



Flagstaff Medical Center
Northern Arizona Healthcare

HOSPITAL
GUIDELINES OF PRACTICE

NUMBER: HP 1000-09
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EFFECTIVE DATE:
November 8, 2005

TITLE:
EXPOSURE CONTROL PLAN

PURPOSE

The purpose of the Exposure Control Plan for Flagstaff Medical Center is to identify all employees with potential risk for occupational exposure to bloodborne pathogens, to provide a procedure for evaluating exposure incidents, to implement the provisions of OSHA final rule for Occupational Exposure to Bloodborne Pathogens 29 CFR Part 1910.1030.

DEFINITIONS

Blood

Human blood, human blood components, and products made with human blood.

Bloodborne Pathogens

Pathogenic microorganisms that are present in human blood and other potentially infectious materials (OPIM) which can infect and cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Engineering Controls

Controls that isolate or remove the bloodborne pathogen hazards from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include blunt suture needles, plastic or mylar wrapped glass capillary tubes, as well as controls that are not medical devices such as sharps disposal containers.

Exposure Determination List

All employees who have reasonably anticipated risk of occupational exposure regardless of the degree of risk. (See attachment "Exposure Control Plan/Job Classifications".)

Needleless Systems

A device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure/Exposure Incident

A reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infection Materials (OPIM)

Includes the following:

1. Human body fluids: Semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human.
3. HIV containing cell or tissue or organ cultures, culture medium containing HIV, HBV, or HCV.

APPROVED BY/TITLE:

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DATE REVIEWED:

03/11/08

DATE REVISED:

Parenteral

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Regulated Waste

Liquid or semi-liquid blood or other potentially infectious materials (OPIM), contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with Engineered Sharps Injury Protection

A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other body fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Standard/Universal Precautions

An approach to infection control which treats all human blood and other potentially infectious materials as if known to be infectious with HIV, HBV, HCV, or other bloodborne pathogens.

Invasive Procedures

Entry into tissues, cavities, or organs, or repair of major traumatic injuries in the operating, delivery or emergency rooms or outpatient setting, angiographic procedures, a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur, or the manipulation, cutting or removal of any oral or perioral tissues during which bleeding occurs or the potential for bleeding exists.

High-Level Disinfection

Killing of vegetative organisms and viruses but not necessarily large numbers of bacterial spores.

ACCOUNTABILITY

1. The Infection Control Committee is responsible for the implementation and annual review of the Exposure Control Plan.
2. Directors and Clinical Coordinators are responsible to revise and update the exposure determination list as tasks, procedures and classifications are changed.
3. General Compliance:
 - a. Department Directors and Clinical Coordinators are responsible for exposure control in their respective areas to ensure that proper exposure control procedures are followed.
 - b. Compliance monitoring is the responsibility of Department Directors and Clinical Coordinators and may be done either directly or indirectly to ensure that employees comply with the required protective measures and recommended practices.
 - c. The Infection Control Committee (Employee Health and Infection Control) will evaluate reported non-compliance so that appropriate action can be taken.
4. Flagstaff Medical Center identifies the need for changes in engineering controls and work practices through review of OSHA log, Employee Health, Safety, Infection Control and Products Evaluation Committee. Non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps are involved in the evaluation process. The Products Evaluation Committee ensures effective product evaluation.
5. Employee Health Services is responsible for post-exposure evaluation and follow-up procedures, including HIV prophylaxis when necessary; Hepatitis B vaccination procedures.
6. Employee Health Services is responsible for maintenance of employee medical records, the Sharps Injury Log, and for the review of employee exposure incidents.
7. Environmental Services is responsible for the determination of written schedules of cleaning and decontamination based on location in the institution, type of surface to be cleaned, type of soil present, and for training employees in the proper use of disinfectants.

Job Classification in Which Employees Have Exposure to Bloodborne Pathogens

1. Listed in attachment "Exposure Control Plan/Job Classifications" are job classifications for Flagstaff Medical Center where employees handle human blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens.

PROCEDURE

Universal/Standard Precautions

Universal/Standard Blood and Body Fluid Precautions are used for **all** patients regardless of their diagnosis or presumed infection status.

Standard (Universal) Precautions apply to blood, all body fluids, secretions except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other potentially infectious materials of any patient is anticipated.

Employees and medical staff who have exudative lesions or weeping dermatitis must/should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Employees and medical staff familiarize themselves with and strictly adhere to precautions to minimize the risk of exposure to body/body fluid pathogens.

Sterilization and disinfection procedures for patient care equipment are adequate to sterilize/disinfect instruments, devices or other items contaminated with blood or other body fluids.

