

**SHARE FOUNDATION
INTERFAITH CLINIC
EXPOSURE CONTROL PLAN**

July 01, 2007

Interfaith Clinic, a division of SHARE Foundation is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following ECP (Exposure Control Plan) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The Plan will be administered by Linda Stringfellow, President/COO, or her designee.

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

- Determination of employee exposure
- Implementation of various methods of exposure control including,
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

DEFINITIONS

The standard definitions for terms associated with bloodborne pathogens. Some of the more critical definitions are:

Other Potentially Infectious Material – any human body fluids (semen, vaginal secretions, cerebrospinal, synovial pleural, pericardial, peritoneal, amniotic fluids, saliva; any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions.

Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Occupational Exposure – 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.

Engineering Controls – controls (e.g., containers for disposing sharp objects, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles using a two-handed technique).

PROGRAM ADMINISTRATION

- The Interfaith Clinic Executive Director is responsible for the implementation of the ECP at Interfaith Clinic. The Executive Director will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location / phone number: Interfaith Clinic / (870) 864-8010.
- Those employees who have occupational exposure to blood or OPIM (other potentially infectious materials) must comply with the procedures and work practices outlined in this ECP.
- The Patient Care Manager will maintain and provide all necessary PPE (personal protective equipment), engineering controls such as sharps containers, labels, and red bags as required by the standard. The Patient Care Manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location / phone number: Interfaith Clinic / (870) 864-8010.

The Human Resources Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location: 403 West Oak, Suite 103, phone number: (870) 881-9015.

The Human Resources Department will be responsible for initial training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location: 403 West Oak, Suite 103, phone number: (870) 881-9015.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications (titles) at our facility in which all employees have occupational exposure:

<u>Job Title</u>	<u>Job Title</u>
Staff Physician LPN	APN

The following is a list of job classifications in which some employees at this facility have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>Job Title</u>	<u>Task</u>	<u>Location</u>
Patient Care Manager	Nursing duties	exam rooms

Part-time, temporary, contract and per diem employees are covered by the standard.

METHODS OF IMPLEMENTATION AND CONTROL

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 infectious for HIV, Hepatitis B and other bloodborne pathogens. All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive training of this ECP during their initial employee orientation. It will also be reviewed in their required annual training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Interfaith Clinic Executive Director. If requested, the Human Resources Department will provide an employee with a copy of the ECP free of charge within 15 business days of the request.

The Executive Director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Changes will be referred to the Human Resources Department.

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:

- Hand washing facilities (or antiseptic cleansers and towels or antiseptic towelettes) are readily accessible to employees who have the potential for exposure
- Employees will wash their hands immediately or use waterless antiseptic hand cleanser as soon as feasible after removal of gloves or other PPE
- Employees will wash their hands or other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following an exposure incident
- Employees are prohibited from eating, drinking, applying cosmetics, lip balm, or handling contact lenses when blood or OPIM are present
- Food and drink are not allowed in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present
- Perform all procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances
- Mouth pipetting / suctioning of blood or OPIM is not prohibited
- Employees will wear PPE when the potential for exposure occurs

Sharps disposal containers are inspected and maintained or replaced by an LPN weekly or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through Review of OSHA records, employee interviews/input, and training conferences.

We evaluate new procedures or new products regularly by reviewing literature, supplier and on-line information.

All employees that utilize PPE will be involved in the selection process. Employees will be provided samples along with proper instructions and demonstration of use to evaluate, inspect, compare and/or operate when purchasing new PPE. Questionnaires or evaluation forms will be made available for specific products. Employees will prioritize their recommendations at the end of the evaluation process.

The Interfaith Clinic Executive Director will ensure effective implementation of these recommendations.

PPE (Personal Protective Equipment)

PPE is provided to our employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. Training is provided by the Patient Care Manager in the use of the appropriate PPE for the tasks or procedures employees will perform in their job classification. Training also includes how to properly don, doff, adjust and wear it, its limitations, proper care, maintenance, useful life and proper disposal.

