

CHAPTER 3

INFECTION CONTROL

REFERENCE CODE	GUIDELINES	CRITERIA	INFORMATION SOURCES
3.1 Exposure Control Plan	3.1 Agency has developed and is implementing an Exposure Control Plan. Agency will comply with the most current version of OSHA 29 CFR 1910.1030.	3.1 (a) All agencies which have employees with either direct or indirect potential occupational exposure will establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.	<ul style="list-style-type: none"> ● Review of Agency P&P ● Review of Exposure Control Plan ● Interviews with staff ● Review of other documentation
		3.1 (b) The Exposure Control Plan will include the following minimum requirements: <ol style="list-style-type: none"> 1. Risk of exposure determination made without regard to the use of personal protective equipment (PPE): <ol style="list-style-type: none"> (A) a list of all job classifications in which all employees in those job classifications have direct potential occupational exposure (B) a list of job classifications in which all employees in those job classifications have indirect potential occupational exposure 2. The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Record Keeping, of OSHA 29 CFR 1910.1030. 3. The procedure for the evaluation of circumstances surrounding exposure incidents. 	<ul style="list-style-type: none"> ● Review of Agency P&P ● Review of Exposure Control Plan
3.2 Accessibility of Exposure Control Plan to Employees	3.2 The agency will ensure that a copy of the Exposure Control Plan is accessible to employees.	3.2 Agency employees have access to a copy of the Exposure Control Plan.	<ul style="list-style-type: none"> ● Review of Agency P&P ● Review of Exposure Control Plan ● Interviews with staff

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3.3 Review and Annual Update of Exposure Control Plan	3.3 The Agency's Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.	3.3 Agency's Exposure Control Plan will be reviewed and updated at least annually, or more often if necessary	<ul style="list-style-type: none"> ● Review of Exposure Control Plan ● Review of Agency P&P ● Interviews with staff
3.4 Universal Precautions	3.4 Universal precautions will be observed to prevent contact with blood or other potentially infectious materials.	3.4 Staff will be knowledgeable about and practice universal precautions. All body fluids should be considered potentially infectious materials.	<ul style="list-style-type: none"> ● Review of staff training records ● Review of Agency P&P ● Interviews with staff
3.5 Standard Precautions (Dental Providers Only)	3.5 Standard precautions will be observed to protect against exposure to blood, other body fluids including saliva, mucous membranes, and broken skin.	3.5 Staff will be knowledgeable about Guidelines for Infection Control in Dental Health-Care settings. www.cdc.gov/oralhealth/infectioncontrol	<ul style="list-style-type: none"> ● Review of staff training records ● Review of Agency P&P ● Interviews with staff
3.6 Engineering and Work Practice Controls	3.6 Engineering and work practice controls exist to prevent occupational transmission of HBV and HIV.	3.6 (a) Engineering controls are made available to staff. These controls are examined and maintained or replaced on a scheduled basis to ensure their effectiveness.	<ul style="list-style-type: none"> ● Interviews with staff ● Review of Agency P&P ● Review of Exposure Control Plan ● Review of other documentation
		3.6 (b) Work practice controls are developed and implemented. In work areas where a reasonable likelihood of occupational exposure exists, work practice controls include restricting eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses; prohibiting mouth pipetting; preventing the storage of food and/or drink in refrigerators or other locations where blood or other potentially infectious materials are kept; providing and requiring the use of hand washing facilities; and routinely checking equipment and decontaminating it prior to servicing and shipping. Other work practice requirements include, but are not limited to, the following: <ul style="list-style-type: none"> ● Hands are washed when gloves are removed and as soon as possible after skin contact with blood or other potentially infectious materials occurs. ● Shearing or breaking needles is not permitted. 	<ul style="list-style-type: none"> ● Interviews with staff ● Review of Agency P&P ● Review of Exposure Control Plan ● Review of other documentation

