Uvalde Memorial Hospital

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Owner:	*Denise McWilliams: Infection Control Director*
Policy Area:	*Infection Control*

Bloodborne Pathogens: Exposure Control Plan

SCOPE:

This policy applies to all individuals associated with Uvalde Memorial Hospital (UMH) who may be occupationally exposed to a bloodborne pathogen. This includes all contract employees, all Nursing students and other students at UMH, all physicians with UMH privileges who are not employees of UMH, and other non-UMH healthcare providers at UMH whether they are employees, animal caretakers, independent contractors, volunteers or persons in training (students) for the healthcare professions. Definitions of exposure also apply to patients and visitors include all occupational exposure to blood or other potentially infectious materials as defined in this policy.

PURPOSE:

This plan is designed to help protect employees from exposure to bloodborne pathogens through training and education, increased vaccination, needleless systems and sharps with engineered sharps protection, safer work practices and personal protective equipment. Adherence to this plan assists in compliance with Texas bloodborne pathogens control legislation (Chapter 81, sub-chapter H of the Health and Safety Code) and regulation as mandated by the Texas Department of Health (title 25 Health Services, Chapter 96 Bloodborne Pathogen Control). This plan is in accordance with Chapter 81, Sub-chapter H of the Texas Health and Safety Code and is analogous to the OSHA Bloodborne Pathogens Standard.

DEFINITIONS:

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne pathogens – Pathogenic microorganisms that are present in human blood and that can cause diseases in human. These pathogens include hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Clinical Laboratory – A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials

Contaminated – The presence or reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharps - any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, dental wires and equipment, and edges of dirty equipment.

Contaminated sharps injury – Any injury that occurs with a sharp used or encountered in a health care setting that is contaminated with human blood or body fluids.

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where the pathogens are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineered sharps injury protection – A physical attribute that is built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism, such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or is built into any other type of needle device, into a non-needle sharp, or into a non-needle infusion safety securement device that effectively reduces the risk of an exposure incident.

Engineering controls – Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples include sharps disposal containers and self-sheathing needles.

Exposure incident – Mucocutaneous-Splash on mucous membranes or Non-intact skin, Percutaneous-Injury with a sharp object with potentially infectious materials that results from the performance of an employee's duties.

First Responder - used as a general term for all emergency service personnel who are expected to respond to medical emergencies or large-scale disasters, as well as public safety officials such as border patrol, police officers or firefighters.

Needleless system – A device that does not use a needle and is used to withdraw body fluids after initial venous or arterial access is established; to administer medication or fluids; or for any other procedure involving the potential for an exposure incident.

Occupational exposure – A reasonably anticipated skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result form the performance of an employee's duties.

Other potentially infectious materials (OPIM) –

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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.
- Any unfixed tissue or organ (other than intact skin) from a human, living or dead.
    - HIV – containing cell or tissue cultures, organ cultures, and HIV – or HBV – containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment – is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses, eye glasses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste - means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual – means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; hospital and clinic employees, all nursing students and other health care students, trauma victims; residents of hospice and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions - guidelines recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of blood-borne and other pathogens in hospitals. The standard precautions synthesize the major features of universal precautions (designed to reduce the risk of transmission of bloodborne pathogens) and body substance isolation (designed to reduce the risk of pathogens from moist body substance) and apply them to all patients receiving care in hospitals regardless of their diagnosis or presumed infection status. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless o whether or not they contain blood; (3) non intact skin; and (4) mucous membranes. The precautions are designed to reduce the risk for transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

- **Universal Precautions** - Precautions designed preventing the transmission of blood-borne diseases such as human immunodeficiency virus, hepatitis B, and other bloodborne pathogens when first aid or health care is provided. Under Universal Precautions, blood and certain body fluids of all patients are considered potentially infectious. Universal Precautions were initially developed in 1987 by the Centers of Disease Control and Prevention in the United States and in 1989 by the Bureau of Communicable Disease Epidemiology in Canada. The Precaution include specific recommendations for use of gloves, gowns, masks, and protective eye wear when contact with blood or body secretions containing blood is anticipated.

