

Open Door Community Health Centers

# Exposure Control Plan

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## **Section 1: Purpose**

### **1.1 Responsibility**

Open Door Community Health Centers recognizes our responsibility in providing safe patient care. A part of safe patient care is our responsibility to reduce exposure to infectious agents and infectious diseases in both our patient population and our staff.

This Exposure Control Plan will:

- Promote safer work practices in caring for patients.
- Serve as guidelines and procedures for staff.
- Serve as a resource for current State and Federal recommendations for infection control.

The RN Coordinator of each ODCHC health center is charged with the responsibility for implementing the Exposure Control Plan (ECP). If the RN Coordinator position is vacant, the Site Administrator or Health Center Manager will be responsible to uphold the ECP or designate an alternative to fulfill the responsibility. For non-clinical sites, the Director of Nursing is charged with the responsibility for implementing the ECP. If the Director of Nursing position is vacant, department supervisors will coordinate with the RN Coordinator at the health center site of their choosing.

All employees, including part-time, temporary, contract and per diem workers who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this ECP.

The ECP will be reviewed at least annually, and updated whenever necessary to include new or modified tasks or procedures.

Employees covered by the blood borne pathogens standard will receive an explanation of this ECP during their initial training session, and annual refresher training thereafter.

### **1.2 Background**

The most common modes of transmission of blood borne pathogens in the workplace due to contact with blood and other potentially infectious substances are:

- Direct inoculation into a preexisting skin lesion (splash or spray onto non-intact skin)
- Needle sticks
- Sharps injuries from broken glass, scalpels, capillary tubes, slides, etc.
- Mucous membrane contact through sprays, splashes, rubbing into eyes, nose, mouth, etc.

Instances where bloodborne pathogens may be transmitted in the workplace are identified and engineering and work practice controls have been implemented. Personal protective clothing and equipment are also provided to and worn by applicable employees for identified tasks with reasonably anticipated exposure to blood and body fluids.

### **1.3 Exposure Determination**

The Exposure Determination List will be maintained to outline the job titles and classes of occupational exposure risk. The exposure determination classes are:

- Class I: Definite risk of exposure
- Class II: Possible risk of exposure
- Class III: Not occupationally exposed

Upon hire or change of job assignment, all employees will complete the Exposure Identification Form to assess their occupational exposure risk.

Employees who are occupationally exposed are provided and instructed in the use of the proper personal protective equipment.

Employees who are not occupationally exposed are restricted from areas where they could be exposed to blood and potentially hazardous material.

(T8 CCR Section 5193 (c) (3))

## **Section 2: Exposure Controls**

### **2.1 Standard Precautions**

Standard Precautions will be observed by considering all blood and body fluids as potentially infectious. In addition new regulations cover human body fluids also such as; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visually contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The following are not considered to be contaminated, unless visibly contaminated with blood, or it is impossible or difficult to distinguish, tears, sweat, vomit, feces, urine, or nose fluids. All employees determined to be a risk of occupational exposure to bloodborne pathogens will follow Standard Precautions. Standard Precautions apply to all patients, regardless of suspected or confirmed infectious status, in any setting in which health care is delivered. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering and the generation of droplets.

(CDC: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings)

### **2.2 Transmission Based Precautions**

Transmission Based Precautions are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

#### **2.2.1 Contact Precautions**

Use Contact Precautions for patient with known or suspected infections that represent an increased risk for contact transmission.

#### **2.2.2 Droplet Precautions**

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

#### **2.2.3 Airborne Precautions**

Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

(CDC: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings)

### **2.3 Infection Prevention Practices**

Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

1. Hand hygiene
2. Use of Personal Protective Equipment (PPE) based upon anticipated exposure.
  - a. Health center staff with direct patient contact that have open wounds, lesions, or weeping sores, should cover them up and if possible refrain from patient care.
  - b. Change PPE or clothing splashed with blood or bodily fluids as quickly as possible.
  - c. Remember gloves will not protect against needle or sharps sticks. Gloves will help protect the health center staff and slow the absorption of the body substance when the stick occurs.
3. Safe injection practices
4. Handle potentially contaminated equipment or items in the patient environment in a manner to prevent transmission of infectious agents.