1. Isolation Techniques
 - a. Implement Standard (Universal) blood and body fluid precautions for all patients.
 - b. Use additional transmission based precautions (i.e. airborne, droplet, and contact) for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Universal Precautions are needed to interrupt transmission.

Engineering Controls (see attachment "Exposure Control Plan/Job Classifications")

1. Engineering controls are used to reduce occupational exposure and are examined and maintained or replaced on a regular schedule to ensure their effectiveness.
2. Department Directors and Clinical Coordinators are responsible for reviewing tasks and procedures performed in their respective areas to identify:
 - a. New or improved engineering controls.
 - b. Existing engineering controls for proper function, needed repair or replacement.

This information is communicated to the Employee Health Nurse, Infection Control Nurse, or purchasing.

3. Hand washing facilities with running water, soap and paper towels are readily accessible to all employees. If soap and running water are not available, antiseptic hand cleansers are readily accessible. When antiseptic hand cleansers are used, hands are washed with soap and running water as soon as feasible, if visibly soiled.

Wash hands and other skin surfaces immediately and thoroughly:

- a. If contaminated with blood or other potentially infectious materials.
- b. After touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn.
- c. After gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
- d. Between tasks and procedures on the same patient to prevent cross contamination of different body sites.
- e. After you remove gloves.

- f. After going to the bathroom.
 - g. Before eating.
4. Disposable sharps containers accessible to employees are:
- a. Closable, puncture resistant, leak proof on the sides and bottom, and labeled with a biohazard sign.
 - b. Located in all patient rooms, exam rooms, and other areas where sharps may be found although not routinely used.
 - c. Designed to remain upright throughout use.

It is the responsibility of all employees to dispose of sharps appropriately.

It is the responsibility of Stericycle Bio Systems to ensure that sharps containers are replaced and not overfilled.

5. The use of safer medical devices, where commercially available, appropriate, and effective is mandatory.

Work Practice Controls

Safe work practices to reduce the likelihood of occupational exposure during all procedures or tasks that involve contact with blood or other potentially infectious materials include, but are not limited to:

1. Bending, shearing, or breaking of contaminated needles is prohibited. Contaminated needles are not recapped by hand or removed from disposable syringes by hand, unless there is no feasible alternative or recapping is required during a specific medical procedure. In situations where recapping or removal of needles from syringes is necessary, it is accomplished with the use of a safe one-hand recapping technique. Recapping is permitted as follows:
 - a. Syringes used in obtaining specimens for blood gas analysis.
 - b. Administration of incremental doses of a medication to the same patient.
 - c. Nuclear Medicine due to radioactive medications and Nuclear Regulatory Commission (NRC) requirements
2. Reusable sharps, such as scalpels or needles, are placed in puncture resistant and leak proof containers, which are either red or labeled with the biohazard sign, until they are reprocessed.
3. Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
4. Food and drink are not kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
5. All procedures involving blood or other potentially infectious materials are performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
6. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
7. Specimens of blood or other potentially infectious materials are placed in a container which prevents leakage during collection, handling, processing, storage, and transport. Universal/Standard Precautions are utilized in handling all specimens. Specimens are appropriately labeled with biohazard symbol.
8. If contamination of the outside of a primary specimen container occurs that container is placed within a second leak proof container appropriately labeled for handling and storage. If the specimen could puncture the primary container, the secondary container must be puncture resistant as well.

Personal Protective Equipment

1. When potential for occupational exposure exists after the use of engineering and work practice controls, appropriate personal protective equipment is provided at no cost to the employee for supplemental protection. Personal protective equipment (PPE) includes, but is not limited to gloves, gowns laboratory coats, face shields/masks, eye protection/goggles, mouthpieces, resuscitation bags, pocket masks, surgical caps, hoods, and shoe covers.

2. If blood or other potentially infectious material penetrates a garment, the garment is removed immediately, or as soon as feasible.
3. All personal protective equipment is removed prior to leaving the work area and placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.
4. Cleaning, laundering, disposal, repair and/or replacement of personal protective equipment as needed to maintain its effectiveness are provided at no cost to the employees.
5. Gloves are worn when it can be reasonably anticipated that there will be hand contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
6. Disposable (single use) gloves such as surgical or examination gloves are replaced as soon as practical when contaminated or as soon as feasible if torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves are not to be washed or processed for re-use. Gloves are changed between patients and hands are washed immediately or as soon as feasible following removal.
7. Utility gloves may be decontaminated for re-use provided the integrity is maintained. Any utility gloves which are cracked, peeling, torn, or exhibiting other signs of deterioration, or when their ability to function as a barrier is compromised are appropriately discarded.
8. Masks, eye protection and face shields (such as goggles or glasses with solid side shields, or chin length face shields) are worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose or mouth contamination can be reasonably anticipated.
9. Surgical caps/hoods and/or shoe covers/boots are worn in instances when gross contamination can be reasonably anticipated (i.e. autopsies, orthopedic surgery).
10. Hospital issued scrub suits and lab coats worn as PPE must not be worn off-site by the employee or taken home to be laundered.