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3.6 Engineering and Work Practice Controls	3.6 Engineering and work practice controls exist to prevent occupational transmission of HBV and HIV.	3.6 (b) (continued) <ul style="list-style-type: none"> Recapping, removing or bending needles is prohibited unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. When recapping, bending or removing needles is required by a medical procedure, this must be done by mechanical means, such as the use of forceps, or a one-handed technique. 	<ul style="list-style-type: none"> Interviews with staff Review of Agency P&P Review of Exposure Control Plan Review of other documentation
		3.6 (c) The employer must ensure that employees observe the following precautions for safely handling and using personal protective equipment: <ul style="list-style-type: none"> Remove personal protective equipment before leaving the work area and/or after a garment becomes contaminated. Place any non-disposable personal protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded. Wear only approved gloves when it can be reasonably anticipated that the employee may have contact with blood or other potentially infectious materials, when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. Never wash or decontaminate disposable gloves for reuse. 	<ul style="list-style-type: none"> Interviews with staff Review of Agency P&P Review of Exposure Control Plan Review of other documentation

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3.6 Engineering and Work Practice Controls	3.6 Engineering and work practice controls exist to prevent occupational transmission of HBV and HIV.	<p>3.6 (c) (continued)</p> <ul style="list-style-type: none"> Wear only approved face and eye protection, such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth. Wear appropriate protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated. 	<ul style="list-style-type: none"> Interviews with staff Review of Agency P&P Review of Exposure Control Plan Review of other documentation
3.7 Cleanliness and Sanitation	3.7 Agency will ensure that the worksite is maintained in a clean and sanitary condition. The Agency will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.	<p>3.7 The following housekeeping procedures will be followed:</p> <ul style="list-style-type: none"> Clean and decontaminate all equipment and environmental and work surfaces that have been contaminated with blood or other potentially infectious materials. Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning. Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood of becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible. Always use mechanical means, such as tongs, forceps, or a brush and a dustpan to pick up broken glassware; never pick up with hands even if gloves are worn. Store or process reusable sharps in a way that ensures safe handling. Place other regulated waste in closable and labeled and/or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage. 	<ul style="list-style-type: none"> Interviews with staff Review of Agency P&P Review of Exposure Control Plan Review of other documentation

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3.7 Cleanliness and Sanitation	3.7 Agency will ensure that the worksite is maintained in a clean and sanitary condition. The agency will determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.	<p>3.7 (continued)</p> <ul style="list-style-type: none"> • When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak proof on the sides and bottom. • Ensure that sharps containers are 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. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill. • Never manually open, empty, or clean reusable contaminated sharps disposal containers. • Discard all regulated waste according to Federal, State, and local regulations. • Handle contaminated laundry as little as possible and with a minimum of agitation. • Use appropriate personal protective equipment when handling contaminated laundry. • Place wet contaminated laundry in leak-proof, labeled and/or color-coded containers before transporting. • Bag contaminated laundry at its location of use. • Never sort or rinse contaminated laundry in areas of its use. 	<ul style="list-style-type: none"> • Interviews with staff • Review of Agency P&P • Review of Exposure Control Plan • Review of other documentation
3.8 Hepatitis B Vaccine and TB screening	3.8 Agency will make available the Hepatitis B vaccine to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident and TB screening to staff who have direct contact with clients in accordance with CDC guidelines (http://www.cdc.gov)	3.8 (a) The vaccine and vaccinations, as well as all medical evaluations and follow-up must be made available at no cost to the employee, provided at a reasonable time and place, and performed by, or under the supervision of, a licensed physician or another licensed health care professional whose scope of practice allows him or her to independently perform these activities. Employees who decline the vaccination must sign a declination form, but may request and obtain the vaccination at a later date and at no cost, if they continue to be exposed.	<ul style="list-style-type: none"> • Review of Agency P&P • Review of Exposure Control Plan • Review of documentation • Review of personnel medical records
		3.8 (b) The Hepatitis B vaccine and TB screening must be offered within 10 working days of initial assignment to employees who have direct contact with clients, occupational exposure to blood or other potentially infectious materials. The Hepatitis B vaccine may be administered, unless (1) the employee has previously received the complete Hepatitis B vaccination series, (2) antibody testing reveals that the employee is immune, or (3) medical reasons prevent taking the vaccinations. Prescreening is not required before receiving the Hepatitis B vaccination series. TB screening must be done annually in accordance with current CDC guidelines.	<ul style="list-style-type: none"> • Review of Agency P&P • Review of Exposure Control Plan • Review of documentation • Review of personnel medical records