### **2.4 Hand Hygiene**

All staff must observe proper handwashing technique. Staff should wash their hands, with soap and water before and after each patient contact, before donning and after removing gloves or other personal protective equipment, before preparing or after administering medications or injections, after handling objects suspected of being contaminated with blood or other potentially infectious materials, after using the toilet, blowing their nose, covering a sneeze or cough, and before eating or drinking or handling food. Handwashing is required whenever hands are visibly soiled or contaminated. (T8 CCR Section 5193 (d) (3) (I))

### **2.5 Handwashing Facilities and Technique**

All established Health Centers must be equipped with hand-washing facilities which are readily accessible to employees. (T8 CCR Section 5193 (d) (3) (I))

- Staff must wash their hands immediately or as soon as possible after removal of gloves or other PPE.
- Remove jewelry from hands and wrists if possible.
- Staff must wash their hands immediately or as soon as possible after removal of gloves or other PPE.
- If hands are not visibly soiled, you should use an instant hand sanitizer with at least 60% alcohol. Research has shown that 60% to 90% alcohol based hand sanitizer is more effective and better tolerated than soap and water.
- If hands are visibly soiled wet hands under running water. Lather with soap, hand antiseptic, or surface antiseptic from the dispenser. Wash fingers, in between fingers, under the fingernails, palms, back of hands, wrists for 30 seconds. Rinse hands thoroughly. Dry hands with paper towels or use the hand blower unit.
- Apply hand lotion as needed. Frequent hand cleansing removes skin oil and using a lotion may prevent excessive drying and chapping. Use a lotion that is non-scented in order to not affect your patient or others.
- Remember to wash hands and any other skin that has been exposed to infections or potentially infectious materials with soap and water, or flush mucous membranes with water immediately

or as soon as feasible following direct contact. Report mucous membrane or non-intact skin contact with blood or other body substances to your supervisor immediately. Refer to **ODCHC Post Exposure Protocol Packet**, and **Form 302.2** for instructions and section 7.4 of this Infection Control Plan.

## **2.6 Alcohol Gels**

Use of alcohol gels is recommended when hands are not visibly soiled. They are fast acting and gentler on the skin than soap and water.

## **2.7 Finger Nails**

Any employee, who has direct patient contact, performs sterilization of equipment, or housekeeping must keep finger nails in good condition. Nails should be kept short and nail embellishments such as artificial, fill, gel nails have been associated with higher rates of bacteria under and around the nail. Nail embellishments are also linked with a lower likelihood of thorough handwashing.

(CDC: MMWR: Guideline for Hand Hygiene in Health-Care Setting)

## **2.8 Eating and Drinking Areas**

Eating or drinking is not allowed in any patient care area or areas where there is a potential for contact with an infectious body fluid. The Safety Officer or Infection Control Specialist will designate safe eating areas. Food and biological specimens will not be stored in the same refrigerator, cabinet, or counter.

- Food will not be eaten or consumed in the Health Center patient spaces, nursing stations, receptionist's desks, or laboratory areas.
- Food will be stored separately from vaccines and medications.

(T8 CCR Section 5193 (d) (B) (9)), (T8 CCR Section 5193 (d) (B) (10))

## **2.9 Personal Care**

Putting on makeup, lip balm, eye drops, or handling contact lenses will not be performed in any patient care area where there is a potential for contact with an infectious body fluid.

(T8 CCR Section 5193 (d) (3) (B) (9))

# **Section 3: Sharps**

## **3.1 Sharps Requirements**

Staff will use recommended safety-engineered sharps devices. Injuries most often occur when cleaning or disposing of sharp instruments, needles or glass slides. Used needles should not be sheared, bent, broken, or recapped by hand. Nor should used needles be removed from disposable syringes. If recapping is necessary, OSHA permits the one handed "scoop technique" and certain approved mechanical devices, which avoid hand to hand needle manipulation.

Safety needles must be used for all injection and phlebotomy procedures in the facility, unless they might cause harm to the patient or staff. Non-Safety needles may be used by Providers when performing procedures. Non-Safety needles are used by Medical Assistants, Nurses, and Providers to draw up medications in the designated clean areas. Syringes must be disposed of in the sharps container. Reusable Sharps must be contained in a manner that eliminates or minimizes the hazard of worker injury. Containers to hold reusable sharps during transport to sterilization must be leak-proof, puncture proof, and need to be covered. (T8 CCR Section (5193 (d))

### **3.2 Sharps Evaluation**

Sharps in use at the health centers will be evaluated at least annually, or as often as deemed necessary, to determine whether the safest products are being used.

