

Exposure Control Plan for AccuKare, Inc.

Purpose: To provide a guide for maintaining a safe and healthful work environment for all employees.

In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens (BBP) in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document in assisting our agency 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 (UP)
 - Engineering and work practice controls
 - Personal protective equipment (PPE)
 - Housekeeping
- Hepatitis B vaccination program
- Post-exposure evaluation and follow-up
- Record keeping
- Procedures for evaluation circumstances surrounding an exposure incident

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

Karla R. Adams, RN is responsible for the implementation of the ECP. Karla R. Adams, RN will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number is 763-862-3971/ main office of AccuKare Inc.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with procedures and work practices outlined in this ECP.

Karla R. Adams, RN along with the AccuKare Manager will maintain and provide all necessary PPE, engineering controls, labels (if needed), and or bags (if needed). Karla R. Adams, RN along with the AccuKare Manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number is 763-862-3971/ main office of AccuKare Inc.

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I. Employee Exposure Determination

- A. As part of the exposure determination section of our ECP, the following is a list of all job classifications at our establishment in which all employees have occupational exposure:

| <u>JOB TITLE</u> | <u>DEPARTMENT/LOCATION</u> |
|-------------------------|----------------------------|
| AccuKare Manager | Nursing/In client homes |
| Personal Care Assistant | Nursing/ In client homes |
| Homemaker | Nursing/In client homes |
| QP/LSW | Nursing/In client homes |
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| IHS without training | Nursing/In client homes |
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- B. 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.

1. NONE

II. Methods of Implementation and Control

A. Universal Precautions (UP)

All employees will utilize UP. Universal Precautions is an infection control method that requires employees to assume that all human blood and specified human body fluids (such as OPIM) are infectious for HIV, HBV, HCV, and other bloodborne pathogens, and must be handled accordingly.

B. Exposure Control Plan (ECP)

1. Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees will have a copy of this plan given to them upon hire. The plan is available in each client home and in the main office and may be reviewed at any time. If an employee or client requests another copy, it will be provided free of charge within 15 days.
2. Karla R. Adams, RN will be responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

C. Engineering Controls and Work Practices

1. 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 which we will use, and where they will be used, are listed below.
 - a. Sharps- there is no sharps that the employee will routinely be in contact with or generating. In the event that the employee needs to handle broken glass or an item that is sharp that may contain blood or OPIM, they are to handle it with the pliers provided in the "Home Kit" provided in each client home. Small shards or granules are to be swept up with the broom and dustpan provided. The employee is to have gloved hands for the duration of the process. The sharp items are to be placed in a PUNCTURE RESISTANT container such as a plastic lidded bowl or a laundry soap bottle and then disposed of per the method the client instructs them. All reusable items from the "Home Kit" need to be sanitized per the method listed in the kit and the ECP.

- b. Sanitization - Only non-porous and non-disposable items may be sanitized. An item is sanitized if it has or potentially has come in contact with blood or OPIM. Sanitization is performed by washing the item (using the cleaning gloves in the “Home Kit”) in warm soap and water or cleanser and then spraying with the sanitizer and allowed to air-dry. The gloves are sprayed and allowed to air dry as well.
- c. Employees are strictly forbidden from eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where there is a reasonable likelihood of exposure to blood or OPIM.
- d. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present or may be present.
- e. Hand washing – hands are to be washed, at least, at the following times: upon arrival to work, when removing gloves of any kind (cleaning gloves or care gloves), after any toileting activity (commode, catheter, bowel program, diapering) of self or client, before food preparation, before any eating event for self or client, after any nose blowing or wiping, after coughing or sneezing of self or client, before and after cosmetic application, and any other time that the hands may have come in contact with blood or OPIM.

1. The technique for handwashing is:

- a. Stand away from the sink; clothes and hands may not touch the sink.
- b. Turn on the water.
- c. Remove all jewelry
- d. Wet hands and wrists
- e. Apply soap over hands and wrists-work into a lather
- f. Use friction for at least 2 minutes at your initial scrub upon arrival and at least 30 seconds for subsequent scrubs.
- g. Rinse hands and wrists under running water.
- h. Dry hands and wrists on a new clean towel (may be a new clean cloth towel or disposable paper toweling).
- i. Turn off the water using a towel.

NOTE: The alternative for handwashing if there is no handwashing station available or the supplies needed are not immediately available is to utilize the hand sanitizer provided in the “Home Kit.”

