Scioto Paint Valley Mental Health Center

Infection Control Plan

It is important that all employees follow consistent methods for preventing contact with blood or body fluids because the presence of HIV/AIDS, Hepatitis B and other blood borne pathogens cannot be reliably identified. The blood and body fluid of all individuals should be considered to be potentially infectious. Potentially contaminated or infected body fluids include: saliva, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, and amniotic fluid, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Job classifications at Scioto Paint Valley Mental Health Center, where occupational exposure is most likely to occur are: all LPN’s, all RN’s and residential employees. “Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

The job duty where occupational exposure is most likely to occur for the nurses is the administration of injectable medications to clients. The job duties where occupational exposure is most likely to occur for the residential employees are cleaning up after a blood or body spill, washing resident’s laundry, preparing food and handling dishes. The possibility for other employees to be exposed to blood or body fluids while working is slight, however, the precautions and procedures contained in this plan should be observed by all employees whenever such exposure occurs.

A. Definitions: The following definitions apply for purposes of this plan.

1. “AIDS” an acronym for Acquired Immune Deficiency Syndrome, is a serious illness caused by a virus (HIV) that can severely damage the immune system.

2. “Blood borne Pathogens” are microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

3. “Communicable Disease” is a disease that is caused by a specific infectious agent or its toxic products and which can be transmitted either directly or indirectly from a reservoir to a susceptible host.

4. “Contaminate,” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

5. “Decontamination” is for the use of physical or chemical means to remove, inactivate or destroy infectious agents on a surface or item to the point where they are
no longer capable of transmitting disease and the surface or item is rendered safe for handling, use, or disposal.

6. “Exposure Incident” for Blood borne pathogen diseases is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials. Other exposure incidence includes direct contact with respiratory, fecal/oral infectious agents as in TB, measles, and hepatitis A.

7. “Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of job duties. Center Position Descriptions where occupational exposure is more likely to occur are:

   a. Nurses (LPN, RN, CNP) who administer injectable medications.

   b. Residential workforce members who clean a blood or body fluid spill (e.g., vomit, incontinence, and menses), washing residents’ laundry; workforce members or resident cuts self while preparing food or handling dishes.

   c. The possibility for other workforce members to be exposed to blood or body fluids while working is very slight, however, the precautions and procedures contained in this plan should be observed by all workforce members.

8. “Significant Exposure” is non-intact skin or mucous membrane contact with contaminated blood or body fluids. Any process whereby a workforce member or client is exposed to the blood or body fluid of another person (e.g., splash/spit to a mucous membrane, needle stick, bite, excessive amounts of blood on non-intact skin, etc.).

9. “Other Potentially Infectious Materials” includes human body fluids of semen, vaginal secretions, blood, saliva, amniotic fluids, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV- or HBV-containing cultures or other solutions.

10. “Universal Precautions” is an approach to infection control in which all human blood and human body fluids are treated as if known to be infectious (also known as Universal Health Precautions).

B. The purpose of Blood borne Pathogen procedure is to:

   1. Reduce occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (VCV), Human Immunodeficiency Virus (HIV), and other blood borne pathogens workforce members may encounter in the workplace.
2. Provide guidelines in preventing contraction of communicable diseases. An infection-control program identifies tasks that may result in exposure and prescribes precautions that can be taken to minimize exposures to blood borne pathogens and other communicable diseases.

3. As persons involved in situations where probable exposure to communicable diseases can occur, and as workforce members who could come in contact and or handle potentially infectious materials in the performance of duties, an infectious control procedure is imperative in obtaining appropriate treatment and determining additional exposures.

4. This plan applies to all workforce members.

5. For infection control and because the presence of HIV/AIDS, Hepatitis B, and other Blood borne pathogens cannot be reliably identified, all workforce members shall consistently follow Universal Precautions and other methods for preventing contact with blood or body fluids. The blood and body fluid of all individuals should be considered to be potentially infectious and contaminated.

