

Exposure Control Plan

This document is the written Exposure Control Plan for the below listed office/facility.

Name of office/facility: So Cal Univ of Health Sciences

Address: 16200 Amber Valley Dr

City, State, Zip: Whittier, CA 90604

Prepared by: Charles J Eggleston

Telephone number or other means of contact to reach preparer: (562) 902-3357 Date of last review: 06/14/2022

How can we control exposure to bloodborne pathogens?

Prevention is the best course against exposure to bloodborne pathogens. There is much that can be done to minimize or eliminate our exposure potential.

One of the first steps in prevention is maintaining an Exposure Control Plan (ECP). This ECP has been written to comply with requirements contained in federal OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030 (and California OSHA's Safety Order 5193).

The Bloodborne Pathogens Standard applies to all workers who may have occupational exposures to blood or other potentially infectious materials.

The Standard specifically lists the following other potentially infectious materials (OPIM):

- 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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Those employees who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The ECP is a key element in the protection of our employees, and at the same time it also assists our facility in ensuring compliance with the OSHA Standard. This ECP includes:

- Determination of employee exposure

Exposure Control Plan

- Implementation of various methods of exposure control, including
- Universal Precautions/Standard Precautions
- Engineering controls and work practice controls
- Personal Protective Equipment
- Housekeeping
- Hepatitis B immunization
- Post-exposure evaluation and follow-up
- Communicating potential hazards
- Keeping records
- Evaluation of incidents
- Annual review of safer medical devices and procedures
- Involving employees
- Establishing a Sharps Injury Log

The information that follows will serve for creating an ECP for all general healthcare facilities.

Important Notice: All employees, including part-time and temporary employees, who have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

16200 Amber Valley Dr Whittier CA 90603

Exposure Control Plan

Exposure Control Plan: Program Administration

ECP Coordinator

Charles Eggleston (562) 947-8755

is (are) responsible for the implementation of the ECP. This person will maintain, review, and update the ECP no less than once a year. In addition, the ECP will also need to be reviewed and updated whenever new or modified tasks and procedures are introduced.

Personal Protective Equipment Coordinators

Charles J Eggleston (562) 947-8755 x515

will maintain and provide all necessary Personal Protective Equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the Standard, and will ensure that adequate supplies of Personal Protective Equipment (PPE) are available in the appropriate sizes.

OSHA Compliance Coordinator

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will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

ECP Training Coordinator

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will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

The above person(s) are responsible for gathering information, making decisions, identifying sources from which equipment may be purchased, and otherwise implementing the requirements of the Bloodborne Pathogens Standard as designated by their particular area(s) of responsibility.

Exposure Control Plan

Exposure Control Plan: Employee Exposure Determination

The following is a list of all our job classifications in which employees have occupational exposure to bloodborne pathogens.

Job Title

Physical Plant
(Staff)
Front Desk
Clinicians
Health Care
Providers
Coaches
Worker Study
(Students)

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Part-time, temporary, contract and per diem employees are covered by the Bloodborne Pathogens Standard.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

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Exposure Control Plan

Methods of Implementation and Control

Based on our Employee Exposure Determination lists, we have developed specific precautions, controls and work practices to ensure that every employee covered by the Bloodborne Pathogens Standard has a specific understanding of how to control exposure.

The following pages have been tailored to our facility to provide a written plan on exposure control. In addition to the Universal Precautions and controls practiced here, other specific occupational controls have been outlined if necessary.

Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the ECP coordinator.

Charles Eggleston (562) 947-8755

If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

If requested, we will provide an employee with a copy within 15 days of the request.

Exposure Control Plan

Definition of Universal Precautions

Universal Precautions is an approach to infection control that requires all human blood and certain other human body fluids to be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Universal Precautions is a key prevention strategy mandated by OSHA.

Beyond Universal Precautions, however, extra vigilance in infection control is encouraged. Standard Precautions and additional measures as noted below are considered to be the best practice.

