

Indiana Department of Correction
Bloodborne Pathogen
Exposure Control Plan



April 1, 2022

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DEFINITIONS AND ABBREVIATIONS

1. BLOOD: Human blood, human blood components, and products made from human blood.
2. BLOODBORNE PATHOGENS: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCB), and Human Immunodeficiency Virus (HIV).
3. CLINICAL LABORATORY: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. CONTAMINATED: The presence or the reasonably anticipated presence of blood or OPIM on an item or surface.
5. CONTAMINATED LAUNDRY: Laundry which has been soiled with blood or OPIM or may contain sharps.
6. CONTAMINATED SHARPS: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
7. DECONTAMINATION: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
8. DEPARTMENT: The Indiana Department of Correction.
9. ENGINEERING CONTROLS: Controls (e. g. sharps disposal containers; self-sheathing needles; safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
10. EXPERT REVIEW PANEL: Panel of designated medical personnel who provide confidential consultation and advice to health care workers -living with- HIV, HBV, and HBeAg to promote the highest achievable level of safe, professional care. This panel consists of the infected health care worker's treating physician, either directly or through medical and historical treatment records, an infectious disease specialist, a health care provider of the same profession as the infected health care provider with expertise in the procedures practiced, and an infection control expert or epidemiologist.
11. EXPOSURE INCIDENT: A specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties.

12. **HAND WASHING FACILITY:** A facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines. (It is generally expected that handwashing facilities will have both hot and cold running water.)
13. **HCV:** Hepatitis C virus, is a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. For some people, hepatitis C is a short-term illness, but for more than half of people who become infected with hepatitis C virus, it becomes a long-term, chronic infection. This hepatic infection can become a chronic infection, potentially leading to cirrhosis, liver cancer, or death. There is no vaccination to protect against HCV.
14. **HBV:** Hepatitis B virus, is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected. This virus causes an infection of the liver which is characterized by inflammation of the liver. For many people, hepatitis B is a short-term illness. For others, it can become a long-term, chronic infection that can lead to serious, even life-threatening health issues like cirrhosis or liver cancer.
15. **HIV:** Human immunodeficiency virus is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life, but with proper medical care, HIV can be controlled.
16. **IDOH:** The Indiana Department of Health.
17. **LICENSED HEALTH CARE PROFESSIONAL:** A person whose legally permitted scope of practice allows them to independently perform the activities required by the standard.
18. **NEEDLELESS:** A device that does not use needles for:
 - A The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
 - B The administration of medication or fluids; or,
 - C Any other procedure involving the potential of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
19. **OCCUPATIONAL EXPOSURE:** Reasonably anticipated skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of assigned duties.
20. **OPIM (Other Potentially Infectious Materials)**

- a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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;
 - b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - c. HIV containing cell or tissue cultures, organ cultures, and HIV, HCV, or HBV containing culture medium or other solutions; and blood, organs, or other tissue from experimental animals infected with HIV, HCV, or HBV.
- 21. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS: regulation that prescribes safeguards to protect workers against health Hazards related to bloodborne pathogens.
- 22. PARENTERAL: piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- 23. PERSONAL PROTECTIVE EQUIPMENT (PPE): specialized clothing worn by an employee for protection against a hazard. Personal protective equipment does not include uniforms, pants, shirts, blouses, etc., that are not intended to function as protection against a potentially infectious hazard.
- 24. PLAN: Exposure control plan.
- 25. INFECTIOUS/BIOHAZARD WASTE: Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and can release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. (Please refer to the Indiana Code [410 IAC 1-3-10] for a related definition of infectious waste.)
- 26. SHARPS WITH ENGINEERED SHARPS INJURY PROTECTIONS: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- 27. SOURCE INDIVIDUAL: Any person, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.
- 28. STERILIZE: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

29. UNIVERSAL PRECAUTIONS (UP): 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, HCV, HBV, and other bloodborne pathogens.
30. WORK PRACTICE CONTROLS: Controls that reduce the likelihood of exposure by altering the way a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

GENERAL STATEMENT OF PURPOSE

This Plan addresses the potential danger which results from occupational exposure to bloodborne pathogens and seeks to minimize the risk to employees by establishing procedures and standards of practice for the Department. The Department intends to provide a safe workplace for its employees and others present in the workplace.

The primary diseases targeted in the standard were HBV and HIV; however, avoidance of contact with blood and OPIM will also minimize the potential for transmission of other bloodborne diseases, including HCV.