Work practice controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed. One example would be a prohibition against recapping of needles by a two-handed technique.

EXPOSURE DETERMINATION –

As mandated by law, this organization/facility has evaluated all job classifications to determine which employees face the risk of occupational exposure to bloodborne pathogens. This determination has been made without regard to the use of personal protective equipment. This exposure determination lists all job classifications where occupational exposure exists, regardless of frequency, as well as tasks or procedures that have occupational exposure.

- Appendix A lists of job titles in which all or some of the employees perform tasks that may generate an occupation exposure to blood or other potential infectious material.
- Appendix B lists job tasks that routinely involve a potential for mucous membrane or skin contact with potentially infectious materials.

METHODS OF COMPLIANCE

This section describes the engineering controls and work practices and precautions necessary to protect

employees from exposure to bloodborne pathogens. Compliance with these practices and procedures is mandatory and is a condition of employment.

ENGINEERING CONTROLS

Engineering controls are used to protect workers form exposure to bloodborne pathogens by eliminating or minimizing exposure incidents. Supervisors and employees must examine and maintain engineering controls on a regular basis. The use of engineering controls will be re-evaluated annually during the yearly review of this exposure control plan. Additions or deletions will be made at that time or more often as indicated by ongoing monitoring activities.

These controls include, but are not limited to:

- Safety design devices
- Needleless systems
- Devices with engineered sharps injury protection
- Sharps containers
- Hand washing facilities
- Specimen containers
- Protective shields

USE OF NEEDLELESS SYSTEMS, NEEDLE DEVICES, NON-NEEDLE SHARPS

When feasible, needleless system(s) will be used for:

- Withdrawing OPIM after initial venous or arterial access is established,
- Administering fluids or medications, and
- Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to using a needle device.

When feasible, devices with engineered sharp injury protection such as will be used for:

- Withdrawing OPIM,
- Accessing a vein or artery,
- Administering medication or fluids, and
- Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.
- Uvalde Memorial Hospital evaluates engineering controls on an as needed basis and determines which ones provide the best protection without compromising patient care. Devices selected by the evaluation committee will be adopted.

Employees with potential occupational exposure to blood and OPIM will be trained in the use of engineering controls provided for their use. Additional training will be provided as necessary when new engineering controls adopted.

WORK PRACTICE CONTROLS

Work practice controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed. Supervisors and employees must examine and maintain work practice controls on a regular basis. The use of work practice controls will be re-evaluated annually during the yearly review of this plan in conjunction with reported occupational exposure/injury data. Additions or deletions will be made at that time or more often as indicated by ongoing monitoring activities.

1. **Standard Precautions (supersedes Universal Precautions)**
    - Standard Precautions is designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital. It applies to all blood and body fluids regardless of their diagnosis. Standard Precautions expands the coverage of Universal Precautions by recognizing any internal body fluid and unfixed tissue as potentially infectious material. The following body fluids are always considered infectious, regardless of the perceived status of the source individual and Standard Precautions will implemented.
        - Blood, human and some non-human primates
        - OPIM- All human and some non-human primate body fluids (including breast milk), tissues, secretions, and excretions except sweat, regardless of whether they contain visible blood,
        - Additional OPIM include: Semen, Vaginal secretions, Cerebrospinal fluid, Synovial fluid, Pleural fluid, Pericardial fluid, Peritoneal fluid, Amniotic fluid, Saliva in dental procedures, any body fluid that is visibly contaminated with blood
        - Non-intact skin
        - Mucous membranes
        - IV access

Handwashing/ Alcohol Hand Sanitizer

- Hands will be washed with soap and water or cleaned with alcohol hand sanitizer promptly after touching blood, body fluids, secretions, and contaminated items, whether or not gloves are worn.
- If hands and / or gloves are grossly soiled with blood or OPIM, perform hand washing with UMH approved soap. Alcohol hand sanitizer will not be used in this instance.
- Hands will be cleaned with soap and water or alcohol hand sanitizer between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
- Handwashing needs to be performed between uses of alcohol hand sanitizer or towelettes to prevent buildup of residue.

