| Catholic Charities Disabilities Services | |
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| **Agency Standard and Procedure** | |
| **Standard Category** | Administration |
| **Standard Title** | Bloodborne Pathogens Exposure Control Plan |
| **Regulations** | OSHA 29 CFR 1910.1030 |
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| **Attachments** | Protocol for Handling Soiled or Contaminated Laundry<br>Protocol for Disposal of Sharps<br>Protocol for the Use of Personal Protective Equipment<br>Protocol for Cleaning Blood or Other Potentially Infectious Material<br>Protocol for Handling an Exposure Incident<br>Hepatitis B Vaccine Consent/Declination |
| **Approved by:**<br>Paula Jubic, Executive Director | |

**Standard:**

Catholic Charities Disabilities Services (CCDS) is committed to providing a safe and healthy work environment for staff. This Blood-borne Pathogen Exposure Control Plan (BPBPECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards.

**Definitions:**

*Bloodborne Pathogens* means pathogenic 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) and human immunodeficiency virus (HIV).

*Contaminated Laundry* means laundry which has been soiled with bodily fluids such as blood, urine, saliva, etc. or other potentially infectious materials.

*Exposure incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a staff member's duties.

*Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that my result from the performance of an employee's duties.

*Other potentially infectious materials (OPIM)* means semen, vaginal secretions, any 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.

*Parenteral* means piercing mucous membranes or other skin barrier through such events as needle sticks, human bites, cuts and abrasions.

*Personal protective equipment* means specialized clothing or equipment worn to reduce the likelihood of an exposure incident.

*Soiled laundry* means laundry which has been handled or used.

*Universal precautions* is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

**Program Administration**

1. The Associate Executive Director or designee is responsible for implementation of the BPECP and will maintain, review and update the BPECP at least annually and whenever necessary to include new or modified tasks and procedures.

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 BPECP.

3. The Director of Residential Services or designee will provide and maintain all necessary personal protective equipment (PPE), containment vehicles (e.g., sharps containers), labels and red bags as required by this Standard. Adequate supplies of this equipment will be available in appropriate sizes.

4. The Director of Residential Services or designee and Human Resources Agency Partner & Manager or designee will be responsible for ensuring that all medical actions required by this Standard are performed and that appropriate employee health and OSHA records are maintained.

5. The Director of Quality Assurance or designee will be responsible for training, documentation of training, and making the written BPECP available to employees, OSHA representatives.

**Staff Exposure Determination**

1. All Residential staff may have occupational exposure. These staff include direct support professionals, qualified charge persons, shift supervisors, site supervisors, regional program managers, program managers, LPNs, RNs, and clinical specialists.

2. Occupational exposure may occur for other staff, including maintenance staff, self-directed support professionals, and community support professionals.

**Methods of Implementation and Control**

1. All staff will utilize universal precautions.

2. Staff covered by the Bloodborne Pathogens Exposure Plan Standard will receive an explanation of the BPECP during their initial training session. The BPECP will also be reviewed for covered staff during their annual refresher training. All staff can review this plan at any time during their work shift by viewing it on the employee portal on the agency web site.

3. Work practice controls, including protocols for handling soiled and contaminated laundry, handling sharps, clean up of blood, bodily fluids, and OPIM, control of exposure incidents, and the use of PPE will be used to prevent or minimize exposure to bloodborne pathogens.

**Hepatitis B Vaccination**

The hepatitis B vaccination series will be available to all employees. At the time of hire, staff will be presented with a Hepatitis B Vaccine Consent/Declination form to indicate whether they would like to receive the vaccine series. All staff must complete the form whether they accept or decline the vaccine series. Any staff member who declines the vaccine series can receive it at any point during their employment if they change their mind.

**Employee Training**

All staff will receive initial and annual training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training will include a copy of and an explanation of the OSHA Bloodborne Pathogen Standard; an explanation of the CCDS BPECP; an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident; an explanation of the use and limitation of work practice controls and protocols; information on the hepatitis B vaccine; information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; an explanation of the procedure to follow in an exposure incident occurs; and an opportunity to ask questions.

**Medical Records**

Medical records are maintained for each staff member with occupational exposure in accordance with OSHA standards. These records will be kept for at least the duration of employment plus 30 years.

# Catholic Charities Disabilities Services

## Protocol for the Management of Soiled or Contaminated Laundry

**Introduction:** The proper handling of soiled or contaminated laundry is very important for the safety and well-being of individuals and staff. Laundry is soiled if it has been handled or used. Laundry is contaminated if there is blood or other potentially infectious materials (semen, vaginal secretions, saliva with visible blood) on it. If an individual has an infectious disease (hepatitis, MRSA, other multiple drug resistant organisms) or is on contact precautions, then laundry is contaminated by contact with their feces or vomit.

### Handling of Laundry

1. Staff are to always wear gloves when handling soiled or contaminated laundry. Gloves will be removed or changed before handling clean laundry.