The employer and its representatives are responsible for advising employees regarding safe work practices. They also are responsible for taking corrective action when they learn that employees are not using appropriate precautions.

This Plan is required by OSHA and must be available to all employees and OSHA, should OSHA request a copy.

The required components of the Plan are:

1. Exposure determination for all job classifications in the Department based upon the specific tasks associated with each classification and a reasonable expectation of exposure to blood or OPIM, and
2. The schedule and methods of implementation for (this list is not exclusive):
 - a. Methods of compliance,
 - b. HBV vaccination and post-exposure evaluation and follow up,
 - c. Communication of hazards to employees,
 - d. Recordkeeping, and
 - e. The procedure for the evaluation of circumstances surrounding exposure incidents.

EXPOSURE DETERMINATION

The Department of Labor established categories of exposure in which employees can be grouped. These categories distinguish between those whose tasks regularly involve exposure to blood or OPIM, which do not require exposure but may reasonably require unplanned exposure, and tasks that do not involve exposure as part of employment. Employees in either of the first two categories must receive training regarding bloodborne pathogens and must be offered HBV vaccination. Employees in the third group should receive training but do not need to be offered HBV vaccination.

To determine which employees must be offered HBV vaccine, the Department does not distinguish between Classification I and Classification II employees; both groups must be offered HBV vaccination.

The Department requires that all employees who have regular and continuing contact with incarcerated individuals (adults and youth) receive 40 hours of training annually, including updates in basic First Aid adequate to maintain certification by the American Red Cross or a similar agency. The Department further requires these employees to utilize this First Aid training on behalf of staff, visitors, or patients while they are at work.

Some employees perform tasks that expose them to blood or other potentially infectious / materials on a regular or on an occasional basis. Such employees should be reviewed for inclusion in Classification I and II. Individual employees may be reviewed for inclusions based upon recognition of their responsibilities by supervisors or by the employees themselves. This review shall be carried out by the Chief Medical Officer (CMO) and Human Resources Director and their determination shall be made in writing and placed in the employee's permanent personnel file.

Some examples of tasks that involve exposure to blood or OPIM are provided below:

- a. Sterilizing/disinfecting instruments,
- b. Parenteral injections,
- c. Invasive health care procedures,
- d. Clinical laboratory and phlebotomy procedures,
- e. Surgical procedures,
- f. Physical examinations,
- g. Provision of first aid,
- h. Planned and unplanned use of force,
- i. Handling contaminated waste, and
- j. Handling of blood, body fluids, tissues, or laboratory samples.

SCHEDULE AND METHODS OF IMPLEMENTATION FOR METHODS OF COMPLIANCE

Wardens shall annually review their facility's current practices against the requirements of the Exposure Control Plan. Where noncompliance is noted, plans for coming into compliance must be devised. While written plans are not required, compliance must be achieved within ninety (90) days of identification of a problem.

Within ninety (90) days of receipt of this revised Plan, the Wardens shall report to the assigned Executive Director of Adult Facilities or Executive Director/Youth Services regarding their compliance. Where compliance is less than complete, a plan of correction shall be included with the report.

It is not anticipated that individual facilities will require a local Plan that duplicates the contents of this Plan. Rather, the local Plan should be restricted to supplementation of this Plan.

UNIVERSAL PRECAUTIONS

Universal Precautions (UP) shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

UP are described in 410 IAC Sec.7, as follows:

“Sec. 7. A facility operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030), that:

(1) requires the use of universal precautions by a covered individual when performing those professional, employment, training, or volunteer activities or duties that include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials;

(2) provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions; and,

(3) proscribes the facility operator, or any covered individual acting at or on behalf of the facility, from retaliating against any person, including any professional, employee, trainee, volunteer, or patient, for filing a complaint with the department in good faith under this rule.”

The following work practices and engineering controls shall be used by Department staff:

1. The Department shall provide handwashing facilities that are readily accessible to employees. Hands shall be washed with soap and running water after toilet use, before meals, after handling medical waste, after removing personal protective equipment, and before and after patient contact.

When provision of handwashing facilities is not feasible, the Department shall provide either an appropriate antiseptic hand cleanser in conjunction with disposable paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water at the earliest possible time.

PPE necessary for the implementation of UP shall be provided to employees at no cost to the employee. Maintenance and cleaning of PPE shall be carried out at no cost to the employee. PPE shall be removed before leaving the work area and must be removed in a manner that does not expose employees to blood or OPIM. (See additional comments below in the PPE section.)