Housekeeping (Environmental Services)

1. Building Services is responsible for ensuring that the facility is maintained in a clean and sanitary condition. Building Services-Cleaning Procedures are located in the department guideline: Frequency of, for a written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, types of soil present, and tasks or procedures being performed in the area.
2. All **equipment and environmental and working surfaces** are cleaned and decontaminated after contact with blood or other potentially infectious materials with an Environmental Protection Agency (EPA) approved health center germicidal detergent as follows:
 - a. After the completion of procedures.
 - b. Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
 - c. At the end of the work shift if the surface may have been contaminated since the last cleaning.
3. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials are inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination by Environmental Services personnel. See Building Services department cleaning guidelines for Cleaning, Frequency of, for a written schedule.
4. Potentially contaminated broken glassware is picked up using a mechanical means such as a brush and dustpan, tongs, or forceps.
5. All **regulated waste** is handled according to Guidelines of Practice #HP 1000-23 "Handling and Disposal of Biohazardous Medical Waste/Devices".

Contaminated Laundry

1. Soiled linen should be handled as little as possible.
2. Bag linen at point of use.

3. Soiled laundry will be placed in leak proof bag, properly labels.
4. Employees will wear appropriate protective equipment that prevents contact with soiled linen.
5. Do not over fill the bag.
6. Transport laundry as soon as possible.
7. All laundry is done by an outside vendor, using standard/universal precautions in handling all linens.
8. See EVS guidelines on linens.

HEPATITIS B VACCINATION

1. All new employees will receive information regarding the Hepatitis B immunization program.
2. All new employees in Risk Categories 1-2 will be offered the Hepatitis B immunization series at no cost to themselves.
 - a. New employees who accept the Hepatitis B immunizations must sign a "Consent for Hepatitis B Immunization".
 - b. New employees who elect not to receive the Hepatitis B immunizations must sign a "Refusal of Hepatitis B Vaccination". If, in the future, the employee decides to accept the immunization they must contact NAH Employee Health.
 - c. New employees who accept the immunizations must sign a "Consent for Hepatitis B Immunization".
 - d. New employees who elect not to receive the Hepatitis B immunizations must sign a "Refusal of Hepatitis B Vaccination". If, in the future, the employee decides to accept the immunization they must contact NAH Employee Health.
3. Post Immunization Testing*
 - a. All category 1-2 new employees who receive the 3 Hepatitis B immunizations will receive a Hepatitis B Ab titer 30 days following the last immunization.
 - b. All category 1-2 new employees whose Hepatitis B immune titer is negative will be offered a second immunization series followed in 30 days with an immune titer.
 - c. If the second Hepatitis immune titer is negative the new employee will be counseled by NAH Employee Health on post exposure prophylaxis.

*This guideline is to begin on the date of revision below.

Current Employees

Category 3 employees who transfer to Category 1-2 will be offered the Hepatitis B immunization series following the Post Hire/Pre Placement policy and Post Immunization Testing procedures.

Volunteers

A volunteer whose job places the volunteer in risk Category 1-2 will be offered the same Hepatitis B series and post-immunization testing.

Students

Students whose clinical experience places them in risk Category 1-2 are responsible for obtaining the Hepatitis B immunization at their own expense. It is the student's educational facility's responsibility to ensure that the student is immunized.

Contractors

All contractors whose contracted services place them in risk Category 1-2 are responsible for obtaining the Hepatitis B immunization at their own expense.

POST-EXPOSURE FOLLOW-UP

ELIGIBILITY

All NAH employees and volunteers are covered by Worker's Compensation Insurance. Independent contractors, temporary agency employees, student observers, students in clinical rotations, contractors, visitors, and other groups must provide their own coverage.

1. A confidential post-exposure evaluation and follow-up is available to all employees who have had an exposure incident. Post-exposure medical evaluation, investigation, follow-up, and documentation are performed by Employee Health Services (EHS) or the Emergency Department after hours.
2. The following will be performed for all exposure incidents:
 - a. Immediately perform first aid/wash the wound with soap and water; or flush the eyes, nose or mouth with water.
 - b. The source patient will be tested as soon as possible to determine HIV, HBV, and HCV infectivity. Results of the source individual's testing shall be made available to the exposed employee.
 - c. Post-exposure prophylaxis, when medically indicated, will be provided at no cost to the employee.
 - d. Employee medical records are kept for at least the duration of employment plus 30 years. These records will not be provided to anyone without the express written consent of the employee.

