

CAROLINA FAMILY HEALTH CENTERS, INC. POLICY

TITLE: OSHA-300 Bloodborne Pathogen Exposure Control Plan

EFFECTIVE DATE: April 2016

SECTION: Risk Management

REFERENCE PROCEDURE:

OSHA-300.01 Bloodborne Pathogen Post-Exposure Evaluation & Follow-Up

OSHA-300.02 Hepatitis B Vaccination of Employees

OSHA-300.03 Recording Work-Related Injuries and Illnesses

RESPONSIBLE CHIEF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Committee

REVIEWED: 06/17, 06/18, 07/30/2019, 7/28/2020, 03/28/2023, 02/24/2026

I. PURPOSE

The purpose of this policy is to provide direction to Carolina Family Health Centers, Inc.'s (CFHC, Inc.) employees on how to prevent exposure and infection from bloodborne pathogens.

II. POLICY

CFHC, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." All employees, contract staff, volunteers, and students are responsible for adhering to this plan. This plan is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

This Exposure Control Plan (ECP) includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including universal precautions, engineering, work practice controls, personal protective equipment, and housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees
- Training recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this plan.

PROGRAM ADMINISTRATION

- The North Carolina Administrative Code 10A NCAC 41A.0206 specifies that each health care organization that performs invasive procedures shall designate a staff person to direct infection control. Each Clinical Site Manager and an appointed Dental Hygienist serve as the Occupational Safety and Health Administration (OSHA) Safety Coordinators for their respective centers and assume responsibility for implementation of the Exposure Control Plan (ECP).
- The OSHA Safety Coordinators attend the Statewide Program for Infection Control and Epidemiology (SPICE) approved infection control course at a minimum of every five years. The certificate of completion is kept on file in the employee's personnel record and the Administrative Files.
- The OSHA Safety Coordinators maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The OSHA Safety Coordinators ensure that PPE is available in the appropriate sizes.
- The Director of Human Resources is responsible for ensuring that all medical actions required for possible exposures are performed, and that appropriate employee health and OSHA records are maintained.
- The Director of Human Resources is responsible for training, documentation of training, and making the written ECP available to new employees.

EMPLOYEE EXPOSURE DETERMINATION

All employees at CFHC, Inc. have a potential for occupational exposure.

The following tasks/procedures have been identified as having potential occupational exposure to body fluids and/or other infectious materials:

- Surgical procedures
- Invasive procedures
- Handling instruments during patient procedures
- Instrument clean-up and disinfection
- Collection, handling, and preparation of lab specimens
- Phlebotomy
- Starting IVs
- Administering injections to patients
- Handling biohazardous waste
- Handling and cleaning contaminated laundry
- Dental hygiene procedures
- Wound care
- Handling contaminated items

- Performing x-rays of the oral cavity or open wounds
- Assisting a provider (medical, dental or other providers) with patient procedures
- Cleaning up spills or blood/body fluids

At CFHC, Inc., employees receive training on bloodborne pathogens at the time of orientation and annually thereafter. It is the responsibility of the Director of Human Resources to make sure training is provided.

METHOD OF IMPLEMENTATION AND CONTROL

Universal Precautions

Employees utilize universal precautions which means human blood and other potentially infectious body fluids are treated as if they are infected with HBV, HCV, HIV, or other bloodborne pathogens. Potentially infectious body fluids include all body fluids containing visible blood, saliva (in dental procedures), semen, vaginal secretions, synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal and pericardial fluid, and amniotic fluid. It does cover unfixed tissues and cultures. It does not include feces, nasal secretions, sputum, sweat, tears, urine, saliva (in most settings), and vomitus unless visible blood is present.

Exposure Control Plan

Employees are provided training on the ECP at orientation and annually thereafter. All employees have an opportunity to review the plan at any time during their work shift on CFHC, Inc.'s intranet. Staff is allowed to make copies.

Engineering Controls and Work Practices

Engineering and work practice controls are used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and workplace controls are listed below:

A. Safer Sharps

Criteria for Safer Sharps:

1. Safer sharps allow and require employees' hands to stay behind the needle/blade
2. The safety feature is an integral part of the device, present before the device is contaminated
3. The safety feature stays in place throughout the waste system
4. Safer sharps should be easy to use with little instruction
5. Safer sharps should not interfere with patient care
6. The safety feature is activated with a one-handed technique

Exceptions to Using Safer Sharps:

1. No safer sharps are available for the procedure (have not been developed yet)
2. Temporarily unavailable on the market (must continue attempting to obtain)
3. The safer sharp interferes with patient care
4. The safer sharp poses a greater safety risk to the patient or employee
5. The safer sharp is produced by only one manufacturer

CFHC, Inc. staff use engineered injury protection devices wherever feasible. If safer sharps are not available, the staff evaluates other methods to reduce the chance of injury.

Contaminated needles or other sharps shall not be bent or recapped; a one-handed technique or a mechanical device is used. Tube/needle holders used for collecting blood specimens are discarded into the sharps container with the needle attached.

Hand-to-hand transfer of contaminated sharps, such as scalpels, handpieces, picks, probes, and burrs are forbidden where other methods are available. Sharps are transported on a flat surface or in a container with a flat bottom and transferred with tongs or pick-ups.

B. Sharps Disposal Containers

Sharp disposal containers are inspected, maintained or replaced by the OSHA Safety Coordinator or his/her designee monthly or whenever necessary to prevent overfilling.

CFHC, Inc. identifies the need for changes in engineering and workplace controls through corporate compliance activities, incident reporting, and employee suggestions. Corporate policies and procedures are reviewed every three years. Both frontline and management officials are involved in these processes.

Handwashing

Handwashing facilities have been provided for the employees' use in exposure-prone areas of the facility. Where no sink is available, an antimicrobial product (gel or foam) is used as an intermediate measure, to be followed by washing with soap and water as soon as feasible. Hands are to be thoroughly washed with water or an antimicrobial solution under the following circumstances:

- Before gloving
- After removing gloves or PPE
- After each patient procedure
- Before leaving the work area
- Before eating
- After hands have touched a possibly contaminated surface

For effective handwashing, scrub with soap for at least 40-60 seconds on the palms, between the fingers, the back of the hands, and the wrists. Scrubbing is followed by a thorough rinse with water and complete drying. A paper towel is used for drying and should be used to turn off the water.

Eye Contamination

The contamination of mucous membranes requires flushing to reduce the risk of infection. Refer to *CLN-802P Eye Wash Station*.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

At the time of orientation, and annually after that, the Director of Human Resources ensures staff is trained on how to use PPE. PPE is provided to employees at no cost to them. CFHC, Inc. maintains an inventory of PPE, including protection for the eyes, hands, face, head, extremities, air passages, and clothing. Although this equipment is meant to reduce the risk of exposure, it may not eliminate it. All protective equipment must be removed before leaving the

work area. It must be replaced when damaged or contaminated. Contaminated PPE must not leave the work area and must be discarded properly. Refer to *OSHA-100.02 Personal Protective Equipment*.

General Information

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in treatment areas, sterilization areas, laboratory areas, or waste storage areas, and any area that has sharps containers
- Food, drink, and cosmetics should NOT be kept in refrigerators, freezers, and cabinets or on countertops, shelves, or benches where blood or other potentially infectious materials are stored or handled
- Mouth pipetting or suctioning of blood or other potentially infectious materials is strictly prohibited

This plan is reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Failure of an employee to comply with the safety policies implemented by CFHC, Inc. may be reflected on the employee's annual evaluation and may result in disciplinary action up to and including termination of employment. In keeping with the concept of universal precautions, the OSHA Safety Coordinators ensure that the worksite is maintained in a clean and sanitary condition.

HOUSEKEEPING

Equipment

Employees use an Environmental Protection Agency (EPA) or FDA-approved disinfectant to clean and decontaminate all equipment.

Work Surfaces

Employees are responsible for using an EPA or FDA-approved disinfectant to decontaminate work surfaces (countertops, mobile carts, exam tables, dental chairs, door knobs, etc.) anytime the surfaces become contaminated with blood or other potentially infectious materials and between patients.

Protective Coverings

Protective coverings such as a plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment or environmental surface are removed and replaced as soon as feasible when they become obviously contaminated and at the end of the work shift by the staff member working in that area.

Trash Cans

All bins, pails, cans and similar receptacles which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials are inspected, cleaned, and decontaminated daily by designated staff or as soon as feasible upon visible contamination.

- CFHC, Inc. uses a disinfectant with HIV and HBV efficacy that is (EPA) approved and uses such products at the recommended dilutions.

Spills

The OSHA Safety Coordinators are responsible for ensuring that personnel involved in cleaning up a spill are supplied with the appropriate supplies and PPE. Staff promptly clean and decontaminate spills of blood or other potentially infectious materials. Staff use PPE appropriate for the task. If the spill contains large amounts of blood or body fluids, the visible matter is cleaned with a disposable absorbent material, and the material is discarded in the appropriate, labeled containers. The area is swabbed with a disinfectant, and the surface is allowed to dry.

CFHC, Inc. staff use germicides registered by the EPA for use as hospital disinfectants and labeled tuberculocidal or registered germicides on the EPA list D and E (i.e., products with specific label claims for HIV or HBV) in accordance with label instructions to decontaminate spills of blood and other body fluids. Products available for use include Sani-Cloth Bleach wipes and/or Cavi Spray bottle solution.

