

Blood borne Pathogens Exposure Control Plan

Mid-Michigan District Health Department



Policy

The Mid-Michigan District Health Department 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 blood borne pathogens in accordance with MIOSHA Rule 325.70001, "Blood borne Infectious Diseases."

The ECP is a key document to assist our facility in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Record keeping
- Procedures for evaluating circumstances surrounding and exposure incident
- The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Program Administration

Dr. Jennifer Morse is responsible for the implementation of the ECP.

Dr. Jennifer Morse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/ phone number is Administrative Offices, 989-831-3610

Mid-Michigan District Health Department 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. CHED Branch office supervisor will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Contact location/phone number: Sarah Doak 989-227-3109, Jennifer Stratton 989-831-3609

The Branch Office Supervisor will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained.

Each Branch Office Supervisor will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

Employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedure and work practices outlines in this ECP. The following is a list of all job classifications at our establishment in which all employees have occupational exposure (MIOSHA Rule 325.70003):

JOB TITLE	DEPARTMENT/ LOCATION
(Examples: Phlebotomists	Clinical Lab)
Registered Nurse	Clinical Lab
Public Health Representative	Clinical Lab
Nurse Practitioner	Clinical Lab
Medical Director	Clinical Lab

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 procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE	DEPARTMENT/ LOCATION	TASK/PROCEDURE
(EXAMPLE: Housekeeper	environmental services	Handling Regulated Waste)
Housekeeper	All Branch Offices	Office Cleaning

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 should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions. (MIOSHA Rule 325.70005)

Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Branch Office Supervisor. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 day of the request. The Laboratory Director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure (MIOSHA Rule 325.70004).

Engineering Controls and Work Practices

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

- (For example: non-glass capillary tubes, SESIPs, needless systems)
- Safety Lancets for finger pokes
- Safety Needles

Sharps disposal containers are inspected and maintained or replaced by clinic staff every three months or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through Review of Incident Reports and Needle Stick and Sharps Injury Reports

We evaluate new procedures or new products regularly as needed. This process includes, but is not limited to evaluation and selection of sharps, needles and blood collecting devices.

Both front line workers and management officials are involved in this process: Employees can bring new sharps and safety needles to the attention of management as the new instruments are identified.

CHED Division Director and Branch office Supervisors will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by Branch Office Supervisor in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:
Latex, Nitrile gloves, masks, goggles and face shields.

PPE is located in each area where potential exposure to BBP may occur. PPE may be obtained through Branch Office Supervisor. Employees can visit the Branch Office Supervisor's office or call their branch office supervisor to obtain PPE.

All employees using PPE must observe the following precautions 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.

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed (of/in):
 - Uncontaminated PPE can be disposed of in the regular trash.
 - Contaminated PPE should be disposed of in biohazard boxes in each branch office.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Never wash or decontaminate disposable gloves for reuse.
- 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.
- 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 (MIOSHA Rule 325.70008)

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers**: to be collected by contractor every three months or as needed.

The procedure for handling **other regulated waste** is: to be collected by contractor every three months or as needed.

Contaminated sharps are discarded immediately or as soon as possible in the containers that are closable, puncture- resistant, leak proof on sides and bottom, and labeled or color-coded

appropriately. Sharps disposal containers are available in each branch office and can be obtained from each Branch Office Supervisor.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware, which may be contaminated, is picked up using mechanical means such as a brush and dustpan. (MIOSHA Rule 325.70009)

Labels

The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED LABEL TYPE (size, color, etc.)
(e.g., specimens, contaminated laundry, etc.)(red bag, biohazard label, etc.)

The Branch Office Supervisor will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify *Name of responsible person* if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels (MIOSHA Rule 325.70014).

Equipment, Environment and Work Surfaces

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant:
 - After completion of procedures
 - Immediately or as soon as feasible when surfaces are clearly contaminated or after any spill of blood or other potentially infectious materials
 - At the end of the work shifts, if the surface may have become contaminated since the last routine cleaning.

- Spills of blood should be decontaminated with freshly diluted (1:10) bleach, or with an EPA – approved disinfectant. Appropriate gloves, gowns and masks should be worn if necessary to protect clothing and employee during cleaning and decontamination procedures. Cover spill with paper towels or other absorbent material and flood with diluted bleach solution. Let stand for at least ten minutes. Clean up with more paper towels. Dispose of as infectious waste. With large spills of culture or concentrated infectious agents in the laboratory, the contaminated area should be flooded with a liquid germicide before cleaning, then decontaminated with fresh germicidal chemical.

- Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be

removed and replaced as soon as feasible, when they become openly contaminated or at the end of the work shift if they “may” have become contaminated.

- Broken glassware, which may be contaminated, should not be picked up directly with the hands. It must be soaked with disinfectant and then cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps (MIOSHA Rule 325.70009)

Hepatitis B Vaccination

The Mid-Michigan District Health Department will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series and,
- Antibody testing reveals that the employee is immune if at high risk for exposure, or
- Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Human Resources Office.

Vaccination will be provided by the Branch Office Supervisor or the Branch Office Supervisor designee.

The Vaccination of Health Care Personnel Policy for full guidelines for Hepatitis B Vaccination states: .

- All unvaccinated employees that may have exposure to any blood or body fluids should be vaccinated with the complete, ≥ 3 dose hepatitis B vaccine series per currently recommended vaccination schedule.
- Persons with an incomplete series are not considered protected and should complete the ≥ 3 dose series.
- Post vaccination serologic testing should be performed for all HCP at HIGH RISK for occupation percutaneous or mucosal exposure to blood or body fluids. This would include anyone at risk for needle stick injuries, fluid sprays to the face, spitting to the face or other perceived incident that would cause such exposure.
 - Post vaccination serologic testing is to be performed 1-2 months after administration of the last dose of vaccine. Testing for anti-HBs is to be ordered.
 - Immunity to hepatitis B is documented by an anti-HBs ≥ 10 mIU/mL.

- No further testing of this individual is needed.
 - Persons with anti-HBs < 10 mIU/mL should be revaccinated with the complete 3-dose series and have repeated serologic testing performed 1-2 months after the last dose of that series (the 6th dose received).
 - If their anti-HBs is still < 10 mIU/mL, they should be evaluated for hepatitis B infection.
 - If not infected, they should be considered susceptible to HBV infection and counseled about the need to received hepatitis B immune globulin (HBIG) if they ever have a known or likely exposure
- Persons at LOW RISK for occupations exposure do not need post vaccination serologic testing. HOWEVER, they should be counselled to seek immediate serologic testing if an exposure does occur.
- If employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Human Resources Office.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, call the Branch Office Supervisor. Clinton calls extension 3109, Gratiot calls extension 1028, Montcalm calls extension 3609.

An immediate available confidential medical evaluation and follow-up will be conducted at Sparrow Clinton Hospital in St. Johns, MidMichigan Medical Center – Gratiot in Alma, Sheridan Community Hospital in Sheridan. Following the initial first aid (clean the wound, flush eyes or mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the individual is already known to be HIV, HCV and/ or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HCV and HIV* serological status. Test for HBV serological status only if this was not done once previously after HepB vaccination. If

this was done once in their lifetime after vaccination and anti-HBs ≥ 10 mIU/mL confirming immunity, it does not need to be repeated after exposure.

- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Medical Director or the Branch Office Supervisor ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy to OSHA's blood borne pathogens standard.

Branch Office Supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Medical Director or The Branch Office Supervisor provides the employee with a copy of the evaluating health care professional's written opinion within fifteen days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Medical Director will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

Each Branch Office Supervisor will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log and complete an Incident Report.

If it is determined that revisions need to be made the Medical Director and the CHED Director will ensure that appropriate changes are made to this ECP (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.) (MIOSHA Rule 325.70013).

EMPLOYEE TRAINING

All employees who have occupational exposure risks to blood borne pathogens receive training conducted by the Branch Office Supervisor and/or the Global Compliance Network.

All employees who have occupational exposure risks to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of the blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- 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 limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location removal, handling, decontamination, and disposal of PPE
- And explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on it efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- 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 if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

Training material for this facility are available at Health Education. (MIOSHA Rule 325.70016)

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at Human Resources

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of the persons conducting the training
- The names and job title of all persons attending the training session

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 Human Resources (MIOSHA Rule 325.70015)

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Rule 325.70015, "Recordkeeping".

Human Resources is responsible for maintenance of the required medical records. These **confidential** records are kept in the Human Resources Office for at least the **duration of employment plus 30 years** (MIOSHA Rule 325.3451)

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to Human Resources in the Administrative Offices.

MIOSHA Record Keeping

An exposure incident is evaluated to determine if the case meets MIOSHA's Record keeping Requirements (MIOSHA Rule 325.70015). This determination and the recording activities are done by The Medical Director.

Sharps Injury Log

In addition to the Rule 325.70015 Record keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- Date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report (MIOSHA Rule 408.22101).

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 vaccination at this time; I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. 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: _____