Standard Precautions

Subsequent to OSHA's inclusion of the practice of Universal Precautions into the Bloodborne

Pathogens Standard, a higher level of precautions, called Standard Precautions, was introduced by the Centers for Disease Control and Prevention. The practice of Standard Precautions combines the major features of Universal Precautions (UP) and Body Substance Isolation (BSI) and is based on the principle that blood, body fluids, secretions, non-intact skin, mucous membranes, and excretions except sweat, may contain transmissible infectious agents. Standard Precautions are to be used on **ALL** patients, regardless of their diagnosis or presumed infectious status, when coming into contact (or risk of contact) with any of the following: (1) **blood**, (2) **all body fluids**, **secretions** and **excretions**, (3) **non-intact skin**, or (4) **mucous membranes**.

Further precautions categories have been implemented as noted:

Precautions Categories

1) Tier I - Standard Precautions

The precaution levels indicated below will be implemented whenever conditions warrant.

2) Tier II - Transmission Based Precautions

Isolation Categories

- a. Contact Precautions
- b. Airborne Precautions
- c. Droplet Precautions
- d. Combination of Isolation Precautions

Exposure Control Plan

Procedure for Identifying and Selecting Appropriate and Currently Available Engineering Control Devices

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or
- A physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident. We establish and maintain procedures for identifying and selecting appropriate and effective engineering controls that may include the following steps:
 - **Setup a Process**
 - **Define Needs**
 - **Conduct Followup**

Exposure Control Plan

Engineering Controls in Our Workplace

Engineering controls will be used to prevent or minimize exposure to bloodborne pathogens. Based on the positions and the tasks identified in the Employee Exposure Determination, a list of the specific engineering controls used at our facility are listed below.

(For example: self-sheathing needles, biosafety cabinets, sharps containers, hand washing facilities, etc.)

Selected Engineering Controls

- **Sharps Container(s)**
- **Biohazard Labeled Container for Contaminated Laundry**

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Work Practice Controls

Work practice controls refer to behaviors or good work habits that will be used to reduce the chance of exposure to bloodborne pathogens.

Work practice controls are behaviors which minimize or eliminate splashing, splattering, spraying, and the generation of droplets.

Work practice controls used at our facility include:

- Employees will avoid eating, drinking, or applying cosmetics in clinical or treatment areas. The application of hand moisturizer is permitted.

Hand Hygiene

The below material is quoted from Guideline for Isolation Precautions: *Preventing Transmission of Infectious Agents in Healthcare Settings 2007*

Hand hygiene has been cited frequently as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Precautions.

The term “hand hygiene” includes both hand washing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water.

Improved hand hygiene practices have been associated with a sustained decrease in the incidence of MRSA and VRE infections primarily in the ICU.

The effectiveness of hand hygiene can be reduced by the type and length of fingernails. Individuals wearing artificial nails have been shown to harbor more pathogenic organisms, especially gram negative bacilli and yeasts, on the nails and in the subungual area than those with native nails.

In 2002, CDC/HICPAC recommended (Category IA) that artificial fingernails and extenders not be worn by healthcare personnel who have contact with high-risk patients (e.g., those in ICUs, ORs) due to the association with outbreaks of gram-negative bacillus and candidal infections as confirmed by molecular typing of isolates.

The need to restrict the wearing of artificial fingernails by all healthcare personnel who provide direct patient care or by healthcare personnel who have contact with other high-risk groups (e.g., oncology, cystic fibrosis patients), has not been studied, but has been recommended by some experts.

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At this time such decisions are at the discretion of an individual facility's infection control program. There is less evidence that jewelry affects the quality of hand hygiene. Although hand contamination with potential pathogens is increased with ring-wearing, no studies have related this practice to HCW-to-patient transmission of pathogens.

1 Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007. <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

In accordance with the 2007 Guideline, work practice controls used at our facility include:

- Appropriate hand hygiene shall be performed before gloving and after clinical procedures.
- In the absence of visible soiling of hands, approved alcohol based products for hand disinfection may be used.
- Employees must wash their hands immediately or as soon as feasible after removal of gloves or other Personal Protective Equipment.
- Employees must wash hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM. (Keep in mind that OSHA specifically defines saliva in dental procedures as being OPIM.)
- If there has been no occupational exposure to or contact with blood or OPIM, the use of alcohol-based hand cleansers would be appropriate.
- Hands are to be washed before and after personal breaks for lunch, bathroom and other purposes.
- The wearing of artificial fingernails and the length to which natural or artificial fingernails may be permitted to extend past the fingertips will be consistent with infection control best practices and guidelines as required by the nature of our facility's professional discipline and individual patients served.

Other work practice controls are listed below.

(For example: the wearing and proper removal of gloves, disinfection of work surfaces, etc.)

Selected Work Practice Controls

- **Cleaning & Disinfection of Work Surfaces**
- **Handwashing before & after patient contact**
- **Use of waterless disinfecting gels & foams when handwashing facilities are not immediately available**

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- Minimizing or eliminating splashing, splattering, spraying and generation of droplets
- No eating, drinking, applying cosmetics or contact lenses in a clinical or treatment work setting

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Exposure Control Plan

Maintaining Control

One of the most important aspects of the ECP is that it is forever evolving. This is not intended to be a static program. Although every precaution is taken to prevent it from happening, if an exposure should occur, we will evaluate what happened and how it could have been avoided. We improve our program by learning from our errors.

Exposure Control Plan Annual Review

Three things are required each year:

1) Annual Review

By conducting an annual review, we will identify the need for any changes in our Exposure Control Plan, engineering controls or work practices. This annual review is also designed to identify advances in safer medical devices. Our thorough review may include an evaluation of the cause of past incidents, OSHA records, employee interviews, committee activities, literature review, etc. The ECP Annual Documentation Form will be used to record the date our plan was last reviewed.

2) Evaluation of Safer Devices

All employers are required to provide sharps injury prevention devices. Some states may have stricter requirements set forth in state law; in that case, the stricter requirements will apply. If applicable, consult your individual state laws and state OSHA Bloodborne Pathogens requirements.

Use the ECP Annual Documentation Form to record your evaluation and implementation of safer medical devices.

In our annual review of safer devices we have evaluated the devices listed on the evaluation sheets as indicated.

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Northridge, CA 91321

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These are the safer medical devices that were evaluated last year:

No devices were deemed necessary for review as practices have not changed. Primary exposure route is via used needles which are to be disposed in the provided sharps containers.

These are the devices that we have evaluated this year:

Sharps Containers

06/23/2022

3) Non-Managerial Input

As indicated on the evaluation forms completed and maintained for device evaluations, we have solicited staff input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and in the review and update of the Exposure Control Plan.

OSHA wants to ensure that management does not select devices without input from non-managerial workers—those responsible for direct patient care or those potentially exposed to injuries from contaminated sharps. Input may be obtained from those frontline workers in any manner appropriate to the circumstances of the workplace. This input is needed for identifying devices to consider, performing some type of assessment or evaluation of the devices, and for selecting devices for implementation. Such input may be formal or informal; OSHA has explained that it does not prescribe any specific procedures for obtaining worker input. Although it may not be feasible to involve every worker who will use a device in the selection and evaluation of each device, a representative sample of workers should always be included. An evaluation form appropriate to the device being considered will be used for soliciting input from non-managerial employees.

Device evaluation

Additional to staff input, other factors might be considered in the final selection of safer medical devices:

- Functional reliability of safety feature
- Suitability for a range of uses across patient populations and procedures
- Intuitiveness/ease of use
- Active versus passive operation
- Single or two-handed use
- Positioning of hands behind sharp
- Extent of change in technique required

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- Indication of activation

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- Undefeatable safety feature
- Packaging
- Coverage of the sharp
- Interference with procedure
- Patient safety
- Medical integrity
- Right or left-handed use
- Breadth of product line
- Studies in the literature on efficacy

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Exposure Control Plan

Workplace Hazard Assessment

OSHA requires employers to assess the work environment to determine if hazards are present which necessitate the use of Personal Protective Equipment, PPE. When PPE is needed to protect employees from hazards, we are required to specify the correct PPE and its usage.

