
Owner: *Heather Bernard: Director of Infection Prevention*
Policy Area: *08 Infection Prevention*
References: *Administrative Directive*
Applicability: *MVHS*

Bloodborne Pathogens Exposure Control Plan - MVHS, MV-08-019

PURPOSE

1. Mohawk Valley Health System 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".
 1. The ECP is a key document to assist MVHS affiliates in implementing and ensuring compliance with the standard, thereby protecting our employees.
 2. This ECP includes:
 1. Determination of employee exposure;
 2. Implementation of various methods of exposure control, including:
 1. Standard precautions,
 2. Engineering and work practice controls,
 3. Personal protective equipment,
 4. Housekeeping
 3. Hepatitis B vaccination;
 4. Post-exposure evaluation and follow-up;
 5. Communication of hazards to employees and training;
 6. Recordkeeping;
 7. Procedures for evaluating circumstances surrounding an exposure incident.
 3. The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

SCOPE

1. Organization Wide

REFERENCES

1. 29CFR 1910.1030 "Occupational Exposure to Bloodborne Pathogens"
2. NYSDOH Advisory: "NYS HIV Testing Law" (8/3/10)
3. MV-08-002 "Reporting & Initial Management of Blood/Body Substance Exposures"
4. MV-08-010 "Equipment Cleaning Policy"
5. MV-08-008 "Standard and Transmission Based Precautions"
6. MV-08-019 Form 1 Hepatitis B Vaccine Declination (Mandatory)
7. MV-08-019 Form 2 Occupational Health Treatment Refusal Statement

DEFINITIONS/ABBREVIATIONS

1. ECP	Exposure Control Plan
2. MVHS	Mohawk Valley Health System
3. NIOSH	National Institute for Occupational Safety and Health
4. OPIM	Other Potentially Infectious Materials
5. OSHA	Occupational Safety and Health Administration
6. PEP	Post Exposure Prophylaxis
7. PCVAC	Patient Care Value Analysis Committee
8. PPE	Personal Protection Equipment
9. SNH	Senior Network Health
10. VNA	Visiting Nurse Association

PROCEDURE/DIRECTIVE

1. Administrative Duties

1. The infection Prevention Officer is responsible for the implementation of the ECP. The infection Prevention Committee will maintain and review the ECP at least annually. The ECP will be updated whenever necessary to include new or modified tasks and procedures. Contact infection Prevention Department.
2. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
 1. The Materials Management Department and stockrooms will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels and red bags as required by the standard. The Materials Management Department and stockrooms will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
3. Employee Health will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

4. Infection Prevention staff and Employee Health staff will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives. Infection Prevention staff and Employee Health staff will also ensure the current version of this policy is posted on the intranet.

2. Employee Exposure Determination

1. The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

1. Direct Patient Care

1. All organization medical/ dental staff including, but not limited to aides, assistants and technicians
2. All organization employed CRNA's, Nurse Practitioners and Midwives
3. Transport personnel
4. Laboratory personnel
5. Physical/ Occupational Therapists and aides
6. Speech Therapists
7. Respiratory Therapy personnel
8. Diagnostic Imaging personnel
9. Patient Companions
10. Patient Registrars

2. Non-Direct Patient Care

1. Bio-Medical Engineers
2. Central Sterile Services personnel
3. Environmental Services personnel
4. Laundry personnel
5. Maintenance personnel, plumbers, energy center attendants, general maintenance workers
6. Unit Receptionist
7. Security Officers
8. Emergency Department Registrars
9. Volunteers
10. Clergy
11. Interpreters

3. The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedure, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

1. CATEGORY 1

1. Tasks that involve exposure to blood, body fluids or tissues
2. Talks that involve and inherent potential for mucous membrane or skin contact with

blood, body fluids, or tissues, or potential for spill, or splashes of them are CATEGORY 1 tasks.

2. CATEGORY 2

1. Tasks that involve no exposure to blood, body fluids, or tissues, but may involve unplanned performance of CATEGORY 1 tasks.
2. The normal position duties or task would not involve exposure or potential exposure may occur in the course of performing the duties of the position or while performing the task.
4. Part-time, temporary, contract, and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees is described in this ECP, if applicable.

3. Methods of Implementation and Control

1. Standard Precautions

1. All employees will utilize standard precautions.

2. Exposure Control Plan

1. Employees covered by bloodborne pathogens standard receive and explanation of the ECP during their initial orientation session. It will also be reviewed in their annual mandatory training. All employees have an opportunity to review this plan at any time during their work shifts
2. The Infection Prevention Committee is responsible for reviewing the ECP annually and updating the ECP as necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
3. The review and update of such plans must also:
 1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 2. Document annually consideration and implementation of appropriate commercially available and effective safe medical devices designed to eliminate or minimize occupational exposure. The Patient Care Value Analysis Committee documents all devices considered.
 1. A table that lists the safer devices that the Patient Care Value Analysis Committee, has identified as candidates in our last annual review.
 2. The PCVAC committee solicits input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps need be contacted. Our solicitation method involves the following: trials, interviews, etc. The PCVAC committee documents all solicitation in the meeting minutes.