Risk Assessment

High Risk Exposure

1. Percutaneous or splash to mucus membrane/non-intact skin of blood or other potential infectious material of known HBV, Ag, HCV, or HIV positive source.
2. Source has high risk factors.
3. A deep percutaneous stick with hollow bore needle that has been in a vein or artery.
4. Splash to mucus membrane of a large amount of blood.
5. Splash to non-intact skin of a large amount of blood that covered a large area.
6. A deep percutaneous stick with hollow bore needle of unknown origin.

Moderate Exposure

1. Stick with hollow bore needle following IM or SQ injection.
2. A minor percutaneous stick with hollow bore needle of unknown origin.
3. Laceration with a solid sharp (i.e. scalpel).
4. Splash to mucus membrane of a small/moderate amount of blood.
5. Splash to non-intact skin of a small/moderate amount of blood.
6. No source BBF risk factors.

No Risk Exposure

1. Stick with clean sharp or splash to intact skin.

Post Exposure Follow Through

High Risk and Moderate Risk Exposure

1. Report said exposure immediately to NAH Employee Health during regular hours or the Shift Supervisor/ADON if after hours.
2. Following a Blood Borne Pathogen (BBP) exposure it is imperative that the following steps be followed and completed within two (2) hours of the reported exposure to ensure the timely initiation of post exposure prophylaxis.

Immediately Following the Report of BBP Exposure

Source

1. Employee Health or the Shift Coordinator will interview the **Source** patient, filling out the following forms, gaining signatures where required.
 - a. Consent for Patient HIV Testing Following An Employee Exposure
 - b. Source Consent for HIV Testing
 - c. Source Exposure Form, if possible

2. Employee Health or the Shift Coordinator will fill out the Employee Health Requisition checking the following under Laboratory: Post Exposure, "**Source**":
 - a. Hepatitis BsAg
 - b. Hepatitis C
 - c. HIV Rapid Test
3. Employee Health or the Shift Coordinator will notify the laboratory immediately to draw blood stat for the above tests per laboratory procedures.
4. The laboratory upon notification of the need for a HIVR test will:
 - a. Draw blood sample for the above tests per laboratory procedures.
 - b. Immediately upon receipt of the blood sample, laboratory personnel will begin the HIV Rapid test.
 - c. Immediately following completion of the HIVR test, laboratory personnel will inform Employee Health or the Shift Coordinator of the test results by phone.
 - 1) At FMC – Employee Health Pager 556-6458
 - 2) At FMC – Shift Coordinator Pager 779-8439
5. Employee Health or the Shift Coordinator upon receipt of the HIVR test results will notify the exposed employee of the results.
 - a. If the HIVR test result is positive the employee is to be referred immediately to the Emergency Department for evaluation for the possible initiation of post exposure prophylaxis.
 - b. If the HIVR test is negative no further follow up for HIV is necessary.

Employee

1. The NAH Employee Health Nurse or the Shift Supervisor/ADON will:
 - a. Assist the employee to fill out the
 - 1) Employee's Report of Injury
 - 2) NAH Exposure Packet and will obtain employee's consent
 - b. Order all base line testing
 - 1) Hepatitis BsAb
 - 2) Hepatitis C Ab
 - 3) HIVE
2. If the exposure requires medical attention such as sutures or eye irrigation following a splash to the eye:
 - a. Refer employee to the ED for treatment
 - b. Complete Employee's Report of Injury and the NAH exposure packet as above
 - c. Order baseline testing after obtaining consent
 - 1) Hepatitis BsAb
 - 2) Hepatitis C Ab
 - 3) HIVE
3. All follow up will be done by NAH Employee Health, with necessary consultation provided by the Infection Control physician, as soon as results of the source and employee tests are available.

No Risk Exposure

1. Complete Employee Blood Exposure Report Form (page 2 only).
2. Complete Employee's Report of Injury.

Volunteers

All volunteers will follow this same Work Related Injury/Illness Reporting and Process as NAH employees.

Students

1. Students who experience a Blood Borne Pathogen Exposure will follow the same Work Related Injury/Illness Reporting and Process as NAH employees.
2. All expenses for the laboratory testing of the source and student will be the responsibility of the student and/or his/her educational institution.

Contractors

All contractors will follow this same Work Related Injury/Illness Reporting and Process as students.

HAZARD COMMUNICATION

Contaminated equipment, containers of regulated waste, and refrigerators and freezers or other containers used to store, transport, or ship blood or other potentially infectious materials is labeled with the Universal/Standard biohazard symbol followed by the term biohazard or placed in red bags or containers to warn employees of potential hazards. The biohazard label is fluorescent orange or orange-red, with lettering or symbols in a contrasting color. The labels are either an integral part of the container or affixed as close as feasible to the container by a string, wire, adhesive, or other method to prevent their loss or unintentional removal.