To accomplish this,

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is our PPE coordinator and will ensure that the following requirements are met.

- A hazard assessment is accomplished to identify hazards.
- The appropriate PPE is assigned to the potential hazard.
- PPE is provided.
- Properly fitted PPE is maintained and available.
- Employees are trained on PPE usage: how to use it, when it is required, and what its limitations are.
- PPE selection decisions and criteria will be communicated to employees.
- The employer must also certify that the workplace hazard assessment and PPE selection has been performed.

16200 Amber Valley Dr Whittier CA 90601

Exposure Control Plan

Hazard Assessment/PPE Selection and Certification

<u>Tasks And Procedures</u>	<u>Hazard</u>	<u>PPE</u>
Administering Injections	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Needlestick	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Sharps Injury	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Cleaning/Disinfecting/Sterilizing Instruments	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Needlestick	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Sharps Injury	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Cleaning/Disinfecting/Sterilizing Lab Room		
Cleaning/Disinfecting/Sterilizing Operatories	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Cleaning/Disinfecting/Sterilizing Treatment Rooms	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Needlestick	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Sharps Injury	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Drawing Blood		
First Aid procedures as applicable	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Handling Contaminated Laundry	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Handling Regulated Medical Waste	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
	Needlestick	Lab Coats Latex Exam Gloves (powdered)

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	Sharps Injury	Latex Exam Gloves (powder-free) Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Handling Specimens	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Housekeeping	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)
Performing Medical/Surgical/Laboratory Procedures		
Performing Radiological Procedures	Exposure to Blood/OPIM	Lab Coats Latex Exam Gloves (powdered) Latex Exam Gloves (powder-free)

This is to certify that I have performed an assessment of our workplace and procedures, and that the hazards found are listed above along with the PPE to be used.

Certified by

Date

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Exposure Control Plan

Personal Protective Equipment

Provision

- When there is the potential for occupational exposure to blood/OPIM, our facility provides, at no cost to the employee, appropriate Personal Protective Equipment such as gloves, gowns, laboratory coats, face shields or masks, and eye protection.
- Personal Protective Equipment is considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment is used.
- "Scrubs" and similar clothing not meeting the requirements of the preceding sentence are NOT considered to be Personal Protective Equipment.

Use

- Our facility ensures that employees use appropriate Personal Protective Equipment.

Accessibility

- Our facility ensures that Personal Protective Equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees.
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be made readily accessible to any employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal

- Our facility cleans, launders, and disposes of required Personal Protective Equipment at no cost to the employee.

Repair and Replacement

- Our facility repairs or replaces Personal Protective Equipment as needed to maintain its effectiveness, at no cost to the employee.

Removal

- If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- All Personal Protective Equipment shall be removed prior to leaving the work area.
- When Personal Protective Equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

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Gloves

- Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
- Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Disposable (single use) gloves shall not be washed or decontaminated for reuse.
- Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, Eye Protection, and Face Shields

- Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, Aprons, and Other Protective Body Clothing

- Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, surgical caps or hoods, shoe covers or boots, or similar outer garments shall be worn in occupational exposure situations as needed. The type and characteristics will depend upon the task and degree of exposure anticipated.

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Exposure Control Plan

Our Workplace PPE

Based on our hazard assessments, the types of PPE available to our employees are as follows:

Personal Protective Equipment

Lab Coats

Latex Exam Gloves (powdered)

Latex Exam Gloves (powder-free)

Certification of PPE Training

X This is to certify that the employees listed in the attached Certification of PPE Training document have been trained on the PPE indicated above and that they understand when that PPE is necessary, what PPE is necessary, how to properly put on, take off, adjust, and wear the PPE, the limitations of the PPE, and the proper care, maintenance, useful life and disposal of the PPE.

We can find our PPE location(s) at

University Health Center

and may be obtained through

Charles J Eggleston

(562) 947-8755 x515

who is responsible for evaluating and maintaining the supply and distribution of our PPE.

