INFECTION CONTROL: BLOOD BORNE PATHOGENS - EXPOSURE CONTROL PLAN (ECP)

NHPCO Standard(s): CES14

Regulatory Citation(s): COPs 418.60, 29 CFR 1910.1030, 10 NYCRR 793.6(b)

Policy #: CP289

BOD Approval/Review 11/17/15

POLICY

High Peaks Hospice (HPH) will maintain a written Bloodborne Exposure Control Plan (ECP) in accordance with OSHA standard 29 CFR 1910.1030 for the purpose of preventing and controlling diseases caused by bloodborne pathogens or other potentially infectious materials.

DEFINITIONS:

**Bloodborne pathogens** - disease-producing microorganisms spread by contact with blood or other body fluids contaminated with blood from an infected person. Includes, but not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Herpes B Virus.

**Engineering Controls** – reduce employee exposure by either removing or isolating the hazard or isolating the employee from exposure. Examples include requiring the use puncture-resistant containers for the disposal of contaminated sharps, safer medical devices such as sharps with engineered sharps injury protections and needleless systems.

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

**Other Potentially Infectious Materials (OPIM)** – includes human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Standard Precautions** – guidelines recommended for reducing the risk of transmission of blood-borne and other pathogens applied to all patients receiving care regardless of their diagnosis or presumed infection status. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain blood; (3) nonintact skin; and (4) mucous membranes. Examples of standard precautions include hand hygiene, and appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.
Work Practice Controls – controls alter the manner in which a task is performed to make the task safer. Examples include prohibiting recapping, removing or bending needles unless no alternative exists; enforcing hand hygiene practices; restricting eating and drinking in work areas; and decontaminating equipment before servicing.

PROCEDURE

1. HPH’s ECP includes assignment of responsibility for ensuring that the following required components of the program are met:

   A. Employee exposure determinations:
      1) job classifications in which all employees are at risk for occupational exposure to bloodborne pathogens or other potentially infectious materials;
      2) job classifications in which only some employees are at risk for occupational exposure when performing identified tasks and procedures

   B. Methods of compliance:
      1) the identification and selection of effective engineering controls including, but not limited to: sharps containers, handwashing supplies, hazardous waste and specimen containers, biohazard labels, safety sharps and needleless systems;
      2) the use of standard precautions and the identification and selection of required work practice controls (for example, appropriate hand hygiene, safe handling of sharps);
      3) the use of personal protective equipment;
      4) proper clean up and decontamination practices and handling regulated waste;
      5) provision of the Hepatitis B vaccination to all potentially exposed employees;
      6) procedures for managing and reporting exposure incidents;
      7) post-exposure evaluation and follow-up procedures;
      8) staff education and training requirements; and
      9) recordkeeping requirements including training records, confidential records of exposures and evaluations and the sharps injury log

2. The ECP is reviewed and updated annually to include new examples of engineering controls and reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

3. The annual review of the ECP includes consideration and evaluation of safer medical devices (for example, commercially available safer needle devices and needleless systems).
4. The ECP includes documentation that input from employees who provide direct patient care is solicited in the identification, evaluation, and selection of engineering and work practice controls that would eliminate or reduce occupational exposure.

5. A copy of the ECP is available upon request to all employees.

**LAST REVIEW DATE:** NEW 11/17/15

**LAST UPDATED:** QAPI/MB/IDT 09/18/15, CompCord 09/01/18

**BOARD APPROVAL:** 11/17/15