

Bloodborne Pathogen Exposure Control Plan Clinic Handbook

<Kathryn Thomas DOM>



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Purpose

The purpose of this exposure control plan is to eliminate or minimize employee exposure to blood or certain other body fluids and to comply with OSHA Standard 29 CFR 1910.1030 50-9-1 to 50-9-25 NMSA 1978.

Exposure Determination

Categorization

At this facility the following <Corner Acupuncture> employees may incur occupational exposure to blood or other potentially infectious materials:

- a. Licensed Acupuncturists treating patients in the clinic.
- b. Clinic observers
- c. Clinic interns

Implementation Schedule and Methodology

This plan includes a schedule and method of implementation.

Compliance Methods

Kathryn Thomas will have responsibility for reviewing the effectiveness of the following compliance methods.

Universal precautions

Universal precautions will be observed at this facility to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. This includes handwashing, personal protective equipment (PPE) and isolation of infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to <Corner Acupuncture> employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized. At this facility the following engineering controls will be utilized:

1. Biohazard containers
2. Bio-safety storage area for biohazard container storage.

The above controls will be examined and maintained on a weekly basis by the <Kathryn Thomas will assume responsibility for reviewing the effectiveness of the individual controls.

Hand Washing

This is the number one defense against transmission of bloodborne pathogens. Hand washing facilities are available to the students and faculty who incur exposure to blood or other potentially infectious materials in the individual treatment rooms. The following guidelines regarding hand washing must be always adhered to:

1. Hands are to be washed with soap and running water prior to and immediately following each patient treatment and after any contamination during treatment.
2. If gloves are worn <Corner Acupuncture> employees will wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Hand washing materials will be examined and maintained on a weekly basis by Kathryn Thomas

Eye, Mucous Membrane Washing

In the event of eye exposure, an emergency eyewash fountain is in the clinic treatment area (or a bottle of AeroWash Buffered Emergency Eyewash with Eye-Opener or something similar listed here)

Eye washing materials will be examined and maintained on a weekly basis by the Kathryn Thomas

If Corner Acupuncture employees incur exposure to their skin or mucous membranes, then those areas will be washed or flushed with water as soon as feasible following contact.

Needles

The following guidelines regarding needles must be always adhered to.

1. All acupuncture needles used in the clinic are single use, pre-sterilized and disposable.
2. Reusable needles are not acceptable for use in the clinic.
3. Contaminated needles and other contaminated sharps will not be bent, recapped, removed from sharps container, sheared, or purposely broken.

Containers for sharps

Contaminated sharps must be placed into appropriate sharps containers manufactured for the purpose of Sharps containment, located in each treatment room immediately after use. (See Regulated Waste Disposal pg.5 for new OSHA standards)

Work Area restrictions

The following work area restrictions must be always adhered to:

Corner Acupuncture employees are not allowed to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the treatment rooms, consultation rooms, herbal pharmacy, or the supply storage room. The single exception is the ability to drink liquids from a container with a lid while in the consultation rooms.

1. Food and beverages are not to be kept in treatment rooms, consultation rooms, herbal pharmacy, or the supply storage room. Drinks with lids, such as water bottles, are allowed in consultation rooms only if kept on shelves, well away from consult tables.

Contaminated Equipment

Kathryn Thomas is responsible for ensuring that equipment, which has become contaminated with blood or other potentially infectious materials, will be:

1. Examined prior to servicing or shipping.
2. Decontaminated as necessary unless the decontamination of the equipment is not feasible.
3. Reusable sharps are not used at Corner Acupuncture

Personal Protective Equipment

Personal Protective Equipment Provision

All Corner Acupuncture employees giving treatments wear clean clothes and full-length lab coats or clean scrubs during all AOM treatments.