The process for utilizing the hand sanitizer is as follows:

- 1. Remove any jewelry
 - 2. Squeeze a dime-sized amount into the hands
 - 3. Rub hands and wrists vigorously until all of the sanitizer is dissipated.
- f. Minimizing all procedures that cause splashing and spattering – Employees are to perform tasks such as toothbrushing, toothbrush washing, showering a client, etc. in a manner that does not cause splashing and spattering onto the employees face (eyes, nose, or mouth), clothes, or the room. The employee is to stand out of the path of any splashing and spattering as able in addition to utilizing the needed Personal Protective Equipment (PPE). If any spattering occurs, the employee is to

use PPE for protection during the task, and then sanitize any area splashed and spattered upon.

D. Personal Protective Equipment (PPE)

1. PPE will be provided at no cost to employees. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will provide training in the use of the appropriate PPE for the tasks or procedures employees will perform.
2. The types of PPE available to employees are as follows:
 - a. Gloves
 - b. Gowns
 - c. Face Shields
 - d. Utility/Cleaning gloves
3. Refer to written procedures (i.e. the agency's policy and procedure manual) for instruction on the use of PPE for specific tasks that may expose workers to blood or OPIM.
4. The employee is to remove all PPE after it has become contaminated and before leaving the work area.
5. PPE is located in the client homes with replacements being obtained through the main office of AccuKare Inc. (the agency will ensure it is delivered to the client home). The employee is to call the main office or notify their Qualified Profession if they need additional supplies. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will ensure the need is met.
6. All employees using PPE must observe the following precautions:
 - a. Wash hands or use waterless hand sanitizer immediately or as soon as feasible after removal of gloves or other PPE.
 - b. Used PPE may be disposed of in the client's home.
 - c. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - d. Utility/cleaning 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.
 - e. Never wash or decontaminate disposable gloves for reuse.
 - f. 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.
 - g. 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.
7. The procedure for handling contaminated PPE is as follows: Sanitization - Only non-porous and non-disposable items may be sanitized. An item is sanitized if it has or potentially has come in contact with blood or OPIM.
 - a. Wash the item (using the cleaning gloves in the "Home Kit") in warm soap and water or cleanser.
 - b. Spray with the sanitizer and allow to air dry.
 - c. The utility gloves used to do this task are sprayed and allowed to air dry as well.

NOTE: Do not wipe the sanitizer off of the item. It MUST be allowed to air-dry.

E. Housekeeping

1. The procedure for handling sharps. There are no sharps that the employee will routinely be in contact with or generating. In the event that the employee needs to handle broken glass or an item that is sharp that may contain blood or OPIM, they are to handle it with the pliers provided in the "Home Kit" provided in each client home. Large pieces are to be picked up using the pliers provided in the "Home Kit" along with wearing the utility gloves. Small shards or granules are to be swept up with the broom and dustpan provided. The employee is to have gloved hands (utility gloves) for the duration of the process. The sharp items are to be placed in a PUNCTURE RESISTANT container such as a plastic lidded bowl or a laundry soap bottle and then disposed of per the method the client instructs them. All reusable items from the "Home Kit" need to be sanitized per the method listed in the kit and the ECP. If there is a need for a sharps container, it will have been predetermined and have been prepared for by the agency. The sharps containers would be easily accessible and as close as feasible to the immediate area where sharps are used.
2. The procedure for handling waste such as menstrual pads, diapers with blood in them, any band aid or blood item, etc. is to double bag it, label it as infectious waste using the labels provided in the "Home Kit", and place it in the client's outside garbage receptacle utilizing gloved hands.
3. Bins and pails (wash basins, emesis pans, toilet pails) must be cleaned and sanitized via the means listed above as soon as feasible after visible contamination.
4. Handling of garbage. Garbage is to never be placed in an unlined receptacle. It must always have a plastic liner. The garbage is to never be compressed. The top of the plastic liner is to be gathered and closed. If the bag leaks, it is to remain in the receptacle, carried to the final garbage destination, and double bagged at that point. It is to be sealed either by tying a knot or placing on a fastener. The employee is to utilize gloved hands for this process. The garbage receptacle is to then be sanitized per the protocol as listed above.

