CEDAR VALLEY SERVICES, INC./SMART
EXPOSURE CONTROL PLAN

In accordance with the OSHA Blood borne Pathogens standard, 29 CFR 1910.1030, the following control plan has been developed:

A. EXPOSURE DETERMINATION

1. OSHA requires employers to perform an exposure control determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

- **a.** Direct Support Professional
- **b.** Job Coach
- **c.** Community Site Supervisor
- **d.** Production Supervisor
- **e.** Program Supervisor
- **f.** Production Coordinator
- **g.** Designated Employment Specialist
- **h.** Designated Coordinator
- **i.** Designated Manager
- **j.** Residential Assistant
- **k.** Residential Supervisor
- **l.** Secretary
- **m.** *Other site-specific classifications are noted in site-specific plans.

2. In addition, if the employer has job classifications in which some employees may have occupational exposure, then a listing of those classifications is required. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employee in these categories are considered to have occupational exposure. The job classifications/procedures and associated tasks/procedures for these categories are as follows:

Job Classification	Task
a. Manager	Emergency Assistance
b. Director	Emergency Assistance

B. IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

1. Compliance Methods

a. Universal precautions will be observed at all CVS programs in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

b. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized. At CVS facilities the following engineering controls will be used:

1) Disposable sharps may be used for bee-sting treatment; lancets are used by persons with diabetes for checking glucose levels. All sharps will be handled with care and supervision if needed. Sharps disposal boxes will be accessible at CVS locations and in vehicles transporting persons who may require such treatment and sharps disposal.

2) Reusable sharps such as scissors in the first aid box will be disinfected by the staff person using the sharps, applying disinfectant spray to the sharp surface.

c. The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: annual review of the sharps controls will be documented by the Safety Committee.

d. Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At CVS facilities, hand-washing facilities are located in all the restrooms, the lunchroom, the kitchen areas, and in Owatonna in the homeroom areas and the medical room.

e. After removal of personal protective gloves, employees shall wash hands and any potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

2. Disinfectant/Sanitizing Mix Ratios

CVS locations use bleach solutions, quaternary disinfectant or other disinfectant solutions. Use the following chart as a reference for mixing disinfectant and sanitizing solutions when mixing chlorine bleach with water.

a. Body fluid spills – 1:10. Blood and Other Body Fluids (OPIM) – Mix one part bleach to ten parts water.

b. General disinfecting – 1:100. Disinfecting hands, gloves, floors, table tops, clothing and equipment – Mix one part bleach to one hundred parts water.

c. Sanitizing floors: Non-porous floors – One tablespoon bleach per gallon of water. Porous floors – Two tablespoons bleach per gallon of water.

d. Mix Daily. Bleach solution loses its disinfecting properties. Mix bleach solution daily or it may not properly disinfect. Please refer to the site specific plan.

3. Work Area Restrictions
In bathrooms or kitchen where exposure to blood or other potentially infectious materials may occur, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Persons served may eat in kitchen areas at designated times, but persons preparing food will not be eating during food preparation. These facilities do not store blood or potentially infectious materials in refrigerators.

4. Specimens
Cedar Valley Services facilities do not store or transfer specimens of blood or other potentially infectious materials. Some sites have potential exposure to BOPIM due to laundry contracts or other exposures. Please refer to the site specific plan.

5. Contaminated Equipment
Equipment which has been contaminated with blood or other potentially infectious material shall be decontaminated immediately. If immediate decontamination is not feasible, the contaminated equipment will be locked out and tagged with readily observable labels describing the contamination. The contaminated equipment will not be used until decontaminated. Decontamination will use bleach solution or EPA approved disinfectant, utilizing prescribed measures of applying disinfectant, wiping clean, then applying disinfectant again.

