BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PURPOSE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN SAMPLE POLICY

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This is the written **Bloodborne Pathogens Exposure Control Plan (ECP)** for (_____). The following policy and safe practices are established to prevent the spread of disease resulting from handling blood or ***other potentially infectious materials*** **(OPIM)** during the course of work. This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure of associates to blood or certain other body fluids.
- *Comply with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.*
- *The coverage of all associates, particularly the Food Services, Housekeeping, Engineering, Maintenance and Security departments.*

ADMINISTRATIVE DUTIES

The Safety Director is responsible for developing and maintaining the program. Associates may review a copy of this plan. It is located in the building office.

EXPOSURE DETERMINATION

A determination has been made of which associates may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment. The following job classifications at this property by nature of the hospitality industry have a very low risk of exposure:

Job Classes: *Housekeeping (Room Attendants)*
Maintenance (Porters)
Security
Bell Men

All other associates at this property (office, reception, concierge, etc.) have even lower risks of exposure, equal to that of the general public.

***** An *"Exposure Incident"* is defined as exposure to blood, blood products, semen, vaginal fluids, or sweat/tears/mucous/urine/feces *with visible blood*, to the mouth, nose, mucous membrane, eyes, or non-intact skin.**

The following are some typical scenarios in the hospitality industry that may present associates with a potential risk of bloodborne exposure:

- Housekeeping staff may encounter condoms, sex aids, large blood spills, sharps, hypodermic needles, straight edge blades, etc. in rooms, bathrooms and laundry.

- Security Department associates may be exposed when responding to medical emergencies, room searches, and altercations.

- Staff may encounter injured associates and clients requiring first aid assistance. Exposure can occur when providing such assistance and/or cleaning up after the incident.

COMPLIANCE STRATEGIES

Universal or Standard Precautions

Universal or Standard Precautions techniques developed by the Centers for Disease Control and Prevention (CDC) are observed at this property to prevent contact with blood or OPIM. All blood and OPIM are considered infectious ***regardless*** of the perceived status of the source individual.

Self-Treatment First Aid Policy

It is the policy of this hotel that administering first aid treatment to anyone, staff or guests, is strictly prohibited. No one may provide anyone else with first aid treatment without exception. All injured associates and guests will be provided with first aid supplies to administer themselves. They will also be provided with a plastic bag to dispose of any waste resulting from the process into the regular trash. The treatment area should be disinfected as necessary.

If the injury is so severe as to require assistance, then call emergency and wait for the professionals to arrive to deal with the situation. Ensure that emergency responders can efficiently be directed to the victim. (Post a flagger at the front of the building, post other staff at critical route points, i.e. holding an elevator, clearing a path, etc.).

"Good Samaritan" Act – Associates who act on their own volition to provide first aid assistance do so at their own risk: as a "Good Samaritan"; of exposure to bloodborne pathogens; and understand that this is not expected or required of them and is contrary to this policy.

Handling Blood & OPIM

When large blood spills, sharps, sex paraphernalia and other potentially contaminated items are found, associates are to contact Housekeeping (or the Operator on the 11-7 shift) directly. A designated porter (specially designated and trained) will respond. The item(s) will be removed, and the area disinfected. Under no circumstances should associates attempt to clean up large blood spills, move, or touch sharps, or other potentially contaminated items.

Designated porters are instructed with the proper procedures in handling the substance, sharps and contaminated objects and surfaces in accordance with this policy. Designate porters are provided with the necessary personal protective equipment, supplies and other equipment to properly remove and dispose of these materials and disinfect the affected area.

ENGINEERING & WORK PROACTICE CONTROLS

Engineering and work practice controls will be used to eliminate or minimize exposure to associates at this hotel. Where occupational exposure remains after instituting these controls, associates are required to wear personal protective equipment. At this property the following engineering controls are used:

- Place uncontaminated sharps (broken glass, ceramics, etc.) in puncture–resistant, properly labeled container;

- Place potentially contaminated sharp items (i.e. needles, razor blades, etc.) in puncture-resistant, leak proof, biohazard labeled containers;

- Clean and disinfect all equipment and work surfaces potentially contaminated with blood or OPIM. (A solution of 1/4 cup chlorine bleach per 1 gallon of water should be used, or some other appropriate product designed to disinfect bloodborne contamination as indicated by the manufacturer.);

- Associates are to thoroughly wash hands with anti-microbial soap and warm water immediately after removing gloves;

- Eating, drinking, smoking, applying cosmetics, handling contact lenses in work areas where exposure to infectious materials may occur is prohibited;

- Appropriate personal protective equipment must be worn when removing and disposing of blood or OPIM and disinfecting surfaces (gloves, goggles, aprons, etc.).

