

CareMate Home Health Care, Inc.
2236 Marshall Avenue
St. Paul, MN 55104

Exposure Control Plan

Policy

CareMate Home Health Care, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist CareMate Home Health Care, Inc. in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
 - A. Universal precautions
 - B. Engineering and work practice controls
 - C. Personal protective equipment (PPE)
 - D. Housekeeping
3. Hepatitis B vaccination
4. Post-exposure evaluation and follow-up
5. Communication of hazards to employees and training
6. Recordkeeping
7. Procedures for evaluating circumstances surrounding exposure incidents

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

Program Administration

- Tim Koran, Administrator, is responsible for implementation of the ECP. Tim Koran will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact Tim at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104; or by phone 651-659-0208; or by e-mail at t-koran@carematehomehealthcare.com.
- Those employees 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 ECP.

- Kay Benschop, Director of Nursing (DON) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Kay Benschop, DON will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact Kay at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104; or by phone 651-659-0208; cell phone 651-775-2607 or e-mail at k-benschop@carematehomehealthcare.com.
- Tim Koran, Administrator, will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact Tim at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104; or by phone 651-659-0208; or by e-mail at t-koran@carematehomehealthcare.com.
- Tim Koran, Administrator, will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact Tim at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104; or by phone 651-659-0208; or by e-mail at t-koran@carematehomehealthcare.com.

Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Homemakers (HMKR), Personal Care Attendants (PCA), Nursing / Private Client Homes Home Health Aides (HHA), License Practical Nurses (LPN) and Registered Nurses (RN)

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Job Title	Department / Location	Task / Procedure
Homemaker	Nursing	Handling Regulated Waste
PCA / HHA	Nursing	Handling stool, urine specimens
LPN / RN	Nursing	Handling sharps, blood, stool, urine, specimen

NOTE: Part-time, temporary, contract and per diem employees are covered by the standard.

Methods of Implementation and Control

Universal Precautions

All employees will utilize universal precautions. Medical history and examination cannot always reliably identify all clients infected with HIV or other blood-borne pathogens; therefore, blood and body fluid precautions will be consistently used for all clients, not only those with known infection. This approach to universal Body Substance Precautions provides health care worker protection while maintaining client care and confidentiality.

1. Pregnant health care workers are not known to be at greater risk of contracting HIV, Cytomegalovirus or Hepatitis B infection than other health care workers that are not pregnant; however, if a health care worker develops these infections during pregnancy, the infant is at risk for infection resulting from perinatal transmission. Due to this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV, Cytomegalovirus or Hepatitis B infection.
2. This policy applies to all departments and employees, students and volunteers who have client contact.

DEFINITIONS OF BLOOD AND BODY SUBSTANCES

Any moist substance from a client's body. Bloodborne pathogens are bacteria and viruses that live in blood and other body fluids. Bloodborne pathogens can live in blood, semen, vaginal fluids, saliva, sweat, tears or vomit that's visibly contaminated with blood.

MANDATORY PREVENTATIVE MEASURES WHEN DEALING WITH CLIENT'S BLOOD AND BODY SUBSTANCES

1. Gloves must be worn when touching or handling:
 - A. Blood and body substances
 - B. Mucous membrane
 - C. Non-intact skin
 - D. Items or environmental surfaces soiled with blood or body substances
 - E. When performing venipuncture and other vascular access procedures
2. All skin and environmental surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.
3. Reusable equipment must be disinfected after each use.

4. Hands must be washed after each client contact.
5. Hands must be washed immediately after removing gloves.
6. The Needle Disposal Policy must be followed.
7. Staff are advised to wear masks, protective eyewear and / or gown during procedures which are likely to generate splashes or droplets containing blood or other body fluids.
8. This information will be disseminated to all employees during orientation.

Action	Rationale / Precautions
9. Wear gloves when: <ul style="list-style-type: none"> A. handling blood <ul style="list-style-type: none"> I. performing venipuncture II. performing any other vascular access procedures III. participating in any invasive procedure B. when touching mucous membranes, such as nasal, oral, vaginal, anorectal C. touching non-intact skin D. handling items or environmental surfaces If specimen is contained in an impervious bag, gloves are not necessary. <ul style="list-style-type: none"> I. contaminated materials and equipment II. instruments and other equipment and supplies III. furniture, floors IV. laboratory specimens 	1. Gloves act as a barrier against non-needle stick injuries from exposure to body substances of clients, which may contain infectious agents.
10. Wash hands with soap and water <ul style="list-style-type: none"> A. immediately after each client contact, or contact with a body substance whether or not you have been wearing gloves B. immediately after removing gloves 	To prevent the spread of infection. Gloves can give a false sense of security.