Used PPE may be disposed of in

Selected Method of Disposal

RMW Container(s)

Handling PPE

Disposable PPE is discarded after use. If it is visibly bloody, it is discarded in Regulated Medical Waste. If it is not visibly bloody, it may be discarded in regular solid waste or it may be overclassified and still disposed of in Regulated Medical Waste.

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If our facility uses any PPE that is not disposable, however, then the procedures for cleaning it and otherwise handling it will be written in the attached PPE Decontamination Action Plan form (*return to PPE Decontamination section of the Exposure Control Plan in the Safety Plan Builder portion of MyStericycle.com to download and print the PPE Decontamination Action Plan form*).

The following employees are responsible for the cleaning, disinfection and/or sterilization of reusable Personal Protective Equipment:

Employees

Charles J Eggleston

The following person is responsible for the supervision and direction of those employees who clean, disinfect and/or sterilize reusable Personal Protective Equipment:

Charles J Eggleston

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Exposure Control Plan

Housekeeping

General

Employees shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

Written Housekeeping Schedule

All equipment and environmental and working surfaces in clinical or treatment areas shall be cleaned and decontaminated immediately or as soon as feasible after contact with blood or other potentially infectious materials.

Contaminated work surfaces in clinical or treatment areas shall be decontaminated with an appropriate EPA registered or FDA cleared disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces in clinical or treatment areas, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

All bins, pails, cans, and similar receptacles in clinical and treatment areas shall be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where such sharps have been placed.

Utilize the Housekeeping Schedule Form (*return to Sharps Containers section of the Exposure Control Plan in the Safety Plan Builder portion of MyStericycle.com to download and print the Housekeeping Schedule form*) to develop a detailed housekeeping schedule for your facility. It is a specific requirement of the Bloodborne Pathogens Standard that such a written schedule be prepared and followed. The items

Exposure Control Plan

listed in the Standard have been incorporated into the form, but be sure to expand this list based upon the situation in your own location.

Non-Sharps Regulated Waste

Our regulated waste is placed in containers that can be securely closed. These containers are specifically constructed to contain its contents while preventing leakage. They can be appropriately labeled or color-coded (see Labels), and must be closed before removal to prevent spillage or protrusion of contents during handling.

Sharps Disposal Containers

Contaminated sharps are discarded immediately or as soon as possible in containers that can be securely closed, remain puncture resistant, that are leak proof on sides and bottoms, and that are labeled or color coded appropriately.

Sharps disposal containers are available at
Treatment Rooms

where they are easily accessible and close to the immediate area where sharps are used.

Sharps disposal containers are to be inspected, maintained or replaced by
Charles Eggleston (562) 902-3357

at least every **Quarterly** or whenever necessary to prevent overfilling.

If an employee receives a percutaneous injury from a sharp, he/she must promptly notify his/her immediate supervisor. The exposed employee must be included in the post exposure protocols described later in this section under "Post-exposure Evaluation and Follow-up." Also, a Sharps Injury Log report must be completed. Employee confidentiality will be maintained.

16200 Amber Valley Dr Wilmington, NC 28403
(910) 338-9650

Exposure Control Plan

Miscellaneous Housekeeping

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Laundry

The following contaminated articles will be laundered by our facility.

Laundry Items

Towels

Linens

If we use an outside vendor to provide laundry services, we will ensure that the vendor provides appropriate receptacles and observes Universal Precautions when handling contaminated laundry.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak proof, labeled, or color-coded containers before transport
- Wear the appropriate PPE when handling and/or sorting contaminated laundry

Options: We may also use disposable clothing as PPE and will properly dispose of contaminated disposable garments if utilized by our employees.

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Labels

The following labeling method(s) is used in this facility.

