

## **POLICY AND PROCEDURE PERTAINING TO OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

### **PURPOSE**

The purpose is to establish policy and procedures for providing information on what occupational exposure is and who is at risk in being exposed to bloodborne pathogens.

### **POLICY**

The following exposure control plan has been developed in accordance with the OSHA Bloodborne Pathogens standard, 20 CFR 1910.1030 for EON, Inc. services for people with developmental disabilities.

EON, Inc. is committed to the safety and protection of its staff members. All employees are urged to actively participate in training and to use protection procedures designed to prevent exposure to work place hazards. Staff members are also encouraged to contact the medication administration trainer anytime protection measures seem inadequate. The supervisor will assure adequate supplies. At no time will supplies of personal protection equipment be allowed to become depleted.

EON, Inc. will provide personal protective equipment, which is chosen to protect against contact with blood or other potentially infected materials (OPIM) based upon the type of exposure that can be reasonably anticipated to be encountered during the performance of a task or procedure.

Although it is not always possible to know the blood-borne infectious state of every client or employee, the risks in a private service setting are somewhat reduced due to some of the medical screening (Mantoux (PPD) test for tuberculosis (TB) involved in the hiring of some employees and the mandated health care monitoring of clients.

### **PROCEDURE**

#### **I. What is Occupational Exposure?**

Occupational exposure means a "reasonably anticipated" skin, eye, mucous membrane, or parenteral (needle puncture) contact with blood or OPIM that may result from the performance of the employee's duties.

The procedures below do apply to blood and any body fluids containing blood, semen, vaginal secretions, saliva in dental procedures and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus unless they contain visible blood. Some of these fluids and excretions may, however, represent a potential source of acquired infections with non-blood borne pathogens.

#### **II. Who is Occupationally Exposed?**

Exposure determination is based on the above definition of occupational exposure without regard to personal protective clothing and equipment.

A. All of the following staff have occupational exposure due to the nature of their job tasks:

1. Direct Care Staff at the Intermediate Care Facilities (ICF's)
  2. Supervised Living Service (SLS/Waivered/Assisted Living) Direct Care Staff
  3. Nursing staff
- B. Some of the following staff may have occupational exposure:
1. Unit Based Services (Non-Residential) Direct Care staff if the services to the client require "hands on" health, hygiene or housekeeping tasks;
  2. Home Health Aides Direct Care Staff in Home Care Services if the services to the client require "hands on" health, hygiene or housekeeping tasks;
  3. Supervising staff for Direct Care and Maintenance Staff who may be exposed through contact with clients or household surfaces;
  4. Adult Day Services Direct Care staff if the services to the client require "hands on" health, hygiene or housekeeping tasks.

**REFERENCED POLICIES****REFERENCED FORMS**