

Exposure Control Policy

Approval Date: 01SEP2022

Policy Statement: It is the policy of Care Institute to preserve the health and safety of its staff and patients in the event of possible exposure incident.

Policy Purpose: To ensure compliance with local, state and federal regulations related to develop a simple plan that can help prevent exposure incidents. Additionally, this policy provides guidelines in the event of an exposure.

Identification of risk areas: contact with bloodborne pathogens (e.g., hepatitis, HIV), contact with airborne pathogens (e.g., common cold, TB), contact with surface-borne pathogens (e.g., staph infections).

Work practices designed to minimize exposure:

- Availability of personal protective equipment (PPE) – gloves, CPR mask, antimicrobial soap, (eye, nose, and mouth) shield, body fluid spill clean-up kits.
- Double-bagging via red bag and disposal procedure for hazardous waste.
- Screening individuals who come to the program.
- Requiring participants to provide health information.
- Use of universal precautions by staff.
- Sharps container provided which has biohazard label affixed.
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Behavior expected from employees to minimize risk:

- Use of PPE:
 - ✓ Gloves are used when in contact with body fluids or providing skin treatment (e.g., applying medication to poison ivy, washing a rash).
 - ✓ CPR mask is used to provide CPR/artificial respiration.

In the event of an Exposure:

- Minimum 15-second hand washing with antimicrobial soap after: removing gloves, contact with potential risk, unprotected contact with any body fluid.
- Minimum 60-second hand washing with antimicrobial soap after blood splash.
- Use of body fluid spill clean-up kit.
- 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.
- Sharps disposed of properly: no recapping of needles, all sharps (lancets, needles) placed in sharps container immediately after use, full sharps container given to Administrator for disposal through local hospital.
- Participation in education about disease control.
- Immediate reporting suspected exposure (e.g., needle stick) to supervisor and Administrator.