



Occupational Exposure to Bloodborne Pathogens

INTRODUCTION

The following information is provided to all First Assist field staff:

- as guidance about universal precautions and OSHA's standard on Bloodborne Pathogens, 29 CFR 1910.1030
- to increase staff awareness of the hazards of bloodborne pathogens and how to prevent the infectious spread of AIDS, hepatitis and other diseases through exposure to blood, saliva, and all other potentially infectious materials
- to inform staff about the procedure that must be followed if an exposure occurs and about the post exposure testing and follow up that will be provided

This document also incorporates the written exposure control plan for First Assist, Inc. Additionally, individual clients or facilities will provide staff assigned to their facility with specific information about the facility's exposure control plan, work practices and procedures to follow in the event and exposure incident occurs while working at the facility.

This document and/or a copy of OSHA Standard 29 CFR 1910 1030 will be available to any employee upon request.

RESPONSIBILITIES

First Assist shares its responsibility for assuring that the field staff is protected from workplace hazards with the client to whose facility the staff is assigned. It is the facility, and not First Assist, which creates and controls the hazard.

First Assist will: provide general training about OSHA Standard 29 CFR 1910 1030 and the application of universal blood and body fluid/substance precautions for all patients; ensure that employees are provided with the required vaccinations; and provide (through the workers' compensation insurance program) for follow-up evaluations as necessary after an exposure incident.

The client will: provide site-specific training and personal protective equipment; control potential exposure conditions; evaluate an exposure incident and provide initial post-exposure care; take blood samples from the exposed staff person and source individual (subject to obtaining the necessary consents as required by law); and maintain a sharps log and confidential medical records related to the exposure incident.

Field employees will be responsible for minimizing the risk of exposure and complying with these procedures, including immediately informing a branch office representative of any exposure incident.

If you have any concerns about the safety of your work environment at a client site that you feel are not being addressed by the client, talk to a First Assist representative. When you start work with First Assist, you will be provided with a Safety Hazard Report form which you should fill out and send to First Assist if you have any safety concerns about a client site.

UNIVERSAL PRECAUTIONS

Universal Precautions is the descriptive term for 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 infectious for HIV, HBV, and other bloodborne pathogens. OSHA Standard 29 CFR 1910.1030 mandates the application of Universal Precautions for all patients. These protective standards are implemented in order to protect healthcare workers and patients from the transmission of infections and are inclusive of protection against the transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Viral (HBV) in health care settings. Precautions must be strictly followed whenever there is a possibility of exposure to blood or other body fluids/substances. Health care workers need to exercise judgment in making decisions about anticipating exposure and when to use appropriate barrier precautions. Further, these standards do not negate the need for currently used isolation procedures, but rather emphasize universal blood and body fluid/substance precautions for all patients regardless of their isolation status or diagnosis.

WORK PRACTICES

It is First Assist policy that all field staff must:

- Handle the blood and body fluid/substances of all patients as potentially infectious.
- Wash hands before and after all patient and specimen contact.
- Wear gloves when contact with blood or body fluid/substances is anticipated and remove gloves after each individual task.
- Wear other appropriate protective barrier equipment (i.e. gown, mask and eyewear) when any blood or body fluid/substance contact is anticipated.
- Wear a mask for protection against airborne transmitted disease.
- Place used syringes, needles and blades immediately in a nearby puncture resistant container. Generally, needles should not be recapped or manipulated in any way.
- Process all potentially infectious material with the biohazard symbol.
- Protect any non-intact skin (e.g. chapped, abraded or afflicted with dermatitis) from contact with body substances.
- Wash hands, arms, face, etc. immediately and thoroughly in the event of an unprotected contact with body substances.
- Refrain from eating, drinking, smoking, applying cosmetics (including lip balm) or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure.

- Not store food and drink in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- Perform procedures involving blood or other potentially infectious materials in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- Place specimens of blood or other potentially infectious materials in containers which prevent leakage during collection, handling, processing, storage, transport or shipping.

PERSONAL PROTECTIVE EQUIPMENT

First Assist employees must use personal protective equipment when appropriate to protect them from potential occupational exposure incidents. Client facilities will provide equipment to employees at no cost. Appropriate sizes of personal protective equipment should be available to employees and when necessary, hypoallergenic gloves or similar alternative should be provided. The specific equipment for the situation will be determined by the facility in which the potential for occupational exposure occurs and may include but is not limited to the following: gowns, lab coats, face shields, booties, masks, eye protection and mouthpieces or pocket masks. At a minimum, gloves will be used whenever there is a reasonable anticipation of hand contact with blood or other potentially infectious materials. For the purpose of this paragraph, "appropriate" shall mean capable of preventing blood or other potentially infectious materials from passing through or reaching the employee's skin, mucous membranes or clothes under normal conditions of use.

The facility will instruct First Assist staff on the proper disposition of personal protective equipment. In most cases, employees will be encouraged to discard any disposable personal protective equipment after use. In all cases, disposable gloves will be discarded and replaced as soon as practical when in disrepair or contaminated. For reusable equipment, cleaning and disinfection will occur. In no case should employees wear their personal protective equipment outside the work area.

HOUSEKEEPING

Client facilities are responsible for ensuring that the work site is maintained in a clean and sanitary condition. Facilities will implement an appropriate written schedule for cleaning and method of decontamination that best suits their specific situation. This will include an explanation of the cleaning and decontamination of equipment that has come into contact with blood or other potentially infectious materials.