#### **Sharps Evaluation Procedure**

- Determine which products are to be evaluated.
- Involve front line staff in the evaluation.
- Provide test samples for each individual evaluating the product.
- Provide visual instructions and demonstrate the proper use of each device.
- Evaluate products in a simulated patient environment.
- Each evaluator should complete a sharps evaluation form.
- Document conclusions and recommendations regardless of whether the product passed or failed the evaluation.

(T8 CCR Section 5193 (c) (1) (E))

### **3.3 Sharps Containers**

Contaminated sharps will be disposed of immediately upon use in a designated sharps container located throughout the health center. Sharps containers must be located throughout the health center where sharps may be used and appropriately labeled with bio-hazard identification, containers must be puncture resistant, leak proof on the bottom and sides and capable of closure.

Sharps containers should be located in the laundry area for disposal of sharps accidentally placed in clothing.

Sharps containers are installed in a way in which they are mounted securely and locked to prevent accidental spillage and unauthorized access.

Sharps containers are inspected and maintained by each department and should be replaced when the container becomes 75% full. Dispose of the container in the infectious waste process. Never empty or reuse a sharps container.

#### **Sharps Container Disposal Procedures:**

- Wear gloves.
- Close the sharps container lid.
- Remove the container from its brackets if it is mounted to a wall or countertop.
- Lock the lid and verify that there is no chance of leaking. If the container is capable of leaking, place it in a secondary container that is leak-proof and labeled with the bio-hazard symbol.
- Transport the closed sharps container to the area where hazardous waste is stored for pick-up.

(T8 CCR Section 5193 (d) (B) (7)). T8 CCR Section 5193 (d)(C)), T8 CCR Section (d) (D))

### **3.4 Safe Injection Practices**

Unsafe injection practices that may lead to patient harm can include:

- Use of a single use syringe, with or without the same needle, to administer medication to multiple patients.
- Reinsertion of a used syringe, with or without the same needle, into a medication vial or solution container to obtain additional medication for a single patient and then using that vial or solution container for subsequent patients.
- Preparation of medications in close proximity to contaminated supplies or equipment.

#### **Recommendations for safe injection practices in ambulatory care settings**

- Use aseptic technique when preparing and administering medications.



- Cleanse the access diaphragms of medication vials with 70% alcohol before inserting the device into the vial.
- Never administer medications from the same syringe to multiple patients, even if the needle is changed or the medication is administered through an intervening length of intravenous tubing.
- Do not reuse a syringe to enter a medication vial or solution.
- Do not administer medications from a single dose or single use vial, ampoules, or bags or bottles of IV solution to more than one patient.
- Dedicate multi-dose vials to a single patient whenever possible. If multi-dose vials will be used for more than one patient, they should be restricted to a centralized medication area.
- Dispose of used syringes and needles at the point of use in a sharps container that is closable, lockable, puncture resistant, and leak-proof.
- Food will be stored separately from vaccines and medications.

## **Section 4: Waste**

### **4.1 Non-infectious Waste and Office Waste**

The waste which is generated within the Health Center that does not have the potential to be contaminated with infectious bodily fluids does not require special precautions for handling or disposal. Non-infectious waste

<b>Procedure</b>	<b>Key Point</b>
Exam rooms, Health Center areas, laboratory areas have trash cans with heavy duty plastic trash bag liners	Any disposable Health Center supplies even those stained with small amounts of blood or organic debris
Health Center waste that has not been identified as potentially infectious waste	Paper gowns, drape sheets, exam table paper, tongue blades, used dressings, bandages, disposable gloves, urine dip sticks
Contaminated waste receptacle	Clean and disinfect as soon as possible
Filled trash cans	Remove and replace liner. Never allow anyone to reach into Health Center trash receptacles with their bare hands

### **4.2 Regulated Medical Waste**

Regulated medical waste, also called biohazardous waste or infectious waste, are materials that are soaked, caked, or dripping with blood or OPIM. Regulated waste must be placed in biohazard containers which are closable, constructed to contain all the waste product contents and prevent leakage. They must be appropriately labeled and color-coded and closed prior to removal from the facility.

