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Bloodborne Pathogens Exposure Control Plan

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Plan last updated: April 19, 2019

Scope: All employees working in a setting with potential exposure to bloodborne pathogens or other potentially infectious materials

POLICY STATEMENT

It is the policy of GMS to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with federal and state regulations. The Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

PLAN ADMINISTRATION

Table 1 provides the roles and contact information for the administration of the Exposure Control Plan.

Table 1 - Program Contact Information

Task	Contact Person	Contact Information
ECP Administrator	Quality Assurance Manager Jessica Harmon	Work: 207-523-5174 Mobile: NA
Medical Surveillance and Recordkeeping	Director of Human Resources Matt Giesecke	Work: 207-523-5175 Mobile: 207-239-2777
Training	Training Manager Kelly Walcott	Work: 207-517-3182 Mobile:
First Exposure Incident Reporting	Manager / Supervisor	Work: Mobile:
Second Exposure Incident Reporting	Director of Human Resources Matt Giesecke	Work: 207-523-5175 Mobile: 207-239-2777

The ECP Administrator is responsible for implementation of the ECP, and will maintain, review, and update the ECP at least annually, and whenever necessary, to include new or modified tasks and procedures and to reflect new or revised employee positions with occupational exposure. The Administrator will also provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by regulation and company policies and will ensure that adequate supplies and PPE are available in the appropriate sizes. HR Director will be responsible for ensuring that all medical actions required by the regulations are performed, and that appropriate employee health and OSHA records are maintained.

The Training Manager will be responsible for training, documentation of training, and making the written ECP available to new employees, the regulating authority, and representatives of the National Institute for Occupational Safety and Health (NIOSH).

The Manager/Supervisor will act as the initial contact for reporting exposure incidents and ensure that the appropriate response is carried out. The Manager/Supervisor will contact The HR Director as the secondary contact to ensure that the appropriate response and procedure was followed.

Those employees determined to have occupational exposure to blood or other potentially infectious materials (OPIMs) will comply with the procedures and work practices outlined in this ECP.

PLAN REVIEW AND UPDATE

This ECP will be reviewed in its entirety annually by the ECP Administrator in partnership with the Safety Committee, and whenever new hazards are introduced in the workplace or conditions change that would result in a change in occupational exposure by employees. For example, the ECP will be amended when it is determined that additional job classifications or tasks are likely to or may have occupational exposure to bloodborne pathogens.

The Safety Committee will evaluate exposure control procedures and products regularly as part of the injury report review process.

DEFINITIONS

Bloodborne pathogens - 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) which causes acquired immune deficiency syndrome (AIDS).

Exposure incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (i.e., needlestick) contact with blood or other potentially infectious material that results from the performance of an employee's duties.

Other potentially infectious material (OPIM) - bodily fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between bodily fluids.

Personal protective equipment (PPE) - protective covering for the head, eyes, hands, feet, and body, such as nitrile or other liquid-resistant gloves, a face mask, or an apron.

Regulated waste - liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharp - any sharp objects including needles, wood or metal splinters, nails, and broken glass, contaminated with blood or OPIM.

Universal precautions - an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for bloodborne pathogens.

EMPLOYEE EXPOSURE DETERMINATION

Table 2 contains a list of all job classifications in which employees are likely to have occupational exposure to bloodborne pathogens.

Table 2 - Likely Occupational Exposure - Job Classifications

Job Classification	Department/Work Area	Exposure Task/Procedure
Direct Support Professional	Residential / In-Home / Community Supports	Personal and medical care
Program Manager	In-Home Supports	Personal and medical care
Residential Lead	Residential Supports	Personal and medical care
Registered Nurse	Residential Supports	Personal and medical care

Table 3 contains a list of job classifications in which employees may at some time have occupational exposure, including part-time, temporary, contract, or per diem employees. The list includes tasks and procedures, or groups of closely related tasks and procedures, for which occupational exposure may occur for these individuals.

