**Sample Exposure Control Plan**

**Blood and Body Fluids Exposures**

There are a number of infectious substances that can be transmitted through human blood and body fluids. For the purposes of this plan, the three primary infections of concern are hepatitis B Virus (HBV), hepatitis C virus (HCV), and human immuno-deficiency virus (HIV).

When the potential for exposure to infectious substances in blood and body fluids has been identified as a workplace hazard, employers are required to develop and implement an exposure control plan for their workplace. Part 6-22 of the Government of Saskatchewan’s [Occupational Health and Safety Regulations 2020](https://publications.saskatchewan.ca/#/products/112399)specifies the informational elements that must be included in this exposure control plan. The following is a template that the home operator can use.

*NOTE: Sections in yellow need to be added to/changed/individualized for each home operator*

1. **Who could be at risk?**

In this section, identify the job positions of workers who could potentially be exposed to blood or body fluids of residents.

1. **What tasks would put the worker at risk?**

In this section, identify tasks or procedures that may put workers at risk of exposure to blood and body fluids of a resident such as giving an injection, providing personal care, cleaning.

1. **How could the staff member be exposed? What ways may an infectious material enter the body? Add or delete possible exposure types based on the workplace.**

* Percutaneous Injury (penetration of a staff member’s skin by a foreign object such as a needle)
* Contact with mucous membranes (mouth, nose, eyelids, trachea (windpipe) and lung, stomach and intestines, and the ureters, urethra, and urinary bladder) due to splashes, spitting, or spraying of saliva, vomit, or respiratory secretions
* Contact with non-intact skin (open wounds, or wounds that are newly healed or healing)

1. **Types of Infections and Blood Borne Pathogens**

|  | **Hepatitis B Virus (HBV)** | **Hepatitis C Virus** | **Human Immuno-deficiency Virus (HIV)** |
| --- | --- | --- | --- |
| Mode of Transmission | Percutaneous exposures (e.g., needle stick, intravenous injection or glucose monitoring device).  Using non sterile or shared equipment or devices).  Mucosal exposures to infected blood, body fluids and blood products. This could include bites, spitting or sexual contact. | HCV is primarily transmitted through percutaneous exposure to HCV infected blood. Transmission is most efficient through large or repeated percutaneous exposures to blood such as through injection drug use. Although less efficient, occupational and sexual exposures can also result in transmission of HCV. | HIV is transmitted from one person to another through:   * Unprotected sexual intercourse (vaginal, anal or oral) * Shared needles or equipment for injecting drugs * Unsterilized needles and/or equipment for tattooing, skin piercing or acupuncture * Pregnancy, delivery and breast feeding (e.g., from an HIV-infected mother to her infant) * Occupational exposures in health care or other high-risk settings |
| Incubation Period | 45 – 180 days, with an average of 60 – 90 days | Ranges from 2 weeks to 6 months with an average of 6 to 9 weeks | The incubation period varies on each individual’s ability to develop antibodies to HIV. Up to 90% of individuals experience symptoms within 2-4 weeks after infection. |
| Period of Communicability | All persons who are Hepatitis B Surface Antigen (HBsAg) positive are potentially infectious, from several weeks before first onset of symptoms until infection is resolved (HBsAg negative) | From one or more weeks before onset of the first symptoms; may persist in most persons indefinitely | Communicability begins early after infection and extends throughout the individual’s lifespan. Infectiousness is related to an individual’s HIV viral load (e.g., high viral load increases potential for transmission). The presence of sexually transmitted infections (STIs) can increase HIV viral load in genital secretions.  Although anti - viral drugs can reduce HIV viral loads in blood and genital secretions, individuals on drug therapy should still be considered infectious. |
| Signs & Symptoms | About half of the people infected with HBV don't develop any symptoms until their liver has already been damaged.  Symptoms of HBV infection can include some or all of the following:   * Fatigue * Loss of appetite * Fever * Nausea * Vomiting * Dark urine * Pale stools * Stomach pain * Joint pain * Jaundice (yellowing of the skin and eyes) | About 60% to 70% of people with HCV do not develop symptoms until their liver has already been damaged.  Symptoms of HCV infection can include some or all of the following:   * Fever * Tiredness * Joint pain * Dark urine * Pale feces * Stomach pain * Loss of appetite * Nausea and vomiting * Jaundice (yellowing of the skin and eyes) | Some people may not develop any symptoms immediately after being infected with HIV but may develop mild flu-like symptoms 2 to 4 weeks after becoming infected.  Common early symptoms include:   * Fever * Sore throat * Headache * Muscle aches * Joint pain * Swollen glands (lymph nodes) |
| Survival outside of host | HBV is stable on environmental surfaces in blood for at least 7 days making indirect transmission from objects contaminated with infected blood possible | HCV is relatively unstable; however, in plasma it can survive drying and environmental exposure to room temperature for at least 16 hours | HIV can remain viable in blood in syringes at room temperature for 42 days and in blood and cerebrospinal fluid from autopsies for up to 11 days |
| Disinfectants | HBV is effectively disinfected with the use of Accel or Cavicide wipes or check the disinfectant currently being used in the facility if it is approved for bloodborne pathogens. | HCV is effectively disinfected with the use of Accel or Cavicide wipes or check the disinfectant currently being used in the facility if it is approved for bloodborne pathogens. | HIV is effectively disinfected with the use of Accel or Cavicide wipes or check the disinfectant currently being used in the facility if it is approved for bloodborne pathogens. |
| Other | About 95 percent of adults will recover within 6 months of becoming infected (acute hepatitis B) and as a result will develop lifelong protection against it. The remaining 5 percent are unable to clear the virus and will become chronically infected. Chronic hepatitis B infection is treatable. | HCV can lead to liver damage, as it causes swelling (inflammation). This swelling causes scarring (fibrosis) of the liver, which affects how the organ functions. Liver scarring can worsen (called cirrhosis). This increases the risk of getting liver cancer. | Transmission of HIV infection occurs essentially through specific exposure to blood and/or body fluids from a HIV-infected person. The risk of transmission decreases when the infected person is effectively responding to treatment.  In order to be infected, the virus must have an entry point, most directly through a person's bloodstream or mucous membranes |