2. Protective gloves shall be worn whenever there is a reasonable likelihood of hands coming into contact with blood or OPIM. Special concern should be taken when

there is an open or healing wound on the hands. Any break in the integrity of skin should be covered with a bandage before donning gloves.

3. Other PPE (gowns, impervious garments, masks, eye protection, and so on) shall be utilized when there is occupational exposure that may cause contamination of clothing, face, eyes, etc. PPE shall be chosen based on the task being performed.
4. When performing resuscitative interventions, one-way valve masks or other means of avoiding contamination should be readily available and must be used. However, lifesaving interventions must be initiated promptly even if this equipment cannot be readily obtained.
5. All equipment that has come into contact with blood or OPIM must be disinfected with an adequate disinfectant solution (a hospital-grade, tuberculocidal Environmental Protection Agency [EPA] registered disinfectant; or sodium hypochlorite, five-tenths percent [0.5%] concentration, by volume [common household bleach in ten percent [10%] concentration in water]; the solution shall be dated and shall not be used if it is more than twenty-four [24] hours old).

(Infectious/biohazard waste should be managed in accordance with applicable legal requirements rather than as described here when there is conflict between the two standards.)

Clothing that has become contaminated with potentially infectious materials should be removed as soon as reasonably possible. It should be handled as potentially infectious. The possibly contaminated individual should clean all areas of the body that may have been contaminated and consult his or her supervisor regarding the possible exposure. Health Services staff shall assist in determining whether an exposure incident has occurred.

The clothing shall be bagged in a dissolvable laundry bag for laundering (see section below regarding laundry). If the clothing is not salvageable, it shall be disposed of as (infectious/biohazardous) waste.

7. Items contaminated with blood or OPIM shall be placed in a properly designed and labeled medical waste container. Contaminated items shall be disposed of promptly after use.
8. In the event of skin, mucus membrane, eye, or parenteral contact with blood or other potentially contaminated materials, the employee shall wash the affected area as appropriate and report the incident to their supervisor for evaluation and management as a possible exposure incident.
9. Sharp objects must be handled carefully.

Approved and labeled containers for contaminated sharps must be readily available in areas where scalpels, needles, and other sharps used to penetrate skin or to manipulate potentially infectious materials are used. Needles should not be bent, sheared, or recapped (except by one-handed techniques or by mechanical devices). Potentially contaminated sharps must be placed into "sharps containers" immediately after use.

Employees shall not empty sharps containers or retrieve objects from them. Sharps containers shall be placed in locations where they will be kept upright, and not overfilled. If containers are found to be leaking, they should be placed in another secure container to avoid exposure.

Worksites that regularly use medical sharps must develop management plans that include disposal of full sharps containers as regulated waste (infectious).

10. Signs to remind staff regarding the UP requirements must be posted in Health Services areas, near first aid kits, and in all places where injuries are reasonably expected to occur.
11. In emergency situations in which delaying services to obtain PPE might place others at significant risk of increased disease or death, it is permissible to proceed to deliver those services without use of PPE. Each instance shall be reported in writing through the supervisory chain to the Warden.

WORK PRACTICE CONTROLS

The following procedures will help to minimize the occurrence of exposure incidents in the workplace:

1. Hand Hygiene and Washing of Skin or Eyes:
 - a. Facility administrative staff must ensure materials for hand cleansing are readily available, in intake areas, staff and visitor entries, visitation rooms, group rooms including recreation areas, classrooms, and other common areas used by incarcerated individuals and employees.
 - b. Bathrooms and other areas where hand washing is performed shall have working sinks with soap and paper towels available. Soap may be liquid, bar, leaflet, or powdered form. Multiple-use cloth towels of the hanging or roll type are not to be used.
 - c. Where possible, posters reminding employees and incarcerated individuals to wash hands shall be displayed.
 - d. Employees must wash hands:
 - i. With soap (non-antimicrobial or antimicrobial) and water whenever hands are visibly dirty or contaminated with proteinaceous material or visibly soiled with blood or other body fluids.
 - ii. With an alcohol-based or non-alcohol-based hand sanitizer if hands are not visibly soiled. Both the CDC and WHO recommend alcohol-based hand sanitizers (containing at least 60% alcohol) as the preferred product for hand hygiene when soap and water are not readily available. When alcohol-based hand sanitizers cannot be used, products containing quaternary ammonium compounds, such as benzalkonium chloride or chlorhexidine, may be used.
 - iii. before and after direct contact with IDP's, employees, volunteers, or visitors.
 - iv. After contact with another person's skin, body fluids or excretions, mucous membranes, non-intact skin, and wound dressing even if gloves were worn and hands are not visibly soiled.
 - v. Before and after eating and after using a restroom.
 - vi. After contact with objects or surfaces used by numerous individuals.
 - e. In addition to hand washing, any skin that has come into contact with blood or OPIM shall be washed thoroughly with soap and water immediately. Eyes that have been splashed must be flushed with potable water or with eye wash for 15 minutes.
2. Eating, Drinking, Using Cosmetics, or Handling Contact Lenses:

No eating, drinking, smoking, application of cosmetics, or handling of contact lenses is permitted in any work place where there is a potential for exposure to blood or OPIM.