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3.9 Training Program	3.9 Agencies will ensure that all employees with occupational exposure participate in a training program which must be provided during working hours at no cost to the employee and at least once a year thereafter.	<p>3.9 Persons conducting training must be knowledgeable about the subject matter, and the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience, and must contain the following elements:</p> <ul style="list-style-type: none"> • How to obtain a copy of the regulatory text and an explanation of its contents; • Information on the epidemiology and symptoms of bloodborne diseases; • Ways in which bloodborne pathogens are transmitted; • Explanation of the Exposure Control Plan and how to obtain a copy; • Information on how to recognize tasks that might result in occupational exposure; • Explanation of the use and limitations of work practice and engineering controls, and personal protective equipment; • Information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment; • Information on Hepatitis B vaccination such as safety, benefits, efficacy, methods of administration, and availability; • Information on who to contact and what to do in an emergency; • Information on how to report an exposure incident and on the post-exposure evaluation and follow-up; • Information on warning labels and signs, where applicable, and color-coding; and • Question and answer session on any aspect of the training. 	<ul style="list-style-type: none"> • Interviews with staff • Review of Agency P&P • Review of Exposure Control Plan • Review of other documentation • Review of training records

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3.10 Labels and Signs	3.10 Warning labels will be affixed to containers of regulated waste; refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.	3.10 Employers will ensure that the guideline is appropriately implemented. The guideline requires that fluorescent orange or orange-red warning labels be attached to containers of regulated waste, to refrigerators and freezers containing blood and other potentially infectious materials; and to other containers used to store, transport, or ship blood or other potentially infectious materials. These labels are not required when (1) red bags or red containers are used, (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use, and (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment, or disposal. The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word BIOHAZARD, in a contrasting color, and be attached to each object by string, wire, adhesive, or another method to prevent its loss or unintentional removal.	<ul style="list-style-type: none"> ● Interviews with staff ● Review of Agency P&P ● Review of Exposure Control Plan ● Review of other documentation
3.11 Employee Records	3.11 Agency will establish and maintain an accurate record for each employee with occupational exposure.	3.11 (a) The record will include: <ul style="list-style-type: none"> ● Employee's name and social security number; ● Employee's Hepatitis B vaccination status, including vaccination dates and any medical records related to the employee's ability to receive vaccinations; ● Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures; ● Health care professional's written opinion, and a copy of the information provided to the health care professional. 	<ul style="list-style-type: none"> ● Interviews with staff ● Review of Agency P&P ● Review of Exposure Control Plan ● Review of other documentation
		3.11 (b) These records must be kept confidential and maintained for at least the duration of employment plus 5 years.	<ul style="list-style-type: none"> ● Interviews with staff ● Review of Agency P&P ● Review of Exposure Control Plan ● Review of documentation

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3.11 Employee Records	3.11 Agency will establish and maintain an accurate record for each employee with occupational exposure.	<p>3.11 (c) Employers will maintain and keep accurate training records for a minimum of 5 years that include the following:</p> <ul style="list-style-type: none"> • Training dates, • Content or a summary of the training, • Names and qualifications of trainer(s), and • Names and job titles of trainees. <p>Training records must be available to employees or employee representatives upon request. An employee's medical records can be obtained by that employee or anyone having that employee's written consent. Also, if the employer ceases to do business, medical and training records must be transferred to the successor employer. If there is no successor employer, the employer must notify the Director, NIOSH, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least 3 months prior to intended disposal.</p>	<ul style="list-style-type: none"> • Interviews with staff • Review of Agency P&P • Review of Exposure Control Plan • Review of other documentation • Review of personnel medical records
3.12 Agency Policies and Procedures	<p>3.12 Agency will minimally have policies and procedures to address the following areas:</p> <ul style="list-style-type: none"> • Universal Precautions • Exposure to Tuberculosis • Exposure to HIV/HBV • Sanitation/Housekeeping 	<p>3.12 (a) All agencies will develop and implement policies and procedures in the following areas:</p> <ul style="list-style-type: none"> • Universal Precautions • Exposure to Tuberculosis • