



Infection Prevention and Control Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

January 19th, 2024

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
 - Must be registered individually to receive credit

Agenda

- Upcoming Webinars
- CIMPAR ASP
- Respiratory Season Updates
- Ensuring Compliance with Bloodborne Pathogen Standard
- Open Q & A

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, January 19th	Hot Topics: Bloodborne Pathogen Standard: Biohazard waste management, Hepatitis B	https://illinois.webex.com/weblink/register/r7b1c42d0146e779082e1816279d9ec06
Friday, February 9th	Falls and Antimicrobial Use	https://illinois.webex.com/weblink/register/r1e93656bd36dabb16006c1f7201015cc
Friday, February 23rd	Urinary Tract Infections	https://illinois.webex.com/weblink/register/r59f9d827f42f61e76cdb9d6e00c3a8df



Long-Term Care focused education - Open to all Healthcare Professionals!

Funding for this education was made possible by
the Illinois Department of Public Health



Providing a wide selection of Antimicrobial Stewardship (AS) educational opportunities across Illinois.



Contacts us!

asp.cimpar.com

asp@cimpar.com

Hybrid Regional Workshops

(in-person or live-virtual):

A complimentary hands-on seminar to help you implement or improve an Antimicrobial Stewardship Program (ASP) in your facility. Two different sessions of in-person or live-virtual workshop options are available at registration.

Part One:

- February 28th – Chicago
 - Weiss Memorial Hospital
 - In-Person only BONUS workshop!

Part Two:

- February 14th, 2024 – Rockford
- March 6th, 2024 – Springfield
- March 27th - Chicago
- April 10th, 2024 – Belville area



Virtual education sessions:

A complimentary and convenient way to engage in learning and discussion of the CDC Core Elements and other AS concepts with subject matter experts. Join us for the following recorded sessions for feedback focused topics:

Recorded Sessions available online:

- Unraveling Antibigrams
- Power Pause: Antibiotic Timeouts
- Quality Measurement in PALTC
- Data Deep Dive and Using Technology
- Medical Directors in LTC
- Motivational Interviewing and Difficult Conversations

- **Also, a complete series on the CDC Core Elements**





**Partnering Acute and Long-Term
Care to Advance
Antimicrobial Stewardship Efforts**

This program will partner
all participating **long term care
facilities with a local hospital in a 1:1
collaboration** for ongoing and
personalized support.

Participants will:

- Learn from subject matter experts, receive technical assistance, and gain resources to enhance AS in long-term care settings.
- Become better equipped to meet mandatory regulations and quality standards related to AS.
- Have the opportunity to receive sponsorship to complete SIDP or MAD-ID AS Training Programs, to strengthen skills and knowledge around ASP implementation.





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Respiratory Season Updates

Hillary Spencer, MD, MPH

Regional Infection Prevention Program

January 19, 2024

Bottom Line Up Front

- Maintain awareness of respiratory virus trends that may affect your facility and community
- Initiate enhanced prevention measures when respiratory virus transmission is high

Issued: December 19, 2023

To provide information to LHDs and healthcare facilities regarding recommendations for mitigation during times of increased rates of respiratory illness and COVID-19 hospital admissions in the community.

- **Maintain situational awareness for local respiratory illness activity**
 - COVID Hospital Admission levels HIGH (county)
 - Broad Respiratory Illness Activity HIGH (statewide)
 - Facility or local data suggest elevated transmission of respiratory pathogens (i.e. facility outbreak or community transmission)
- **Broad source control (Facility-wide masking)**



Additional Recommendations

- Policies and guidance on visitation practices and signage at entrances with dates to ensure visitors know that this reflects current practice at the facility.
- Consider limiting visitors to those older than 18 years of age and keeping the number of visitors to two or fewer.
- Promote compliance with Hand Hygiene and Respiratory Hygiene/Cough Etiquette
- Screen visitors for symptoms of acute respiratory illness before entering the facility and place signage that encourages testing for COVID-19, Flu and RSV prior to visitation.
- Provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) according to current facility policy while in the patient's room.
- Instruct visitors to limit their movement within the facility.
- Encourage visitors with symptoms of respiratory infection to defer non-urgent routine visits in favor of alternative mechanisms (e.g., telehealth applications) until they have recovered.
- Limit visits to patients in isolation for viral respiratory illnesses to persons who are necessary for the patients' emotional well-being and care.

CMS Nursing Home Visitation QSO

- FAQ4: Visitation limits should be rare and applied when there are many cases in multiple areas of the facility.

