

EXPOSURE CONTROL

OSHA requires that employers maintain a written "Exposure Control Plan" to outline safety guidelines to eliminate or minimize "*occupational exposure*" of employees to "*blood or other potentially infectious materials*".

"Occupational Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Blood or Other Potentially Infectious Materials" Blood means human blood, blood products, or blood components. Other potentially infectious materials include human body fluids such as saliva in dental procedures, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; unfixed human tissues or organs; HIV-containing cell or tissue cultures; and HIV or HBV-containing culture mediums or other solutions.

Job Classifications with Occupational Exposure

Aureus Medical Group has determined that all of its contract employees in healthcare settings are to be classified as having the risk of occupational exposure by the nature of their job position in a healthcare facility.

This determination has been made without regard to the use of personal protective devices.

Managing Exposure Incidents

An exposure incident is the specific eye, mouth or other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An example of an exposure incident would be a puncture from a contaminated sharp. Employers are responsible for establishing the procedure for evaluating exposure incidents.

When evaluating an exposure incident, immediate assessment and confidentiality are critical issues. Employees should immediately report exposure incidents to Aureus Medical and to their direct supervisor in the facility they are working for. Aureus Medical Group, in conjunction with the healthcare facility, will guide employees in obtaining a timely medical evaluation and follow-up. A request will be made for testing of the source individual's blood for HIV and HBV. The "source individual" is any patient whose blood or body fluids are the source of an exposure incident to the employee.

Post-Exposure Evaluation and Follow-Up

At the time of the exposure incident, the exposed employee will be directed to a health care professional (e.g., physician, nurse) for follow-up. It is recommended that the following information be provided as needed: a copy of the bloodborne pathogens standard, a description of the employee's job duties as they relate to the incident, a report of the specific exposure, including route of exposure, relevant employee medical records including hepatitis B vaccination status, and results of the source individual's blood tests, if available. At that time, a baseline blood sample should be drawn from the employee, if he/she consents. If the employee elects to delay HIV testing of the sample, the health care professional must preserve the employee's blood sample for at least 90 days.

Additional Exposure Incident Management

Testing the source individual's blood does not need to be repeated if the source individual is known to be infectious for HIV or HBV; and testing cannot be done in most states without written consent. The results of the source individual's blood tests are confidential. As soon as possible, however, the test results of the source individual's blood must be made available to the exposed employee through consultation with the health care professional.

Following post-exposure evaluation, the health care professional will provide a written opinion to us, which may be limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for any further evaluation or treatment. We will provide a copy of the written opinion to the employee within 15 days where possible. We will maintain all post-exposure medical records confidentially as required.

All evaluations and follow-up will be made available at no cost to the employee and at a reasonable time and place. This evaluation will be performed by or under the supervision of a licensed physician or another licensed health care professional, such as a nurse practitioner, and according to recommendations of the U.S. Public Health Service guidelines current at the time of the evaluation and procedure. In addition, all laboratory tests will be conducted by an accredited laboratory and at no cost to the employee.

Safe Workplace Practices and Engineering Controls

Safe work practices and engineering controls are the primary methods used to control the transmission of HBV and HIV in acute care facilities. Engineering controls isolate or remove the hazard from employees and are used in conjunction with work practices. Personal protective equipment also shall be used when occupational exposure to bloodborne pathogens remains even after instituting these controls. Engineering controls must be examined and maintained, or replaced, on a scheduled basis. Some engineering controls that apply to acute care facilities and are required by OSHA guidelines include the following:

- Use puncture-resistant, leak-proof containers, color coded red or labeled (according to the standards displayed in the Table below) to discard contaminated items like needles, broken glass, scalpels, or other items that could cause a cut or puncture wound.
- Use puncture-resistant, leak-proof containers, color-coded red or labeled to store contaminated reusable sharps until they are properly reprocessed.
- Store and process reusable contaminated sharps in a way that ensures safe handling. For example, use a mechanical device to retrieve used instruments from soaking pans in decontamination areas.
- Use puncture-resistant, leak-proof containers to collect, handle, process, store, transport, or ship blood specimens and potentially infectious materials. Label these specimens if shipped outside the facility. Labeling is not required when specimens are handled by employees trained to use universal precautions, and when these specimens are kept within the facility.

Similarly, work practice controls reduce the likelihood of exposure by altering the manner in which the task is performed. All procedures shall minimize splashing, spraying, splattering, and generation of droplets. Work practice requirements include the following:

- Wash hands when gloves are removed and as soon as possible after contact with blood or other potentially infectious materials.

