**Bloodborne Pathogen Policy**

*Ageia Health Services* is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have the potential to be exposed to blood or other potentially infectious material must follow the procedures and work practices described below.

The Executive Director and the safety committee will maintain, review, and update the bloodborne pathogen program on an annual basis, and whenever necessary to include new or modified tasks and procedures.

The Director of Nursing or Health Services will be responsible for making sure all of the required medical action is performed and that appropriate employee medical records are maintained.

Employees can review this plan at any time during their work shifts.

This plan includes:

- Identification of employees who are at risk for exposure
- Controlling employee exposure to bloodborne pathogens
- Employee training and hazardous communication
- Post exposure evaluation and follow-up
- Recordkeeping

1. **Employees Who are at Risk for Exposure:**

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Nursing</td>
</tr>
<tr>
<td>Med Aide – Resident Aid</td>
<td>Nursing</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Maintenance or Environmental Services</td>
</tr>
<tr>
<td>Anyone assisting in above departments</td>
<td></td>
</tr>
</tbody>
</table>
2. **Controlling Employee Exposure to Bloodborne Pathogens (BBP):**

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

The specific safer medical devices that we use are: safety needles when provided by resident’s insurance

The specific equipment to minimize or eliminate exposure that we use are: sharps containers

Sharps disposal containers are inspected and maintained or replaced:

- Kept at all nurses stations
- Never fill over 2/3 of container

We identify opportunities to improve controls through: Employee Safety Committee

We evaluate new products regularly by: Employee Safety Committee evaluating it first

**Personal Protective Equipment (PPE):**

PPE is provided to our employees at no cost. The types of PPE available to employees are: gloves, safety glasses and face shields.

PPE is located at all nurses’ stations, and __________________________________________.

All employees using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious material (OPIM) pose a hazard to the eye, nose, or mouth.
- Wear appropriate gloves when you:
  - Can reasonably anticipate hand contact with blood or OPIM.
  - Handle or touch contaminated items or surfaces.
- Replace gloves if torn, punctured, contaminated, or otherwise damaged.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and prior to leaving the work area.
- Dispose of contaminated PPE in designated containers.
- Remove blood- or OPIM-contaminated garments immediately, in a manner that avoids contact with the contaminated surface.
The procedure for handling used PPE is:

- PPE along with any bio waste will be disposed of in the red bio bags located in the housekeeping areas and nurses’ stations.

Maintenance and Housekeeping will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required and will ensure that adequate supplies of the PPE are available in the appropriate sizes and types.

*Work practices used to minimize occupational exposure:*

We use the following work practices to eliminate or minimize employee exposure:

- When removing gloves make sure the glove is pulled over hand, turning it inside out once it has been fully removed.
- Dispose of gloves in the appropriate container labeled for that type of waste.

We evaluate new products regularly by involving both frontline workers and management:

- The Director of Nursing or Health Services & Employee Safety Committee will evaluate all new products for safety and ease of use. The new product will then be given to a small number of employees for testing.

*Housekeeping:*

Written schedules for cleaning and methods of decontamination are located in every department. This includes a listing of all cleaning solutions to be used.

Regulated waste is placed in containers which:

- Contain all contents.
- Do not leak.
- Are appropriately labeled or color-coded (see using labels section below).
- Are closed prior to removal to prevent contact spilling or protruding during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are:

- Closable.
- Puncture-resistant.
- Leak-proof on sides and bottoms.
- Labeled or color-coded appropriately.
Sharps disposal containers are available at all nurses’ stations. Sharps containers will be disposed of and kept in the Housekeeping Department until they are picked up by ___________________________ (Community specific contracted vendor.)

Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible and returned to resident room or stock room area.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

**Laundry:**

We launder the following contaminated articles:

- Resident bedding
- Resident clothing
- Other (please specify): ________________________________

Laundering is done as follows:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Use color coded bags or bags marked with the biohazard symbol for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
  - Gloves, lab coat, face shield if applicable
- Other (please specify): ________________________________

**Using Labels:**

Labeling is done as follows:

<table>
<thead>
<tr>
<th>EQUIPMENT TO BE LABELLED</th>
<th>LABEL TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(For example: specimens, contaminated laundry, etc.)</em></td>
<td><em>(Size, color, red bag, biohazard label, etc.)</em></td>
</tr>
</tbody>
</table>

Maintenance and/or Nursing will maintain and provide labels and red bags as required.

