

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> XIII-100 BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN	<b>POLICY #:</b> 1118
	<b>VERSION:</b> 1
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<b>DATE APPROVED:</b> 11/21/2017	

**PURPOSE:** This Bloodborne Pathogens Exposure Control Plan has been developed by Ambulatory Surgical Center (ASC) to provide guidelines, policies and procedures for the prevention or minimization of occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIM) and to provide a safe environment for patients, visitors and employees.

**POLICY:** All employees are to adhere to the ASC Bloodborne Pathogens Exposure Control Plan, as mandated by the California Occupational Safety and Health Administration (Cal/OSHA), which complies with the Bloodborne Pathogens Standard CCR Title 8, Section 5193. This Exposure Control Plan is to be made accessible to all employees.

### DEFINITIONS:

**Bloodborne Pathogens:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B 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 on a surface or in or on an item.

**Decontamination:** the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

**Engineering Controls:** equipment (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolates or removes the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Needle or Needle Device:** a needle of any type, including but not limited to solid and hollow-bore needles.

**Needle/Sharps Safety Device:** A needle or sharp with an attached engineered device that,

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when activated, will eliminate or reduce the risks of a sharps injury.

**Needleless system:** a device that does not utilize needles for:

1. The withdrawal of body fluids after initial venous or arterial access is established.
2. The administration of medication or fluids; and
3. Any other procedure involving the potential for an exposure incident.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**One-Hand Technique:** a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

**Other Potentially Infectious Materials (OPIM):**

1. 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 other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. Any of the following, if known or reasonably likely to contain or be infected with HBV, HIV, or HCV:
  - a. Cell, tissue, or organ cultures from humans or experimental animals.
  - b. Blood, organs, or other tissues from experimental animals; or
  - c. Culture medium or other solutions

**Personal Protective Equipment (PPE):** specialized clothing or equipment worn or used 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 is not considered to be personal protective equipment.

**Regulated Waste:**

1. Liquid or semi-liquid blood or OPIM.
2. Contaminated items that:
  - a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM
  - b. Are capable of releasing these materials when handled or compressed.

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3. Contaminated sharps
4. Pathological and microbiological wastes containing blood or OPIM
5. Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

**Sharps:** any object used or encountered in the industries 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.

**Source Individual:** any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee from hospital and clinical patients.

**Standard Precautions (Universal Precautions):** an approach to infection prevention and control, in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other blood borne pathogens.

**Work Practice Controls:** protocols 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).

### I. ASSISGMENT OF RESPONSIBILITY:

- A. The ASC and its designees, in conjunction with the HDHS Infection Prevention (IP) Nurse, Safety Officer and Employee Health Services (EHS), are responsible for monitoring compliance with this policy.
- B. This policy is to be reviewed, and revised as needed, annually by Contract IP Nurse and the ASC Medical Advisory Committee (MAC).
- C. It is the responsibility of the ASC to plan and direct training of all employees on this policy, in consultation with the HDHS IP Nurse, Safety Officer and EHS, at initial time of employment and annually. ASC Administration is responsible to maintain training records of all employees who attend/complete New Employee Orientation and the Annual Bloodborne Pathogen Update Training.
- D. All employees are to comply with this policy. Failure of employees to comply with this policy will result in disciplinary action.
- E. The ASC Medical Director and ASC Nursing Director are responsible to monitor the compliance of employees with this policy
- F. The ASC Nursing Director and the HDHS EHS are responsible for follow up after an exposure incident.
- G. Reports of exposure incidents are to be reviewed by the ASC MAC with periodic reassessment of risk within the facility

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### II. EXPOSURE DETERMINATION CLASSIFICATIONS

**Health Care Worker Risk to Blood Borne Pathogens Per Occupational Exposure** (to include ASC county employees and contract employees)

**A. CATEGORY I (Routine contact to blood and body fluids)**

Physicians

Registered Certified Nurse Anesthetists (CRNA)

Nurses

Central Services

Surgery Technicians

Environmental Services

**B. CATEGORY II (Occasional or rare contact with blood or body fluids)**

Observers

**C. CATEGORY III (Requires no contact with blood or body fluids)**

Clerical

**D. Healthcare Workers in Categories I & II may receive Hepatitis B Vaccine at no cost per the protocol in the HDHS EHS. Contract employees are to follow contract protocol for the Hepatitis B Vaccine.**

### III. COMPLIANCE METHODS

**A. STANDARD PRECAUTIONS (Universal Precautions)**

Standard precautions are to be observed in all patient care areas to prevent contact with blood or other potentially infectious materials as prescribed in the ASC infection control policies and procedures.

