



**CFS
EXPOSURE
CONTROL
PLAN**

The Center for Family Support
Bloodborne Pathogens Exposure Control Plan
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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
THE CENTER FOR FAMILY SUPPORT

Date of Update: October 1998

I. POLICY

The Center for Family Support (CFS) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) has been developed in accordance with OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030. The ECP is a key document developed to assist our agency in implementing and ensuring compliance with the OSHA standard, thereby protecting our employees by eliminating or minimizing occupational exposure to bloodborne pathogens

The Center For Family Support is also committed to assisting all employees in complying with OSHA standards through implementation and strict enforcement of the agency's ECP. Progressive disciplinary action will be taken when employees do not comply with the policies, procedures, and protocols outlined in the following ECP.

II. PROGRAM ADMINISTRATION

The Director of Human Resources and the Director of Training are responsible for the implementation of the ECP. They will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures. Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.

The Director of Human Resources will be responsible for ensuring that all required medical actions are performed and that all appropriate medical records are maintained. The Director will make the written ECP available to all employees as well as OSHA and NIOSH representatives. The Director of Training will be responsible for training and documentation of training.

The Center for Family Support will provide all necessary Personal Protective Equipment (PPE) such as CPR masks and disposable (single use) latex gloves as required by the standard. Program Directors/Managers will ensure that adequate supplies of the aforementioned equipment are available.

III. EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees

are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At CFS the following job classifications are in this category:

Direct Care: Parent Trainer/Coach, Residential Habilitation Specialist, Independent Living Skills Trainer, Home and Community Service Specialist, Direct Care Counselor, Instructor, Home Health Aide, Respite Worker, Emergency Home Care Worker

Clinical and Professional: Psychologist, Nurse, Service Coordinator

Support: Cook/Housekeeper, Driver

Field Supervisors: Residential Assistant Director, Residence Manager, Assistant Residence Manager, Program Director, Program Supervisor

Executive Administration, Human Resources, Training, Finance and Clerical: There are no job classifications in which employees may be expected to incur occupational exposure.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. There are no job classifications that fall in this category.

The Executive Director of The Center for Family Support will ensure that independent consultants are not engaged for work at the agency without first determining: whether the independent consultant may have exposure risks in the task to be performed; and if there will be occupational exposure, that the agency engaged for the provision of the independent consultant has provided the required training and vaccination opportunity; or independent consultant is treated as a covered individual.

IV. IMPLEMENTATION AND METHODOLOGY

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. COMPLIANCE METHODS

1. Universal Precautions

Universal precautions will be observed at CFS in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

2. Engineering and Work Practices

Engineering and work practice controls will be utilized to eliminate or minimize exposure to CFS employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.

At CFS the following controls will be utilized:

Disposal of refuse in clients' homes will be at the discretion of the families. No specific rules can be imposed on a family in their personal domain. Employees who work in the families' homes will dispose of waste in accordance with the instructions of the parents.

Employees who work in family homes will be informed about the use of engineering controls such as paper towels, dustpans, brushes or brooms when cleaning up contaminated or potentially infectious materials.

In other non-CFS facilities, staff will dispose of waste in accordance with the policies of the host facility. For example, if a program is located in a public school, disposal will comply with the school's policies regarding waste disposal.

Hand Washing

Hand washing facilities are available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.

At CFS, hand washing facilities are located in all bathrooms, kitchens, and laundry rooms. Antiseptic towelettes are maintained in the First Aid kits of all agency vans.

If hand washing facilities are not available (as in a client's home, in a van, on a trip, etc.) CFS, as required, will provide an antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

It is absolutely essential for all CFS employees to wash their hands, and any other potentially contaminated skin area, **immediately** or as soon as feasible **after** the following events:

- removal of personal protective gloves
- skin or mucous membranes contact with blood or other body fluids
- handling objects that might be soiled with blood, saliva, or other body fluids (e.g. diapers, menstrual pads, clothes, or equipment)
- using the toilet
- assisting a client with toileting

and immediately **before** these events:

drinking, eating, or smoking
preparing, serving, or handling food

and immediately **before and after** the following events:

feeding or assisting in the feeding of clients
giving any intimate personal care required by clients

Proper hand washing procedures will be part of staff training.

Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipeting/suctioning of blood or other potentially infectious materials will not be employed at CFS. It is strictly prohibited.

Procedures that will cause splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials will not be employed at this facility.

Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. The standard provides for an exemption for specimens from the labeling/color coding requirement of the standard provided that the facility utilizes universal precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility.

Only urine specimens will be taken at CFS residences. Specimens will be bagged and locked in a refrigerated box while in the facility. No blood specimens will be taken at CFS sites.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

There is no equipment at CFS which cannot be decontaminated prior to servicing or shipping.

3. Personal Protective Equipment (PPE)

CFS will provide, make accessible and require the use of personal protective equipment at no cost to the employee. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal Protective Equipment provided at CFS includes, but is not limited to, disposable (single use) gloves, CPR masks with bite blocks, utility gloves, and plastic aprons.

This equipment will be ordered by the supervisor/manager assigned to each program. They are also responsible for the distribution of PPE to their staff.

Used personal protective equipment shall be placed in a plastic bag and tied. Contaminated disposable equipment shall be placed in a plastic bag tied and placed in a bin marked BIOHAZARD.

Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available from the Residence Manager or Program Supervisor/Director.

Gloves will be used for the following procedures:

- Providing assistance with toileting and menstrual care
- Providing assistance with feeding if there is significant risk of being bitten or if direct contact with saliva or mucous is likely
- Assistance with shaving, with either a safety razor or electric razor
- Providing personal care which may involve contact with all body fluids, fecal matter, urine, saliva, tears, semen or vaginal fluids
- Handling objects that might be soiled with blood, saliva, or other body fluids (e.g.

diaper, menstrual pads, clothes or equipment)

- Providing assistance with oral hygiene with a client who may have bleeding gums due to poor oral hygiene or has had dental work within 24 hours, or with a client having the tendency to bite
- Providing first aid for an injury or illness that could expose the employee to blood
- Performing housekeeping tasks such as changing sheets, handling dirty laundry, cleaning toilets, removing waste or receptacle liners, working with irritating solutions
- Cleaning an area with contaminated blood, body fluids or fecal material

Disposable gloves used at CFA facilities are not to be washed or decontaminated for re-use and 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 provided that 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.

Masks

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. There are no situations at CFS that would require such protection.

First-Aid

If the need to perform CPR occurs all trained CFS staff will be required to use CPR masks with bite block protection which will be provided by the agency.

Behavior Management Needs of Clients

Employees will be informed about clients who have a tendency to bite. Employees will then use caution in dealing with such individuals.

If a client has open sores or has a tendency to pick sores until they bleed, the employee will make sure that these sores are cleaned and covered with a band-aid or dressing, using gloves to perform this task. The client will be monitored carefully to prevent cross contamination from such sores.

Any behavior management techniques training provided to CFS staff must emphasize those aspects of the program that will minimize the possibility of the employees being bitten or coming

in contact with blood from sores, abrasions, or lacerations.

The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, clinic jackets, or similar outer garments. There are no situations at CFS that would require such protection.

As a general rule, all employees using PPE must observe the following precautions:

- All garments that are penetrated with blood shall be removed immediately or as soon as feasible.
- All personal protective equipment will be removed prior to leaving the work area.
- All used protective equipment will be placed in appropriately designated areas when being discarded
- Hands will be washed immediately or as soon as feasible after removal of gloves or

4. Housekeeping

CFS facilities will be cleaned and decontaminated according to a pre-determined schedule. All residence areas will be cleaned twice weekly according to a cleaning schedule posted in the office.

All contaminated work surfaces will be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning. Decontamination will be accomplished by utilizing the following materials: a 1:10 ratio of bleach to water solution or EPA registered germicide such as Lysol.

