



Mailing Address:

P.O. Box 1280 - Westbrook, ME 04098

Street Address:

15 Saunders Way, Suite 500-G, Westbrook, ME 04092
Telephone 207-523-5170 (V/TTY) – Fax 207-854-1787

Exposure Control Plan

Table of Contents

Policy Statement	3
Plan Administration	3
Program Contact Information.....	3
Plan Review and Update	4
Definitions	4
Employee Exposure Determination	5
Likely Occupational Exposure – Job Classification	5
Possible Occupational Exposure – Job Classification.....	5
ECP Implementation	5
Access to the ECP	5
Employee Training	6
Personal Protective Equipment	6
Provision of PPE to Employees.....	7
Engineering Controls and Work Practices	7
Work Practices.....	8
Blood- or OPIM-Contaminated PPE	8
Housekeeping	8
Storage and Disposal of Contaminated Waste	9
Hepatitis B Vaccination	10
Declination of the Vaccine	10
Vaccination for First-Aid Providers	10
Exposure Incident Report.....	10
Post-Exposure Evaluation and Follow-Up.....	10
Administration of Post-Exposure Evaluation.....	11
Procedures for Evaluating an Exposure Incident	11
Recordkeeping	12
Training Records	12
Medical Records.....	12
OSHA Recordkeeping.....	12
<u>Appendix</u>	
Appendix A -Communicable Disease Protocol.....	13
Appendix B - Influenza Protocol.....	15
Appendix C - COVID-19 Procedure.....	18
Appendix D - Hepatitis B Vaccination Acceptance/Declination Form	32
Appendix E -PPE Kit Supply List	33
Appendix F - Post-Exposure Evaluation Form.....	34
Appendix G -PPE Kit Location/Use Form	35

Regulation: 29 CFR 1910.1030

Plan last updated: April 8, 2020

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	Director of Projects & Compliance 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 Director of Projects & Compliance 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.

Please see Appendix A- C for additional work practices for Communicable diseases, Influenza and COVID-19

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 with a disinfectant spray.

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 place 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.

Appendix A

GROUP MAIN STREAM COMMUNICABLE DISEASE PROTOCOL

I. Purpose:

Group Main Stream (GMS) is committed to providing the safest work environment possible for all staff as well as a safe living environment for all consumers while addressing their needs.

II. Scope:

This procedure is applicable to all GMS Programs

III. Policy:

- A. It is the policy of GMS that consumers with signs or symptoms of communicable disease be kept home from day programs and be seen promptly by their primary care physician for diagnosis and treatment.
- B. The GMS Nurse shall also be notified and involved in training staff, CDC reporting and monitoring any necessary medical follow-up required by the physician.

IV. Definitions:

Communicable Disease – A disease capable of being transmitted from one person to another. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluids. The terms infectious and contagious are also used to describe communicable disease. A few examples of the most serious communicable disease are Influenza, Norovirus, Mumps, Pertussis, MRSA, Ebola, Tuberculosis, and Coronavirus.

V. Procedure:

- A. A consumer displaying any of the following signs or symptoms of communicable disease shall be kept home from his/her normal activity and/or day program:
 - Red or running eyes, especially with yellow or green drainage
 - Cough, particularly if persistent or productive
 - Unexplained sores, rash and/or crust on the body, particularly if red, swollen, or draining
 - Severe sore throat or severe cold symptoms that persists
 - Swelling or tenderness of glands, particularly about the face or neck
 - Fever, suggested by flushed, hot face and temperature over 100 degrees
 - Vomiting
 - Jaundice (yellowing of eyes and/or skin)
 - Diarrhea and/or persistent abdominal pain
 - Evidence of or exposure to diagnosed case(s) of a communicable disease such as (Head lice, Scabies, Chicken Pox, Measles, Mumps, Influenza, Tuberculosis, Coronavirus, Ebola, MRSA)

