

Policy:

Associates should be familiar with the Community's Exposure Control Plan and follow the guidelines contained therein in all applicable situations.

Procedure:

1. The Executive Director is responsible for implementing the Exposure Control Plan.
2. The Executive Director and Health and Wellness Director will:
 - Eliminate or minimize associate occupational exposure to blood or other body fluids.
 - Identify associates who may be exposed to blood or other potentially infectious materials while performing their regular job duties.
 - Provide associates exposed to blood or other potentially infectious materials with information and training (a copy of this plan is available to all associates at the Community).

Exposure Determination:

3. The following positions are the most likely to be exposed to blood or other potentially infectious materials:
 - Licensed Nurse
 - Medication Technician
 - Certified Nurse Assistant
 - Resident Care Giver
 - Housekeeper
 - Laundry Aid
4. Associate tasks and procedures that have the potential for exposure to blood pathogens include:
 - Assisting residents with perineal care
 - Handling soiled clothing and linens
 - Wound care
 - Assisting Residents with health-related tasks, such as catheter care, ostomy care, skin care, medications for residents' eyes, ears, nose and inhalers
 - Handling sharps (e.g., razors, needles, lancets, etc.)
 - Cleaning and disinfecting resident bathrooms, whirlpools, showers, and other areas that have been soiled by potentially infectious body fluids
 - Emptying urinals or commodes
5. Administrative, maintenance, food service, and programming associate positions are not likely to incur occupational exposure to blood or other potentially infectious materials.

Information and Training:

6. Exposure Control Plan training is provided to associates during orientation and annually. If an associate's job responsibilities change to a position of potential occupational exposure, Exposure Control Plan training is provided
7. Exposure control training includes:
 - Review and provide a copy of the Community Exposure Control Plan
 - Review activities that may involve exposure, including defining what constitutes an exposure incident
 - Review types, uses, location, removal, handling, decontamination, and disposal of Personal Protective Equipment (PPE).
 - Review signs, labels, and color-coding.
 - Review Hepatitis B vaccine information
 - Instruction on the appropriate actions in the event of an emergency involving blood or other potentially infectious blood and body fluids
 - Procedures to follow if an exposure incident occurs
 - Questions and answers with the person conducting the training

Universal Precautions—Infection Control:

8. To minimize the risk of exposure, associates will demonstrate the concept of universal precautions, which includes hand washing and use of personal protective equipment.
 - Associates should consider All body fluids as potentially infectious.
 - All instruments, surfaces, and materials that have the potential to be contaminated with blood or body fluids materials should also be treated as potentially infectious.

Hand Washing Guidelines:

9. Hand washing sinks are available in convenient locations for associates. Eyewash stations are also readily available.
10. Hand-washing signs are posted in all public and associate restrooms and all hand-washing stations.
11. Associates should wash their hands immediately and thoroughly using soap and hot water for 20 seconds in the following situations:
 - After any contact with blood or other potentially infectious body fluids or materials, or after contact with items that may have been contaminated by blood or other body fluids.
 - Before assisting a Resident with a task that may involve contact with blood or body fluids (e.g., assisting with eye medications, catheter care, or incontinent care).
 - After removing personal protective equipment (such as gloves, gowns, etc.).
 - Before handling items in the food preparation and handling area.

- Before and after handling medications and treatments.
 - After using the toilet.
 - After wiping down surfaces or any other housekeeping task.
 - Before and after work.
 - Before and after eating, drinking, or smoking.
 - After covering mouth for sneezing or coughing.
 - After caring for or handling animals
12. When hand washing facilities and/or supplies are not immediately available, associates may use a hand sanitizer in place of hand washing. When a sanitizer is used, wash hands with soap and water as soon as possible.
13. Associates must also wash ANY skin that encounters blood or other potentially infectious materials as soon as possible following the contact. Flush eyes for a minimum of 15 minutes using the designated eyewash station.

