

**Licking County Board of Developmental Disabilities**

**Administrative Policy Manual**

**Policy: Exposure Control Guidelines & Procedures**

**Board Approved: 8/93**

**Revised: 8/02, 12/04**

**Reviewed: 6/10, 10/14, 1/16, 12/18**

**Section: 3.7.1**

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**GUIDELINES**

Procedures for exposure control will address engineering and work practice controls, personal protective equipment, housekeeping practices, and the Hepatitis B vaccine.

**Exposure Control Procedures**

**I. GENERAL PROCEDURES**

- A. Staff who provide support and instruction that require close contact with people are particularly susceptible to the transmission of communicable diseases. To prevent the spread of disease, staff must use Universal Precautions and follow other guidelines outlined in this document.
- B. Infection control is based on the use of Universal Precautions. Universal Precautions require that all blood and body fluids be considered a potential carrier of infectious disease. Since every person who may transmit infectious or communicable diseases may not know they are infected, show signs and symptoms of infection or be able to communicate it, the use of Universal Precautions provides protection against disease.
- C. The following measures will reduce the risk of exposure to staff and people supported by Board:

1. Engineering and Work Practice Controls

Engineering and Work Practice Controls are utilized to prevent or minimize the potential for exposure. Input from staff is solicited in the selection and implementation of Engineering Controls and the types of Personal Protective Equipment obtained. Staff will be instructed in the use of Universal Precautions including but not limited to the following:

- a. Safe clean up all bodily fluids;
- b. Use of waterless soap when hand-washing facilities are not readily available;
- c. Proper disposal of infectious materials;
- d. Refraining from eating, smoking, handling lip balms, applying cosmetics and handling contact lenses in areas where direct service activities occur;
- e. Disinfection of toys;
- f. Monitoring and providing instruction/training to people with poor or inconsistent hand washing skills;
- g. Prohibition of the sharing of personal toiletry items; and
- h. Prohibition/prevention mouth-to-mouth sharing of food or other objects.

2. Personal Protective Equipment

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Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, physical, electrical, mechanical, or other workplace hazards. Examples of PPE are items such as gloves, safety glasses and shoes, earplugs or muffs, respirators, or coveralls.

3. Housekeeping Practices

Staff are instructed to:

a. Use approved solutions to clean all areas, especially when there has been an accident/spill involving body fluids; and

b. Disinfect contaminated clothing with a bleach solution of one (1) part bleach and ten (10) parts water. Contaminated clothing is to be placed in a trash bag, tied shut and disposed of as hazardous waste.

4. Hepatitis B Vaccine (HBV)

D. Staff who wish to receive the HBV vaccine may do so as provided for by the Board Personnel Policy 2.01. Staff have a responsibility to take safe actions to prevent contracting a communicable disease by:

1. Following the procedures outlined for reducing risk, items C 1, 2, 3 and 4 above; and

2. Using Universal Precautions; and

3. Carefully considering the Hepatitis B vaccines offered free of charge by the Board; and

4. Minimizing breaks in the skin. Persons with broken skin should practice Universal Precautions and be especially careful about their personal hygiene, as breaks in the skin are potential portals of entry and infection. A clean, dry bandage should cover even small areas of broken skin.

E. All blood and other body fluid is considered to be potentially infectious. As a result, confidential information about the health status of staff and people we support will be made known strictly on a need-to-know basis.

F. All new staff will be trained in Universal Precautions and on these procedures within the first ninety (90) days of employment. In addition, the following will occur:

1. An annual review of Universal Precautions for staff is required.

2. Staff will be required review other educational materials as offered.

3. Staff will receive updated information about Universal Precautions as applicable.

**II. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

A. Occupational exposure is defined as a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

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1. Potentially infectious materials are blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid visibly contaminated with blood. All body fluids should be considered potentially infectious in situations where differentiation is difficult.
  2. Staff in the following positions may be expected to incur occupational exposure:
    - a) Building custodians
    - b) Designated First Aid and CPR trained staff
    - c) Service Coordinators
    - d) Developmental Specialists
  3. Tasks and procedures that may result in occupational exposure are:
    - a) Administering First Aid and CPR; and
    - b) Cleaning blood spills and other body fluids; and
    - c) Cleaning of restrooms.
- B. Specific Control Methods

**1. Hand Washing**

Staff are provided hand-washing facilities in Board-owned buildings. In addition, waterless hand sanitizer dispensers are placed throughout all Board-owned buildings. Hands are to be washed with soap and running water as soon as feasible after using waterless sanitizers and as soon as feasible after removal of gloves and other personal protective equipment.