C. It is the responsibility of SPVMHC to ensure its workforce members are able to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by the potential risks of acquiring communicable diseases. It shall be the practice of this Center to continuously provide workforce members with up-to-date safety procedures, infection control protocols, and communicable disease information that will assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of communicable diseases. SPVMHC shall provide blood borne pathogen (et al.) information during orientation and annually thereafter via the online learning system. HR Department will present video regarding blood borne pathogens, and hand washing techniques during orientation and workforce members shall sign checklist upon receipt of training. Workforce members who receive first aid and CPR training, hand washing is emphasized. Workforce members are given a copy of SPVMHC Client Handbook, which contains information about AIDS, HIV, TB, Hepatitis B and C, and Universal Precautions. The SPVMHC Client Handbook is also available on the intranet and www.spvmhc.com website.

D. Pursuant to State statutes on Communicable Disease (OAC 3701-3), the law mandates the reporting of suspected or known communicable diseases to the health authority. It shall be the practice of this Center to comply with the reporting requirements for prevention, suppression, and control of communicable diseases.

E. This plan will serve as the written Exposure Control Plan in accordance with the Occupational Safety and Health Administration’s (OSHA) requirements to provide Hepatitis B vaccinations to workforce members likely to have increased risk of exposure in their jobs (e.g., nurses who give injections), personal protective equipment, training, medical counseling, and follow-up care after an exposure to body fluids.

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F. Due to the diversity of activities performed by the Center’s workforce members, occupational exposure to workforce members can occur almost anywhere; the office, vehicle, street, etc. All workforce members are considered at-risk who come into contact with persons served and community members and/or their bodily fluids or property connected to their case. This would definitely include reception workforce members, and others who come into contact with the general public and clientele we serve. It is mandatory, therefore, that all Center workforce members be aware of the Center’s Infection Control Plan as well as the following procedures: 06-01-10 Handling and Disposing of Hazardous Materials, 06-01-11 Exposure to Blood and Bodily Fluids and 06-01-12 Infectious Waste and Disposal.

G. Types of Exposure Risks: Known risks of infection to workforce members while performing normal duties are minimal. However, listed below are situations, based on seriousness or risk contacts, which may expose a workforce member to a blood-borne pathogen:

1. Higher risk situations considered to be significant exposures include such contacts:
   a. Being pricked or jabbed with a used hypodermic needle.
   b. Having Blood or other body fluids possibly contaminated with blood spilled on non-intact skin, especially on an open wound, sore, near the mouth, eyes, or other mucous membrane.
   c. Performing mouth-to-mouth resuscitation on any person without using a pocket mask, particularly when the person is bleeding from the mouth.

2. Minimal Risk Contacts include:
   a. Human bite wounds.
   b. Human scratch wounds.

3. Remote risk contacts include:
   a. Casual contact with blood born pathogen (HIV/HBV) carriers.
   b. Intact skin visibly contaminated with blood/body fluids (being spat upon, contact with tears or perspiration of any person).

4. Although TB is not a blood borne pathogen disease, workforce members shall be aware there is a minimal to high risk of TB if close contacts with respiratory body fluids, droplets of saliva or particles, are projected into the face. Residential ODMH license requires two-tier TB testing of all workforce members prior to starting employment. HR Department will ensure two-tier TB testing and review of test results occurs prior to workforce members are placed on active duty with persons served at FSC.
H. General Management

The Corporate Compliance Officer will develop, implement, revise, and review the Center’s infection control plan. Education and training of this standard will be provided to all workforce members at the time of hire and updated annually thereafter via the online learning system. Supervisors are responsible for exposure control in their areas. They will work directly with workforce members to ensure proper exposure control procedures are followed. Workforce members have the most important role in the execution of the plan and therefore must be knowledgeable of its components.

I. Exposure Determinations

OSHA requires workforce members to perform an exposure determination concerning which workforce members may incur occupational exposure to blood or to other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (e.g., workforce members are considered to be exposed even if they were protective equipment). This exposure determination is required to list all job classifications in which all workforce members may be expected to incur such occupational exposure, regardless of frequency.