All bins, pails, cans, and similar receptacles which have a likelihood for becoming contaminated with blood or other potentially infectious materials will be cleansed and decontaminated immediately and shall be inspected and decontaminated on a regularly scheduled basis.

Any broken glassware that may be contaminated will not be picked up directly with the hands. The following procedures will be used: It will be removed with the use of tongs or a pan and brush, placed in a paper bag and disposed of in the BIOHAZARD can. The tongs and/or pan and brush will be decontaminated by the method noted above.

A spill "clean-up kit" will be provided at all CFS sites (not client homes). The following procedures must be followed when cleaning up a spill:

1. Open "clean-up kit" package (contains all necessary equipment)
2. Put on gloves
3. Take package of super-absorbent powder and sprinkle on body fluid to be cleaned up. Wait 2 minutes to allow powder to absorb spill.
4. Take scooper and scoop up contaminated material and place in garbage bag

- provided in "clean-up kit." Discard scooper in garbage bag after use.
5. Decontaminate area with bleach solution or another disinfectant available.
 6. Take off contaminated gloves and discard in garbage bag as well.
 7. Seal garbage bag and discard in a BIOHAZARD can or as instructed by the host facility.
 8. Wash hands thoroughly with soap and water.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasible in sharps containers. Regulated waste other than sharps shall be placed in appropriate containers.

Final disposal of wastes in non-CFS sites will be the responsibility of the host organization. Staff will comply with all the rules of the host organization relating to disposal of wastes within the program area during program hours. It is anticipated that the host organization's policies will comply with OSHA requirements.

All covered individuals who give direct care to our clients in their homes will abide by the instructions given by the parents or guardian with regard to how waste should be labeled prior to disposed.

Note: CFS will make every effort to comply with OSHA regulations and use maximum precautions to prevent exposure and infection from bloodborne pathogens. However, it must be recognized that the occupational workplace of some workers are the families' homes. While the agency and its employees can provide role modeling and recommendations to families, the final decision as to supplies and/or methods of cleaning, waste disposal, etc. must be left to the discretion of the families. This agency cannot dictate policy or enforce practices within the families' domain. This issue will be addressed with all CFS employees so they can understand the risks involved and the preventive options that are available to them in order to avoid exposure to blood or other potentially infectious materials.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. If the laundry is being sent off site, then the laundry service accepting the laundry is to be notified, in accordance with section (d) of the standard.

5. Hepatitis B Vaccine

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine after the employee has had required training, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording in Appendix A of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The Director of Human Resources, in cooperation with the Director of Training has responsibility for assuring that the vaccine is offered, the waivers are signed, etc. Upon referral, a physician, or nurse in the presence of a physician, will administer the vaccine, at no cost to the employee, in accordance with U.S. Public Health Service recommended protocol. CFS will maintain appropriate documentation.

6. Post-Exposure Evaluation and Follow-up

When an employee incurs an exposure incident, it should be reported to his or her immediate supervisor or facility nurse, who in turn will seek direction from CFS administrators. The Director of Human Resources will maintain confidential records of exposure incidents.

All employees who incur an exposure incident will be offered a confidential, post-exposure medical evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- documentation of the route of exposure and the circumstances related to the incident
- if possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested, only after consent is obtained, for HIV/HBV infectivity.
- results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual. See N.Y.S. Department of Health HIV Related Information Authorization Release Form.
- the employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, the blood sample will be preserved for up to 90 days. This allows the employee time to decide if the blood should be tested for HIV serological status. If the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- the employee will be offered post exposure prophylaxis in accordance with the current

recommendations of the U.S. Public Health Services.

- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident.
- The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- The Assistant Executive Directors have been designated to assure that the policy outlined here, is effectively carried out and that records related to this policy are maintained.

7. Interaction with Health Care Professionals

A written opinion shall be obtained from the health care professional who evaluates the CFS employee. The health care professional may be one recommended by the agency or may be the employee's own personal physician. Written opinions will be obtained in the following instances:

- When the employee is sent to obtain the Hepatitis B vaccine.
- Whenever the employee is sent to a health care professional for a post-exposure evaluation and follow-up

Health care professionals evaluating an employee for a post-exposure incident shall be provided with:

- A copy of the regulation
- A description of the covered individual's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances under which exposure occurred
- If available, results of the source individual's blood test; and
- Relevant covered individual's medical records, including vaccination status.