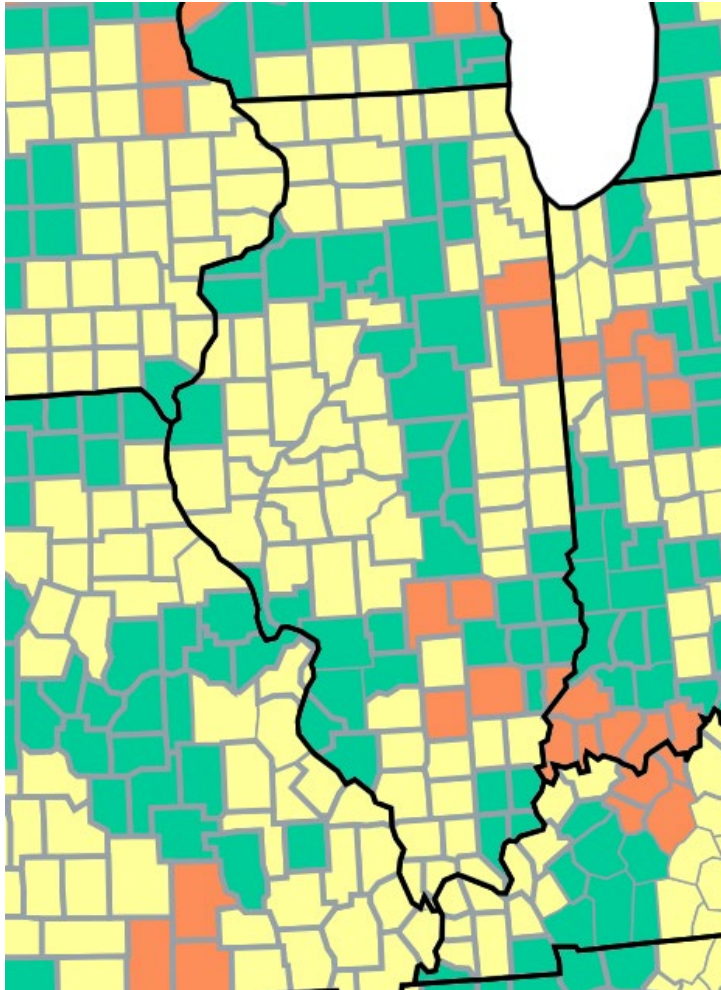
- FAQ 9: **Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission?**

A: There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in-room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), in accordance with CDC recommendations, *and* perform frequent hand-hygiene. Some other recommendations include:

- Offering visitors *face coverings or masks*.
- Limiting the visitor's movement in the facility, during an outbreak, to only the location of the visit.
- Increasing air-flow and improving ventilation and air quality.
- Cleaning and sanitizing the visitation area after each visit.
- *Post visual alerts (e.g., signs, posters) that include instructions about current IPC recommendations (e.g., when to use source control).*

COVID Data Tracker

[CDC COVID Data Tracker: Maps by Geographic Area](#)



IL Counties with **HIGH** COVID Hospital Admission Rates

- Effingham
- Fayette
- Iroquois
- Jefferson
- Kankakee
- Wabash
- Wayne



[Seasonal Respiratory Illness Dashboard \(illinois.gov\)](https://illinois.gov)

Seasonal Respiratory Illness Dashboard





Local or facility data?

Ensuring Compliance with Bloodborne Pathogen Standard

The Exposure Control Plan and Hepatitis B Vaccination

Christine Pate, MLS, MPH, CIC

Deborah Burdsall, PhD, RN-BC, CIC, LTC-CIP, FAPIC



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Disclosure

There are no relevant financial interest
to disclose.

Objectives

- Understand the importance of regulated medical waste management activities in healthcare
- Review current regulated medical management processes in your facility
- Develop policies and procedures to manage regulated medical waste in your facility
- Develop a process to effectively review exposure control plan



Content

- Background
- Basic Principles
- Waste Management
- BBP Exposure Control Plan
 - Infection Prevention & Control



