



Section	Psychiatric Health Facility (PHF)	Effective:	5/25/2007
Sub-section			
Policy:	Bloodborne Pathogen Exposure Control Plan	Last	3/28/2018
Policy #		Revised:	
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Exposure Control Plan	Audit Date:	3/28/2019

1. PURPOSE/SCOPE

- 1.1. To ensure compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Ruling, which addresses the management of occupational exposure to blood and body fluids in the healthcare setting.
- 1.2. This policy applies to all healthcare workers at the Santa Barbara County Psychiatric Health Facility (hereafter "PHF") who routinely or on occasion have exposure to blood and body fluids.

2. POLICY

- 2.1. Healthcare workers (i.e., staff) within the Santa Barbara County Psychiatric Health Facility (hereafter "PHF") have responsibilities for controlling risk of exposure to blood and body fluids in the healthcare environment. All staff described will follow the established procedures for dealing with exposure situations.

3. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 3.1. **Bloodborne pathogens** – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- 3.2. **Engineering controls** – controls (e.g., sharps disposal containers, needle safety devices) that lessen or remove the risk of exposure to bloodborne pathogens in the work place.

- 3.3. **Occupational exposure** – skin, eye or mucus membrane contact with blood or body fluids as a result of the performance of a staff member's duties.
- 3.4. **Personal Protective Equipment** – gowns, goggles and gloves worn as protective gear in the performance of the employee's duties when those duties may result in an exposure to blood and/or body fluids.
- 3.5. **Source patient** – any individual whose blood or other potentially infectious materials may be a source of occupational exposure to staff.
- 3.6. **Work practice controls** – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. EXPOSURE DETERMINATION

- 4.1. There are three categories to describe typical level of occupational exposure, which are as follows:
 1. Category I includes staff who routinely or on occasion have exposure to blood and bodily fluids. This includes nurses, laboratory technicians including phlebotomists, licensed psychiatric technicians, licensed vocational nurses, rehabilitation technicians, physicians, and janitorial services staff.
 2. Category II includes staff who on occasion may have exposure to blood and bodily fluids. This includes social workers, psychologists, and recreation therapists.
 3. Category III includes staff who may be called upon to assist or perform in an emergency. This includes secretarial staff, pharmacy consultants, maintenance staff, food service staff, dietician consultants, volunteers, and administrative staff.

5. RESPONSIBILITIES OF STAFF & ADMINISTRATION

- 5.1. Appropriate Personal Protective Equipment (PPE) must be made available and kept close to the point of use. Examples of PPE include, but may not be limited to, gowns, goggles, gloves, and masks. Staff should receive instruction in the correct use of PPE as needed (see Attachment A).
- 5.2. Staff must complete all assigned annual training related to infection prevention and control policies and procedures. Training may include an explanation of activities in which PPE is expected to be used, and information on how to access this and other PHF Infection Control policies.
- 5.3. Staff must report injuries and exposures as soon as possible to the Team Lead and Nursing Supervisor.

- 5.4. Human Resources will maintain records of exposure, including records of bloodborne pathogen exposures and needlestick injuries.

6. ENGINEERING AND WORK PRACTICE CONTROLS

- 6.1. All linens must be considered contaminated and bagged at the source in leak-proof bags.¹
- 6.2. The food of staff must not be kept in patient care areas.
- 6.3. Contaminated needles or sharps (e.g., needles, scalpels) are not to be bent, sheared, broken, recapped or removed. If recapping is necessary, it is done with one-handed scoop technique.²
- 6.4. Specimen containers and secondary containers must be leak-proof and labeled with a biohazard warning and puncture-resistant when necessary. Plastic bags are available for transport of all specimens.

7. POST-EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURES

- 7.1. Staff will report any exposure to blood and/or body fluids as soon as possible to the Team Lead and Nursing Supervisor, and must call the Company Nurse Injury Hotline to report the exposure and receive further directions.
- 7.2. The exposed staff and source patient may be tested for Human Immune Deficiency Virus (HIV), Hepatitis B, and Hepatitis C.
- 7.3. Sansum Occupational Medicine Clinic will conduct follow-up care as needed.
- 7.4. The Centers for Disease Control and Prevention (CDC) produces guidelines for the management of occupational exposures to bloodborne pathogens. These guidelines may guide the clinician response.

¹ For further information on handling of linens, please refer to the "Linen/Laundry" policy.

² For further information on handling of medical waste, please refer to the "Medical Waste Management" policy.