C. immediately and thoroughly if contaminated with client's blood or body fluids

Prolonged exposure to blood and body fluids of infected clients has been implicated in infections and seroconversions of health care staff.

- I. when unanticipated exposure occurs while not wearing gloves
- II. when a glove is torn
- III. when a needle stick or other injury occurs

11. Wash other skin and environmental surfaces immediately and thoroughly if contaminated with blood or body fluids. Infection control method to prevent the spread of infection.

12. Wear masks during procedures that are likely to generate droplets or splashes of blood or other body fluids. Mucous membrane and broken skin exposures to the blood of the infected client have been implicated in the seroconversion of health care staff.

13. Also wear protective eyewear, gowns or goggles during procedures that are likely to generate droplets or splashes of blood or other body fluids. To prevent mucous membrane exposure to the eyes.

14. Appropriate disposal of contaminated materials and equipment.

- A. Discard gloves, gowns, masks, dressings and other protective gear in properly labeled containers. Never reuse them.
- B. Dispose all needles, syringes and razor blades in designated sharps containers.

15. Exposure to a communicable disease must be immediately reported to CHHCI office.

- A. Employee must seek immediate medical attention.
- B. Employee must follow Employee Exposure Policy.

Note: All personal protective equipment that you may need are available in the office at all times.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Tim Koran, Administrator. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Tim Koran, Administrator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

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:

Sharps disposal containers are inspected and maintained or replaced by Kay Benschop, DON every month or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through the review of OSHA records, employee interviews, and committee activities.

New procedures, suppliers and / or new products regularly are evaluated by Kay Benschop, DON. They are reviewed by the CareMate management team at its bi-weekly meetings. Kay Benschop, DON, will ensure effective implementation of these recommendations and disseminates the new procedures and / or products at her quarterly nurse meetings.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by Kay Benschop, DON, in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

1. Disposable gloves
2. Face Masks
3. Goggles
4. Gowns

PPE are available at each client's private home if the client is incontinent. If PPE are not at the client's private home, additional PPE is located at CareMate Home Health Care, Inc., 2236 Marshall Avenue, St. Paul, MN 55104 and may be obtained through Kay Benschop, DON or Tim Koran, Administrator. Call 651-659-0208 to arrange pick up of the PPE.

All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. Remove PPE after it becomes contaminated, and before leaving the work area.
3. Used PPE may be disposed of in properly labeled containers. If properly labeled containers are not located at the client's private home you should double bag the contaminated PPE and bring to the CareMate Home Health Care, Inc. office for proper disposal in the properly labeled container.
4. Wear appropriate gloves when it can be 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.
5. 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.
6. Never wash or decontaminate disposable gloves for reuse.
7. 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.
8. 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.

The procedure for handling used PPE is as follows:

Use Gloves Properly

Disposable gloves are the most commonly used protective item for obvious reasons—your hands are the most likely part of your body to come in contact with another person's blood or body fluids. Some people are allergic to traditional latex gloves, so your employer must provide hypoallergenic or powder less gloves as an option.

Some techniques for using gloves include:

1. **Before you put gloves on, check to make sure they're 100 percent intact.** They can break down if exposed to temperature extremes, and then they won't help anybody.
2. **Remove disposable gloves as soon as possible** after they're contaminated, or if they become torn or punctured.
3. **When you remove gloves, use caution.** Peel off the first glove and hold it in your still-gloved hand. Then, with your uncovered fingers, peel off the remaining glove from the inside, being careful not to touch the glove's exterior.

4. **Always wash your hands immediately after removing gloves**, or use antiseptic cleansers and wash at the first opportunity.
5. **Discard gloves and other protective gear in properly labeled containers.** Never reuse them.

The same precaution should be taken when removing other protective gear, which may require you to put on a fresh pair of gloves to finish the job. Normal procedure is to dispose of the PPE once it has been contaminated. However, some face shields, eye protection and resuscitation equipment may be cleaned and decontaminated if approved by Kay Benschop, DON.

After an incident involving blood or OPIM, people may enter a potentially contaminated area without realizing the danger it poses. However, as long as there's blood or OPIM present, or if the blood or OPIM has been removed but the area hasn't been disinfected, bloodborne pathogens could still be present.

That's why only a person trained in bloodborne pathogen hazards should be allowed into the area, and it should be decontaminated as soon as possible.

