OSHA BLOODBORNE PATHOGENS
REGULATIONS

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EXPOSURE CONTROL PLAN (ECP)

POLICY: Youth Consultation Service is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, 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 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:
  - Standard 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 an exposure incident

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

I. Site Administrator/Desigee is responsible for the implementation of the ECP.

II. Infection Control Committee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

III. 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.

IV. Site Administrator/Desigee will maintain and provide all necessary personal protective equipment (PPE), engineering controls (such as sharp containers), labels, and red bags as required by the standard.

V. Site Administrator/Desigee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

VI. Site Administrator/Desigee will be responsible for reporting to Human Resource when an injury occurs and initiating worker compensation.

VII. Human Resource is responsible for maintaining employee health and OSHA records.

VII. Training Department will be responsible for training, documentation of training, and making the written ECP available to employees and OSHA representatives.
EMPLOYEE EXPOSURE DETERMINATION

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

<table>
<thead>
<tr>
<th>Job Title</th>
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<tr>
<td>1. Nurse</td>
<td>Health Services</td>
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<tr>
<td>2. Residential Assistant</td>
<td>Behavioral Health Services</td>
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<tr>
<td>3. Clinician</td>
<td>Clinical Services</td>
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<td>4. Teacher</td>
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<td>5. Teacher Assistant</td>
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<td>6. Housekeeping</td>
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<td>7. Maintenance</td>
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<td>8. Situational Response Team</td>
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<td>9. Occupational Therapist</td>
<td>Division of Allied Health Services</td>
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<td>10. Speech Therapist</td>
<td>Division of Allied Health Services</td>
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<tr>
<td>11. Coordinator of Residential Services</td>
<td>Behavioral Health Services</td>
</tr>
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<td>12. Case-Manager</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>13. Psychiatrist</td>
<td>Health Services</td>
</tr>
<tr>
<td>14. Site Administrator</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>15. Administrative Assistant</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>16. Registered Dietitian</td>
<td>Health Services</td>
</tr>
<tr>
<td>17. Cook</td>
<td>Behavioral Health Services</td>
</tr>
<tr>
<td>18. Physician</td>
<td>Health Services</td>
</tr>
<tr>
<td>19. Nurse Practitioner</td>
<td>Health Services</td>
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<tr>
<td>20. Principal</td>
<td>Educational Services</td>
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Part-time and per diem employees are covered by this standard.
METHODS OF IMPLEMENTATION AND CONTROL

Standard Precautions
All employees will utilize standard precautions.

Exposure Control Plan
1. 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.
2. All employees have an opportunity to review this plan by accessing the site copy or the company website under YCS Company Policies. If requested, we will provide an employee with a copy of the ECP free of charge within 15 days of the request.
3. The Infection Control Committee is 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.

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 used are listed below:
   a) Needleless systems
   b) Sharps disposal containers
   c) Handwashing facilities that are readily accessible to employees
   d) No recapping, bending, or removing of contaminated needles or other contaminated sharp devices
   e) Spill Kits
   f) Personal Protective Equipment
2. Sharps disposal containers are inspected and maintained or replaced by the Program Nurse whenever necessary to prevent overfilling.
3. This agency identifies the need for changes in engineering control and work practices through:
   a) Review of OSHA records
   b) Employee interviews
   c) Nursing meetings
   d) Committee activities
4. This agency evaluates the need for new procedures or new products regularly by:
   a) Literature reviewed
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b) Supplier information
c) Products are considered by the Infection Control Committee

5. Both front line workers and management officials are involved in this process:
   a) Asking direct care employees for their input/feedback on current practices and evaluation of equipment and supplies
   b) Keeping abreast of current OSHA guidelines

6. The Site/Program Administrator will ensure effective implementation of these recommendations.

**Personal Protective Equipment (PPE)**

1. PPE is provided to our employees at no cost to them. Training is provided by Program Nurse or Training Department in the use of the appropriate PPE for the tasks or procedures employees will perform. The following PPE are available to employees:
   a) Gloves
   b) Arm protectors (autism schools only)
   c) Eye protection
d) Gowns
e) Disposal Masks
f) Resuscitation devices

2. PPE is located at designated areas and may be obtained through the Site Administrator or Nurse.

3. All employees using PPE must observe the following precautions:
   a) Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
   b) Remove PPE after it becomes contaminated, and before leaving the work area.
   c) Used PPE may be disposed of in regular garbage unless contaminated with blood or bodily fluids; in which case the biohazard trash will be used.
   d) Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (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.
   e) 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.
   f) Never wash or decontaminate disposable gloves for reuse.
   g) Wear appropriate face and eye protection when splashes, sprays, spatters, or...
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droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

h) 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.

