



Bloodborne Pathogens Exposure Control Plan

This exposure control plan (ECP) minimizes occupational exposure to bloodborne pathogens according to OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." It includes

- determination of team member exposure
- implementation of various exposure control methods
 - universal precautions
 - engineering and work practice controls
 - personal protective equipment (PPE)
 - housekeeping
- hepatitis b vaccination
- post-exposure evaluation and follow-up
- training and communication of hazards to team members
- record-keeping
- procedures for evaluating exposure incidents

Program Administration

Facility administrators (or office coordinators in outpatient settings) serve as that facility's OSHA compliance officer. The chief operating officer (COO) and each facility's OSHA compliance officer oversee implementation of this ECP. The COO maintains, reviews, and updates the ECP when necessary (at least once a year) to include new or modified tasks and procedures. The COO can be reached at 800-545-9031, ext. 3000. The facility's OSHA compliance officers may be reached using Stepworks primary telephone number, 800-545-9031, or a number below:

London	606-877-9996
Elizabethtown, Crowne Pointe	800-712-0904
Elizabethtown, Woodland	800-712-0903
Bowling Green	800-712-0901
Nicholasville	800-712-0905
Paducah	270-693-6724
Intensive Health	270-765-5900

Team members with occupational exposure to blood or other potentially infectious materials (OPIM) must comply with this ECP.

Facility OSHA compliance officers must

- provide, maintain, and ensure appropriate sizes of
 - personal protective equipment (PPE)
 - engineering controls (e.g. sharps containers)
 - labels
 - red bags
- ensure that all medical actions required by the standard are performed
- in conjunction with the human resources director and COO, train team members on the ECP (and document the training)
- in conjunction with the human resources director (800-545-9031, ext. 4200), ensure maintenance of team member health and OSHA records
- in conjunction with the human resources director and COO, make a written ECP available to
 - team members
 - OSHA representatives
 - KYOSH representatives
 - NIOSH representatives

Team Member Exposure Determination

All employment classifications at our residential treatment and outpatient facilities have occupational exposure. See **HBV Employee Exposure Determination (Form OS-004)**. Those not working at one of our residential treatment or outpatient facilities do not have occupational exposure.

Methods of Implementation and Control

Universal Precautions

All team members must practice universal precautions by treating all patients, blood, or OPIM as if infected.

Exposure Control Plan

Team members receive an explanation of this ECP during initial training. They review it during their annual refresher training. They can review this plan at any time during work shifts by contacting their facility's OSHA compliance officer. They can also obtain a copy of the ECP free of charge within fifteen days of the request.

The COO and the facility's OSHA compliance officers review and update the ECP once a year (or more frequently, if necessary) to reflect any new or modified tasks and procedures that affect occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens.

Our work practice and engineering controls include the following:

- Hand-washing stations or alcohol-based hand rubs (ABHR) are readily available to all team members.
 - Team members must wash their hands or use an ABHR immediately or as soon as feasible after removing gloves or other PPE.
 - Team members should wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of body areas with blood or OPIM.
- Needleless devices are used whenever possible.
- Self-sheathing needles, retractable needles, or other needles or syringes with built-in safety features are used.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless:
 - there is no feasible alternative or the action is required by a specific medical procedure; or
 - such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or one-handed technique.
- Contaminated needles, sharps, and other regulated waste are disposed of into appropriate containers located as close as feasible to the area of use.
- Contaminated instruments, syringes, and other sharp devices are not passed hand-to-hand.
 - Should a patient be using a sharp device on their own person, such as a glucometer with a lancet, a sharps container should be made available to them to promptly dispose of the lancet themselves.
 - Patients should not hand sharps to team members for disposal.
- Sharps disposal containers are inspected and maintained or replaced by the nursing team members and/or a recovery coach daily, or whenever necessary to prevent overfilling.
- Blood or urine specimens are placed in a puncture-resistant container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - If the container is going to leave the facility, the specimens must be labeled prominently as biohazardous with a fluorescent orange or orange-red label.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where this is a reasonable likelihood of occupational exposure.
- Food and drink is not kept in refrigerators, freezers, shelves, cabinets, or countertops where blood or OPIM are likely to be present.
- All tasks involving blood or OPIM are performed in a manner that minimizes splashing, spraying, spattering, and/or generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or OPIM is prohibited.

This facility identifies the need for changes in engineering controls and work practices through a review of our injury logs and the Safer Sharps Review Committee.