Personal Protective Equipment:

14. The Community provides appropriate personal protective equipment (PPE) for associates use when there is the potential for exposure to blood or other potentially infectious material. Such equipment must include exam gloves, utility gloves, gowns, masks, and goggles.
15. Use appropriate personal protective equipment during any task that involves the potential for skin contact with any of the following substances:
- Blood
 - Urine
 - Feces
 - Semen
 - Tears
 - Saliva
 - Mucous
 - Vaginal secretions
 - Other body fluids
16. The Community is responsible for the cleaning or disposal of Personal Protective Equipment, as well as the repair and replacement of Personal Protective Equipment, at no cost to the associate.
17. Associates are expected to remove all protective garments penetrated by blood or other potentially infectious materials as soon as possible. Associates must remove all PPE prior to leaving the work area and must place the PPE in the designated container(s) for storage, washing, decontamination or disposal.
18. All associates are required to use personal protective equipment appropriately. Continued failure to use PPE will result in disciplinary action that may include employment termination.

Disposable Gloves:

19. Disposable gloves must be worn when associates are likely to have hand or contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, and when handling or touching potentially contaminated items or surfaces. Disposable gloves must be worn when associates:
- Touch blood or bodily fluids
 - Touch Residents when delivering hands-on care that may involve bodily fluids (e.g., bathing, incontinent care, oral hygiene, etc.).
 - Touch the non-intact skin of Residents (e.g., applying a topical medication, applying a bandage, etc.)
 - Handle items or surfaces soiled with blood or body fluids
 - Handle soiled laundry
 - Clean a Resident's Apartment (in this case utility gloves may be used instead of disposable gloves).
20. The Community must provide hypoallergenic gloves, non-latex gloves, glove liners, or powder-less gloves for associates who are allergic to latex.
21. Associates should remove, dispose and don a clean unused pair of disposable gloves as soon as possible when contaminated with blood or other potentially infectious material, or if they are torn, punctured, or when the gloves' ability to function as a barrier is compromised.
22. Disposable gloves are never washed or decontaminated for re-use (utility gloves may be decontaminated if they show no signs of wear).
23. Associates should follow these guidelines when removing disposable gloves:
- Immediately and thoroughly wash your hands after removing the gloves.
 - If the gloves are contaminated with any body fluids (e.g., urine, feces, blood, emesis, etc.), they may be disposed of in a Resident's Apartment ONLY if the trash is immediately removed from the Apartment and disposed of appropriately. Otherwise, dispose of the used gloves in a sealed plastic bag and remove the bag from the Apartment.
 - If gloves are saturated (i.e., dripping) with blood or other potentially infectious materials, they should be placed in a secured plastic bag and disposed of immediately in a biohazard container.
 - If the gloves are dry (i.e., are not contaminated with any body fluids), the gloves may be turned inside out, wrapped in themselves, and disposed of in the Resident's trash.

Other Personal Protective Equipment:

24. Other types of personal protective equipment (i.e., gowns, masks, goggles) should be used by associates if soiling or splattering is likely to occur while performing a task or cleaning up a spill.

25. Place used disposable gowns, masks, or other types of personal protective equipment in a plastic bag at the place of removal (e.g., Resident's Apartment) and placed in a trash container immediately.
26. If disposable personal protective equipment is saturated (i.e., dripping) with blood or other potentially infectious materials, place the article(s) in a secure bag and immediately dispose of in the biohazard container.
27. Decontaminate the following with an appropriate germicidal disinfectant, as soon as feasible after use: re-usable masks, goggles, face shield, utility gloves, or other non-disposable personal protective equipment that comes with contact/exposure to blood or other potentially infectious materials.
28. Discard non-disposable personal protective equipment if it is cracked, peeling, torn, punctured, exhibits other signs of deterioration or when its ability to function as a barrier is compromised.
29. Masks are worn by associates when the associate has a cold or URI and has close Resident contact, or if a Resident has an infectious condition that requires use of a facial mask.

When Performing Resident Care / Health-Related Tasks:

30. The guidelines outlined above for hand washing and wearing disposable gloves must be followed by associates performing resident care and/or health-related tasks for Residents.
31. Associates must wear other types of personal protective equipment (i.e., gowns, masks, shoe covers, goggles) if soiling or splattering is likely to occur while performing a task.
32. Associates that have open, draining lesions or weeping dermatitis must refrain from direct Resident contact and from handling Resident-care equipment until the condition is resolved.
33. Associates with an infectious disease must not work until the infectious stage is corrected or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent.
34. Dispose of supplies used in providing personal care or health-related services (e.g., cotton balls, dressings, bandages, colostomy bags, etc.) in a regular trash container, unless they are saturated (i.e., dripping) with blood or other potentially infectious materials.
35. Place supplies saturated (i.e., dripping) with blood or other potentially infectious materials in a secure bag and dispose of them in the biohazard container.