(T8 CCR Section 5193 (d) (3) (E))

Employees who dispose of regulated waste in the facility shall be trained how to double-bag the waste materials in case the inner bag is leaking, how to prepare a sharps container for disposal, and how to tie waste bags closed.

### **4.3 Transportation of Potentially Infectious Materials**

All potentially infectious materials shall be placed in a properly labeled container which prevents leakage during handling, collection, processing, storage, transport, or shipping. These properly labeled containers shall be stored in the designated bio-hazardous materials space in each Health Center until

removed by the Hazardous Materials Waste hauler. If contamination of the outside container occurs the original container shall be placed in a second closed container for pickup.

Equipment in need of shipment to a service center for repair or service that might be contaminated shall be labeled showing where the potential contamination is. The shipping container shall also be labeled, on the outside; with labeling clearly identifying the box contains biohazardous materials.

(T8 CCR Section 5193 (d) (3) (G))

In compliance with the Medical Waste Management Act (MWMA), each site will maintain a Small Quantity Generator Certificate (SQG). Any waste transported by employees will be done in accordance with the Materials Trade Exemption under the SQG permit.

#### **4.4 Hazard Communication**

All storage areas in the Health Centers shall display the appropriate bio-hazard label. This includes waste areas, refrigerators and freezers containing blood or other potentially infectious materials, and containers containing blood, or other potentially infectious materials.

#### **4.5 Hazard Communication Training**

Each staff member shall be trained in Hazard Communication Policy **OPS.504** upon hire and at least annually thereafter. If there are changes in the Hazard Communication Plan then retraining of staff will occur.

### **Section 5: Cleaning and Decontamination**

#### **5.1 Sterilization and Disinfection of Health Center Equipment**

All countertops, sinks, trays, and table tops in patient care areas must be made of impervious materials and should be cleaned with a disinfectant-detergent registered by the U.S Environmental Protection Agency (EPA). Surfaces likely to be contaminated with blood or potentially infected bodily fluids must be cleaned daily, and must be cleaned and disinfected after contamination.

All health centers use PDI Super Sani-Cloth pre-moistened wipes for the routine disinfection of work surfaces. Employees should follow the manufacturers label's safety precautions and directions.

Work surfaces are routinely disinfected at the end of each health center session or immediately after contact with blood or OPIM.

A 10% bleach solution should be used to decontaminate surfaces that have come in contact with microorganisms that PDI Super Sani-Cloth pre-moistened wipes are not effective against. Fresh bleach solution must be made daily.

(T8 CCR Section 5193 (d) (3) (H))

#### **5.2 Routine Schedule for Cleaning and Disinfection**

The Health Centers will maintain a written schedule for cleaning and disinfection, outlining the surfaces and areas to be cleaned, the cleaners or disinfectants used, and the employees involved in the process.

### **5.3 Cleaning Equipment**

Any piece of Health Center equipment that becomes contaminated should be cleaned/disinfected as soon as it is practical to do. When cleaning is required with cleaners or disinfectants you must follow both the equipment manufacturer's instructions and the instructions for using the cleaning solution.

#### **5.3.1 Exam tables**

Table paper or absorbent pads shall be changed after each patient. Surface disinfectant is not needed unless the exam table is contaminated with blood, secretions, or excretions. If the table becomes obviously soiled then clean the table as per Section 5.1 above. All exam tables should be cleaned by the staff at the end of each shift with a registered low-level disinfectant.

#### **5.3.2 Thermometers**

Digital and ear thermometers must be cleaned according to the manufacturer's instructions. When using thermometers with disposable sleeves or sheaths, use a new sheath or sleeve with each patient.

#### **5.3.3 Otoscope/Ophthalmoscope**

After the piece is removed from the instrument, clean off visible organic matter with soap and water then dry. If there is no visible matter wipe off with 70% alcohol wipes or a U.S. EPA registered cleaner.

#### **5.3.4 Stethoscope**

Earpieces on the stethoscope should be cleaned with 70% alcohol between users. The bell of the stethoscope shall be cleaned with 70% alcohol between patients.

#### **5.3.5 Blood Pressure Cuff**

Wash the blood pressure cuff when it becomes visibly soiled by removing the bladder and washing the fabric in a laundry machine with soap and water.