1. Biohazard symbols and/or signs are posted in areas where blood, specimens or OPIM are processed and/or stored.



EMPLOYEE TRAINING

1. Specific information and training about occupational hazards and required protective measures is provided to new employees:
 - a. At the time of initial assignment
 - b. At no cost to the employee
 - c. During regular working hours
 - d. At a location reasonably accessible
 - e. By an individual who is knowledgeable in the subject matter
2. Retraining is provided on an annual basis. Additional training is provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.
3. Infection Control and Employee Health is responsible for providing the training program that is appropriate in content, language, vocabulary to the educational literacy and language background of the employees. The training program contains the following elements:
 - a. An accessible copy of the regulatory text of the Occupational Exposure to Bloodborne Pathogen Standard and an explanation of its contents.
www.osha.gov/SLTC/bloodborne pathogens/index.html
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the exposure control plan and the means by which a copy of the written plan can be obtained.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

- f. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
 - h. An explanation of the basis for selection of personal protective equipment.
 - i. Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - k. 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 is available.
 - l. Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - m. An explanation of the signs and labels and/or color coding used to identify hazards.
 - n. An opportunity for interactive questions and answers with the person conducting the training.
4. Education Department is responsible for keeping written training records for at least three years which include the following information
- a. The dates of the training sessions.
 - b. The contents or a summary of the training.
 - c. The names and qualifications of the persons conducting the training sessions.
 - d. The names and job titles of all persons attending the training sessions.

Medical Records

1. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.120 "Access to Employee Exposure and Medical Records."
2. NAH Employee Health is responsible for maintenance of the required medical records. These confidential records are kept at NAH Employee Health for at least the duration of employment plus 30 years.

Sharps Injury Log

1. In addition to the 1904 Record Keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:
 - a. The date of the injury.
 - b. The type and brand of the device involved.
 - c. The department or work area where the incident occurred.
 - d. An explanation of how the incident occurred.
 - e. This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is request by anyone it must have any personal identifiers removed from the report.

ATTACHMENTS Engineering Control/Safety Devices

Exposure Control Plan/Job Classifications

REFERENCES

OSHA Final Rule for Occupational Exposure to Bloodborne Pathogens 29CFR Part 1910.1030.

CDC Update: Universal/Standard Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health Care Settings, June 24, 1988/Vol.37/No. 24.

CDC Recommendations for Prevention of HIV Transmission in Health Care Settings, August 21, 1987/Vol. 36/No. 25.

Hospital Infection Control Practices Advisory Committee (HICPAC) Recommendations for Isolation Precautions in Hospitals, from Centers for Disease Control and Prevention, Public Health Services, U.S. Department of Health and Human Services, Am J Infect Control 24:24-52, 1996.

OSHA Occupational Exposure to Bloodborne Pathogens; Needlestick and other Sharps Injuries; Final Rule January 18, 2001.

ENGINEERING CONTROL/SAFETY DEVICES

Changes in technology that eliminate or reduce exposure to bloodborne pathogens. This is an ongoing process throughout the year to implement appropriate commercially available effective safer medical devices designed to eliminate or minimize occupational exposure. All safety devices are trialed and reviewed by front line staff and evaluation forms are kept in Purchasing Department.

ENGINEERING CONTROLS	TRIAL/EVALUATION DATE	TRIAL/EVALUATION LOCATION	IMPLEMENTATION DATE	IMPLEMENTATION LOCATION
Insyte Autogard angiocath	2001	All locations	2001	All locations
Point-Lock sharps safety device	2001	All locations	2001	All locations
Portex hypodermic needle with safety sheath	2001	All locations	2001	All locations
Laboratory safe stopper remover device	2003	All locations	2003	All locations
Laboratory safety shield	1994	All locations	1994	All locations
Sharps disposal container	2006	All locations	2006	All locations
Alaris Smart Site Needleless IV System	1999	All locations	1999	All locations
Unistick self sheathing lancet	5/2003	All locations	5/2003	All locations
Portex Vaccutainer with safety sheath	2001	All locations	2001	All locations

EXPOSURE CONTROL PLAN/JOB CLASSIFICATIONS

PURPOSE

All tasks or jobs are assigned a category to indicate the degree of anticipated risk of occupational exposure.

RISK CATEGORIES ARE DEFINED AS

CATEGORY I

Tasks that involve exposure to blood, body fluids or tissues. Frequent exposure to blood, other potentially infected materials/fluids and tissues, toxic substances, ionizing radiation, medical radiation, medical preparations or other conditions common to the hospital environment.