F. Laundry

1. The following contaminated articles will be laundered by the employees of this company:
 - a. Any normal household linen that is soiled with blood or OPIM
 - b. Any clothing item of a client that is soiled with blood or OPIM
 - c. Any other item utilized for normal ADL's that may be soiled with blood or OPIM
2. The PCA or Homemaker will perform laundering at any time, depending on who is scheduled in the client home.
3. The following laundering requirements must be met:
 - a. Handle contaminated laundry as little as possible, with minimal agitation.
 - b. Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transporting if transporting needs to happen. (double-bagging in a labeled container within the laundry basket may occur)
 - c. Use bags marked with the biohazard symbol if laundering is not going to be done with Universal Precautions and the wearing of PPE.
 - d. Appropriate PPE for Universal Precaution laundry handling is facial, body, and hand protection from any splashing or spattering of blood or OPIM.
 - e. Appropriate PPE for non-contaminated laundry is gloved hands.

- f. Normal laundry cycles should be used according to the washer and detergent manufacturer's recommendations, as per CDC "Guidelines for Prevention of transmission of HIV and HBV," MNWR 6/23/89, 38, No. S-6.

G. Labels

1. The following labeling methods will be used:
 - a. Laundry bags of contaminated laundry will be labeled with a Biohazard sticker after having 2 bags placed around the items.
2. Employees are not to transport any contaminated items.
3. Employees are to notify Karla R. Adams, RN if they discover any regulated waste or laundry (items that contain blood or OPIM) that is not properly bagged, labeled, or disposed.

III. Hepatitis B Vaccination

- A. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will provide training to employees on the hepatitis B vaccinations, addressing the safety, benefits, efficacy, method of administration, and availability. The hepatitis B vaccination series will be made available at no cost after training and within 10 days of initial assignment to employees who have occupational exposure to blood or OPIM unless one of the following is present:
 1. Documentation exists that the employee has previously received the series
 2. Antibody testing reveals that the employee is immune
 3. Medical evaluation shows that vaccination is contraindicated.
- B. All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline 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 will be kept in the main office, locked, with the other medical records, separated from the rest of the personnel file. The only individuals who will have access to the medical records is the President, Karla R. Adams, RN, the Human Resources administrator, the employee, and the employee's MD in the event of need arising due to injury or exposure.
- C. The vaccination will be reimbursed to the employee or bill paid to clinic of choice, in accordance with OSHA standards as written.
- D. For Hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the Hepatitis vaccine, and whether the vaccine was administered.

IV. Post Exposure Evaluation and Follow-up

- A. Should an exposure incident occur, contact Karla R. Adams, RN at (763) 862-3971 first, if she is unavailable then contact the AccuKare Manager on the case at the number listed in the client home.
- B. An exposure incident is considered to be any incident where one of the following has occurred:
 1. Blood or OPIM has come in contact with the employees eyes, nose, mouth, or unprotected open skin that results from the performance of an employee's duties.
 2. A puncture or abrasion of the skin (parenteral contact) has occurred by an item that had been in contact with blood or OPIM being punctured or abraded that results from the performance of an employee's duties.
- H. Following an exposure incident, prompt evaluation and prophylaxis is imperative.
 1. Wound care /First Aid
 - a. Clean wound with soap and water.
 - b. Flush mucous membranes with water or normal saline solution

- c. Any other wound care as indicated such as bandaging.
2. Notification of Designated Parties
 - a. Notify Karla R. Adams, RN or the AccuKare Manager at the main office or the Emergency number for AccuKare Inc. posted in the Client Book, in the client's home.
- I. An immediately available confidential medical evaluation and follow-up will be conducted by employee's clinic of choice. The following elements will be performed.
 1. Document the routes of exposure and how the exposure occurred.
 2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 3. Obtain and retain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity; document and retain that the source individual's test results were conveyed to the employee's health care provider.
 4. If the source individual is already known to be HIV and/or HBV positive, new testing need not be performed.
 5. Ensure that the exposed employee is provided with the source individual's test result and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (See the Confidentiality Policy in the Policy and Procedure manual).
 6. After consent is obtained to be tested, the employee is to be sent to be tested in accordance with OSHA and CDC standards, as soon as feasible for testing of the blood for HBV and HIV serological status. The clinic will handle the matter per guidelines if the employee does not give consent.
- J. Health Care Professional's Follow-up
 1. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will ensure that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up be given a copy of OSHA's bloodborne pathogens standard.
 2. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will ensure that the health care professional evaluating an employee after an exposure incident receives the following:
 - a. A description of the employee's job duties relevant to the exposure incident
 - b. Routes of exposure
 - c. Circumstances of exposure
 - d. If possible, results of the source individual's blood test
 - e. Relevant employee medical records, including vaccination status
 3. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will provide the employee with a copy of the evaluation health care professional's written opinion 15 days after completion of the evaluation.
 4. The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the health evaluation and of any health conditions which may require further evaluation and treatment.
 5. All other diagnoses must remain confidential and are not to be included in the written report to AccuKare Inc.