Health care professionals shall be instructed to limit their opinions to:

- Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident
- Whether or not the employee has been informed of the results of the evaluation, and
- Whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. A written opinion to CFS will not reference

any personal medical information.

B. COMMUNICATION OF HAZARDS TO EMPLOYEES

1. Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur, and at least annually thereafter. Training will be conducted in the following manner:

Training for employees will include an explanation of the following:

- the OSHA standard for Bloodborne Pathogens
- Epidemiology and symptomatology of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- CFS Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc)
- Procedures which might cause exposure to blood or other potentially infectious materials at this facility
- Control methods that will be used to control exposure to blood or other potentially infectious materials.
- Personal protective equipment available at CFS
- Post Exposure evaluation and follow-up
- Use of Signs and labels
- CFS Hepatitis B vaccine program
- Questions and Answers

Materials used for training, such as videotapes, course handouts, brochures, and pamphlets will be appropriate in content and vocabulary to educational level, literacy, and language of individuals who are receiving training. An Infection Control quiz will be administered following the training to ensure that covered individuals understand the content of the training.

All training materials are located in the office of the Director of Training at the main office.

An Employee Training Record will be kept on file for each employee.

2. Labels and Signs

All covered individuals who give direct care to our clients in their homes will abide by the instructions given by the parents or guardian with regard to how waste should be labeled prior to disposal.

Likewise, all covered individuals who work at non-CFS will label wastes in accordance with the policies of the host facility.

All covered individuals will be provided with information regarding biohazards signs and labeling procedures should they be called upon to use them. This topic will be covered during the training.

C. RECORDKEEPING

All records required by the OSHA standard will be maintained by the Director of Human Resources.

All provisions required by the standard will be implemented immediately.

1. Training Records

Bloodborne Pathogen Standard training will be conducted by the Director of Training and assigned qualified staff. All training records will be maintained by the Director of Human Resources at the agency's Manhattan office

The Employee Training Record will include:

- the date of the training
- the content of the training
- the signature/initials of person(s) conducting the training (trainer qualifications are maintained by the Director of Human Resources)
- the name and job title of person attending the training
- the primary work site of the person attending the training
- the signature of the person attending the training session

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Covered employee training records will be provided upon his/her request or to his/her representative within 15 working days.

Transfer of Records: If The Center For Family Support ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer will notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

2. Medical Records

Medical records are maintained for each CFS employee with occupational exposure in accordance with 29 CFR 1910.20.

The Director of Human Resources is responsible for maintenance of the required medical records. The records are kept in her/his office at the agency's Manhattan office, 377 Seventh Avenue., NY, NY 10001.

Each employee's medical file will include:

- name and social security number of covered individual
- a copy of the covered individual's Hepatitis B vaccination status and any medical records relevant to his/her ability to receive vaccination;
- a copy of all results of medical examinations, testing, and follow-up procedures as required by the standard;
- a copy of all health care professionals' written opinion(s) as required by the standard.
- a copy of the information provided to the health care professional as required by the standard.

All medical records will be kept confidential and will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Covered employee medical records will be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Covered employee medical records will be provided upon his/her request or to anyone who has written consent of the covered individual within 15 working days.

Provisions required by the standard are currently being implemented.

DEFINITIONS

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency Virus (HIV).
- C. **Contamination** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Exposure Incident** - a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- E. **Occupational Exposure** - 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.
- F. **Parenteral** - piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- G. **Potentially Infectious Materials** (for the purposes of this ECP) means:
1. Semen
 2. Vaginal secretions
 3. Saliva after dental work
 4. Any body fluid that is visibly contaminated with blood
 5. All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- H. **Regulated Waste** - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or OPIMs in a liquid or semi-liquid state if compressed; contaminated sharps.