A. Exposure Control Plan
The State of Louisiana Office of Risk Management requires that all agencies maintain a written Blood Borne Pathogen program that includes the following elements:
- Exposure determination
- Methods of Compliance
- Work practice controls
- Medical evaluation for affected employees
- Training

B. Definitions
1. New Employee Settings-Questions that each department head answers electronically when a new employee is added to the system. These questions pertain to the employee’s exposure risk determination for blood-borne pathogens, exposure risk for tetanus and exposure to laboratory animals. These questions are answered again whenever an employee changes to another department or the job description changes.
2. Employee Health Nurse- Nurse at Inpatient Desk who manages the immunization program.
3. Total Occupational Medicine-Facility that provides employee medical care in the event of a work related medical incident. The facility is located on Drusilla Lane.
4. Work areas-Any work space where there is a risk of occupational exposure to blood borne pathogens.

C. Exposure Determination
1. Each agency must prepare an exposure determination which shall contain a list of all job classifications in which some/all employees have occupational exposure.
2. Exposure determination shall be made without regard to use of personal protective equipment.
3. Upon hiring, the Department Head is to immediately complete the New Employee Settings on PINE for the employee’s exposure risk determination for blood-borne pathogens.
4. The settings shall be completed promptly and an automated e-mail is sent to the Employee Health Nurse, Safety Office and employee identifying risk evaluation.

D. Methods of Compliance
1. Universal Precautions
a. Universal precautions shall be observed anywhere that there is a risk of occupational exposure.

b. Where differentiation between body fluid types is difficult/impossible, all fluids shall be considered potentially infectious.

2. Work Practices

a. Engineering/work practice controls shall be examined/maintained/replaced on a regular basis.

b. Hand-washing facilities should be readily accessible to employees.

c. Where hand-washing facilities are not feasible, employer shall provide either appropriate antiseptic hand cleanser in conjunction with cloth/paper towels or antiseptic towelettes – when antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

d. Ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment (PPE).

e. Ensure that employees wash their hands or any other skin with soap and water or flush mucous membranes with water immediately following contact with blood or other potentially infectious materials.

f. Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited in work areas.

g. Food/drink shall not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

h. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

i. Equipment which may become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

3. Engineering Controls

a. Contaminated needles/sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure – this must be accomplished through the use of a mechanical device or a one-handed technique.

b. Immediately after use, contaminated reusable sharps shall be placed in appropriate containers until properly processed – these containers should be (a) puncture resistant, (b) labeled or color-coded, (c) leak-proof on sides and bottom.

4. Personal Protective Equipment

a. When there is risk of occupational exposure, the employer must provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, lab coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices.

b. Employer must ensure that employees use PPE.

c. Employer shall clean, launder, and dispose of PPE.
d. Employer shall repair or replace PPE as need to maintain its effectiveness at no cost to the employee.

e. All PPE shall be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

f. Gloves must 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.

g. Masks in combination with eye protection devices (goggles, glasses with side shields) shall be worn whenever splashes, spray, spatter or droplets of blood may be generated and eye, nose or mouth contamination can be reasonably anticipated.

h. Gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in exposure situations.

i. Surgical caps and/or shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.

5. Housekeeping

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. 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/procedures being performed.

c. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

d. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures.

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

f. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned/decontaminated immediately or as soon as feasible upon visible contamination.

g. Broken glassware which may be contaminated shall not be picked up directly with the hands; it should be cleaned up by using mechanical means such as brush and dust pan or forceps.

h. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

i. Contaminated laundry shall be placed and transported in bags/containers that are properly labeled as Biohazardous.

j. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag/container, the laundry shall be placed and
transported in bags/containers which prevent soak-through and/or leakage of fluids to the exterior.

d. Employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

E. Medical Evaluation

1. Hepatitis B Virus Vaccination
   a. Employer shall make available the Hepatitis B Virus (HepB) vaccine and vaccination series to all employees who have occupational exposure risk, and post-exposure evaluation and follow-up to all employees who have had an occupational exposure incident.
   b. Employer shall ensure that all medical evaluations/procedures including the HepB vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis are:
      i. made available at no cost to the employee
      ii. made available to the employee at a reasonable time and place
      iii. performed by or under the supervision of a licensed physician or licensed healthcare professional
      iv. all lab tests are conducted by an accredited lab at no cost to the employee
   c. Employees with an occupational risk may choose not to receive the vaccine for the following reasons:
      i. the employee has previously received the complete HepB vaccination series
      ii. antibody testing has revealed that the employee is immune
      iii. the vaccine is declined for personal/medical reasons
   d. If the employee initially declines the vaccination but at a later date while still covered under the standard decides to accept the vaccination, employer shall make available the vaccination at that time.
   e. Employer shall assure that employees who decline to accept the vaccination sign Form 1002. B Hepatitis vaccination Declination form.
   f. More information can be found in SOP 1002: Hepatitis Vaccination Program.