- K. The incident is to be documented on the appropriate forms by the employee and Karla R. Adams, RN, the AccuKare Manager, or the Human Resources Director.
 - 1. An Exposure Form
 - 2. An Incident Report
 - 3. The OSHA 300 log
- L. This procedure for reporting an exposure should be given to each employee upon hire and placed in the Client Book for access availability at all working times.
- M. Post exposure counseling is mandatory under the standard. The following are the recommendations for counseling as per the American Nurses' Association
 - 1. Counseling should be provided by skilled personnel through previously established agency protocol of utilizing the employee's clinic of choice for referrals in conjunction with Karla R. Adams, RN at AccuKare Inc., or the AccuKare Manager, or the Human Resources Director.
 - 2. Counseling should include the following:
 - a. Meaning of test results
 - b. Discussion of personal life factors such as safer sex practices
 - c. Conception and contraception
 - d. Informing sexual partners
 - e. Discussion regarding avoidance of blood, semen, and tissue donation
 - 3. Counseling should include a validation of the employee's concerns and fears, and the implications of disclosure to other persons in their support system.
 - 4. The employee should be encouraged to monitor for signs and symptoms of acute sero-conversion illness (fevers, myalgias, rash, etc.) and to report these symptoms to designated personnel immediately (Karla R. Adams, RN, or the AccuKare Manager, or the Human Resources Director).
 - 5. Information regarding workers' compensation, disability, and other benefits should be provided.

NOTE: Any information regarding an exposure incident will remain in the highest level of confidentiality.

- V. Procedures for Evaluation the Circumstances Surrounding an Exposure Incident
 - A. Karla R. Adams, RN or the AccuKare Manager along with the Safety Committee will review the circumstances of all exposure incidents while maintaining confidentiality of all involved to determine:
 - 1. Why the exposure incident occurred.
 - 2. If procedures were being followed.
 - 3. If procedure, protocols, and/or training need to be revised.
 - 4. Engineering controls in use at the time of the incident.
 - 5. What work practices were being followed at the time of the incident.
 - 6. A description of any devices being used at the time of the incident.
 - 7. What PPE was being used at the time of the incident.
 - 8. Where the incident occurred.
 - 9. Procedure/care being performed at the time of the incident.
 - 10. The involved employee's training.

- B. If it is determined that revisions need to be made, Karla R. Adams, RN will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of new systems, adding employees to the exposure determination list, etc.)
- C. Documentation of this evaluation should accompany the exposure report.

VI. Employee Training

- A. All employees who have occupational exposure to bloodborne pathogens will receive training conducted by Karla R. Adams, RN-President of AccuKare Inc. or the AccuKare Manager on the case.
- B. Training shall be provided:
 - 1. At initial assignment to tasks where occupational exposure may take place.
 - 2. When new exposure is created by a change in tasks or procedures.
 - 3. At least annually after training.
 - 4. At no cost to the employee, during working hours.
 - 5. With material appropriate to educational level, literacy, and language of employees.
 - 6. By a person knowledgeable in the subject matter being presented, as it related to home care.
- C. All employees who have occupation exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover, at a minimum, the following elements.
 - 1. A copy and explanation of the standard
 - 2. An explanation of our ECP and how to obtain a copy
 - 3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
 - 4. An explanation of the use and limitations of engineering controls, work practices, and PPE.
 - 5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
 - 6. An explanation of the basis for PPE selection
 - 7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The vaccine along with the titre and re-vaccination will be offered free of charge.
 - 8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - 9. 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.
 - 10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
 - 11. An explanation of the signs and labels and/or color coding required by the standard and used at this facility

12. An opportunity for interactive question and answers with the person conducting the training session.

D. Training Records

1. Training records will be completed for each employee upon completion of training. These documents will be kept the employee's records at the main office of AccuKare Inc. in the personnel cabinet.
2. Karla R. Adams, RN or the Human Resources Director will maintain training records.
3. The training records shall include:
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of the people conducting the training.
 - d. The names and job titles of all persons attending the training sessions.
4. Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
5. Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen (15) working days.