General housekeeping, such as dusting, sweeping and floor mopping, vacuuming the carpet, cleaning bathrooms, and emptying trash, is done on an as-needed basis. Bins, pails, cans, and similar receptacles are cleaned and disinfected when visibly contaminated.

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the Biohazard Labeling section below), and closed before removal to prevent spillage or protrusion during handling.

CFHC, Inc. uses the *Daily Disinfection Schedule* (see attachment) to document that the exam rooms were cleaned and disinfected daily. The OSHA Safety Coordinators designate and train staff to disinfect and complete the schedule at each facility. If the daily disinfection schedule shows the rooms are not being disinfected, this is addressed through CFHC, Inc.'s Corrective Action Plan. The disinfection schedule is kept for one month and then discarded.

SHARPS

Disposing of Sharps

Sharps containers are located in each triage room, laboratory, exam room, laundry room, and dental operatory. Sharps containers are also available for outreach staff to be used at the time of testing activities.

These containers or devices are labeled, color-coded, puncture-resistant, and leak-proof. They are kept upright at all times, and the lid is tightly sealed before removal of the container. If the outside becomes contaminated, it is placed into another leak-proof container before disposal.

Any contaminated object that can puncture the skin is considered a contaminated sharp. This includes, but is not limited to: needles, scalpels, razors, broken glass, slides, extracted teeth with roots, exposed ends of dental wires and any other objects capable of penetrating the skin. These items are placed immediately into the sharps container. The sharps containers are NOT to be overfilled and MUST be replaced when the contents reach the fill line.

Recapping of needles is strictly forbidden in this facility except under rare circumstances where no alternative is feasible. In these situations, recapping is only be performed by the use of a mechanical device or by a one-handed scoop method. In addition, no one is permitted to bend, shear or break a contaminated needle or scalpel. Scalpel blades are removed using hemostats or needle holders. Bare or gloved hands shall not touch the scalpel blade. Sharps should never be removed from sharps containers.

Contaminated Reusable Sharps:

Once reusable sharp instruments are contaminated with blood or other body fluids, employees handle them as follows:

- Place the sharp in puncture-resistant containers that are leakproof on the sides and bottoms and labeled with the biohazard symbol or color-coded (red)
- The containers used for transporting contaminated sharps are closed during transport
- In preparation for cleaning and sterilization, retrieve these instruments from the container only by mechanical means
- Anytime instruments need to be scrubbed before sterilization; the employee wears the appropriate PPE.
- Instruments are processed for patient use according to manufacturer guidelines, based on the intended use of the instrument

Blood Storage

Blood and other potentially infectious materials are to be placed in a biohazard container that prevents leakage during collection, handling, processing, storage, transportation, and shipping. If the specimens can puncture the primary container, the primary container is placed in a secondary container which is puncture resistant.

Equipment to be Serviced or Repaired

Contaminated instruments or equipment is decontaminated and sterilized before servicing or shipment. If CFHC, Inc. is unable to decontaminate and sterilized the instruments or equipment, the devices are labeled to notify staff and others.

Biohazardous Waste

CFHC, Inc. observes all OSHA regulations concerning the handling of contaminated waste. Contaminated wastes include:

- blood or other potentially infectious body fluids;
- saliva in dental procedures;
- items which would release these fluids if compressed;
- items which are coated with dried blood or other potentially infectious materials that are capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological waste containing blood or other body fluids including saliva.

Protocol for waste handling is as follows:

- All contaminated sharps are to be placed in the sharps container at the location where they are used. These containers are tightly closed and removed when contents reach the fill line.
- Contaminated waste, including grossly contaminated gloves, masks, and disposable gowns are placed in the biohazard containers in each treatment area.
- Contaminated waste and filled sharps containers may NOT be placed with the regular trash for removal from the facility.
- Biohazardous waste containers must be closed, leak-proof and properly labeled.

Refer to *CLN-503P Handling and Transporting Patient Glucometers* for further information on transporting patient glucometers and the *Medical Waste Disposal Guide* (see below).

MEDICAL WASTE DISPOSAL GUIDE

Item	Regulated* waste	Routine Trash	Sharps Container
Band-Aids/Cotton Balls/Gauze-saturated		x	
Band-Aids/Cotton Balls/Gauze-slightly soiled		x	
Blades/Razors			x
Blood or Blood Products	x		
Capillary Tubes			x
Culture Plates, Tubes	x		
Dental Wires			x
Disposable Gown-damages or slightly soiled		x	
Disposable Gown-saturated	x		
Disposable Vaginal Speculums		x	
Exam Table Paper		x	
Glass Blood Collection Tubes			x
Glass Slides			x
Gloves-not visibly soiled		x	
Gloves-visibly soiled	x		
Lancets			x
Laser Masks	x		
Masks –Damaged or soiled		x	
Needles			x
Pap Smear Brushes			x
Pipettes, Glass			x
Sharps Container	x		
Teeth with Roots			x
Throat Swab		x	
Tissue, Unfixed	x		
Urine Specimens-bloody	x		
Vaginal Swabs	x		

*Quantities of >30 cc of blood or material saturated to the point of dipping when squeezed must be placed in a regulated waste container (biohazard container).