J. Methods of Compliance: Universal Precautions. The following controls shall be utilized:

1. All workforce members regardless of position description shall follow Center mandated Universal Precautions.

2. **Universal Precautions**, as recommended by the Center of Disease Control, shall be followed all individuals when contact is possible with blood or body fluid. All workforce members will routinely use the appropriate barrier to protect skin and mucous membrane when contact with blood or body fluid is possible. Because all individuals are included, even those with no known or apparent infection, the Universal Precaution system is very effective in preventing the spread of contagious diseases, including HIV/AIDS and Hepatitis B. Standard precautions will be observed by workforce members in order to prevent contact with blood or other potentially infectious materials. All blood and body fluids will be considered infectious regardless of the perceived status of the source individual. Worksite and work practice controls will be utilized to eliminate or minimize exposure to workforce members. When occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The Nursing Supervisor will work with supervisors to review tasks and procedure performed.

3. **Good Hand Washing Technique** – Hand washing is the single most important means of preventing the spread of infection. Hand washing is defined as a vigorous, brief rubbing together of all surfaces of lathered hands for at least 10 seconds, followed by thorough rinsing under a stream of water. Workforce members shall wash hands immediately and thoroughly with hot water and soap following contact with blood or other body fluids, or any other possible source of infection. Center shall
provide hand-washing facilities, which are readily accessible to workforce members in nursing work areas, kitchens, and bathrooms.

In the locations where hand washing is not feasible, other hand washing means will be provided, such as wall mounted anti-bacterial foam, hands shall be washed with soap and running water as soon as feasible thereafter. Workforce members shall wash any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. Wash hands before and after contacts with others which involve touching the other person. Hand washing with soap and water is required whenever gloves have been worn and upon the removal of any protective equipment.

After opening and distributing mail, workforce members shall wash their hands. All workforce members shall wash their hands after using the bathroom. It is highly recommended workforce members also wash their hands before using the bathroom. Of course, wash your hands before eating.

4. **Regulated Waste Disposal**—All contaminated sharps shall be discarded as soon as feasible in sharps containers. Sharps containers must be strategically located in medication rooms or areas where injections are given. All other contaminated waste shall be discarded in an Infectious Waste Container located in the areas of collections. Infectious waste containers and bags will be leak-proof, puncture-resistant, color-coded and/or labeled with biohazard label. SPVMHC shall maintain contracts with a licensed medical waste hauler. The licensed medical waste hauler picks up infectious waste containers at each of Tri-County’s locations. Tri-County staff does not transport infectious waste.

5. **Needles** – Center uses disposable needles only. Dispose needles immediately after use in sharps container. Shearing or breaking of contaminated needles is prohibited. Contaminated needles shall not be recapped or removed.

6. **Sharps** – Dispose of needles with syringes and other sharp items in a puncture-resistant container. Sharps disposal containers should be located very near the area in which the sharps were used. Sharps containers are disposed as contaminated waste and picked up by the Center’s licensed medical waste hauler.

7. **Contaminated Sharps** – Discarding and containment will be done as follows: Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: closable, puncture resistant, leak-proof on sides and bottom, and color coded red in a sharps container with biohazard label. Nurses will check sharps containers monthly and will report any problems immediately to the Director and/or Program Coordinator. Containers are removed for disposal when they are 2/3 full.

8. **Personal Protective Equipment** – Personal protective equipment shall be provided without cost to workforce members. Personal protective equipment must be chosen
based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee’s clothing, skin, eyes, mouth or their mucous membranes under normal conditions of use and for the duration of time the protective equipment is utilized. Appropriate personal protective equipment is available to all workforce members.

a. Personal protective equipment must be disposed at no cost to workforce members. Replacements must be provided by the Center at no cost. Personal garments are penetrated by blood must be removed as soon as possible and cleaned or replaced. Equipment and supplies include, but is not limited to, gloves, masks, gowns, protective eyewear, and protective aprons.

b. **Gloves** – Workforce members shall wear disposable gloves when there is contact or potential contact with blood or other body fluids or non-intact skin or mucous membranes, regardless of whether such fluids are wet or dry, when handling or touching contaminated items or surfaces, before performing injections and collecting/packaging urine. Change gloves after contact with each person served. Disposable (single use) gloves such as surgical or examination gloves shall be readily accessible so that replacement occurs as soon as practical upon contamination, tearing or puncturing. Disposable gloves shall not be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Workforce members shall not walk around touching knobs, switches, telephones, and other surfaces until the gloves are removed. Gloves shall be disposed of into a biohazard waste bag provided by the Center. Workforce members handling person’s served soiled dishes should wear gloves and wash their hands before handling clean dishes or food. Hypoallergenic gloves shall be made available to workforce members with latex allergies.

