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### **Cross Reference(s)**

*Authorization to Use and Disclose Protected Health Information (PHI); General Rules for Uses and Disclosures of Protected Health Information (PHI).*

### **Policy Statement**

Partners in Recovery is committed to providing a safe and healthful work environment for all administrative employees and direct care staff members at the Direct Care Sites. Staff members who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan (ECP).

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### **Purpose**

To eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR1910.1030, "Occupational Exposure to Bloodborne Pathogens."

### **Scope**

Partners in Recovery Direct Care Clinics and the Urgent Psychiatric Care Center.

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### **Key Terms**

#### *Universal Precautions*

Methods used to prevent the spread of diseases transmitted by blood and other bodily fluids. Universal precautions apply to blood, semen and vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Universal precautions do not specifically apply to other bodily fluids, such as feces, urine, sweat, and sputum, unless they contain visible blood, because risk of transmission of HIV, HBV and other bloodborne pathogens via these fluids are small; however universal precautions are recommended if practical when encountering these fluids. Universal precautions also do not apply to saliva but it is very important to use some infection control procedures with saliva, so, again, universal precautions are recommended, but gloves are not required for activities like feeding a patient or wiping saliva from the skin.

Universal precautions require the use of a protective barrier, like gloves, gowns, masks and protective eyewear. But because these barriers cannot usually prevent contamination via a penetrating injury, the following precautions are required in the situations described:

1. The agency utilizes safety syringes with needle lock at the Direct Care Sites to minimize the risk of needlesticks and any potential risk of bloodborne exposure. Care must be taken to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not recap used needles by hand; do not remove used needles from disposable syringes by hand; and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in the red Sharps container for disposal. Locate the puncture-resistant bio-hazard containers as close to the use area as is practical.

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2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
4. Use gloves for performing phlebotomy and cleaning waste that may contain fluids for which Universal Precautions apply.
5. Change gloves between patient contacts.

Additional Policy Terms & Definitions are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in MagIC, click on the below link:

[Policy Terms & Definitions Glossary](#)

### Standards

#### I. Partners in Recovery Responsibilities

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##### A. Overall Responsibilities

1. Human Resources Department maintains the health records for all staff members and administrative employees;
2. The Training and Essential Learning Department maintains all orientation and training documentation;
3. The lead nurse at each site is responsible for ensuring the ECP is adhered to;
4. The Site Administrator is responsible for reporting all employee exposures to Human Resources; and
5. All staff is responsible for maintaining a clean, exposure free environment and ensuring the proper use of medical equipment to minimize the risk of exposures.

##### B. Responsibilities for Program Administration

1. The Partners in Recovery Director of Nursing is responsible for implementation of the ECP. The Director of Nursing will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
2. The Lead Nurse at each site will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Lead Nurse will ensure that adequate supplies of the aforementioned equipment are available at all times in the appropriate sizes.

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3. The Human Resources Department will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
4. The Training and Essential Learning Department and Human Resources will be responsible for Exposure Control Plan training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

II. Exposure Control Procedures

- A. 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:
  1. Determination of staff member exposure;
  2. Implementation of various methods of exposure control, including:
    - a) Universal precautions;
    - b) Engineering and work practice controls;
    - c) Personal protective equipment; or
    - d) Housekeeping.
  3. Hepatitis B vaccination;
  4. Post-exposure evaluation and follow-up;
  5. Communication of hazards to employees ;
  6. Bloodborne Pathogens Exposure Control training to employees;
  7. Recordkeeping; and
  8. Procedures for evaluating, monitoring, trending and analyzing circumstances surrounding exposure incidents.
- B. Employee Exposure Determination
  1. The following is a list of all job classifications in which employees have a high potential for occupational exposure:

Job Title	Department/Location
Psychiatrist	All Direct Care Sites
Nurse Practitioner	All Direct Care Sites
Registered Nurse	All Direct Care Sites
Licensed Practical Nurse	All Direct Care Sites

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Physician Assistants	All Direct Care Sites
Phlebotomy Technicians	All Direct Care Sites
Prescribers	All Direct Care Sites
Behavioral Health Technicians	Urgent Psychiatric Care (UPC) Center
Crisis Interventionists	Urgent Psychiatric Care (UPC) Center
Unit Coordinators	Urgent Psychiatric Care (UPC) Center

2. All other staff members and employees, including case management staff, clinical liaisons, site and office administration, and administrative and support employees have a lower potential for occupational exposure.