When Handling Laundry:

36. Associates should wear disposable gloves when handling laundry. In addition, when handling soiled laundry (i.e., laundry that is wet with any body fluid such as urine, feces, vomit, blood, etc.).

Associates will:

- Wear a protective gown, goggles, shoe covers, mask and gloves as appropriate, if splattering or soiling is likely.
- Place the soiled laundry in a secure bag at the place of use (e.g., Resident's Apartment) and immediately take it to the laundry room.
- Handle the laundry as little as possible.
- Wash the soiled laundry immediately (if this is not possible, store the soiled laundry in a secure plastic bag in a separate, covered container that is labeled for soiled laundry in the laundry room until it can be washed).
- Infectious laundry must be stored in the red biohazard container.

37. When washing soiled laundry (laundry that is wet with any body fluid such as urine, feces, vomit, blood, etc.) associates will:

- Ensure that the soiled laundry is washed separately from all other laundry
- Wash the soiled laundry with a disinfectant and on the hottest water setting

When Performing Housekeeping/Maintenance Tasks:

38. Associates should always wear gloves when providing housekeeping services in Resident Apartments (these may be utility gloves instead of disposable gloves).

39. Associates should wear goggles and utility gloves when using chemicals to clean.

When Performing Dining Service Tasks:

40. Associates will wear gloves when handling ready-to-eat foods.

41. Associates should wear goggles and utility gloves when using chemicals to clean.

When Cleaning up Contaminated Surfaces:

42. Immediately or as soon as is feasible, clean and decontaminate using an appropriate germicidal disinfectant, all surfaces (e.g., counters, floors, carpets) that have exposure to blood or body fluids.

43. Decontaminate bins, pails, and cans on a regular basis and whenever visibly contaminated with blood or potentially infectious materials.

44. Place disposable items used to clean (e.g., paper towels, gloves) in a plastic bag at the place of use and dispose of them in a trash container immediately. If items are saturated (i.e., dripping) with blood or other potentially infectious materials, put the item(s) in a secure bag and dispose of them in a biohazard container.

45. Launder non-disposable items used to clean contaminated surfaces (e.g., cloth towels, sponges, brushes, etc.) following procedures for soiled laundry or clean and decontaminate immediately or as soon as feasible with a germicidal disinfectant.

46. Any broken glassware that may be contaminated with blood or other body fluids should not be picked up by hand. Rather, tongs, forceps or a brush and dustpan must be used.
47. Clean large blood spills or other spills of other potentially infectious materials using the contents of a Spill Kit, in accordance with instructions included with the Spill Kit. If a spill kit is not available, the following procedures should be followed:
- Put on gloves (utility gloves may be needed). Other personal protective equipment, such as a gown, goggles, shoe covers.
 - Wipe up the spill with dry paper towels.
 - Disinfect the area with a germicidal disinfectant.
 - Wipe up the disinfectant and clean the disinfected area.
 - Place the gloves and paper towels, shoe covers in a secure bag and dispose of in the biohazard container.
 - Wash goggles with a disinfectant, rinse dry and store appropriately
 - Wash hands appropriately.

When Cleaning Contaminated Equipment:

48. Equipment exposed to blood or bodily fluids must be cleaned and decontaminated using an appropriate germicidal disinfectant immediately or as soon as possible.

Food and Drink in the Workplace:

49. Associates must not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where a potential for contamination with infectious materials exists.
50. Do not keep food or drink in refrigerators, freezers, shelves, cabinets, countertops or bench tops where infectious materials may be present.

Hepatitis B Vaccination:

51. The Community will offer the Hepatitis B vaccination for associates at no charge to the associate.
- The Community will offer a three-injection vaccination series for associates
 - The vaccine will be offered as part of the associate's initial orientation or within ten days from date of hire
 - A Hepatitis B Vaccination Option form is completed by associates to indicate their acceptance or decline of Hepatitis B Vaccination
 - Associates that elect the vaccination are referred to a healthcare provider designated by the Community for the three-injection series. The associate is responsible for scheduling the required appointments with the designated provider.
 - The second injection should be given one month after the first injection, and the third injection six months after the initial dose. To ensure immunity, the three injections are required
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- If an associate initially declines the vaccination series and later wishes to receive the vaccinations, the Community will provide the series at to the associate. In this case, the associate will complete another Hepatitis B Vaccination Option form.
- If associates experience an exposure incident to HBV (e.g., a needle stick), a confidential medical evaluation and appropriate follow-up from a licensed health care professional is required.