VII. Medical Records

- A. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records."
- B. Karla R. Adams, RN and/or the Human Resources Director are responsible for maintenance of the required medical records. They are kept at the main office for AccuKare Inc. in the locked file cabinet, with the other medical records, separated from the rest of the personnel file. The only individuals who will have access to the medical records are the President, Karla R. Adams, RN, the Human Resources administrator, the employee, and the employee's MD in the event of need arising due to injury or exposure.
- C. In addition to the requirement of 29 CFR 1910.1020, the medical record will include:
 1. The name and social security number of employee
 2. A copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by the bloodborne pathogens standard
 4. A copy of all health care professional's written opinion(s) as required by the bloodborne pathogens standard.
- D. All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or other legal provisions.
- E. Employee medical records shall be maintained for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020.

- F. Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days.
- G. The medical records of employees who have worked for less than one year for the employer need not be retained beyond the term of the employment if they are provided to the employee upon the termination of employment.

VIII. OSHA Recordkeeping

- A. An exposure incident is recordable on the OSHA 300 Log if the case meets OSHA's Recordkeeping Requirements (29 CFR Part 1904). This determination and the recordkeeping activities are done by Karla R. Adams, RN-President or the Human Resources Director.

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- c. Employees are strictly forbidden from eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where there is a reasonable likelihood of exposure to blood or OPIM.
- d. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present or may be present.
- e. Hand washing – hands are to be washed, at least, at the following times: upon arrival to work, when removing gloves of any kind (cleaning gloves or care gloves), after any toileting activity (commode, catheter, bowel program, diapering) of self or client, before food preparation, before any eating event for self or client, after any nose blowing or wiping, after coughing or sneezing of self or client, before and after cosmetic application, and any other time that the hands may have come in contact with blood or OPIM.

1. The technique for handwashing is:

- a. Stand away from the sink; clothes and hands may not touch the sink.
- b. Turn on the water.
- c. Remove all jewelry
- d. Wet hands and wrists
- e. Apply soap over hands and wrists-work into a lather
- f. Use friction for at least 2 minutes at your initial scrub upon arrival and at least 30 seconds for subsequent scrubs.
- g. Rinse hands and wrists under running water.
- h. Dry hands and wrists on a new clean towel (may be a new clean cloth towel or disposable paper toweling).
- i. Turn off the water using a towel.

NOTE: The alternative for handwashing if there is no handwashing station available or the supplies needed are not immediately available is to utilize the hand sanitizer provided in the “Home Kit.”

The process for utilizing the hand sanitizer is as follows:

- 1. Remove any jewelry
 - 2. Squeeze a dime-sized amount into the hands
 - 3. Rub hands and wrists vigorously until all of the sanitizer is dissipated.
- f. Minimizing all procedures that cause splashing and spattering – Employees are to perform tasks such as toothbrushing, toothbrush washing, showering a client, etc. in a manner that does not cause splashing and spattering onto the employees face (eyes, nose, or mouth), clothes, or the room. The employee is to stand out of the path of any splashing and spattering as able in addition to utilizing the needed Personal Protective Equipment (PPE). If any spattering occurs, the employee is to

use PPE for protection during the task, and then sanitize any area splashed and spattered upon.

D. Personal Protective Equipment (PPE)

1. PPE will be provided at no cost to employees. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will provide training in the use of the appropriate PPE for the tasks or procedures employees will perform.
2. The types of PPE available to employees are as follows:
 - a. Gloves
 - b. Gowns
 - c. Face Shields
 - d. Utility/Cleaning gloves
3. Refer to written procedures (i.e. the agency's policy and procedure manual) for instruction on the use of PPE for specific tasks that may expose workers to blood or OPIM.
4. The employee is to remove all PPE after it has become contaminated and before leaving the work area.
5. PPE is located in the client homes with replacements being obtained through the main office of AccuKare Inc. (the agency will ensure it is delivered to the client home). The employee is to call the main office or notify their Qualified Profession if they need additional supplies. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will ensure the need is met.
6. All employees using PPE must observe the following precautions:
 - a. Wash hands or use waterless hand sanitizer immediately or as soon as feasible after removal of gloves or other PPE.
 - b. Used PPE may be disposed of in the client's home.
 - c. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - d. Utility/cleaning 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.
 - e. Never wash or decontaminate disposable gloves for reuse.
 - f. 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.
 - g. 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.
7. The procedure for handling contaminated PPE is as follows: Sanitization - Only non-porous and non-disposable items may be sanitized. An item is sanitized if it has or potentially has come in contact with blood or OPIM.
 - a. Wash the item (using the cleaning gloves in the "Home Kit") in warm soap and water or cleanser.
 - b. Spray with the sanitizer and allow to air dry.
 - c. The utility gloves used to do this task are sprayed and allowed to air dry as well.