We evaluate new procedures and new products regularly by continuously communicating with the facility's OSHA compliance officer regarding needs for best practices. The facility's OSHA compliance officer then further investigates the need and communicates with the assigned physician for additional information. We also consult with medical suppliers such as Henry Schein.

Both front-line workers and management officials are involved in this process through participation in the Safer Sharps Review Committee.

The COO and the facility's OSHA compliance officers are responsible for ensuring that these recommendations are implemented.

Personal Protective Equipment (PPE)

PPE is provided to our team members at no cost. Training in the use of the appropriate PPE for specific tasks or procedures is provided by those responsible for training.

The types of PPE available to team members are as follows: gloves, masks with eye protection, and barrier garments.

PPE is located at the locations specified on the **Location of PPE and Other Safety Equipment (OS-002)** in each facility's OSHA binder. Team members may request these items from their administrator when supplies are at a twenty-five percent capacity.

All team members 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.
- Do not wear the same gloves for the care of more than one patient.
- Used PPE may be disposed of in the trash or red bags if contaminated with blood or OPIM.
- 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.

All PPE used in our facilities is disposable.

Housekeeping

Stepworks will ensure that the facility is kept in a clean and sanitary condition. Regular cleaning and disinfecting with an EPA registered disinfectant or daily mixed bleach solution is completed daily. Contaminated work surfaces will be decontaminated with an appropriate disinfectant:

- after completion of procedures;
- immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM; and
- at the end of the work shift if the surface may have become contaminated since the last cleaning.

Regulated waste is identified and segregated from other waste at its point of origin, or as close as feasible while wearing appropriate PPE. It 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. Biohazardous waste should never be disposed of into regular trash receptacles.

Sharps containers are easily accessible. Contaminated sharps are discarded immediately or as soon as possible in sharps containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in the nursing office. Sharps container surplus is located in the designated facility medical supplies storage areas. Under no circumstances should a sharps container be emptied and reused.

The procedure for handling sharps disposal containers is:

1. Check containers regularly to ensure they are not overfilled, assembled correctly, and upright.
2. Secure the sharps disposal container with the locking mechanism on the container lid.
3. Transport the locked container to the designated biohazard location for pick-up.
4. Contact assigned disposal service (e.g. Cyntox) for pick-up.

The procedure for handling other regulated waste is:

1. Secure the red biohazard bag.
2. Transport the locked container to the designated biohazard location for pick-up.
3. Contact assigned disposal service (e.g. Cyntox) for pick-up.
4. If leakage is possible, it should be placed in a secondary container that is appropriately labeled.

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

Broken glassware is only picked up using mechanical means, such as a brush and dustpan, and deposited into a sharps container.

Laundry

Laundering will be performed by all team members on all shifts as needed.

The following laundering requirements must be met:

- Clean linen will be stored in an area where no soiled linen will come into contact with it.
- Handle contaminated laundry as little as possible, with minimal agitation.
- Soiled linen will be bagged at the site where it is used (e.g. bedside) and placed in the laundry room.
- Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport.
 - Use pre-labeled "Soiled Linen" bags for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
 - gloves, eye protection, and barrier garment.

Labels

Stepworks ensures that warning labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other OPIM, and containers used to store, transport, or ship blood or other OPIM. Red bags or containers may be substituted for labels. All of our biohazard bags are pre-labeled with either "biohazard" or "soiled linen."

The facility's OSHA compliance officer is responsible for ensuring that warning labels are affixed or red bags are used as required. Team members must notify the facility's OSHA compliance officer or COO if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Hepatitis B Vaccination

The facility's OSHA compliance officer or the nursing team will provide training about hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial team member training and within ten days of initial assignment to all team members employed at one of Stepworks' facilities. Vaccination is encouraged unless:

1. documentation exists that the team member has previously received the series;
2. antibody testing reveals that the team member is immune; or
3. medical evaluation shows that vaccination is contraindicated.

Team members who decline the vaccination must sign a declination form (**Informed Refusal of Hepatitis B Vaccination - Form OS-001**). Those who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in their OSHA medical file.

Vaccination will be provided by the medical/nursing team at each facility.

If a medical evaluation is necessary, a copy of the health care professional's written opinion will be obtained and provided to the team member within fifteen days of the completion of the evaluation. It will be limited to whether the team member requires the hepatitis vaccine and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-up

An exposure incident means eye, mouth, or other mucous-membrane, non-intact skin or parenteral contact with blood or OPIM.