2. Post Exposure Procedure
   a. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:
      ii. documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred
      iii. the source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV infectivity; if consent is not obtained, the employer shall document that legally required consent cannot be obtained
      iv. results of the source individual’s testing shall be made available to the exposed employee and the employee shall be informed of applicable
laws/regulations concerning disclosure of the identity and infectious status of the source individual
v. referral to Total Occupational Medicine for evaluation

3. Information provided to the Healthcare Professional
The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
a. Medical authorization form
b. Source blood for testing, if available
c. Past medical history of the source, if blood unavailable

4. Follow Up
a. Total Occupational Medicine will determine follow up treatment.
b. The employer receives a copy of the discharge instructions and the Employee Health Nurse maintains it in the employee’s chart which is kept in the Inpatient Unit.

F. Hazard Communication
1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used for storage or disposal.
2. Labels shall include the following:
   a. fluorescent orange or orange-red with letters and symbols in a contrasting color
   b. affixed as close to the container by string, wire or adhesive that prevents their loss or unintentional removal
   c. red bags or containers may be substituted for labels
   d. regulated waste that has been decontaminated need not be labeled or color-coded
   e. employer shall post signs at the entrance of specified work areas containing the following information:
      i. universal biohazard label
      ii. name of infectious agent
      iii. special requirements for entering area
      iv. name, telephone number of lab director or other responsible person

G. Training
1. Employers shall ensure that all employees with occupational exposure risk participate in a training program which must be provided at no cost to the employee and during working hours.
2. Training shall be provided as follows:
   a. At the time of initial assignment to tasks where occupational exposure may take place.
   b. Within 90 days after the effective date of the standard.
   c. Annually thereafter.
   d. Training for employees designated as high-risk employees must have instructor-led training for their first training session.
e. Provide additional training when changes of tasks or procedures affect the employee’s occupational exposure risk.

f. Training program shall contain at a minimum the following:
   i. an accessible copy of the regulatory text of the standard and an explanation of its contents
   ii. a general explanation of the epidemiology and symptoms of bloodborne diseases
   iii. an explanation of the modes of transmission of bloodborne pathogens
   iv. an explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan
   v. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
   vi. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and PPE
   vii. information on the types, proper use, locations, removal, handling, decontamination and disposal of PPE
   viii. an explanation of the basis for selection of PPE
   ix. information on the HepB vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge
   x. information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
   xi. 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
   xii. information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
   xiii. an explanation of the signs and labels and/or color coding of biohazard waste, containers, etc.

H. Regulated Medical Waste Disposal

1. Regulated waste include all of the following:
   a. Liquid or semi-liquid blood or other potentially infectious materials.
   b. Contaminated items that would release blood or other infectious materials in a liquid or semi-liquid state if compressed.
   c. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
   d. Contaminated sharps
   e. Pathological and microbiological waste containing blood or other potentially infectious materials.

2. All regulated waste will be placed in containers that are closable, labeled as biohazard and red in color.
3. They shall be constructed to contain the contents and prevent leakage and shall be closed prior to handling, shipment or storage.

4. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that meets all the requirements of the primary container according to OSHA standards and closed prior to removal to prevent spillage or protrusion of contents during handling storage, transport or shipping.

5. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the State of Louisiana and any subdivision of the state.

Referenced Documents, SOPs and Forms

SOP 1002: Hepatitis Vaccination Program
Form-1002.A Hepatitis B Vaccination Consent Form
Form-1002.B Hepatitis B Vaccination Declination Form
Form-1002.C Hepatitis B Vaccination Record Form
SOP 1003: Employee Accident/Injury and Body Fluid Exposure Program
Employee Health and Safety Policy
Policy Committee Secretary's Attestation

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Approval by the Executive Director

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