WORK RESTRICTIONS

- Eating, drinking, applying cosmetics or lip balm, smoking and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM.
- Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.
- Mouth piping/suctioning of blood or OPIM is prohibited.
- All procedures are to be conducted in a manner that minimizes splashing, spraying, splattering and generation of drops of blood or OPIM.

HANDLING SPECIMENS

- Specimens of blood or OPIM are placed in a container that prevents leakage during the collection, handling, processing, storage, transport or shipping of the specimens.
- Specimens that could puncture the primary container are placed in a secondary, puncture-proof container.
- The container for collecting, handling, processing, storing, transporting, or shipping blood or OPIM outside the facility is labeled with **BIOHAZARD** label or color-coded. A **BIOHAZARD** labeled or color-coded container also is used for such specimens within the facility unless universal precautions are used throughout the procedure.

- If outside contamination of the primary container occurs, the primary container will be placed in the secondary leak proof container that is labeled with a **BIOHAZARD** label or color-coded.
- Equipment that may become contaminated with blood or OPIM is inspected and decontaminated as necessary prior to servicing or shipping. If decontamination is not feasible, **BIOHAZARD** labels will be placed on all contaminated portions of the equipment to inform employees, service representatives and/or the manufacture.

HANDLING CONTAMINATED SHARPS

All procedures involving the use of sharps in connection with patient care will be preformed using the following effective patient-handling techniques and other methods designed to minimize risk of a sharps injury.

- Contaminated needles and other contaminate sharps will not be bent, recapped, removed, sheared or purposely broken, and will be discarded in **BIOHAZARD** labeled or color-coded disposable sharps containers.
- However, if no alternate is feasible, and if required by a specific medical procedure, the needle must be recapped using a safety device designed for the purpose or by the "one-handed" scoop method.
- Contaminated sharps will be immediately or as soon as feasible after use, discarded in closeable, puncture-resistant containers which are leak proof on the sides and bottom and contain a BIOHAZARD label or are color-coded.
- Sharps containers will be easily accessible to personal and located as close as is feasible to the immediate area where sharps are used or can be anticipated to be found.
- Sharps containers will be maintained in the upright position and will be replaced when three-fourths full to prevent overfilling.
- Broken glassware that may be contaminated is not picked up directly with the hands, but is collected by mechanical means such as tongs or brush and dustpan.

PERSONAL PROTECTIVE EQUIPMENT

All necessary personal protective equipment (PPE) is provided at no cost to employees. All PPE shall be available in appropriate sized within each department. Contaminated gloves, masks, and disposable gowns will be discarded into a red-bag lined receptacle after each use and between patients. PPE must be immediately or as soon as feasible if it is penetrated by blood or OPIM, and prior to leaving the work area. Employees will not launder their own personal protective equipment.

1. **Gloves**
    - Whenever contact with blood or other potentially infectious material is reasonably anticipated, personal protective equipment will be worn. Protective gloves (non-sterile examination gloves, sterile gloves, or utility gloves) are used to protect the hands.
    - Clean gloves must be worn when touching blood, body fluids, secretions, excretions, and contaminated items and when performing venipuncture and other vascular procedures
    - Clean gloves must be put on before touching mucous membranes and non-intact skin
    - Gloves must be changed between tasks and procedures on the same patient, and after contact with material that may contain a high concentration of microorganisms
    - Gloves will be replaced as soon as practical when contaminated or when their ability to function as a barrier has been compromised.
    - Gloves must be removed promptly after use, before touching items and surfaces that are not contaminated, and before going to another patient.