Contaminated laundry should be handled as little as possible. Any contaminated laundry should be bagged at the location and identified as a biohazard. If a hazard of soaking through exists, the laundry should be double bagged.

Individual clients will make their own laundry arrangements that will include documentation from any laundry facility used that it adheres to Universal Precautions in handling the linen.

REGULATED WASTE

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps and pathological or microbiological wastes containing blood or other potentially infectious materials.

The client facility is responsible for ensuring that regulated waste generated during the course of work with potentially infectious materials will be disposed of in accordance with OSHA standards, and through an approved hauler to a facility approved by the client. Other than sharps, those materials that meet the definition of those rules should be immediately transferred upon generation into a red biohazard bag. Bags should be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and closed prior to removal to prevent spillage or protrusion of contents at any time. If there is a potential for spillage, a secondary container should be provided.

Sharps should be disposed of in a sharps container which is closable, puncture resistant, leak proof on both sides and bottoms, and labeled or color-coded as per facility policy. During use, the containers should be easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, e.g. treatment rooms or areas, hazardous waste facility. Sharps containers should be maintained in an upright position and routinely replaced to avoid overflow. When sharps containers are moved, they should be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents. If leakage is a possibility, a secondary container should be provided which is closeable and constructed to contain all contents and labeled as per facility policy.

LABELS AND SIGNS

It is the client's responsibility to ensure that warning labels are affixed as required. The following items should have a biohazard tag or be stored in a red bag or container: regulated waste that has not been decontaminated, refrigerators or freezers used to store blood or other potentially infectious material, contaminated equipment and containers used to store, transport or ship blood or other potentially infectious material, as defined by OSHA 29 CFR 1910.1030.

HEPATITIS B VACCINE

In accordance with First Assist, Inc. and client facility requirements, upon hire all field staff must provide one of the following:

- Proof of Hepatitis B vaccination
- Proof of positive Hepatitis B antibody titer, or
- A signed Hepatitis B vaccine declination

First Assist, Inc. will make the Hepatitis B vaccine series available to all field staff as requested. Employees who decline to accept the vaccine, yet experience continued

occupational exposure, may at any time ask for and receive the vaccine series without cost to the employee.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

If a First Assist employee experiences an occupational exposure at a client site, the employee must inform the client supervisor immediately and then follow the facility's procedure regarding evaluation of the exposure incident and post-exposure care. The employee must also inform First Assist immediately and in any event prior to the end of the shift.

Branch staff will complete a workers' compensation first report of injury form and forward it to the HR department. Branch staff will also complete an Accident Investigation Report and follow up with field staff as necessary.

The employee should inform the treating physician/facility (which in the first instance is usually the client facility emergency room or employee health service) that the cost of treatment will be covered by workers' compensation insurance.

If follow up testing and/or treatment is recommended, First Assist requests that employees visit the nearest Concentra Medical Center. The employee may call the branch office or the HR department for a list of Concentra locations. Employees utilizing Concentra benefit because:

- Specialized occupational medical services are provided
- Concentra will send bills directly to the insurance carrier
- Prescription drugs are available from a pharmacy onsite at no cost to the employee

If the employee receives a bill from a treating provider, the employee must forward the ORIGINAL bill to the branch office or the HR department, who will in turn submit the bill for payment by the insurance carrier (or MCO in Ohio). For non-Ohio claims, if the provider is able to bill direct, employees may direct the provider to submit bills to:

AIG Claim Services
PO Box 1822
Alpharetta, GA 30023
1 800 638 3394

Also for non-Ohio claims, employees who need to fill a prescription should inform the pharmacist that the preferred pharmacy PPO is TMESYS and ask the pharmacist to submit the prescription online. The following pharmacies participate:

CVS Pharmacy, Eckerd Drug, Farm Fresh Pharmacy, Food City Pharmacy, Giant Eagle Pharmacy, Giant Pharmacy, Happy Harry, K-Mart Pharmacy, Neighborcare Pharmacy, Rite Aid Pharmacy, Safeway Pharmacy, Weis Pharmacy, Walgreen Drug Store, Wardenville Pharmacy

Note that Ohio claims are covered by the Ohio Bureau of Workers' Compensation rather than AIG and different procedures may apply. Contact the Cleveland branch for details.

RECORDKEEPING

The client facility will establish a file for each employee identified in the exposure determination. This file generally includes the following:

- Employee name;
- Employee social security number;
- Hepatitis B Immunization Recommendation form with dates of injections;
- Post exposure forms, if employee has had an exposure.

Files related to employee exposure will be kept confidential and information in these files will not be disclosed or reported without the employee's written consent except as required by law. These records will be maintained for the duration of employment plus 30 years.

Medical records or laboratory studies obtained for past exposures will be maintained by the practitioner or agency administering the care.

The client facility will maintain a sharps log to record the following: type and brand of device involved in a stick, department/work area where incident occurred and explanation of incident. The sharps log will be maintained for 5 years.

First Assist will maintain records of: training in universal precautions and bloodborne pathogens upon hire and annually thereafter, Hepatitis B vaccination record or declination, reported exposure incidents, and workers' compensation claims.

PLAN REVISIONS

This plan will be reviewed and updated at least annually or whenever necessary to reflect new or modified procedures, exposures or rule changes.

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