3. Storage of Food and Drink:

No food or drink may be kept in refrigerators, freezers, shelves, cabinets, countertops, or benchtops where infectious materials may be present. Within the workplace only refrigerators or areas labeled “for employee food storage” may be used for employee food storage.

4. Splashing and Spraying of Infectious/Biohazard Materials:

All procedures in which infectious materials may be splashed or sprayed shall be conducted in a manner that minimizes splashing or spraying.

5. Pipetting:

No mouth pipetting/suctioning of blood or OPIM is permitted.

6. Handling Specimens of Blood, Tissue, or Other Potentially Infectious/Biohazard Material:

These materials are to be placed in containers designed to prevent leakage. Containers must be colored red, clearly labeled regarding contents, and have affixed to them a biohazard warning label. It is generally simplest to utilize containers designed specifically for this purpose.

7. Handling Potentially Contaminated Equipment:

UP must be followed when handling potentially contaminated equipment. Before to shipping or servicing, potentially contaminated equipment must be disinfected / decontaminated. If this is not feasible and the size of the equipment permits, the entire item should be contained in leakproof container labeled as to contents. If the item is too large to contain, the equipment must be labeled with an approved biohazard label indicating which parts of the item may be contaminated. Those transporting or receiving the equipment must be fully informed regarding the possibility of the equipment's contamination.

INFECTED HEALTH CARE WORKERS

The Department shall establish an Expert Review Panel in accordance with Indiana law (410 IAC 1-4-8.1). This review panel must be approved by the IDOH. If the Department is unable to obtain approval as required under Subsection C, the CMO or designee shall request assistance from IDOH in obtaining Expert Review Panel services.

An Expert Review Panel may be requested by all health care workers whose practices include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's finger and needle or other sharp instrument in a poorly visualized or highly confined human anatomic site and who is infected with HIV, or who is infected with HB virus and is HBe antigen positive, shall request of the Expert Review Panel a review of his or her practice.

The Expert Review Panel shall review the employee's health status and provide advice regarding any necessary modification of the employee's procedures or practices to ensure that patients or employees are not exposed to HB or HIV.

The role of the panel is strictly confidential and advisory to the individual health care worker. The Department need not appoint the panel until a need for review is demonstrated.

PERSONAL PROTECTIVE EQUIPMENT

Appropriate PPE shall be provided to employees exposed to blood or OPIM. PPE includes but is not limited to examination gloves; utility gloves; gowns; lab coats; masks; eye protection; CPR one way valve masks; and resuscitation bags. PPE is designed to prevent blood or OPIM from passing through or reaching work clothes, street clothes, undergarments, skin, eyes, or mucus membranes under normal circumstances. The type and amount of PPE necessary will be determined by the work situation. PPE must be provided to employees by the Department at no cost to the employee. In the event of supply limitations, reuse instructions will be provided to staff. This includes all who have workspace exposure, whether they are employees, volunteers, or patients.

The Department's Hazmat Team shall ensure necessary PPE is on hand in accordance with Policy and Administrative Procedure 00-02-201, "Compliance with Federal and State Fire, Health and Safety Regulations".

ICI shall assist with supplies such as disinfectants.

Staff Development and Training shall provide training and education on how to properly use and discard PPE.

1. Use of PPE:

The use of PPE is mandatory. Individuals choose not to use PPE when needed shall receive counseling and/or disciplinary action and may be dismissed from continued employment if necessary.

2. Cleaning, Laundering, and Disposal of PPE:

The employer is responsible for cleaning, laundering, and disposal of PPE as indicated.

3. Repair and Replacement of PPE:

The employer is responsible for repair and replacement of PPE at no cost to the employee. Willful destruction of PPE or negligent use of PPE shall be addressed through the counseling and disciplinary process.

4. Contaminated Protective Garments:

All protective garments penetrated by blood or OPIM must be removed immediately or as soon as possible.

5. Removal of PPE:

All PPE must be removed before leaving work and placed in designated containers

for storage, washing, decontamination, or disposal.

