

Preview Procedure

Bloodborne Pathogens Exposure Control Plan- System

■ Application

All SHS employees who have may have potential contact with Bloodborne pathogens (BBP).

■ Policy

The goal of the SHS Bloodborne Pathogen (BBP) Exposure Control Plan is to provide employees with a safe work environment by implementing OSHA Bloodborne Pathogens standard practices. OSHA has enacted the Bloodborne Pathogens standard practices to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens" that the employee may encounter in the workplace.

■ Definitions

1. BBP ECP: Bloodborne Pathogen Exposure Control Plan
2. EH: Employee Health
3. EVS: Environmental Services
4. IP: Infection Prevention
5. PD: Professional Development
6. PPE: Personal Protective Equipment

■ Implementation

1. The BBP ECP will provide a program to minimize bloodborne pathogen exposures by:
 - A. Integrating administrative and engineering controls as well as safe work practices to prevent BBP exposures.
 - B. Providing appropriate treatment and follow-up should an employee be exposed to BBP's.
2. General Program Requirements:
 - A. Categories of Importance: Effective implementation of the BBP ECP is based upon the major "Categories of Importance".
 - 1) Management of the Plan: A multidisciplinary team which includes, Infection Prevention (IP), Employee Health (EH), Employee Safety, Environmental Services (EVS) manager or designee, nursing department managers, Plant Services/Engineering, and Professional Development (PD) in conjunction with the SHS Infection Prevention Standardization Committee, is responsible for overall management and support of the SHS bloodborne pathogens exposure and vaccination programs. The IP's responsibilities include, but are not limited to:
 - a. Implementation of the BBP ECP for their specific site.
 - b. Working with employees to develop and implement additional bloodborne pathogen related policies and procedures to support the effectiveness of this plan.
 - c. Seeking ways to improve the BBP ECP, as well as revise and update the plan annually and when necessary.
 - d. Knowing current legal requirements concerning bloodborne pathogens.
 - e. Acting as facility liaison during OSHA inspections for infection related issues.
 - f. Ensuring that non-managerial employees are included in the evaluation and selection of safe sharps technology, and that the evaluation is documented and maintained by the Sharps Safety Committee (or other assigned group as part of the Employee Safety Committee) as necessary.
 - g. Encouraging employees to give input regarding safer sharps through appropriate site specific channels.
 - h. Conducting periodic observations to maintain an up-to-date BBP ECP.
 - 2) Education and Training:
 - a. New employees are to be made aware of the BBP ECP and are trained in the required elements prior to performing any task or procedure with the potential to expose them to blood or potentially infectious body fluids.
 - b. In support of this goal, each site will:
 - i. Observe or develop suitable education and training programs.
 - ii. Arrange and schedule periodic training opportunities for employees.
 - iii. Maintain appropriate training documentation.
 - 3) Employee Responsibilities:
 - a. Employees are required to execute the BBP ECP by:
 - i. Being aware of what tasks they perform have the potential for exposure.
 - ii. Completing all required BBP training as assigned.
 - iii. Performing all operations in accordance with approved work practice controls.
 - a. Availability of the BBP ECP to Employees: The BBP ECP is available at any time through intranet access. Employees are advised of this availability during orientation.