NOTE: Do not wipe the sanitizer off of the item. It MUST be allowed to air-dry.

E. Housekeeping

1. The procedure for handling sharps. There are no sharps that the employee will routinely be in contact with or generating. In the event that the employee needs to handle broken glass or an item that is sharp that may contain blood or OPIM, they are to handle it with the pliers provided in the "Home Kit" provided in each client home. Large pieces are to be picked up using the pliers provided in the "Home Kit" along with wearing the utility gloves. Small shards or granules are to be swept up with the broom and dustpan provided. The employee is to have gloved hands (utility gloves) for the duration of the process. The sharp items are to be placed in a PUNCTURE RESISTANT container such as a plastic lidded bowl or a laundry soap bottle and then disposed of per the method the client instructs them. All reusable items from the "Home Kit" need to be sanitized per the method listed in the kit and the ECP. If there is a need for a sharps container, it will have been predetermined and have been prepared for by the agency. The sharps containers would be easily accessible and as close as feasible to the immediate area where sharps are used.
2. The procedure for handling waste such as menstrual pads, diapers with blood in them, any band aid or blood item, etc. is to double bag it, label it as infectious waste using the labels provided in the "Home Kit", and place it in the client's outside garbage receptacle utilizing gloved hands.
3. Bins and pails (wash basins, emesis pans, toilet pails) must be cleaned and sanitized via the means listed above as soon as feasible after visible contamination.
4. Handling of garbage. Garbage is to never be placed in an unlined receptacle. It must always have a plastic liner. The garbage is to never be compressed. The top of the plastic liner is to be gathered and closed. If the bag leaks, it is to remain in the receptacle, carried to the final garbage destination, and double bagged at that point. It is to be sealed either by tying a knot or placing on a fastener. The employee is to utilize gloved hands for this process. The garbage receptacle is to then be sanitized per the protocol as listed above.

F. Laundry

1. The following contaminated articles will be laundered by the employees of this company:
 - a. Any normal household linen that is soiled with blood or OPIM
 - b. Any clothing item of a client that is soiled with blood or OPIM
 - c. Any other item utilized for normal ADL's that may be soiled with blood or OPIM
2. The PCA or Homemaker will perform laundering at any time, depending on who is scheduled in the client home.
3. The following laundering requirements must be met:
 - a. Handle contaminated laundry as little as possible, with minimal agitation.
 - b. Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transporting if transporting needs to happen. (double-bagging in a labeled container within the laundry basket may occur)
 - c. Use bags marked with the biohazard symbol if laundering is not going to be done with Universal Precautions and the wearing of PPE.
 - d. Appropriate PPE for Universal Precaution laundry handling is facial, body, and hand protection from any splashing or spattering of blood or OPIM.
 - e. Appropriate PPE for non-contaminated laundry is gloved hands.

- f. Normal laundry cycles should be used according to the washer and detergent manufacturer's recommendations, as per CDC "Guidelines for Prevention of transmission of HIV and HBV," MNWR 6/23/89, 38, No. S-6.

G. Labels

1. The following labeling methods will be used:
 - a. Laundry bags of contaminated laundry will be labeled with a Biohazard sticker after having 2 bags placed around the items.
2. Employees are not to transport any contaminated items.
3. Employees are to notify Karla R. Adams, RN if they discover any regulated waste or laundry (items that contain blood or OPIM) that is not properly bagged, labeled, or disposed.

