Exposure Control Plan

This community is committed to providing a safe and healthful work environment for our staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our community in implementing and ensuring compliance with the standard, thereby protecting our employees. This plan includes:

- Determination of employee exposure
- Completion of job hazard assessment.
- Implementation of various methods of exposure control, including:
  * Universal precautions
  * Engineering and work practice controls
  * Personal Protective Equipment (PPE)
  * Housekeeping and Disinfecting Procedures
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recording Keeping
- Procedures for evaluating circumstances surrounding exposure incident

Implementation methods for these elements of the standard are discussed in the pages to follow of this ECP.

<table>
<thead>
<tr>
<th>Program/Plan Review</th>
<th>Reviewed By</th>
<th>Dt Reviewed</th>
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I. PROGRAM ADMINISTRATION

- The Executive Director is responsible for implementation of the ECP. The Executive Director or designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Refer to Appendix A for contact information.

- 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 Executive Director will ensure the community is provided and maintained with all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers, retractable needles, labels, red bags) as required by the standard. The nursing department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact the Medication Aide on duty, for any supply concerns or questions.

- The Executive Director or designee will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

- The Executive Director or designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

II. EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications at our establishment and the level of assessed risk to blood-borne or OPIM exposure.

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
<th>RISK CATEGORY*</th>
<th>TASK/PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Health Services</td>
<td>Nursing</td>
<td>High</td>
<td>Injections, direct resident care, assessments</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Nursing</td>
<td>High</td>
<td>Direct resident care</td>
</tr>
<tr>
<td>Medication or Lead Aide</td>
<td>Nursing</td>
<td>High</td>
<td>Injections, direct resident care</td>
</tr>
<tr>
<td>Housekeepers</td>
<td>Environmental Services</td>
<td>High</td>
<td>Handling Waste, Handling Bed Linens, Cleaning Resident’s Living Surfaces, i.e. toilet, sink</td>
</tr>
<tr>
<td>Maintenance Supervisor</td>
<td>Environmental Services</td>
<td>Medium</td>
<td>Cleaning blood spills</td>
</tr>
<tr>
<td>Activity Director/Aide</td>
<td>Activities</td>
<td>Low</td>
<td>Direct resident care</td>
</tr>
<tr>
<td>Director of Marketing</td>
<td>Administration</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Office Manager/HR</td>
<td>Administration</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Receptionist</td>
<td>Administration</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td>Administration</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Dietary Manager</td>
<td>Dietary</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Cooks</td>
<td>Dietary</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Dietary Aide/Dishwasher</td>
<td>Dietary</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Beautician</td>
<td>Contracted</td>
<td>Medium</td>
<td>Cutting hair/nails</td>
</tr>
<tr>
<td>Private Duty Staff</td>
<td>Contracted</td>
<td>Medium to High</td>
<td>Direct Resident Care</td>
</tr>
</tbody>
</table>

*High-position includes high risk task(s) that are done on a daily basis or more frequently
Medium-position includes high risk task(s) that are done less than daily but more than once weekly
Low-position includes high risk task(s) that are done infrequently, typically in response to an emergency situation
III. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions
All employees will utilize universal precautions.

B. Exposure Control Plan (ECP)
Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session (New Employee Orientation). It will also be reviewed in their annual in-service training. All employees can review this plan at any time during their work shifts by locating the medication aide on duty. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request or they can download it from our Ageia Website, www.ageiahealthservices.net

The Executive Director or designee is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. 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:

- Sharps disposal containers are inspected and maintained or replaced by the medication aide on duty, as needed, to prevent overfilling. The community identifies the need for changes in engineering controls and work practices through:
  - Monthly Safety Meetings
  - Safety Suggestion Box
  - Review of OSHA incidents and statistics
  - Quality Assurance review
  - Employee Interviews post on-the-job incident
  - Evaluations done by employees who perform “at risk” exposure practices

The community evaluates new procedures and new products regularly by:

- Director of Health Services vendor/product review
- On line educational videos reviewed by Executive Director and Director of Health Services
- Regional Nurse Director Recommendations
- Employee feedback on product safety and effectiveness

The monthly safety meeting forum will include discussions regarding the work practices of employees who are responsible for direct patient care and are at risk to exposure injuries from contaminated devices. Identification, evaluation, and selection of devices and safe work practices will be directed in order to develop improvements in the Exposure Control Plan and community practices.
D. Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Director of Health Services.