1. Hand hygiene facilities are provided in all patient care areas of the facility. Employees must wash their hands or use an alcohol hand antiseptic agent immediately or as soon as feasible after removing their gloves or other personal protective equipment.
2. Hand lotion is provided by facility, and may be applied after performance of hand hygiene. Hand lotion used by staff wearing latex gloves it to be water based and non-petroleum-based.
3. Employees must wash their hands and any other skin with soap and water, or flush mucous membranes with water, immediately, or as soon as feasible, following contact with blood or OPIM

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4. Never mouth pipette or suction blood or other potentially infectious material. Ambu bags, mouthpieces or other ventilation devices should be used for CPR.
5. Employees shall wear appropriate personal protective equipment (i.e. gloves, mask, goggles, gown) whenever the likely risk of exposure exists.
6. Employees shall avoid splashing, spraying, spattering, or generation of droplets whenever blood or other potentially infectious materials are handled. Any spill should be cleaned up promptly with a disinfectant solution.
7. Employees shall not eat, drink, smoke, or perform personal activities (e.g. applying lip balm, handling contact lenses) in work areas where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials.
8. Employees shall not keep food or drink in any freezers, refrigerators, shelves, cabinets or on counter tops or bench tops where blood or any other potentially infectious materials are present.

### **B. ENGINEERING AND WORK PRACTICE CONTROLS**

1. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:
  - a. Sharps containers
  - b. Bio-safety cabinets
  - c. Needleless IV devices (Needleless system)
  - d. IV catheters with safety device
  - e. Syringes with safety device
  - f. Lancets with safety device
  - g. Scalpels with safety device
  - h. Plastic blood collection tubes
2. The above controls will be examined and maintained or replaced annually or as needed to ensure introduction of new devices and engineering controls. Responsibility to review the effectiveness of the individual controls and new protective devices reside with the HDHS ASC.
3. The following **exceptions** apply to the engineering controls required by subsection of the revised Blood borne Pathogens Standard 5193 (BBPS)(d)(3)(A) and include:
  - a. **Market availability** - the engineering control is not required if it is not available

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in the marketplace.

- b. **Patient safety** - the engineering control is not required if a licensed health care professional directly involved in a patient's care determines, in a reasonable exercise of clinical judgment, that use of the engineering control will jeopardize patient safety or the success of a medical, dental, or nursing procedure involving the patient. The determination must be documented according to the procedure required by c) (1) (B) 6(BBPS).
- c. **Safety performance** - the engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.
- d. **Availability of safety performance information** - the engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

### C. HAND HYGIENE

Hand hygiene facilities shall be made available to the employees who incur exposure to blood or OPIM. After the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area with soap and water or if hands are not visibly soiled may use an alcohol hand antiseptic agent as soon as feasible (see Hand Hygiene Policy).

### D. CONTAMINATED NEEDLES AND SHARPS

1. Do not bend, hand-recap, shear or break contaminated needles and other sharps.
2. Activate the sharps safety device immediately after use (unless OR protocol dictates otherwise).
3. Recap or remove contaminated needles from disposable syringes only when medically necessary. To recap needles, use a mechanical device or one-handed technique.
4. Place contaminated disposable sharps in an appropriate biohazard labeled, puncture-resistant, and leak-proof container immediately use and activation of safety device (except in OR, follow OR tracking protocols).
5. Sharps containers are to be located in convenient locations for disposal purposes, e.g., on anesthesia cart for anesthesia, etc.

### E. SPECIMENS

Specimens of blood or other potentially infectious materials will be placed in a

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biohazard labeled or specimen labeled container to prevent leakage during the collection, handling, processing, storage, transport or shipping of the specimens.

### F. CONTAMINATED EQUIPMENT

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the decontamination of the equipment is not feasible.

### G. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employees at risk of occupational exposure shall be provided appropriate personal protective equipment (PPE) at no cost. Such PPE will not permit blood or OPIM to pass through it or reach the employees' clothing, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the PPE will be used. Employees shall wear PPE appropriate to the type of occupational exposure reasonably anticipated during the normal performance of their jobs. All employees will be trained in the proper selection, indications, mandated use and proper procedures for disposal or reprocessing of PPE. Failure to wear appropriate PPE will be investigated and documented to determine whether the failure was justified and whether changes are needed to prevent future occurrences.

