# EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

**MCP S-04**

VA Ann Arbor Healthcare System **Rescinded Document:** Ann Arbor, MI 48105 S-04 Policy Exposure Control Plan For Bloodborne Pathogens

August 29, 2018

## Signatory Authority: Effective Date:

Ginny L. Creasman, Pharm.D., FACHE September 7, 2023 Medical Center Director

## Responsible Owner: Recertification Date:

Chief Safety Service September 7, 2028

# POLICY:

This medical center policy (MCP) establishes an Exposure Control Plan as it relates to bloodborne pathogens. This plan is intended to provide an optimally safe environment for all employees.

# PROCEDURES:

* 1. **Exposure Determination.** The following is a list of job classifications in which employees have potential occupational exposure to blood or hazardous body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and any body fluid visibly contaminated with blood):

|  |  |
| --- | --- |
| Audiologist | Autopsy Assistant |
| Biological Aide | Biomedical Equipment Technician |
| Chemist | Companion |
| CWT (Wheelchair Decontamination) \* | Cytologist |
| Dental Assistant | Dental Hygienist |
| Dentist | Dietitian (Blood Glucose Monitoring/Training) \* |
| GEMS Coordinator | Health Physicist |
| Health Technician (Decontamination and/or Specimen Transport) \* | Housekeeping Aide |
| Industrial Equipment Mechanic | Industrial Hygienist |

|  |  |
| --- | --- |
| Laboratory Aide | Laboratory Technicians - all categories |
| Medical Instrument Technician | Medical Supply Technician (Decontamination)\* |
| Medical Technologist & Technician | Motor Vehicle Operator (Specimen Transport and/or Patient Transport) \* |
| Nuclear Medicine Technologist | Nurse - All categories |
| Occupational Therapist (Splinting Wounds) \* | Pharmacist (Code Responding, Injection Training, Ostomy Fitting) \* |
| Physical Therapist | Physical Therapist Assistant & Aide |
| Physician | Physician Assistant |
| Pipefitter | Police Officer |
| Prosthetist/ Orthotist | Psychologist |
| Peripheral Vascular Technician | Radiation Oncology Therapist |
| Radiologist | Radiology Technician |
| Research Technician & Assistant (Human Research)\* | Respiratory Therapist |
| Speech Pathologist | VTS |
| Utility System Repairer/Operator | Volunteer (Specimen and/or Patient Transport)\* |
| Ward Clerk (Specimen Transport)\* |  |

\* = Indicates that only employees with this job classification who perform this task are exposed.

## Methods of Compliance.

* + 1. Standard precautions will be used, per the Infection Control Manual, to prevent contact with blood or hazardous body fluids.
    2. All available engineering controls will be utilized. The Engineering Controls for Bloodborne Pathogens Subcommittee will meet at least annually. It will make recommendations to the Clinical Products Review Committee with input from non- managerial employees throughout the facility.
    3. Employees will perform hand hygiene after handling blood or body fluids, even when gloves or other personal protective equipment (PPE) is worn. Alcohol hand

gel cannot be used if hands are visibly soiled. Antimicrobial soap and water must be used. For hands that are not visibly soiled, either one may be used.

* + 1. All needles and other sharps will be disposed of in designated sharps containers only. Safety devices will be used whenever possible. Sharps will never be bent or sheared off prior to disposal. While not encouraged, situations which require recapping must utilize either a resheathing device or the one-handed slide technique.
    2. All equipment, environmental, and working surfaces will be cleaned and decontaminated with an approved hospital disinfectant after contact with blood or hazardous body fluids. Blood spill procedures are accessed through the link posted on the VAAAHS homepage.
    3. Contaminated linen will be placed in an impervious linen bag for decontamination.
  1. **HIV and HBV Research Labs.** These labs use research scale amounts and are specially regulated by the Occupational Safety and Health Administration (OSHA). The Industrial Hygienist will be notified by Research Service prior to any HIV or HBV research to certify that the lab meets all requirements of OSHA's Bloodborne Pathogens Standards.
  2. **Hepatitis B Vaccination.** Within 10 working days of initial assignment, all new hires identified in 2.a., "Exposure Determination," will be offered a Hepatitis B vaccination free of charge. Employees who refuse vaccination must sign the declination statement.
  3. **Post-Exposure Evaluation & Follow-up.** Following an exposure incident (parenteral or mucous membrane exposure to potentially infectious body fluids, tissues, or materials):
     1. The exposed person will report to Employee Health or the Emergency Room during non-administrative hours. CBOC employees will follow the Exposure to Bloodborne Pathogens Protocol found on the VAAAHS homepage.
     2. An accident report will be filled out in the ECOMP Program by the exposed person’s supervisor.
     3. The source individual's and exposed person’s blood will be tested for HBV, HCV, and HIV per VHA Handbook 1004.01.
     4. Post-exposure prophylaxis for HBV, HIV, and/or vaccination for HBV will be given as recommended per U. S. Public Health Service guidelines.
     5. Evaluation of the incident and counseling will be made available to the exposed person through Employee Health.
     6. The exposed person will be provided with a healthcare professional's written opinion within 15 days of the healthcare professional's completion of evaluation. It will indicate the following:
        1. Whether Hepatitis B vaccination is indicated for the employee and whether it was received by the employee.
        2. That the exposed person has been informed of the source individual's testing results as well as his/her own.
        3. That the exposed person has been informed of the evaluation results.
        4. That the exposed person has been told of any medical condition resulting from exposure to blood and hazardous body fluids which requires follow-up.