Following any contact with blood or other potentially infectious material, hands, skin surface and mucous membranes are to be washed with soap and water immediately.

**2. Work Area Restrictions**

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in any work area where there is a reasonable likelihood of occupational exposure.

**3. Contaminated Equipment**

Equipment that has been contaminated with blood or other potentially infectious materials is to be decontaminated. A solution of 1 part bleach to 10 parts water performs as a decontaminant.

**4. Protective Barriers and Personal Protective Equipment (PPE)**

Protective barriers prevent blood or other potentially infectious materials from passing through or reaching clothing, skin, eyes, mouth, or mucous membranes under normal conditions of use. Appropriate personal protective equipment, designed to act as a protective barrier against blood and other potentially infectious materials, is provided to staff without cost. It is maintained in accessible locations in each Board-owned building and cleaned, repaired and replaced as needed. In the event that use of personal protective equipment is not possible due to the urgency of an incident, the circumstance

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will be documented and investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.

All garments that are penetrated by blood are to be removed immediately or as soon as feasible, be placed in containers that can be closed to prevent leakage of fluids during handling, storage, transport or shipping, and labeled with a red label or tag stating the container holds a biohazard. All personal protective equipment is to be removed prior to leaving the work area. As appropriate, a member of the safety committee will instruct staff on the correct way to remove all Personal Protective Equipment (PPE). PPE that has been used will be placed in a designated area for storage, washing, decontamination, or disposal.

Gloves are to be used where there is reasonable anticipation of contact with blood, other potentially infectious materials, mucous membranes and non-intact skin. Disposable single-use gloves are to be replaced as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Single use gloves are not be washed or decontaminated for reuse. Utility gloves must be discarded if any signs of deterioration are present.

Masks in combination with eye protection devices such as goggles or glasses with solid side shields or chin length face shields, are to be worn whenever splashes, sprays, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can reasonably be anticipated.

Mouthpieces, resuscitation bags, pocket masks, or other ventilation devices are available for use by members of first aid teams when giving CPR.

**5. Housekeeping**

It is the responsibility of each component director to assure that all buildings owned by the Board are maintained in a clean and sanitary condition.

All contaminated areas will be decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials.

Decontamination will be accomplished by utilizing at least one of the following materials:

- Bleach solution 1:10 (1 part bleach with 10 parts water); or
- Other products approved by the Licking County Health Department or Ohio Environmental Protective Agency (EPA).

Bins, pails, cans and similar receptacles intended for reuse, which have a reasonable likelihood for becoming contaminated, shall be inspected and decontaminated on a regularly scheduled basis.

Broken glassware that may be contaminated is not to be picked up with the hands. It is to be cleaned up with a broom or brush and dustpan. It should not be vacuumed.

**6. Disposal of Regulated Waste**

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Regulated waste means liquid or semi-liquid, blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in 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 and microbiological wastes containing blood, or other potentially infectious materials.

Regulated waste is to be placed in containers that can be closed to prevent leakage of fluids during handling, storage, transport or shipping, and is to be labeled with a red label or tag stating the container holds a biohazard. These containers are to be closed prior to removal to prevent spillage or leaking of contents during handling, storage, transport or shipping.