9. **Resuscitation Mouthpieces** – Use a resuscitation mouthpiece (e.g., pocket mask with one-way valve) if there is a need to perform mouth-to-mouth resuscitation.

10. Disinfectants and Cleaning Products

11. Spill Kits

12. **Contaminated laundry** – Soiled laundry must be treated as bio hazardous and handled as little as possible. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry means laundry, which has been soiled with blood or the following human body fluids: semen, vaginal secretions or any body fluid that is visibly contaminated with blood. Also included are all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
a. Contaminated laundry at residential sites shall be promptly removed by gloved workforce members to the laundry area and washed. If able, residents are expected to wash their own soiled laundry. Outpatient sites should remove soiled items by gloved workforce members and placed in red contaminate bags. Soiled items not returned to person served may be placed in the nurses’ work area with the sharps for proper disposal.

b. Bloodstained or otherwise possibly contained items shall be placed in a container that prevents leakage during collection, handling, processing, storage, and transport.

c. Workforce members should wear gloves when these items are handled and discard gloves and wash hands thoroughly afterwards. Workforce members who handle contaminated laundry must utilize personal protective equipment to prevent contact with blood or other potentially infectious materials. The minimum requirement for contaminated laundry transport is gloves.

K. Work Area Controls

1. Workforce members shall not smoke, eat, drink, apply and/or handling cosmetics, lip balm, or handle contact lenses in areas where there is a reasonable likelihood for exposure, especially body fluid spills (e.g., rooms where nurses routinely administer injectable medications or where other workforce embers collect and package urine specimens).

2. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infections materials are present.

3. Workforce members shall make it a practice to bandage open wounds, cuts, non-intact skin, hangnails, and rashes on hands to avoid potential contact with contaminated body fluids.

4. When there is possibility of occupational exposure, the Center shall provide, at no cost to the workforce members, appropriate personal protective equipment (e.g., gloves, gowns, face shields, or masks and eye protection).

   a. In incidence where protective equipment is not used by workforce member(s) and a significant exposure occurs, an incident form shall be completed per Procedure 06-06-01 Incident Notification and Reporting. This includes the use of the mouth-to-mouth mask resuscitators (one-way airways) when giving CPR.

   b. All personal protective equipment shall be removed before leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
c. If blood or other potentially infectious material penetrates a garment, the garment shall be removed as soon as feasible.

d. Cleaning, laundering, disposal, repair, and replacement of protective uniforms and equipment are the responsibility of the Center, via an assigned district biohazard workforce member who will provide specific instruction and assistance.

e. Disposal of sharps and other contaminates in need of removal are removed by a licensed agent, contracted by the Center.

5. Nurses will ensure his/her work site is maintained in clean and sanitary condition and follow written schedule for cleaning and method of decontamination in areas where shots are administered. The medication room shall be cleaned on a routine basis every week and any time a body fluid spill occurs. Nurses are responsible to clean all flat medication room surfaces and the sink weekly. Decontamination will be accomplished by utilizing EPA approved disinfectant and/or approved Spill Kits. Lysol concentrate is to be used as the means of decontamination.

6. Cleaning schedules must be maintained in each area and environmental service and infection control manuals shall be maintained in each area.

7. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

8. Sharps, including any broken collection containers shall be picked up by mechanical means, such as a dustpan and brush.

9. Although blood or body fluid spills occur infrequently in outpatient settings, there may be an occasion when an individual vomits or is incontinent in an office work area or vehicle. All blood and body fluid spills should be cleaned promptly. Training will be provided during orientation and annually thereafter via the online learning system. Spill kits will be located in the Medication rooms. Cleaning and decontaminating spills of blood or other body fluids shall be completed as follows:

   a. Put on gloves prior to beginning the clean-up procedure.

   b. Spray area with a disinfectant.

   c. Wait two minutes for disinfection.

   d. Wipe area clean with paper towels or cloth.

   e. Rinse area if needed with plain water.
f. Dispose gloves and soiled paper towels or clothes immediately in double plastic bag, seal bag, and return to office to identified nurse for proper disposal.

g. Follow with thorough hand washing.

