


2261 EXPOSURE CONTROL PLAN	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-10
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): OSHA Title 29 of Code of Federal Regulations	Related Form(s): Declination Form Bridges' Screen(s) and Attachment(s): _____

To reduce the risk of occupational exposures to blood-borne pathogens, the DJJS Exposure Control Plan has been developed in accordance with the Occupational Safety and Health Administration (OSHA) standards, Part 1910.1030 of Title 29 of the Code of Federal Regulations, also called the Blood-Borne Pathogens Standards. The standards apply to all persons occupationally exposed to blood or other potentially infectious materials.

The Exposure Control Plan is made accessible to all employees through inclusion in the SYSC Policy and Procedure Manual. Copies of the Exposure Control Plan are distributed to all new employees upon hire. Copies of the OSHA Blood-Borne Pathogens Standards are available to employees upon request through the Safety Committee and the Employee Health/Infection Control Nurse.

The Exposure Control Plan is reviewed annually and whenever changes in work practices require review. Review and implementation of the Exposure Control Plan is the responsibility of the Employee Health/Infection Control Nurse.

Purpose

The purpose of this policy is to establish the SYSC Exposure Control Plan.

Policy

- I. **Definition of Exposure:** An exposure to blood-borne pathogens is defined as follows: Contact with blood, semen, vaginal secretions, cerebrospinal fluid, or amniotic fluid through:
 - A. A percutaneous injury (needle stick or injury with contaminated sharp);
 - B. Mucus membrane, non-intact skin, or open wound.
 - C. Contact with urine, saliva, stool, sputum, or vomit that is not visibly contaminated with blood does not require follow-up for blood-borne pathogens.
 - D. Injuries from assaults shall be evaluated individually for the possibility of blood exposure. Follow-up for blood-borne pathogens is rarely indicated.
 - E. Human bites that break the skin shall be followed as potential exposures to Hepatitis B only.
- II. **Source Individual:** Identify the source individual involved as follows:

- A. Known.
 - B. Unknown.
- III. **Route of Exposure:** Identify the route of the exposure as follows:
- A. Needle-stick, puncture, laceration, bite.
 - B. Body fluid contact to skin with breaks, cuts, sores, rashes, etc.
 - C. Body fluid contact with eyes, nose, mouth.
- IV. **Source of Exposure:** Identify the source of exposure in the following manner:
- A. Treated/untreated waste:
 - 1. Treated medical waste (after autoclave or incineration): requires first aid only.
 - 2. Untreated or unknown status medical waste.
 - B. Source individual (source of needle, blood, or body fluid):
 - 1. Unknown: go to Section V.
 - 2. Known:
 - (a) Refuses to be tested: contact Manager of Health Services and go to Section V.
 - (b) Both resident and parent/legal guardian consent to testing (HBV, HCV, HIV).
- V. **Exposure Protocol:** The SYSC exposure protocol is as follows:
- A. First aid: Immediately clean and protect wound.
 - B. Check the immunization status of the resident and source if known (i.e., tetanus, HBV, etc.).
 - C. Contact the parent/legal guardian to notify them of the incident and request permission for base line testing if appropriate.
 - D. Contact SYSC physician and/or Elliot Hospital Emergency Room. Explain the incident and obtain necessary orders from SYSC physician if necessary.
 - E. Provide exposure incident counseling.
 - 1. Resident and parent/legal guardian are informed that:
 - (a) Potential risk of HIV, HBV, or HCV infection is very low.
 - (b) Any medical condition(s) resulting from the incident that would require further evaluation or treatment (i.e., infection from a bite).

- (c) In all phases of the follow-up, medical information will be kept confidential.
 - (d) Need for baseline HIV, HBV, and HCV blood testing and immunization therapy, as needed.
2. Resident is advised, during the follow-up period:
- (a) To report to the Medical Department any illness that occurs, particularly if fever, rash, fatigue, swollen glands, or flu-like symptoms develop.
 - (b) To abstain from, or use protective measures during, sexual intercourse.
 - (c) To abstain from breast-feeding (if female and appropriate).
 - (d) To ask nurses any questions or concerns that arise.
 - (e) To keep all follow-up and/or scheduled appointments.