Should an exposure incident occur, immediately administer first aid (clean the wound, flush eyes, or other mucous membranes, etc.). Then immediately contact your facility's OSHA compliance officer on their cell phone (listed in the emergency contacts at each facility).

Details of the incident are important and must be recorded on the **Bloodborne Exposure Incident Report (Form OS-005)**, and, if applicable, the **Sharps Injury Report (Form OS-014)**.

An immediately available confidential medical evaluation and follow-up will be made free of charge to the affected team member. The facility's OSHA compliance officer will contact the human resources director to facilitate payment for these services. Should the team member be at one of the Elizabethtown facilities, follow-up care may be provided at Intensive Health. However, the team member may choose the health care provider or facility at which they receive care.

Following initial first aid, the following activities will be performed by the facility's OSHA compliance officer:

- Document the routes of exposure and how the exposure occurred on the **Bloodborne Exposure Incident Report (Form OS-005)** and the **Sharps Injury Report (Form OS-014)** if applicable.
 - Forward these completed forms to the human resources department for the team member's OSHA medical file.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- If Stepworks does not already have these labs on file for the source individual, obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. **Consent to Draw and Test Blood form (Form OS-006)** should be used in this case.

- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Ensure that the exposed team member is provided with the source individual's test results.
 - Any test results given to the team member should have the patient's name, date of birth, social security number, demographic information, health insurance information, and *any other identifying information* redacted due to federal confidentiality laws, i.e. HIPAA and 42 CFR Part 2.
 - The team member should be reminded of applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality): the team member is legally bound not to reveal the identity and infectious status of the source individual, even verbally.
- After obtaining consent, collect exposed team member's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
 - If the team member does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least ninety days; if the exposed team member elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- The team member should have a medical evaluation as soon as possible after exposure. (Contact the human resources director for instructions on arranging payment for these services.)
 - If the team member declines medical evaluation and follow-up, **Informed Refusal of Medical Evaluation (Form OS-012)** should be completed and forwarded to the human resources department for placement in the team member's OSHA medical file.
 - Do not encourage an exposed individual to decline medical evaluation. Explain the risks and assist the person in making the right decision.
- The team member must be advised to report any acute illness, which is accompanied by fever, within twelve weeks and to seek medical attention for any such occurrence.
- Any sharps injuries should be added to the Sharps Injury log app in Podio (personal identifiers should be removed for privacy reasons).

Administration of Post-Exposure Evaluation and Follow-up

The human resources director will

- ensure that the health care professionals responsible for team member's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of [OSHA's bloodborne pathogens standard](#);
- ensure that the examining health care professional receives
 - the completed **Bloodborne Exposure Incident Report form (Form OS-005)**
 - if possible, results of the source individual's blood test
 - relevant team member medical records, including vaccination status
- provide the team member with a copy of the evaluating health care professional's written opinion within fifteen days after completion of the evaluation;

- if the initial lab test is seronegative for HIV, offer retesting at six weeks, twelve weeks, and six months after the incident based on recommendations of the consulting physician and current CDC guidelines.

The human resources director is responsible for ensuring that all of the above procedures are followed.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The COO 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)
 - PPE or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
 - location of the incident (exam room, etc.)
 - procedure being performed when the incident occurred
 - team member's training
- record all injuries from contaminated sharps in the **Sharps Injury Log (Form OS-015)**
- if revisions to this ECP are necessary, ensure that appropriate changes are made (evaluating safer devices, adding team members to the exposure determination list, etc.).

Team Member Training

All Stepworks team members receive initial and annual training conducted through online training and from the facility's OSHA compliance officer or nursing team.

All team members 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 is 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 team member 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 through HCSI, Stepworks University, and from the facility's OSHA compliance officer or nursing team.

Record Keeping

Training Records

Training records are completed for each team member upon completion of training. These documents will be kept for at least three years in the team member's personnel file and 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

Team member training records are provided upon request to the team member or their authorized representative within fifteen working days. Such requests should be addressed to the human resources department.

Medical Records

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

The human resources director is responsible for maintenance of the required medical records. These confidential records are kept in the team member's medical file for at least the duration of employment plus thirty years.

Team member medical records are provided upon request to anyone with the team member's written consent within fifteen working days. Such requests should be sent to the human resources department.

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 COO.

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. If a copy is requested by anyone, it must have any personal identifiers removed from the report.