Appropriate PPE shall be readily available to employees in the appropriate sizes. All PPE shall be cleaned, repaired or replaced by the department as needed to maintain its effectiveness. Garments penetrated by blood or OPIM shall be removed immediately or as soon as feasible. All PPE shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

#### 1. GLOVES

- a. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials (OPIM); when performing vascular access procedures and when handling or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised.
- b. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves will be discarded if they are cracked, peelings, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- c. Hypoallergenic gloves, glove liners, powder-less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Employees will report any such reactions to

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their supervisor.

### 2. MASKS, FACE SHEILDS, AND EYE PROTECTION

- a. Masks, face shields and eye protection include goggles, full-face shields, and masks with shields or glasses with solid side shields. Eyeglasses are not protective equipment
- b. Masks and eye protection shall be worn whenever spraying or splashing of blood or body fluids is anticipated to prevent exposure of the mouth, nose and eyes.
- c. Reusable eyewear or face shields are to be washed with soap and water and wiped with an appropriate disinfectant.
- d. Disposable masks and shields are placed in regular trash after one use.
- e. Masks are worn to prevent transmission of airborne diseases

### 3. GOWNS, APRONS, AND OTHER PROTECTIVE CLOTHING

- a. The use of this type of clothing varies with the degree of occupational exposure. Fluid resistant gowns or aprons shall be worn during procedures likely to cause splashing, droplets and spraying.
- b. Surgical caps or gowns and/or shoe covers or boots shall be worn where gross contamination can be reasonably anticipated. Disposable gowns/aprons are discarded in trash after one use.
- c. Reusable gowns shall be handled as regular linens, all of which is handled as contaminated

### 4. EMERGENCY VENTILATION DEVICES

Ventilation devices such as Ambu bags, mouthpieces or other devices should be used instead of resuscitating mouth-to-mouth. Resuscitation equipment is found in patient care areas, and on crash carts. Mouth-to-mouth resuscitation is to be reported and followed up as a blood/body fluid exposure.

## H. ENVIRONMENTAL SERVICES

There are written Environmental Services schedules for all areas maintained by Environmental Services. These schedules enumerate tasks or procedures performed in each area

1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures immediately, or as soon as feasible, 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.
2. Disposable protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become



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overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

3. All bins, pails, cans and similar reusable receptacles shall be inspected and decontaminated on a regularly scheduled basis and whenever necessary, if they have a reasonable likelihood for becoming contaminated.
4. Broken glassware shall not be picked up with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps, and disposed of in sharps containers.
5. Environmental Services staff shall not handle reusable sharps

### I. LAUNDRY

1. All soiled laundry is handled using Standard Precautions.
2. Laundry shall be handled as little as possible and with a minimum of agitation. It shall be collected in leak-proof bags at the location where it is used and shall not be sorted or rinsed in the location of use.
3. Environmental Services and soiled linen handlers who have contact with contaminated laundry shall wear gloves and other appropriate PPE provided by the facility and shall be trained in identifying, bagging, handling and transporting contaminated laundry

### J. BIOHAZARDOUS WASTE

1. Regulated waste shall be placed in containers which are closable, leak-proof, labeled or color-coded as required and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
2. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that meets all of the requirements of the primary container above.
3. All regulated waste shall be disposed of in accordance with applicable regulations

## IV. HEPATITIS B VACCINE & POST-EXPOSURE EVALUATION AND FOLLOW-UP

### A. GENERAL

The ASC will make available, through the HDHS EHS, the Hepatitis B vaccine and vaccination series to all employees who have a potential for occupational exposure, and post exposure follow-up to employees who have had an exposure incident. The HDHS EHS will provide medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis to all employees at no cost to the employee.

### B. HEPATITIS B VACCINATION

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1. Hepatitis B vaccination will be made available within 10 working days of initial assignment to all employees who have a potential for occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series or antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons, the vaccine is not indicated and may be waived or declined. The employee will be provided with information regarding the vaccine, which includes efficacy, safety, and benefits of the vaccination.
2. If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination the vaccination shall then be made available. All employees who decline the Hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal.
3. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U. S. Public Health Service, such booster doses shall be made available.

### C. POST EXPOSURE EVALUATION AND FOLLOW-UP

1. After receiving an exposure, employees are to **IMMEDIATELY**:
  - a. Wash the contaminated area (Needle stick injury, laceration or non-intact skin, etc.) with soap and running water, or thoroughly flush nose or mouth or mucus membrane with copious amounts of running water; or irrigate eyes with copious amounts of clear water, saline or sterile irrigates, as required.
  - b. Request the source patient (if known) to stay and not leave until Supervisor or designee has spoken to them.
  - c. Report the incident to a supervisor or designee per chain of command;
  - d. Complete documentation forms (EHS Post Exposure form "Q"); Employee and Supervisor will complete the Industrial Accident forms as indicated.
  - e. See a Provider in in the High Desert Regional Health Center (HDRHC) Urgent Care Clinic for a confidential medical evaluation within two (2) hours of exposure for evaluation.\* Employee may decline treatment and is to sign the declination statement on form "Q".