REFERENCE

Code of Federal Regulations – Bloodborne Pathogens Standard
 Title 29 Section 1910.1030

Centers for Disease Control and Prevention
 Updated U.S. Public Health Service (CDC) Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Post Exposure Prophylaxis. MMWR Recommendations and Reports, Vol.50, Number RR-11. Retrieved from <https://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf> (June 2001)

ATTACHMENTS

Attachment A – CDC Guide to Personal Protective Equipment

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

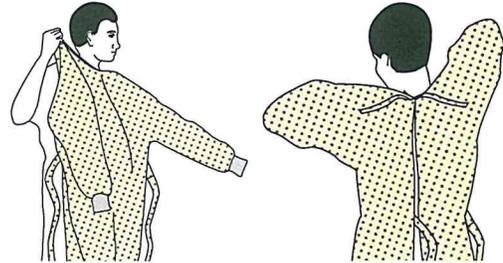
The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

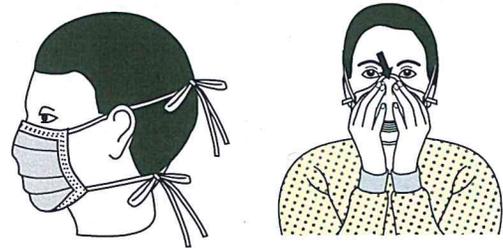
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



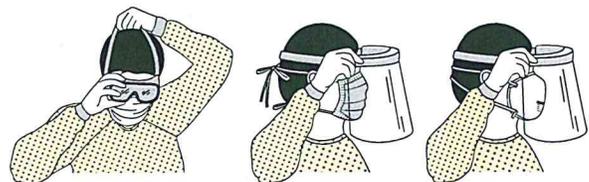
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



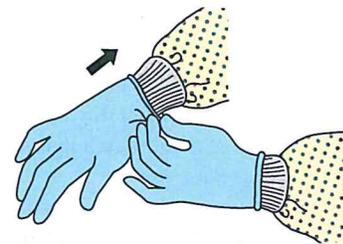
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

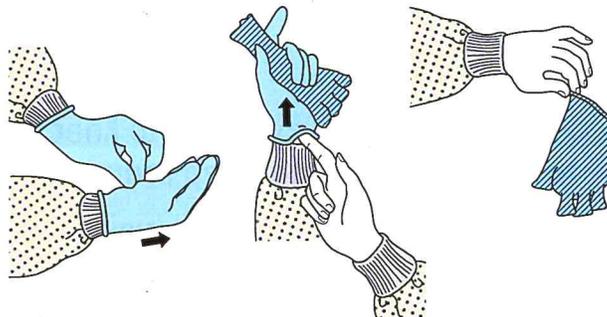


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



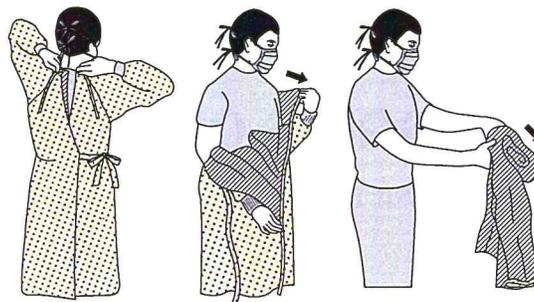
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



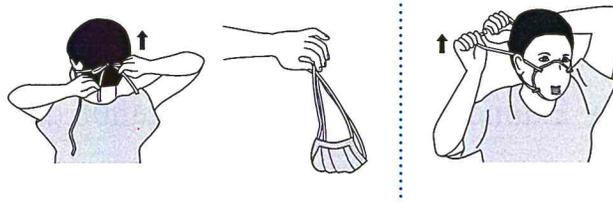
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

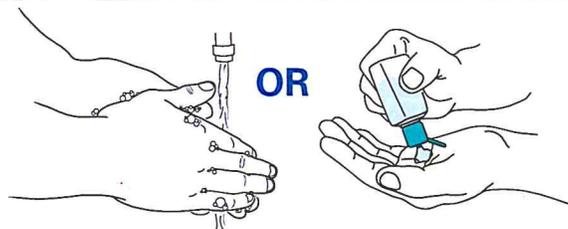


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

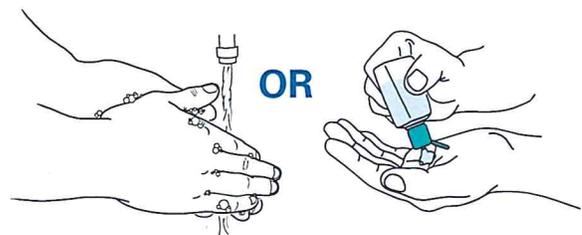


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



