



<b>Universal Precautions And Sanitary Practices Policy</b>	Effective Date	1/1/2014
	Revision Date	8/7/2018
	File	Policies

**I. Purpose**

To comply with OSHA regulations and ensure the safety of persons served by PAI, employees and guests.

**II. Revision History**

Date	Rev. No.	Change	Reference Section(s)
7/7/2018	1	General review and layout No content change	All
8/7/2018	2	Revised description  Revised reporting	VI Policy, B. Methods of Compliance, 6. Laundry VI Policy, D. Exposure Procedure, 2. b.

**III. Persons Affected**

All employees of PAI.

**IV. Persons Responsible**

All employees of PAI including supervisors and managers.

**V. Definitions**

**Blood-borne Pathogens:** Pathogenic micro-organisms that are present in human blood and certain body fluids and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

**Personal Protective Equipment (PPE):** Equipment that provides protection against infection such as: gloves, goggles, aprons and CPR masks.

**Universal Precautions:** Universal Precautions is an approach to infection control stating that all human blood and body fluids should be treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens. Employees are required to use appropriate PPE's when dealing with these potentially infective materials.

**VI. Policy**

**A. Exposure Determination**

1. Job Classifications for those employees who have a possibility occupational exposure are:
  - a. All employees with direct support responsibilities.
  - b. Tasks include
    - i. Dressing and wound care.
    - ii. Interaction with persons who are not able to control their saliva.
      - i. Frequent physical contact and direct care treatments.
      - ii. Bowel and bladder treatments.

- iii. Menstrual hygiene.
- iv. Handling of contaminated laundry.
- v. Cleaning of blood or body fluid spills.
- vi. Gastric tube feeding
- vii. Providing first aid
- viii. Providing Epi-pen injections for allergic reaction.
- ix. Interaction with persons who may become agitated and scratch or bite.
- x. Checking blood glucose levels or giving insulin injections.
- xi. Dental hygiene such as brushing teeth.

B. Methods of Compliance

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials.
2. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when handling or touching contaminated items or surfaces.
  - a. Disposable (single use) gloves such as examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
    - i. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
    - ii. Supplies of gloves are kept in bathrooms, program areas, supply closets, and busses.
  - b. PAI provides gloves in appropriate sizes and ensures they are readily accessible to staff.
    - i. Employees who have specialized glove needs due to allergies should notify their department director or coordinator.
    - ii. Hypoallergenic gloves will be made available for their use.
3. Hand washing: facilities are located in accessible areas of the building.
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  - b. Employees should wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
  - c. Soap dispensers are available at sinks.
  - d. Paper towels are stocked in all areas.
  - e. Hand sanitizer is available.
  - f. A thorough hand washing must be completed for any visible dirt or contamination.
  - g. When hand washing facilities are not available such as during transportation or on community outings, antiseptic hand cleanser, paper towels or antiseptic towelettes are available on buses or in outing bags.
    - i. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
4. Needle Disposal
  - a. Needles are placed in a puncture resistant and leak proof disposal container or given to EMS.

- b. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless there is no feasible alternative.
    - c. If the above occurs, such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
  - 5. Regulated Waste
    - a. All waste is placed in a leak proof plastic bag and put in a receptacle until it can be put into the trash bin.
    - b. Employees will use gloves and other necessary PPE equipment (if needed) when removing trash.
    - c. Infectious waste is not stored on site.
  - 6. Laundry
    - a. All laundry/clothes are handled with gloves.
    - b. Laundry shall be handled as little as possible with a minimum of agitation.
      - i. Employees should take care not to release the air particles or fluids from the bag onto their face or their body.
    - c. Laundry/clothes known to be contaminated are placed in a plastic bag inside a hamper until laundered. Laundry is washed with detergent and  $\frac{1}{4}$  cup of bleach and hamper is decontaminated.
    - d. Contaminated laundry that is being sent home with an individual is placed in a leak proof plastic bag and sealed.
  - 7. Environmental Protections
    - a. Edibles are not stored with potentially infectious materials.
    - b. Infectious waste is placed in leak proof plastic bags and receptacles with a covered top.
    - c. Surfaces that may be contaminated will be decontaminated.
  - 8. Other Protective Plans
    - a. Masks, CPR pocket masks, plastic aprons, adhesive bandages, and goggles and gloves are available to staff at each site. Staff are trained to use protective equipment any time exposure to infectious body fluids or materials is likely or if skin break down is present.
  - 9. Broken glassware which may be contaminated must be cleaned up using mechanical means (e.g., brush and dust pan, tongs, or forceps) then placed in a puncture proof container for disposal.
  - 10. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where there is the likelihood of occupational exposure.
  - 11. PAI will respond as soon as possible to incidents of exposure.
- C. Hepatitis B Vaccine
- 1. The Hepatitis B vaccination is available to all PAI employees.
  - 2. Employees choosing to receive the vaccination may get it at no cost from PAI's Occupational Health Provider when:
    - a. They have received the training and within 10 working days of initial assignment.
    - b. In the event of an occupational exposure unless:
      - i. They have previously received the complete hepatitis B vaccination series and antibody testing has revealed that the employee is immune.