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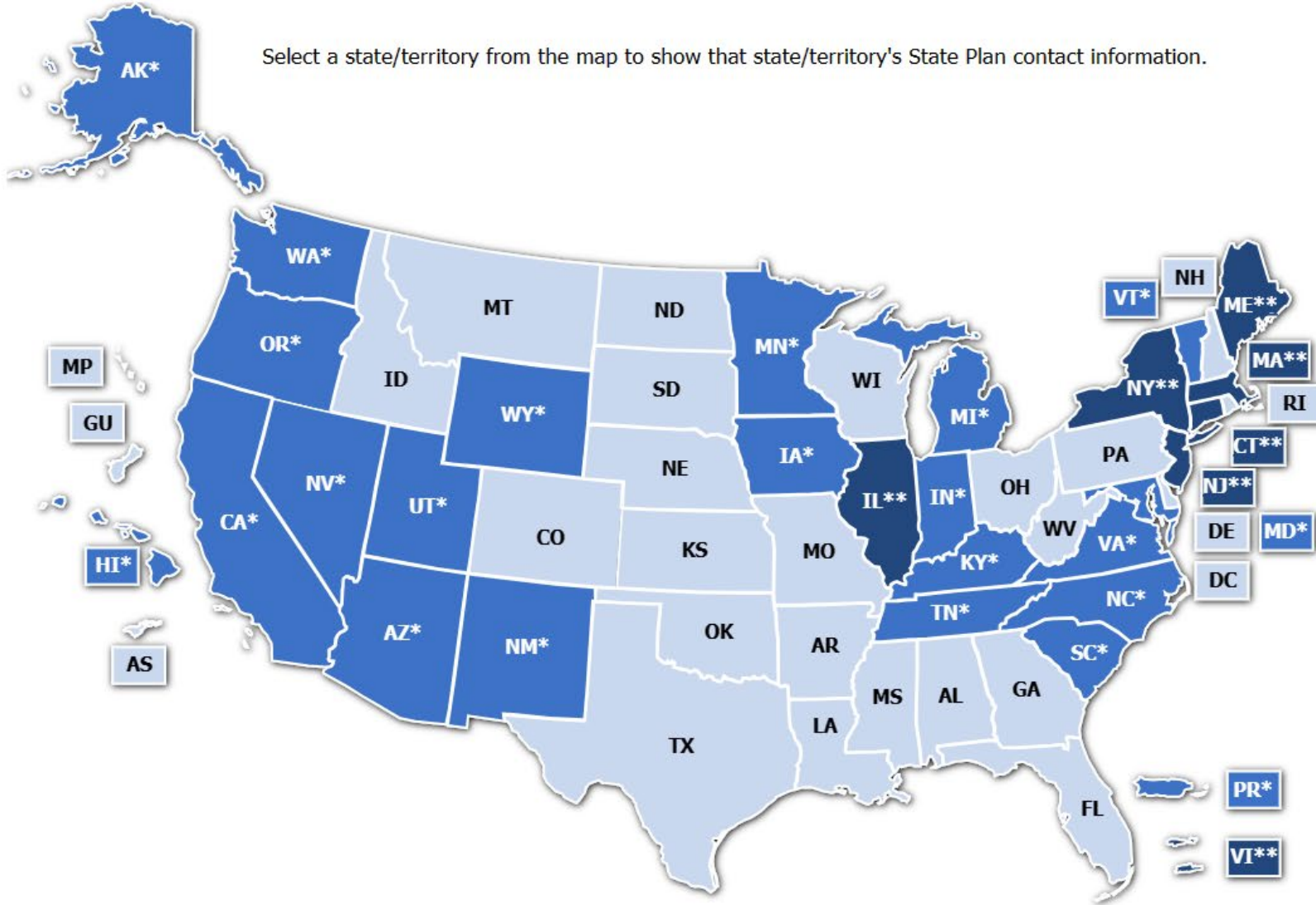


Background

Guidelines, Regulations, & Standards:

- Occupational Safety and Health Standards 1910.1030 – *Bloodborne Pathogens* [1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration \(osha.gov\)](#)
- The Illinois Environmental Protection Agency (IEPA) - [Potentially Infectious Medical Waste \(PIMW\) \(illinois.gov\)](#)
- Centers for Medicare and Medicaid Services (CMS) *State Operations Manual Appendix PP*, especially pages 769, 781-84 <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- Centers for Disease Control and Prevention. Environmental Infection Control Guidelines. Regulated Medical Waste. [Environmental Guidelines | Guidelines Library | Infection Control | CDC](#) and [Medical Waste | Background | Environmental Guidelines | Guidelines Library | Infection Control | CDC](#)



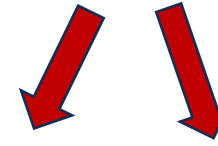


* This state's OSHA-approved State Plan covers private and state/local government workplaces.

** This state's OSHA-approved State Plan covers state/local government workers only.

— This state (with no asterisk *) is a federal OSHA state

Definitions & Terminologies:



- **Occupational Health & Safety Administration (OSHA)** – defines **“regulated waste”**, as “liquid or semi-liquid blood or other potentially infectious materials.” <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>
- **World Health Organization (WHO)** – defines **“infectious waste”**, as “waste suspected to contain pathogens that poses a risk of disease transmission.” <https://www.who.int/news-room/fact-sheets/detail/health-care-waste>
- **Illinois Environmental Protection Agency (IEPA)** - **“Potentially infectious Medical Waste (PIMW)”**, waste generated in connection with diagnosis, treatment (provision of medical services), immunization of humans or animals, medical research, or testing biologic waste. [Potentially Infectious Medical Waste \(PIMW\) \(illinois.gov\)](http://www.illinois.gov/Potentially-Infectious-Medical-Waste-PIMW)
- **“Medical Waste”:**
 - **Environmental Protection Agency (EPA)** - a subset of waste generated at healthcare facilities as well as medical research laboratories; may be contaminated with blood, body fluids, OPIMs, and is *“often referred to as regulated waste”*. [Medical Waste | US EPA](http://www.epa.gov/medical-waste)
 - **Centers for Disease Control and Prevention (CDC)** - wastes that represent a sufficient potential risk of causing infection during handling and disposal and for which some precautions likely are prudent (microbiologic, pathology/anatomy, blood & products, and other body fluid specimens) [Medical Waste | Background | Environmental Guidelines | Guidelines Library | Infection Control | CDC](http://www.cdc.gov/od/oc/media/pressroom/list/1998/s080801a.htm)



