# Bloodborne/Secretional Exposure Control Plan Ontario Ear, Nose, and Throat 2449 SW Fourth Avenue #106 Ontario, OR 97914

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RN

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### **Exposure Determination List (5 May 92)**

This list of jobs and procedures is based on risks incurred at this facility without the use of personal exposure protection equipment.

In the following job classifications in this facility, all employees may have contact with blood or other potentially infectious materials:

- Physicians
- Nurses

In the following job classifications in this facility, **some** employees may **occasionally** have contact with blood or other potentially infectious materials:

- Receptionist
- Transcriptionist
- Office Manager
- Audiologists
- Housekeeping Staff

In the following procedures performed in this facility occupational exposures can occur:

- Patient Exams
- Aspirations
- Inoculations/Allergy Injections
- Blood Samples
- Incision and Drainage

- Control of Nasal Hemorrhage
- Biopsy of the various tissues of the head and neck
- Lesion excision in the various tissues of the head and neck
- Care of wounds
- Dressing Changes
- Tracheotomy Care
- Disposal of Regulated Waste

### **Work Practice Controls** (6 July 92)

The following Work Practice Controls are in place at this facility (fill in dates of compliance for each item): **Handwashing** is required in this facility, and employees have been instructed in this procedure, and know where facilities are located. **Recapping of sharps** and bending and breaking of needles is prohibited in this facility. Employees have been trained in these procedures. If needle recapping must be done, it is done with a one handed scoop (passive recapping) or a recapping device is used. **Disposal of sharps:** After use, all sharps are placed in appropriate receptacles for reprocessing or disposal. The containers meet the requirements as outlined in the OSHA Regulations for Engineering Controls. Blood and other potentially infectious materials are handled with care in this facility. Employees have been trained in these procedures. Eating, drinking, smoking, applying cosmetics, and handling contact lenses is prohibited in this facility in work areas where there is any risk of occupational exposure. Employees have been informed of this rule. Storage of food and drink is prohibited in places where other potentially infectious materials are kept. This applies to refrigerators, shelves, cabinets, countertops, and benchtops. Employees have been informed of this rule. **Leakproof containers** are used for all specimens in this facility. See Engineering Controls for specific details. **Equipment** that may become contaminated is inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary. Examination rooms to be inspected and decontaminated as necessary after every patient clinic day. Exam equipment is thoroughly cleaned and decontaminated daily and as needed. Suction pumps and associated accessories to be inspected every two - four

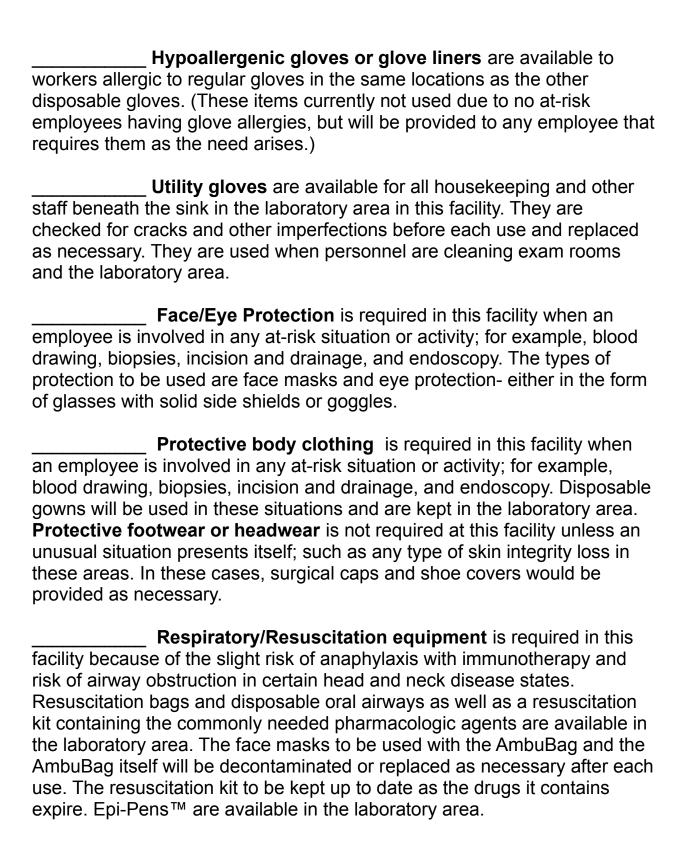
weeks as needed and decontaminated as necessary.	
Equipment is also inspected before it is repaired or shipped	
and decontaminated if necessary. If it cannot be decontaminated before	
repair or shipment, staff has been instructed to label the site(s) of contamination clearly.	
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Sharps containers in this facility are puncture- and leak-
proof. Staff has been instructed to close the containers when they are
moved to prevent spillage.
Closable, leakproof containers with the appropriate color
coding or labeling are available in the event that the sharps containers
appear to be leaking.
Closable, leakproof containers with the appropriate coding
or labeling are available for all other regulated waste such as disposable
gloves or bloodied bandages.
Engineering Controls (6 July 92)
The following Engineering Controls are in place in this facility:
The fellowing Engineering Controls are in place in the lability.
Handwashing facilities are available for staff use at all
times at the following locations: employee restrooms, each examination
room and the laboratory. Also available in the main lobby are the public
restrooms.
Leakproof, puncture-resistant sharps containers, with
appropriate labels or color coding, are available at the following sites: the laboratory, each examination room, and the allergy work area. These
containers are under surveillance while patients are present in the clinic.
containers are arraci surveinance with patients are present in the office.
Container type used:
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All reusable sharps disposal containers are designed to be
All reusable sharps disposal containers are designed to be emptied without risk to the person emptying them.
emptied without risk to the person emptying them.
Specimens of blood or other potentially infectious materials
are kept in leak-proof containers during collection, handling, and storage.
Types of storage containers used include screwtop pathology specimen
containers, sealable culture tubes, sealed serum tubes, ziplock plastic
bags, special packing for mailed specimens.
Other:
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Other regulated waste within this facility, including used
gloves, soiled laundry, bandages, gauze, disposable ear speculums, cotton
applicators, etc. is kept in closed containers that can hold all contents
without leakage during handling, storage, and transport, and is color coded
or labeled. It is disposed of in the following manner:
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Type of containers used:
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The Engineering Controls outlined above are inspected and
maintained on a monthly basis.