- Change of behavior, especially in non-verbal persons.
- B. Staff making the decision to keep a resident home from his/her normal daily activity will inform their Residential Manager/Supervisor. The Residential Manager will contact the primary care physician for an appointment so that a definitive diagnosis can be made.
 - C. The Residential Manager will notify the GMS Nurse once a confirmed diagnosis is made.
 - D. The GMS nurse will report all notifiable diseases along with any “cluster/outbreak of illness with potential public health significance” to the Maine CDC per Maine State law.
 - E. The GMS nurse will educate the staff regarding the appropriate precautions needed for infection control including any environmental controls necessary to prevent the spread of infection.
 - F. The GMS nurse will educate the staff regarding any special care needed for the Consumer.
 - G. If necessary, the GMS nurse will consult with employee health for any staff follow-up needed.
 - H. Staff will follow the instructions of the primary care physician and community/GMS nurse in order to prevent spreading of the communicable disease to other persons.
 - I. The day program will be notified by the Residential Manager or designated staff member of the consumer’s diagnosis.
 - J. The consumer should not attend their day program until fully recovered.

Appendix B

GROUP MAIN STREAM INFLUENZA PROCEDURE

I. Purpose:

Group Main Stream (GMS) is committed to providing the safest work environment possible for all staff as well as a safe living environment for all consumers while addressing their needs.

II. Scope:

This procedure is applicable to all GMS Programs

III. Policy:

- A. Staff will be provided information regarding influenza (flu) annually.
- B. All consumers and staff will be encouraged to obtain annual flu vaccine through their own healthcare providers, a flu clinic or pharmacy.
- C. The GMS Nurse must be notified of each incidence of infection.
(if an outbreak of flu occurs, GMS will follow public health advice)
- D. Preventative actions and standard practices must be followed to prevent the spread of illness.

IV. Definition:

Influenza (also known as flu) is a highly contagious respiratory illness caused by flu viruses. It can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly (3-6 hours).

- A. **Causes:** Flu viruses are spread from infected people to the nose or throat of others. Flu viruses are spread mainly from person to person through droplets made when people with the flu cough, sneeze or talk.
- B. **Symptoms:** People who are sick with flu often feel some or all of these symptoms:
 - Fever* or feeling feverish/chills (Many people have chills.)
 - Cough – nonproductive (dry cough)
 - Sore throat
 - Runny or stuffy nose
 - Muscle or body aches (may be severe)
 - Chest Discomfort (may be severe)
 - Headaches (common)
 - Fatigue (tiredness) – moderate to severe

- Vomiting and diarrhea

C. **Treatment:** Antiviral drugs may be a treatment option for the flu. Antiviral drugs such as Tamiflu and Relenza are often effective if given early. These are both prescription medications and must be prescribed by a P.C.P. Check with your doctor promptly if you are at high risk of serious flu complications and you get flu symptoms. People at high risk of flu complications include young children, adults 65 years of age and older, pregnant women, and people with certain medical conditions such as asthma, diabetes and heart disease.

When used for treatment, antiviral drugs can lessen symptoms and shorten the time you are sick by 1 or 2 days. They also can prevent serious flu complications, like pneumonia. For people at high risk of serious flu complications, treatment with antiviral drugs can mean the difference between milder or more serious illness possibly resulting in a hospital stay.

Rest and comfort measure of fluids and over the counter pain relievers are all that are needed for most cases of either flu. However, if the symptoms can not be managed at home, hospitalization is necessary.

D. **Preventative:** Flu shots continue to be the best defense against the flu. (GMS will continue to offer annual flu shot clinics to all staff and consumers)

Cover your nose and mouth with a tissue when you cough or sneeze, after using a tissue through it in the trash and wash your hands.

Avoid touching your eyes, nose, and mouth

Wash hands often with soap and water for a minimum of 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol

Each program or site will perform routine environmental cleaning, disinfectants to be used focusing on high touch areas such as workstations, bathrooms, doorknobs, keyboards, remotes, or any frequently touched objects or surfaces.

V. **Procedure:**

In the event of a report of Influenza (flu) symptoms in either a staff person or a consumer the following procedure should be followed:

A. **Staff:** Who develop symptoms of the flu should follow the recommendations of their PCP. Staff who are sick must stay home, staff must be fever free for 24 hours before returning to work.