The types of PPE available to employees are as follows:

<u>PPE</u>	<u>Task(s)</u>
Gloves	Patient contact / procedures, handling, contaminated waste
Disposable gown / lab coat	Patient procedures
Mask / goggles	Patient procedures

PPE is located in the surgical room and may be obtained through by request of Patient Care Manager. Gloves are located in every exam and triage room and may be obtained as needed.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated, and before leaving the work area
- Used PPE may be disposed of in biohazard labeled containers.
- Wear appropriate gloves when it can be 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, contaminated, or if their ability to function as a barrier is compromised
- Disposable gloves are not to be washed or decontaminated for re-use
- 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
- 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
- Any garment contaminated by blood or OPIM is to be removed immediately or as soon as feasible, in such a way as to avoid contact with the outer surface

The procedure for handling used and / or contaminated PPE is as follows:

- Contaminated PPE will be placed in biohazard containers located in the south storage closet

Housekeeping

The workplace will be maintained in a clean and sanitary condition.

Regulated waste is placed in containers which are closeable, constructed to contain all contents and prevent leakage, puncture-resistant, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent leakage or protrusion of contents during handling. If leakage is possible, containers will be doubled bagged. Containers are located within easy access of employees and as close as feasible to the sources of the waste.

- Contaminated needles and other contaminated sharps (example: needles and razors with blood) will be placed as soon as feasible in sharps containers for disposal. Needles will not be sheared, broken or recapped. Sharps containers are available in each exam and triage room.
- The procedure for handling sharps disposal containers is: Lid is closed and it is transferred to the large biohazard container in the south storage closet and it awaits disposal.
- Secondary containers will be leak-proof, color coded or labeled with a biohazard warning label and puncture resistant if necessary
- Specimens of blood or OPIM will be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- Equipment which may become contaminated with blood or OPIM will be examined prior to servicing or shipping and will be decontaminated as necessary
- Contaminated equipment will be cleaned with a phenolic based disinfectant or bleach of one part bleach solution to ten parts water before the next patient
- Broken glass which may be contaminated will be picked up using mechanical means, such as a brush and dust pan and placed in the appropriate container
- Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination

Laundry

There are no laundry facilities at this location.

Labels

The following labeling method(s) is used in this organization:

Containers to be Labeled

Label Type

Specimen containers	biohazard label
Contaminated laundry	red bag/container
Regulated waste container (contaminated sharps containers)	red container/biohazard label
Reusable contaminated sharps containers (surgical instruments soaking in tray)	red container/biohazard label

The Patient Care Manager will ensure warning labels are affixed or red bags are used as required. Employees are to notify the Patient Care Manager if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Hepatitis B Vaccination

The Human Resources Department will provide training to employees in their initial employee orientation on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

All employees regardless of their exposure will be offered the Hepatitis B vaccine at no cost to the employee. The vaccine will be offered to the employee after training and within 10 days of their initial assignment.

Employees who decline the Hepatitis B vaccine are required to sign a declination statement (Attached as Exhibit A). Employees who initially decline the vaccine may request and obtain the vaccine at a later date at no cost. Documentation of refusal is kept in the employee's confidential folder in Human Resources.

The vaccination will be provided by the Union County Health Department at 301 American Road.

Post-Exposure Evaluation and Follow-Up

Should the employee incur an exposure incident, it should be reported to the Interfaith Clinic Executive Director **or** Patient Care Manager **and** the Human Resources Department.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up with a licensed physician. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.) the following activities will be performed:

- Document the route(s) of exposure and how the exposure occurred
- Identify (if possible) and document the source individual

- Obtain consent (Attached as Exhibit B– Client Antibody Testing Consent) and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing is not required
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality)
- Obtain consent, (Attached as Exhibit C– Employee Testing Consent) and collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Administration of Post Exposure Evaluation and Follow-Up

The Human Resources Department ensures that the licensed physician responsible for the employee's Hepatitis B vaccine and post-exposure evaluation and follow-up are given a copy of OSHA's Bloodborne Pathogen Standard.