- Gloves must not be worn outside the immediate work area
- Disposable gloves will not be washed or decontaminated for future use.
- Heavy-duty utility gloves may be decontaminated for re-use. However, utility gloves must be discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration or can no longer function as a barrier.
- If an employee exhibits allergic symptoms to the disposable gloves provided, the employee shall report the condition to the immediate supervisor, Employee Health/ Infection Control will be informed, and gloves of an alternative material will be provided.

2. **Face Masks and Eye Protection**
   - Employees will wear masks in combination with eye protection such as goggles, glasses with solid side shield or chin-length face shields whenever splashes, spray, splatter or droplets of blood or OPIM may be generated, and eye, nose or mouth contamination reasonably can be anticipated.
   - Visibly contaminated non disposable goggles, glasses and face shields will be cleaned and disinfected with the cleaning and disinfecting agents provided before leaving the work area.
   - **Protective Clothing**
3. - Lab coats, gowns, scrubs, and surgical caps must be worn during a procedure if infectious materials might splash, splatter, or spray
   - Personal protective coverings such as gowns, scrub suits, laboratory coats, aprons, surgical caps, hoods, and shoe covers shall not be worn outside the area of potential exposure.
   - Surgical caps or hoods and fluid- resistant shoe covers or boots will be worn in cases where "gross contamination" is anticipated *(e.g., autopsies, labor and deliver)*

CLEANING AND DECONTAMINATING THE WORK SITE

This section covers policies and procedures used to clean and decontaminate the work site.

Laundry

The following procedures are implemented to ensure that soiled linen is handled, transported and laundered in a manner that avoids transferring microorganisms to patients, personnel and environments.

- Employees involved in transporting, processing or otherwise handling clean or soiled linen must be given initial and follow-up in-service training to ensure a safe product handling
- Clean linen must be handled, transported and stored by methods that will ensure its cleanliness.
- All contaminated linen must be placed and transported in bags or containers labeled or color- coded.
- Employees who have contact with contaminated linen must wear gloves and other appropriate personal protective equipment.
- Contaminated linen must be handled as little as possible and with minimum agitation.
- All contaminated linen must be bagged or put into carts at the location where it was used.
- Bags containing linen must be closed prior to transport to the laundry.
- Whenever contaminated linen is wet and presents a reasonable likelihood of soak through or leakage from the bag or container, the linen must be deposited and transported in bags that prevent fluids from leaking to the exterior.
- Adequate space must be allocated on various nursing units for holding the bagged contaminated linen.
- If using hot water, linen must be washed with detergent in water with a temperature of at least 160 degrees F. for 25 minutes.

- If laundry cycles of 158 degrees F. or less are used, chemicals suitable for low-temperature washing at proper concentration must be used.
- Commercial dry cleaning of fabrics soiled with blood is permitted, as it renders these items free of the risk of pathogenic transmission.
- Flammable liquids are not used in the laundry.

Housekeeping

Environmental Services is responsible for maintaining the facility in a clean and sanitary manner. Policies and procedures have been developed and implemented to ensure that cleaning is scheduled appropriately, and proper methods for cleaning an decontaminating are used based upon the location within the facility, type of surface to be cleaned, type of soil present, and task or procedures being preformed in the area. A written schedule for cleaning and decontaminating the worksite has been developed.

- All contaminated work surfaces will be cleaned and decontaminated following completion of procedures, immediately or as soon as feasible after any spill of blood or OPIM, and at the end of the work shift.
- Protective coverings such as plastic wrap or aluminum foil used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of each work shift.
- All bins, pails, cans and similar receptacles are inspected and decontaminated on a regular scheduled basis.
- Broken glassware that may be contaminated is not picked up directly with the hands, but is collected by mechanical means such as tongs or brush and dustpan.