If staff experience flu like symptoms while at work, they may be required to wear a mask to prevent the spread of infection, staff will need to contact supervisor immediately for further guidance. Standard precautions are mandatory.

B. Consumers:

1. In Home Support / Shared Living:

- a. For in home supports and shared living, staff should have conversations with consumers about their options if they become ill. The consumers should have plans in place for support in case they become ill.
- b. Staff should call ahead prior to any on-site visit to evaluate if an illness is present. Staff may consider rescheduling visits when an individual has flu like symptoms.

2. RESIDENTIAL:

- a. If a consumer develops flu symptoms, their PCP should be called as soon as possible.
- b. The consumer will be supported in comfort measures as directed by their PCP
- c. They may be asked to stay in their room as much as possible, wear a mask when with others, maintain social distancing and practice excellent standard precautions at all times.
- d. Temperature tracking for consumers will be implemented during a pandemic or confirmed case in a home. This will be implemented by the GMS healthcare team. The team will be directed on the time duration.
- e. All homes will have alcohol-based hand gels available to everyone in the home.
- f. Visitors will be discouraged.
- g. Consumers with symptoms that persist beyond the PCP estimation of time or develop worsening symptoms must be seen by a medical provider.
- h. Staff will increase decontamination of all common surfaces from once daily to twice daily and each shift and as needed.
A GMS disinfectant checklist will be maintained to monitor the process.

Appendix C

GROUP MAIN STREAM CORONAVIRUS DISEASE 2019 (COVID – 19) PROCEDURE

VI. Purpose:

Group Main Stream (GMS) is committed to providing the safest work environment possible for all staff as well as a safe living environment for all contracted shared living providers and all consumers while addressing their needs.

VII. Scope:

This procedure is applicable to all GMS Programs and Office.

VIII. Policy:

- E. Staff, contracted shared living providers, and consumers will be provided information regarding coronavirus disease 2019 (COVID-19).
- F. All consumers, contracted shared living providers and staff will be encouraged to use preventative actions to prevent the spread of respiratory viruses and utilize standard precautions.
- G. The GMS Nurse must be notified of each incidence of infection.
(if an outbreak of COVID-19 occurs, GMS will follow Maine CDC and public health advice)

IX. Definition:

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified in Wuhan, China.

- E. **Causes:** Coronavirus disease 2019 (COVID-19) viruses are spread from infected people to the nose or throat of others. Coronavirus disease 2019 (COVID-19) viruses are spread mainly from person to person through respiratory droplets made when people infected cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- F. **Symptoms:** Symptoms range from mild to severe illness for confirmed Coronavirus disease 2019 (COVID-19) cases. Symptoms may appear 2-14 days after exposure. People who are sick with Coronavirus disease 2019 (COVID-19) often feel some or all of these symptoms:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing

Novel coronavirus vs. flu symptoms

Novel Coronavirus (Covid 19) Symptoms

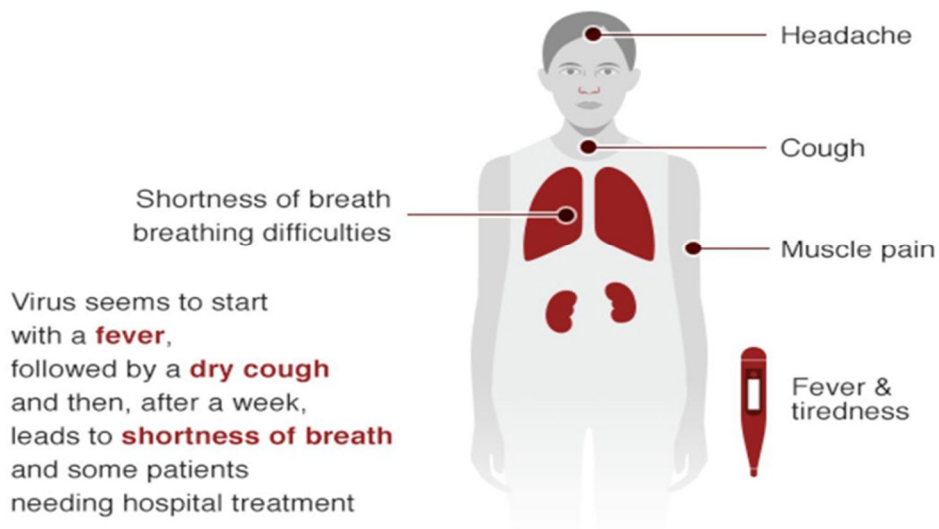
- Fever
- Cough
- Difficulty breathing
- Shortness of breath