2. Soiled and contaminated laundry should be handled as little and as carefully as possible. Laundry should be transported to the washing machine in a closed laundry bag.

3. Laundry that is contaminated with blood or other bodily fluids should be removed and laundered immediately. If it appears that contaminated laundry may leak through a laundry bag or if the contaminated laundry cannot be laundered immediately, it must be placed in a plastic bag.

4. When handling contaminated laundry, staff must use personal protective equipment (PPE).

5. If staff's clothing becomes contaminated, it must be washed immediately and on site.

### Rinsing of Laundry

1. Staff must rinse laundry soiled with feces or vomit in a slop sink, shower, or bathroom sink.

2. Carefully inspect the rinsed laundry to make sure that there is no feces or vomit in the laundry before it is placed in the washing machine.

3. Rinsed laundry should be washed immediately. If a washing machine is not available, it should be placed in a plastic bag to be washed later.

4. The slop sink, shower, or bathroom sink must be cleaned and disinfected after the laundry is rinsed.

### Sanitizing Washing Machines

1. Washing machines in each home are used to wash the clothes of all the people living in the home. More than one person's clothing are being washed in the same washer. Thus, to reduce the possibility of cross contamination, every washer should be sanitized on a weekly basis.

Standard: *Bloodborne Pathogens Exposure Control Plan, 2014.04.13.*

2. Washers will also be sanitized between loads when clothes that belong to someone with hepatitis, MRSA, other multiple drug resistant organisms or with contact precautions are washed.

3. The staff person assigned to sanitize a washing machine will wear gloves and protective goggles.

4. For top loading machines, the staff person will fill the empty machine with water, pour two cups of chlorine bleach into the water and then close the lid to allow the washing cycle to commence.

5. For front loading machines, the staff person will add two cups of Chlorine Bleach into the machine and then set the machine for the normal wash cycle.

Approved by: _____

Title: _____

Date: _____

# Catholic Charities Disabilities Services

## Protocol for the Disposal of Sharps

1. Used sharps (e.g. needles, syringes) shall be discarded immediately in containers designed for that purpose.

2. These containers will be closable, puncture resistant, leakproof on the sides and bottom, and colored red.

3. Containers will be easily accessible by staff and located as close as is feasible to the immediate area where sharps are used.

4. Containers will be maintained upright throughout use.

5. When full, containers will be taken to an approved site by the residential RN for disposal.

Approved by: _____

Title: _____

Date: _____

Standard: *Bloodborne Pathogens Exposure Control Plan, 2014.04.13.*

# Catholic Charities Disabilities Services

## Protocol for the Use of Personal Protective Equipment

1. Personal Protective Equipment (PPE) includes gloves, masks, goggles and aprons and will be available at no cost to staff.

2. Under the guidance of the Director of Residential Services, Regional Program Managers, Program Managers, Site Supervisors, and Shift Supervisors are charged with the responsibility of ensuring that PPE is available.

3. Gloves are readily available throughout the residences. Gloves, masks, goggles and aprons are located in both agency vehicles and in each residence.

4. Staff must wear gloves whenever it is possible that there may be contact with blood or other potentially infected material (OPIM) and when handling or touching contaminated surfaces. Staff must replace gloves if they become torn, punctured, contaminated, or their ability to function as a barrier is compromised.

5. Staff must wear appropriate face and eye protection when splashes, sprays, splatter or droplets of blood or OPIM pose a hazard to eyes, nose or mouth.

6. Staff must remove PPE after it becomes contaminated, in between care of two or more individuals, and before leaving the work area. PPE can be disposed of with the clean up waste.

7. Staff must wash hands immediately or as soon as feasible after removing gloves or other PPE.

8. Staff must 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.

Approved by: _____

Title: _____

Date: _____

Standard: *Bloodborne Pathogens Exposure Control Plan, 2014.04.13.*

# Catholic Charities Disabilities Services

## Protocol for Cleaning Blood, Bodily Fluids, or Other Potentially Infected Materials (OPIM)

**Introduction**: Blood or other potentially infected materials (OPIM) like vomit or feces may contain viruses, bacteria or parasites that can cause harm to exposed individuals. In order to reduce exposure to these bloodborne pathogens, staff must use the following procedures when cleaning up blood or other bodily fluids.

1. Every residence will have a mop, bucket, gloves, apron, mask, protective eye wear, paper towels, garbage bags, and spray disinfectant to cleanup any blood, bodily fluids, or other potentially infected materials (OPIM). All agency vehicles will have any appropriate cleaning materials and personal protective equipment (PPE).

2. Staff are to always wear personal protective equipment (PPE) including gloves when cleaning up blood or OPIM. If the possibility of splashing exists(e.g. the spill is chest high or higher), protective eyewear, a mask, and an apron should be worn. Eyeglasses are not considered protective eyewear.

3. Use a brush or tongs and a dust pan to pick up any broken glass or sharps. Place the broken glass in a sealable container. Place sharps in the sharps container. Never touch broken glass or a sharp during the cleanup process.