<u>Equipment to be Labeled</u>	<u>Label Type</u>
Contaminated Laundry	Biohazard Label
Regulated Medical Waste Container	Red Bag
Regulated Medical Waste Container	Biohazard Label
Regulated Medical Waste Container	Red Container
Regulated Medical Waste Storage Room	Biohazard Label
Sharps Container	Red Bag
Sharps Container	Biohazard Label
Sharps Container	Red Container
Sterilization Pans/Trays	Biohazard Label
Washer/Dryer for Contaminated Laundry	Biohazard Label

Charles

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562-902-3357

is responsible for ensuring that warning labels are affixed, or that red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees must notify **Charles Eggleston** as soon as they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

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Hepatitis B Vaccination

OSHA requires your employer to provide you with bloodborne pathogens training upon being hired and before you are exposed to blood or other potentially infectious materials and annually thereafter. The training must be offered at no cost to you and during working hours.

Charles

Eggleston 562-

902-3357

will provide education to employees on hepatitis B vaccinations, addressing the safety, benefits, and questions the employee may have.

We encourage the vaccination for hepatitis B unless:

- 1) Documentation exists that the employee has previously received the series
- 2) Antibody testing reveals that the employee is immune, or
- 3) Medical evaluation shows that vaccination is contraindicated

If an employee chooses to decline vaccination, the employee must sign a declination form within 10 days after initial assignment.

Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is maintained by
Charles

Eggleston

Vaccination will be provided by
St. Jude Heritage Medical Group

2720 N. Harbor Blvd., Ste. 130 Fullerton, CA 92835

Following a hepatitis B vaccination, the Healthcare professional's written opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

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Post-exposure Prophylaxis

It is important to determine how you will handle the various actions that need to be taken in the event of a needlestick or other occupational exposure to blood or other potentially infectious materials. This determination and plan of action needs to be made before a needlestick ever happens.

Determine who in your facility will complete each step, who will work with the injured employee, who will work with the source patient, who will assemble the necessary paperwork, what medical office or facility the injured worker and the source patient will be sent to for evaluation, testing, treatment, etc.

Some excellent resources are available for you at the below Websites. Be sure to visit these Websites and download appropriate guides and checklists before there is ever a need for them. That way you will have them on hand and be ready to act without loss of time should a needlestick occur.

Resources for Post Exposure Prophylaxis

National Clinicians' Post-Exposure Prophylaxis

Hotline (PEPline) for treating clinicians..... **1-888-448-4911** for treating clinicians
www.ucsf.edu/hivcntr/Hotlines/PEPline.html

Mountain Plains AIDS Education and
Training Center School of Medicine,
Division of Infectious Diseases..... **303-315-2516**
www.mpaetc.org

HIV/AIDS Oral Healthcare Resource..... www.hivdent.org

Centers for Disease Control and Prevention (CDC) www.cdc.gov

Our Promise

We are committed to maintaining open communication with our employees when an exposure occurs. The exposed employee is entitled to a prompt evaluation and subsequent follow-up, and we will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

Exposure Control Plan

Post-exposure Evaluation and Follow-up

Upon exposure, immediately contact

Charles Eggleston (562) 947-8755

An immediately available confidential medical evaluation and follow-up will be conducted by

St. Jude Heritage Medical Group 7149133373

Name of Licensed Healthcare Professional or Healthcare Facility to which employee will be referred for evaluation and treatment.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), we must follow these steps to ensure the best care is provided:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is not feasible or prohibited by state or local law).
- Obtain consent and make arrangements to test the source individual as soon as possible for HIV, HBV and any other pathogens that the healthcare professional deems appropriate, i.e. hepatitis C virus, etc.
- Ensure that the source individual's test results were communicated to the employee's healthcare provider and document that communication.
- New testing need not be performed if the source individual is already known to be HIV and/or HBV positive, or tested positive for any other pathogens that the healthcare professional deems appropriate, i.e., hepatitis C virus, etc.
- Provide the exposed employee with the source individual's test results. The exposed employee must also understand the information regarding applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as possible.
- A regulatory compliance guide through the various required steps after occupational exposure follows.

