

Exposure Control Plan  
November 15, 2012 (Revised 3/9/2016 Unchanged 10/5/2017)

## **BLOODBORNE PATHOGENS STANDARD**

The Canton City Health Department is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, 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."*

The ECP is a key document to assist our organization 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
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

## **PROGRAM ADMINISTRATION**

The Director of Nursing with the support of the Medical Director is responsible for implementation of the ECP. The Director of Nursing will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact phone number: (330) 489-3322.

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.

The Director of Nursing will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director of Nursing will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact phone number: (330) 489-3322.

The Director of Nursing will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact phone number: (330) 489-3322.

The Director of Nursing will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact phone number: (330) 489-3322.

## **EMPLOYEE EXPOSURE DETERMINATION**

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

| <i>Job Title</i>           | <i>Department/Location</i> |
|----------------------------|----------------------------|
| Medical Director           | Nursing Department         |
| Clinic Physician           | Nursing Department         |
| Nurse Practitioner         | Nursing Department         |
| Director of Nursing        | Nursing Department         |
| Public Health Nurse II/III | Nursing Department         |
| WIC Assistant              | WIC Department             |
| Laboratory Director        | Lab Department             |
| Laboratory Technician      | Lab Department             |
| Dental Program Manager     | Nursing Department         |

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:

| <i>Job Title</i>    | <i>Department/Location</i> | <i>Task/Procedure</i>                     |
|---------------------|----------------------------|---|
| Sanitarian I/II     | Community Services (EH)    | Handling of Biological and Chemical Waste |
| Sanitarian III      | Special Services (EH)      | Handling of Licensed Pesticides           |
| EH Tech (part-time) | Community Services (EH)    | Asbestos Exposure                         |
| WIC Director        | WIC Department             | Lead Dust Exposure                        |
| Dietitian           | WIC Department             | Handling of Licensed Pesticides           |
|                     |                            | Hematocrit Testing                        |
|                     |                            | Hematocrit Testing                        |

NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The expectation is that these employees provide written verification of bloodborne pathogens training and are familiar with the ECP standards protocol.

## **METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

All employees will utilize universal precautions.

### **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial orientation/training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting the Director of Nursing. If requested, we will provide an employee with a copy of the ECP free of charge and within 5 days of the request.

The Director of Nursing is responsible for reviewing and updating the ECP annually or more frequently if 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.

### **Engineering Controls and Work Practices**

Engineering controls 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:

- Non-glass capillary tubes
- Non-glass vacutainers
- Benchtop splash shield
- Safety syringes (Recapping or removal of any needle from the hub is not permitted. A new needle, syringe or lancet is used with each procedure and discarded immediately after use in a sharps container)
- One-way airway
- Non-latex gloves
- Sharps containers
- Covered trash containers
- Biohazard trash containers in each clinic room
- No food and drink are permitted in work areas: examination rooms, stat lab, rest rooms
- No food and drink will be stored in the vaccine refrigerator or in any other area of the stat lab

Sharps disposal containers are inspected and maintained or replaced by the nursing department whenever necessary to prevent overfilling. Sharps containers are sealed and transported to the laboratory to be autoclaved when full.

This facility identifies the need for changes in engineering controls and work practices through recommendations from the Ohio Department of Health (ODH), annual review of ECP, employee recommendations and/or the safety committee recommendations. New procedures and new

products are evaluated as needed by conducting literature reviews, reviewing supplier information, and requesting outside agency input if necessary.

Both front-line workers and management officials are involved in this process in the following manner: A review is conducted by a Staff Nurse II, Medical Director, Director of Nursing, and laboratory personnel. The Director of Nursing is responsible for ensuring that the recommendations are implemented.

### **Specimens**

All specimens will be shipped in compliance with Division 6.2 packaging and shipping rules and regulations. The lab personnel are trained to properly ship specimens.

### **Personal Protective Equipment (PPE)**

PPE is provided to employees at no cost to them. (Refer to PPE policy for specifics). Training in the use of the appropriate PPE for specific tasks or procedures is provided by the nursing department.

The types of PPE available to employees are as follows:

- Gloves
- Safety glasses/Goggles
- Lab coats
- Masks
- N-95
- Utility gloves
- Resuscitation equipment

PPE is located in the nursing department's storage room and may be obtained through any of the nurses. The Director of Nursing is responsible for ensuring that PPE is available.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the appropriate areas – trash containers, biohazard container, and laundry bag.
- Wear appropriate gloves when it is 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 or 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.
- Never wash or decontaminate disposable gloves for reuse.
- 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 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.

### **Housekeeping**

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

The procedure for handling sharps disposal containers is: All used sharps are disposed of in the sharps disposal container immediately after use. Sharps containers in use will be stored in an upright position. They will be considered full when a syringe will no longer drop and lay flat in the container.