If you are feeling ill and **have recently traveled to China** or have been in close contact with someone who has COVID-19, please contact your doctor immediately.

Flu Symptoms

- Fever/feeling feverish
- Headache
- Muscle and body aches
- Feeling very tired (fatigue)
- Cough
- Sore throat
- Runny or stuffy nose

Symptoms of coronavirus (Covid-19)



G. Source: WHO

BBC Treatment: There is

currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to the virus.

H. Preventative:

Cover your nose and mouth with a tissue when you cough or sneeze, after using a tissue through it in the trash and wash your hands.

Avoid touching your eyes, nose, and mouth

Practice regular and frequent hand washing and assist consumers in hand washing as needed. Wash hands often with soap and water for a minimum of 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Each program or site will perform routine environmental cleaning, disinfectants to be used focusing on high touch areas such as workstations, bathrooms, doorknobs, keyboards, remotes, or any frequently touched objects or surfaces.

During pandemics additional education will be provided to staff on preventative measures and standard precautions by GMS nurse.

X. Procedure:

Possible Exposure to Coronavirus Disease 2019 (COVID-19):

- C. **Staff:** Who develop symptoms of coronavirus disease 2019 (COVID-19) should follow the recommendations of their PCP. Staff who are sick must stay home, staff must be fever free for 48 hours before returning to work.

If staff experience coronavirus disease 2019 (COVID-19) symptoms while at work, they may be required to wear a mask to prevent the spread of infection, staff will need to contact supervisor and HR immediately for further guidance. Standard precautions are mandatory.

Employees who have traveled outside the US within the past 14 days must contact Supervisor and HR prior to returning to work

D. Consumers:

3. In Home Support / Shared Living / Case Management:

- a. GMS employees and contracted shared living providers should have conversations with consumers about their options if they become ill. The consumers should have plans in place for support in case they become ill.
- b. Employees should call ahead prior to any on-site visit to evaluate if an illness is present. Staff are encouraged to reschedule visits when an individual has coronavirus disease 2019 (COVID-19) symptoms. May use alternative methods determined by each department (Example – Phone/Email)
See Addendum for each department

4. Residential:

- i. If a consumer develops coronavirus disease 2019 (COVID-19) symptoms, their PCP, GMS RN, HR and Supervisor should be called as soon as possible or seek Emergency Care if illness is worsening or difficulty breathing, notify dispatch that the individual is showing COVID-19 symptoms. A mask should be placed on the individual if available when presenting symptoms and prior to seeking care.
- j. The consumer will be supported in comfort measures as directed by their PCP. There are no antiviral medications recommended for COVID-19 and most cases should receive supportive care:

- Encouraging fluids – Water, juice, Gatorade, warm soups, or broth.
 - Rest – Encourage plenty of rest to help the immune system fight infection.
 - Use fever and pain relievers for comfort.
- k. The GMS nurse and HR will report all notifiable diseases along with any cluster/outbreaks of illness with potential health significance to the Maine CDC per Maine State Law.
 - l. The GMS nurse will educate staff regarding the appropriate precautions needed for infection control including any environmental controls necessary to prevent the spread of infection.
 - m. Individuals may be asked to stay in their room as much as possible, wear a mask, maintain social distancing and practice excellent standard precautions at all times.
 - n. Temperature tracking for consumers and staff will be implemented during a pandemic or confirmed or possible case in a home. This will be implemented by the GMS healthcare team. The team will be directed on the time duration. A GMS Symptom tracker will be maintained to monitor signs and symptoms.
 - o. All homes will have soap or alcohol-based hand gels available to everyone in the home, if available.
 - p. Visitors will be discouraged or restricted depending on recommendations from Maine CDC.
 - q. Consumers with symptoms that persist beyond the PCP estimation of time or develop worsening symptoms must be seen by a medical provider. Always call ahead and follow PCP directions.
 - r. Staff and contracted providers will increase decontamination of all common surfaces twice daily and as needed.
A GMS disinfectant checklist will be maintained to monitor the process for residential homes and programs.

