COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN **POLICY NO. 435**

PURPOSE:
The purpose of the Bloodborne Pathogen Exposure Control Plan is to describe measures, policies, work practices, and special equipment to eliminate or minimize workforce member occupational exposure to blood or other potentially infectious material (OPIM), and to comply with the Cal/OSHA Bloodborne Pathogen Standard, California Code of Regulations, Title 8 § 5193.

DEFINITONS:
"Bloodborne Pathogen" (BBP): A pathogenic microorganism present in blood or body fluids which can cause disease in humans. These pathogens include, but are not limited to, hepatitis virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

"Contaminated": The presence or the reasonably anticipated presence of blood or other potentially infectious materials in or on an item or surface.

"Engineering Control": Controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogen hazards from the workplace.

"Engineered Sharps Protection": A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms, or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

"Medical Waste": Regulated waste such as liquid or semi-liquid blood or other potentially infectious materials (OPIM), contaminated items that contain liquid or semi-liquid blood, contaminated sharps, pathological or microbiological wastes containing blood.

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REVIEWED COMMITTEE:

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"Needle" or "needle device": A needle of any type including, but not limited to, solid and hollow bore needles.

"Needleless System": A device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established, administration of medicines, and any other procedures involving the potential for exposure.

"Other Potentially Infectious Materials" (OPIM): Includes the following human body fluids: semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic fluids, saliva in dental procedures, any other body fluid that is visibly contaminated with blood or when 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).

"Personal Protective Equipment" (PPE): Specialized clothing or equipment used by a workforce member for protection against exposure. PPE consists of disposable gowns, gloves, goggles, face shields, masks or respirators, and shoe covers in appropriate areas.

"Regulated Waste": Any of the following:

- Liquid or semi-liquid blood or OPIM.
- Contaminated items that contain liquid or semi-liquid blood or are caked with dried blood and are capable of releasing these materials when handled or compressed.
- Contaminated sharps
- Pathological and microbiological waste containing blood or OPIM
- Medical waste regulated by Health and Safety Code #117600-118360

"Sharps": Any object that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills, and burs.

"Sharps injury": Any injury caused by a sharp, including, but not limited to, cuts, abrasions, needle sticks.

"Sharps injury log": A written or electronic record of each exposure.

"Source individual": Any individual whose blood or OPIM may be a source of occupational exposure to the workforce member.

"Universal Precautions": The term designed to describe workforce member work practices and PPE that is to be used to prevent exposure to blood and body fluids. All blood and certain body fluids are treated as if infectious for HIV, HBV or HCV, and other bloodborne pathogens.

"Workforce Member" (WFMs): This term refers to all paid and unpaid persons working in the facility who have potential for exposure to blood or body fluids. This may include, but is not limited to, physicians, nurses, aides, dental workers, workers in laboratories and morgue, students, part-time personnel, temporary staff not employed by the health care facility, and persons not involved in direct patient care but who are potentially at risk for occupational exposure (volunteers, dietary, housekeeping, maintenance, and contract services).

"Work Practice Controls": Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

POLICY:

1. All blood is considered infectious regardless of the perceived status of the source individual.
2. All workforce members shall be identified and classified according to their risk of occupational exposure to bloodborne pathogens. See **Attachment A** for risk classification.
3. All workforce members must adhere to described measures and procedures to minimize the risk of exposure to blood and other potentially infectious material.
4. All workforce members shall adhere to the sharps injury prevention plan **(Attachment B).** All workforce members exposed to bloodborne pathogens must follow procedures for reporting post-exposure evaluation and follow-up.
5. Each department shall identify department specific occupational exposure hazards and to write/review policies and procedures to prevent or minimize workforce member exposure. See **Attachment C** for required components of departmental policy.

   5.1 Departments must evaluate and update their work practice controls on a regular schedule to ensure their effectiveness.

   5.2 Workforce members shall be involved in the review and update of exposure control policies, procedures and work practices for their specific area.
6. Personal protective equipment (PPE) and safety devices, when available, shall always be provided for workforce members for use.
7. Each workforce member is responsible to know and follow the exposure control policies and procedures, and to correctly use the appropriate PPE and safety devices.