6. Gloves:

Gloves must be worn when it is likely that the employee may have hand contact with blood or OPIM, mucus membranes, non-intact skin, during blood drawing or other vascular access procedures, when handling or touching potentially contaminated items or surfaces and during security searches.

Disposable gloves shall be replaced when torn and are not to be washed or decontaminated for re-use.

Utility gloves may be decontaminated if they show no signs of wear, and the integrity of the glove is maintained.

Individuals with documented allergy to gloves shall be provided hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives, by the employer.

7. Eye, Nose, and Mouth Protection:

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

8. Gowns, Aprons, and other Protective Clothing:

Appropriate protective clothing, such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

Contaminated gowns must be placed in labeled or color-coded impervious bags/containers with minimal handling.

Employees handling soiled laundry must follow UP when performing their jobs.

9. Defective Equipment:

All employees using PPE must inspect the equipment prior to use. Defective equipment must be replaced prior to use.

10. Exceptions:

If the use of PPE will prevent delivery of necessary health care or public safety services, they may be omitted. This is expected to occur only rarely. If the use of PPE will increase the hazard to workers, they may be omitted.

All exceptions must be reported by employees through the supervisory chain to the Warden or designee for review. The Warden, or designee, must report the results of the review to the Director of Risk Management for additional review.

HOUSEKEEPING

The facility shall be kept in a clean and sanitary condition at all times. Cleaning shall be carried out in accordance with a written housekeeping plan. Methods to be used shall be appropriate for the cleaning carried out and shall be planned in advance.

All equipment and environmental surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

All contaminated work surfaces shall be decontaminated after completion of each procedure that produces blood or OPIM.

All work surfaces that may have been contaminated with blood or OPIM shall, at the end of each work shift, be cleaned and decontaminated.

Bins, pails, and cans shall be decontaminated whenever visibly contaminated with blood or OPIM.

Contaminated glassware that is broken shall not be picked up by hand. Rather tongs, forceps, brush or dustpan, shall be used.

Protective coverings (foils, wraps, etc.) shall be replaced as soon as feasible but no later than the end of each work shift if they may have become contaminated with blood or OPIM during the shift.

INFECTIOUS/BIOHAZARD WASTE

Each facility must devise a written Medical Waste Management Plan for disposing of blood and OPIM generated by health care activities.

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

1. Closable,
2. Puncture resistant,
3. Leakproof on sides and bottom, and
4. Labeled or color coded (see Communication of Hazards to Employees, below).

During use, these containers must be:

1. Easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found,
2. Maintained upright during use, and
3. Replaced routinely and not allowed to be over filled. A container must never be filled to the top (sharps containers are considered full at $\frac{3}{4}$).

When moved, these containers shall be:

1. Closed immediately prior to removal to prevent spillage or protrusion of contents and
2. Placed in a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and to prevent leakage, and labeled in accordance with Communication of Hazards to Employees.

Infectious/Biohazard containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

Infectious/Biohazard waste (other than sharps) must be placed in closable, leakproof containers. These containers must meet the following requirements:

1. Constructed to contain all contents during handling, storage, transport, or shipping,
2. Labeled or color coded (see Communication of Hazards to Employees below),
3. Must be closed prior to removal,
4. Must be placed in a second labeled container if outside contamination of the first container has occurred, and
5. Must be disposed of in accordance with the facility's Medical Waste Management Plan.

All regulated waste must be disposed of in a manner that complies with local, State, and federal statutes and regulations.

CLEAN UP OF SPILLS OF BLOOD OR OPIM

UP must be utilized when spills of potentially contaminated materials are cleaned. Liquid materials may be blotted or treated with materials that make them semi-solid prior to removal. Depending upon the size of the spill, it may be convenient to decontaminate the liquid prior to removal or to decontaminate the surface only after the spill has been removed.

Liquid and solids cleaned up after spills must be managed as infectious waste. Broken glass must be handled as described above to minimize the risk or injury.

Facilities must maintain adequate and convenient supplies of red "biohazardous materials bags" to receive waste retrieved after spills. These bags (or other approved and properly labeled containers) must not be over filled; they must close easily without stretching the container material.

LAUNDRY

Handling of laundry that has been contaminated with blood or OPIM falls under the Standard. Laundry that has not been contaminated is not regulated.

Contaminated or potentially contaminated linens and other laundry must be bagged or placed in a designated container at the location where it was used. This laundry should be handled as little as possible; it should not be shaken or agitated. It should not be sorted or rinsed prior to being bagged or containerized.