Housekeeping

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled, and closed prior to removal to prevent spillage or protrusion of contents during handling.

2. Refer to Client Care Policies under Infectious Waste Management for handling sharps disposal containers.

3. Refer to Client Care Policies under Infectious Waste Management for handling other regulated waste.

4. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled. Sharps disposal containers are available at the Nurse’s Office.

5. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

1. Laundering will be performed in-house by Housekeeping or by residents under staff supervision at designated sites.

2. Contaminated laundry should be handled as little as possible, with minimal agitation.

3. Gloves should be worn when handling and/or sorting contaminated laundry.

Labels

Employees are to notify the supervisor if they discover regulated waste containers, refrigerators containing blood or other potentially infectious materials (OPIM), contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

1. Training Department/Program Nurse will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

2. The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. 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.

3. 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 is kept at Human Resource Department.
4. Vaccination will be provided by providers at contracted YCS clinics at locations specified by Human Resource.

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

1. Should an exposure incident occur, contact the Site/Program Administrator/Designee.
2. Initial first-aid and follow-up will be conducted by site/program nurse. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed.
4. 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.
5. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
6. 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).
7. Inform employee that post-exposure prophylaxis is most effective if initiated within 24 hours of exposure from HIV. Arrangements for immediate evaluation at the nearest contracting facility or emergency room should be made within a 24 hour time frame if deemed necessary.
8. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV, and HIV serological status.
9. 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**

1. The agency (YCS) 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.
2. The Site/Program Administrator/Designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:
   a. Referral of employee
   b. Description of the employee’s job duties relevant to the exposure incident

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c. Route(s) of exposure
d. Circumstances of exposure
e. If possible, results of the source individual’s blood test
f. Relevant employee medical records, including vaccination status

3. The contracting facility 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

1. The Infection Control Committee will review circumstances of all exposure incidents to determine:
   a. Engineering controls in use at the time
   b. Work practices followed
   c. Description of the device being used (including type and brand)
   d. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
   e. Location of the incident
   f. Procedure being performed when the incident occurred
   g. Employee's training

2. If it is determined that revisions need to be made, the Infection Control Committee will ensure that appropriate changes are made to this ECP.

EMPLOYEE TRAINING

1. All new employees receive bloodborne pathogen training at orientation conducted by the Training Department/Health Services.

2. All employees 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) Explanation of the ECP and how to obtain a copy
   b) Explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
   c) Explanation of the use and limitations of engineering controls, work practices, and PPE
   d) Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
   e) Explanation of the basis for PPE selection
   f) 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
   g) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
   h) Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up

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that will be made available
i) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
j) Explanation of the signs and labels required by the standard and used at this agency
k) Opportunity for interactive questions and answers with the person conducting the training session.

3. Training materials are available from the Training Department in East Orange.

RECORDKEEPING

Training Records
1. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at East Orange. The training records include:
   a) Dates of the training sessions
   b) Contents or a summary of the training sessions
   c) Names and qualifications of persons conducting the training and the names and job titles of all persons attending the training sessions

2. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Training Department.

Medical Records
1. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

2. The Human Resource Department is responsible for maintenance of the required medical records. These confidential records are kept at Human Resource Department in East Orange for at least the duration of employment plus 30 years.

3. 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 Resource Department at 60 Evergreen Place, 10th Floor, East Orange, New Jersey 07018.

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 the Human Resource Department.

Reference: www.osha.gov/oshdoc/directive_pdf/cpl_2-2_69_appd

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REFER TO THE EMPLOYEE HEALTH SECTION FOR ADDITIONAL POLICIES RELATING TO BLOODBORNE PATHOGENS INCLUDING:

1. Summary of Important Recommendations and Work Restrictions for Personnel with Infectious Diseases.
2. Hepatitis B Immunization Program
3. Bloodborne Pathogens Post-Exposure Evaluation and Follow-Up
4. Healthcare Professional’s Written Opinion
5. Hepatitis B Exposure Prophylaxis
6. Potential HIV Exposure

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