- b. The plan is reviewed and updated:
 - 1) Annually
 - 2) Whenever new or modified tasks and procedures are implemented which affect employee occupational exposures.
- D. Sharps Safety Committee or Bloodborne Pathogen Exposure Prevention Task Force (can be subset of General Safety Committee):
 - 1) This committee is responsible for researching, evaluating, and recommending any appropriate safer medical device or work practice that can reduce or eliminate sharp injury exposures.
 - 2) The committee can be called together on an ad hoc basis when appropriate.
 - 3) Site specific multi-disciplinary teams can also be assembled as needed to fulfill this need.
- 3. Exposure Determination:
 - A. EH has identified exposure situations that employees may encounter which could result in a BBP exposure.
 - B. Refer to each site's EH department for more details.
- 4. Methods of Compliance: A number of methods have been established to effectively eliminate or minimize employee exposures to BBP. These include:
 - A. Standard and Transmission Based Precautions:
 - 1) Standard Precautions are used to prevent employee contact with blood and other potentially infectious materials. All human blood and body fluids are treated as if they are infectious with BBP's.
 - 2) PPE must be readily available and used to help prevent occupational exposures anytime there is a reasonable chance of an exposure.
 - 3) In addition to standard PPE, eye and face protection shall be worn if potential for splash exposure to mucous membranes exists.
 - B. Engineering Controls:
 - 1) Engineering controls are used to eliminate or minimize employee exposures through the design of the equipment or products used. Examples of these are:
 - a. Safety needle devices for injections, IV catheters, and phlebotomy equipment.
 - b. Needleless IV systems
 - c. Sharp containers which are puncture resistant, color coded as per hospital policy, labeled with a biohazard warning label, and have leak-proof sides.
 - d. Infectious waste containers that are identified with biohazard symbols.
 - e. Impervious biohazard bags for specimen transport.
 - 2) All employees are responsible for:
 - a. Proper use and routine care of health safety devices and PPE.
 - b. Recognizing the possibility of a safety device failure.
 - c. Reporting observed deficiencies in existing devices to supervisors, EH, IP, or Employee Safety.
 - d. Adhering to Standard Precautions, without placing unjustifiable reliance on mechanical devices as the sole means of avoiding the risk of personal contamination.
 - e. Assuring that engineering safety controls and devices are maintained and in working order consistent with manufacturers' specifications.
 - a. Work Practice Controls:
 - 1) There are a number of work practice control methods utilized to eliminate or minimize employees' exposure to BBP. Some of these are:
 - a. General Work Practice Controls:
 - i. Controlling food and drink:
 - i. Covered drinks are allowed in clinical areas where there is negligible risks of exposure to blood or other potentially infectious materials. Examples of this could include nurses' stations, computer alcoves, or any other clinical area that has negligible risks of exposure. Areas should be approved by Infection Prevention and/or Employee Health.
 - ii. Food and drink should not be kept in refrigerators, freezers, on counter tops or in other areas where blood or other potentially infectious materials are present. Food is only allowed in designated staff break areas. Refrigerators containing food must be labeled "Food Only. No Medications."
 - iii. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
 - iii. Attempts are made to minimize splashing, spraying, or other droplet producing actions during all procedures involving blood or other infectious materials.
 - b. Hand Hygiene: Employees are required to follow the system Hand Hygiene policy.
 - c. Sharps Disposal: All needles, syringes, and other sharps are disposed in approved "sharps containers".
 - d. Regulated Infectious Waste Disposal:
 - i. Regulated infectious waste is defined as any waste (solid, liquid, or semi-liquid) which may contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease.
 - ii. Four sources of infectious wastes are defined by Oregon Law (ORS 459.386 and Oregon Administrative Rules 333-18-040 through 333-18-070):
 - i. Microbiological agents (stocks and cultures of infectious agents).

- ii. Contaminated needles and sharps, including all syringes out of their sterile packaging, scalpel blades, pipettes, and lancets/glass tubes that could be broken during handling.
 - iii. Human blood, blood products, and liquid body waste.
 - iv. Pathological specimens, including tissues, organs, body parts, autopsy and biopsy materials.
- iii. Employees that generate regulated infectious waste are required to dispose of it in an approved infectious waste container.
- i. Regulated infectious waste is transported from the point of generation to a properly secured container via the most direct route that minimizes exposures to patients, visitors, staff, and the community.
 - ii. Sharps containers are replaced when they reach the fill line and are closed securely at the place of origin prior to transport to the infectious waste holding area.
 - iii. Blood, excretions, and secretions may be flushed down the drain provided their disposal does not cause undue risk to employees due to splash or aerosol hazards.
 - iv. Liquid waste sealed in collections canisters will be disposed of in infectious waste containers.
 - v. Suction canister contents collected in the Operating Room may be emptied via a liquid disposal system. These type of systems removes the contents directly from the canister into the sanitary sewer. The canisters are disposed of as regular solid waste.
- iv. Regulated infectious waste containers are removed routinely or per vendor restocking routines.
- v. Contracted vendor responsibilities:
- i. Routine collection of sharps and infectious waste containers.
 - ii. Transportation of infectious waste to a licensed processing and disposal facility. Pathological waste is transported to a separate licensed disposal facility.
- vi. Full sharps containers are transported by EVS or other trained clinical staff between routine visits of the contracted vendor.
- e. Specimen Transport:
- i. Specimens of blood or other potentially infectious materials are placed in leak-proof containers, appropriately labeled, for handling and storage.
 - ii. If the outside of the primary specimen container is contaminated, that container is placed within a second leak-proof biohazard container for handling and storage.
- f. Contaminated Equipment: Equipment that becomes contaminated is cleaned and decontaminated prior to servicing and or shipping unless decontamination is not feasible.
- g. Linens: All linen is considered potentially infectious and is handled using Standard Precautions.
- a. PPE:
- 1) PPE is a “line of defense” against BBP. PPE is provided at no cost to employees in a sufficient quantity and types to protect employees against occupational exposures and includes but is not limited to:
 - a. Gloves
 - b. Goggles
 - c. Face shields
 - d. Gowns
 - e. Masks
 - f. Respirators
 - g. Disposable resuscitation devices
 - 2) Non-disposable equipment is repaired or replaced as necessary to maintain its effectiveness.
 - a. Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed. These gloves are not to be shared between employees.
 - 3) Reusable PPE is cleaned, laundered, and/or decontaminated as needed.
 - 4) PPE is available and should be utilized by employees. Employee responsibilities include:
 - a. Inspecting PPE for defects prior to use.
 - b. Disposing of or sending in defective PPE for repair.
 - c. Replacing gloves, as soon as practical after contamination, if they are torn, punctured, or lose their ability to function as a barrier.
 - d. Removing PPE properly before leaving the work area. The mask should be the last item removed prior to hand hygiene to prevent breathing aerosolized particles.
 - e. Removing any garments penetrated by blood or other potentially infectious materials as soon as possible. This will be done by:
 - i. Rolling-up “pull-over scrubs” as the garment is pulled toward the head/neck during removal.
 - ii. Cutting off if the garment cannot be removed in a manner that prevents exposure to the employee.
 - iii. The garment should be placed in a biohazard bag or “red bag” and disposed in an infectious waste container.
- a. Environmental Services:
- 1) A key component of the BBP ECP is to maintain a clean and sanitary facility. EVS has a written schedule for the cleaning and decontamination of areas and equipment. The schedule should provide the following information:
 - a. The area or equipment to be cleaned or decontaminated
 - b. Scheduled frequency of cleaning
 - c. Approved cleansers and/or disinfectants