The Canton City Health Department is licensed by Ohio Environmental Protection Agency (EPA) as an infectious waste generator. The license is maintained by the laboratory department.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded red. Sharps disposal containers are available in the nursing department storage room.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

### **Laundry**

Lab coats are provided to cover uniforms during patient contact. Lab coats remain at the Health department and are laundered at their expense. Lab coats are to be changed immediately if they become soiled and replaced with a clean coat or at least once a month. Clean lab coats are to be worn for off-site clinics. Contaminated lab coats will be laundered by a professional laundering company. Laundering will be performed by Dutch Girl Cleaners or an affiliated company weekly.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled containers before transport. Use either red bags or bags marked with the biohazard symbol for any laundry grossly contaminated with biohazard materials for this purpose.

At this facility, the examination rooms will be cleaned and decontaminated according to the following schedule:

- Exam rooms used for STI exams will be cleaned by the nurse assigned to that examination room that day. All exam tables, venipuncture tables, and culture areas are to be paper-covered during use. Covers on exam tables are changed after each client use. Any other surface will be cleaned at the end of the clinic unless contaminated with blood or body fluids during use.

- Areas soiled with blood or body fluids during clinic hours/exams will be
  - a. wiped up with disposable towels;
  - b. towels to be discarded in plastic lined container;
  - c. area washed with soap and water; and
  - d. area then washed with Bacdown or other approved disinfectant and allowed to air dry according to product direction.

### **Waste Containers**

At this facility, all waste containers must have disposable liners. These liners and their contents are dumped and the liners changed every day. The container used for body fluids other than blood is a large trash container with a lid. The containers are covered at all times except during STI clinics. These bags are tied and knotted before removal from the trash container. These containers are visually examined by the nurse using them. Any damage is immediately reported to the Director of Nursing for repair or replacement. Bag liners are purchased by the nursing department.

At this facility, speculums and any other objects that may come into contact with blood or body fluids are discarded into a biohazard container located in each clinic room. Every two weeks (or sooner if full or if the bag has been compromised) at the end of the clinic, the nurse ties and knots the bag prior to removing from the container. The bags are then placed in the stat lab for the lab personnel to remove.

### **Labels**

The following labeling methods are used in this facility:

*Equipment to be Labeled Label Type (size, color)*

Contaminated laundry is placed in biohazard bag and then in laundry bag;  
Contaminated speculum and other STI clinic supplies are placed in the red container with a biohazard bag liner;  
Specimens are placed in plastic containers with biohazard symbol;

Laboratory personnel are responsible for ensuring that 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 laboratory personnel if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

### **HEPATITIS B VACCINATION**

The Director of Nursing or designee will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. 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. However, if an employee declines the vaccination, the employee must sign a declination form (Appendix A). 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 employee file. Vaccination will be provided by the nursing staff.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact a nursing supervisor or the Medical Director at (330) 489-3322. An immediately available confidential medical evaluation and follow-up will be conducted by the Medical Director. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- On an Incident Form, 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 source 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).
- Refer the employee to Aultworks at (330) 491-9675 for initial testing and follow-up testing.

## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Director of Nursing ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Director of Nursing 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 Director of Nursing provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.



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## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

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

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (clinic room, stat lab, waiting area, etc.)
- procedure being performed when the incident occurred
- employee's training

The Director of Nursing and/or nursing supervisor will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. Reference OSHA Needlestick/Sharps Injuries form (OSHA 300 Log).

If revisions to this ECP are necessary the Director of Nursing will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

## **EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the Communicable Disease Nurse. 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:

- a copy and explanation of the OSHA bloodborne pathogen 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
- an explanation of the basis for PPE selection
- 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



- 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 materials for this facility are available at on the network L: drive in the bloodborne pathogens folder.

## **RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the ECP manual.

The training records include:

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

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 the Director of Nursing.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

The Executive Assistant is responsible for maintenance of the required medical records. These confidential records are kept in the business office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Director of Nursing.

### **OSHA Recordkeeping**

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 Director of Nursing.

All waste documents required under Ohio EPA rules and regulations are maintained by the laboratory.

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. The log is maintained in the Director of Nursing's office. If a copy is requested by anyone, it must have any personal identifiers removed from the report. Reference OSHA Needlestick/Sharps Injuries form (OSHA 300 Log).

### **Schedule for Cleaning and Decontamination**

The nurse assigned to the exam room used for STI exams and WIC exams is responsible for maintaining the area in a clean and safe manner. Anytime there is a spill of blood or other possibly infectious body fluid, the nurse will use the following procedure:

- put on protective gloves;
- blot up as much of the spill as possible with a paper towel or drape sheet and discard in plastic-lined trash container;
- wash the spill area with soap and water;
- Apply Bacdown or other approved disinfectant. Allow to air dry. A four minute exposure will decontaminate the area of HIV. For other bacterial organisms such as salmonella, shigella, streptococcus, staphylococcus, E. Coli, etc., allow to air dry for ten minutes;
- gloves and cleaning materials are discarded in the plastic-lined trash container;
- wash hands thoroughly

At the end of clinic, the following work areas will be washed with Bacdown and allowed to air dry:

- basin, stirrups, step and any other possibly contaminated area;
- entire sink area (faucets included);
- any work table and desk top;
- door knobs;
- lamps; and
- Exam table is cleaned with chlorox wipes

Gloves will be worn by all nurses during this procedure. They must be properly discarded in plastic-lined container after use, followed by good hand washing.



