***PENNYBYRN AT MARYFIELD***

***EXPOSURE CONTROL PLAN***

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

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 exposure incidents Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP. 4

**PROGRAM ADMINISTRATION**

■ Human Resources is responsible for implementation of the ECP. Human Resources will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact 336-821-4018.
■ Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
■ Nursing and Safety Leader will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Nursing and Safety Leader will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact 336-821-6543 or 336-870-4172.
■ Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact 336-821-4018.
■ Human Resources will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact 336-821-4018 .

**EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

*Job Title Department/Location*

Certified Nursing Assistant Nursing

Medication Technician Nursing

Nurse (LPN or RN) Nursing

Homemaker Dining Services

Housekeeper Environmental Services

Laundry Aide Environmental Services

Maintenance Technician Maintenance

Security /First Responder Security

Administrative staff Administration

Cook Dining Services

Prep Cook Dining Services

Wait Staff Dining Services

Dining Aide Dining Services

Expeditor Dining Services

The following is a list of job classifications in which some employees at our establishment 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:

*Certified Nursing Assistants, Medication Technicians, Nurses, Homemakers, Housekeepers, Laundry Aides, Maintenance, Dining Services, and Security* all handle regulated waste, and have potential contact with bloodborne, airborne, and surface-borne pathogens.

*NOTE: Part-time, temporary, contract and per diem employees are covered by the bloodborne pathogens standard. The ECP should describe how the standard will be met for these employees.*

**METHODS OF IMPLEMENTATION AND CONTROL**

**Universal Precautions**All employees will utilize universal precautions.

**Exposure Control Plan**Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting Human Resources or Department Leadership. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request. Human Resources is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**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:

* + Availability of personal protective equipment (PPE) – gloves, masks, goggles, aprons, antimicrobial soap, (eye, nose, and mouth) shield, body fluid spill clean‑up kits.
	+ Double‑bagging via red bag and disposal procedure for hazardous waste.
	+ Screening individuals who come to the community.
	+ Use of universal precautions by staff.
	+ Education for people working in risk areas: health-care team members, housekeeping, laundry, kitchen staff, security.
	+ Hepatitis B vaccinations available for all employees, free of charge. Pennybyrn encourages non-vaccinated employees to get vaccinated.
	+ Trainings which teach effective use of PPE.
	+ Sharps container provided which has biohazard label affixed.
	+ Resource personnel to answer questions: health-care administrator, health-care nursing leadership, human resources.
		- Behavior expected from employees to minimize risk:
			* Use of PPE:
				+ Gloves are used when in contact with blood, body fluids, providing skin treatment, or using chemicals
* Masks are used for any potential airborne pathogen.
	+ Minimum 15-second hand washing with antimicrobial soap after: removing gloves, contact with potential risk, unprotected contact with any body fluid.
	+ Minimum 60-second hand washing with antimicrobial soap after blood splash.
	+ Use of body fluid spill clean‑up kit.
	+ Vaccination to protect from hepatitis B.
	+ Sharps disposed of properly: no recapping of needles, all sharps (lancets, needles) placed in sharps container immediately after use
	+ Participation in education about disease control.
	+ Immediate reporting suspected exposure (e.g., needle stick) to supervisor and Director of Nursing.
	+ Performing job tasks in a manner which minimizes/eliminates exposure potential.

Sharps disposal containers are inspected by Nursing staff and replaced when necessary. The full cartridge is placed in the soiled utility room and removed by a designated Hazardous Waste removal company.

This facility identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, committee activities, safety practices, and any necessary means. Both front-line workers and management officials are involved in this process through commitment in safety committees and real world experience in providing wisdom and insight into changes. Human Resources is responsible for ensuring that these recommendations are implemented.

**Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by Human Resources and Department Leadership. The types of PPE available to employees are as follows:

* GLOVES:

When handling/touching blood/body fluids or working with sharps, When working with caustic chemicals or electricity, to prevent burns.

* MASKS:

When risk of droplets of blood/body fluids can get into nose or mouth, to prevent exposure or spreading of airborne pathogens, to prevent inhalation of fumes, dust, or chemical particles.

* GOGGLES:

When risk of droplets of blood/body fluids can get into eyes, to prevent caustic chemicals to get into eyes, Prevent dust, flying fragments, or chemical particles from from getting into eyes.

* APRON:

When risk of blood/body fluids splashing on uniform, to prevent chemicals from getting onto uniform.

PPE is located in all departments. All employees using PPE must observe the following precautions:
■ Wash hands immediately or as soon as feasible after removing gloves or other PPE.
■ Remove PPE after it becomes contaminated and before leaving the work area.
■ Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal.)
■ Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
■ Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
■ Never wash or decontaminate disposable gloves for reuse.
■ Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
■ Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
\* Dispose of all PPE in soiled utility rooms within the Hazardous Waste box.

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

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in all households. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

**Laundry**The following contaminated articles will be laundered by this company: Resident clothing, uniforms, resident linens. Laundering will be performed by the Laundry department. The following laundering requirements must be met:
■ handle contaminated laundry as little as possible, with minimal agitation
■ place wet contaminated laundry in leak-proof, labeled or colorcoded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose.
■ wear the following PPE when handling and/or sorting contaminated laundry: (List appropriate PPE).

**HEPATITIS B VACCINATION**Human Resources will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee’s medical file. Vaccination will be provided by Nurse at healthcare households. Following the medical evaluation, a copy of the health care professional’s written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**Should an exposure incident occur, contact the Director of Nursing at 336-821-6543. An immediately available confidential medical evaluation and follow-up will be conducted by UNC Regional Physicians. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
■ Document the routes of exposure and how the exposure occurred.
■ Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
■ Obtain 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 need not be performed.
■ 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).
■ After obtaining consent, 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**Director of Nursing ensures that health care professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard. Director of Nursing ensures that the health care professional evaluating an 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 (Name of responsible person or department) provides the employee with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

**PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**Human Resources and Director of Nursing will review the circumstances of all exposure incidents to determine:
■ engineering controls in use at the time
■ work practices followed
■ a description of the device being used (including type and brand)
■ protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
■ location of the incident
■ procedure being performed when the incident occurred
■ employee’s training

Director of Nursing will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary Human Resources will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

**EMPLOYEE TRAINING**All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by Human Resources, Nursing Department, and Relias online training. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
■ a copy and explanation of the OSHA bloodborne pathogen standard
■ an explanation of our ECP and how to obtain a copy
■ an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
■ an explanation of the use and limitations of engineering controls, work practices, and PPE
■ an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
■ an explanation of the basis for PPE selection
■ information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
■ information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
■ an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
■ information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
■ an explanation of the signs and labels and/or color coding required by the standard and used at this facility
■ an opportunity for interactive questions and answers with the person conducting the training session, or leadership staff within the immediate area.

Training materials for this facility are available on the public computer drive, the Relias online training module, orientation packet, and from Human Resources.

**RECORDKEEPING**Training Records
Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in Human Resources office and in the Relias online training module. 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 1 working day and immediately on the Relias online module. Such requests should be addressed to Human Resources.

**Medical Records**Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records”. Human Resources is responsible for maintenance of the required medical records. These confidential records are kept in a locked file cabinet in the Human Resources office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Human Resources, 109 Penny Rd, High Point, NC 27260.

**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 Human Resources. Sharps Injury Log In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
■ date of the injury
■ type and brand of the device involved (syringe, suture needle)
■ department or work area where the incident occurred
■ explanation of how the incident occurred. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.