In the event of a report of confirmed or possible Coronavirus Disease 2019 (COVID-19) case in either a staff person or a consumer it must be reported immediately to your supervisor, HR and GMS Nurse.

Confirmed Coronavirus Disease (COVID-19):

In consultation with state or local health department staff, the GMS Healthcare team will assess whether the residential /shared living setting is appropriate for home care if an Individual has confirmed positive or possible coronavirus.

Considerations for care in a residential / shared living setting include:

- If the Individual is stable enough to receive care at home.
- Appropriately trained caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.

- The staff, provider and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene). Healthcare personal caring for Individuals with possible or confirmed COVID-19 will adhere to CDC recommendations for infection and control.
- If there are household members who may be at increased risk of complications from 2019-nCoV infection (Example - people >65 years old, young children, pregnant women, people who are immunocompromised or who have (diabetes, chronic heart, lung, or kidney conditions).
- The availability of recommended PPE equipment.

Caring for Individuals with confirmed or possible COVID-19:

At times an Individual may have possible or confirmed COVID-19 and may not be medically sick enough to stay hospitalized. If it is approved by the State and local health care staff and the GMS Healthcare team, we may care for Individuals in the residential setting with prior team approval. In the event that individuals are deemed medically safe to return home after a possible or confirmed COVID-19 case. Contracted Shared Living Providers are required to maintain care for the individual unless hospitalization is deemed medically necessary. The contracted home provider is responsible to have a backup care plan in the event of a disaster and/or a pandemic. The following care steps are required for GMS residential staff and is intended as guidance for contracted shared living providers.

- Staff and contracted providers will utilize PPE equipment including standard precautions, contact precautions, and airborne precautions and eye protection when caring for Individuals with confirmed or possible COVID-19 according to Maine CDC and OSHA recommendations. Medical equipment will not be shared between individuals in a home.
- Individual will be placed in a private room with recommended ventilation and a separate bathroom.
- Properly don, use, and doff PPE equipment in a manner to prevent self-contamination.
- Perform hand hygiene with alcohol-based hand rub before and after all individual contact, or contact with infectious material, and before putting on and upon removal of PPE equipment, including gloves.
- Utensil care will follow the CDC infection prevention and control guidelines. Utensils will not be shared between individuals, utilize paper and plastic products when available. Washable Utensils will be washed in the dishwasher under sanitize.
- Waste management will follow the CDC infection prevention and control guidelines.

Contaminated items including dirty PPE equipment will be double bagged and disposed of according to your town waste management policy.

- Laundry procedures will follow the CDC infection prevention and control guidelines.

Wash laundry thoroughly. Individual laundry is to be completed separately from any house or housemate laundry. Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.

Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.

Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

Supplies:

Food and personal items: GMS and Contracted Shared Living Providers will maintain a minimum of a three-day inventory of food and water and other required medical supplies, such as incontinent products or nutritional supplements. Ideally, a two-week inventory of food should be maintained, if feasible. Canned foods that have a long storage life and little cooking preparation are recommended. Meats, fish, beans, soups, broths, stews, vegetables, fruit cups, juice, peanut butter, rice, pastas, nuts, granola bars, bouillon cubes, coffee are recommended food items.

Water and liquids: It is suggested to have plenty of fluids on hand, such as bottled water and fluids with electrolytes such as Pedialyte or Gatorade.