Personal Protective Equipment Cleaning, Laundering, and Disposal

The following protocol regarding the cleaning, laundering, and disposal of Personal Protective Equipment (PPE), must be always adhered to:

1. All personal protective equipment will be cleaned, laundered, and disposed of by the Corner Acupuncture. Scrubs or lab coats should be cleaned weekly (or after 5 days of total use in the clinic).
2. Corner Acupuncture will make all repairs and replacements.
3. All garments, which are penetrated by blood, must be removed immediately or as soon as feasible.
4. When personal protective equipment is removed, it must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

The following protocol regarding glove use must be always adhered to:

1. Gloves must be worn where it is reasonably anticipated that Corner Acupuncture employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes, when performing vascular access procedures and when handling or touching contaminated items or surfaces.
2. Disposable gloves used at this facility are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
3. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
4. Corner Acupuncture will ensure that appropriate gloves are readily accessible at the work site with Hypoallergenic gloves are readily accessible if needed.

Housekeeping

The housekeeping guidelines are as follows:

1. This facility will be cleaned and decontaminated according to the following schedule:

<u>Area</u>	<u>Schedule</u>	<u>Cleaner</u>
Treatment Rooms	Daily	Housekeeping staff
Restrooms	Daily	Housekeeping staff
Consultation Room	Daily	Housekeeping staff
Herbal Pharmacy	Daily	Housekeeping staff
Supply Rooms	Daily	Housekeeping staff

2. Decontamination will be accomplished by utilizing chlorine products.
3. All contaminated work surfaces will be decontaminated using the "spray, wipe, and spray" technique before each clinic shift and between treatments.
4. All bins, pails, cans, and similar receptacles will be inspected and decontaminated on a weekly basis by the housekeeping staff.
5. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. It will be disposed of in labelled biohazard bags and placed with medical waste for disposal. Medical waste clean-up kits are available for this purpose.

Regulated Waste Disposal

Sharps Disposal and Other Regulated Waste

The following guidelines must be adhered to when disposing of sharps and other regulated waste (i.e., contaminated cotton balls):

1. Contaminated sharps must be discarded immediately or as soon as feasible in biohazard containers that can be closed securely, that are puncture resistant, that are leak proof on the sides and bottom and that are labeled or color coded.
2. During use, biohazard containers for contaminated sharps will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundry).
3. The biohazard containers will be maintained upright throughout use. They are not to be overfilled. They will be closed at the end of each clinical shift and locked only when full or ready for disposal.
4. When moving biohazard containers of contaminated sharps from the area of use, the containers must be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
5. Biohazard containers must be placed in a secondary container if leakage of the primary container is possible.
 - a) The second container must be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping.
 - b) The second container must be labeled or color-coded to identify its contents as biohazardous.
6. Sharps containers must not be emptied, or cleaned manually, or used in any other manner which would expose employees to the risk of percutaneous injury.
7. Blood contaminated cotton balls should be double gloved and placed in trash receptacle. All items with more than a small amount of blood should be placed in a medical waste bag, sealed, and put into medical waste container. Because Corner Acupuncture contracts quarterly hazardous waste pick-ups, nothing may be placed in Sharps containers except medical sharps.
8. Travel Kit Sharps containers must be of the variety deemed safe for traveling and must be kept upright in the kit.
9. <A hazard control company or the use of Sharps by Pick up company> will be contracted to remove sharps containers. Used biohazard containers are temporarily stored in hazard control company-provided containers in a locked closet between pickups.

Laundry Procedures

The laundry procedures are as follows:

1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled bags at the location where it was used). Such laundry will not be sorted or rinsed in the area.
2. Laundry at this facility will be cleaned by a professional laundry service.
3. All laundry staff are required to wear gloves when handling the laundry.
4. All laundry staff is trained in working with contaminated materials.

Hepatitis B Vaccine, Post-Exposure Evaluation and Follow-up

For needle stick protocol, refer to "Self Needle Stick Protocol" (section 4.2)

Hepatitis B Vaccination

People with potential exposure to blood or other potentially infectious materials are at risk of acquiring Hepatitis B virus (HBV) infection. At <YOUR COMPANY NAME>. Employees and observers working with needles do incur this risk. Therefore, according to western medical standards, it is highly recommended that employees be vaccinated with the hepatitis vaccine. The hepatitis vaccine series takes six months to complete (three injections: the second coming one month after the first, the third coming five months after the second). It is now required, with all new HBV vaccines, to do a follow-up HBsAb test 1-2 months after vaccine series is complete to document adequate protection.