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Personal Protective Equipment (6 July 92)
The following Personal Protective Equipment are available in this facility free of charge:
Disposable gloves, in appropriate sizes, are available for all workers at-risk of exposure, for use at their discretion, in each examination room and in the laboratory area. They are required in this facility when an employee is involved in any at-risk situation or activity; for example, blood drawing, biopsies, incision and drainage, and endoscopy.



### Housekeeping (6 July 92)

Fill in the dates of compliance for each item below. The following

Housekeeping	procedures are in place at this facility:
sites is attache	A written schedule for cleaning and decontaminating work ed.
	Employees are responsible for ensuring that equipment es are cleaned with an appropriate disinfectant and ed immediately after a spill or leakage occurs and at the end ft

Employees have been instructed to clean reusable
receptacles with a reasonable likelihood for becoming contaminated with
an appropriate disinfectant and replace protective coverings for surfaces
and equipment after contamination or at the end of the workshift.
Broken glass: Staff has been instructed to never pick up
by hand any broken glassware that may be contaminated. A brush, dust
pan, forceps and/or tongs is available for picking up broken glassware that
may be contaminated.
The implements used for these purposes are cleaned and decontaminated
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if the glass container held any hazardous material.
Sharps containers in this facility are closable and puncture-
and leak-proof.
Chaff has been instructed pat to examine the containers
Staff has been instructed <b>not to overfill</b> the containers
Staff has been instructed to <b>close the container</b> when they are
Stail has been instructed to close the container when they are
moved to prevent spillage.
Closable, leak-proof containers with the appropriate color
coding or labeling are available in the event that the sharps
containers appear to be leaking.
containers appear to be leaking.
Closable, leak-proof containers with the appropriate color
coding or labeling are available for all other regulated waste
such as
disposable gloves or bloodied bandages.
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Reusable sharps that are contaminated with blood or other
infectious materials are stored and processed in a way that does not
require employees to reach, by hand, into the containers where these
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sharps have been placed. Reusable sharps are, in general, not used in this
office.
Laundry: Color coded or labeled bags or containers are
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available where the clothing is used to store them prior to cleaning. Soiled
laundry is sorted and rinsed off-site. Staff has been instructed to handle
contaminated laundry as little as possible. In general, this office does not
have laundry that requires special handling.

	Laundry is shipped to
for cleaning. color coded.	The containers used for shipping are appropriately labeled or
	Contaminated laundry which is wet and presents a
is stored and	kelihood of soak-through or leakage from the bag or container transported in bags or containers which prevent soak-through ge of fluids to the exterior.