Procedure for Managing Spills of Blood and Body Fluids/ Substances

A. **Basic Principles:**
   - Standard precautions apply, including use of PPE as applicable
   - Spills should be cleaned up before the area is cleaned (adding liquid to spills increases the size of the spill and should be avoided)

B. **Management small spill <10cm:**
   - Secure the spill area and notify the supervisor
   - Wipe the area immediately with paper toweling
   - Clean with approved hospital disinfectant

C. **Management of large spill >10cm:**
   - Secure the spill area and notify the supervisor
   - Contain spill with inert absorbing material such as kitty litter, or absorbent pads
   - Remove absorbed material with a scraper and pan and place in a biohazard bag
   - Clean with approved hospital disinfectant

D. **General Clean-up**
   - If broken glass or other sharp materials are present, use a dustpan, forceps or other mechanical devices for cleanup, and discard the waste into a biohazard container or sharps container as applicable
   - Discard towels, gloves, and other wastes in a biohazard bag
   - Clean non-disposable equipment such as dustpan and broom with hospital approved disinfectant

WASTE DISPOSAL

Regulated wastes include animal waste, bulk blood, bulk human body products, or human body wastes, microbiological waste, pathological waste, sharps, and liquid or semi-liquid or OPIM, contaminated items that would release blood or OPIM if compressed, and contaminated items that are caked with dried blood and are capable of releasing these materials when handled or compressed

These waste products will be handled as follows:

Contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated wastes other than contaminated sharps

- Regulated waste (other than contaminated sharps) is placed in appropriate containers that are closeable, leak resistant, labeled with a **BIOHAZARD** label or color-coded, and closed prior to removal.
- If the waste container is contaminated, it is placed in a second container that is also closeable, leak proof, labeled with a **BIOHAZARD** label or color-coded, and closed prior to removal.
- When **BIOHAZARD** containers are full, housekeeping should be called to remove containers or bags to the medical waste storage area outside the housekeeping corridor. A disposal company is contracted to transport waste from the facility (refer to Plant Operations/Housekeeping policy on waste disposal).
- All regulations waste is disposed of properly in accordance with federal, state, country and local requirements.

USE OF BIOHAZARD LABELS

In accordance with OSHA bloodborne pathogens standards, the following procedures are used to identify biohazardous materials.

- **BIOHAZARD** warning labels will be affixed securely to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and all other containers used to store, transport or ship blood or OPIM.
- **BIOHAZARD** warning labels will use the standard biohazard legend with the word "biohazard". The labels will be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- Red bags or red containers may be substituted for labels.
- **BIOHAZARD** warning labels or color-coded containers are not required on containers of blood, blood components or blood products that are labeled as to their contents and released for transfusion or other chemical use.
- **BIOHAZARD** warning labels or color-coded containers are not required on containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal.
- **BIOHAZARD** warning labels or color-coded containers are not required on regulated wastes that have been contaminated.

A. **HEPATITIS B VACCINE PROGRAM**

  - Uvalde Memorial Hospital offers the Hepatitis B Virus (HBV) vaccine at no cost to all employees with potential occupation exposure to blood or OPIM. **(**See Appendix A**)** All new employees covered under this program will be offered the HBV vaccine at hire, unless the employee previously has received the complete HBV vaccination series, antibody testing has revealed that the employee is immune or the vaccine is medically contraindicated. All employees have the right to decline vaccination. Those who decline must sign the Hepatitis B Vaccine Declination Statement (see attachment 1). Employees who subsequently change their minds will be offered the vaccine at no

cost to the employee. Declinations will be reviewed annually.

- HBV vaccine will be provided by UMH through the Employee Health/ Infection Prevention Department as part of the initial employment physical for all new employees with potential occupational exposure to blood or OPIM.
- The health care professional providing the HBV vaccine will initiate the record for each at-risk employee indicating whether the HBV vaccine was indicated and whether the employee received the vaccine. The written report will be maintained in the employee's health records.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Post-exposure Evaluation (Employees, Physicians, Volunteers,)

Report the incident IMMEDIATELY to immediate supervisor, and then the House Supervisor (HS). HS will contact EH (Employee Health) if during working hours or if needed. Do NOT wait until the end of the shift.