**Hepatitis B Vaccination:**

The hepatitis B vaccination series is available at no cost after training and/or within 10 days of initial assignment to employees identified in “Employees Who are at Risk of Exposure” section.

Vaccination is encouraged unless:
• We have documentation that the employee has previously received the series.
• Antibody testing reveals that the employee is immune.
• Medical evaluation shows that vaccination is contraindicated.

A copy of the health care professional’s written opinion will be provided to the employee.

Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.

Vaccinations will be provided by: ________________________________
(Identify community-specific name and location of contracted vendor)

Director of Nursing or Health Services and Executive Director will make sure vaccinations are available and encourage as required.

3. **Employee Training & Hazard Communication:**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by a trained peer or staff member.

Training will be provided before assigning employees to a task where occupational exposure may take place on an annual basis and when changes in task or procedure take place that affect occupational exposure.

This training will include:

• Epidemiology, symptoms, and transmission of bloodborne pathogens.
• Explanation of our exposure control plan and how to obtain a copy.
• This must also be done at the annual refresher training.
• Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
• What constitutes an exposure incident?
• The use and limitations of controls, work practices, and PPE.
• The basis for PPE selection and an explanation of:
  o Types
  o Uses
  o Location
  o Handling
  o Removal
  o Decontamination
  o Disposal
• Information on the hepatitis B vaccine, including:
  o Effectiveness
  o Safety
  o Method of administration
  o Benefits of being vaccinated
  o Offered free of charge
  o Actions to take and persons to contact in an emergency involving blood or OPIM

• Procedures to follow if an exposure incident occurs, including:
  o How to report the incident
  o Medical follow-up available
  o Employee’s evaluation and follow-up after an exposure incident
  o Signs, labels, and color coding used
  o Interactive questions and answers with the trainer

Training materials for this facility are located at: _______________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

(Fill in community-specific location(s).)

Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years.

The training record should include the following information about training sessions:

• Date
• Contents or a summary
• Names and qualifications of trainers
• Names and job titles of all attendees

Training records are provided to employees or their authorized representatives within 15 working days of a request and should be addressed to the Executive Director.

4. **Post Exposure Evaluation and Follow-up:**

Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:

• Document the routes of exposure and how the exposure occurred.
• Identify and document the source individual, unless that’s not possible or is prohibited by state or local law.
• Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity if not already known.

• Document that the source individual’s test results were conveyed to the employee’s health care provider.

• Provide the exposed employee with the source individual’s test results.

• Provide the exposed employee with information about laws on confidentiality for the source individual.

• Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.

If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional’s written opinion.

**Administration of post-exposure evaluation and follow-up:**

Employees are provided immediate medical evaluation and follow-up services through:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List above, the community specific name address and telephone number of the medical provider that you have identified to provide these services. **IMPORTANT:** Appropriate medical services must be available to employees during all work hour.

Contact names and phone numbers:

________________________________________________________________________ Phone

________________________________________________________________________ Phone

________________________________________________________________________ Phone

The above identified staff will make sure all required medical actions are performed.

**Review the circumstances of an exposure incident to determine:**

• Controls in use at the time

• Work practices that were followed
• Description of the device used (including type and brand)
• Protective equipment or clothing in use at the time
• Location of the incident
• Procedure being performed when the incident occurred
• Employee’s training

The Director of Nursing or Health Services, the Executive Director & Employee Safety Committee are responsible for reviewing exposure incidents as required.

5. Recordkeeping

**Medical records:**

Medical records are maintained for each employee who has an occupational exposure to blood borne pathogens in accordance with WAC 296-62-052, Access to Records.

The Executive Director is responsible for maintaining medical records. These confidential records are kept in the Administration office, or Ageia Home Office for at least 30 years beyond the length of employment.

The Executive Director, Director of Nursing or Health Services & Employee Safety Committee] will make sure appropriate employee health, OSHA and WISHA records are maintained as required.

**Sharps Injury log:**

In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

• Date of injury
• Type and brand of the device involved
• Where the incident occurred
• How the incident occurred

This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

The Executive Director and the Director of Nursing or Health Services, are responsible to maintain the Sharps Injury Log.