#### **5.3.6 Vaginal Speculum**

Reusable speculums will be cleaned and autoclaved after each use. Disposable speculums will be discarded after each use.

#### **5.3.7 Glucometers**

Glucometers shall be cleaned according to the manufacturer's instructions. They should be cleaned regularly and whenever contaminated with blood or body fluids.

### **5.4 Cleaning tips**

- When using a spray disinfectant, leave the disinfectant on the surface for the required length of time as per the manufacturer's instructions, then wash and dry.
- Wear gloves when cleaning.
- Pails, bins, cans intended for reuse which have a reasonable likelihood of becoming contaminated shall be regularly inspected and cleaned/disinfected as soon as possible after the inspection notes contaminations.
- Any covering for patient equipment shall be replaced as soon as it becomes soiled or contaminated.
- Broken glass should not be picked up with hands, it may be contaminated. Use a broom, dust pan, or forceps to pick up the glass. If you are sure it is not contaminated place it in the regular trash. If there is a possibility it might be contaminated place it in the red bag.
- Reusable sharps shall not be stored or processed in a manner that requires the staff to reach into the container with their hands where the sharps have been placed.

## **5.5 Bloodborne Pathogens Spill Containment and Clean-up Procedures**

Blood borne pathogens BBP spill clean-up materials should be readily accessible. Spills should be cleaned as soon as feasible. Employees should be alerted to avoid the spill area and take care to not make contact with the spilled material.

When cleaning up spills, employees must wear appropriate protective equipment such as face protection, gloves and a fluid resistant gown. Employees should wear utility gloves with a vinyl barrier and long cuffs. Gloves should be inspected prior to use to make sure the barrier is not compromised in any way.

- Start by containing the spill. Clean up gross contamination first with soap and water solution, then follow with a disinfectant to ensure that the bioburden is not so large as to render the disinfectant ineffective.
- If the spill is small, use a paper towel to absorb it. If the spill is large, use an absorbing powder. Wipe the contaminated surface with paper towels saturated with disinfectant, in a way that minimized splashing.
- If splashing occurs, consider any new surface affected as contaminated and treat accordingly. If, in the process of decontamination, splashing occurs and soils PPE, remove and replace it. Dispose of paper towels in the infectious waste (red bag) receptacle.
- Decontaminate utility gloves by wiping them down with the same disinfectant, then dry with clean paper towels. Examine them closely to insure that the barrier is not compromised in any way. Discard deteriorated gloves.
- If the spill contains broken glass or sharp objects such as needles, use a biohazard spill kit containing an absorbent powder that solidifies liquid and a disposable scoop. Never pick up broken glass or sharps with your hands.
- Perform hand hygiene immediately after the clean-up is complete.

## **Section 6: Personal Protective Equipment (PPE)**

### **6.1 Personal Protective Equipment Employee Requirements (PPE)**

ODCHC will provide the equipment at no cost to the employee. Cal OSHA requires the use of appropriate personal protective equipment (PPE) when engineering and work practice controls have been initiated and exposure risk still exists. PPE is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to reach the staff's work clothes, street clothes, undergarments, skin, eyes, nose, mouth, or other mucous membranes under normal conditions. Scrubs are not considered PPE as they are not fluid resistant.

Examples of PPE are exam gloves, utility gloves, fluid-resistant gowns, aprons, lab coats and face protection. PPE can be found in the supply room and laundry room. One full PPE kit is kept in each exam room. Disposable PPE should not be reused.

PPE should be examined before each use to ensure it is not damaged in a way that makes it ineffective. PPE that becomes penetrated by blood or OPIM should be removed as soon as possible and disposed of properly. Employees must remove PPE prior to leaving the work area. Used PPE may be disposed in regular trash unless visibly contaminated with blood or OIPM. If the PPE is no longer effective it shall be replaced by the employer at no cost to the employee. Reusable contaminated PPE should be placed in

the appropriate container or red bagged and labeled with bio-hazardous labels. Contaminated PPE must be placed in the red bio-hazardous bag until laundered.

Wearing PPE is not optional. Employees may not decide to decline the use of PPE due to inconvenience or personal preferences. Rare exceptions may exist when the Medical Provider determines through their professional judgement that PPE would prevent the delivery of medical care or pose an increased hazard to their safety.