PROCEDURE:

I. IDENTIFICATION OF INDIVIDUALS AT RISK OF EXPOSURE TO BLOOD /BODY FLUIDS EXPOSURE

1. See **Attachment A** for determined classifications of workforce members who are at risk of an occupational exposure to blood or OPIM.

II. IMPLEMENTATION

A. Compliance

Standard Precautions are used to prevent contact with blood or OPIM.

1. Hand hygiene facilities are available to all workforce members.

2.1 Hand hygiene must be performed before and after patient contact, after gloves are removed, after handling contaminated equipment or supplies, all (J following exposure to blood or body fluids.

2.2 A waterless, alcohol-based hand washing preparation is recommended as an adjunct to soap and water handwashing and for routinely decontaminating hands when they are not visibly soiled.

3. Engineering controls are to be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

3.1. Engineering and work practice controls are utilized to eliminate or minimize exposures to workforce

members, and are customized to the specific activities of each department where occupational exposure

to blood, body fluids or sharps injury may occur.

4. The Sharps Injury Prevention (SIP) Plan **(Attachment B)** describes specific measures that each department must consider to protect workforce members from sharps injuries.
   4.1 Each department is responsible to complete the assessment form at the end of the SIP entitled "Bloodborne Pathogen Exposure Control Plan -Department Policies, Procedures and Work Practices" and periodically review the sharps used in their department and new products available.
   4.2 Prior to disposal, the Point Lok needle guard must be used to protect the tip of any needle that does not have a built-in safety device.

B. Personal Protective Equipment (PPE)

1. General Guidelines: Department managers/supervisors are responsible for ensuring the following provisions are met:
   - PPE is chosen based on the anticipated exposure to blood or OPIM and must be approved by the Infection Prevention and Control Committee.
   - PPE is available from the warehouse and a sufficient supply should be available at all times in those departments who have workforce members at risk of exposure. PPE is located either in a cart or a cabinet and clearly marked "Personal Protective Equipment".
   - PPE is to be removed immediately after completion of a procedure, when visibly contaminated with blood or body fluids, or prior to leaving the immediate work area (defined as the patients' bedside or designated lab area).
   - PPE is not to be worn at the desk or in the hallways.
   - PPE is only worn for the purpose of preventing exposure to blood/body fluids.
   - Contaminated PPE is disposed of in the biohazardous waste container. Uncontaminated PPE is disposed of in the regular trash.
   - PPE consists of disposable gowns, disposable gloves, goggles, face shields, masks or respirators, and shoe covers in appropriate areas.
2. Specific Requirements for PPE Use:
   - Gloves are worn when it is reasonably anticipated the workforce member may have hand contact with blood, OPIM, mucous membranes, or when handling or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced when they become contaminated, torn, or punctured. Workforce members must perform hand hygiene after removal of gloves.
   - Eye and Face Protection: Goggles, Face shields, Respirators: Masks in combination with eye protection devices or chin length face shields are worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated. Respirators (N95 or Powered Air Purifying Respirators) are worn in Airborne Precaution Rooms or whenever respiratory protection is needed. Respirators worn in Airborne Precaution rooms are removed outside of the room.

   Note: Surgical masks are not respirators.

   - Gowns: Protective, fluid-resistant disposable gowns are worn when there is potential for splatter of blood/body fluids to clothing or extremities. Gowns are not worn for personal comfort.
   - Surgical caps or hoods and/or shoe covers are worn when gross contamination is anticipated (such as autopsies and orthopedic surgery).

C. Requirements for Handling Contaminated Sharps

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
2. Contaminated needles and sharps may not be bent or broken. Recapping contaminated needles is discouraged and may only be done using a one-handed technique.
3. Disposable sharps may not be reused. Contaminated disposable sharps are to be discarded immediately or as soon as feasible in containers that are easily accessible, rigid puncture resistant, leakproof on sides and bottom, and labeled with a "BioHazard" sign. Containers are closeable and sealable such that the container is leak resistant and incapable of being reopened without great difficulty. Sharps containers are kept in an upright position and replaced by Stericycle when 3/4 full. All protective devices are to be activated before disposal.
4. Non-disposable contaminated sharps should be handled with extreme care to avoid injury during transport to designated locations for cleaning and disinfecting.
5. Management of Home-generated Sharps Waste: In accordance to Section 118286 of the Health and Safety Code, home-generated sharps waste shall be transported only in a sharps container, or other containers approved by the enforcement agency, and shall only be managed at a medical waste generator's facility.