Contaminated laundry must be placed in dissolvable bags or containers that are labeled or color coded for laundry (see below). Containers should not be over-filled or stretched. If contaminated laundry is so wet as to cause dissolvable laundry bags to deteriorate or to create “soak through,” bags must additionally be placed and transported in bags or containers which prevent soak through or leakage to the exterior.

Filled bags should be closed immediately after filling and readied for transport. A container is considered filled and ready for closure when all soiled laundry in a location has been containerized; filled bags may be left only in locations designated for such storage.

If the bag or container subsequently becomes wet (whether from internal or external sources) it should be placed inside a second container designed to prevent leakage.

Employees who handle contaminated laundry must observe UP. When handling laundry, utility gloves should be used. Appropriate PPE (mask, gowns, eye protect, gloves, etc.) shall be worn if laundry is wet or contains loose contaminated materials.

RED GARBAGE BAGS DESIGNATED FOR CONTAMINATED WASTE DISPOSAL SHALL NOT BE USED AS SUBSTITUTES FOR LAUNDRY BAGS.

HEPATITIS B VACCINATION

All employees with occupational exposure must be offered HBV vaccination after receiving OSHA mandated training regarding bloodborne pathogens and within ten (10) business days of being assigned to a job that includes occupational exposure, unless: the employee has:

1. Previously been vaccinated;
2. Previously been diagnosed by blood tests as having had HBV;
3. Previously had antibody testing that reveals immunity to HBV; or,
4. The employee has a medical contraindication to vaccination.

Employees without occupational exposure need not be offered HBV vaccination. However, if an employee without occupational exposure is temporarily assigned to a position with occupational exposure, training must be provided and vaccination offered within ten (10) business days of the assignment. State form 46239 "Request for Hepatitis B Vaccine" shall be used for all employees and placed in the medical file.

This HBV vaccination must be:

1. Offered at no cost to the employee,
2. Provided at a reasonable time and place,
3. Provided under the supervision of an appropriately licensed health care professional, and,
4. Provided in accordance with recommendations of the US Public Health Service. (If the US Public Health Service determines that booster shots are indicated, these shall be offered, also at no charge to the employee.)

Employees may decline HBV vaccination; but must sign a form indicating that they do not wish to be vaccinated. For all declinations, state form 46237 "Hepatitis B Vaccine Declination" shall be obtained and placed in the employees' medical file. This decision may be reversed. In this event, the employee should be provided with vaccination.

The Department will not offer blood testing to determine the presence or absence of immunity to HBV.

Employee vaccination records shall be maintained by facility HR personnel. The Health Services vendor's Human Resources shall maintain medical personnel vaccination records for its employees.

POST-EXPOSURE EVALUATION AND FOLLOW UP

When an employee is exposed to blood or OPIM the following steps are to be taken:

1. As soon as possible, wash the exposed area in running water, using soap as appropriate. If it is difficult to ensure complete cleaning of the area (such as under the fingernails), disinfection with a solution as described above is acceptable in addition to washing. Eyes should be washed for 15 minutes with either potable water or eyewash designed for that purpose.
2. Any first aid or other emergency services must be provided.
3. The exposure shall be reported immediately to the appropriate supervisor. (If there is question regarding whether or not an exposure incident has occurred, health care staff should be consulted regarding this decision.)

The facility must make available to the exposed employee a confidential medical evaluation and follow up, including at least the following elements:

1. Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual unless it is not feasible or prohibited by law.

If the source individual consents, their blood shall be tested as soon as possible to determine HBV and HIV infectivity (immediately upon consent being obtained, but not later than 5 working days). If the source individual does not consent, the facility must establish that legally required consent cannot be obtained. If the source is already known to be infected with HBV or HIV, the testing for that entity need not be repeated.

The exposed employee shall be referred to offsite clinical services to be further evaluated.

Results of the source's testing shall be made available to the exposed employee and the employee informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. The facility shall establish a referral process that includes the use of outside health care professionals for the purpose of immediate post-exposure incident evaluation and follow up of employees. When the involved exposure is an incarcerated individual, the facility may utilize on-site health care professionals for immediate evaluation. The responsibilities of the Health Services vendor are the same whether or not the service is provided by on-site or off-site staff, and the referral process must

be planned in advance of need.