OSHA
Definitions:

Bloodborne Pathogen - microorganisms that are present in human blood and can cause disease (i.e., HBV, HIV)

Contaminated – the presence or the reasonably anticipated presence of blood or Other Potentially Infectious Materials (OPIM)

OPIM - body fluids: semen, vaginal secretions, CSF, synovial, pleural, pericardial, peritoneal, amniotic fluids, saliva/dental, any visibly contaminated body fluids

Regulated Waste – liquid or semi-liquid or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked w/ dried blood or OPIM capable of releasing these materials during handling...

Infectious Waste Categories:

- Contaminated Sharps
- Microbiologic Cultures and Stocks Infectious Agents
- Blood and Blood Products
- Select Isolation Waste
- Pathology Waste



Infectious Waste Categories:

Contaminated Sharps

All discarded sharps (needles, scalpels) and items that could potentially become sharps (glass slides), should be considered and treated as potentially infectious due to the ability to cause cuts or puncture wounds.

Blood & Blood Products

i.e., serum, plasma, and OPIM known or suspected to be contaminated with a transmissible agent.

Select Isolation Waste

Discarded waste materials contaminated with excretions, exudates, and secretions from patients with highly communicable diseases (i.e., Ebola, Mpox – classification **risk 4 group**).

Medical Waste Management

Waste Management

Regulated Waste, or make sure everything gets into the right waste stream



Basic Plan

Use the OSHA Bloodborne Pathogen regulation 1910.1030, <https://www.osha.gov/bloodborne-pathogens/standards> and Bloodborne Pathogen Model Exposure Control Plan https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf



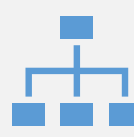
Addressed by regulatory, advisory, and licensing agencies



Includes definitions of regulated waste



Addresses steps for waste materials (generation), discarding, collection and containment, handling, accumulation and storage, transport, treatment, and disposal



Assignment of responsibility for overseeing the program (knowledgeable individual)



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Reminder:
Standard
Precautions
Does Not
Mean No
Precautions

Standard Precautions for All Patient Care

[Print](#)

Standard Precautions are used for all patient care. They're based on a risk assessment and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

Open All

Close All

Perform hand hygiene



Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material



Follow respiratory hygiene/cough etiquette principles



Ensure appropriate patient placement



Properly handle and properly clean and disinfect patient care equipment and instruments/devices



Clean and disinfects the environment appropriately

Handle textiles and laundry carefully



Follow safe injection practices



Wear a surgical mask when performing lumbar punctures

Ensure healthcare worker safety including proper handling of needles and other sharps



Components of Waste Management

- Under Standard Precautions **all healthcare waste** is potentially infectious
 - Policies and procedures must meet all federal, state, and local regulations
 - Color code trash bags so staff know what is trash and not supplies (e.g. one color for regular trash, another for used equipment and a color for used linen)
 - **Not all isolation trash is categorized as regulated medical waste**
 - *“No additional precautions are needed for non-medical solid waste that is being removed from rooms of patients on Transmission-Based Precautions. Solid waste may be contained in a single bag (as compared to using two bags) of sufficient strength.”* page 64 **Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)**
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf>

Categorization of Medical Waste

- *“Federal, state, and local guidelines and regulations specify the categories of medical waste...”*
- *Outline the requirements associated with treatment and disposal....*
- *The categorization of these wastes has generated the term “regulated medical waste....”*
- *An alternative to “infectious waste,” Given the lack of evidence of this type of waste’s infectivity.”*

Background I. Regulated Medical Waste

Guidelines for Environmental Infection Control in Health-Care Facilities (2003)

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html>

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Components of Regulated Waste Management



Have a plan for how to separate regulated waste



Train, competency, and monitor how staff are discarding all types of healthcare waste



Focus on blood or fluids containing blood that drip or cannot be contained.



Have a plan for where to throw away and store regulated waste

Biohazard bins and sharps containers properly secured (e.g. locked soiled utility rooms, and secured areas in dock/garages) when awaiting pickup by contracted licensed waste hauler

Components of Regulated Waste Management




- Determine what is defined as regulated waste. Work with your contracted licensed waste hauler
- Dedicate red, fluorescent orange or orange-red for “dangerous, or biological hazard” and/or regulated waste. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.145AppA>
 - Be careful not to use red bags indiscriminately (control where red bags are stored).
 - “A single, leak-resistant biohazard bag is usually adequate for containment of regulated medical wastes...
 - Puncture-resistant containers located at the point of use (e.g., sharps containers) are used as containment”
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html>

Project Firstline Micro-Learns


What Should You Do If You See Blood?

