

SWEET MEDICAL CENTER POLICY & PROCEDURES MANUAL

HEALTH AND SAFETY

EXPOSURE CONTROL PLAN

The Sweet Medical Center 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) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist us in implementing and ensuring compliance with standards, thereby protecting our employees. This ECP includes:

- * Determination of employee exposure
- * Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- * Hepatitis B vaccination
- * Post-exposure evaluation and follow-up
- * Communication of hazards to employees and training
- * Recordkeeping
- * Procedures for evaluating circumstances surrounding an exposure incident

PROGRAM ADMINISTRATION

- * The Safety Officer is responsible for the implementation of the ECP. The Safety Officer will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- * Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- * The Department Heads will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Department Heads will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- * The Safety Officer will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- * The Safety Officer will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

JOB TITLE

Lab Technician
Ancillary Services Nurse
Clinic Nurse
Providers

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE

Housekeeper
CNA/Medical Records Supervisor

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts since it is available on the Sweet Medical Center, Inc. website.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- *Safety Needles
- *Safety Needle Holders
- *Sharps disposal containers are inspected and maintained or replaced by the lab person or the RN.

This facility identifies the need for changes in engineering control and work practices through employee feedback. We evaluate need procedures or new products by testing out new products to see which works best for our situation.

The following staff is involved in this process:

The Lab Techs, Nurses and Physicians try new products in their respective departments for 2 weeks. They then make a decision on which product is best and order that product.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the supervisors in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available to employees are as follows:

Gloves, Gowns, Eye Protection, Safety Needles and Safety Needle Holders

PPE is located in the laboratory, nursing station, and exam rooms.

All employees using PPE must observe the following precautions:

- * Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- * Remove PPE after it becomes contaminated, and before leaving the work area.
- * Used PPE may be disposed of in the hazardous materials disposal containers and sharps containers.
- * Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- * Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- * Never wash or decontaminate disposable gloves for reuse.
- * Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- * Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

HOUSEKEEPING

- **Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- **Sharps disposal containers** should be discarded in the regulated waste container when they are full.
- **Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in exam rooms, laboratory, x-ray, and nursing stations. Sharps disposal containers will be placed so as to prevent access by patients or visitors.
- **Bins and pails** (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- **Broken glassware** which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

LAUNDRY

Laundering will be performed by Havre Laundry, Havre, Montana.

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (*red bags or bags marked with biohazard symbol*) for this purpose.
- * wear the following PPE when handling and/or sorting contaminated laundry:
Gloves

LABELS

The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED	LABEL TYPE
Specimens	Biohazards Label
Contaminated Laundry	Red Bag
Refrigerators	Biohazards Label

The Laboratory Department will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify The Safety Officer if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

The Safety Officer will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is generally received by healthcare personnel during their training. This vaccination is not recommended for persons who have casual contact with carriers in offices.

Vaccination, which will be provided at no cost to the employee, is encouraged for all employees who have direct, extended contact with patients or likely exposure to bloodborne pathogens unless:

- documentation exists that the employee has previously received the series,
- antibody testing reveals that the employee is immune, or
- medical evaluation shows that vaccination is contraindicated.

If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's personnel file.

TB TESTING

IAW with direction from the Montana Department of Health and Human Services, TB Program Manager, Sweet Medical Center, Inc. is a low risk facility and will perform baseline TB testing only on newly-hired employees who have not been tested. Annual testing is not recommended and will not be conducted.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Medical Director, Sweet Medical Center.

An immediately available confidential medical evaluation and follow-up will be conducted by a Sweet Medical Center Physician . Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- * Document the routes of exposure and how the exposure occurred.
- * Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- * Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- * If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- * Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- * After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- * If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Safety Officer ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Safety Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test
- * relevant employee medical records, including vaccination status

The employee will be given a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety Officer will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used
- * protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- * location of the incident
- * procedure being performed when the incident occurred
- * employee's training

If it is determined that revisions need to be made, the Safety Officer will ensure that appropriate changes are made to this ECP.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- * a copy and explanation of the standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- * information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- * an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- * information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- * an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- * an opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the personnel files of the employee located in the Business Office.

The training records include:

- * the dates of the training sessions
- * the contents or a summary of the training sessions
- * the names and qualifications of persons conducting the training
- * the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Safety Officer, Sweet Medical Center, Box 309, Chinook, Montana, 59523.

MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

Medical Records Department is responsible for maintenance of the required medical records. These confidential records are kept at Sweet Medical Center for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Safety Officer, Sweet Medical Center, Box 309, Chinook, Montana, 59523.

OSHA RECORDKEEPING

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Safety Officer.

Approved: _____
(Date)

Chair, Board of Directors

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____

Date: _____