Table 3 - Possible Occupational Exposure - Job Classifications

Job Classification	Department/Work Area	Exposure Task/Procedure
Residential Manager	Residential Supports	Personal and medical Care
Facilities	Residential Supports	Maintenance
Program Manager	Community Supports	Personal and medical care

If an employee believes that he or she may be occupationally exposed to bloodborne pathogens and his or her job classification or tasks do not appear on the above lists, the employee should contact the HR Director.

ECP IMPLEMENTATION

Access to the ECP

Employees covered by bloodborne pathogens rules and policies will receive an explanation of this ECP during their program orientation. It will also be reviewed in their annual refresher training.

All employees can review this Plan at any time during their work shifts via GMS website (WWW.GMSME.ORG) or in the program Safety Binder. A copy of the ECP will be provided free of charge to any employee who requests it.

Employee Training

All employees who have occupational exposure to bloodborne pathogens and OPIM will receive initial and annual training conducted by GMS.

All employees who have occupational exposure to bloodborne pathogens and OPIM will 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 copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- 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
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at GMS
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in each program safety binder.

Personal Protective Equipment

All PPE is provided to employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, nonintact skin, and mucous membranes. Gloves will be available at each GMS owned or leased properties and vehicles.

Table 4 describes how PPE will be provided and the types of PPE that will be given to employees. This list is not intended to describe every possible scenario but to provide examples of common tasks.

Table 4 - Provision of PPE to Employees

Tasks	How Provided	Protective Equipment
Application of compresses	In Program	Gloves
Application of ointments and creams	In Program	Gloves
Bathing	In Program	Gloves
Bed making	In Program	Gloves
Changing soiled linens	In Program	Gloves
Collection of specimens (stool, urine)	In Program	Gloves
Dressing (dry)	In Program	Gloves
Dressing with drainage	In Program	Gloves
Enema, Fleets	In Program	Gloves, apron
Enema, SSE or other	In Program	Gloves, apron
Insert suppositories	In Program	Gloves
Measuring urine output	In Program	Gloves
Medication administration (oral)	In Program	Gloves
Mouth care	In Program	Gloves
Nail care	In Program	Gloves
Shaving, disposable razor	In Program	Gloves
Showers	In Program	Gloves
Skin care	In Program	Gloves
Temperature taking oral or rectally	In Program	Gloves
Trauma care	In Program	Gloves – <i>at minimum</i>
Eye care	In Program	Gloves
Wiping up bodily fluid spills	In Program	Gloves – <i>at minimum</i>

All PPE will be removed prior to leaving the work area. If visibly contaminated, PPE will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal. See the program Safety Binder in each location for specifics pertaining to that location.

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to bloodborne pathogens. The QA Manager is responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

All employees will use universal precautions in order to prevent contact with blood or OPIM during the administration of first aid, the removal of materials and waste from the first-aid station, cleanup of any blood or OPIM, and housekeeping of any areas recently (i.e., same day) contaminated with blood or OPIM. All blood and OPIM will be considered infectious regardless of the source.

Work Practices

- Wash hands immediately after contact with blood or OPIM.

- If handwashing facilities are not immediately available after exposure, exposed employee(s) will be provided with an antiseptic cleanser with cloth or paper towels or antiseptic towelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
- When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
- After removal of PPE used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.
- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove and dispose of PPE after it becomes contaminated and before leaving the work area.
- Place any *regulated waste* (see definition above) in a red bio-hazard bag.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- 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.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Blood- or OPIM-Contaminated PPE

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer's expense. The clothing would be identified as contaminated and any employee exposed to it would be notified and protected from exposure.

