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Bloodborne Pathogen Exposure Control Program

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*(Reviewed for content by G. Randall Williams, M.D.)*

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*(Reviewed for content by Kathy Hardee R.N.)*

Bloodborne Pathogen Exposure Control Program

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In accordance with the standard established in the Florida Administrative code, Chapter 38I-20 and OSHA 29 CFR 1910.1030 (the “Standard”), the following exposure control plan for Bloodborne Pathogens has been developed.

# I. Exposure Determination

The Standard requires that CDS perform an exposure determination concerning which of its employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following CDS job classifications are in this category:

Counselors, Case Managers, Directors, Supervisors, Educators, Aides. Specialists, Youth Care Workers, House Managers, Administrative Assistants, Cooks, Receptionists, Fiscal Positions Data positions HR positions, Prevention Specialists, Technicians.

The standard also requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potential infectious materials (OPIM), tasks or procedures which would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification Task/Procedure

None None

**DEFINITIONS:**

1. “Blood means human blood, human blood components, and products made from human blood.
2. “Bloodborne Pathogens” means pathogenic microorganisms which are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
3. “Contaminated” means the presence of blood or other infectious material in the area, on surfaces, clothing, etc.
4. “Contaminated Laundry” means any item of clothing, bed materials, towels, washcloths or other potentially infected item.
5. “Contaminated Sharps” means any item of equipment or material which is capable of penetrating the skin, including but not limited to, scalpels, needles, wires, broken glass, knives, forks, etc.
6. “Engineering Controls” means controls, e.g. sharp disposal containers, self sheathing needles, gloves, mouth shields, antiseptic soap, red bags) or any other material/equipment or procedures which isolate or remove the bloodborne pathogens hazard from the workplace.
7. “Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials which results from the performance of an employee’s duties.
8. “Handwashing Facilities” means a facility providing an adequate supply of running potable water, antiseptic soap and single use towels or hot air drying machines.
9. “HBV” means Hepatitis B Virus.
10. “HIV” means Human Immunodeficiency Virus.
11. “HCV” means Hepatitis C Virus
12. “Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials, which may result from the performance of an employee’s duties.
13. “Other Potentially Infectious Materials” (OPIM) means:
14. 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 which is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
15. any unfixed tissue or organ (other than intact skin) from a human (living or dead), and;
16. HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV or HCV.
17. “Parenteral” means piercing mucous membranes or the skin barrier, i.e. events such as needlesticks, human bites, cuts and abrasions.
18. “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 not intended to function as protection against a hazard) are not considered to be personal protective equipment.
19. “Regulated Waste” means liquid or semi-liquid blood, or other potentially infectious materials; contaminated items which would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items which 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.
20. “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, participants in institutions, trauma victims, participants in drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains, and individuals who donate or sell blood or blood components.
21. “Sterilize” means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
22. “Universal Precaution” is an approach to infection control. According to the concept of universal precaution, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
23. “Work Practice Controls” means controls which reduce the likelihood of exposure by altering the manner in which a task is performed.
24. “Biohazardous Waste” means that waste material generated in the facility which could contain any infectious material.
25. “Red Bags” means those containers (painted red) in which all contaminated or suspected contaminated waste is stored until disposal. These containers must be kept in a locked room which is not in a traffic area.
26. “Hepatitis B Prophylaxis” means that vaccine which is offered to all facility staff, free of cost, and given on a day 0, 1 month, and 6 month schedule.

# II. Implementation Schedule and Methodology

The standard requires that this plan include a schedule and method of implementation for the Standard’s various requirements. The following complies with this requirement:

1. **Compliance Methods**
2. Universal precautions will be observed at CDS in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.
3. Engineering and work practice controls will be utilized to eliminate or minimize exposure to CDS employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The engineering and work practice controls set forth below will be utilized.
* equipment labels or color coded containers for contaminated equipment
* contaminated personal protective equipment containers/bags
1. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
* equipment labels—monthly; program director or designee
* contaminated personal protective equipment containers—monthly; program director or designee
* contaminated equipment containers—monthly; program director or designee
* Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials (OPIM). The standard requires that these facilities be readily accessible after incurring exposure. All CDS facilities are equipped with restrooms with hand washing facilities.

Hand washing facilities are not feasible for employees on field assignments. CDS shall provide such personnel with antiseptic towelettes for their use in the event such employees incur exposure to blood or other potentially infectious materials. Employees regularly traveling on field assignments shall maintain such towelettes in their vehicles or CDS vehicles if applicable, for use in the event of exposure incident. Any employees who incur an exposure incident shall wash their hands with soap and running water at a handwashing facility as soon as possible after use of said towelettes. In the event of an indoor exposure incident, towelettes are maintained in the nurses office and in first aid kits in the shelters Any employee who incurs an exposure incident shall wash their hands with soap and running water at a handwashing facility as soon as possible after use of said towelettes.

