

NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE EMPLOYEE EXPOSURE CONTROL PLAN

Purpose

Provide the means for controlling the occupational exposure of healthcare and support team members to bloodborne pathogens including human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).

Policy

North Memorial Ambulatory Surgery Center at Maple Grove (NMASCMG) recognizes the potential danger to its team members which results from occupational exposure to bloodborne pathogens as address by OSHA's Occupational Exposure to Bloodborne Pathogens Final Rule and the need to protect team members for this risk. Exposure is determined by a list of jobs and procedures based on risks incurred without use of personal protective equipment. This plan addresses methods of compliance with 29 CFR 1910.1030 using institutional policies and practices.

Definitions

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 blood borne pathogens hazard from the workplace.

Hand washing Facilities- a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.

Needleless Systems - a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to blood borne pathogens due to percutaneous injuries from contaminated sharps.

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

Waterless Hand Sanitizing: The use of foam, gel, or liquid product containing greater than 60% alcohol and used for hand hygiene as a surgical hand scrub.

Work Practice Controls- controls that reduce the likelihood of exposure by altering the way a task is performed.

Procedures

A. Work Practice Controls

- a. Handwashing or the use of an approved waterless agent is required in this facility as outlined in Infection Control Policy 9005.
- b. Shearing, bending, removing, or breaking of contaminated needles and other sharps is prohibited in this facility. Recapping sharps is disallowed except in rare circumstances. If needles must be recapped, it is done using a one-handed scoop technique.
- c. After use, all sharps are placed in appropriate receptacles for disposal.
 - i. Disposable sharps containers will not be overfilled.
 - ii. Reusable sharps that are contaminated are stored and processed in a way that does not require team members to reach, by hand, into containers where these sharps have been placed. The container must be puncture resistant, labeled, and leak-proof.
- d. Leak-proof containers are used for all specimens.
- e. Closable, leak-proof containers with appropriate color coding and labeling are available for all other biohazard waste as defined by Minnesota law.
- f. If a sharps box or other biohazard container appears to be leaking, please put the leaking container with its contents into another color coded or biohazard labeled container and securely close.
- g. Equipment is inspected before it is repaired or shipped and is decontaminated if necessary. If it cannot be decontaminated before repair or shipment, the contamination is clearly labeled for the receiving agency.

B. Engineering Controls

- a. Handwashing facilities and waterless hand sanitizing stations are available throughout this facility.
- b. Specimens are kept in leak-proof containers during collection, handling, and storage.
- c. Sharps containers with appropriate color coding are available at locations where sharps are used.
 - i. All sharps containers are managed by contractors off-site.
 - ii. Sharps containers will not be overfilled.
 - iii. Sharps containers are puncture-resistant and leak proof and meet the requirements as outlined in the OSHA Regulations and Engineering Controls.
- d. Sharps safety devices are reviewed and evaluated annually.

C. Personal Protective Equipment (PPE)

- a. Where there is a risk for occupational exposure to blood, body fluids, or other potentially infectious materials the use of PPE is required in accordance with Infection Prevention policy 9002.
- b. PPE is available for all team members.

- c. Team members who scrub in for surgeries are encouraged to double-glove and to use a perforation indicator system such as a colored under glove.

D. Environmental Services

- a. All team members will follow the Infection Prevention policy 9001 for cleaning and decontamination of equipment, patient care devices, and work areas.
- b. Used linen is considered contaminated and will be laundered by a contracted service.

E. Hepatitis B Vaccine

- a. All at-risk team members are offered the vaccine upon initial employment. The vaccine is offered free of charge.
 - i. A vaccine declination is obtained from individuals who choose not to receive the vaccine.
 - ii. The assessment information, vaccine information and declination information are kept in the team member's confidential health file.

F. Hazard Communication

- a. NMASCMG uses red color coding and biohazard labels to mark all infectious waste.
 - i. This includes but is not limited to sharps containers and Biohazard labels.
 - ii. Contaminated instruments are transported to the decontamination area with a Biohazard label following Operating Room policy 5038.

G. Training

- a. Training for all team members is provided upon hire and then annually.
- b. Training includes but is not limited to:
 - i. The OSHA Bloodborne Pathogens
 - ii. The Exposure Control Plan
 - iii. PPE
 - iv. Safe Injection Practices
 - v. Sharps Safety
- c. Records of training are kept in the employee education file.

H. Record Keeping

- a. Confidential employee health records are kept for all team members. They include but are not limited to:
 - i. Hepatitis B vaccination status or signed declination form.
 - ii. All information given to evaluating health care professionals in the event of an exposure incident.
 - 1. A copy of the evaluator's written opinion
 - iii. Team members can request a copy of their employee health file in writing to the Human Resource Director.

I. Evaluation of Exposure Incidents

- a. See OSHA policy 2010

Attachment:

A. Employee Exposure Determination

References:

OSHA Bloodborne Pathogen Standard 20 CFR 1910.1030

Infection Control Policy 9005

Infection Prevention policy 9002

Infection Prevention policy 9001

Operating Room policy 5038

Occupational Exposure policy 2010

Table of Revisions

12/2007	Initiated
3/2009	Reviewed
10/2012	Reviewed
1/2013	Reviewed
7/2014	Revised
6/2015	Revised
8/2017	Reviewed
2/2021JC	Major formatting and minor content revisions to streamline material.
1/2022 JC	Reviewed, added language to engineering controls.
1/2023	Revised – formatting and updating record storage.