C. Methods of implementation and Control

1. Universal Precautions: All staff members will utilize universal precautions.
2. Exposure Control Plan: All staff members covered by this bloodborne pathogens standard will receive an explanation of this ECP during their initial new employee orientation session. It will also be reviewed in their annual refresher training. All staff members can review and print this plan at any time during their work shifts by assessing the policies on the MagIC website.
3. Engineering Controls and Work Practices: Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Universal Precautions	Staff Exposure Control Plan Training
Personal Protective Equipment (PPE)	Retractable needles, gloves, masks, eye protection, face shields and gowns
Sharps containers	Inspections to minimize risk exposure
Approved disinfectant for blood and other bodily fluid spills	For use with PPE

4. Sharps disposal containers are inspected and maintained or replaced by the Lead Nurse whenever necessary to prevent overfilling.

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5. The Lead Nurse (UPC only) identifies the need for changes in engineering controls and work practices through Safety Rounds that are conducted at least quarterly by members of the UPC Safety Committee.
6. The Director of Nursing will attend the Safety Committee meeting (UPC only) when necessary to discuss/evaluate new procedures and products.
7. Both front-line workers and management officials are involved in this process in the following manner:
  - a) Updating ECP as necessary; and
  - b) Provide training to all staff when changes to the ECP have occurred.
    - The Site Administrator is responsible for ensuring that these recommendations are implemented.
8. Personal Protective Equipment (PPE): PPE is provided to staff members at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the Training and Essential Learning Department during clinical training.
  - a) The types of PPE available at each site to staff members are as follows:
    - i. Gloves;
    - ii. Masks;
    - iii. Eye protection;
    - iv. Face shields; and
    - v. Gowns.
  - b) All staff members using PPE must observe the following precautions:
    - i. Wash hands immediately or as soon as feasible after removing gloves or other PPE;
    - ii. Remove PPE after it becomes contaminated and before leaving the work area;
    - iii. Used PPE may be disposed of in red bag containers for contaminated products;
    - iv. 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;
    - v. 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;

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- vi. Never wash or decontaminate disposable gloves for reuse;
- vii. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth;
- viii. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface;
- ix. The procedure for handling used PPE is to dispose used PPE's in red bag containers.

#### D. Housekeeping Procedures

1. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.
2. Expired or discontinued medications will be disposed of according to applicable state and federal laws.
3. The procedure for handling the sharps disposal containers and all other bio-hazard waste disposal is to place in red bag containers for pickup by Stericycle.
4. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at all clinic sites.
5. Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination with approved disinfectant.
6. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

#### E. Laundry Procedures (for the UPC only)

1. Laundering will be performed by Mission Linen Supply & Uniform Services.
2. When handling laundry, the following laundering requirements must be followed:
  - a) Handle contaminated laundry as little as possible, with minimal agitation;
  - b) Place all laundry in leak-proof container in the Laundry Closet; and
  - c) Wear gloves when handling and/or sorting contaminated laundry.
3. The Lead Nurse is responsible for ensuring that red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify any nurse on duty if they discover regulated waste containers, contaminated equipment, etc., without proper labels.

#### F. Hepatitis B Vaccinations

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1. The Training and Essential Learning Department will provide training to staff members on Hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.
  2. The Hepatitis B vaccination series is available at no cost after initial training and within 10 days of initial assignment to all staff members identified in the exposure determination section of this plan as having a high potential for exposure. Vaccination is recommended unless:
    - a) Documentation exists that the staff member has previously received the series;
    - b) Antibody testing reveals that the staff member is immune; or
    - c) Medical evaluation shows that vaccination is contraindicated.
  3. If a staff member declines the vaccination, the staff member must sign a declination form. A staff member who declines may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the staff member's personnel record at the Human Resources Department.
  4. Vaccination will be provided by Concentra at various locations. This information is available from the Human Resources Department.
  5. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the staff member within 15 days of the completion of the evaluation. It will be limited to whether the staff member requires the Hepatitis vaccine and whether the vaccine was administered.
- G. Post-Exposure Evaluation and Follow-Up
1. Should an exposure incident occur, the staff member will contact their immediate supervisor and the Human Resources Department. A confidential medical evaluation and follow-up will be conducted immediately by Concentra.
  2. Following initial first aid, the following activities will be performed as soon as possible during or immediately following the medical evaluation:
    - a) Document the routes of exposure and how the exposure occurred;
    - b) Identify and document the source individual where permissible by law;
    - c) If the source individual agrees to provide their consent for voluntary testing and counseling at an authorized state, county, or community agency, make arrangements to have the source individual tested (where permissible by law) as soon as possible to determine HIV, HCV, and HBV infectivity. Have the source individual sign a *Consent to Release Protected Health Information (PHI)* form authorizing the disclosure of the test results from the testing site to the employee's health care provider;
    - d) If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed;

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- e) Where permissible by law, ensure that the exposed staff member 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;
- f) After obtaining consent, collect exposed staff member's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.

