



BIOGENIX

## EXPOSURE CONTROL PLAN

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| NAME                      |                                 | DESIGNATION                   | SIGNATURE | DATE       |
|---------------------------|---------------------------------|-------------------------------|-----------|------------|
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## 2 REVISION HISTORY

| # | Version | Date | Changes Made by | Reason for Changes | Clause Changed |
|---|---------|------|-----------------|--------------------|----------------|
| 1 | 1.0     |      |                 |                    |                |
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### 3 REVIEW HISTORY

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| 1 | 1.0     |      |                 |                    |                |
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## 4 POLICY STATEMENT:

- 4.1** Healthcare Staff a significant health risk, as the result of occupational exposure to blood and other potentially infectious materials, because they may contain blood-borne pathogens, including hepatitis B virus and hepatitis C virus which are serious liver diseases and human immunodeficiency virus, the causative agent of AIDS.
- 4.2** The HIV, hepatitis B and C viruses have similar modes of transmission, sexually and by contact with the blood of the positive person to the non-infected person. The hepatitis B and C viruses are by far more communicable than the HIV, apparently because of low levels of the HIV virus in the blood of the HIV positive person.
- 4.3** The main risk to workers is from sharps injuries resulting when a blood contaminated sharp object penetrates the tissues. Blood from a positive source can also be a risk when it enters the body via open wounds, cuts and by splashes to the face, eyes and mouth and other mucous membranes.
- 4.4** Because the infectious status of patients is often unknown, healthcare workers are to observe Standard Precautions when dealing with all patient body materials at all times. Most important is the avoidance of blood-contaminated penetrating injuries from sharp needles etc.
- 4.5** All occupational exposures will be evaluated and the post exposure prophylaxis will be provided to the employees.
- 4.6** The information about the exposure will keep confidential and will be filed in the staff personnel file.
- 4.7** Post exposure prophylaxis will be handled by the referral hospital with whom the Biogenix have contract.
- 4.8** The term "staff" is used in this policy to refer to any HP DEC employees who work with potentially infectious material for the laboratory and within the laboratory or those who have occupational exposure to human tissue, blood, fluids or other potentially infectious material of human origin when performing tasks for the HP DEC lab.
- 4.9** Source Individual refers to any patient or client identified to be the source of the biological sample or contaminated material involved in the exposure incident.





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## 5 PURPOSE

- 5.1** Establish individual responsibilities to minimize the risk for healthcare workers of acquiring blood-borne disease due to occupational exposure.
- 5.2** Comply with Local/Federal Health Authorities Directives.
- 5.3** Provides guidance for the exposure evaluation and risk determination

## 6 SCOPE

- 6.1** The scope of this policy applies to all the staff in Biogenix laboratory dealing with infectious samples and sharps.

## 7 DEFINITIONS

- 7.1** Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, bodily fluids, or other potentially infectious material that may result from the performance of one's professional duties.

## 8 ACRONYMS

- 8.1** PEP – Post Exposure Prophylaxis
- 8.2** PPE – Personal Protective Equipment

## 9 RESPONSIBILITIES

- 9.1** Managerial responsibility:
  - 9.1.1 Provide appropriate types and supplies of protective equipment.





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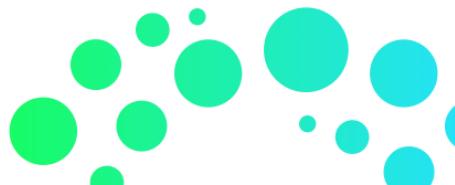
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- 9.1.2 Promote and ensure hand washing. (Also see Hand Washing and Reducing risk of Health Care Associated Infections Policies).
- 9.1.3 Provide appropriate retraining and progressive discipline, if necessary, for individuals who fail to comply with department procedures for Standard Precautions and infection control.
- 9.1.4 Submit an incident report form, following all incidents of actual exposure to blood or body fluids.
- 9.1.5 Submit an incident report for all instances where an individual's technique is not consistent with hospital Standard Precautions, infection control policies and procedures.
- 9.1.6 Ensure that a copy of the Exposure Control Plan is accessible to personnel and to the healthcare professional evaluating a staff member after an exposed incident.
- 9.1.7 Awareness posters need to be posted in all clinical areas for staff guidance.