A PPE hazard assessment will be completed for all departments using the PPE Hazard Assessment Certification Form. Completed forms will be housed in each SDS Binder.

The types of PPE available to employees are as follows:

- Gloves
- Goggles/Eye Shields
- Disposable and Washable Gowns
- Masks
- Full Face Shields

PPE materials are located in the areas noted below:

Employees will be trained on the proper use of PPE and will have these supplies readily available to them. If they are concerned about stock levels they can contact the medication aide on duty. The Director of Health Services is responsible for ordering and stocking these supplies and evaluating situations in which varying procedures should be followed. If an employee is unsure they should always contact their immediate supervisor for guidance.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the work area
- Used, disposable PPE may be discarded in the Bio Hazard Barrel located in the laundry room
- Wear appropriate gloves when it is 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 or 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

The procedure for handling used PPE is as follows:

<table>
<thead>
<tr>
<th>Personal Protective Equipment (non-disposable)</th>
<th>Procedures for Decontamination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Shields</td>
<td>Place shield in a clear bag to prevent cross contamination during transport to laundry room. While gloved, spray shield with disinfectant. Clean exposed side first and then using a clean paper towel clean the inside and edges with disinfectant product. Dispose of cleaning towels and gloves in garbage. Wash hands. Return shield to storage area.</td>
</tr>
<tr>
<td>Goggles/Eye Shields</td>
<td>Follow the same procedures as noted for full face shield.</td>
</tr>
</tbody>
</table>
E. Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (refer to section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Sharps containers will be monitored by the medication aides throughout the day. When the containers are filled to the indicated level, the lid will be sealed and the container will be taken to the main biohazard container and disposed of. The medication aide will replace the full sharps container with a new, empty container. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on the sides and bottoms, and appropriately labeled or color-coded. Sharps containers are available in the medication room.

Bins and pails (e.g. wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means (a broom or short brush and a dust pan).

F. Laundry

If the community's laundry equipment is equipped to handle a contaminated article without damaging the article it will be processed. Laundering is performed by the housekeeping staff and/or caregivers. Laundering services are performed throughout the day based on resident need. 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. Label contaminated bagged items with the use of red bags.
- Prior to processing contaminated laundry put on the following Personal Protective Equipment (PPE): disposable gown, goggles or full face shield, and gloves. Minimal handling of contaminated items is critical. Do not place items on the ground or on any table surface. Place directly in to the washing machine. Sanitize the face of the washing machine and remove all PPE in the order trained. Dispose of or sanitize PPE items. Refer to Contaminated Linen Policy.

G. Labels

The following labeling methods are used in this community:

<table>
<thead>
<tr>
<th>EQUIPMENT TO BE LABELED</th>
<th>LABEL TYPE (size and/or color)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen</td>
<td>Lab provided, biohazard labeled bags</td>
</tr>
<tr>
<td>Bio Hazard Container</td>
<td>Red label with contrasting symbol and writing</td>
</tr>
<tr>
<td>Sharps Containers</td>
<td>Pre-labeled with biohazard symbol</td>
</tr>
</tbody>
</table>

The nursing department is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the community. Employees are to notify the Executive Director if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, or items without proper hazard labels.