## **6.2 Laundry**

Contaminated laundry, such as reusable fluid resistant coats, gowns or aprons that were used as PPE, is laundered by a commercial laundry service or a washer and dryer on site. Clothing that functions as a uniform such as scrubs, may be maintained and laundered by the employee, except when it becomes contaminated by blood or OPIM. If contaminated, scrubs must be laundered by a commercial laundry service or a washer and dryer on site. If reusable contaminated laundry becomes heavily saturated with blood or OPIM, the laundry should be placed in a red leak proof, bio-hazard bag and taken to the held in the bio-hazardous waste disposal area until laundered.

Contaminated Laundry Procedure:

- Contaminated laundry is handled with Standard Precautions.
- It should be handled as little as possible, and should not be sorted or rinsed.
- Employees who handle contaminated laundry should wear gloves and face protection if there is the potential for exposure.
- Wash at 150 degrees Fahrenheit (Hot setting).
- Use bleach if uncertain of the temperature.
- Dry at 200 degrees Fahrenheit (Hot setting).
- Discard any blood or infectious fluid contaminated bags.  
(T8 CCR Section 5193 (d) (3) (J))

If scrubs or personal clothing are soiled, not contaminated,

- Take scrubs and personal clothing and launder in your preferred manner.

## **6.3 Use of Gloves and Barrier Precautions**

Gloves shall be worn by any Health Center staff when there is a reasonable potential for exposure to any potential infectious body fluid.

**Note:** Any reference to gloves in this Exposure Control Plan refers to synthetic examination gloves. Latex gloves shall not be used.

- Gloves shall be worn for all procedures where there is a reasonable potential for exposure to blood or body substances. This includes patient care; patient care areas where there is the potential for contact with body fluids, during any vascular access procedure, and any invasive procedure.
- Gloves should be worn on both hands. When both hands are gloved be careful not to contaminate equipment or surfaces when performing the procedure.
- Disinfecting agents can lead to glove deterioration.
- When gloves become punctured, cracked, or torn they should be immediately discarded. Remember wash hands before donning gloves and after removing gloves.
- If the staff have breaks in the skin additional protection in the form of glove liners, bandages, gauze, finger cots may be considered before donning gloves.

- For environmental cleaning household reusable heavy duty gloves may be used. They may be washed with soap and water and hung to dry. If the gloves appear cracked or torn they must be discarded.

#### **Procedure and Expected Glove Use:**

<b>Procedure</b>	<b>Gloves Required?</b>
Drawing Blood	Yes
Doing finger or Heel Sticks	Yes
Giving Injections	No
Taking Temperatures	No
Testing Urine with Dip Stick	Yes
PAP Smears or testing for STD	Yes
Pelvic or Rectal Exam	Yes
Taking Blood Pressure	No
Taking Heights and Weights	No
Doing Breast Exam	No
Doing Oral Exam	Yes
Handling or Prepping Lab Specimen	Yes

(T8CCR Section 5193 (d) (4) (G))

#### **6.4 Protective Eyewear**

Masks and goggles, or a chin length face shield should be used when there is a reasonable potential for the combination of the eyes, mouth, or nose to be exposed from splashing, misting or other means. They are not required for routine protection. Prescription glass can be worn in place of goggles if they provide protection from all angles.

(T8 CCR Section 5193 (d) (4) (H))

#### **6.5 Gowns and Head Coverings**

Gowns are worn to protect street clothing and to protect the arm and neck area from contamination.

Gowns are changed daily or when they become soiled and wet. Gowns, aprons, and lab coats are required only when splashes of body fluids are reasonably expected to occur.

Head coverings are only worn when there is a potential for splashing, misting, or aerosolization of chemicals or bodily fluids to occur.