4. The Department facility shall ensure that the employee receives:
 - a. A copy of the OSHA Standard,
 - b. A description of the exposed employee's duties as they relate to the exposure incident,
 - c. Documentation of the route of exposure and the circumstances under which exposure occurred,
 - d. Results of the source individual's blood testing, if available, and
 - e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.
4. The Warden or designee shall refer the exposed employee to be evaluated and tested for HIV and HBV status as soon as possible after the exposure incident at an offsite medical clinic. Treatment received from offsite provider shall be forwarded to the facility HR department for documentation and placed in the employer's health record. If the employee refuses to seek offsite medical treatment this must also be documented in the employee health record. However, if the employee later wishes to seek the offsite evaluation the Department shall allow the employee access. CFR 1910.1030 mandates that if an exposed individual permits blood draw but not for HIV or HBV testing the specimen shall be preserved for 90 days should the employee later determine they want to proceed with testing.
5. The offsite medical evaluation may include post-exposure prophylaxis to the employee in accordance with US Public Health Service recommendations and may arrange or refer for any necessary counseling. The Department facility or the Health Services vendor shall allow for any necessary follow up and testing. Post-exposure prophylaxis may include both HBV and HIV. **Post exposure prophylaxis against HIV must be initiated within 1-2 hours of exposure.**
7. The exposed employee shall provide to the facility a written opinion regarding the evaluation from the offsite medical provider.

The written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The written opinion for post-exposure evaluation and follow up shall be limited to the following information:

- a. That the employee has been informed of the results of the evaluation and
- b. That the employee has been told about any medical conditions

resulting from exposure to blood or OPIM which require further evaluation or treatment.

- c. Facility Incident Report shall be utilized to document and provided to the safety hazard manager.

All other diagnoses or findings shall remain confidential and shall not be included in the written report.

8. A copy of the written opinion shall be placed in the health record maintained by the facility (see below).
9. All costs of post exposure shall be paid by the Workers Compensation Program (in accordance with that program's regulations), the employer's health insurance, or the employer, in that order.
10. The following forms are currently available and should be used:
 - a. State Form 46239, "Request for Hepatitis B Vaccine" - Information and Consent Form,
 - b. State Form 46237, "Hepatitis B Vaccine Declination" - used to document employee refusal of vaccination, and
 - c. State Form 46238, "Investigation of Exposure Incident" - used to document both an exposure incident and post exposure follow up.
11. Supervisory staff at the facility where the exposure incident has occurred shall review all findings and shall take steps where appropriate to avoid repetitions.
12. Each facility shall establish a "Sharps Injury Log." This log shall record all percutaneous injuries of staff from contaminated sharps and must contain, at a minimum, the following information:
 - The type and brand of device involved in the incident
 - The department or work area where the exposure incident occurred, and
 - An explanation of how the incident occurred.

The Safety Hazard Manager shall be responsible for establishing and maintaining this Log and the Health Services vendor shall cooperate to help ensure that the log includes every sharps injury involving contaminated or possibly contaminated sharps items.

These logs must be maintained for five (5) years following the end of the year to which they relate and must be kept in a manner that protects the confidentiality of the injured employees. Entry of injury records into this log shall not substitute for injury records or logs that may otherwise be required.

Annually the log must be copied and forwarded to the Director of Risk Management for review. These logs must be help confidentially.

COMMUNICATION OF HAZARDS TO EMPLOYEES

The following labeling system shall be used to communicate warnings to employees and others:

1. Warning labels shall be orange-red or fluorescent orange (or predominantly so) with lettering and symbols in contrasting color and shall include the biohazard warning label. (See attached sample label.)
2. Labels shall be affixed to containers of regulated (infectious) waste or other containers that contain blood or OPIM as closely as is feasible by wire, string, adhesive, or other method that prevents unintentional removal.
3. Red bags or red containers may not be substituted for labels.
4. Containers of blood, blood components, or other blood products that are labeled as to their contents and have been released for clinical use are exempt from labeling requirements.
5. Individual containers of blood or OPIM that are placed inside another labeled container are exempt from labeling requirements.
6. Labels for contaminated equipment shall be in accordance with this label description and shall also indicate which portions of the equipment remain contaminated.
7. Infectious/Biohazard waste that has been effectively disinfected or decontaminated need not be labeled as a biohazard.

WARNING SIGNS

Signs reminding staff of the necessity to employ UP shall be posted on or near first aid kits and emergency kits.

In the event that large portions of a workspace are contaminated and there is a risk of an exposure incident unless other employees are warned, the workspace shall be roped off and signs warning of the danger of possible exposure to bloodborne illness shall be posted. The signs shall include the biohazard warning symbol and shall be predominantly red-orange or fluorescent orange with contrasting lettering. The warning shall not be removed until after decontamination procedures are completed.