Exposure Control Plan

Post-exposure Incident Regulatory Compliance Guide

Healthcare Professional shall receive from employer:

- Copy of Bloodborne Pathogens Standard
- All medical records relevant to the appropriate treatment of the employee including vaccination status
- Completed Stericycle BBP Exposure Incident Report Form

OR (if not using Stericycle's BBP Exposure Incident Report Form)

Other documentation, which contains the following pieces of information:

- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available

Instructions for the Evaluating Healthcare Professional

This employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the Standard's provision for post-exposure evaluation and follow up, the employee presents for evaluation. Included to assist you in properly complying with the paperwork requirements for this evaluation are:

- A copy of the Bloodborne Pathogens Standard
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the routes of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All employee's medical records relevant to this employee's appropriate treatment, including vaccination status

For your convenience, following is the telephone number for the Post-Exposure Prophylaxis line: 1-888-448-4911*

*** Please note that this number is not a general information number and is to be used only by the treating clinician and only in situations calling for immediate treatment.**

After completing the evaluation, please:

- Inform the employee regarding the evaluation results and any follow up needed.
- Complete the attached *Healthcare Professional's Written Opinion for Hepatitis B* and *Healthcare Professional's Written Opinion* form and give them to the employee.

Exposure Control Plan

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Bloodborne Pathogens Standard.

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Exposure Control Plan

Exposed Employee shall receive:

A confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- Collection and testing of blood for HBV and HIV serological status
- Identification and documentation of source
- Results of source testing
- Results of employee testing
- Post exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service
- PEP counseling
- Evaluation of reported illnesses
- Copies of all information given to Healthcare Professional
- Healthcare Professional's Written Opinion within 15 days of evaluation

Recordkeeping

Medical records relating to occupational exposure to bloodborne pathogens must be kept for the duration of employment plus an additional 30 years. The medical records will be maintained IN STRICT CONFIDENTIALITY and not disclosed without the employee's written consent to anyone within or outside the workplace. Medical records maintained after an exposure incident should contain the following elements:

- 1) Name and social security number of employee
- 2) A copy of the employee Exposure Incident Form
- 3) A record of the employee's hepatitis B vaccination status including the dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination
- 4) A copy of all results of examinations, medical testing, and follow-up procedures
- 5) The employer's copy of all results of the healthcare professional's written opinion
- 6) Identity of source patient and source patient's blood test results
- 7) Copy of information that was provided to the healthcare professional as required for post-exposure evaluation and treatment

Exposure Control Plan

Incident Evaluation

The review of all exposure incidents will be conducted thoroughly by **Charles Eggleston**

in an effort to determine the following factors in a timely manner.

- Were engineering controls in use at the time?
- Were our work practices followed?
- Provide a description of the device being used.
- What kind of PPE or clothing was used at the time of the exposure incident (gloves, face shields, etc.)?
- Where did the incident take place (O.R., E.R., patient room, etc.)?
- Was procedure followed when the incident occurred?
- Was the employee properly trained?

After careful review of the incident and the circumstances, if an opportunity to make revisions to our plans and practices is discovered, then

Charles Eggleston

will ensure that appropriate changes are made to this ECP.

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Exposure Control Plan

Establishing Sharps Injury Log and Procedure for Gathering Information

All employees who receive a percutaneous injury from a sharps must promptly notify their immediate supervisor, who will see they are included in the post exposure protocols described above. A log of all percutaneous injuries from sharps will be maintained by

Lou Ann Keroack (562) 947-8755x153

The information recorded on the log will protect the confidentiality of the injured employee.

Entries relating to sharps injuries will be made within 14 working days from the date the injury is reported to the employer.

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Exposure Control Plan

Procedure for Making Periodic Determinations of the Frequency of the Use of Sharps Involved in Exposure Incidents

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our Sharps Injury Log.

Use the “*Making Periodic Determinations for the Frequency of the Use of Sharps Involved in Exposure Incidents*” form that can be found in the Post Exposure Evaluation and Follow Up section of the Exposure Control Plan in the Safety Plan Builder portion of MyStericycle.com. Attach the completed form to your Exposure Control Plan.

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Exposure Control Plan

Exposure Control Plan Employee Training

Training our employees on all aspects of workplace safety and health is a priority. Employee training is also critical to the success of our ECP.