The typical decontamination method you should use is as follows:

1. **Prepare for clean-up** the same way you would prepare for helping an injured person—put on gloves, and as needed, a face mask, goggles and maybe a gown.
2. **Tape off the area**, so other employees know to avoid it.
3. **Don't mop up blood or OPIM or attempt to wipe it up**—you'll risk splashing and spreading it around. Instead, first use an absorbent, then collect the material with a broom and dustpan and deposit it in a designated biohazard receptacle.
4. **Once the blood or OPIM is removed, decontaminate the area** using a disinfectant capable of destroying bloodborne pathogens: either an EPA-approved disinfectant, or a fresh mix or one part household bleach and 10 parts water.
5. **Disinfect items that have been exposed to blood or body fluids** in a sink dedicated to industrial use—*never* use a break room or bathroom sink.
6. **Clean and disinfect the sink.**
7. **Properly remove and dispose of your protective gear.**

Housekeeping

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.

The procedure for handling sharps disposal containers is to keep them upright.

The procedure for handling other regulated waste is to place the waste in a red bag with a biohazard label. If this is not available, double bag the waste until proper disposal is available.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in each client's private home. If the sharps disposable container is filled to its capacity, call Kay Benschop, DON, to request a new container sent out.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Laundry

Clothing worn by CareMate Home Health Care, Inc. staff that has been contaminated with blood and / or OPIM will be laundered by CareMate Home Health Care, Inc.

Laundering will be performed by G & K Services. Bring the contaminated laundry in a red bag and labeled to G & K Services located at 685 Olive Street, St. Paul, MN 55130. Their phone number is 651-885-7000. G & K Services may offer closer locations if available.

The following laundering requirements must be met:

1. Handle contaminated laundry as little as possible, with minimal agitation
2. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags or bags marked with the biohazard symbol for this purpose.
3. Wear the appropriate gloves, face masks, goggles and / or gowns when handling and /or sorting contaminated laundry.

Labels

The following labeling methods are used in this facility:

Container Labeling

Tim Koran, Administrator, will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify Tim Koran if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

Tim Koran will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address. He will also ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning.

We are using an in-house labeling system. Tim Koran, Administrator, will review the company labeling procedures every year and will update labels as required.

Equipment to be Labeled	Label Type (size, color)
Specimens	Container
Contaminated laundry	Red bag, biohazard label

Hepatitis B Vaccination

Kay Benschop, DON, will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at CareMate Home Health Care, Inc. located at 2236 Marshall Avenue, St. Paul, MN 55104; or by phone 651-659-0208.

Vaccination will be provided by your personal choice of health care professional.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, contact Kay Benschop, DON or Tim Koran, Administrator at 651-659-0208.

An immediately available confidential medical evaluation and follow-up will be conducted by your personal choice of health care professional. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document the routes of exposure and how the exposure occurred.
2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
4. If the source individual is already known to be HIV, HCV and /or HBV positive, new testing need not be performed.
5. Assure that the exposed employee 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 (e.g., laws protecting confidentiality).
6. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
7. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-up

Kay Benschop, DON ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Kay Benshop, DON ensures that the health care professional evaluating an employee after an exposure incident receives the following:

1. A description of the employee's job duties relevant to the exposure incident
2. Route(s) of exposure
3. Circumstances of exposure
4. If possible, results of the source individual's blood test
5. Relevant employee medical records, including vaccination status

Kay Benshop, DON provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for evaluating the circumstances surrounding an exposure incident

Kay Benschop, DON will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed
3. A description of the device being used (including type and brand)
4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. Location of the incident (O.R., E.R., patient room, etc.)

6. Procedure being performed when the incident occurred
7. Employee's training

Kay Benschop, DON will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If it is determined that revisions need to be made, Tim Koran, Administrator will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by Tim Koran, Administrator. Each employee will watch the "Bloodborne Pathogens Exposure in the Workforce" DVD. They will then take the Bloodborne Pathogen Quiz associated with the DVD. Lastly, they will have the opportunity to ask questions that they may have.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

1. A copy and explanation of the 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, method 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 that 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
12. An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at CareMate Home Health Care, Inc. located at 2236 Marshall Avenue, St. Paul, MN 55104.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104.

The training records include:

1. The dates of the training sessions
2. The contents or a summary of the training sessions
3. The names and qualifications of persons conducting the training
4. The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Tim Koran, Administrator.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Tim Koran, Administrator, is responsible for maintenance of the required medical records. These confidential records are kept at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104 for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Tim Koran at CareMate located at 2236 Marshall Avenue, St. Paul, MN 55104

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Tim Koran, Administrator.

Sharps Injury Log

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:

1. The date of the injury
2. The type and brand of the device involved

3. The department or work area where the incident occurred
4. An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Hepatitis B Vaccine Declination (MANDATORY)

The following statement is given to all employees of CareMate Home Health Care, Inc. and is placed in their employee file.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) _____ Date: _____