### 9.2 Individual responsibility:

- 9.2.1 Staff is responsible to follow the safety practices while dealing with hazardous substances and while performing hazardous procedures and should report all types of exposures within the specified time period.
- 9.2.2 Understand the principles of Biogenix Standard Precautions, infection control policies and procedures.
- 9.2.3 Routinely apply the practices of Standard Precautions and infection control policies and procedures to each task they perform.
- 9.2.4 Perform first aid and report incidents to the quality manager and/or infection control officer.
- 9.2.5 Report incidents to quality manager and/or infection control officer, when other individuals are non-compliant with Standard Precautions and infection control practices.
- 9.2.6 Attend all infection control educational sessions mandatory.





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## 10 PROCEDURE

### 10.1 Exposure determination:

10.1.1 A component of the Exposure Control Plan is a listing of all job classifications in which personnel may have occupational exposure.

10.1.2 This exposure determination shall be made without regard to the use of personal protective equipment:

#### Category I:

Jobs with tasks that routinely involve exposure or potential exposure to blood, body fluids or tissues.

#### Category II:

Jobs with tasks that do not routinely involve exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment.

#### Category III:

Jobs with tasks that do not routinely involve exposure to blood, body fluids or tissues (persons in this category are not called upon to perform or assist in emergency medical aid or to be potentially exposed in any other way as a condition of employment)

### 10.2 Methods of compliance:

10.2.1 **General** - Standard Precautions are observed to prevent contact with blood or other potentially infectious materials.

10.2.2 **Engineering and Work Practice Controls** - used to eliminate or minimize staff member exposure. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be used. The following engineering/work practice controls are used throughout the facility:





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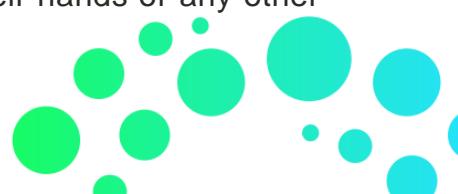
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- 10.2.2.1 **Hand-washing facilities**, which are readily to all staff members who have potential for exposure.
- 10.2.2.2 **Sharp Containers** for contaminated sharps, which are puncture-resistant, labeled with a biohazard warning and leak-proof on sides and bottom.
- 10.2.2.3 Specimen containers and secondary containers are leak-proof, labeled with a biohazard warning and puncture-resistant, when necessary.
- 10.2.2.4 Contaminated needles or sharps are not bent, recapped or removed.
- 10.2.2.5 Eating, drinking, smoking, applying cosmetics or lip balm etc is prohibited in work areas where there is potential for exposure to blood-borne pathogens.
- 10.2.2.6 Food and drink is not kept in refrigerators, freezers, on counter tops or in other storage areas when blood or potentially infectious fluids are present.
- 10.2.2.7 Mouth pipetting/suctioning of blood or other infectious materials is strictly prohibited. Suctioning of blood or other infectious materials after wearing appropriate PPEs.
- 10.2.2.8 All procedures involving blood or other infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these materials.
- 10.2.2.9 Bio safety Cabinets used to minimize exposure to infectious aerosols generated in the molecular laboratory and acts as a primary barrier to contain hazardous biological materials within the cabinet and away from the laboratory's breathing zone.
- 10.2.2.10 Controlled air system (negative pressurized room) for those samples with infectious microorganisms.
- 10.2.2.11 Following any contact of body areas with blood or any other infectious materials, staff members wash their hands or any other





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exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.