1. It shall be the responsibility of employees to advise their program director or designee that the supply of towelettes is exhausted, at which time the program director or designee shall immediately issue a new supply of towelettes.
2. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately, or as soon as feasible, with soap and water.
3. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate, as soon as feasible following contact.
4. **Work Area Restrictions**
5. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
6. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods, which will be employed at CDS facilities to accomplish this goal, are use of bandages, swabs, compresses, and other similar materials.
7. **Personal Protective Equipment**
8. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based upon the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees’ clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use, and for the duration of time which the protective equipment will be used.
9. Protective clothing kits will be provided to and used by employees in the following manner. Each program director or designee shall be responsible for making available protective clothing kits to employees within CDS facilities and vehicles, as applicable to those regularly scheduled on field assignments. Each protective clothing kit shall contain a clinical apron, gloves, protective eyewear (glasses) and shoe covers. The following protective equipment shall be used:

| **PERSONAL PROTECTIVE EQUIPMENT** | **TASK** |
| --- | --- |
| Clinic Jacket or Apron depending on the exposure anticipated | Clean up/Disposal of Blood or OPIM |
| Shoe Covers for gross contamination | Clean Up of Blood or OPIM |
| Examination Gloves | First Aid; clean up of blood or OPIM |
| Protective Glasses depending on the exposure anticipated | First Aid |

1. All personal protective equipment will be disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.
2. All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area:
3. Examination gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, nonintact skin and mucous membranes. Examination gloves will be available at all CDS sites.
4. Disposable gloves used at CDS are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. The Standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The following situations may require that such protective clothing be utilized depending upon the task and degree of exposure anticipated: administration of first aid, medication or hypodermic injections; clean up of blood or other potentially infectious materials.
5. Any area of any CDS facility in which an exposure incident occurs will be cleaned and decontaminated immediately, by those individuals responsible for that work area.
6. Decontamination will be accomplished by utilizing the following materials: bleach solutions (10%), cleansers, and other appropriate disinfectants.
7. All contaminated work surfaces will be decontaminated after completion of procedures, and immediately, or as soon as feasible, after any spill of blood or other potentially infectious material, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
8. All bins, pails, cans and similar receptacles shall be inspected and, if necessary, decontaminated on a regularly scheduled basis, by the maintenance staff.
9. Any broken glassware which may be contaminated will not be picked up directly with hands. The following procedure will be used: glassware shall be picked up by using a shovel, broom, and dustpan, or other appropriate implement.
10. **Regulated Waste Disposal**

Regulated waste shall be placed in appropriate, labeled containers. Such containers are clearly marked at CDS facilities, as applicable.

1. **Laundry Procedures**
2. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible.
3. All employees who handle contaminated laundry will utilize gloves and other personal protective equipment as necessary to prevent contact with blood or other potentially infectious materials.
4. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
5. **Hepatitis B Vaccine**
6. All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials, unless the employee has previously had the vaccine, or wishes to submit to antibody testing which determines if the employee has sufficient immunity.
7. Employees who decline the Hepatitis B vaccine will sign a waiver, which will be maintained by the CDS HR Manager.
8. Employees who initially decline the vaccine, but who later wish to have it, may then have the vaccine provided at no cost.
9. The CDS HR Manager must maintain records of those employees receiving the Hepatitis B vaccine.
10. All medical records required by this standard must be maintained for the duration of employment, plus thirty years.
11. **Post Exposure Evaluation and Follow-Up**
12. The Standard defines an “exposure incident” as specific eye, mouth or other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials which result from the performance of an employee’s duties. When the employee incurs an exposure incident, it should be immediately reported to the employee’s program director/supervisor, by complying with incident reporting procedures.
13. All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the Standard.

This follow-up will include the following:

1. documentation of the location, date, time and the route of exposure and the circumstances related to the incident.
2. If possible, and not prohibited by statute, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV, HBV, and HCV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee shall be offered the option of having his or her blood collected for testing of the HIV/HBV/HCV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendation of the U.S. Public Health Service and AIDS Education and Training Center.
6. The employee will be given appropriate counseling concerning the precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related symptoms to appropriate personnel.
7. Each program director/supervisor has been designated to assure that the policy outlined here is effectively carried out.
8. **Interaction with Health Care Professionals**
9. CDS shall obtain and provide the employee with a copy of the healthcare professional’s written opinion within 15 days of the completion of the evaluation as a result of an exposure incident. Written opinions will be obtained in the following instances:
10. when the employee is sent to obtain a post-exposure prophylaxis Hepatitis B vaccine series and/or prophylaxis for HIV
11. whenever the employee is sent to a health care professional following an exposure incident
12. Health care professionals shall be instructed to limit their opinions to:
13. whether the Hepatitis B vaccine is indicated, and if the employee has received the vaccine, or for evaluation following an incident
14. that the employee has been informed of the results of the evaluation
15. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. The written opinion to the employer is not to reference any personal medical information.
16. Whether prophylactic treatment for HIV is indicated

**I. Training**

1. Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur.
2. Training for employees shall be conducted by the program director, administrative director, site administrator, or his/her designee, and will include explanations of the following:
3. Bloodborne Pathogens Standard
4. epidemiology and symptomatology of bloodborne diseases
5. modes of transmission of bloodborne pathogens
6. this Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.)
7. An explanation of the appropriate methods for recognizing tasks which might cause exposure to blood or other potentially infectious materials at CDS.
8. Information on the appropriate actions and procedures to follow if an exposure incident occurs including persons to contact, incident procedures to follow, incident reporting, medical follow up available and post exposure evaluation and follow up
9. control methods which will be used at CDS to control exposure to blood or other potentially infectious materials
10. personal protective equipment available at CDS and from whom it can be obtained and methods of use
11. post exposure evaluation and follow-up
12. signs and labels used at CDS.
13. Hepatitis B vaccine program at CDS.
14. Prophylactic treatment for HIV
15. Training will be conducted using written and video materials and sound training principals.
16. **Record Keeping/Training**
17. The HR Manager will maintain all training records required by the Standard. These records will be maintained for a minimum of three years.
18. All employees will receive annual refresher training to be conducted within one year of the employee’s previous training.
19. The outline for the training material will be located at each site.