Post-Exposure Evaluation and Follow-up

All exposure incidents must be reported (on Incident Report), investigated, and documented. When the Corner Acupuncture employee incurs an exposure incident, it must be reported to the owner of Corner Acupuncture immediately.

Following a report of an exposure incident, the exposed <YOUR COMPANY NAME> employee will contact his/her physician within 24 hours and go for a medical evaluation and follow-up, including at least the following elements:

1. Date and time of exposure.
2. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
3. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
4. If the exposed individual or his/her physician deem it necessary, the source individual's blood may be tested as soon as feasible and after consent is obtained to determine HBsAg, HCV and HIV antibodies.
5. If consent is not obtained, the Corner Acupuncture Kathryn Thomas must establish that legally required consent cannot be obtained.
6. If the source individual is NOT infected with a bloodborne pathogen, further follow-up testing of the exposed individual is not necessary.
7. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.
8. The healthcare professional or testing site must make the results of the source individual's testing available to the exposed Corner Acupuncture employee and inform the Corner Acupuncture employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV, HCV and HIV serological status

Collection and testing of blood for HBV and HIV serological status will comply with the following:

The exposed Corner Acupuncture employee's blood must be collected as soon as feasible and tested after consent is obtained (preferably within 12 hours of exposure with follow-up testing as recommended by the exposed student's doctor).

Post-Exposure Evaluation

Post exposure evaluation should be handled as follows:

1. All Corner Acupuncture employees who incur an exposure incident will be offered post-exposure evaluation and follow-up at their own expense.
2. All post-exposure follow-up will be performed by a physician or testing site of the Corner Acupuncture employee's choice.

Information Provided to the Post-Exposure Follow-up Healthcare Professional

The Clinic Director will ensure that the healthcare professional responsible for the Corner Acupuncture employee's HBV post-exposure care is provided with the following:

1. A copy of the exposed person's Corner Acupuncture's Bloodborne Pathogen Control Plan.
2. A written description of the exposed Corner Acupuncture employee's duties as they relate to the exposure incident - Evaluation of Exposure Event Form.
3. Written documentation of the route of exposure and circumstances under which exposure occurred on an Incident Report/Formal Complaint Form.

Healthcare Professional's Written Opinion

The Clinic Director and the healthcare professional will assure that the Corner Acupuncture employee is provided with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. *Note: All other findings or diagnosis will remain confidential and will not be included in the written report.*

Labels and Signs

Kathryn Thomas will ensure that biohazard labels be affixed to containers of regulated waste and other containers used to store or transport potentially infectious materials.

The universal biohazard symbol will be used. The label will be fluorescent orange or orange-red.

Information and Training

The following protocol governs information and training:

1. The Clinic Director will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it will be repeated within twelve months of the previous training.
2. Training will be tailored to the education and language level of the <YOUR COMPANY NAME> student, and offered during the normal school schedule.

The training will be interactive and cover the following:

- a. A copy of the OSHA standards and an explanation of its contents.
- b. A discussion of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. An explanation of the Corner Acupuncture Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy Corneracupuncture.com
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment PPE.
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- h. An explanation of the basis of selection of personal protective equipment.
- i. Information on the HBV vaccination, including efficacy, safety, method of administration and benefits.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- l. Information on the evaluation and follow-up required after an employee exposure incident.
- m. An explanation of the signs, labels, and color-coding systems.

The person conducting the training will be knowledgeable in the subject matter.

Corner Acupuncture employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy will only receive training in provisions of the policy that were not covered.

Additional training is provided to Corner Acupuncture employees when there are any changes of tasks or exposure procedures.

Record Keeping

Medical Records

The Clinic Director is responsible for maintaining medical records as indicated below. These records are kept in the office of the Acupuncture Physician Kathryn Thomas. These records are kept confidential and include the following:

1. The name and social security number of the Corner Acupuncture employee.
2. A copy of the Corner Acupuncture employee's HBV vaccination status, including the dates of vaccination and follow up antibody test (if vaccine administered after January 2016).
3. A copy of all results of examinations, medical testing, and follow-up procedures regarding an exposure incident.
4. A copy of the information provided to the healthcare professional, including a description of the <YOUR COMPANY NAME> employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Training Records

Kathryn Thomas is responsible for maintaining the following training records. After being trained as stated in the Information and Training section above, all employees "Bloodborne Pathogen Exposure Control Training Statement" (see section 4.1). These records will be kept in the office of the Administrative Director.