INFORMATION AND TRAINING

All employees with occupational exposure shall receive training at no cost to them, during working hours. Facilities may elect to provide this training to all employees.

Training shall be provided at the time of initial assignment, on an annual basis, and whenever new or modified tasks affect the employee's occupational exposure.

The content of the training shall include (but not limited to):

1. Provision and discussion of the OSHA standard,
2. A general explanation of the epidemiology and symptoms of bloodborne diseases,
3. An explanation of the modes of transmission of bloodborne pathogens,
4. An explanation of the Exposure Control Plan and where it may be reviewed,
5. How to identify tasks and other activities with risk of exposure to blood and OPIM,
6. How to prevent or reduce exposure by using engineering controls, proper work practices, and PPE,
7. Information on the type, use, location, removal, handling, decontamination, and disposal of PPE,
8. Information on the selection of proper PPE,
9. Information on Hepatitis B vaccine including efficacy, safety, method of administration, benefits of being vaccinated, and that vaccine and vaccination will be offered at no charge,
10. Information on appropriate actions to take and persons to contact during an emergency involving blood or OPIM,
11. An explanation of the procedure to follow if an exposure incident occurs,
12. Information on post-exposure evaluation and follow up that the employer is required to offer following an exposure incident,
13. An explanation of the signs, colors, and labels used to caution employees about the presence of blood or OPIM, and
14. An opportunity for questions to and answers from a knowledgeable person.

Facility training personnel are responsible for coordinating programs for new and existing employees. Employees shall sign a record sheet indicating their participation in these training programs.

The facility training personnel and shift supervisors shall be responsible for tracking personnel assignments and identify individuals who need training due to new or changes in assignments. Employees shall not be assigned to Classification I or II tasks until after having completed the required training unless emergency conditions exist (see above for actions to be taken when an employee not subject to HBV vaccination is temporarily assigned to tasks that would make him or her subject to it).

The training personnel shall notify employees when training updates are necessary. Participation in required training is mandatory and employees who decline to participate shall be subject to

counseling, discipline, and, if necessary, dismissal from employment.

Training records as determined by Staff Development and Training shall include:

1. Dates of training,
2. Content of training,
3. Names and qualifications of trainers, and
4. Names and job titles of trainees.

These records shall be kept for three (3) years from the date of training.

Upon request by the Assistant Secretary (OSHA) or the Director (NIOSH), these training records shall be supplied. Additionally, evidence that individual employees have been trained may be required upon written request complying with 410 IAC 1-4-7.1(2).

EMPLOYEE HEALTH RECORDS

Personnel offices shall maintain a confidential health record separate from the general personnel file. These records shall receive all health related documents provided by employees or regarding employees. With regards to the OSHA standard, these records shall include:

1. The employee's name and social security number,
2. Information regarding HB vaccination including dates and any medical records relevant to the employee's ability to receive vaccine,
3. Information regarding exposure incidents and follow up,
4. Copies of all laboratory tests generated for post exposure follow up,
5. Copies of the health care professional's written opinion, and
6. Copies of the information provided to the health care professional.

These records must be retained for the duration of employment plus thirty (30) years.

These records are confidential and may not be released except as permitted by law. Delivery of these records without express written consent by the employee is required if the Assistant Secretary of OSHA or the Director of NIOSH requests but is otherwise prohibited.

CONTINUOUS QUALITY IMPROVEMENT

All staff are encouraged to submit suggestions related to this exposure control plan through their supervisory chain to the assigned Executive Director of Adult Facilities or Executive Director/Youth Services for submission to the Director of Risk Management.

The Director of Risk Management shall provide to the CMO or designee recommendations and suggestions for modifications of this plan based upon reports of exposure incidents in accordance with the above requirements. The CMO or designee shall cause this plan to be reviewed and updated:

- Annually,
- Whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and
- To reflect new or revised employee positions with occupational exposure.

Such updates shall also:

- Reflect changes in technology that eliminate or significantly reduce exposure to bloodborne pathogens, and
- Annually require consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

Health Services Administrators and Wardens shall be requested to solicit input from line employees responsible for direct patient care and potentially exposed to injuries from contaminated sharps regarding identification, evaluation, and selection of effective work practice controls. The results of this solicitation (including a null result) shall be maintained on site for a period of two years and made available upon request. When the product from this solicitation is reviewed, the year's experience with sharps injuries shall also be reviewed. The results from these reviews shall be discussed with the Director of Risk Management so that appropriate interventions may be identified and implemented.