- ii. The vaccine is contraindicated for medical reasons.
- c. If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, PAI will make the Hepatitis B vaccination available at that time.
- d. Employees should contact HR for additional information or to arrange to be vaccinated.

D. Exposure Procedure

1. For incidents occurring on site, wash the exposed area with soap and water, or flush with water as soon as possible.
2. The Occupational Health Clinic may be called for guidance or the employee may go to a health care provider directly. Post Exposure Follow-up
  - a. A review of the incident will be completed with the employee, the designated coordinator and upon request the nurse consultant or LPN.
  - b. Incident reports indicating that a potential exposure occurred that was due to failure to use protective equipment will be reviewed by the Program Director and corrections made to prevent future exposures. In addition, the reports will be reviewed by the PAI Nurse and by the PAI site's Safety Committee (at next quarterly meeting).
  - c. Training on infection control and other pertinent topics will be offered to the employee.
  - d. All additional training will be documented with the employee's training information.
3. The circumstances of the exposure must be documented on an employee incident/accident form. The report includes:
  - a. Circumstances of the incident
  - b. Identification of the source of the exposure, unless the identification of the source is not feasible or prohibited by law.
4. The source of the exposure will be tested for HBV and HIV as soon as possible after consent is obtained.
  - a. If the source is already known to be infected with HBV or HIV, testing need not be repeated.
5. If consent is required and is denied, PAI shall establish that legal consent could not be obtained.
6. The source's individual testing will be made available to the employee who was exposed and
  - a. The results will be kept confidential according to applicable laws concerning disclosure of this information.
7. The exposed employee's blood will be tested as soon as consent is obtained.
8. If only HBV consent is obtained:
  - a. The occupational health clinic/other involved lab, will preserve a blood sample, for at least 90 days, in the event that consent for later HIV serological testing is obtained.
    - i. If consent is given for the HIV testing, it will be done within the 90 days.
9. Record Keeping - Post Exposure
  - a. Records shall be maintained for each employee with occupational exposure as per Federal OSHA Regulation 29 CFR 1910.20 the records that will be maintained are:

- b. A copy of the employee's Hepatitis B Vaccination Form and date it was offered.
- c. Any medical records which pertain to the employee's ability to receive the vaccination.
- d. A copy of any medical records pertaining to the post exposure examinations, medical testing and follow-up procedures.
- e. A copy of the health care professional's medical opinion.
- f. A copy of the incident report and any additional investigation reports.
- g. All documentation relating to an exposure will be maintained for the duration of employment plus 30 years per regulation.

10. Confidentiality

- a. If a substantiated exposure occurs, all post exposure information will be kept in a separate medical personnel file for each employee. This information is not disclosed/reported without the employee's written consent except as required by this standard or as may be required by law.
- b. Employee medical record information shall be provided upon request for examination to:
  - i. The employee.
    - 1. It is the employee's responsibility to keep their health care records.
    - ii. Anyone who has written consent from the employee.
    - iii. The Director of the National Institute for OSHA and Assistant Secretary of Labor of OSHA in accordance with the Federal Standard.
    - iv. A copy of the released information will be sent to the employee.
- c. Availability
  - i. All records required to be maintained shall be made available upon request to the Assistant Secretary of Labor for OSHA and the Director of the National Institute for OSHA, for examination and copying.

11. Transfer of Records

- a. In the event that this company ceases to do business and there is no successor; PAI will notify and transmit records within 3 months to the Director of the National Institute for OSHA, U.S. Department of Health and Human Services prior to their disposal.

J. Training

- 1. Employees receive training, at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter.
- 2. Annual training is provided on blood-borne pathogens, exposure and infection control.
- 3. Methods to reduce exposure are reviewed with staff including:
  - a. Equipment, its use, and where it is stored.
  - b. Procedures on how to use cleaning solutions.
  - c. Procedures on how to dispose of materials.
  - d. Materials used to decontaminate areas and how to mix solutions.
- 4. Information on blood-borne pathogens.
- 5. Training Records include:
  - a. The topic and date of training.
  - b. Name of the presenter and qualifications.
  - c. Names of persons in attendance.

- d. Training outlines of information presented.
- 6. Training records will be maintained for (3) years for the date on which the training occurred.

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- 2. It is the employee's responsibility to keep their health care records.
- 3. In the event that this company ceases to do business and there is no successor; PAI will notify and transmit records within 3 months to the Director of the National Institute for OSHA, U.S. Department of Health and Human Services prior to their disposal.

**VII. Forms**

- A. Employee Incident Report