Sharps:

52. Sharps containers are used for disposal of sharp objects used by or for Residents, i.e. lancets, syringes, medication vials and needles.
- Never bend, shear, remove, or recap contaminated needles and other contaminated sharps (e.g., syringes).
 - Place contaminated sharps, as soon as possible after use, in containers designated for the storage of sharps.
 - Associates must never reach into a sharps container. In addition, associates should never open, empty, or clean sharps containers.
 - Keep sharps containers in a secure location in the Apartment of Residents who use sharps on a regular basis if safe to do so.
 - Sharps used for Residents with cognitive impairment are disposed of immediately in the sharps container secured on the medication carts
 - When a sharps container is $\frac{3}{4}$'s full, it is secured in the biohazard box or other designated location until it can be picked up by the regulated waste management company.
 - If any chance of leakage from the sharps container exists, place it in a secondary container that is closable, labeled or color-coded and leak-resistant.

Post-Exposure Procedures:

53. When an associate has an exposure to HBV, HIV, or another infectious condition, post-exposure follow-up procedures must be followed to assure that the necessary evaluation and treatment is received by the associate.
54. An exposure incident is any occurrence that results in the transfer of blood or potentially infectious body fluids to intact or non-intact skin, including a contaminated needle stick, exposure to mucous membranes, exposure to non-intact skin with large amounts of blood, and/or prolonged contact with blood.
55. If an exposure incident occurs, notify the Executive Director and the Health and Wellness Director immediately.
56. The Executive Director will complete an Associate Injury Report detailing the circumstances of the incident, and then send a copy to the worker's compensation carrier, Human Resources and compliance@validusseniorliving.com.

57. The Executive Director will counsel the associate about the exposure event, the potential risks and refer the associate for a confidential post-exposure evaluation by a healthcare provider designated by the Community. The Community is responsible for the expense of the healthcare evaluation. The healthcare evaluation is completed immediately after the exposure.
58. The healthcare professional performing the evaluation must provide a written opinion regarding the evaluation and any required associate follow-up for the associate.
59. The Executive Director will ensure healthcare provider care documentation and diagnostic results related to the exposure are maintained in the associates' personnel medical file as well as information obtained from the healthcare professional evaluation.
60. The Executive Director will complete an Associate Accident / Exposure Incident Investigation Report, interviewing all involved parties regarding the exposure to obtain as much information as possible. A copy of the report will be submitted to Human Resources and compliance@validusseniorliving.com

Record Keeping:

61. The Executive Director is responsible for maintaining the following occupational exposure:
 - Associate name and social security number
 - Hepatitis B vaccination status (including dates)
 - Results of any examinations, medical testing and follow-up procedures
 - A copy of the healthcare professional's written opinion
 - A copy of the information provided to the healthcare professional
 - Maintain medical records for the duration of associate's employment plus 30 years
 - Make medical records available upon request to the subject associate, anyone with written consent of the associate, and OSHA
 - Disposal of records must be in accordance with OSHA's standard covering access to records
62. The Community will maintain all records regarding training on exposure control for 3 years. These records must include:
 - The date of the training session
 - The contents (or a summary) of the training program
 - The trainer's name and qualifications
 - Names of all persons attending the session

Disposal of Hazardous Waste

63. The Community maintains a contract with a waste management company to dispose of sharps and biohazard containers.

64. The waste management company will supply the biohazard containers that are stored in a designated locked room. The containers are also used for disposing of any items or materials that are saturated (i.e., dripping) with blood or other bodily fluids, excluding urine, feces, sweat, and tears, unless these fluids contain visible signs of blood.

65. Biohazard containers must be:

- Closeable and leak proof.
- Constructed to contain all contents during handling, storage, transport or shipping.
- Labeled or color-coded in accordance with OSHA regulations.
- Closed prior to be removal.
- Placed in a secondary container if outside contamination of the first container occurs.
- Disposed of in accordance with all applicable regulations.
- Kept in a secure, locked location.