VI. **Occupational Groups at Risk for Exposure:** The following occupational groups are at risk for exposure:

- A. Group I (job classifications in which all employees have occupational exposures):
- 1. Assistant House Leaders
 - 2. CPR-trained staff
 - 3. Dentist
 - 4. Grounds Supervisor
 - 5. Housekeeping Staff
 - 6. House Leaders
 - 7. Laundry Foreman
 - 8. Nurses
 - 9. Operations Officers
 - 10. Physicians
 - 11. Staff trained in first aid
 - 12. Youth Counselor
- B. Group II (job classification in which some employees may have occupational exposure):
- 1. Kitchen Staff
 - 2. Psychological Associates

3. Recreational Therapists
4. School Psychologist
5. Social Workers
6. Teachers
7. Teacher Assistants

VII. **Tasks and Procedures:** The tasks and procedures performed by these groups where occupational exposures may occur include:

- A. Accidental injury
- B. Cleaning blood spills
- C. Dental procedures
- D. Dressing changes
- E. Equipment cleaning
- F. Finger-stick blood glucose
- G. Incontinence care
- H. Injections (IM, SQ, intradermal)
- I. Physical altercations
- J. Soiled linen handling
- K. Specimen handling
- L. Suture removal
- M. Venipuncture
- N. Wound Care
- O. Wound irrigation

VIII. **Universal Precautions:** "Universal Precautions" is an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infections for HIV, HBV, HCV, and other blood borne pathogens. Universal precautions shall be observed at all times to prevent contact with blood or other potentially infectious materials.

IX. **Exposure:** If an exposure occurs staff shall do the following:

- A. The affected area shall be washed with soap and water immediately after the exposure. (If the exposure involves mucus membranes (eyes, nose, mouth) the area shall be flushed thoroughly with water).
 - B. The employee's supervisor and the Employee Health/Infection Control Nurse shall be notified immediately of the exposure. If the Employee Health/Infection Control Nurse is not on duty, a message shall be left on her voice-mail so she can contact the employee. The employee of the employee's supervisor shall document the route of exposure, how the exposure occurred and identify and document the source individual.
 - C. Post-exposure medical evaluation and follow-up shall be made available to the exposed employee through the Elliot Hospital emergency Room, or a designated managed care provider.
 - D. Follow-up of the exposure shall be conducted according to [Section II of Policy 2262 \(Blood-Borne Pathogens Prevention for Employees\)](#). This shall include:
 - 1. Testing of the source individual for HIV, HbsAg, and anti-HCV after obtaining consent. If the source is a minor, consent must be obtained from the minor as well as the minor's parent/legal guardian.
 - 2. We recommend baseline testing of the exposed employee for HIV, anti-HBs and anti-HCV by their PCP or at ER.
 - 3. We recommend HBV and HIV serological testing, counseling, and post-exposure prophylaxis following the current recommendations of the U.S. Public Health Service by their PCP or at ER.
 - 4. In case of human bites, test source individual for HbsAg and recommend that employee be tested for anti-BSs. Follow-up for HIV and anti-HCV is not recommended after bites.
- X. **Implementing the Standard:** To implement the standard, the following procedure shall be followed:
- A. Communicating Hazards to Employees
 - 1. Information and training shall be provided at no cost to employees, at the time of initial assignment, during working hours, and at least once a year thereafter.
 - 2. Additional training is provided when existing tasks are modified or new tasks that involve occupational exposure to blood borne pathogens affect the employee's exposure.
 - 3. Persons conducting training must be knowledgeable about the subject matter, and the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience.
 - 4. Training programs shall contain the following information:
 - (a) How to obtain a copy of the regulatory text and an explanation of its contents.

- (b) Information on the epidemiology and symptoms of blood-borne diseases.
- (c) Ways in which blood-borne pathogens are transmitted.
- (d) Explanation on how to recognize tasks that might result in occupational exposure.
- (e) Explanation of the use and limitations of work practices and engineering controls, and personal protective equipment.
- (f) Information on Hepatitis B vaccination such as safety, benefits, efficacy, methods of administration, and availability.
- (g) Information on who to contact and what to do in an emergency.
- (h) Information on how to report an exposure incident and on the post-exposure evaluation and follow-up.
- (i) Information on warning labels and signs, where applicable, and color-coding.
- (j) Questions-and-answer session on any aspect of the training.

B. Preventative Measures

- 1. Hepatitis B vaccination
- 2. Hepatitis B vaccine is provided free of charge to all employees through Employee Health. Hepatitis B vaccine is administered according to current recommendations of the U.S. Public Health System.
- 3. Employees who decline the vaccination shall sign a declination form. The employee may request and obtain the vaccination at a later date and at no cost.
- 4. If, in the future, the U.S. Public Health Service recommends booster doses of Hepatitis B vaccine, additional doses shall be provided as recommended.

C. Universal precautions shall be observed at all DJJS facilities for all residents, staff, and visitors. See [Policy 2251 \(Universal Precautions\)](#).

XI. **Methods of Control:** The following engineering and work practice controls shall be followed:

- A. Engineering controls reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Self-sheathing needles and puncture-resistant disposal containers for contaminated sharp instruments are examples of engineering controls provided at all DJJS facilities.
- B. Proper work practice controls alter the manner in which a task is performed. In work areas where a reasonable likelihood of occupational exposure exists, work practice controls include restricting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses; prohibiting mouth pipetting; preventing storage of food and/or drink in refrigerators or other locations where blood or other potentially infectious materials are kept; and providing and requiring the use of hand-washing facilities.