- d. Any special instructions as appropriate
- 2) All equipment and surfaces should be cleaned and decontaminated after contact with blood or other potentially infectious materials:
 - a. After the completion of medical procedures prior to the next patient.
 - b. Immediately (or as soon as feasible) when surfaces are visually contaminated.
 - c. After any spill of blood or infectious material.
 - d. At the end of the work shift if the surface may have been contaminated since the last cleaning.
- 3) Use Standard Precautions and follow any policies addressing biohazard spills and waste disposal when cleaning body fluids.
5. Post-Exposure Evaluation and Follow-up: If an exposure does occur, employees should follow the Bloodborne Pathogen Exposure Management policy.
6. Labels and Signs: Biohazard labels are an international symbol used to mark containers or storage areas of potentially infectious materials (i.e. biohazard labels and/or red containers). The following items are labeled and/or color coded:
 - A. Containers of regulated infectious waste.
 - B. Refrigerators and freezers containing blood or other potentially infectious materials.
 - C. Sharps disposal containers.
 - D. Containers used to store or ship blood and other infectious materials.
 - E. Spills of potentially infectious material.
7. Information and Training:
 - A. Education and training is important when attempting to eliminate or minimize employee exposure to BBP. All employees who have the potential for exposure to BBP should receive education and training in accordance with the OSHA Rule on Occupational Exposure to Bloodborne Pathogens. Completion of staff training is facilitated by the Manager of the department. Training should be done:
 - 1) Annually
 - 2) During new employee orientation
 - 3) At the time an employee changes jobs or job functions within the organization.
 - 4) When a new safety device or work practice is recommended. Employees will receive training on the new device or work practice before it is implemented.
 - B. Training Topics: The topics covered in training programs should include, but are not limited to the following elements:
 - 1) OSHA Bloodborne Pathogen Regulations
 - 2) BBP ECP
 - 3) Epidemiology of bloodborne pathogens including mode of transmission.
 - 4) Methods of recognizing tasks and other activities, which may involve exposure to blood or other potentially infectious materials.
 - 5) Review the use and limitations of methods that will prevent or reduce exposure including the topics mentioned previously in this policy.
 - 6) Actions to take and persons to contact in case of an emergency involving blood or other potentially infectious materials.
 - 7) Selection and use of PPE including types available, proper use, location within the facility, removal, handling, decontaminating, and disposal.
 - 8) Explanation of visual warnings of biohazards within the facilities including labels, signs and/or color-coded containers.
 - 9) Information on the system's vaccination program.
 - 10) Procedures to follow if an exposure incident occurs, including incident reporting.
 - 11) Post-exposure evaluation and follow-up, including medical consultation provided by each facility at no charge to the employee.
 - C. Training Methods: Training methods will be utilized to meet the various needs of the employees and departments.
 - D. Recordkeeping:
 - 1) Training records are maintained for at least three calendar years. General information is retained and may include:
 - a. Date(s)
 - b. Content or summary
 - c. Name(s) and qualification of the instructor(s)
 - d. Employee name(s)
 - 2) The sharps injury log and EH records are maintained as required per OSHA for each employee with an occupational exposure.

■ References

- Oregon Administrative Rules Occupational Safety and Health Division
- MMWR Practice Recommendations for Health-Care Facilities Implementing the U.S. Public Health Services Guidelines for Management of Occupational Exposures to Bloodborne Pathogens. 2005

■ Review/Revision History

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9/26/16	4	Revision	Clarified eye protection and mask under standard precautions and acceptable areas for food.	SHS Infection Prevention Standardization
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