D. Regulated Waste

All used needles, whether they are used for injection or mixing medicines are considered contaminated and are disposed of after activating a safety device.

1. All biohazardous waste not consisting of sharps shall be disposed of in red bags, placed in covered labeled "Biohazardous" carts and transported to the loading dock for sterilization.
2. Sharps containers are picked up and replaced by Stericycle.

E. Prohibited Practices

Each Department is responsible for developing and monitoring practices to prevent exposure and instruct their workforce members in the proper procedures. All procedures are to be conducted in a manner to minimize splashing, spraying or splattering of blood or body fluids.

1. Workforce members may not eat, drink, or apply cosmetics in areas where there is a likelihood of exposure to blood or OPIM. This includes, but is not limited to, the ICUs, Lab, Radiology, Surgery, Labor/ Delivery and Nurseries, Emergency Department and Hemodialysis. Food and drink may not be kept in refrigerators, freezers, or cabinets where blood or OPIM are present.
2. Mouth pipefitting and suctioning of blood or OPIM is prohibited.
3. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited. Contaminated sharps may not be bent, recapped, or removed from devices. The only exception is when no alternative is feasible and this is performed using a mechanical device or a one-handed technique, or when such action is required by a specific medical or dental procedure.
4. Broken glassware shall not be picked up directly with the hands. It must be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

5. The contents of sharps containers may not be accessed. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose workforce members to the risk of sharps injury.

F. Handling and Transporting of Specimens or OPIM

1. Specimens in Operating Rooms (OR) are transported by OR staff to Pathology in the proper/approved container to the specimen processing unit.
2. Dornoch Medical System handles all blood waste in the ORs.
3. Specimens such as placentas are transported by staff in approved containers to Pathology specimen processing unit.

G. Servicing and Shipping Contaminated Equipment

1. Prior to shipping or servicing, equipment that may have become contaminated is examined and decontaminated unless it can be demonstrated that decontamination is not feasible. In such cases, a label is attached stating which portion is contaminated.
2. Information concerning all remaining contamination shall be conveyed to all affected workforce members, servicing representatives, and/or manufacturers prior to handling, servicing or shipping.
3. The method of cleaning or decontamination used shall be effective and appropriate for the:
   - Location within the facility
   - Type of surface or equipment
   - Type of soil or contamination present
   - Tasks or procedures performed in the area

H. Cleaning and Decontamination of the Worksite

1. Environmental Services is responsible for routine cleaning of the facility and the final cleanup of a medical waste spill. All workforce members are responsible to help keep the facility clean and safe.
2. Methods of cleaning and decontamination, products used, and a schedule of regular cleaning is kept in the Environmental Services Department Policy and Procedures Manual. The Director may be contacted if there are questions.
3. The Infection Prevention and Control Committee must approve cleaning products used by Environmental Services.
4. Contaminated work surfaces are cleaned and decontaminated immediately or as soon as possible when:
   - Surfaces become overly contaminated
   - There is a blood spill
   - Procedures are completed
   - At the end of the work shift
5. Surfaces and equipment contaminated with blood or body fluids are cleaned with a detergent solution followed with a disinfectant spray (Coverage HBV). Protective equipment is to be worn to clean the area. Do not flood the area as this may spread the contamination.
6. All bins, pails and cans intended for reuse will be inspected and decontaminated immediately or as soon as possible after contamination. Protective coverings such as plastic wrap, aluminum foil or impervious paper used to cover equipment and environmental surfaces are to be removed and replaced as soon as possible when they become contaminated or at the end of the work shift.

7. Environmental. Services does not clean equipment "attached" to the patient. Soiled equipment should either be returned to the owner department or to Central Services for processing.