L. Hepatitis B Vaccination

1. SPVMHC may pay for Hepatitis B vaccinations for workforce members (e.g., nurses) where occupation exposure is more likely to occur. Other workforce members will be encouraged to obtain Hepatitis B vaccinations from the local health department or their primary care physician.

2. Prescreening will not be required as a condition of receiving the vaccine. If they choose not to be vaccinated, workforce members in jobs where occupational exposure is more likely to occur must sign *Hepatitis B Vaccine Declination* and may later opt to receive the vaccine at no charge. Should booster doses later be recommended by the USPHS, workforce members will be offered them at no charge. Workforce members who state they have had vaccinations must be requested to provide supporting data. The aforementioned forms must be placed in the workforce member’s medical file.

M. Exposure Incidents, Evaluation and Follow-Up

1. Immediate response to various exposures will depend on the circumstances:

   a. If a member of the workforce is stuck, cut or scratched with a potentially infected sharp object, the area should be immediately washed with anti-microbial soap and hot water. If exposure is to the eyes or buccal membranes (mouth), flush with water. Medical attention shall then be sought and the appropriate paperwork for reporting a significant exposure shall be completed. Blood work is completed on the workforce member within seventy-two hours for HIV, Hepatitis B and C screens.

   b. If an exposure incident occurs, the *Blood/Body Fluid Exposure Form* must be completed and submitted to the Center’s Human Resource (HR) Director.

   c. Workforce members shall follow universal precautions; use proper hand washing techniques, even after using gloves.

   d. If one of the workforce members is bitten, apply pressure to encourage the wound to bleed, wash area with soap and hot water, and seek medical attention and complete appropriate paperwork for reporting a significant exposure.

   e. Workforce members who are spat upon or who have come in contact with a person, who has vomited, urinated or defecated upon him/her, shall wash with soap and water after such contact.

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2. The immediate supervisor and affected workforce members shall evaluate each exposure incident to determine immediate preventive measures and necessary medical care and complete paperwork per aforementioned procedures. All workforce members who incur an exposure shall be offered post-exposure evaluation and follow-up in accordance with OSHA standards.

3. It is each workforce member’s responsibility to:
   a. To follow-up with post exposure recommendations for further testing and prophylaxis (e.g., immediate baseline blood draw with a follow-up blood drawn in six to twelve weeks), as recommended by their medical provider.
   b. Use precautions to limit the spread of an infectious disease to others while awaiting test results or appropriate prophylaxis.

4. Follow-up will include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed workforce member’s blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitation the evaluation and his/her written opinion on the need for Hepatitis B vaccination following exposure. Information such as the workforce member’s ability to receive the Hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

5. Interaction with Healthcare Professionals—The examining physician must provide a written opinion regarding the findings of the workforce member’s exposure and expected treatment. Opinions must be limited to:
   a. Whether the Hepatitis B vaccine is indicated and if the workforce member has received the vaccine, or for evaluation following an incident.
   b. Confirmation the workforce member has been informed of the results of the evaluation.
   c. Confirmation the workforce ember has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which would require follow-up.
   d. All other findings or diagnoses will remain confidential and will not be included in the report.

6. Reporting Protocols and Record Keeping
   a. It is incumbent upon each workforce member to document and/or follow-up on any situation that might lead to possible infection.
b. In situation where the exposure is minimal, the Incident and Reportable Incident Form shall be completed and HR Director will assist with follow-up.

c. The completion of the *Blood/Body Fluid Exposure Form* is necessary when an exposure occurred while providing emergency medical care or the exposure resulted in an injury. Preventive treatment should be administered as a precaution.

d. Post-Exposure Evaluation form and the Exposure Incident Investigation form must include the following information: when the incident occurred, date and time; where the incident occurred; what potentially infectious materials were involved (e.g., blood, saliva); source of material; route of exposure; circumstances involved (type of work being performed); cause of incident (accident, equipment failure, attack); personal protective equipment being used at the time of the incident; actions taken as a result of the incident if possible, the identification of the source individual, their HIV/HBV/HCV status; results of testing of the source individual will be made available to the exposed workforce member with information regarding confidentiality of the identity and infectivity of the source individual the workforce member will be offered post-exposure prophylaxis in accordance with the current recommendation of the U.S. Public Health Service; workforce member will be given the appropriate counseling concerning precautions to take during the period after the exposure incident; workforce member will also be given information on what potential illnesses to be alert for and to report any related experiences to HR Director.