III. Hepatitis B Vaccination

- A. Karla R. Adams, RN, in conjunction with the AccuKare Manager, will provide training to employees on the hepatitis B vaccinations, addressing the safety, benefits, efficacy, method of administration, and availability. The hepatitis B vaccination series will be made available at no cost after training and within 10 days of initial assignment to employees who have occupational exposure to blood or OPIM unless one of the following is present:
 1. Documentation exists that the employee has previously received the series
 2. Antibody testing reveals that the employee is immune
 3. Medical evaluation shows that vaccination is contraindicated.
- B. All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline 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 will be kept in the main office, locked, with the other medical records, separated from the rest of the personnel file. The only individuals who will have access to the medical records is the President, Karla R. Adams, RN, the Human Resources administrator, the employee, and the employee's MD in the event of need arising due to injury or exposure.
- C. The vaccination will be reimbursed to the employee or bill paid to clinic of choice, in accordance with OSHA standards as written.
- D. For Hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the Hepatitis vaccine, and whether the vaccine was administered.

IV. Post Exposure Evaluation and Follow-up

- A. Should an exposure incident occur, contact Karla R. Adams, RN at (763) 862-3971 first, if she is unavailable then contact the AccuKare Manager on the case at the number listed in the client home.
- B. An exposure incident is considered to be any incident where one of the following has occurred:
 1. Blood or OPIM has come in contact with the employees eyes, nose, mouth, or unprotected open skin that results from the performance of an employee's duties.
 2. A puncture or abrasion of the skin (parenteral contact) has occurred by an item that had been in contact with blood or OPIM being punctured or abraded that results from the performance of an employee's duties.
- H. Following an exposure incident, prompt evaluation and prophylaxis is imperative.
 1. Wound care /First Aid
 - a. Clean wound with soap and water.
 - b. Flush mucous membranes with water or normal saline solution

- c. Any other wound care as indicated such as bandaging.
2. Notification of Designated Parties
 - a. Notify Karla R. Adams, RN or the AccuKare Manager at the main office or the Emergency number for AccuKare Inc. posted in the Client Book, in the client's home.
- I. An immediately available confidential medical evaluation and follow-up will be conducted by employee's clinic of choice. The following elements will be performed.
 1. Document the routes of exposure and how the exposure occurred.
 2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 3. Obtain and retain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and HBV infectivity; document and retain that the source individual's test results were conveyed to the employee's health care provider.
 4. If the source individual is already known to be HIV and/or HBV positive, new testing need not be performed.
 5. Ensure that the exposed employee is provided with the source individual's test result and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (See the Confidentiality Policy in the Policy and Procedure manual).
 6. After consent is obtained to be tested, the employee is to be sent to be tested in accordance with OSHA and CDC standards, as soon as feasible for testing of the blood for HBV and HIV serological status. The clinic will handle the matter per guidelines if the employee does not give consent.
- J. Health Care Professional's Follow-up
 1. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will ensure that health care professionals responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up be given a copy of OSHA's bloodborne pathogens standard.
 2. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will ensure that the health care professional evaluating an employee after an exposure incident receives the following:
 - a. A description of the employee's job duties relevant to the exposure incident
 - b. Routes of exposure
 - c. Circumstances of exposure
 - d. If possible, results of the source individual's blood test
 - e. Relevant employee medical records, including vaccination status
 3. Karla R. Adams, RN or the Human Resources Director or the AccuKare Manager will provide the employee with a copy of the evaluation health care professional's written opinion 15 days after completion of the evaluation.
 4. The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the health evaluation and of any health conditions which may require further evaluation and treatment.
 5. All other diagnoses must remain confidential and are not to be included in the written report to AccuKare Inc.

- K. The incident is to be documented on the appropriate forms by the employee and Karla R. Adams, RN, the AccuKare Manager, or the Human Resources Director.
 - 1. An Exposure Form
 - 2. An Incident Report
 - 3. The OSHA 300 log
- L. This procedure for reporting an exposure should be given to each employee upon hire and placed in the Client Book for access availability at all working times.
- M. Post exposure counseling is mandatory under the standard. The following are the recommendations for counseling as per the American Nurses' Association
 - 1. Counseling should be provided by skilled personnel through previously established agency protocol of utilizing the employee's clinic of choice for referrals in conjunction with Karla R. Adams, RN at AccuKare Inc., or the AccuKare Manager, or the Human Resources Director.
 - 2. Counseling should include the following:
 - a. Meaning of test results
 - b. Discussion of personal life factors such as safer sex practices
 - c. Conception and contraception
 - d. Informing sexual partners
 - e. Discussion regarding avoidance of blood, semen, and tissue donation
 - 3. Counseling should include a validation of the employee's concerns and fears, and the implications of disclosure to other persons in their support system.
 - 4. The employee should be encouraged to monitor for signs and symptoms of acute sero-conversion illness (fevers, myalgias, rash, etc.) and to report these symptoms to designated personnel immediately (Karla R. Adams, RN, or the AccuKare Manager, or the Human Resources Director).
 - 5. Information regarding workers' compensation, disability, and other benefits should be provided.