Employee Health Nurse (EHN) or HS will ensure that initial first aid has been provided to exposure site-using soap and/or copious amounts of water, shower if necessary. If employee needs to see physician they will be sent to Emergency Room (ER) for treatment - EHN or HS will assist with paperwork and blood testing.

Clean Needlestick/Sharp:

- Employee will complete documentation of incident in Verge (Employee Injury).
- Nothing else needs to be done.

Contaminated (Dirty) Needlestick/Sharp and other Exposures (Mucous Membrane, Non-intact skin, Bites).

- Employee Health Nurse will follow the Exposure Follow-up Checklist : Employee Health Attachment 1.
- House Supervisors will follow the Exposure Follow-up Checklist: House Supervisor. Attachment 2
- If Source is positive for HIV or the source is unknown the EHN or HS will send the employee to the ER and follow the algorithm attached. Attachment 3
- Forms: Consents -attachment 4, Lab slip- attachment 5, Contaminated Sharps injury reporting form- attachment 6, Employee Bloodborne Pathogen Exposure Final Report- Attachment 7, Protocol for Testing attachment- 8, Hepatitis B Vaccination Consent/Declination- attachment 9, Books Exposure to Blood: What Healthcare Personnel Need to Know- EH office and HS office.
- The results are reported to the exposed individual and DSHS and Physician if needed. This will be done according to the Texas Communicable Disease Prevention and Control Act (Subchapter E. Sec. 81.095).
- Results of employee's and source patient's lab tests will be in the electronic record under their individual names.
- The employee will be provided information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual including laws protecting confidentiality will be explained.

Post-exposure Prophylaxis:

UMH will follow the guidelines from Clinician Consultation Center: University of California, San Francisco. a. PEPline (888-448-4911) is available from 11am- 8pm EST. (Effective 1/1/18) b. http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/ Click on PEP Quick Guide for Occupational Exposures: Specific information : Initial evaluation: Assessing Exposures And Testing, Deciding Whether to Give HIV PEP, HIV PEP: What to Give, Pregnancy and Breastfeeding, Exposures to HBV, Exposures to HCV, Follow-up Testing

of the Exposed Person, Guidance for the Exposed Person

Post-exposure Evaluation (physician / patient) *[Since most physicians are independent practitioners, they are considered "uncompensated employees" and are subject only to the log and reporting provisions of the Texas bloodborne pathogens control legislation],however for the patient's safety the following steps will be taken:*

- If the exposure occurs from physician to patient, the patient will be notified of the incident as well as the primary physician of the patient., If physician consents, baseline lab work will be drawn on at no cost to the physician. The physician may decline testing.
- In order to establish a baseline, the patient will also be asked to consent to testing for HIV, Hepatitis C, and Hepatitis B at no cost to the patient, unless the HIV/HBV and HCV status of the patient is already known. The patient may decline testing.
- Any additional follow up will be between the patient and the patient's physician.

Post-Exposure Evaluation (student, Contracted employees-not physicians) Follow UMH Exposure follow-up guidelines. Any lab testing, medications will be paid by the individual.

Post-exposure Evaluation First Responder/ Public Safety Worker (See Appendix D)

- Access www.strac.org.>Important Documents> General Documents> BBP Exposure Packet 4-22-2009
- Follow established algorithms
- First Responder will provide a copy of "Report of Possible Exposure of EMS/ Public Safety Officer Personnel" to the Emergency Department. The original copy of this report should be returned to the Infection Prevention Representative of the EMS or Public Safety agency.
- The hospital should contact Department of Stat Health Services Region 8 office with results of post-exposure evaluation as indicated on the algorithm for "outside Bexar County"

Interaction with Health Care Professionals

The on-duty UMH Emergency Department physician will evaluate employees with an exposure that needs medical attention, positive HIV source result or unknown source. Appropriate counseling will be provided. EHN or HS will assist the ER physician.