I. Contaminated Laundry

1. Contaminated laundry is placed in plastic bags at the site of use and sent to the soiled linen room through the linen chute. Contaminated laundry does not require special bags, and the laundry is not sorted on site. Laundry from Harbor/UCLA is processed off-site in a facility that utilizes Standard Precautions.
2. Contaminated linen should be handled as little as possible.
3. Workforce members in the soiled linen rooms will wear PPE.
4. Workforce members who have contact with contaminated laundry must wear protective gloves and other appropriate PPE.

J. Medical Waste

1. Collecting, handling and transporting of medical waste is the responsibility of Environmental Services (EVS), Environmental Safety Office, and Stericycle. Specific policies and procedures for safe handling and disposal of medical waste and sharps are described in the Medical Waste Management Plan (based on Medical Waste Management Act 117600 - 118360), Infection Control and Environmental Services Manuals.
2. In the event of a spill of medical waste, the area is to be cordoned off to prevent people from walking through the waste. EVS is responsible for the final cleanup of a medical waste spill (complete procedure may be found in the Medical Waste Management Plan.
3. Red bag waste is autoclaved on the loading dock in the SaniPak before disposal. EVS is responsible for the autoclaving of red bag waste.

III. EMPLOYEE HEALTH SERVICES (EHS)

A. Scope and Responsibility of Employee Health Services

Employee Health Services is responsible for the administration of Hepatitis B vaccine, post-exposure evaluation and follow up, maintaining the sharps injury log and medical records of the workforce members. All medical evaluations and procedures, including the Hep B vaccine and post exposure follow-up including prophylaxis is provided at no charge to the employee, made available at a reasonable time and place, and performed under the supervision of a licensed health care professional. After-hours exposures are evaluated in the Emergency Department with instructions to follow-up with EHS the next business day.

Non-county workforce members including contract, students and volunteers may have the initial evaluation performed by EHS. Follow-up evaluations are the responsibility of the contract agency, affiliate school or individual.

B. Hepatitis B Vaccine

Harbor-UCLA Medical Center provides Hepatitis B vaccine to all employees without cost, within 10 days of initial assignment unless the employee previously received the vaccine, antibody test reveals immunity, the vaccine is contraindicated for medical reasons, or vaccination is declined by the employee. If the employee initially declines the vaccine, they may request to receive it at any time later. If the vaccine is declined, a declination form is signed and filed in the employee's medical record.

C. Post Exposure Evaluation and Follow Up

Workforce members sustaining an occupational exposure to blood or OPIM must report the incident to his/her supervisor and to Employee Health.

1. Initial medical evaluation is available 24 hours a day (through EHS or the Emergency Department).
2. It is important that workforce members be evaluated after the exposure, as soon as possible (within one - two hours).
3. Initial evaluation includes:
   - Documentation of route of exposure, depth and severity of injury, and circumstances under which incident occurred.
   - Identification and documentation of the source individual.
   - Source individual's blood will be tested as soon as possible to determine HBV, HCV and HIV. When possible, the source patient should be informed that their blood is being tested for HIV.
   - When source individual's consent cannot be obtained and the exposure is deemed significant, the source individual's blood, if available, shall be tested and the results documented.
   - If the HBV, HCV and HIV status are known, additional testing is not necessary unless ongoing risk factors are present. If the source patient declines testing, HIV testing can still be carried out using available blood, as long as the exposure is significant, (e.g., one in which HIV could plausibly be transmitted.) In this case, the HIV Fellow may be contacted for input regarding risk of the exposure.
   - Results of source individual testing are made known to exposed workforce member, and workforce member is informed as to confidentiality of identity and infectious status of the source individual.
4. The workforce member's blood may be tested for HBV, HCV and HIV as soon as feasible through EHS; workforce member's blood should never be drawn in the ED. If workforce member agrees to baseline blood collection, but not to HIV testing, the workforce member's blood sample is preserved for 90 days. Within 90 days of the exposure incident, the workforce member may elect to have their blood tested.
5. Post-exposure prophylaxis is provided when medically indicated, A protocol for post exposure treatment of exposure to blood/body fluids has been developed by the Division of HIV Medicine in conjunction with EHS. EHS will provide the drugs and the workforce member will be issued the medication at no charge.
6. Counseling is available to the exposed workforce member.