Use Gloves If You're Going to Touch Blood



After completing your task, remove gloves right away and clean your hands.


Use the Right PPE If Splashes and Sprays Are Likely



The PPE you use should protect your skin, eyes, nose, and mouth.


Always Act As If Blood Is Infectious

Clean Your Hands



Always clean hands after tasks involving blood – gloves are not a substitute for hand hygiene.

Look for Sharps


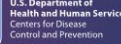



Handle needles and sharp items carefully and safely dispose of them in a sharps container.

Learn More

Germs Can Live in Blood: <http://bit.ly/3GUqFKo>
CDC One and Only Campaign: <https://bit.ly/3OAS6w6>

www.cdc.gov/ProjectFirstline



Infection Control Micro-Learns User Guide



About the Micro-Learns

The Project Firstline *Infection Control Micro-Learns* are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift “huddles” or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid.

Discussion Guide. The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience’s job duties, facility-specific cases or issues, resources and points of contact, or other information.

Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

Notes for Facilitators

- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
- Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
- The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.
- Remind your audience that if they see a patient in distress—e.g., with shortness of breath, bleeding, or otherwise at risk of immediate harm—they should respond to the emergency according to facility protocols.

www.cdc.gov/ProjectFirstline



<https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/Micro-Learns-Blood-508.pdf>

<https://www.cdc.gov/infectioncontrol/projectfirstline/healthcare/training.html>

What types of waste are considered Regulated Medical waste?

- **NOT Regulated Medical Waste:**
 - Newspapers, magazines, disposable dishware, used tissues,
 - Used wipes, briefs, isolation gowns and gloves from Standard Precaution and Transmission Based Precaution rooms with **NO obvious blood or fluids that contain blood**



What types of waste are considered Regulated Medical waste?

- YES, these are considered Regulated Medical Waste:
 - Used needles, syringes, scalpels, lancets
 - Blood-soaked dressings
 - Used swabs or other lab testing supplies from any room
- **AND: WHAT IS WRONG WITH THIS PHOTO? PUT IT IN THE CHAT**