All employees who have occupational exposure to bloodborne pathogens receive training facilitated by

Charles Eggleston 562-902-3357

whose credentials include **MPH**

Our Promise:

All employees who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the Standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. Trainees will understand that the vaccine will be offered free of charge
- Information on appropriate actions to be taken and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure following an exposure incident is provided. The reporting method and the medical follow-up scenario will also be made available
- Information on 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 by the Standard and used at this facility
- An opportunity for interactive questions and answers with the person conducting the training session

Exposure Control Plan

Training materials for this facility can be found Stericycle.com and the offices of Charles Eggleston

or by calling
Charles J Eggleston (562) 947-8755 x515

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Exposure Control Plan

Recordkeeping

Training Records

We file employees' training records upon completion of training. These documents will be kept for

at least three years by

Charles Eggleston (562) 947-8755

The training records include:

- The dates of the training sessions
- The topics of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to

Charles Eggleston (562) 947-8755

Medical Records

We file and maintain medical records for each employee as required. In our facility

Charles J Eggleston (562) 947-8755 x515

is responsible for maintenance of the required medical records. These confidential records are securely kept at **Facilities Storage (S Bldg)** for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to

Charles Eggleston (562) 902-3357

Exposure Control Plan

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's recordkeeping requirements. This determination and the recording activities are done by

Charles J Eggleston (562) 947-8755 x515

Procedure for Identifying and Selecting Appropriate and Currently Available Engineering Control Devices

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or
- A physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

We establish and maintain procedures for identifying and selecting appropriate and effective engineering controls that may include the following steps as indicated by checkmarks:

- | | | | |
|---------------------|-------|-----------------------------|-------|
| 1. Set up a process | _____ | 4. Test and select products | _____ |
| 2. Define needs | _____ | 5. Use new products | _____ |

3. Gather information _____

6. Conduct follow-up _____

If necessary we modify the steps outlined above to fit our requirements as follows:

Procedure for Making Periodic Determinations of the Frequency of the Use of Sharps Involved in Exposure Incidents

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our Sharps Injury Log. We make these determinations (which include a review of our Sharps Injury Log): _____ (e.g., monthly, quarterly, semiannually, annually)

Area/Location or Unit	Type/Model/ Brand of Sharp	Task or Procedure	Date and Description of Exposure Incident	Frequency of Use of Sharps*	Supervisor Making the Determination

The Use of Sharps Involved in Exposure Incidents

*Reasonable and effective methods are employed to approximate the frequency of use of sharps involved in exposure incidents (e.g., looking at purchase records or in-house tracking records, statistical sampling, combinations of these or other methods). The methods employed by our organization include the following:

Engineering Controls

(California facilities only)

California requires that engineering controls (i.e., needleless systems or engineered sharps injury protection for needle devices or non-needle sharps) must be used to prevent sharps injuries except in circumstances where the engineering control:

Exception 1: is not available in the marketplace; or

Exception 2: use of the engineering control jeopardizes the patient's safety or the success of the procedure as determined by the healthcare professional caring for the patient.

Either exception requires written documentation as indicated below.

Engineering Control – Exception 1

No Market Availability; Engineering Control is either permanently or temporarily not available

Be sure to document in writing your search efforts, that no controls are available in the marketplace, the date, and the name of the supervisor making the decision.

Engineering Controls – Exception 2

Jeopardy to Patient Safety

The use of engineering controls is not required if a licensed health care professional:

- Is directly involved in the patient's care

- Determines that the control will jeopardize the patient's safety or the success of a medical, dental, or nursing procedure
- Exercises reasonable clinical judgment

If this exception applies, the form below (or equivalent information) should be submitted to the Exposure Control Plan administrator.

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Patient Safety Determinations for Exceptions to Using Engineering

Type of Control Under Consideration And Procedure(s) Or Task(s) Involved	Name of Licensed Healthcare Professional Making the Determination	Date of Determination	Reason(s) for the Exception

Comments:

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