Training Records are maintained for three years from the date of the training. The following information will be documented:

1. The dates of training sessions.
2. An outline describing the material presented.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training sessions.

Transfer of Records

If this facility is closed and there is no successor to receive and retain the records for the prescribed period, the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services will be contacted for final disposition.

Evaluation and Review

Kathryn Thomas is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

Modified Task Determination Chart

TASK	Lab Coat or Scrubs	Gloves	Eye Mouth Nose	Utility Gloves	Hemostat or Tweezers	Auto-clave or Sporox	Plastic Brush & Dustpan	Notes
Needle Insertion	X ¹							
Needle Removal	X							
Bleeding	X	X						
Bleeding Vascular Spider Nevi	X	X						
Plum Blossom	X	X						
Gua Sha	X					X ⁴		
Bloodletting/ Cupping	X	X	X ²			X ⁴		be prepared for blood
Pick Up Dropped Needle	X	X			X			
Disinfecting	disposable cover or apron		if disinfectant sprayed	X				
Bloodletting Cotton ball	X	X						Dispose of in medical waste bag
Blood Spill	X		X	X				use absorbent material ⁵
Broken Glass	X			X	X		X	

General procedures:

- Hand washing must be performed before and after each treatment and before needle insertion.
- Check fullness of biohazard containers weekly so it does not become overfilled.

Notes:

1. The clinic coat or surgical scrubs are your protective equipment and need to be worn when performing the tasks in Column I for all patients. All cuts or wounds on hands of practitioner must be covered with gloves.
2. Technically important to prevent exposure due to aerosolization of blood.
3. Only for a significant amount of blood.
4. Reusable Gua sha tools and glass cups should be washed in soap and water then autoclaved or sterilized in Sporox solution after each use. They must then be placed in a clean closed container that prevents recontamination.
5. If a cotton ball has a significant amount of blood, it should be placed in a medical waste bag.

Bloodborne Pathogen Exposure Control Training Statement

Clinic observers and interns have a potential for exposure to blood or other potentially infectious materials and are at risk of acquiring bloodborne pathogens, including but not limited to HBV and HIV/AIDS. Therefore, as part of the Bloodborne Pathogen Exposure Control Plan, students, clinical supervisors and staff are trained on an annual basis. This training addresses the risks and hazards of exposure, and the problems arising from exposure. Once you have received this training, **please initial below:**

I have listened to and understood the Bloodborne Pathogen Exposure Control Training and have had my questions answered to my satisfaction.

People with potential exposure to blood or other potentially infectious materials are at risk of acquiring Hepatitis B virus (HBV) infection. Therefore, according to western medical standards it is highly recommended that these people be vaccinated with the Hepatitis B vaccine.

The Hepatitis B vaccine series takes six months to complete (three shots: the second coming one month after the first, the third coming five months after the second) [with an antibody check 1-2 months after completion of the series. New OSHA standard for HBV vaccines received after January 2016.].

Once you have received the Bloodborne Pathogen Exposure Control Training, understood its content, and had any questions you may have had concerning bloodborne pathogens answered to your satisfaction, **please initial one** of the following statements and sign below:

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus infection. It has been strongly recommended to me that I be vaccinated with Hepatitis B vaccine during the time that I am a student or clinical supervisor at <YOUR COMPANY NAME>. 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.

Please note: this declination statement can only be signed by the student or clinical supervisor following appropriate training regarding Hepatitis B, Hepatitis B vaccination, and the efficacy, safety, method of administration, and benefits of vaccination.

_____ I have already received the Hepatitis B vaccine series.

Dates vaccine received _____ AB checked: _____

Name (please print) Kathryn Thomas
Signature Kathryn Thomas Date 6/20/23