Sterilization

Instruments requiring high-level disinfection or sterilization are processed according to the manufacturer's guidelines using the autoclave or an appropriate EPA-approved chemical such as Cidex, Miticide, Omnicide, etc. Refer to *LAB-104P Autoclave Cleaning and Maintenance*.

Laundry

Contaminated laundry (gowns) are placed in leak-proof containers and are cleaned and sanitized through a commercial vendor.

Employee clothing that is soiled with blood or other body fluids is removed promptly and disposed of in a biohazard container.

OSHA has no guidelines for laundry addressing water temperatures or laundering time. However, the CDC recommends a temperature of at least 71°C (160°F) for twenty-five minutes. Lower temperatures are effective only if bleach (50-150 ppm) or another appropriate chemical is used. Commercial dry-cleaning renders soiled fabrics free of pathogen transmission.

BIOHAZARD LABELING

CFHC, Inc. uses the United States biohazard warnings label, to alert persons of potential contamination on containers used to store, transport, or ship blood or other potentially infectious materials or wastes.



HEPATITIS B VACCINATION

The Hepatitis B vaccine series is available at no cost after training and offered within ten days of initial assignment to employees in the exposure determination section of this plan. Vaccination is encouraged unless:

- The employee has been previously immunized.
- An antibody test reveals a protective titer.
- The vaccination is medically contraindicated.

The employee may decline the immunization, in which case he/she is required to sign the approved declination form. If the employee initially declines the Hepatitis B vaccination but later decides to accept the vaccination while still employed, it is provided under the same conditions.

Vaccination provided by the Clinical Site Manager at the employee's work location. Refer to *OSHA-300.02 Hepatitis B Vaccination of Employees*

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, staff notify their supervisor immediately. *OSHA-300.01 Bloodborne Pathogen Post-Exposure Evaluation* procedure documents the procedure for how exposures will be handled at CFHC, Inc.

All sharps injuries involving contaminated sharps are documented per OSHA requirements on *OSHA form 300*. The record of sharps injury is maintained and filed by the Compliance Associate. Refer to *OSHA 100.01 Recording Work-Related Injuries and Illnesses*.

The Central-Compliance Committee re-evaluates the effectiveness of the CFHC, Inc. plan each year. This includes a review of *OSHA Form 300*. CFHC, Inc. also evaluates new and safer medical devices each year and revises its choice of instruments if better devices become available.

Sharps injuries are recorded on an *Incident Report*. Refer to *RM-100.01 Incident Reporting* for the form and procedure for reporting incidents. Incident reporting will include a review of the circumstances of all exposure incidents to determine (* = required by OSHA for Sharps Injury Log):

- Date of the incident *
- A brief description of how the incident occurred*
- A description of the device being used (including type and brand)*
- Location of the incident*
- Engineering controls in use at the time
- Work practice followed
- PPE or clothing that was used at the time of the exposure incident
- The procedure is performed when the incident occurred
- Employee's training

EMPLOYEE TRAINING

Employees receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases annually. The training covers the following elements:

- A copy and explanation of the standard
- An explanation of the ECP and how to obtain a copy
- An explanation of tasks and other activities that may involve exposure to blood or other potentially infectious material (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, a method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the

- method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs, 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.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents are being kept for at least three years in the office of the Director of Human Resources.

The training records include:

- The dates of the training sessions
- The contents or a summary 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 fifteen working days. Such requests should be addressed to the Director of Human Resources.

Personnel Health Records

Personal Health Records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Human Resource Department is responsible for the maintenance of the required medical records. These confidential records are kept at CFHC, Inc., 303 Green Street East, Wilson, NC, 27893 for at least the duration of employment plus thirty years.

An employee's Personal Health Record is provided to the employee or his/her designee within fifteen days of the request; such requests are sent to the Director of Human Resources.

OSHA Recordkeeping

The Occupational Safety and Health (OSH) Act of 1970 requires employers to prepare and maintain records of work-related injuries and illnesses (29 CFR Part 1904). Work-related injuries are recorded on the Log of Work-Related Injuries and Illness (form 300) as required by OSHA. The Chief Compliance Officer and/or designee completes and maintains this log when a work-related injury or illness occurs. Refer to *OSHA-100.01 Recording Work-Related Injuries and Illness*.

III. ATTACHMENTS

- *Daily Disinfection Schedule*