CATEGORY II

Tasks that include no routine exposure to blood, other potentially infected materials/fluids and tissues, but employment may require performing unplanned category I tasks.

CATEGORY III

Tasks that include no exposure to blood, other potentially infected materials/fluids and/or tissues, and employment does not require performing category I tasks.

FLAGSTAFF MEDICAL CENTER			
EXPOSURE CONTROL PLAN			
EXPOSURE CATEGORIES BY JOB/TASK			
JOB/TASK CATEGORY	CATEGORY I	CATEGORY II	CATEGORY III
Administration			
Administrator			X
Assist. Administrator			X
Administrative Assist.			X
Office/Med. Records			
Business Office			X
Med. Records			X
Med. Rec. Social Service			X
Outpatient Clinic		X	
Laboratory: Inpatient/Outpatient			
Lab Director/Manager/Supervisor	X		
Lab Techs/Assistants	X		
Histology Tech/Aide		X	
Radiology			
Director/Manager/Supervisor	X		
Radiology Techs	X		
Radiology Assistants		X	
Nursing			
RN, Med/Surg Tech, PCT	X		
Unit Secretary		X	
Infect. Control Nurse		X	
Cardiac Rehab		X	
Oncology	X		
Employee Health		X	
Pharmacy Inpatient/Outpatient			
Pharmacy Director		X	
Pharmacist Inpatient	X		
Pharm Tech Inpatient		X	
Pharmacist Outpatient			X
Pharm Tech Outpatient			X
Purchasing			
Department Dir./Manager/Supervisor			X
Tech Stores/PYXIS Tech			X
Therapy Services			
Physical Therapist	X		

PT Assistant/Tech	X		
Occupational Therapist		X	
Speech Therapy		X	
Environmental Service			
Director/Manager/Supervisor		X	
Housekeeping	X		
Laundry		X	
Facilities/Plant Operations/BioMed			
Maintenance Service		X	
Nutrition Services			
Dietary – Cook/Assist			X
Dietary Nutritionist/Assistant		X	
Dietary Director			X
Clinic Office Staff			
Receptionist		X	
Insurance Biller			X
Cashier			X
Office Manager			X
Transcriptionist			X
Guardian Air/Ground			
Flight RN/Paramedic/Respiratory	X		
EMT/Paramedic	X		
Security			
Security Officer	X		
Switch Board			X
Valet/Van Driver		X	
Behavioral Health			
Mental Health RN		X	
Mental Health Tech		X	
Unit Secretary		X	
Administrative Staff			X
Home Health			
RN	X		
CNA		X	
Administrative Staff			X
Radiation/Oncology			
RN	X		
Radiation Therapy		X	
Administrative Staff			X
Volunteer			
ED/SCN		X	
All other			X
Administrative Staff			X

SELECTING PERSONAL PROTECTIVE EQUIPMENT

Personal Protective clothing and Equipment (PPE) must be suitable.

The level of protection must fit the expected exposure.

PPE may include gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear.

PPE is readily accessible to employees and available in appropriate sizes.

Blood or body fluids (except sweat) is not to reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions for the duration of the exposure or task.

PPE is provided by the hospital and hospital staff ensures that employees use it.

The employee must remove PPE when leaving the area or when the PPE becomes contaminated. PPE is disposed of according to hospital Waste Management procedure.

ONLY CATEGORY I AND II JOB DESCRIPTIONS REQUIRE TASK SPECIFIC LISTS FOR PERSONAL PROTECTIVE EQUIPMENT.

Listed below are the minimum requirements recommended during a controlled situation, to protect the job category personnel from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of all staff to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures. Refer to hospital and departmental policy and procedure manuals.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

Sterile technique is to be used during sterile procedures.

DEPARTMENT: LABORATORY – FMC/ALLIANCE

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Lab Tech	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood, Body Fluids, Tissues
Lab Manager	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood, Body Fluids, Tissues

X = Routinely S = If soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	FLUID RESIST. COAT	RESUSCITATION EQUIPMENT
Handling opened specimens	X			X	X	
Opening specimens	X			X	X	
Drawing blood	X			X	X	
Cleaning work surfaces	X				X	
Washing glassware	X				X	
Clerical work administrative						

Implementation of Standard Precautions for all patients eliminates the need for warning labels on specimens within the hospital, since blood and other body fluids from all patients are considered infectious.

1. All specimens of blood and body fluids are put in well-constructed containers with a secure lid to prevent leakage during transport. Care is taken when collecting each specimen to avoid contaminating the outside of the container.
2. All persons processing blood and body fluid specimens (i.e., removing tops from vacuum tubes) wear gloves.
3. Masks and protective eyewear are worn if mucous-membrane contact with blood or body fluids is anticipated.
4. Gloves are changed and hands washed after completion of specimen processing.