- 10.2.2.12 If outside contamination of a primary specimen container occurs it will be wiped with disinfected wipes and then the, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. All specimen containers used for transport will have biohazard- warning labels attached.
- 10.2.2.13 Biohazardous waste (as described in the medical Waste Policy) will be placed in biohazardous waste bags and placed in the infectious waste collecting barrels.
- 10.2.2.14 All bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated as soon as possible, if visibly contaminated.
- 10.2.2.15 Potentially contaminated broken glassware or other sharp items is picked up using mechanical means (such as dustpan and brush, forceps).
- 10.2.2.16 Equipment and working surfaces will be cleaned and disinfected after contact with blood or other potentially infectious materials.

### **10.2.3 Personal protective equipment:**

- 10.2.3.1 Personal protective equipment is the "last line of defense" against blood-borne pathogens.
- 10.2.3.2 Any garments penetrated by blood or other infectious materials are removed immediately or as soon as possible.
- 10.2.3.3 All personal protective equipment is removed prior to leaving a work area.
- 10.2.3.4 Gloves are worn as appropriate.
- 10.2.3.5 Disposable gloves are replaced, whenever it becomes contaminated or if get torn, punctured or otherwise lose their ability to function as an "exposure barrier."





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- 10.2.3.6 Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- 10.2.3.7 Masks and eye protection (such as goggles, face shields) are used whenever splashes or sprays may generate droplets of infectious materials.

### **10.3 Hepatitis B vaccination:**

- 10.3.1 The Biogenix laboratory has implemented a Hepatitis B Vaccination Program through referral hospital, for those who are not vaccinated before or with titer less than 100 IU/mL and who are at risk for occupational exposure to the blood-borne pathogens (job classification in Categories I and II).
- 10.3.2 The Vaccination Program consists of a series of three inoculations over a six-month period. Personnel receive information regarding hepatitis B vaccination, including its safety and effectiveness, as part of their blood-borne pathogens training.
- 10.3.3 2 months after the 3rd dose of vaccination the anti HBS Ag titre value will be checked. If the titer value is less than 10 re -vaccination has to be taken.

### **10.4 Post-Exposure Evaluation and Follow-Up:**

- 10.4.1 Every exposure incident is investigated within twenty-four hours after the incident occurs. After this information is gathered, it is evaluated; a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future.
- 10.4.2 The Infection Control Nurse will review the circumstances surrounding all exposure incidents to determine personnel and organizational compliance with the following:
  - 10.4.2.1 Engineering controls in use at the time of incident;
  - 10.4.2.2 Work practices followed as per organizational policy and this plan;
  - 10.4.2.3 A complete description of the device being used at the time of the incident;





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10.4.2.4 Protective equipment or clothing that was in use at the time of the exposure incident (gloves, eye shields, etc.);

10.4.2.5 Location of the incident;

10.4.2.6 Procedure being performed when the incident occurred;

10.4.2.7 Employee's training.

10.4.3 The exposed staff member is provided with the following confidential information:

10.4.3.1 Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.

10.4.3.2 Identification of the source individual and the results of testing for HBV, HCV and HIV of the source individual's blood, whenever feasible.

10.4.3.3 The staff member is informed of the laws and regulations concerning the confidentiality of the identity and infectious status of a source individual.

10.4.3.4 The exposed staff member may be tested for HBV, HCV, HIV status and the anti HBSAg titer if unknown.

10.4.3.5 The exposed staff member is seen by a qualified healthcare professional in referral hospital to discuss the exposed staff member's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

### 10.5 Exposure evaluation record Keeping:

10.5.1 Post exposure evaluation report of the staff of personnel are confidential and information is not disclosed or reported to anyone without the staff member's written consent (except as required by law) it will be kept with the staff personal file in HR

## 11 CROSS REFERENCE:





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**11.1** Infection Control Policies and Procedure of Biogenix Laboratory.

**11.2** HAAD Clinical Laboratory Standards Version 1.0, SF.3.1

## 12 RELEVANT DOCUMENTS & RECORDS:

**12.1** N/A

