






BIOGENIX

MANAGEMENT OF OCCUPATIONAL EXPOSURE

NAME		DESIGNATION	SIGNATURE	DATE
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CODE: BG/PP/INF/004

BIOGENIX

VERSION: 1.0

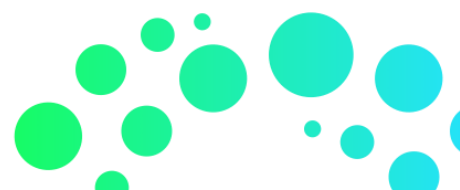
DATE OF EFFECTIVITY: 01/07/2020

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REVIEW DATE: 30/06/2022

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4 POLICY STATEMENT:

- 4.1 All the staff is trained on the safe handling of sharps and the first aid management of accidental injury.
- 4.2 All laboratory personnel are vaccinated against Hep B and with proved level of antibody titer. The record will be kept in the staff's personnel files.
- 4.3 All exposures including sharp injuries will be reported to the infection control staff within 24 hrs through the incident report.
- 4.4 The risk of exposure will be evaluated by the infection control personnel and the staff will receive adequate post exposure prophylaxis after physician consultation and baseline investigations.
- 4.5 All staff are trained on the prevention of occupational exposures (Safe practices), use of PPEs while handling hazardous substances and while performing high risk procedures.
- 4.6 The documents of the exposure investigation and post exposure prophylaxis will be kept in the employee record in human resources as confidential.
- 4.7 All reported exposures will be investigated and the report will be reviewed in the upcoming infection control committee.

5 PURPOSE

- 5.1 It helps to provide guidelines for the prevention of occupational exposures including sharp injury for all laboratory staff.
- 5.2 It gives information about the first aid management of accidental occupational exposures like superficial biohazardous substance splash, sharp injury, chemical exposures and respiratory exposure to pathogens.
- 5.3 Policy provides information about the reporting structure and the post exposure prophylaxis.





- 5.4 To provide maximum protection for all laboratory staff who have sustained an exposure.

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 PPE – Personal Protective Equipment

9 RESPONSIBILITIES

- 9.1 All laboratory 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 Infection control staff investigate the incidence and follow up.

10 PROCEDURE

- 10.1 Immediate action:

- 10.1.1 First aid management of Sharp injury:

- 10.1.1.1 Immediately following the injury, encourage bleeding by applying gentle pressure on the surrounding skin for a few seconds (do not squeeze).





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10.1.1.2 Wash the affected site with soap and water.

10.1.1.3 Disinfect the affected site with an alcohol.

10.1.1.4 Injured area to be covered with a waterproof dressing.

10.1.2 If the eyes are contaminated, irrigate with sterile saline or tap water for 15 minutes.

10.1.3 If biohazardous material spray into the mouth, spit out and then rinse the mouth with water several times.

10.1.4 All sharps injuries / biohazardous substance exposure incidents are to be reported to an immediate chief lab technologist and infection control staff immediately after the incident or within 24 hours of exposure. Ensure an incident report form is completed.

10.2 Post exposure management:

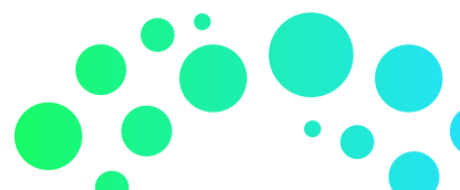
10.2.1 Immediately, report the incident to your team leader and to the Infection Control Officer within office hours after performing first aid. Or phone him/her during the weekends/ holidays giving the details of the incident.

10.2.2 The victim has to send the incident report form which mentions the brief description of the incident. The completed incident form must be sent back to the Infection Control Nurse within 24 hours of the incident for follow-up.

10.2.3 The infection control nurse will verify the incident and first aid done and exposure risk will be evaluated. Then the affected staff will be directed to the referral clinic for consultation with exposure evaluation form and incident form.

10.3 Post exposure Evaluation:

10.3.1 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.





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10.3.2 The Infection Control staff will review the circumstances surrounding all exposure incidents to determine personnel and organizational compliance with the following:

10.3.2.1 Engineering controls in use at the time of incident;

10.3.2.2 Work practices followed as per organizational policy and this plan;

10.3.2.3 A complete description of the device being used at the time of the incident;

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

10.3.2.5 Location of the incident;

10.3.2.6 Procedure being performed when the incident occurred;

10.3.2.7 Employee's training.

10.3.2.8 Depth of the injury (Superficial, percutaneous, Parenteral etc.)

10.4 Post exposure investigation for blood borne pathogens:

10.4.1 A blood sample must be collected from the source provided he/she has given a consent and the injured or the basic investigation like HIV, HCV and HBV.

10.4.2 HIV, HCV, HBV and anti HBs assay of the victim will be evaluated.

10.4.3 The Laboratory Director together with the Infection Control Officer will deal with the case accordingly.

10.5 Post exposure Prophylaxis:

10.5.1 Exposed staff is referred to hospital with whom the Biogenix lab have contract.

11 CROSS REFERENCE:

11.1 Corbin DE. Updating sharps safety. Occup Health Safe (USA) 2000 March; 69 (3): 76-79.





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11.2 Corbin DE. Blood borne pathogens: Updating sharps safety. J Health Prot Manage. 2001 summer; 17 (2): 68-72.

11.3 Preventing Needle stick and Sharp injuries J Comm Perspect. 2001 Oct; 21 (10): 10-11.

12 RELEVANT DOCUMENTS & RECORDS:

12.1 N/A