D. Information Provided to the Workforce Members / Healthcare Professional

The employer provides the healthcare professional responsible for the workforce member's Hepatitis B vaccination the following information:

1. A copy of this regulation.
2. A description of the exposed workforce members' duties as they relate to the incident.
3. Documentation of the route of exposure and circumstances of the exposure.
4. Results of the source individuals blood testing, if available.
5. Medical records relevant to the appropriate treatment of the workforce member including vaccination status.

E. Healthcare Professionals Written Opinion

A copy of the evaluating professional's written opinion will be provided to the workforce member within 15 days of the evaluation.

1. The opinion for hepatitis B vaccination shall be limited as to whether Hepatitis B vaccination is indicated for the workforce member and if the workforce member has received such vaccination.
2. The opinion of post-exposure evaluation and follow-up is limited to the following information:
   - The workforce member has been informed of the results of the evaluation.
   - The workforce member has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.
3. All findings and diagnosis will remain confidential and not be included in the written report.

F. Sharps Injury Log

I. EHS will maintain a record of each exposure incident involving a sharp. Each incident will be recorded in the log within 14 days of the date that the incident is reported to the employer.

2. The following information will be included on the Jog:
   - Date and time of the incident
   - Type and brand of sharp involved
   - Description of the incident which includes:
   - Job classification of the workforce member
   - Department or work area where exposure occurred
   - The procedure being performed at time of exposure
   - How the incident occurred
   - The body part involved in the exposure incident
   - If the sharp had engineered sharps injury protection, whether the protection mechanism was activated, did the injury occur before this mechanism was activated, during or after the activation.
   - If the sharp had no engineered sharps injury protection, the workforce member's opinion as to whether and how such a mechanism could have prevented the injury.
3. Sharps injury documentation will be maintained in EHS during the workforce members employment. EHS is responsible for keeping the documentation for 5 years from date of recorded exposure incident.

IV. HIV, HBV, AND HCV RESEARCH LABORATORIES

These Jabs exist on the grounds of the Medical Center but are not part of the Medial Center's operation. These laboratories are under the control of the Research and Education Institute (REI) and have their own Exposure Control Plan.

V. COMMUNICATION OF HAZARDS TO WORKFORCE MEMBERS

A. Labels and Signs

Warning labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and containers used to store, transport, or ship blood or OPIM.

1. Labels include "Biohazard" or "Biohazardous Waste and Sharps Waste". These labels are the international orange with letters in contrasting colors.
2. Labels are an integral part of the container or affixed in a manner to prevent loss.

- Sharps containers are labeled with the "Biohazard" label.
- All equipment used to process blood specimens or body tissues is labeled with a "biohazard" label.

B. Red Bags or Containers

- Red bags are used for all biohazard waste.
- Containers must have the international biohazard symbol on top and all sides.

C. Contaminated Equipment

Contaminated equipment shall be labeled as to portions of equipment that are contaminated.

D. Decontaminated Regulated Waste

Decontaminated regulated waste does not need to be labeled or color-coded.

VI. WORKFORCE MEMBER TRAINING AND EDUCATION

A. General Training

A general introduction to the Bloodborne Pathogen Exposure Control Plan is presented during New Employee Orientation.

B. Department Specific Training

Each department is responsible for providing more specialized training to their workforce members at the time of initial assignment to tasks where occupational exposure may occur. Retraining is repeated annually and as necessary to introduce new engineering, administrative, or work practice controls or to address other concerns regarding prevention of occupational exposures.