Written opinions are obtained from the health care professional in the following instances:

1. Whenever the employee is sent to a health care professional following an exposure incident.

The written opinion will be limited to the following information:

- The evaluation following an exposure incident.
- Whether the employee has been informed about the results of the evaluation.
- Whether the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. All other findings or diagnoses will remain confidential and will not be included in the written report.

REPORTING AND DOCUMENTATION SHARP INJURIES

All contaminated sharps injuries will be logged by Employee Health/ Infection Control and reported to the Texas Department of State Health Services (DSHS) within 10 days of the end of the calendar month in which they occur. Utilize the Texas Department of State Health Services "Contaminated Sharps Injury Reporting

Form" 08/09.

EH records will be kept for 30 years.

UMH Products Review Committee will review all sharps and needleless systems.

COMMUNICATION OF HAZARD/ TRAINING

Appropriate warning labels (consisting of the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color) must be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or OPIM.

All individuals covered by this Exposure Control Plan must receive annual bloodborne pathogen training as required by OSHA regulations and UMH policy. Training will be provided by the Employee Health/ Infection Prevention Officer or designee, who is knowledgeable in the subject matter.

- Training will occur
  - Annually and at the time of assignment to an at-risk job classification
  - When changes affect the employee's occupational exposure, such as new engineering, administrative or work practice controls. Training may be limited to these changes.
- Traning will include:
  - At a minimum, training will include an explanation of discussions regarding HIV, HBV, HCV, and other bloodborne diseases, modes of transmission, engineering controls, safe work practices, personal protective equipment, the HBV vaccine and information regarding post exposure procedures to be followed.
  - UMH BBP exposure control plan and OSHA Bloodborne Pathogen Final Rule 1910.1030

RECORDKEEPING

Health Records

All health records maintained under this program are confidential and will not be disclosed or reported without the employee's written consent except as required by laws. **Records for employees with occupational exposure to blood or OPIM will be retained for the length of employment plus 30 years**

The record will meet requirements of the OSHA Access to Employee Exposure and Medical Records standard 29 CFR 1910.1020. Each employee has the right to access his or her personal medical records as well as any exposure records.

In accordance with OSHA's bloodborne pathogens standards, a medical record will be maintained for each employee who sustains an exposure incident by UMH Human Resources. These records will include the following information.

- The employee's name and social security number,
- A copy of the employee's Hepatitis B vaccination status, including the dates of all Hepatitis B vaccination and any medical records relative to the employee's ability to receive vaccination,
- A copy of the Hepatitis B Vaccine Declination Statement if the employee declines vaccination,
- A copy of all examination and medical testing results and follow-up procedures, and
- The employer's copy of the health care professional's written opinion of the post-exposure evaluation.
- A copy of the following information provided to the health care professional making the post-exposure evaluation: (Should be included on the "Employer's First Report of Injury" and the "Contaminated Sharps

Injury Reporting Form")
    - Description of the employee's duties as they relate to the exposure incident,
    - Documentation of the route(s) of exposure and circumstances under which the exposure occurred, and
    - Results of the source individual's blood tests (if available)

TRAINING RECORDS:

In accordance with OSHA's bloodborne pathogens standard, full documentation of training must be completed for all employees trained. Training records are maintained by EH and Education Dept.

At a minimum, training records will include the following and will be retained for **30** years from date of training.

- Date of training session
- Training session content or summary
- Names and job titles of attendees
- Names and qualifications of trainers

ANNUAL REVIEW SCHEDULE

A review of the bloodborne pathogens program is conducted each year. This review will be conducted by the Infection Prevention Committee. As part of the review process, the committee will consider the effectiveness of the program in preventing exposure incidents, the efficacy of current engineering controls and work practices, and analysis of reported exposures and injury data. Modifications to the preventive strategies in this plan will be made and communicated to employees. Ongoing monitoring activities will continue to access effectiveness of these revised risk reduction measures. The plan will be updated more frequently if new safer devices work practices become available. All reviews and updates will be full documented.