## Communication of Hazards to Employees.

* + 1. Biohazard symbols will be affixed to all containers, refrigerators, and freezers containing blood and/or hazardous body fluids. Red bags for infectious waste do not require biohazard symbols because they are internationally recognized as a biohazard.
    2. Training for all employees and their supervisors identified in 3.a., "Exposure Determination," will be provided annually through Talent Management System (TMS) module. New hires will receive the information during New Employee Orientation.
    3. All equipment surfaces must be thoroughly disinfected prior to being turned in for repairs. If blood or hazardous body fluids have leaked down inside the device, it will be noted on the work order. The device should be covered with a red bag to alert repair technicians of the need for internal disinfection.

## Record Keeping.

* + 1. All medical records concerning occupational exposures will be confidentially maintained by Employee Health per the Employee Health Manual.
    2. Training records for all new employees will be maintained by the Safety Office. Annual training records will be maintained by Education.
    3. This plan will be reviewed on an annual basis through the Environment of Care (EOC) Committee.

# RESPONSIBILITIES:

* 1. **Industrial Hygienist.** Certifies labs for HIV and HBV research. Ensures compliance with the Exposure Control Plan hospital-wide. Ensures that an annual review of the exposure control plan occurs through the EOC Committee.
  2. **Employee Health.** Coordinates all Hepatitis B vaccinations, post-exposure evaluations, and follow-ups. Also counsels persons involved in an exposure incident with bloodborne pathogens.
  3. **Infection Control.** Educates all new employees, excluding physicians who are educated by the ACOS for Education, and updates current employees through TMS modules.
  4. **Education.** Conducts annual training for employees via TMS.
  5. **Licensed Independent Practitioner (LIP) or Advanced Practice Provider (APP) of Clinical Unit/Service where exposure incident occurred.** Obtains permission from the source individual to have HIV testing performed. Consent must be documented in the patient’s medical record. This cannot be the person who suffered the exposure incident.
  6. **Supervisors.** Familiarize themselves with the content of this publication to ensure compliance with this policy in their departments.
  7. **Employees.** All employees must comply with the requirements of this memorandum for their own safety and protection. Failure to comply may result in appropriate disciplinary action in accordance with local and agency policies.

# REFERENCES:

* 1. 29 CFR 1910.1030
  2. VAAAHS Infection Control Manual
  3. Protection against viral hepatitis: Recommendations of the Immunization Practices Advisory Committee. MMWR 1990; 39 (No RR-2): 17-22
  4. Hepatitis B Virus: A comprehensive strategy for eliminating transmission in the United States through universal childhood vaccinations;
  5. Appendix A Post exposure prophylaxis for Hepatitis B. MMWR 1991.40 (No RR-13): 21-25
  6. IL-10-98-009: Needle Stick Prevention Program
  7. Employee Health Manual
  8. Joint Commission Accreditation Manual for Hospitals, Infection Prevention and Control (IC)
  9. VHA Handbook 1004.01, revised May 22, 2017.

# RESCISSION:

Policy Memorandum S-4, dated August 29, 2018

# REVIEW:

This MCP must be reviewed at minimum at recertification and including when there are changes to the governing document.

All records regardless of format (e.g., paper, electronic, electronic systems) created by this policy must be managed as required by the National Archives and Records Administration approved records schedules found in VHA Records Control Schedule 10-1.

# RECERTIFICATION:

This MCP is scheduled for recertification on or before the last working day of September 2028. This MCP will continue to serve as local policy until it is recertified or rescinded.

In the event of contradiction with national policy, the national policy supersedes and controls.

# SIGNATORY AUTHORITY:

Ginny L. Creasman 195050

Digitally signed by Ginny

L. Creasman 195050

Date: 2023.09.07

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GINNY L. CREASMAN, Pharm.D., FACHE

Medical Center Director

**Date Approved:** Month Day, Year

***NOTE:*** *The signature remains valid until rescinded by an appropriate administrative action.*

**MCP Distribution Tracking Sheet**

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| --- | --- | --- | --- | --- |
| **Title of Policy**  Exposure Control Plan for Bloodborne Pathogens | | **Policy Number**  S-04 | | |
| **Author of Policy** | | **Date of submission** | | |
| **Department**  Safety Service | | **Routing Symbol** | **Phone #** | |
| **Reason for changes or creation of this policy** | | | | |
| **Symbol** | **Concurrence Signatures** | | | **Date** |
| CEC | Clinical Executive Committee | | | 8/14/2023 |
| EOS | Environment of Care Committee | | | 7/18/2023 |
| AFGE | Union Representative – Assumed | | |  |
| 118 | Quality Management – Robyn Thomas - Approved | | | 8/14/2023 |
| EEO | EEO Program Manager - Assumed | | |  |
| 001PO | FOIA/Privacy Officer – Malinda Williams - Approved | | | 9/7/2023 |
| 00PO | Records Manager - Assumed | | |  |
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| **REMARKS** | | | | |