- Provide and make available a mechanism for immediate eye irrigation, in the event of an exposure incident.
- Do not bend, recap, or remove contaminated needles unless required to do so by specific medical procedures or the employer can demonstrate that no alternative is feasible. In these instances, use mechanical means such as forceps, or a one-handed technique to recap or remove contaminated needles.
- Do not shear or break contaminated needles.
- Discard contaminated needles and sharp instruments in puncture-resistant, leakproof, red or biohazard-labeled containers⁷ that are accessible, maintained upright, and not allowed to be overfilled.
- Do not eat, drink, smoke, apply cosmetics, or handle contact lenses in areas of potential occupational exposure. (Note: use of hand lotions is acceptable.)
- Do not store food or drink in refrigerators or on shelves where blood or potentially infectious materials are present.
- Use RED, or affix biohazard labels to, containers to store, transport or ship blood or other potentially infectious materials, such as lab specimens.
- Do not use mouth pipetting to suction blood or other potentially infectious materials; it is prohibited.

Personal Protective Clothing and Equipment

In addition to instituting engineering and work practice controls, the standard requires that appropriate personal protective equipment be used to reduce worker risk of exposure. Personal protective equipment is specialized clothing or equipment used by employees to protect against direct exposure to blood or other potentially infectious materials. Protective equipment must not allow blood or other potentially infectious materials to pass through to workers' clothing, skin, or mucous membranes.

Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, and eye protection. The employer is responsible for providing, maintaining, laundering, disposing, replacing, and assuring the proper use of personal protective equipment. The employer is responsible for ensuring that workers have access to the protective equipment, at no cost, including proper sizes and types that take allergic conditions into consideration.

An employee may temporarily and briefly decline to wear personal protective equipment under rare and extraordinary circumstances and when, in the employee's professional judgment, it prevents the delivery of health care or public safety services or poses an increased, or life-threatening, hazard to employees. In general, appropriate personal protective equipment is expected to be used whenever occupational exposure may occur. The employer also must ensure that employees observe the following precautions for safely handling and using personal protective equipment:

Personal Protective Clothing & Equipment must be removed following contamination and upon leaving the work area, and place in an appropriately designated area or container for storing, washing, decontaminating, or discarding.

- Wear appropriate gloves when contact with blood, mucous membranes, non-intact skin, or potentially infectious materials is anticipated; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- Provide hypoallergenic gloves, liners, or powderless gloves or other alternatives to employees who need them.
- Replace disposable, single-use gloves as soon as possible when contaminated, or if torn, punctured, or barrier function is compromised.
- Do not reuse disposable (single-use) gloves.
- Decontaminate reusable (utility) gloves after each use and discard if they show signs of cracking, peeling, tearing, puncturing, deteriorating, or failing to provide a protective barrier.
- Use full face shields or face masks with eye protection, goggles, or eye glasses with side shields when splashes of blood and other bodily fluids may occur and when contamination of the eyes, nose, or mouth can be anticipated (e.g., during invasive and surgical procedures).
- Also wear surgical caps or hoods and/or shoe covers or boots when gross contamination may occur, such as during surgery, and autopsy procedures.

Remember: The selection of appropriate personal protective equipment depends on the quantity and type of exposure expected.

Housekeeping Procedures

Employers must ensure a clean and sanitary workplace. Contaminated work surfaces must be decontaminated with a disinfectant upon completion of procedures or when contaminated by splashes, spills, or contact with blood, other potentially infectious materials, and at the end of the work shift. Surfaces and equipment protected with plastic wrap, foil, or other nonabsorbent materials must be inspected frequently for contamination; and these protective coverings must be changed when found to be contaminated.

Waste cans and pails must be inspected and decontaminated on a regularly scheduled basis. Broken glass should be cleaned up with a brush or tongs; never pickup broken glass with hands, even when wearing gloves.

Waste removed from the facility is regulated by local and state laws. Special precautions are necessary when disposing of contaminated sharps and other contaminated waste, and include the following:

- Dispose of contaminated sharps in closable, puncture-resistant, leakproof, red or biohazard-labeled containers. (Reference Table for Labeling Requirements earlier in this Training Program)
- Place other regulated waste in closable, leakproof, red or biohazard-labeled bags or containers. If outside contamination of the regulated waste container occurs, place it in a second container that is closable, leakproof, and appropriately labeled.

Laundering contaminated articles, including employee lab coats and uniforms meant to function as personal protective equipment, is the responsibility of the employer. Contaminated laundry shall be handled as little as possible with minimum agitation. This can be accomplished through the use of a washer and dryer in a designated area on site, or the contaminated items can be

sent to a commercial laundry. The following requirements should be met with respect to contaminated laundry:

- Bag contaminated laundry as soon as it is removed and store in a designated area or container.
- Use red laundry bags or those marked with the biohazard symbol unless universal precautions are in effect in the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.
- Clearly mark laundry sent off-site for cleaning, by placing it in RED bags or bags clearly marked with the orange biohazard symbol; and use leak-proof bags to prevent soak-through.
- Wear gloves or other protective equipment when handling contaminated laundry.