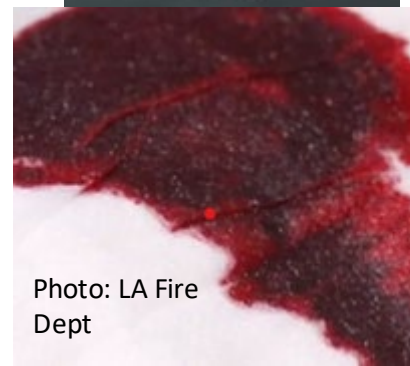


Photo: LA Fire Dept



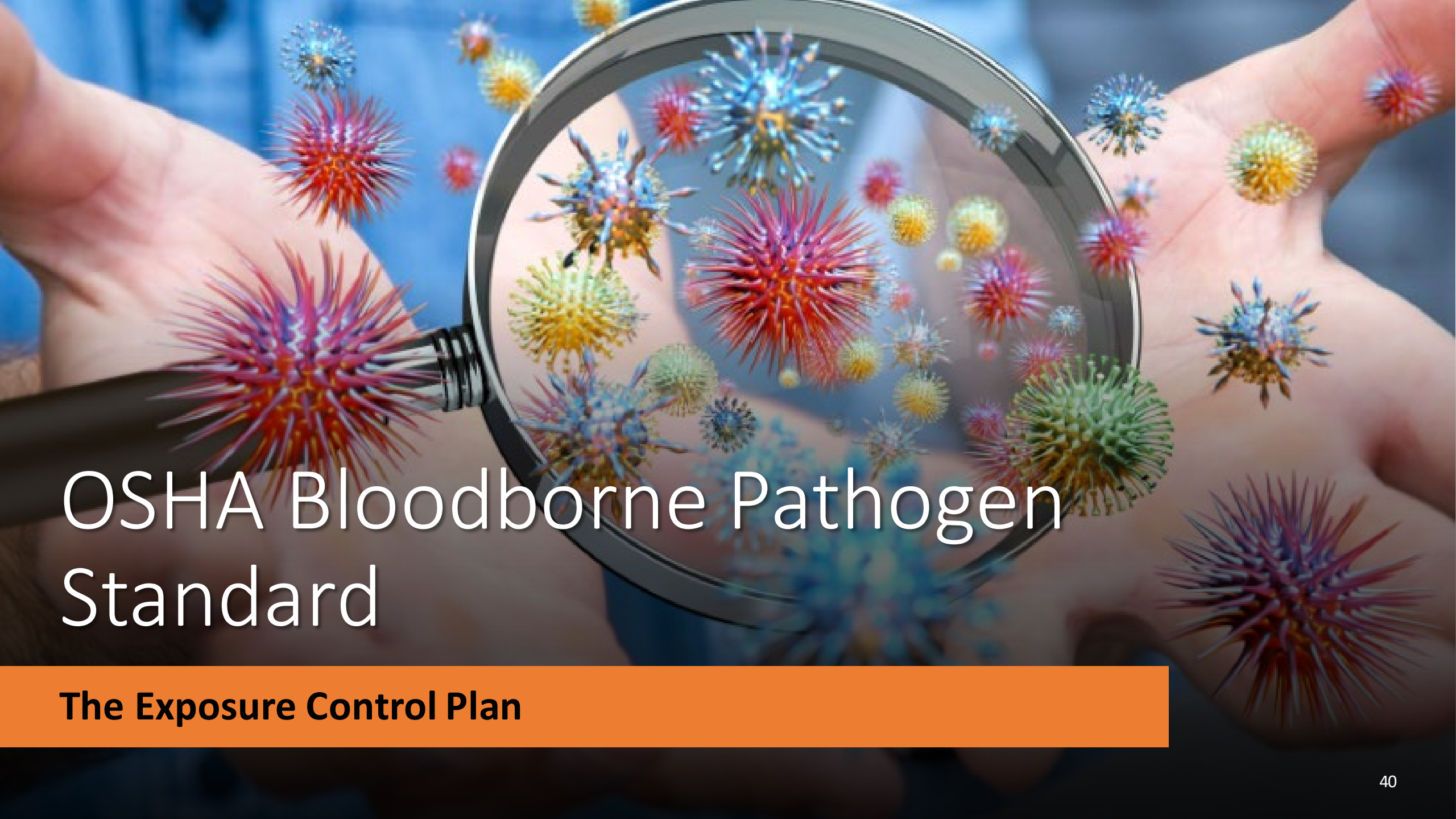
Infection Prevention and Control

- Program includes identifying regulated medical waste and developing policies, procedures, training, competency, and monitoring that are consistent with guidelines, standards, rules, and regulations

Consider:

- What type of waste does your facility generate?
- Goal is to prevent transmission of disease through proper waste handling and disposal
- Remember, cost of disposal (regulated medical waste) 10 times greater than non-infectious waste





OSHA Bloodborne Pathogen Standard

The Exposure Control Plan

OSHA Bloodborne Pathogen Standard

- OSHA's bloodborne pathogen standard protects employees who work in occupations where they are at risk of exposure to blood or potentially infectious materials
- Standard requires employers to develop written documents to explain how they will eliminate the exposure, provide training to employees, and protect the health and safety of its workers



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The Exposure Control Plan (ECP)

- The ECP is a key document to assist employers in implementing and ensuring compliance with the Bloodborne Pathogen Standard
- The ECP model provides an easy-to-use format that may be used as a template that includes all elements required by the OSHA Bloodborne Pathogen Standard
- Ensure a copy is accessible to employees (29 CFR 1920.209(e))
- Update and review plan at least annually and whenever necessary



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OSHA 1910.1030© [1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov)

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Model Exposure Control Plan

- **Program Administration**
- **Employee Exposure Determination**
- **Methods of Implementation & Control**
 - Standard Precautions engineering controls & workplace practices, personal protective equipment (PPE), environmental services/housekeeping, laundry, and labels
- **Hepatitis B Vaccination** (and declinations)
- **Post Exposure Evaluation and Follow-up**
 - Administration of post exposure evaluations
 - Procedures for evaluating incidents
- **Employee Training**
- **Recordkeeping** (ex. sharps injury log)



[Bloodborne Pathogens \(osha.gov\)](http://www.osha.gov)



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Model Exposure Control Plan

Administration:

- Program Administration- name of responsible party or department for implementation, review/updates, medical actions, recordkeeping, training
- Personal Protective Equipment PPE – responsible party or department that will provide and maintain PPE, engineering controls (i.e., sharps containers), labels, red bags



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Model Exposure Control Plan

Policy:

The (Your facility name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes *(following slides):*



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Model Exposure Control Plan

Employee Training:

All employees who have occupational exposure to bloodborne pathogens 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 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 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



Model Exposure Control Plan

Employee Exposure Determination:

Example:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
<u>Housekeeper</u>	<u>Environmental Services</u>	<u>Handling Regulated Waste</u>

(use as many lines as necessary)

<i>Job Title</i>	<i>Department/Location</i>
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<u>(Example: Phlebotomists)</u>	<u>(Clinical Lab)</u>
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Model Exposure Control Plan

Methods of Implementation and Control:

- **Standard Precautions ("Universal")** – all employees will utilize Standard Precautions
- **Exposure Control Plan** – all employees covered by the plan will receive an explanation of standard and training
- **Engineering Controls and Work Practices** – i.e., sharps containers, needless systems, safety devices – **Needle Stick Safety & Prevention ACT (OSHA)* [Bloodborne Pathogens - General Guidance | Occupational Safety and Health Administration \(osha.gov\)](#)
- **Personal Protective Equipment (PPE)** – PPE and training on appropriate use is provided to all employees (types, locations, Hand Hygiene)
 - The procedure for handling used PPE is as follows: *may refer to specific procedure by title or number and last date of review; include how and where to decontaminate face shields, eye protection, resuscitation equipment*



Model Exposure Control Plan

Housekeeping

- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusions of contents during handling.
- Provide procedures for handling:
 - sharps containers, regulated waste, broken sharps, cleaning or decontaminating bins



Model Exposure Control Plan

Laundry:



Laundrying will be performed by _____ (name of responsible person or department)
_____ at (time and/or location).

The following laundrying requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport
- Wear the following PPE when handling and/or sorting contaminated laundry (list appropriate PPE).



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Model Exposure Control Plan



Labels:

The following labeling method(s) is used in this facility:

(name of responsible person or department) _____ will ensure warning labels are affixed or red bags are used as required if regulated medical waste.

Employees are to notify _____ if they discover regulated waste containers, refrigerators containing blood or OPIM, etc. without proper labels.



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HEPATITIS B
Vaccine
Inactivated

Hepatitis B vaccine

Hepatitis B Vaccine and Post Exposure Evaluation Follow-up

Vaccine against Hepatitis B

Hepatitis B Vaccine

- Provide training to employees on hepatitis B vaccinations,
- Address the safety, benefits, efficacy, methods of administration, and availability of hepatitis B vaccine.
- The hepatitis B vaccination series is available at no cost after training
- Within 10 days of initial assignment to employees identified in the exposure determination section of this plan.
- Advisory Committee on Immunization Practices (ACIP) hepatitis B vaccination schedule: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>



Hepatitis B Vaccine

- Vaccination is encouraged unless:
 - Documentation exists that the employee has previously received the series
 - Antibody testing reveals that the employee is immune
 - Medical evaluation shows that vaccination is contraindicated.
- However, if an employee chooses to decline vaccination, the employee must sign a declination form.
- Employees who decline may request and obtain the vaccination at a later date at no cost.
- Documentation of refusal of the vaccination is kept



OSHA Requirement

HEPATITIS B VACCINE DECLINATION (MANDATORY)

- *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.*
- *Signed: __ (Employee Name) _____*
- *Date: _____*



Employee Informed Consent Form: Hepatitis B Vaccine Immunization

Employee Name (please print) Last _____ First _____ Dept _____

I have been offered the Hepatitis B Vaccine. Transmission of the Hepatitis B virus is usually by contact with infected blood or blood products. Exposure to all body fluids, secretions and excretions (except sweat), mucous membranes and non-intact skin have the potential for transmitting Hepatitis B and other infectious diseases. Personal Protective Equipment (PPE), including gloves, gowns, masks and eye protection should be used by trained staff to decrease the risk of exposure. Hand hygiene is also an important part of preventing the spread of infection.

A copy of the Exposure Control Plan and OSHA's Bloodborne Pathogen regulation will be made available for employee review upon request.

Report any exposure to your supervisor immediately for post exposure follow-up.

Symptoms of Hepatitis B may include fatigue, mild fever, nausea, vomiting, loss of appetite, jaundice, abdominal, muscle and joint pain. Hepatitis B infection may increase the risk of hepatic necrosis, liver cirrhosis and liver carcinoma. Immunization can help prevent Hepatitis B infection. The Hepatitis B vaccine will not prevent hepatitis caused by other agents such as drug reactions or other hepatitis viruses (Hepatitis A or Hepatitis C). Hepatitis B vaccine is generally well tolerated. The most common side effects include injection site soreness, weakness, headache, fever, nausea, vomiting, diarrhea, dizziness or chills. The vaccine is given in a series of three injections. All three injections must be received. The schedule is #1, the initial injection; #2, received one month after the first dose, #3, received 6 months after the first dose. There is flexibility in the schedule, and if dose timing is missed, the series does not need to be restarted. The next dose in the schedule will be given and the series will be completed. (www.cdc.gov)

I have read this information and all questions regarding the safety, risk and effectiveness of Hepatitis B vaccine have been answered to my satisfaction. I understand that the vaccine will be provided by the facility at no charge to me. I understand that it is my responsibility to complete the series of three injections.