\*Evaluation should be initiated **immediately** after the exposure so that HIV post exposure prophylactic (PEP) medications, if indicated, may be offered to exposed employees **as soon as possible as time is of the essence.**

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2. It is **imperative** that the employee report the incident **immediately** for prophylactic measures to be effective.

“PEP should be initiated as soon as possible, preferably within hours rather than days of exposure. If a question exists concerning which antiretroviral drugs to use, or whether to use as basic or expanded regimen, the basic regimen should be started immediately rather than delay PEP administration.” *Updated U.S. Public Health Services Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post Exposure Prophylaxis.* CDC, MMWR September 30, 2005/Vol. 54/RR-9.

It is important that the employee is evaluated as close to the time of exposure as possible ideally within two (2) hours. While ideal, the two (2) hours shall not be used to exclude employees with exposures occurring greater than two (2) hours prior to presentation to the HDRHC Urgent Care or Employee Health Services.

3. The medical evaluation and follow-up will include the following elements: medical treatment, informational materials, and appropriate counseling as to available options, which include the following:
- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred (Utilize the EHS form Q, “Blood and Body Fluid Exposure Report”).
  - b. Identification and documentation of the source individual, if available.
  - c. The source individual’s blood is to be tested as soon as feasible and after verbal consent is obtained for HIV testing (Hepatitis B and Hepatitis C do not require consent for testing from the source), to determine blood borne pathogens infectivity (HIV, Hepatitis B, Hepatitis C).
  - d. Results of the source individual’s testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual (HIV Testing & Disclosure Policy). Confidentiality of both employee and source patient lab results are to be maintained by all concerned
4. Collection and testing of blood for HBV/HIV/HCV serological status will comply with the following:
- a. The exposed employee’s blood shall be collected as soon as feasible and tested after verbal consent is obtained.
  - b. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the employee will be offered the option of having his/her blood collected for testing for HIV/HBV/HCV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

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- c. HIV testing for the exposed employee will be performed in the lab with an anonymous code as an identifier. Code is to be issued in the EHS. The Lab Director/Supervisor will report the results to the EHS.
5. The employee is to be provided with post-exposure prophylaxis, when medically indicated as recommended per the appropriate Dept. of US Public Health Service Standards and Guidelines at no charge to the employee. Contract employees and non-DHS employees will receive services, but the responsible agency may be invoiced the cost of the services, as appropriate.
6. In accordance with Title 8, CCR, Section 5192, the EHS or Provider evaluating the employee exposure event is to be provided with the following information:
  - a. Description of the exposed employee's duties as they relate to the exposure incident.
  - b. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
  - c. A result of the source individual's blood test, if available.
  - d. All medical records relevant to the appropriate treatment of the employee including vaccination status.
  - e. Resource information to the Cal-OSHA Bloodborne Pathogen's regulations; the CDC guidelines; HIV Post Exposure Prophylaxis (PEP) Hot Line 888-4484911. Consultation by Provider with HIV PEP Hot Line is strongly encouraged.
7. A sharps Injury Report log (EHS Form R) will be completed by the EHS or Supervisor at the time of the medical evaluation so the employee's opinion can be obtained for needle stick post exposure analysis. Information obtained from the employee will be maintained and recorded by the EHS in a manner to protect the confidentiality of the injured employee.

#### **D. HEALTH CARE PROFESSIONAL'S WRITTEN OPINION**

The employee shall be provided with the healthcare professional's evaluation within 15 days. This written evaluation shall be limited to:

1. Whether hepatitis B vaccination is indicated for this individual, and whether it was administered.
2. That the employee has been informed of the evaluation results.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

**All other findings or diagnoses shall remain confidential and shall not be included in the written report.**

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### V. COMMUNICATIONS OF HAZARDS TO EMPLOYEES

#### A. LABELS

1. Warning labels shall be affixed to containers of regulated waste, refrigerators, freezers and other containers used to store blood or other potentially infectious material.
2. Labels shall display the universal biohazard symbol and the word “**BIOHAZARD**” and shall be fluorescent orange red with lettering or symbols in a contrasting color.
3. Labels shall be affixed to containers by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.
5. Regulated waste, which has been decontaminated, need not be labeled or color-coded.