### C. Post Exposure Evaluation and Follow-up

1. When staff or a person supported is exposed to blood or other potentially infectious material, the incident is to verbally reported immediately to the immediate supervisor. If it is determined that an actual exposure has occurred, then the person must receive immediate medical attention. The incident is then documented on the Board Accident Report Form (staff), or the Incident Report Form (person supported by the Board). In the event of a needle stick injury, the Public Employment Risk Reduction Program's Sharps Injury Form is to be completed. Forms can be found on-line on the Board's SharePoint site.
2. Following an exposure incident, circumstances surrounding the exposure will be evaluated so that recommendations for future prevention can be made. Written documentation of circumstances surrounding the exposure incident will be completed by appropriate staff member(s), reviewed by the Component Director, and forwarded to the Director of Human Resources.
3. Any staff exposed to infectious or contaminated materials is required to report the incident immediately to his/her supervisor. Any exposure or potential exposure of a person supported will also be immediately reported by the staff responsible for supervising the individual. The exposure may be considered an Unusual Incident (UI). Confidential medical evaluation and follow-up will be provided. The following will be documented:
  - a. Route(s) of exposure.
  - b. Circumstances under which the exposure occurred.
  - c. Identification of the source person.
  - d. Testing for HIV and HBV after consent is obtained, If consent cannot be obtained, it will be documented.

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If the source person is already known to be infected with HIV or HBV, testing need not be repeated. If consent is granted, results of the source person's testing shall be made available to the exposed staff or parent/guardian of the person supported, and they will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source person. This information will be shared by the medical provider.

The exposed person will be offered post exposure prophylaxis as medically indicated and as recommended by the U.S. Public Health Service. Any exposed person will also be offered counseling and evaluation of any potentially related illnesses.

Component Directors and the Director of Human Resources have been designated to assure the post-exposure procedures outlined in this document are effectively carried out. Following an exposure, the treating health care professional will be provided with:

- A description of the exposed staff's duties as they relate to the exposure incident;
- Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source person's blood testing, if applicable; and
- Pertinent medical records maintained by the Board.

A health record for each staff is maintained in a "medical file" and includes:

- a. Name and social security number;
- b. A copy of the staff's Hepatitis B vaccination status including the dates of all vaccinations and any medical records relative to the ability to receive vaccinations;
- c. A copy of the results of examination, medical testing, and follow-up procedures following exposure incidents; and
- d. A copy of the information that was provided to the health care professional and copies of information received from the health care professional.

Medical records will be kept confidential and not disclosed or reported without express written consent, except as is required by OSHA or by applicable law. Such records shall be maintained permanently.

Health records of people supported are governed by federal and state requirements.

4. Communication of Hazards to Staff

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Labels and Signs: Warning labels will be affixed to containers of regulated waste, and to containers used to store, transport, or ship blood or other potentially infectious materials. Red bags or red containers may be substituted for labels.

Information and Training: All staff at risk of exposure will participate in initial training programs upon hire and at least annually thereafter. Additional training will be provided when changes such as modifications of tasks or procedures or the institution of new tasks affect the staff's occupational exposure. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training programs as it relates to the work place.

The training program is to contain, at a minimum, the following elements:

- a) An accessible copy of the regulatory text of the OSHA standard and an explanation of its contents;
- b) A general explanation of the epidemiology and systems of bloodborne diseases;
- c) An explanation of the modes of transmission of bloodborne pathogens;
- d) An explanation of the Board's exposure control procedures and where to find them. All staff will have available to them a copy of the procedures;
- e) An explanation of the appropriate methods for recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials;
- f) An explanation of the use and limitations of methods to prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment;
- g) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- h) An explanation of the basis for selection of personal protective equipment;
- i) Information on the Board's policy of making available the Hepatitis B vaccine, and the efficacy, safety, methods of administration, and the benefits of being vaccinated;
- j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k) 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;

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- l) Information on post-exposure evaluation and follow-up that the Board is required to provide following an exposure incident;
  - m) An explanation of the signs and labels and/or color-coding required by the OSHA standard; and
  - n) An opportunity for questions and answers with the person conducting the training sessions.

3. Training records shall be maintained and shall include the following:

- a) Date(s) of training sessions;
- b) Summary of the content;
- c) Names and qualifications of persons conducting the training sessions; and
- d) Names and job titles of the persons attending the training sessions.

Training records shall be kept in the staff member's personnel file or on-line with DDWorks.

If the Board ceases to do business and there is no successor employer, the Board will notify affected current staff of their rights of access to records at least three (3) months before the Board ceases to operate.