Yes, I accept the vaccine. _____ Signature _____ Date _____

Vaccination # Date _____ Lot Brand _____ Admin By _____

Vaccination # Date _____ Lot Brand _____ Admin By _____

Vaccination # Date _____ Lot Brand _____ Admin By _____

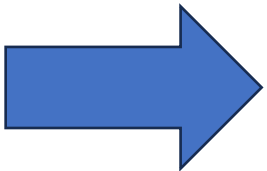
I understand that due to my risk for occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline hepatitis 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. (www.osha.gov)

No, I decline the vaccine _____ Signature _____ Date _____

Witness _____

Date _____

SAMPLE: Consent/Declination Form



Post-Exposure Evaluation and Follow-Up

- *Should an exposure incident occur, contact _____ (Name of responsible person)*
- *An immediately available confidential medical evaluation and follow-up will be conducted by (Licensed health care professional) .*
- *Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:"* https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf
- Ensure that all staff know who to notify on all shifts and where the exposed person needs to be sent.



Post-Exposure Evaluation and Follow-Up

- *Document the routes of exposure and how the exposure occurred.*
- *Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local 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 health care provider." https://www.osha.gov/sites/default/files/CPL_2-2_69_APPD.pdf*



SAMPLE: Post Exposure and Source Individual Forms

Employee Post Exposure
Form

Name _____
Department _____
Date of Exposure _____

Healthcare Professional evaluation for Hepatitis B vaccine and post exposure evaluation and follow up

Hepatitis B Vaccination evaluation:

Received HBV series yes ___ no ___

If no/ vaccination recommendations

Dates of vaccination #1 ___ #2 ___ #3 ___ antibody testing

Employee informed of the results of evaluation and employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment:

Recommendation

Signature of employee _____ date

Completed by _____ title _____ date

All other findings or diagnoses shall remain confidential and shall not be included in the written report (OSHA:1910.1030 (f)(5)(iii))

Source Individual Explanation and Consent

Last Name _____ First Name _____
Date _____ Room _____ Birth date _____

Explanation: A member of the care staff was accidentally exposed to your blood or body fluid. To comply with the Centers for Disease Control recommendations and the OSHA Needlestick Safety Act, we are asking for your consent to test your blood for antibodies for Hepatitis B virus (HBV), Human immunodeficiency virus (HIV) and Hepatitis C virus (HCV).

We cannot test for HIV antibodies without your consent. You will not be charged for this test. This signed consent form and the test results will be kept confidential, and will not be placed in your medical record. Your doctor will get a copy of the records. If the test results are positive, your doctor will contact you for appropriate medical advice and counseling.

The facility will use this information to provide the necessary care for our exposed employee.

Consent/Declination

I have been informed about the implications and limitations of the antibody testing for HBV, HIV and HCV. My questions have been answered to my satisfaction. I understand the benefits and risks of [the testing](#).

___ I hereby **consent to** have my blood tested for HBV/HIV/HCV antibodies.

___ I hereby **decline to** have my blood tested for HBV/HIV/HCV antibodies.

Resident/Patient/Client or Power of Attorney for Healthcare

Signature _____ Date _____

Print Name

Witness _____ Date _____

Print Name



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Summary

Have policies and procedures that include:

- All aspects of addressing the OSHA Bloodborne Pathogen Standard
- Appropriate policies and procedures for handling of regulated medical waste
- Training and competency for healthcare personnel
- Process for offering hepatitis B vaccine
- Process for exposure control



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Sources:

- Occupational Safety and Health Standards 1910.1030 – Bloodborne Pathogens [1910.1030- Bloodborne pathogens. | Occupational Safety and Health Administration \(osha.gov\)](#)
- Centers for Disease Control and Prevention. Environmental Infection Control Guidelines- Regulated Medical Waste - [Environmental Guidelines | Guidelines Library | Infection Control | CDC](#)
- Occupational Safety & Health Administration. Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standards. [Bloodborne Pathogens \(osha.gov\)](#)
- Centers for Disease Control and Prevention (CDC). *Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services* <https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf>
- Centers for Disease Control and Prevention (CDC). *Viral Hepatitis Testing and Notification After Exposure* <https://www.cdc.gov/hepatitis/outbreaks/toolkit.htm>
- The National Institute for Occupational Safety and Health (NIOSH). *Information for Employers Complying with OSHA's Bloodborne Pathogens Standard* <https://www.cdc.gov/niosh/docs/2009-111/default.html>
- The National Institute for Occupational Safety and Health (NIOSH) *Bloodborne Infectious Diseases: HIV/AIDS, Hepatitis B, Hepatitis C* <https://www.cdc.gov/niosh/topics/bbp/default.html>
- The Occupational Safety and Health Administration (OSHA). *Bloodborne Pathogens and Needlestick Prevention* <https://www.osha.gov/bloodborne-pathogens>



Thank You
ANY QUESTION???



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Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- For continuing education credit, please fill out the evaluation survey upon end of webinar
- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- Telligen Resources:
 - Project Firstline Trainings: <https://www.telligenqiconnect.com/infectionpreventionandcontrol/>
 - Contact Telligen: **nursinghome@telligen.com**