1. **Infection Control Measures**

Provide a description of the control measures to be used in your personal care/group/residential home in the table below. Use the Hierarchy of Controls; see sample procedures on following pages

| **Controls** | **Controls for Use in the Home** |
| --- | --- |
| Engineering: Sharps’ containers (locations), safety engineered sharps devices (availability / training), |  |
| PPE: gloves, face shield/visors/ goggles, gowns, disposable resuscitation airways |  |
| Routine Practices: point of care risk assessment, hand hygiene training and procedures, cleaning protocols |  |
| Administrative controls: policies and procedures such as cleaning spills, reporting incidents, client centered care plans, training plan |  |
| Staff Immunization program: Hepatitis A and B, tetanus, etc. |  |

1. **Limitations of Control Measures add or delete as applicable to home**

* Unsafe work practices
* Lack of on-the-job training
* Rushing, fatigue, frustration, and complacency
* Safety engineered sharp devices not being used or used improperly
* Sharps containers of the wrong size or type
* PPE not worn, or worn incorrectly
* PPE failing or breaking
* Standard handwashing precautions not being followed
* Handwashing supplies not readily accessible
* Vaccinations not available or staff refusal to obtain vaccination
* Expired immunizations

1. **Sample Procedures**

**Leak/Spill of Infectious Material** **Sample Procedure -adjust to agency**

* Spills should be cleaned up immediately.
* Appropriate PPE should be worn for cleaning up a spill. Don gloves. If the possibility of splashing exists, a visor mask or face shield with mask and gown and shoe covers should be worn.
* Remove the visible blood/body fluid with an absorbent material (e.g., disposable paper towels) and discard into a new plastic garbage bag.
* Clean or mop area with a detergent or cleaning product.
* After the area is cleaned it should be disinfected with a hospital-grade disinfectant.
* The hospital-grade disinfectant needs to be applied, following the recommended usage by the manufacturer.
* Place mop heads (if used) and any cleaning rags in the appropriate laundry.
* Place disposable PPE into the garbage bag with the contaminated paper towel or absorbent material and secure bag with tie.
* Wash hands thoroughly with soap and water, scrubbing with soap for at least 15 seconds.
* Dispose of plastic garbage bag as per agency instructions.

**Staff Exposure to Infectious Material Process Sample Procedure - adjust to agency**

1. Determine if a staff member has been exposed:

An object with blood or body fluids punctured or broke the skin of the staff member

Or

The fluid came in contact with mucous membranes (splashes into eyes, nose and/or mouth, etc.) or onto non-intact skin (healing wounds, chapped skin, etc.)

1. Determine if the fluid is capable of transmitting a blood born pathogen

These fluids are capable of transmitting blood born pathogens:

* Lab specimens containing concentrated HIV, HBV or HCV
* Blood serum, plasma or other biological fluids visibly contaminated with blood
* Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids, semen and vaginal secretions
* Saliva (HBV)
* Breast milk

These fluids are not capable of transmitting blood born pathogens

* Tears, vomit, urine, feces

1. If staff member has been exposed or believes they have been exposed:

Apply first aid and notify your supervisor.