Housekeeping

Areas where an incident involving blood or OPIM exposure occurred, will be cleaned and decontaminated as soon as possible after the incident.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as possible after any spill of blood or OPIM, as well as the end of the work shift if the surface may have become contaminated since the last cleaning. **See list located in Safety Binder for specifics for each location.** Decontamination of work areas will be accomplished by using the following materials:

Laundry:

- Resident laundry should be covered when taken to the laundry areas. If resident laundry is soiled with body waste, the solid waste must be rinsed before placing the laundry in a leak proof plastic

bag before taking it to the laundry area. Personal linen soiled with body waste should be washed with detergent as a single or small load wash. **GLOVES MUST BE WORN WHEN HANDLING PERSONAL LINEN SOILED WITH BODY WASTE.**

- Designated employees will clean the washers and dryers at least once per week. The washers will be cleaned with *Quat 64* on a routine basis.

Handling Trash:

- Trash must be collected as needed but at least weekly. Trash must be collected in a leak proof plastic bag, secured, and taken to the dumpster or trash collection area by the program staff.
- Trash soiled with contaminated body fluids must be collected in a leak proof plastic bag and immediately secured and taken to the trash collection area by staff as soon as the trash is collected. **GLOVES MUST BE WORN WHEN HANDLING TRASH THOUGHT TO BE SOILED WITH BODY WASTE.**

Storage and Disposal of Contaminated Waste

- Contaminated waste shall be stored in leak proof, rodent proof, fly tight containers.
- Contaminated waste shall be located in an area away from general traffic in an area designated for this purpose.
- Sharps shall be disposed of immediately after use in a clearly marked, rigid, puncture-resistant, shatterproof container (plastic detergent bottle, etc.).
- Waste will be placed in a non-permeable 3 mil. + polyethylene bag and secured prior to putting into the rigid storage container.
- *Regulated waste* will be disposed of in a red biohazard bag. Contact the Facilities Manager for removal of the red biohazard bag. **DO NOT PLACE RED BIOHAZARD BAG IN TRASH FOR REGULAR PICK UP ALONG WITH REGULAR HOUSEHOLD WASTE.**
- Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Hepatitis B Vaccination

All employees who have been identified as having exposure or potential exposure to blood or OPIM will be offered the hepatitis B vaccine, at no cost to the employee. The hepatitis B vaccination series of shots is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this ECP.

The HR Department will provide information to employees on hepatitis B vaccinations—addressing safety, benefits, efficacy, methods of administration, and availability. When an employee elects to be vaccinated, the employee will be instructed to contact Bayside Employee Health Center to schedule the necessary appointments.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series;

- Antibody testing reveals that the employee is immune; *or*
- Medical evaluation shows that vaccination is contraindicated.
- Vaccination will be provided by Bayside Employee Health Center at 50 Sewall St. Suite 301, Portland, Maine.

Declination of the Vaccine

If an employee declines the vaccination, the employee must sign a declination form. See Attachment 1 for a copy of the form. Employees who decline may request and obtain the vaccination at a later date at no cost. Signed declination forms are kept in employee file HR file.

Vaccination for First-Aid Providers

The full hepatitis B vaccination series will be made available to all unvaccinated first-aid providers who assisted in an incident involving the presence of blood or OPIM no later than 24 hours after the incident, regardless of whether exposure has occurred.

Exposure Incident Report

Any incident that results in occupational exposure to blood or OPIM will be reported immediately (no later than the end of the work shift) to the Supervisor and HR Director. The report will include the names of all first-aid providers who rendered assistance, and the time and date of the incident. The report will include a determination of whether an exposure has occurred. If so, a post-exposure evaluation will be performed. Report forms can be found at www.gmsme.org/for-employees/.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, a confidential medical evaluation and follow-up will be conducted by Bayside Employee Health Center following initial first aid (e.g., clean the wound, flush eyes or other mucous membrane). Weekdays after 5:00pm or weekends, employees will be sent to the nearest Quick Care facility or emergency room.

The following activities will be performed by GMS:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless prohibited by law).
- 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 healthcare provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- 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).

- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

Administration of Post-Exposure Evaluation

The HR Director will ensure that the healthcare professional evaluating an employee after an exposure incident receives:

- A description of the employee's job duties relevant to the exposure incident.
- A description of route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test.

Procedures for Evaluating an Exposure Incident

The ECP Administrator will review the circumstances of all exposure incidents to determine the:

- Engineering controls in use at the time.
- Work practices followed.
- Description of the device being used (including type and brand).
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- Location of the incident.
- Procedure or task being performed when the incident occurred.
Employee's training.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years at the administrative office or the GMS server.

Training records will include the:

- Dates of the training sessions.
- Contents or a summary of the training sessions.
- Names and qualifications of persons conducting the training.
- Names and job titles of all persons attending the training sessions.

Employee training records will be provided upon request to the employee or the employee's authorized representative within 10 working days. Such requests should be addressed to HR Director.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with the employee exposure and medical records regulation. The HR Director is responsible for maintenance of the required medical records. These confidential records are maintained on the server for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 10 working days. Such requests should be sent to:

Matt Giesecke, Director of Human Resources
15 Saunders Way, Suite 500-G
Westbrook, Maine 04092

OSHA Recordkeeping

An exposure incident will be evaluated to determine if the case meets OSHA's recordkeeping requirements (29 CFR 1904). This determination and the recording activities are done by the HR Director.

Hepatitis B Vaccine Acceptance/Declination Form

ACCEPTANCE: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received; I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

I **ACCEPT** the Hepatitis B Vaccine and understand that I need to contact the health center below to set up my appointments:

**Bayside Employee Health Center
50 Sewall Street Suite 301
Portland, Maine 04102
207-780-6631**

DECLINATION: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have already received the Hepatitis B vaccine, therefore **DECLINE**.

I **DECLINE** the Hepatitis B vaccine.

Employee Name (Print): _____

Date: _____

Employee Signature: _____

HR Representative: _____

Date: _____

GMS

PPE Kit Supply List

(Personal Protective Equipment)

The following items should be accessible for events when exposure to blood borne pathogens or other potentially infectious materials could occur. All items should be located inside a plastic tub/storage tote that snaps closed and is readily available.

Plastic tub w/ snap on cover

Bloodborne Pathogen Spill Kit:

- 4 Disposable Vinyl Gloves
- 1 Face mask with shield
- 1 Red Biohazard bag 24" x 24"
- 1 Scoop & scraper
- 1 Red Z Pouch ¾ oz
- 2 Germicidal Wipes
- 2 Twist ties
- 1 Impervious gown
- 1 Absorbent towel
- 1 Instruction/Contents Insert
- 1 8"x 10" Poly bag
- 4 Antiseptic Wipe (BZK)
- 2 Paws Antimicrobial towelette

Additional Items:

- 1 Face masks
- 2 Garbage bags
- 1 pair of reusable latex gloves (heavy duty)
- 2 pairs disposable non-latex gloves (vinyl)
- 1 pair plastic eye goggles (reusable)
- 1 tong
- 1 roll paper towels
- 2 - 2oz bottles of Quat 64 – Each bottle Must be diluted in a Gallon of water before use.

GMS

Post Exposure Evaluation

	Yes	No	NA	Comments
<i>POST EXPOSURE EVALUATION</i>				
GMS Incident Report was completed.				
BBP Exposure report form completed.				
Initial response to exposure incident was consistent with GMS Policy.				
Source individual identified and documented.				
Results of source individual testing available to exposed employee.				
Exposed employee's blood collected and tested after consent.				
Post-exposure prophylaxis provided when medically indicated.				
Post-exposure counseling and evaluation of reported illnesses available to employee.				
Copy of the following available:				
a. Description of exposed employees' duties.				
b. Required reports completed.				
c. Source individual's blood test.				
d. Vaccination status.				
e. Appropriate medical records.				

OTHER: (List any additional steps or information)

Completed By (Print name/Title): _____

Signature: _____ Date: _____