If there is a major accident involving a large amount of blood, infectious body fluid or chemicals, the ***Infectious Waste Spill Contingency Plan*** will be implemented. The emergency clean-up kit is located in the laboratory in an easily reached and properly identified area. Please notify the Lab Director should this occur.

### **General Office and Clinic Cleaning**

A contracted cleaning service is responsible for daily cleaning of this facility. In the clinic areas and waiting areas, hard-surface floors are to be mopped with disinfectant solution daily. Any flat surface is to be washed off with disinfectant solution and allowed to air dry. Trash containers are to be tied shut and discarded as a unit. New plastic liners are to be in place daily. Normal cleaning (dusting and sweeping) is sufficient for the rest of the working areas.

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## HAZARD COMMUNICATION PLAN

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The following Hazard Communication Program is based on the requirements of the *OSHA Hazard Communications Standard, 29 CFR 1910.1200*.

### **1. Company Policy**

To ensure that information about the dangers of all hazardous chemicals used by the Canton City Health Department is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals. This program applies to all work operations in our organization where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this organization will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the Nursing Department for review by any interested employee.

The Lab Director is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

### **2. Container Labeling**

The Microbiologist will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address. The Supervisor in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, see Lab Director.

On the following individual stationary process containers, we are using colors in addition to labels to convey the required information:

- Examination room biohazard containers: Red color overall, red inserts, red biohazard symbol labels;
- Stat lab biobag collection container: Red biohazard labels (2)

The Lab Director will review the company labeling procedures annually and will update labels as required.

### **3. Safety Data Sheets (SDSs)**

The Laboratory Director is responsible for establishing and monitoring the company SDS program. He/she will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an SDS is not received at the time of initial shipment:

The manufacturer's/vendor's website is consulted for copies of applicable SDS's. If not available, the manufacturer/vendor will be contacted and a copy requested.

Copies of SDSs are maintained in a black, clearly labeled, 3-ring binder on top of the file cabinet nearest to the rear exit of the lab (next to the floor model refrigerator). SDSs will be readily available to employees in each work area using the following format: Photocopies of applicable SDS's.

#### **4. Employee Training and Information**

The Lab Director is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- an overview of the OSHA hazard communication standard
- the hazardous chemicals present at his/her work area
- the physical and health risks of the hazardous chemicals
- symptoms of overexposure
- how to determine the presence or release of hazardous chemicals in the work area
- how to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- steps taken to reduce or prevent exposure to hazardous chemicals
- procedures to follow if employees are overexposed to hazardous chemicals
- how to read labels and SDSs to obtain hazard information
- location of the SDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of Canton City Health Department, each employee in that section will be given information and training as outlined above for the new chemical hazard. The training format will be as follows:

The communicable disease nurse is apprised of the change, and then he/she in conjunction with the Lab Director explains the uses and hazards of the new chemical to the pertinent staff.

#### **5. Informing Other Employers/Contractors**

It is the responsibility of the Lab Director to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of the Lab Director to obtain information about hazardous chemicals used by other employers to which employees of this organization may be exposed. Other employers and contractors will be provided with SDSs for hazardous chemicals generated by this organization's operations in the following manner:

When a contractor or other employer is operating in an area in which health department employees may be expected to be and could possibly come in contact with chemicals, the contractors/other employers are using, the Lab Director will contact them and obtain a list of hazardous chemical/substances being used, and the SDS's if possible.

In addition to providing a copy of an SDS to other employers, other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by this company. Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

#### **6. List of Hazardous Chemicals**

A list of all known hazardous chemicals used by our employees is being accumulated and will be attached to this plan. Further information on each chemical may be obtained from the SDSs, located in the Laboratory next to the floor model refrigerator/freezer. When new chemicals are received, this list is updated (including date the chemicals were introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed: the SDS will be compared with those on file. If it is a newer version, the old one will be removed for storage and the new one will be added to the binder and the SDS date will be updated on the SDS List. If there are no previous SDS's, the new chemical will be added to the list and the SDS sheet will be added to the binder. Employees of the division where the chemical is to be used will be informed of any change to the SDS list.

The hazardous chemical inventory is compiled and maintained by the Laboratory Director at (330) 438-4671.

#### **7. Program Availability**

A copy of this program will be made available, upon request, to employees and their representatives.

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