4. Use paper towels to clean as much of the spill as possible. Discard the paper towels in the plastic garbage bag. Use the mop and bucket and a cleaning solution to clean the spill area after paper towels are used. Use the spray disinfectant to sanitize the area, applying the disinfectant according to the directions on the can.

5. When the spill is cleaned, discard the used PPE into the plastic bag containing the contaminated paper towels. In most circumstances, the plastic bag can be placed into the regular household trash. The rinse water from the bucket should be poured down the toilet.

6. After the spill is cleaned, the equipment used to clean the spill also must be cleaned. Staff are to reglove. Any brush, tongs, or dust pan used must be washed and disinfected. The bucket and mop handle also have to be cleaned and disinfected. The used mop head must be laundered according to the protocol for contaminated laundry.

7. Any time gloves are removed, staff must wash their hands with soap and water before regloving.

8. If blood or OPIM is spilled on a carpeted area or fabric covered furniture, as much of the spill must be blotted up with paper towels as possible. Once that is completed, an appropriate carpet detergent should be used. Finally, the area should be disinfected.

Approved by: _____

Title: _____

Date: _____

# Catholic Charities Disabilities Services
## Protocol for Handling an Exposure Incident

**Definition:** An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral[1] contact with blood or other potentially infectious materials that results from the performance of a staff member's duties.

**Post-Exposure Evaluation and Follow-Up**

1. Should an exposure incident occur, first aid should be provided by an available staff person as necessary.

2. Once the immediate needs of the staff person who sustained the exposure have been met, the supervisor should be immediately contacted or the Administrator on-call if after hours.

3. The Administrator on-call will offer the staff person a confidential medical evaluation and follow-up at the provider of the staff person's choice at agency expense.

4. If the source of the exposure is an individual we support, a GER will be completed documenting how the exposure occurred, the route(s) of exposure, the name of the staff member, and any other pertinent information.

5. If the source of the exposure is an individual we support, the agency will strictly follow regulatory guidelines as indicated in 14 NYCRR 633.19 including medical and epidemiological assessment of the source, and, if epidemiologically indicated, HIV counseling and testing of the source as permitted under the NYS Public Health Law. Where the HIV status is not known to anyone who has been exposed, disclosure can be made only with the express written consent of the source or pursuant to court order.

6. If the source of the exposure is a staff member or visitor, an email will be sent to the Human Resources Agency Partner & Manager or designee documenting the names of those involved, how the exposure occurred, the route(s) of exposure and any other pertinent information.

7. If the source of the exposure is a staff member or visitor, the administrator on duty will make every effort to convince the staff member or visitor to undergo medical and epidemiological assessment, and if epidemiologically indicated, HIV counseling and testing as permitted under the NY Public Health Law.

[1]Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Standard: *Bloodborne Pathogens Exposure Control Plan, 2014.04.13.*

**Administration of Post-Exposure Evaluation and Follow-up**

1. The Human Resources Agency Partner & Manager or designee will ensure that the health care professional responsible for the exposed staff member's post exposure evaluation and follow-up receives a copy of OSHA's bloodborne pathogen standard.

2. The Human Resources Agency Partner & Manager or designee will ensure that the health care professional responsible for the exposed staff member's post exposure evaluation and follow-up receives a description of the staff member's job duties relevant to the exposure incident, the route(s) of exposure, the results of the source individual's medical and epidemiological evaluation, if possible, and relevant staff member's medical records.

**Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

1. The Director of Quality Assurance or designee will review the circumstances of all exposure incidents to determine:

    - the engineering controls[1] in use at the time if any;
    - the work practices followed;
    - a description of any device being used;
    - PPE that was used at the time of the exposure incident, if any;
    - location of the incident;
    - the ongoing activity at the time of the incident; and,
    - the staff member's previous training.

2. The Director of Quality Assurance or designee will compose a report of the review for evaluation by the Incident Review Committee (IRC), Safety Committee, and the Executive Director or designee.

3. If the IRC, Safety Committee, or Executive Director or designee determines that revisions need to be made to the BPECP, the Associate Executive Director or designee will be charged with the responsibility of making those changes.

Approved by: _____

Title: _____

Date: _____

[1]Engineering controls means controls such as sharps disposal containers, self-sheathing needles, etc. that isolate or remove the bloodborne pathogens hazard from the workplace.

CATHOLIC CHARITIES
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# Hepatitis B Vaccine Consent/Declination

Name_____

Acceptance:

I have read the information provided about Hepatitis B disease and vaccine, I have had the opportunity to ask questions, and understand the benefits and risks of Hepatitis B vaccine. I wish to receive the Hepatitis B vaccine provided, at no cost to myself, by Catholic Charities Disabilities Services.

_____ _____

Employee Signature Date

Declination:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccine at this time for the following reasons:

( ) I have previously received the complete Hepatitis B series

( ) Antibody testing has revealed that I am immune

( ) The vaccine is medically contraindicates (See Employee Health Record)

( ) Not interested

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Employee Signature Date