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| 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.   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.   + 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. |