(T8 CCR Section 5193 (d) (4) (I))

#### **6.6 Procedure and Expected PPE Use**

<b>Task/Activity</b>	<b>Glove</b>	<b>Gown</b>	<b>Mask</b>	<b>Eye Protection</b>
Control Spurting Blood	Yes	Yes	Yes	Yes
Blood Drawing	Yes	No	No	No
Cleaning Contaminated Equipment	Yes	Yes	Yes	Yes
Giving Injection	No	No	No	No
Measuring Blood Pressure	No	No	No	No
Measuring Temperature	No	No	No	No

## **7.0 Staff Immunization, Testing, and Treatment**

For the safety and health of patients and staff, ODCHC shall require immunizations and/or proof of immunity to illnesses listed in **HR Policy 850.10**

### **7.1 Required Immunizations**

1. As per **ODCHC HR Policy 850.11**
  - a. Varicella (Chicken Pox)
  - b. Rubeola (Measles)
  - c. Rubella
  - d. Hepatitis B

### **7.2 TB Testing and Treatment**

All employees who work in any ODCHC Health Center or who frequently conduct business at any ODCHC Health Center will be tested for TB upon hire and annually thereafter at no cost to the employee. (ODCHC HR Policy 860.10)

### **7.3 Post Exposure Evaluation**

In the event of an exposure, employees should report the incident to the RC Clinic Coordinator immediately. The ODCHC POST Exposure Protocol will be completed for all exposure incidents. The ODCHC Post Exposure Protocol Packet collects the information required for the Sharps Injury Log.

The Post Exposure Protocol will be:

- Made available at no cost to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or other licensed health care professional.
- Kept current according to the recommendation of the Centers for Disease Control and Prevention.

All exposure incidents will be reviewed in accordance with the Injury and Illness Prevention Program.

(T8 CCR Section 5193 (f) (3))

## **Section 8: Training**

### **8.1 Orientation**

Open Door Community Health Centers will provide staff that has the potential for occupational exposure orientation, to infection control and bloodborne pathogens upon hire or change of job assignment and at least annually thereafter. Training will also be provided when changes to the standard occur or new hazards are introduced that affect the employee's occupational exposure.

(T8 CCR Section 5193 (g) (2) (B)).

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(T8 CCR Section 5193 (g) (2) (H))

### **8.2 Training Elements**

Key concepts will include:

- Where to find a copy of the Cal/OSHA Bloodborne Pathogens (T8 CCR Section 5193)

- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of this Exposure Control Plan and where to find a copy of the written plan;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
- Information on the types, proper use, location, removal handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- An explanation of the signs and labels and/or color coding required; and
- Mouth pipetting or suction is not permitted
- There will be an opportunity for interactive questions and answers with the person conducting the training

(T8 CCR Section 5193 (g) (2) (G))

## **Section 9: Recordkeeping**

### **9.1 Training Records**

Training records shall be kept of all exposure and infection control sessions for 3 years from the date of training.

Employee training records shall contain the following:

- Date of the training session
- A summary of the training contents
- Names of the and qualifications of the trainers
- Names and job titles of persons attending the training
- Training records will be made available to the appropriate Regulatory Agency upon request.

### **9.2 Medical Records**

Medical records are maintained for each employee with occupational exposure. Human Resources is responsible for the maintenance of the required medical records in the employee's confidential medical file. These records are kept for the duration of the employment plus 30 years.



Employee medical records are provided upon request of the employee or to anyone having the written consent of the employee.

(T8 CCR Section 5193 (h) (1) (A))

### **9.3 Cal/OSHA Recordkeeping**

Office and Clinics of Medical Doctors (SIC Code 801) and Offices and Clinics of Dentists (SIC Code 802) are considered Partially Exempt Industries in California and are not required to keep Cal/OSHA injury and illness records (T8 CCR Section 14300.2 (a) (1)), T8 CCR Section 14300.2 Appendix A)

The ODCHC Post Exposure Protocol (PEP) is used to document all sharps injuries and body substance exposures. The PEP packet documents the date, time, description of the exposure incident, sharp type/brand, medical evaluation, consent, and lab test orders. This documentation complies with the requirements of the Sharps Injury Log. (T8 CCR Section 5193 (h) (3))

### **Section 10: References**

Bloodborne Pathogens, California Code of Regulations, Title 8, Section 5193

Cal/OSHA Publication: A Best Practices Approach for Reducing Bloodborne Pathogens Exposure

Cal/OSHA Publication: Exposure Control Plan for Bloodborne Pathogens

OSHA Exposure Control Plan 1910.1030, 2016

University of North Dakota, Bloodborne Pathogens Exposure Control Plan, Policy 6.27, 9-2016

University of Norte Dame, Infection Control Plan, 5-2013

Kern Health Systems, Infection Control Program Policy, 8-2013