DEPARTMENT: NUTRITION SERVICES

X = Routinely S = If soiling likely ** = If splattering likely

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Director			
Dietary Worker			
Nutrition Assistant	Routine	Skin	Body Fluids, Tissue
Nutritionist	Routine	Skin	Body Fluids, Tissue

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	PLASTIC APRON	RESUSCITATION EQUIPMENT
Director						
Dietary Worker						
Nutrition Assistant	X					
Nutritionist	X					

DEPARTMENT: RADIOLOGY

X = Routinely S = Soiling likely ** = If splattering likely

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Radiology Technician	Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue
Radiology Supervisor	Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	PLASTIC APRON	RESUSCITATION EQUIPMENT
Starting and discontinuing peripheral IV	X					
Non invasive procedures						
Invasive procedures		X		**	S	
Barium enema	X				S	
Contact with draining wound	X					
Removal radioactive iodine	X					
MVA	X				X	
CPR	X					X

DEPARTMENT: NURSING (MED/SURG, CCU)

GENERAL PATIENT CARE

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Clinical Leader	Routine	Skin, Eye, Mouth, Puncture	Blood, Body Fluids, Tissue
RN Oncology	Routine	Skin, Eye, Mouth, Puncture	Blood, Body Fluids, Tissue
Med/Surg Tech	Routine	Skin, Eye, Mouth, Puncture	Blood, Body Fluids, Tissue
Nursing Assistant	Routine	Skin, Eye, Mouth, Puncture	Blood, Body Fluids, Tissue
Unit Secretary	Non Routine	Skin, Eye, Mouth, Puncture	Blood, Body Fluids, Tissue

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS	RESUSCITATION EQUIPMENT
Pt. Physical Assessment	X					
Med. IM, IV	X					
Insert. Rectal Suppository	X					
Vaginal Procedure	X					
Pt. Bath	X				S	
Toileting	X				S	

Wound Care	X	X	**	**	X	
Trach Care		X		X		
Endotracheal Suctioning		X		X	X	
Peripheral IV Insertion and Removal	X					
Central Line IV Insertion and Removal		X	X	X	X	
Tube Feeding						
Code/CPR	X			**	S	X
Foley Cath. Insertion		X				
Foley Cath. Irrigation	X					
Emptying JP Drain	X			S		
Empty Foley Bag, urinal, bed pan, emesis basin	X					
Insertion NG tube	X				S	
Emptying Levine jar	X			**		
Oral Care	X					
Oral Suction	X			**		
Accu Check	X					
Applying Pressure to Control Bleed	X	X	**	**	S	
Cleaning surfaces contaminated by blood/body fluids	X					
Ostomy Care	X			**	S	
Rectal Procedures	X			**	S	
Wound Irrigation	X			**	S	
Wound dressing change/care		X		**	S	
Burn Dressing change		X				
Suture Staple removal – dry wound		X				
Suture Staple removal – with drainage		X		**	S	X
Invasive Procedures	X	**	**	**	S	
Lavage	X					
Feeding Pt.	X					
Wastebasket removal	X					
Clean up of Pt. and contact with blood body fluids	X			**	S	
Decubitus Care		X				
Collecting specimens	X					
Direct contact with pt. with frequent, forceful cough	X			X		
Oral suctioning, oral/nasal care	X			X		
Vital Signs						
Washing Hair						
Post-mortem care	X			X		
Changing linen contaminated with blood/body fluids	X			S		
Oxygen set up						
Oxygen administration	X					
Breathing Tx	X					
Noninvasive Procedures						
Postural drainage	X					

O2 Tx. Instructions						
Oximetry						
Care of O2 Equipment	X					
Intubation		X	**	**	S	
Administration and disposal of Chemotherapy Drugs (to include care of Chemo spill)	Chemo. Strength X				Chemo Strength X	
Care of Pt. in Contact Transmission Precautions	X				X	
Care of Pt. in Droplet Precautions	X				X	
Cleaning Unit after dismissal	X					

DEPARTMENT: GUARDIAN MEDICAL/AIR TRANSPORT

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Flight RN	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Flight Paramedic	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Flight Respiratory Therapist	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
EMT	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Paramedic	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Battalion Chief/Director	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

DEPARTMENT: NURSING (OBSTETRICS/NEWBORN)

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
RN	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
OB Tech	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Unit Clerk	Occasional	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