- Associates are not to touch blood, OPIM and other potentially infectious sharps.

- Associates are to report discoveries of gross blood contamination, OPIM and other potentially infectious sharps and materials immediately to Housekeeping.

- Housekeeping will dispatch a designated porter to respond to this finding that will be instructed and prepared to deal with it properly.

- The above controls are maintained and reviewed on a regular schedule.

Handwashing Facilities

- Handwashing facilities are available to associates who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are located in all rooms.

- Supervisors ensure that associates thoroughly wash their hands and any other contaminated skin area(s) after removing personal protective equipment, or as soon as feasible with soap and water.

- Supervisors will also ensure that if associates' skin or mucous membranes become contaminated with blood or OPIM:

    - That those areas are washed or flushed with water as soon as feasible following contact, rinse the mouth with peroxide. (Rinse with 1% hydrogen peroxide by diluting the typical 3% hydrogen peroxide topical antiseptic with 3 parts of water to 1 part of the 3% hydrogen peroxide to make the 1% concentration for mouth rinsing or buy hydrogen peroxide mouth rinse.)

    - An incident report is accurately and thoroughly completed.

- The associate us provided with medical follow-up within 2 hours of this exposure incident and the attending healthcare provider is provided with the necessary and mandatory documents as delineated in this policy.

Sharps and Contaminated Item Retrieval

NOTE: This procedure is to be followed only by associates authorized to handle sharps and contaminated items, in this case, the designated porter.

- Associates may not bend, recap, remove, shear, or purposely break contaminated needles and other sharps. Recapping, and needle removal should only be done by using mechanical devices (tongs). Recapping can also be done using a one–hand (scoop) technique with the other hand behind you.

- When responding to a call concerning sharps or contaminated items, responder must bring a collection tool and sharps container to the area.

- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on all sides and the bottom, and appropriately labeled with the biohazard sign, or color-coded.

- Sharps containers are sealable; puncture resistant; leak-proof; and labeled with a biohazard symbol.

- The sharp containers are stored in the Housekeeping Office. It is kept upright throughout use, and not allowed to overfill.

- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.

- The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled to identify its contents.

- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose associates to the risk of percutaneous injury.

- All contaminated sharps must be removed by using all personal protective equipment. This discovery and removal event must be logged on a security report.

Personal Protective Equipment (PPE)

Supervisors shall ensure that appropriate PPE in the appropriate sizes, is readily accessible at the work site, and is issued without cost to associates.

Gloves - *Associates must wear gloves when they anticipate hand contact with blood, OPIM, non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Hypoallergenic gloves, glove liners, low powder gloves, or other similar alternatives are readily accessible to those associates who are allergic to the gloves normally provided.*

Disposable gloves used at this hotel are not to be washed or reused. Gloves are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re–use if the integrity of the glove is not compromised. Utility gloves will 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. Utility gloves used during bloodborne handling involved in substance removal or disinfection will be disposed of immediately and not decontaminated for reuse.

Handling Blood Stained Materials

Blood stained materials are not necessarily infectious medical waste, which is regulated. Blood stained materials that do not drip or leak when compressed, or do not slough off if caked on and dried, are not considered regulated medical waste. It is considered regular normal garbage and can be disposed of as municipal waste. Still:

- Minimize handling of such materials
- Use appropriate personal protective equipment
- Place materials in impervious bags or containers
- Disinfect for contamination

INFORMATION & TRAINING

The bloodborne pathogens trainer is knowledgeable in the required subject matter. All new associates are trained on this Policy upon initial assignment and yearly thereafter. The designated porters will receive additional and more specific training on the procedures they must follow in responding to a report of a blood or OPIM finding. The training will be interactive and cover the following:

- All associates who may face bloodborne pathogens are instructed about what situations to report (blood, OPIM, potentially contaminated sharps, etc.)
- The Bloodborne Pathogens Standard and its contents.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- What actually constitutes an ***"exposure incident."***
- This Bloodborne Pathogens ECP, and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- The use and limitations of methods to reduce exposure, for example, engineering controls, work practices and PPE.

- The types, use, location, removal, handling, decontamination, and disposal of PPE.
- The basis of selecting appropriate PPE.
- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge upon exposure.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow if an exposure incident occurs, including the method of reporting and medical follow–up.
- The evaluation and follow–up required after an associate exposure incident.
- This property's Self-Treatment First Aid Policy.
- The signs, labels, and color-coding systems.