REFERENCES:

Clinician Consultation Center: University of California, San Francisco: 2018 http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

U.S. Department of Labor Occupational Safety & Health Administration; Regulations (Standards – 29 CFR); Bloodborne pathogens, - 1910.1030. www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Texas Department of State Health Services Bloodborne Pathogens Exposure Control Plan, Chapter 81, Health and Safety Code Subchapters C,E, F, H

Texas Department of State Health Services; Title 25 Health Services, Chapter 96. Bloodborne Pathogen Control

MMWR September 30, 2005 / Vol. 54 / No. RR – 9 "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis"

- **Patient Handout Resource links:**
- www.cdc.gov/hepatitis
- www.cdc.gov/hiv

Appendix A

- **Job Classifications I & II**
- **Occupations that have been determined to be highly likely (I) or somewhat likely (II) to have an**

- **Occupational Exposure to Bloodborne Pathogens**
  - Biomedical engineering/ technicians
  - Business office customer service personnel
  - Central processing staff
  - Clinical instructor/ educator
  - Dietary employees
  - EKG technicians
  - Emergency department- receptionist
  - Environmental services supervisors and aides
  - Histology technologists
  - Hospice nursing
  - Laboratory technologist, technicians, aides, assistants, phlebotomists, receptionists, clerks,
  - Licensed vocational nurses/ students
  - Medical assistant/ physician assistants
  - Medical records birth certificate personnel
  - Nuclear medicine technologists/ technicians
  - Nursing assistants/ aides
  - Occupational therapists/ assistant/ aides
  - Plant operations/ engineers
  - Physicians
  - Radio image/ ultrasound/ mammography technologist/ technicians
  - Registration
  - Registered nurses/ nurse practitioners/ CRNA/ nursing students
  - Respiratory therapists
  - Security service/ personnel
  - Speech therapists
  - Surgery technicians

(Note: As a general matter, Texas law prohibits hospitals and other similar corporate entities from employing physicians. Since most physicians are independent practitioners, they are considered "uncompensated employees" and are subject only to the log and reporting provisions of the Texas bloodborne pathogens control legislation. However, physicians who are employed directly by governmental entities are covered by all provision of the law.)

Appendix B

- **Job tasks and procedures that would determine exposure**
  - Processing, handling, or removing waste contaminated with human blood or other potentially infectious material
  - Performing vascular access procedures
  - Transporting or manipulating human blood or other potentially infectious material
  - Cleaning up blood or body fluid spills
  - Responding to waste-line repairs and cleaning wastewater floods
  - Repairing/ servicing drains used for the disposal of blood or body fluids
  - Handling food contaminated with vomitus, blood, or OPIM
  - Maintenance/ repairs on medical equipment contaminated with blood or OPIM
  - Attaching/ handling/ cleaning diagnostic equipment
  - Conducting exams, providing patient therapy
  - Responding to incidents or emergencies

- Patient contact activities
- First Aid response procedures
- Decontamination Team members not assigned job classification I or II

Attachments:

BBP First Responder Exposure Packet - 4 - 22 - 2009.pdf
Bloodborne Pathogen Consent Declination attachment 9.docx
Bloodborne Pathogens Protocol for Employee Testing attachment 8.doc
Employee Bloodborne Pathogen Exposure Final Report attachment 7.docx
Employee Post Exposure Follow ER attachment 3.docx
Exposure checklist Employee Health atttachment 1.docx
Exposure checklist House Supervisor attachment 2 .docx
Infection control revised requisition attachment 5.pdf
Informed Consent HIV, HBV, HCV (employee) attachment 4 .docx
Sharps injury reporting form attachment 6.pdf

Approval Signatures

Approver	Date
Abby Vela: Risk Manager/Patient Advocate	10/2018
Annabell Verdusco: Administrative Assistant	09/2018