LIST IN ADDITION TO NURSING (MED/SURG, CCU) GENERAL PATIENT CARE

X=Routinely

S=Soiling likely

**=If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Labor (for procedures)	X	X				
Delivery	X		X	X	X	
Newborn care	X		X		X	
Post delivery cleaning	X				X	
Newborn care before first bath	X				X	
Bath of newborn after first bath						
Diapering	X					

Handling breast milk	X					
Removal of mucous	X					
Circumcision and care of	X					

DEPARTMENT: EMERGENCY DEPARTMENT

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Clinical Nurse Manager	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
RN	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
ED Tech	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Any personnel asked to help	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

LIST IN ADDITION TO NURSING (MED/SURG, CCU) GENERAL PATIENT CARE

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Simple laceration		X				
Extensive lacerations		X			X	
Drawing lab work	X					
Induced vomiting	X			X	X	
All Trauma alerts	X		X	X	X	

DEPARTMENT: SURGERY/STERILE PROCESSING

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
OR Supervisor	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Surgeon	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Anesthesia Personnel	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
RN	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
OR Tech	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Central Supply Staff	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

LIST IN ADDITION TO NURSING (MED., SURG., CCU) GENERAL PATIENT CARE

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TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
All procedures done in the OR (Scrub Nurse and Surgeons)		X	X	**	X	
Decontaminating Instruments	X			X	X	
OR cleaning	X					
Opening supplies	X			X	S	
Employ suction	X			X	S	
Handling specimens (OR Circulator)						
Recovery Room (See nursing i.e. dressing changes suctioning empty Foley bag)						
Anesthesia						
Start and d.c. IV	X					
Intubation	X		X	X	S	
Suctioning	X		X	X	S	
NG Insert	X		X		S	
Draw Lab	X		X		S	
Stop bleeding	X		X	X	S	
Cent. Line	X	X	X		S	
Clean Equip	X				S	

DEPARTMENT: THERAPY SERVICES

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Physical Therapist	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Physical Therapy Tech/Assist	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Occupational Therapist	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Speech Therapist	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

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TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Routine Patient Care	X					
Direct Contact with Blood/body fluids	X				S	
Removing dressing and wound care	X				S	
Whirlpool care with wound drainage	X					
Wound Debridement	X				X	
PulsaVac	X		X	X	X	
CPR	X					X

DEPARTMENT: ENVIRONMENTAL SERVICES, FACILITIES, PLANT OPERATIONS

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Housekeeping	Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue
Laundry	Non Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue
Facilities Tech	Non Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue
Plant Tech	Non Routine	Skin, Eye, Mouth, Puncture, Sharps, Other	Blood Body Fluids Tissue

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Building and Textile Services						
-Daily Clean	X					
-House clean	X			**	S	
-BR bowl	X					
-Unit clean						
-Unit cleaning after Discharge	X			**	X	
-Unit clean after Discharge of transmission Precautions	X				S	
-Transport of linen contam with blood/body fluids						
Building Maintenance						

DEPARTMENT: CATEGORY II CLASSIFICATION OUTPATIENT CLINIC RECEPTION AREA, INFECTION CONTROL NURSE, CARDIOPULMONARY NURSE, EMPLOYEE HEALTH

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Cardiopulmonary Nurse	Emergency	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids
Infection Control Nurse	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Employee Health Nurse	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Outpatient Clinic Coordinator	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Outpatient Coordinator Pt. presented in emergency situation with blood/body fluids involved	X			**	S	

Cardiopulmonary See General Patient Care Task List

Infection Control Nurse/Employee Health See General Patient Care Task List

DEPARTMENT: CLINIC

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Receptionist	Non Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids
Clinic Nurse	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue
Medical Assistant	Routine	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids Tissue

LIST IN ADDITION TO NURSING (MED., SURG., CCU): GENERAL PATIENT CARE

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/ PLASTIC APRONS	RESUSCITATION EQUIPMENT
Clinic Receptionist Pt. presented in emergency situation with blood/body fluids involved	X			**	S	
Transporting Specimens	X					
Clinic Nurse Medical Assistant See General Patient Care List	X	X	**	**	S	If needed
Patient Assessment	X					

DEPARTMENT: PHARMACY, SECURITY, BEHAVIORAL HEALTH, RADIATION/ONCOLOGY, VOLUNTEER

JOB	FREQUENCY OF CONTACT	ROUTE OF TRANSMISSION	CONTACT WITH OPIM
Pharmacist Inpatient	Emergency	Skin, Eye, Mouth, Puncture, Sharps	Blood Body Fluids

X = Routinely S = Soiling likely ** = If splattering likely

TASK	EXAM GLOVES	STERILE GLOVES	MASK	EYE PROTECTION	GOWNS/PLASTIC APRONS	RESUSCITATION EQUIPMENT
When presented in emergency situation with blood/body fluids involved	X			**	S	