NOTE: Any information regarding an exposure incident will remain in the highest level of confidentiality.

- V. Procedures for Evaluation the Circumstances Surrounding an Exposure Incident
 - A. Karla R. Adams, RN or the AccuKare Manager along with the Safety Committee will review the circumstances of all exposure incidents while maintaining confidentiality of all involved to determine:
 - 1. Why the exposure incident occurred.
 - 2. If procedures were being followed.
 - 3. If procedure, protocols, and/or training need to be revised.
 - 4. Engineering controls in use at the time of the incident.
 - 5. What work practices were being followed at the time of the incident.
 - 6. A description of any devices being used at the time of the incident.
 - 7. What PPE was being used at the time of the incident.
 - 8. Where the incident occurred.
 - 9. Procedure/care being performed at the time of the incident.
 - 10. The involved employee's training.

- B. If it is determined that revisions need to be made, Karla R. Adams, RN will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of new systems, adding employees to the exposure determination list, etc.)
- C. Documentation of this evaluation should accompany the exposure report.

VI. Employee Training

- A. All employees who have occupational exposure to bloodborne pathogens will receive training conducted by Karla R. Adams, RN-President of AccuKare Inc. or the AccuKare Manager on the case.
- B. Training shall be provided:
 - 1. At initial assignment to tasks where occupational exposure may take place.
 - 2. When new exposure is created by a change in tasks or procedures.
 - 3. At least annually after training.
 - 4. At no cost to the employee, during working hours.
 - 5. With material appropriate to educational level, literacy, and language of employees.
 - 6. By a person knowledgeable in the subject matter being presented, as it related to home care.
- C. All employees who have occupation exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program will cover, at a minimum, the following elements.
 - 1. A copy and explanation of the standard
 - 2. An explanation of our ECP and how to obtain a copy
 - 3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
 - 4. An explanation of the use and limitations of engineering controls, work practices, and PPE.
 - 5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
 - 6. An explanation of the basis for PPE selection
 - 7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The vaccine along with the titre and re-vaccination will be offered free of charge.
 - 8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - 9. 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.
 - 10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
 - 11. An explanation of the signs and labels and/or color coding required by the standard and used at this facility

12. An opportunity for interactive question and answers with the person conducting the training session.

D. Training Records

1. Training records will be completed for each employee upon completion of training. These documents will be kept the employee's records at the main office of AccuKare Inc. in the personnel cabinet.
2. Karla R. Adams, RN or the Human Resources Director will maintain training records.
3. The training records shall include:
 - a. The dates of the training sessions.
 - b. The contents or a summary of the training sessions.
 - c. The names and qualifications of the people conducting the training.
 - d. The names and job titles of all persons attending the training sessions.
4. Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
5. Employee training records will be provided upon request to the employee or the employee's authorized representative within fifteen (15) working days.

VII. Medical Records

- A. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records."
- B. Karla R. Adams, RN and/or the Human Resources Director are responsible for maintenance of the required medical records. They are kept at the main office for AccuKare Inc. in the locked file cabinet, with the other medical records, separated from the rest of the personnel file. The only individuals who will have access to the medical records are the President, Karla R. Adams, RN, the Human Resources administrator, the employee, and the employee's MD in the event of need arising due to injury or exposure.
- C. In addition to the requirement of 29 CFR 1910.1020, the medical record will include:
 1. The name and social security number of employee
 2. A copy of the employee's hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination
 3. A copy of all results of examinations, medical testing, and follow-up procedures as required by the bloodborne pathogens standard
 4. A copy of all health care professional's written opinion(s) as required by the bloodborne pathogens standard.
- D. All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or other legal provisions.
- E. Employee medical records shall be maintained for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020.

- F. Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days.
- G. The medical records of employees who have worked for less than one year for the employer need not be retained beyond the term of the employment if they are provided to the employee upon the termination of employment.

VIII. OSHA Recordkeeping

- A. An exposure incident is recordable on the OSHA 300 Log if the case meets OSHA's Recordkeeping Requirements (29 CFR Part 1904). This determination and the recordkeeping activities are done by Karla R. Adams, RN-President or the Human Resources Director.