3. Engineering and Work Practice Controls

1. Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below.

1. Engineering controls include, but are not limited to:
 1. Needleless IV System
 2. Bristojet Safety Devices
 3. Sharps containers in all areas
 4. Safety syringes
 5. Safety lancets
 6. Protective angiocaths
 7. Safety blood collection devices
2. Work Practices include, but are not limited to:
 1. Washing hands immediately for as soon as feasible after removal of gloves or other personal protective equipment.
 2. Washing hands and any other skin with soap and water, or flushing mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials;
 3. Not bending, not recapping, and not removing contaminated sharps except where:
 4. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure; and
 5. Such bending, recapping, or needle removal is accomplished through the use of a mechanical device or a one-handed technique;
4. The types of PPE available to employees are as follows:
 1. Ambu bags
 2. Disposable non-latex patient care gloves
 3. Disposable sterile latex gloves
 4. Disposable sterile non-latex gloves
 5. Respirators
 6. Resuscitation masks
 7. Eye protection goggles, face shields
 8. Masks
 9. Hair coverings
 10. Shoe coverings
 11. Utility gloves
 12. Impervious gowns
 13. Impervious leggings
 14. Lab coats
 15. Fluid resistant gowns
 16. Aprons

17. Cover gowns
18. PPE is located on the direct patient care units, Isolation carts and the stock room may be obtained through the Materials Management Department and stockroom.
19. PPE located on direct patient care units, the stock may be obtained through the Materials Management Department and stockroom.
20. All employees using PPE must observe the following precautions:
 1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 2. Remove PPE after it becomes contaminated and before leaving the work area.
 3. Used PPE may be disposed of in the regular beige waste containers unless grossly soiled with blood and body fluids then it shall be placed in red bagged medical waste containers. Used gowns will be placed in the isolation linen containers or if disposable, disposed of as per above guidance.
 4. 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. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
 5. Never wash or decontaminate disposable gloves for reuse.
 6. Wear appropriate face and eye protection when splashes, sprays, spatter, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 7. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
 8. The procedure for handling used PPE is as follows:
 1. Disposable items shall be placed in the appropriate waste receptacle.
 2. Reusable items shall be sent to central sterile for reprocessing as outlined in policy [MV-08-010 "Equipment Cleaning Policy"](#).
5. Housekeeping
 1. Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see label sections), and closed prior to removal to prevent spillage or protrusion of contents during handling.
 2. Sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in the Environmental Services Department.
 3. All syringes are to be disposed of in the sharps containers even if needle is not attached.
 4. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
 5. Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dust pan. The procedure for handling sharps disposal containers, is as follows:
 1. Notify Environmental Services through a call to the Environmental Services office, after

hours call the Charge Pager that broken glass exists and location.

2. An environmental Services Technician will use a counter brush and dust pan to pick up broken glass. The area will then be dust mopped and we mopped to pick up any small pieces of glass.

6. Laundry

1. The following laundering requirements must be met:
 1. Handle contaminated laundry as little as possible, with minimal agitation, holding away from contact with body.
 2. Place contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags for that purpose. Wear gloves and gowns when handling and/ or sorting contaminated laundry.

7. Labels

1. The following labeling method(s) is used in this organization:
 1. Specimens are placed in a clear bag with biohazard symbol as soon as possible after collection and prior to transport.
 2. Blood samples drawn by phlebotomists and laboratory technicians in the organization are placed in a blood tube rack inside a carrying container marked with the biohazard symbol.
 3. All linen is considered contaminated therefore linen bags are handled as contaminated items.
 4. Potentially contaminated trash is placed in a red bag at the point of use.
 5. The department generating the regulated waste will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility or is transported within the facility.
 6. It is the responsibility of the Housekeeping department to ensure that all regulated waste leaving the facility is properly labeled or in a red bag and meets all regulated waste transportation requirements before it leaves the facility.
 7. Employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.
2. The department generating the regulated waste will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the organization.

4. CQVA Process

1. Identification and need for new procedures and products
 1. This organization identifies the need for changes in engineering control and work practices through: safety reports, safety rounds and safety surveys, interviews with staff, committee activities, and Environment of Care rounds.
 2. We evaluate the need for new procedures or new products by: CQVA process, changes in best practice, recommendations or standards, safety reports, safety rounds and safety surveys,

interviews with staff, committee activities and Environment of Care rounds.

3. Safety Steering committee and leadership in conjunction with the education department will ensure effective implementation of these recommendations.

5. Hepatitis B Vaccination

1. The Employee Health Department staff will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.
2. The hepatitis B vaccination series is available at no cost to eligible employees. Vaccination is encouraged unless:
 1. Documentation exists that the employee has previously received the series;
 2. Antibody testing reveals that the employee is immune, or
 3. Medical evaluation shows that vaccination is contraindicated.
3. However, if an employee chooses to decline vaccination, the employee must sign a MV-08-019 Form 1 Hepatitis B Vaccine Declination (Mandatory). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the Employee Health Office.
4. Vaccination will be provided by Employee Health Offices of MVHS.