1. Training is provided at no cost to the workforce member, during work hours, and is conducted at the educational and language level of the workforce member.
2. Key elements of the training includes:
   - An explanation of the Bloodborne Pathogen Control Plan and where it is located in the department.
   - A discussion of the possible exposure risks associated with the specific tasks and activities conducted in that department.
   - A discussion of symptoms and transmission of bloodborne disease.
   - Appropriate methods for recognizing tasks that may involve exposure.
   - Information on the types, proper uses, location, removal, handling and disposal of personal protective equipment.
   - Information on the basis for the selection of personal protective equipment.
   - Information on the Hepatitis B vaccine.
   - Information on the procedure for reporting an exposure and the evaluation and follow-up that will be done.
   - Workforce members will be trained regarding new injury protections devices and work practices, and recording of incidents on Sharps Injury Log.
3. Training records will include:
   - The dates of the training session
   - An outline describing the material presented
   - Names and qualifications of persons conducting the training

- A legible record of names and job titles of persons attending.

4. Training records will be maintained in the department for three years from the date of training by the department.
5. Record Keeping Includes:
   - Medical Records
   - An accurate record for each workforce member's exposure shall include: Name and Date of Birth
   - Copy of workforce member's hepatitis B vaccination status
   - Copy of results of examinations, testing, and follow-up of exposure
   - The workforce member's copy of the health care professionals written opinion
   - Copy of information provided to the health care professional
6. Workforce member's medical records are kept confidential, and not disclosed or reported without the workforce member's expressed written consent except as may be required by law.
7. Workforce member exposures are maintained for at least the duration of employment plus 30 years.

References: State of California Occupational Safety and Health Standards Board, 1999

Reviewers/Contributors:

- Infection Prevention & Control Dept.
- Environmental Safety Officer
- Employee Health Services
- Environment of Care Committee
- HIV/ID Specialist, Mallory Witt, MD

Attachment A

EXPOSURE DETERMINATION CLASSIFICATION
(By Job Title/Job Function)

CATEGORY 1

HIGH POTENTIAL FOR OCCUPATIONAL EXPOSURE: *
High potential: Any workforce members likely to have close and/or prolonged contact with patients or patient's blood or body fluids. ***

Includes:
- All Physicians (faculty and housestaff)
- Physician Assistants
- All Nursing personnel (except clerical)
- Nurse Practitioners/Midwives/Nurse Anesthetists
- Respiratory Therapy
- Lab techs/phlebotomist
- Perfusionist, Blood donor Station, Morgue attendants
- Housekeeping
- Physical Therapy
- Occupational Therapy
- EEG Techs
- Central Services
- Escort services
- Radiology personnel/Ultrasound/Nuclear medicine
- Sheriff (L.A. Sheriff's Department)
- Mechanical - Plumbers, Electricians, Biomedical, Steamfitters
- Pharmacists who respond to Code Blue
- Pulmonary Function Lab Techs

CATEGORY 2**

MODERATE POTENTIAL FOR OCCUPATIONAL EXPOSURE

Moderate exposure: Any workforce member that may occasionally be exposed to patient blood or body fluids.***

Includes:
- Speech Therapist/Audiologist
- EKG/ECG Techs
- Volunteers (if transporting specimens)
- Medical Photographer

CATEGORY 3

MINIMAL BUT POSSIBLE FOR OCCUPATIONAL EXPOSURE:

Minimal exposure: Any workforce member whose normal job performance does not expose them to patient blood or body fluids, but even a remote chance may exist that some rare exposure would **occur.**

Includes:

- Mail Room workers
- Dietary
- Chaplains
- Social Services
- School Teacher
- Transportation
- Recreational Therapist
- Child Life Center
- Mechanical (expect for plumbers, electricians, biomedical, steamfitters)
- Registration personnel

CATEGORY 4

UNLIKELY OCCUPATIONAL EXPOSURE:

Unlikely exposure: Any staff who have limited or no contact with patients or patient-used equipment.

Includes:

- Bed Control personnel
- Administration and support staff
- Medical Library
- Audio Visual
- Billing
- Medical Records
- Cafeteria workers (Drs. Cafeteria & Workforce member Cafeteria)
- Cashier
- Gift Shop attendants
- Information Booth staff
- Landscape personnel
- Communications
- Hospital Information systems
- Pharmacy - In/Out Patient
- Financial Services
- Human Resources
- Warehouse - Stockroom personnel

- Any clerical support staff

* Occupational Exposure: Anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a workforce member's duties.