- C. Other work practice controls include, but are not limited to:
 - 1. Washing hands when gloves are removed and as soon as possible after skin contact with blood or other potentially infectious materials occur.
 - 2. Recapping, removing, or bending contaminated needles is prohibited.
 - 3. Shearing or breaking contaminated needles is prohibited.

XII. **Personal Protective Equipment:** The use of personal protective equipment helps prevent occupational exposure to infectious materials. Such equipment includes, but is not limited to, gloves, gowns, laboratory coats, face shields or masks, and eye protection. Personal protection equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

- A. SYSC shall provide, make accessible, and require the use of personal protective equipment at no cost to the employee. Personal protective equipment shall also be provided in appropriate sizes. Hypoallergenic gloves or other similar alternatives shall be made available to employees who have an allergic sensitivity to gloves.
- B. An employee may temporarily and briefly decline wearing personal protective equipment under rare and extraordinary circumstances and when, in the employee's professional judgment, it prevents the delivery of health care or public safety services or poses an increased hazard to workers. These circumstances would be expected to be life threatening. In general, appropriate personal protective equipment shall be used whenever occupational exposure may occur.

XIII. **Supervisor Responsibility:** The employee's supervisor shall ensure that employees observe the following precautions for safely handling and using personal protective equipment:

- A. Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- B. Place used protective equipment in appropriately designated areas or containers when being stored, washed, or discarded.
- C. Wear appropriate gloves when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials: when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or when their ability to function as a barrier is compromised.
- D. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deteriorating.
- E. Never wash or decontaminate disposable gloves for reuse.

- F. Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- G. Wear appropriate protective body coverings such as gowns, aprons, caps, and boots, when occupational exposure is anticipated. The type and characteristics will depend on the task and the degree of exposure anticipated.

XIV. **Housekeeping:** The following housekeeping procedures shall be followed:

- A. Clean and decontaminate all equipment and environmental and work surfaces that have been contaminated with blood and other potentially infectious materials. [See Policy 2251 \(Universal Precautions\)](#).
- B. On a regular basis inspect and clean reusable receptacles, such as bins, pails, and cans, that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- C. Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware; never pick up glass with hands even if gloves are worn.
- D. Place regulated waste in closable containers that are labeled with the "biohazard" label or are red.
- E. When discarding contaminated sharps, place them in containers that are closable, puncture resistant, appropriately labeled or color-coded, and leak proof on the sides and bottom.
- F. Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.
- G. Never manually open, empty, or clean contaminated sharps disposal containers or disposable suction canisters.
- H. Handle contaminated laundry as little as possible and with a minimum of agitation.
- I. Use appropriate personal protective equipment when handling contaminated laundry.
- J. Place wet contaminated laundry in leak-proof containers before transporting.
- K. Bag contaminated laundry at its location of use.
- L. Never sort or rinse the contaminated laundry in areas of its use.

XV. **Labeling:** The following labeling shall be observed:

- A. Warning labels shall be fluorescent orange or orange-red, contain the biohazard symbol, and the word "biohazard."

- B. Warning labels shall be attached to containers of regulated waste, to refrigerators and freezers containing blood and other potentially infectious materials, and to other containers used to store, transport, or ship blood or other potentially infectious materials.
- C. Warning labels are not required when red bags or red containers are used, or individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment, or disposal.

XVI. **Record-Keeping:**

- A. Employee health record shall include:
 - 1. Employee's name and social security number.
 - 2. Employee's Hepatitis B vaccination status including vaccination dates and any medical records related to the employee's ability to receive vaccination.
 - 3. Results of examination, medical testing, and post exposure evaluation and follow-up procedures.
- B. A copy of the information provided to the health care professional.
- C. Employee health records shall be kept confidential and maintained for at least the duration of employment plus 30 years.
- D. Employee educational and training records shall include:
 - 1. Training dates.
 - 2. Content of a summary of the training.
 - 3. Names and qualifications of trainer(s).
 - 4. Names and job titles of trainees.
- E. Employee educational and training records shall be maintained for at least 3 years.

Table 1 — Procedures and Personal Protective Equipment

Procedure	Gloves	Gowns	Masks, Eye Protection, or Face Shield
Cleaning blood spills	M	D	D
Dental procedures	M	D	M
Dressing changes	M		
Equipment cleaning	M		
Finger-stick blood glucose	M		
Incontinence care: Routine	M	D	
Heavily soiled	M		
Injections (IM, SQ, or intradermal)	D		
Physical altercations	D		
Soiled linen handling	M	D	
Specimen handling	M		
Suture removal	M		
Venipuncture	M		
Wound Care	M		
Wound irrigation	M	M	M

M = Mandatory; **D** = Desirable

Individual may assess procedure and resident to determine PPE required