Medications: Medications should be well stocked. Preferable, a 90-day supply should be requested for all standing orders. Over the counter medication should be well stocked with pain reliever, fever reducer (Tylenol/Ibuprofen), antacids, cough medicine, vitamins, and bowel medications.

PPE Equipment: PPE equipment will be provided in consultation with local/state officials and CDC recommendations, if available. GMS RN's will provide training on proper use of PPE equipment and hand hygiene.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between

your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning

to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



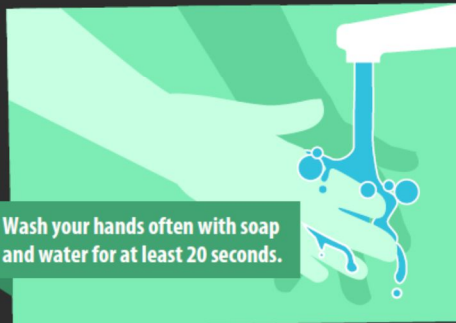
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

CS314915-A

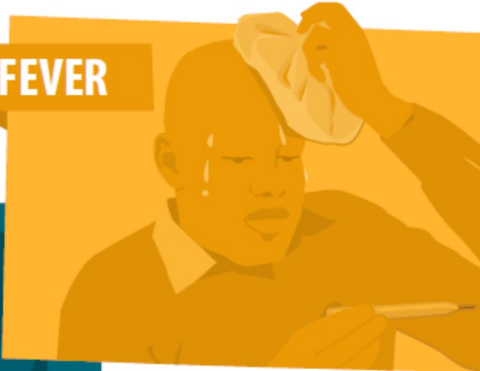


SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER



COUGH



*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

SHORTNESS OF BREATH



CS 31523 A 03/05/2020

For more information: www.cdc.gov/COVID19-symptoms

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



CS 314937-A 02/21/2020

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



CS 314937-0 02/24/2020

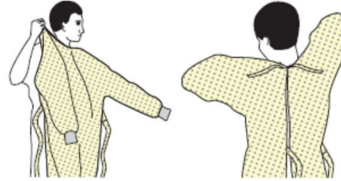
For more information: www.cdc.gov/COVID19

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



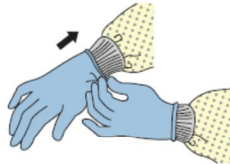
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



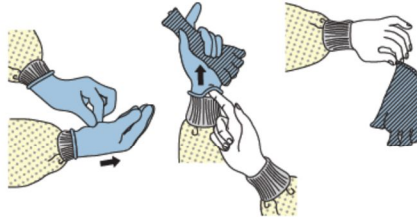
C0250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

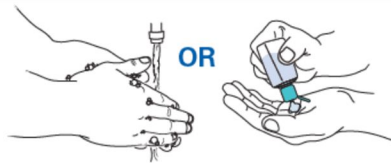


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



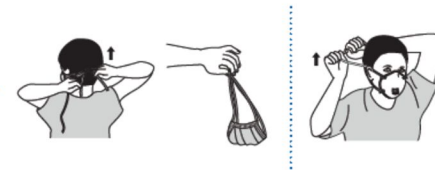
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

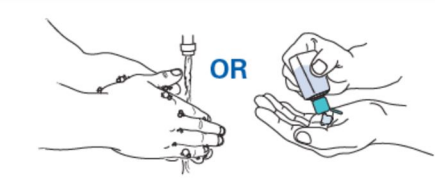


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



CS250672-E

Appendix D

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: _____

Appendix E

GMS

PPE Kit Supply List

(Personal Protective Equipment)

The following items should be accessible for events when exposure to bloodborne 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 Quart 64 – Each bottle Must be diluted in a Gallon of water before use.

Appendix F

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: _____

Appendix G

GMS

**PERSONAL PROTECTIVE EQUIPMENT (PPE)
KIT FOR THIS PROGRAM IS LOCATED:**

(Specific location of PPE Kit)

The following is a list of program specific products used for cleaning/sanitizing and their location.

Product	Uses	Location in program