The Human Resources Department ensures that the licensed physician evaluating the employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

A written opinion shall be obtained from the licensed physician who evaluates employees of this facility that have experienced an exposure incident. The Human Resources Department provides the employee with a copy of the evaluating licensed physician's written opinion within 15 business days after completion of the evaluation.

Procedure for Evaluation of the Circumstance Surrounding an Exposure Incident

The Interfaith Clinic Executive Director and Patient Care Manager will review the circumstances of all exposure incidents to determine:

- If engineering controls were in place at the time
- If work practices were followed

- A description of the device being used (including type and brand)
- PPE that was used at the time of the exposure incident
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

An Exposure Incident Report is attached as Exhibit D.

The Interfaith Clinic Executive Director and Patient Care Manager will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log (Attached as Exhibit E).

If it is determined that revisions need to be made, The Executive Director will ensure that appropriate changes to this ECP are referred to the Human Resources Department. (Could include evaluation of safer devices, adding employees to list)

Employee Training

In the initial employee orientation the Human Resources Department provides all employees:

- A copy and explanation of the bloodborne pathogens standard
- A copy and explanation of the Exposure Control Plan
- Information on the Hepatitis B vaccine, addressing the safety, benefits, efficacy, methods of administration and it's availability 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 post-exposure evaluation and follow-up that the employer is required to provide for the employee following and exposure incident

All employees who have occupational exposure to bloodborne pathogens receive departmentalized training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the departmental training covers, at a minimum, the following elements:

- 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
- 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 the person conducting the training

Training materials for this facility are available in the Patient Care Manager's office.

All employees are required to receive annual refresher training.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents are kept for at least three years in the Human Resources Department.

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

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 business days. Such requests should be addressed to the Human Resources Director.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

The Human Resources Director is responsible for maintenance of the required medical records. These confidential records are kept in the Human Resources Department for at least the duration of employment plus 30 years.

Employee medical records are provided upon written request of the employee or to anyone having written consent of the employee within 15 business days. Such requests should be sent to SHARE Foundation, Human Resources Department, 403 W. Oak, Suite 103, El Dorado AR 71730.

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 Human Resources Department.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidents must include at least:

- The date of injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred

The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Exhibit A

Hepatitis B Vaccine Consent/Release Form

Name of Subject: _____

Date: _____

- I. Complete this section if the subject is a high risk employee (check one of the following statements):
- A. _____ I have received the Hepatitis B vaccine. (proof or documentation of this statement should be presented and noted by the witness)
 - B. _____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me. I release SHARE Foundation from liability for any results that may occur because of my refusal.
 - C. _____ I have not or do not know whether I have had the Hepatitis B vaccine and wish to receive it.

Witness' Signature

Employee's Signature

- II. Complete this section as vaccine is administered:

Lot No.	Administered by	Date	Signature of Subject
_____ Initial	_____	_____	_____
_____ One Month	_____	_____	_____
_____ Six Month	_____	_____	_____

Exhibit B

CLIENT ANTIBODY TESTING CONSENT

Client: _____

Facility: _____

We are requesting to obtain a blood specimen from you for laboratory analysis because of an occupational exposure to one of our employees. OSHA (Occupational Safety and Health Administration) requires us to test the specimen for HBV (hepatitis B virus) and HIV (human immunodeficiency virus) to investigate all occupational exposures to bloodborne pathogens and other potentially infectious materials. Your consent is required to perform this analysis. You will be notified of your results by your personal physician.

Patient's printed name

Patient's signature

Date

Facility Manager

Date

Exhibit C

EMPLOYEE TESTING CONSENT

Patient: _____

Facility: _____

I am consenting to supply a blood specimen for laboratory analysis because of an occupational exposure to myself. I understand OSHA (Occupational Safety and Health Administration) requires the specimen be tested for HBV (hepatitis B virus) and HIV (human immunodeficiency virus) to investigate all occupational exposures to bloodborne pathogens and other potentially infectious materials. My consent is required to perform this analysis. I will be notified of results by my personal physician.

Employee's printed name

Employee's signature

Date

Supervisor or Human Resources Dept.

Date