** While Harbor-UCLA offers hepatitis B Vaccine to all new employees, Category 1 and 2 employees must be advised of their occupational exposure risk and offered the vaccination series. Employees who decline to accept Hepatitis B vaccination must sign the declination statement. (Vaccination will be provided if employee later decides to accept).

*** Blood or body fluids, or other potentially infectious materials; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardia! fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Attachment B

SHARPS INJURY PREVENTION (SIP) PLAN

Departments will develop and implement effective patient handling techniques and other methods designed to minimize the risk of sharp injury (example: restraint of/assistance with a struggling patient).

When available, needleless equipment will be used as an alternative to the use of needle devices for procedures involving the potential for an exposure incident.

If a needleless system is not available for a particular procedure and a department must use a device without engineered sharps protection, the department must document' that their situation falls within one of the following four exceptions: 1) Market availability; 2) Patient safety; 3) Safety performance; 4) Availability of safety performance information.

Needleless Systems shall be used for withdrawing blood, after initial venous arterial access is established, administration of medicine, and any other procedures with the potential for an exposure incident. The hospital's Value Analysis Facilitator (VAF), Supply Chain Operations, and appropriate departments will evaluate safety devices. Infection Control is to be consulted on devices and equipment that impact patient care and workforce member health and safety.

If needleless systems are not used, needle devices with engineered sharps injury protection are used for:

a. Withdrawal of body fluid after access is established
b. Administration of medications or fluids
c. Any other procedure involving the potential for an exposure
d. Engineered sharps injury protection is defined as:
    - A physical attribute built into a needle device which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanism, or
    - A physical attribute built into any other type of needle device or non-needle sharp

If a needle does not have an engineered (built-in) safety device, a Point Lok guard must be used to protect the tip of the needle prior to disposal.

Shearing or breaking of contaminated needles and other contaminated sharps is prohibited. Contaminated sharps may not be bent, recapped, or removed from devices. The only exception is when no alternative is feasible and this is performed using a mechanical device or a one-handed technique, or when such action is required by a specific medical or dental procedure.

All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

Contaminated needles and sharps may not be bent or broken, recapping contaminated needles is discouraged and

may only be done using a one-handed technique.

Use "Department Policies, Procedures, Work Practices Form

Disposable sharps may not be reused. Contaminated disposable sharps are to be discarded immediately or as soon as feasible in containers that are easily accessible, rigid, puncture resistant, leak proof on sides and bottom, and labeled with a "BioHazard" sign. Containers are closeable and sealable, such that the container is leak resistant and incapable of being reopened without great difficulty. Sharps containers are kept in an upright position and replaced by Stericycle when % full.

Non-disposable contaminated sharps should be handled with extreme care to avoid injury during transport to designated locations for cleaning and disinfecting.

Management of Home-generated Sharps Waste:

Section 118286 of the Health and Safety Code is amended to read: Home-generated sharps waste shall be transported only in a sharps container, or other containers approved by the enforcement agency, and shall only be managed at a medical waste generator's facility pursuant to Section 118147.

All used needles, whether they are used for injection or mixing medicines are considered contaminated and are disposed of after activating a safety device.

Attachment C

Harbor-UCLA Medical Center
Bloodborne Pathogen Exposure Control Plan
Department Policies, Procedures, Work Practices*

Department:_____

1. List the tasks performed by workforce members in your department that may place the workforce member at risk of exposure to blood or body fluids, or sharps injury.

2. List the infection and exposure control policies/procedures/work practices that are developed specifically for your department and designed to minimize occupational exposure to blood, body fluids, and sharps injuries. Note the date each was evaluated/updated.

3. List the needleless sharps devices and other devices with engineered sharps protection in use in your department.

4. List procedures that use sharps devices for which a needleless device or a device with engineering sharps protection is not available. You must document the procedure and note which of the four exceptions (to using an engineered sharp) apply: a) market availability; b) patient safety; c) safety performance; d) availability of safety performance information.

5. Describe the type and frequency of training and education provided to the workforce members in your department that is specific to the occupational risks of exposure to blood, body fluids, or sharps. Attach an outline of the education program.