Additional training is provided to associates when there are any changes of tasks or procedures affecting the associate's occupational exposure. Associates who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered.

Training Recordkeeping

Housekeeping Office maintains the training recordkeeping. Training records shall be maintained for *three years* from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training;
- The names and job titles of all persons attending the training sessions.

MEDICAL RECORDS

The Personnel Office shall maintain medical records in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential and must be maintained for at least 30 years beyond the last day of employment. The records shall include the following:

- The name and social security number of the associate.
- A copy of the associate's HBV vaccination status, including the dates of vaccination, if any.
- A copy of all results of examinations, medical testing, and follow–up procedures.
- A copy of the information provided to the healthcare professional, including a description of the associate's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Availability of Records

All associate records shall be made available to the associate in accordance with 29 CFR 1910.1020 and revised OSHA 300 Log rules. These must be made available during reasonable business hours, free of charge, within one business day of the request, except for MSDS's or reports related to an injury or exposure analysis in which case these must be made available within fifteen days of the associate's request. All associate records shall be made available to the

Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA) and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

Transfer of Records

If the property is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

Hepatitis B Vaccination Program

The Hepatitis B vaccine and vaccination series is offered to all associates who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccination series, post–exposure follow–up, and prophylaxis are made available at no cost to the associate, and at a reasonable time and place.

- These services are to be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- These services are provided according to the recommendations of the U.S. Public Health Service.
- All exposures are treated as contaminated.
- Vaccination is offered at no cost to associate who may have been exposed.

POST–EXPOSURE EVALUATION AND FOLLOW–UP

All exposure incidents are immediately reported, investigated, and documented. All associates are to immediately report all potential exposure incidents to their supervisor. The associate will receive a confidential medical evaluation and follow–up procedures, including at least the following elements:

1) The documentation of the route of exposure, and the circumstances under which the exposure occurred;

2) The identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

3) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the Supervisor establishes that legally required consent cannot be obtained.

4) When the source individual is known to be infected with HBV, HCV, or HIV, testing for the source
individual's known HBV, HCV, or HIV status need not be repeated.

5) Results of the source individual's testing are made available to the exposed associate, and the associate is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collect and test blood for HBV, HCV, and HIV serological status to comply with the following:

1) The exposed associate's blood is collected as soon as possible and tested after consent is obtained.

2) The associate will be offered the option of having their blood collected for testing of the associate's HIV/HBV/HCV serological status. The blood sample will be preserved for up to 90 days to allow the associate to decide if the blood should be tested for HIV serological status.

All associates who incur an exposure incident will be offered post–exposure evaluation and follow–up according to the OSHA standard. All post exposure follow–up, will be performed by healthcare professional responsible for the associate's Hepatitis B vaccination. Post-exposure evaluation and follow-up consists of the following:

1) A copy of the Bloodborne Pathogens Standard 29 CFR 1910.1030.
2) A written description of the exposed associate's duties as they relate to the exposure incident.
3) Written documentation of the route of exposure and circumstances under which exposure occurred.
4) Results of the source individual's blood testing, if available.
5) All medical records relevant to the appropriate treatment of associate including vaccination status.
6) The healthcare professional's written opinion for HBV vaccination must be limited to whether HBV vaccination is indicated for an associate, and if the associate has received such vaccination.

7) The healthcare professional's written opinion for post–exposure follow–up is limited to the following information:
    - *A statement that the associate has been informed of the results of the evaluation.*
    - *A statement that the associate has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.*

Note: All other findings or diagnosis shall remain confidential and will not be included in the written report.

A copy of the evaluating healthcare professional's written opinion is provided to the associate within 15 days of the completion of the evaluation.

Reviewed and Updated:

The Bloodborne Pathogen Safety Plan has been reviewed and updated.

Reviewed by:

_____	_____	_____
Name	Title	Date

Name	Title	Date
Name	Title	Date

EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)
PLEASE PRINT

Date completed: _____Associate's Name: _____

SS#:_____ Home Ph_____ Work Ph_____

DOB _____ Job Title: _____

Associate Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ am _____ pm

Location of incident (bathroom, street, clinic, etc. - be specific): _____

Nature of incident (auto accident, trauma, cleaning, medical emergency) - be specific:
_____
_____
_____
_____

Were you wearing personal protective equipment (PPE)? Yes _____ No _____
If Yes, list: _____

Did the PPE fail? Yes _____ No _____
If yes, explain how:
_____
_____
_____
_____

What body fluid(s) where you exposed to (blood or other potentially infectious material)? Be specific:
_____
_____
_____

What parts of your body became exposed? Be specific: _____
_____
_____

Estimate the size of the area of your body that was exposed: _____
_____
_____

For how long? _____

Did a foreign body (needle, nail, broken glass, teeth, denture, etc.) penetrate your body? Yes ___ No ___ If yes, what was the object?