Needle poke/sharps puncture/human bite:

* Quickly remove gloves or clothing to determine any injury to the hand(s) or affected body part
* Allow injury to bleed
* Wash the injured area well with soap and water

Splash to eyes/nose/mouth/non-intact skin:

* Flush area well with running water
* For eyes, use the nearest eye wash station

1. Report immediately to the nearest emergency department for assessment

**Safe Handling, Cleaning and Disposal of Contaminated PPE and Equipment Sample Procedure - adjust to agency**

Personal Protective Equipment

* Wash hands immediately after removing gloves or other PPE
* Remove PPE after it becomes contaminated and before leaving the work area
* Used PPE may be disposed of in the regular garbage unless it is saturated and/or dripping with BBFs in which case it should be disposed into a yellow container or plastic bag
* PPE that is identified as single use is disposed of immediately after use, as identified above

Linen - Collection and Handling

* Handle linen with a minimum of agitation and shaking
* Sorting and rinsing of linen should only occur in a linen collection area (laundry room)
* Heavily soiled linen should be rolled or folded to contain the heaviest soil in the center of the bundle. Large amounts of solid soil, feces or blood clots should be removed from linen with a gloved hand and toilet tissue and placed into a bed pan or toilet for flushing. Excrement should not be removed by spraying with water

Linen - Bagging and Containment

* Soiled linen should be bagged at the site of collection.
* To prevent contamination or soaking through, a single, leak proof bag or a single cloth bag can be used. The only indication for a second outer bag is to contain a leaking inner bag.
* Bags should be tied securely and not overfilled when transported.

Linen - Transport

* When a laundry chute is used, all linen should be bagged. The chute should discharge into the soiled linen collection area/laundry room. Laundry chutes should be cleaned on a regular basis with an appropriate disinfectant solution.
* If laundry carts are used, separate carts should be used for dirty and clean linens. Carts used to transport soiled linens should be cleaned with an appropriate disinfectant after each use.
* Clean linen should be transported and stored in a manner that prevents its contamination and ensures its cleanliness.

Washing and Drying

* If low temperature water is used for laundry cycles, chemicals suitable for low temperature washing at the appropriate concentration should be used.
* High temperature (>71.1º) are necessary if cold water detergents are not used.
* Use of a laundry detergent with bleach and a normal machine wash and dry are sufficient to clean soiled linen in areas with their own washer and dryer.

1. **Training Sample Procedure - adjust to agency**

**Identify topics for staff training:**

* Review applicable policies and procedures, and emergency response plan.
* Receive on-the-job-training for workplace processes and infection control routine practices (hand washing, personal protective equipment, cleaning, etc.).
* Receive on-the-job training on point of care risk assessment of exposure to a blood born pathogen and the signs and symptoms.
* Locations of hand washing facilities and stations, including alcohol based hand rub dispensing stations.
* Location of first aid stations and how to seek first aid.
* Training in relation to person centered plans.
* Locations of SDS information documents.

1. **Documentation Sample Procedure -adjust to agency**

Staff members shall complete and follow *facility incident reporting (insert policy name and number as applicable)* policy which will be treated as confidential. Reports shall include:

Name of all persons involved.

Contact information for all persons involved including address and telephone number if this information is not on file.

Location, department and position of the employee completing the incident report.

Date and time of the unusual occurrence.

Date and time the incident report is written.

A full and detailed description of the unusual occurrence including the factors leading up to the unusual occurrence, the actual unusual occurrence (who was involved, were others present, where did the unusual occurrence take place, what were the individuals involved doing) and a description of the response.

Any recommendations for improvement to prevent a recurrence of the unusual occurrence.

Indication of who the unusual occurrence was reported to (both internal and external) and whether it was a verbal or written report.

Date and time the incident report was provided to the manager or designate.

1. **Investigation Sample Procedure - adjust to agency**

If an employee is exposed to blood or body fluids of another person in the workplace, the employer is required to investigate to determine the route of exposure and implement measures to prevent further infection.

Staff members shall complete and follow\_\_\_\_\_ Incident Reports policy which will be treated as confidential.

The manager or designate shall sign the incident report, discuss the incident with employees and review the incident report then take appropriate corrective actions.

If there is an onsite occupational health committee, that group should be given an opportunity to review the manager’s recommendations and add their own as applicable.

If improvements or other actions are taken, the manager or designate shall document the actions taken and file the documentation with the incident report.

Appropriate WCB documentation will be completed and submitted.