6. Personal Protective Equipment
- **a.** All personal protective equipment for Cedar Valley Personnel will be provided without cost to employees (see locations in site-specific plans). Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.
- **b.** Staff who are assigned to personal assistance tasks such as toilet assistance, lunch assistance or other activities including exposure to blood or other potentially infectious materials shall use vinyl or latex disposable gloves which will be readily available to staff.
- **c.** In the event of potential for exposure to fluids which might be splashed into the eyes, eye protection shall be used. Eye protection or other personal protective equipment as needed will provided to all personnel and may be used at their discretion and may be replaced by request to supervisor.
- **d.** **Disposable gloves will not be re-used. They will be replaced after each individual contact requiring use.**

7. Housekeeping
- **a.** CVS facilities are cleaned daily. All surfaces in the kitchen, and restrooms or other surfaces which may have been contaminated by blood or OPIM will be decontaminated with bleach solution or hepacide quat or other approved

disinfectant. **(See Disinfection/Sanitizing Ratios above for proper bleach to water mix ratios.)**

b. Disposable trash liners will be used for disposal of normal, non-regulated waste.

c. Any broken glassware which may be contaminated will not be picked up directly with the hands. Staff will put on disposable gloves and sweep contents into a bag which will not be penetrated by the glass. This will be placed into a second bag for disposal.

8. Regulated Waste Disposal

Personnel at CVS facilities may use disposable sharps. A sharps container will be made available and kept in the designated locations (see site-specific plans). Blood-soaked or OPIM-soaked materials will be disposed of in appropriate containers, marked bio-hazard.

9. Laundry Procedures

Universal precautions will be used for any laundry which may be contaminated by blood or OPIM. Disposable gloves will be used to handle soiled clothing, linen, etc. Vomit, saliva, semen, urine, feces and other body fluids are considered to be OPIM. Such contaminated laundry will be transported for cleaning in **Bio-Hazard** bags with OPIM status clearly labeled. Such laundry may be transported in yellow bags in situations where there is written confirmation from the receiving facility that it uses universal precautions.

10. Hepatitis B Vaccine

All employees who have been identified as having potential for exposure to blood or OPIM will be offered the Hepatitis B vaccine within 10 working days of their initial assignment. Employees declining the vaccine will sign a waiver of declination. Employees who initially decline but who later wish to have it may then have the vaccine provided at no cost. The HR Manager will be responsible for offering the vaccine and documentation thereof, or documentation of declination.

11. Post Exposure Evaluation and Follow-Up

When the employee incurs an exposure incident, it will be reported to Jerianne Hendricks or Sue Martin or Garry Hart. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. The follow-up will include the following:

a. Documentation of the route of exposure and the circumstances of the incident.

b. If possible the identification of the source individual and if possible the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

c. Results of the testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

d. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, and then the appropriate action can be taken and the blood sample discarded.

e. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows. (See appendix).

f. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

12. Interaction with Health Care Professionals

a. Certain information is required to be provided to the health care professional responsible for providing the employee with the Hepatitis B vaccine. Jerianne Hendricks (Owatonna) or Sue Martin (Austin) and Garry Hart (in Albert Lea) will provide this information to the treating clinic. A written opinion shall be obtained from the health care professional who evaluates employees at this facility. Written opinions will be obtained in the following instances:

1) When the employee is sent to obtain the Hepatitis B vaccine.

2) Whenever the employee is sent to the health care professional following an exposure incident.

b. Health care professionals shall be instructed to limit their opinions to:

1) Whether the Hepatitis B vaccine is indicated and if the individual has received the vaccine, or for evaluation following the incident.

2) That the employee has been informed of the results of the evaluation and,

3) That the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious material.

13. Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Annual refresher training will be provided to all employees. Training for employees will include the following:

a. The OSHA standard for blood borne pathogens.

b. Epidemiology and symptomology of blood borne diseases.

c. Modes of transmission of blood borne diseases.

d. This Exposure Control Plan and how it will be implemented.

e. Procedures, which might cause exposure to blood or other potentially infectious material.

f. Control methods which will be used at CVS facilities to control exposure to blood or other potentially infectious material.

g. Personal protective equipment available at CVS facilities including but not limited to vinyl or latex gloves and eye protection.

h. All exposure reporting is to be conveyed to Garry Hart- Albert Lea, Jerianne Hendricks- Owatonna or Sue Martin- Austin.
i. Post-exposure and follow-up procedures.
j. Signs and labels used at CVS facilities.
k. The Hepatitis B vaccine program used at CVS facilities.

14. Record keeping

All records required will be maintained by Jerianne Hendricks in Owatonna or Sue Martin in Austin or Garry Hart in Albert Lea. Records of Exposure Incidents will be maintained confidentially and held for the term of employment plus 30 years. OSHA Log entries will not contain the names of exposed individuals; a confidential log will be kept.