_____

_____
_____

Was any fluid injected into your body? Yes _____ No _____

If yes, what fluid? _____ How much? _____

Did you receive medical attention? Yes _____ No _____

If yes, where?_____
_

When? _____ By whom: _____

Identification of source individual(s) _____

Name(s)
_____

Did you treat the patient directly? Yes _____ No _____

If yes, what treatment did you provide? Be specific:

_____

_____
_____

Other pertinent information:

_____

Completed by: _____ Title: _____

REQUEST FOR SOURCE INDIVIDUAL EVALUATION

Dear Physician (the source individual's healthcare provider - associate, guest, visitor, vendor, etc.):

Explain the situation that precipitated the exposure incident, one of our staff was involved in an event with your patient, which may have resulted in exposure to a Bloodborne Pathogen.

We respectfully request that you perform an evaluation of the source individual that was involved. Given the circumstances surrounding this event, please determine whether our associate is at risk for infection and/or requires medical follow-up.

Attached is a **"Documentation and Identification of Source Individual"** form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for your patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL

Name of Exposed Associate: _____

Name & Phone Number of Medical Provider who should be contacted:
_____ _____

INCIDENT INFORMATION

Date: _____

Name or Medical Record Number of the Individual Who is the Source of the Exposure:
_____

NATURE OF THE INCIDENT

_____ Contaminated Needlestick Injury

_____ Blood/body fluid Splash onto Mucous Membrane or Non-Intact Skin

Other: _____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Chart Review By: _____ Date: _____

Source Individual Unknown _____ Researched By: _____Date: _____

Testing of Source Individual's Blood **Consent** Obtained_____ Refused_____

CHECK ONE:

__Identification of source individual infeasible or prohibited by state or local law.
State why if infeasible. _____

__Evaluation of the source individual reflected no known exposure to Bloodborne Pathogens.

__Evaluation of the source individual reflected possible exposure to Bloodborne Pathogen and medical follow-up is recommended.

Person completing report: _____ Date: _____

Note: Report the results of the source individual's blood tests to the medical provider named above who will inform the exposed associate. Do not report blood test findings to the employer.

HIV-related information cannot be released without the written consent of the source individual.

ASSOCIATE EXPOSURE FOLLOW-UP RECORD

Associate's Name: _____ Job Title: _____

Occurrence Date: _____ Reported Date: _____

Occurrence Time: _____

SOURCE INDIVIDUAL FOLLOW-UP

Request made to: _____

Date: _____ Time: _____

ASSOCIATE FOLLOW-UP

Associate's Health File Reviewed By: _____ Date: _____

Information given on source individual's blood test results Yes _____ Not obtained ____

Referred to healthcare professional with required information

Name of healthcare professional: _____

By whom: _____ Date: _____

Blood Sampling/Testing Offered

By Whom: _____ Date: _____

Vaccination Offered/Recommended

By Whom: _____ Date: _____

Counseling Provided

By Whom: _____ Date: _____

Associate advised of need for further evaluation of medical condition

By Whom: _____ Date: _____

CONFIDENTIAL

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered on: _____

Elected dates:

First:_____

One month from elected date: _____

Six months from elected date: _____

Associate Name:_____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results pre-vaccine (optional): _____

Antibody test results post-vaccine (optional): _____

Time interval since last injection: _____

Associate Signature: _____

INFORMATION ON REGULATED MEDICAL WASTE

This questionnaire assists you in evaluating and contracting for a transport, handling and disposal company, should you not be equipped to handle your regulated waste. To avoid future liabilities from the inappropriate transport, handling or disposal of your regulated waste, it is imperative to identify legitimate contractors and document proof of the proper and legal transport, handling and disposal of your waste. Always keep the manifests that accompany your shipments, ensure that your waste has been transported and disposed of properly.

Regulated Waste Contracting Checklist:

1) Request the company's identification number _____

2) Request to review the manner of recordkeeping _____

3) Documentation to include:

   - List of items collected_____
   - Method of destruction_____
   - Site for Destruction_____
   - Proof of Destruction_____

4) Requested information on insurance and bonding

_____

_____

_____