IV. HEPATITIS B VACCINATION

Newly hired employees are required to complete a pre-service training and orientation through our company’s training website on IPCED prior to their start date. A number of topics under “Infection Control” and “Safety on the Job” cover required information regarding bloodborne pathogens and methods to protect one’s self in the work environment. Hepatitis B virus and vaccine information is presented during
this training. Additionally, employees’ whose jobs have been identified to be at medium to high risk for exposure are offered the hepatitis B vaccination series. The employee is provided with written information regarding the safety, efficacy, methods of administration, and availability of the vaccine (refer to New Hire Documents). The Director of Health Services is also available to answer any questions an employee may have regarding hepatitis B virus and vaccine.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified with medium to high risk in the exposure determination section of this plan. Vaccination is encouraged unless:

1) Documentation exists that the employee has previously received the series;
2) Antibody testing reveals that the employee is immune; or
3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the 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.

Vaccination will be provided by the licensed nurse at our community.

A. Hepatitis B Vaccine Acceptance or Declination (Mandatory)

The community will follow the practice of educating new employees about not only the types of hazards present in the work place such as bloodborne pathogens, but also the modes of transmission and the means to prevent exposure. Included in the program of prevention will be offering all employees who are at risk of exposure to hepatitis B virus the hepatitis B vaccination series, within 10 days of the start of their job duties. Any employee who declines the series will be required to sign the declination form. Any employee who continues to be at risk of acquiring a serious disease, due to occupational exposure to blood or OPIM can elect to be vaccinated later at no charge to them.

B. Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact the Executive Director or designee, immediately, so the appropriate incident paperwork can be completed in a confidential manner and the exposed employee can seek medical services from a licensed health care professional. Refer to Appendix A for contact information.

Employees will be trained that if they are stuck by a needle or other sharp object with blood or OPIM or have incurred exposure through a splash of blood or OPIM in the eyes, nose or mouth or on broken skin, to immediately flood the exposed area with water and clean any wound with soap and water. Following initial first aid, the following activities will be performed:

- The Executive Director or designee will complete the following forms:
  - Worker's Compensation Required Form
  - Company Employee Injury/Accident Report
  - Source Individual Explanation of & Consent or Declination to Testing
- The exposed employee will be provided with a copy of the Employee Injury Report to give to the treating health care professional. The community will recommend follow up with a contracted, local provider. Refer to Appendix A for contact information.
- The Executive Director or designee will provide the source with the consent testing form and explain the reasoning for testing. The exposed employee's name will remain confidential. If the source is not mentally capable of making these decisions, the assigned representative will be contacted. As soon as the results are completed, they will be forwarded immediately to the treating health care professional.
C. Administration of Post-Exposure Evaluation and Follow-Up

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completed evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered. The health care professional also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment.

D. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The Director of Health Services or Executive Director will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices are being followed
- A description of the device being used was recorded (type, brand, and vendor)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- What procedures were being performed when the incident occurred
- What the employee's training has been

The statistical information surrounding the exposure incident will be reviewed, additionally, during the next safety meeting to solicit additional insight and recommendations for future prevention. All personal information will remain confidential.

The Executive Director or designee will record all percutaneous injuries from contaminated sharps on the Sharps Injury Log. The exposed employee's name will not be recorded on the log.

If revisions to the ECP are necessary, the Executive Director or overseeing corporation will ensure that appropriate changes are made. Changes may include an evaluation of safer devices or equipment, adding employees to the exposure determination list, improving employee education, etc.

V. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training coordinated by the Director of Health Services or designee. The trainer will ensure the employee is receiving the most current, up-to-date information on exposure risks and safety made available.

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 OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- 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 availability of 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 persons conducting the training sessions

Training materials for this community are available on the corporate website, IPCED/Ageia, and in the business office.

VI. RECORDKEEPING

A. Training Records
Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the community.
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

B. Medical Records
Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records". The Executive Director is responsible for maintenance of the required medical records. These confidential records are kept secured, at the community site for at least 30 years.

C. 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 Executive Director.

D. Sharps Injury Log
All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. The following must be documented:
- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.
E. SDS Binder Set Up

- Completed Job Hazard Assessment for all hazardous chemicals.
- Completed Chemicals Audit.
- PPE Hazard Assessment Certification for each department.
- SDS Chemical Sheets in alphabetical order by chemical name.