Protective gloves are used by all workers who have contact with contaminated laundry; other protective equipment is available as required.
Hepatitis B Vaccine
The following employees have been offered the hepatitis B vaccine free of charge:
Name Date
Fill in the date of compliance and the required information in the spaces provided.
An evaluation of the exempt status of workers was made by <b>Patrick M. Plummer, MD</b> , a licensed health care professional.
A written opinion submitted by the above evaluators is included in the confidential medical records for each employee.
At-risk employees who declined the hepatitis B vaccine have signed a copy of the OSHA's hepatitis B vaccine declination . A copy is included in their confidential medical record.
Postexposure Evaluation and Followup
In the event of an exposure incident, the following procedures are followed in this facility.
(date) A written report of the exposure incident and circumstances is prepared by <b>Patrick M. Plummer, MD</b> , the facility exposure incident evaluator, as outlined in the following section on Exposure Incident Evaluations.
The source individual is identified, where possible and not prohibited by state or local law.

This facility is governed by the laws of the State of Oregon.
Other applicable governing bodies include: the <b>County of Malheur</b> and the <b>City of Ontario</b> .
HIV and HBV blood testing of the source individual is required, unless source is known to be infected with HIV or HBV.

The exposed employee is informed of source blood test results and of applicable laws governing disclosure of this information.
A licensed physician or health care worker performs the evaluation and management and medical followup for the exposed employee at no cost to the employee.
The exposed employee is offered blood collection and/or testing. The employee has the right to refuse either or both. However, if the exposed employee gives consent for blood collection but not for HIV testing, the blood is kept for 90 days, during which time the employee can choose to have the sample tested.
Appropriate postexposure prophylaxis is offered to the exposed employee. These include immune globulin for hepatitis B. The recommendations of an evaluating physician who is familiar with the current CDC guidelines on postexposure prophylaxis treatment for HIV are followed in the event of HIV exposure.
Counseling and evaluation of any reported illnesses is provided at no charge to the exposed employee.
A written opinion by the evaluating health care professional stating that the exposed employee has been informed on the results of the evaluation and about any exposure-related conditions that will need further evaluation and treatment is included in the employee's confidential medical record.
All required laboratory tests are done by an accredited laboratory at no cost to the employee.
<u>Labels and Signs</u>
(date) This facility uses red color coding and/or biohazard labels to mark all hazardous items. If labels, a sample of the label is included in this plan.
Hazardous items that are so marked include:
Sharp containers marked with red color coding and biohazard labels;

Refrigerators or freezers that hold potentially infectious materials are marked with red color coding and biohazard labels

Containers used to transport, ship or store potentially infectious materials, including US Postal Services such as Express Mail packages, UPS or Federal Express packages are marked with red color coding and biohazard labels.

## Recordkeeping

Medical Records
(date) Confidential medical records are kept for all employees with occupational exposure. They include:
Employee's name and social security number
Hepatitis B vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine and signed declination form, where applicable).
All information given to evaluating health care professional in the event of an exposure incident; and a copy of the evaluator's written opinion.
The confidential medical records are kept for at least 30 years after the person leaves employment.
Written permission from the employee is required for access to these medical records.
Employee medical records are available upon request to the Assistant Secretary and the Director of OSHA.
If this facility closes, it is understood that the employer must inform the Director at least three months before disposing of the records.
The confidential medical records are kept at the following location:
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## <u>Training records</u>

Records for the training of all workers at risk of occupational exposure are kept in this facility. These records include:

Dates of training session
Material covered
Names and qualifications of the trainers and name and job titles of the trainees.
The records are kept for 3 years from the date of the training sessions.

These records are available upon request to all employees or their representatives.
Employee training records are available upon request to Assistant Secretary and the Director of OSHA.
If this facility closes, it is understood that the employer must inform the Director of OSHA at least three months before disposing of the records.
Plan for Evaluation of Exposure Incidents
Contact for Exposure Incidents: Patrick M. Plummer, MD Steven Reich, MD Joan Bentz, RN
Facility Evaluator for Exposure Incidents: Patrick M. Plummer, MD
The following procedure for evaluation of exposure incidents are followed in this facility.
(date)Written documentation is required for every exposure incident in this facility. The documentation includes:
Name of individual exposed
Name of source of exposure
Description of how the incident occurred
Date and time of incident
Written evaluation of exposure incident
Written evaluation of exposure incidents include:
Suggestions for changes in facility procedures and
A record of how these changes are implemented for each incident.

A copy of the exposure incident evaluation is placed in the	ne
exposed employee's medical record.	