### VI. INFORMATION AND TRAINING

- A. All employees with occupational exposure to blood borne pathogens shall be trained during working hours at no expense to them. This training will be done at the time of initial assignment and at least annually thereafter.
- B. Additional training shall be provided when changes that affect employees’ occupational exposure occur. Additional training may be limited to the changes affecting new exposures.
- C. Training shall be appropriate for the educational level, literacy and language of the employees.
- D. The trainer shall be knowledgeable in the subject matter of the training program. A self-study video format may be used but must include an opportunity for interactive questions and answers at the time of training with a person knowledgeable in the subject matter.
- E. **TRAINING PROGRAM REQUIRED COMPONENTS:**
  1. An accessible copy of the regulatory text of the standard and an explanation of its contents.
  2. A general explanation of the epidemiology and symptoms of blood borne diseases.
  3. An explanation of the modes of transmissions of blood borne pathogens.
  4. An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan.

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5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE; and an explanation of the basis for selection of PPE.
8. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
10. 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.
11. Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
12. An explanation of the signs and labels and/or color-coding required.
13. An explanation of the disciplinary action that will occur when employees willfully disregard safety precautions.
14. An opportunity for interactive questions and answers at the time of the training with a person knowledgeable in the subject matter

### **VII. RECORD KEEPING**

#### **A. EMPLOYEE MEDICAL RECORDS**

1. The Employee Health Service is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept in HDHS Employee Health Service.
2. Medical records shall be maintained in accordance with Title 8 California Code of Regulation Section 3204. These records shall be kept confidential and not disclosed without the employee's written consent (exceptions: Cal-OSHA, OSHA, and Public Health per regulatory standards) and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

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- a. The name and social security number of the employee.
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- c. A copy of all results of examination, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- e. A confidential copy of the healthcare professional's opinion.

### **B. TRAINING RECORDS**

Training records shall be maintained for three years from the date of training. The following information shall be documented:

1. The dates of the training sessions.
2. An outline describing the material presented and format (i.e. video, DVD, etc.)
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions

### **C. SHARPS INJURY LOG**

1. The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.
2. The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The information recorded shall include the following information, if known or reasonably available:
  - a. Date and time of the exposure incident.
  - b. Type and brand of sharp involved in the exposure incident.
  - c. Description of the exposure incident, which shall include
    - i. Job classification of the exposed employee.
    - ii. Department or work areas where the exposure incident occurred
3. The procedure that the exposed employee was performing at the time of the incident.

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4. How the incident occurred.
5. The body part involved in the exposure incident.
6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.
8. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

### **D. OSHA 300 LOG REPORTING**

1. All occupational blood borne pathogen exposure incidents are to be recorded on the OSHA 300 Log (This requirement is performed by HDHS Human Resources Office), as required by OSHA Regulations, if the incident results in medical treatment (e.g., HBIG, Hepatitis B Vaccine, HIV postexposure prophylaxis medications, etc).
2. In the case of seroconversion, only the injury is to be recorded and NOT the serologic status of the employee. Identifying information related to blood borne pathogens is to be removed prior to granting access to the records by OSHA.

### **E. AVAILABILITY**

1. The employee's records shall be made available to the employee or to his designated representative for examination and copying upon request in accordance with Title 8, California Code of Regulations (CCR), and Section 3204.
2. All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute of Occupational Safety and Health (NIOSH).

### **F. TRANSFER OF RECORDS**

If this facility closed or there is no successor employer to receive and retain the records for the prescribed period, the Chief of DOSH shall be contacted for final disposition in accordance with the Section 3204.



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### VIII. REVIEW AND UPDATE

This Exposure Control Plan will be reviewed and updated at least annually and whenever such updating is indicated by changes in requirements or job exposure.

#### REFERENCES:

California Labor Code, Section 144.7, 1998.

Centers for Disease Control and Prevention (CDC): Updated Public Health Service Guidelines for the Management of Occupational Exposures to HIV, HBV, HCV and Recommendations for Post-exposure Prophylaxis”, June 29, 2001, /Vol. 50/ No. RR-11.

Centers for Disease Control and Prevention (CDC): Updated Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis”, September 30, 2005/Vol. 54/ RR-9.

Sharps Injury Control Program, Department of Health Services, Occupational Health Branch/University of California.

Title 8, California Code of Regulations (CCR), Section 5193 (Bloodborne Pathogens) July 30, 1999.\*

Los Angeles County, Department of Health Services, EHS’ Bloodborne Pathogen Exposure Control Program, Policy No. 925.200, Jan 1, 2011

\*Regulation is attached to this policy.

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