e. **All Exposures Should Be Reported Within 24 Hours** by an Incident and Reportable Incident Report which is forwarded to HR Director.

f. Each facility is responsible to ensure the plan is effectively implemented, as well as, completing paperwork and forwarding it to HR Director.

g. HR Director shall maintain written records of all incidents involving workforce members who have potentially been exposed to blood borne pathogens and other communicable diseases while performing job duties.

h. Records shall be stored in a secured area with limited access, and maintained in conformance with applicable privacy laws.

i. Workforce Member Medical Records shall include but not limited to: name; social security number; a copy of Hepatitis B vaccination status, including dates of vaccination and/or medical record relative to the workforce member’s ability to receive the vaccination; copies of the *Blood/Body Fluid Exposure Form*; results of any examinations, medical testing and follow-up which took place as a result of a workforce member’s exposure to blood borne pathogens; a copy of the information provided to the consulting healthcare professional as a result of any
exposure to blood borne pathogens; and all healthcare professional correspondence.

7. Confidentiality

a. Information and documentation on communicable diseases regarding workforce members is confidential. Workforce members shall follow Universal Precautions and treat everyone as if they are positive to avoid identifying specific individuals as infected.

b. Ohio State law protects the confidentiality of all HIV and anonymous testing.

N. Hazard Communication, labels, and Signs – Warning labels including the orange biohazard symbol shall be affixed to containers, refrigerators and freezers and other color-coded containers, which are used to store or transport blood or other infectious materials or waste outside of our facility.

O. Information and Training

1. All workforce members shall receive training and updated information on Blood borne pathogen diseases (use of Universal Precautions, prevention and control of infections and communicable diseases, and reporting of exposure to blood/body fluids) during orientation and at least annually thereafter via the online learning system.

2. Blood borne pathogen training requirements shall include at a minimum the following elements, as required by OSHA Regulation 41910.1030 (c)(vii)(a-n):

a. OSHA standards are available to in the HR Director’s office in the Central Administrative office.

b. General explanation of the epidemiology and symptoms of Blood borne pathogen disease.

c. An explanation of modes of transmission of Blood borne pathogens.

d. An explanation of the Center’s exposure control plan (including proper use, storage, location, decontamination, and disposal) and the means by which workforce members may obtain a copy of the written plan.

e. An explanation of appropriate control methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
f. An explanation of the use and limitations of control methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.

g. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

h. An explanation of the basis for selection of personal protective equipment (including proper use, storage, location, decontamination, and disposal).

i. Information on the hepatitis B vaccine, including information on its efficiency, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

j. Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

k. An explanation of the procedure to following if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

l. Information on post-exposure evaluation and follow-up, which SPVMHC is required to provide for the individual following an exposure incident; and incident reporting procedures.

m. An explanation of the signs and labels and/or color-coding used at SPVMHC facilities.

n. An opportunity for interactive questions and answers with the person conducting the training session.

3. All persons served will receive written educational materials contained in the SPVMHC Client Handbook during the intake process regarding Universal Precautions, prevention and control of infection and communicable diseases, AIDS/HIV, tuberculosis (TB), and Hepatitis B and C.

4. It is recommend person served receiving services for substance abuse and/or severe mental disorders or severe emotional disabilities receive additional education regarding AIDS/HIV, TB, Hepatitis B and C, either on individual or group basis.

P. Training records required by OSHA standard must be maintained. These records must include the date of training, method of training, content of material trained, name and qualification of instructor, and name and job title of workforce members attending the training sessions. This information is part of the online learning system.
Q. Monitoring and Evaluation—Compliance will be monitored quarterly by the Center’s HR Director. On an annual basis the Center’s Corporate Compliance Committee will review the Infection Control Plan and all exposure incidents that may occur. Recommendations for change will be made directly to the Executive Director.