6. Post-Exposure Evaluation and Follow-up

1. Should an exposure incident occur, contact the Employee Health Office during normal hours of operation. If the Employee health Office is closed, the employee should go directly to the Emergency Department and contact their hospital supervisor. An immediately available confidential medical evaluation and follow-up will be conducted by a healthcare provider in the Employee Health Office during normal hours of operation or an Emergency Department provider if Employee Health is closed or the provider is not available. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed.
2. The employee will be seen, and the exposure will be evaluated for its level of risk. Mohawk Valley Health System provider will check the employee's HepBsAb and Hep C antibody, offer Tdap as necessary. If the source patient is known, their medical record will be reviewed, they will be made aware of the exposure and Mohawk Valley Health System will test the source for HepBsAg and Hep C antibody as well as request signed consent to test for HIV if indicated. If no source patient is available, the employee will be followed for a period of six months, given baseline labs to include Rapid HIV testing and based on the risk of the exposure, the employee may be offered PEP (Post Exposure Prophylaxis). Refer to [MV-08-002 "Reporting and Initial Management of Blood/ Body Substance Exposures"](#). If the employee involved in an occupational exposure refuses treatment, they must sign MV-08-019 Form 2 Occupational Health Refusal Statement.
3. Administration of Post-Exposure Evaluation and Follow-up
 1. The Employee Staff or Emergency Department provider ensures that health care professionals evaluating an employee after an exposure incident receives the following:
 1. A copy of 29 CFR 1910.1030'
 2. A description of the employee's job duties relevant to the exposure incident;
 3. Route(s) of exposure;
 4. Circumstances of exposure;

5. If possible, results of the source individual's blood test, and
 6. Relevant employee medical records, including vaccination status.
2. The licensed healthcare provider provides the employee with the lab results of both employee and source patient. Refer to MV-08-002 "Reporting and Initial Management of Blood/ Body Substance Exposures"; or NYSDOH advisory "NYS HIV Testing Law".

7. Procedures for Evaluating the Circumstances Surrounding and Exposure Incident

1. The Employee Health provider, the Infection Prevention Committee, and the Legal and Risk Management Department will review the circumstances of all exposure incidents to determine:
 1. Engineering Controls in use at the time
 2. Work practices followed
 3. A description of the device being used
 4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 5. Location of the incident (OR, ER, patient room, etc.)
 6. Procedure being performed when the incident occurred
 7. Employee's training
 8. If it is determined that revisions need to be made, The Infection Prevention Committee will ensure that appropriate changes are made to this ECP. Changes include but are not limited to, evaluation of safer devices, education requirements, competency evaluation, etc.
2. Employee Training
 1. All employees who have occupational exposure to bloodborne pathogens receive training conducted by Infection Prevention staff and Employee Health staff.
 2. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
 1. A copy and explanation of the standard
 2. An explanation of our ECP and how to obtain a copy
 3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
 4. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
 5. An explanation of the types, used, location, removal, handling, decontamination, and disposal of PPE
 6. An explanation of the basis for PPE selection
 7. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
 8. Information on the appropriate actions to take and persons to contact in an emergency

involving blood or OPIM

9. 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
10. Information on the post-exposure evaluation and follow-up that an employer is required to provide for an employee following an exposure incident
11. An explanation of the signs and labels and/ or color coding required by the standard and used at this facility
12. An opportunity for interactive questions and answers with the person conducting the training session. Training materials for this organization are available from the Clinical Education and Organizational Development departments.

8. Recordkeeping

1. Training Records

1. Training records are completed for each employee upon completion of training. These documents will be kept for at least three (3) years in the Human Resources Department.

1. The Training Records include:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualification of persons conducting the training
4. The names and job titles of all persons attending the training sessions
5. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Infection Prevention staff or Employee Health staff.

2. Medical Records

1. Medical Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1030.
2. The Employee Health department is responsible for maintenance of the required medical records. These confidential records are kept by Employee health for at least the duration of employment plus 30 years.
3. Employee medical records are provided upon request of the employee or to anyone having specific written consent of the employee within 15 working days. Such requests should be sent to Employee Health.

3. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Employee Health department. All exposures are recorded on a spreadsheet, maintained by the Employee health department. The OSHA 300 Log is maintained by the Claims and Compliance Specialist in the Legal & Risk Management department.

4. Sharps Injury Log

1. The Employee Health department establishes and maintains a sharps injury log to

record percutaneous injuries from contaminated sharps. The information in the sharps injury log is recorded and maintained: in the Employee Health department. This protects the confidentiality of the injured employee. The sharps injury log contains:

1. The type and brand of device involved in the incident
 2. The department or work area where the exposure incident occurred
 3. An explanation of how the incident occurred
2. We maintain the log for five (5) years following the end of the calendar year that these records cover.

CONTENT EXPERT(S) / RESEARCHER(S) / CONTRIBUTOR(S): n/

a

This Document Replaces: FSLH OS-5.

Attachments:

[MV-08-019 Form 1 Hepatitis B Vaccine
Declination \(Mandatory\)](#)
[MV-08-019 Form 2 Occupational Health
Treatment Refusal Statement](#)

COPY