H. Partners in Recovery will administer the post-exposure evaluation and follow-up according to the following procedures

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1. The Director of Nursing and the Human Resources Department shall ensure that health care professional(s) responsible for the staff member's Hepatitis B vaccination, post-exposure evaluation, and follow-up are given a copy of OSHA's bloodborne pathogens standard.
2. The Human Resources Department shall ensure that the health care professional evaluating a staff member after an exposure incident receives the follow:
  - a) A description of the staff member's job duties relevant to the exposure incident;
  - b) Route(s) of exposure;
  - c) Circumstances of exposure;
  - d) If possible, results of the source individual's blood test; and
  - e) Relevant staff member medical records, including vaccination status.
3. Concentra shall provide the staff member with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.
4. Procedures for Evaluating the Circumstances Surrounding and Exposure Incident
  - a) The Director of Nursing will review the circumstances of all exposure incidents to determine:
    - i. Engineering controls in use at the time;
    - ii. Work practices followed;
    - iii. A description of the device being used (including type and brand);
    - iv. Protective equipment or clothing that was used at the time of the exposure incident;
    - v. Location of the incident;
    - vi. Procedure being performed when the incident occurred; and
    - vii. training
  - b) The Director of Nursing will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

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- c) If revisions to this ECP are necessary, the Director of Nursing will ensure that appropriate changes are made.

### III. Staff Member Training

- A. All staff members who have occupational exposure risk to bloodborne pathogens receive initial and annual training conducted by the Training and Essential Learning Department.
- B. All staff members who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens diseases. In addition, the training program covers, at a minimum, the following elements:
  - 1. A copy and explanation of the OSHA bloodborne pathogens standard;
  - 2. An explanation of our ECP and how to obtain a copy;
  - 3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident;
  - 4. An explanation of the use and limitations of engineering controls, work practices, and PPE;
  - 5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE;
  - 6. An explanation of the basis for PPE selection;
  - 7. Information on the Hepatitis B vaccine, including information on its efficacy, safety, methods of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
  - 8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
  - 9. 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;
  - 10. Information on the post-exposure evaluation and follow-up the employer is required to provide for the employee following an exposure incident;
  - 11. An explanation of the signs and labels and/or color-coding required by the standard and used at this facility; and
  - 12. An opportunity for interactive questions and answers with the person conducting the training session.

### IV. Recordkeeping

- A. Training records are completed for each staff member upon completion of training. These documents will be kept in the staff member's personnel record throughout an

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individual's period of employment, or at least two years after the last date of the individual's employment, contract service, or internship in the Human Resources Department.

- B. The training records include:
  - 1. The dates of each training session;
  - 2. The topics covered in each training session;
  - 3. The name, signature, and professional credential or job title of the individual conducting the training;
  - 4. The staff member's name, signature, and professional credential or job title;
  - 5. The duration of each training.
- C. Staff member training records are provided upon request to the staff member or the staff member's authorized representative within 15 working days. Such requests should be addressed to the Training Department.
- D. Medical records are maintained for each staff member with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- E. The Human Resources Department is responsible for maintenance of the required medical records. These confidential records are kept in Administration, Human Resources Department for at least the duration of employment plus 30 years.
- F. Staff member medical records are provided upon request of the staff member or to anyone having written consent of the staff member within 15 working days. Such requests should be sent to the Human Resources Department.
- G. OSHA Recordkeeping: An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirement (29 CFR 1904). This determination and the recording activities are done by the Human Resources Department.
- H. Sharps Injury Log
  - 1. In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
    - a) Date of the injury;
    - b) type and brand of the device involved (syringe, suture needle);
    - c) Department or work area where the incident occurred; and
    - d) Explanation of how the incident occurred.
  - 2. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

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**Associated Partners in Recovery Direct Care Clinics and Urgent Psychiatric Care Center  
Forms & Attachments**

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*Sharps Injury Log*

*Exposure Control Plan Annual Review*

*Hepatitis B Vaccination Declination Form*

*BBP Exposure Incident Form*

*Federal Bloodborne Pathogens Standard*

*Concentra Locations*

*Consent to Release Protected Health Information (PHI) – English*

*Consent to Release Protected Health Information (PHI) – Spanish*

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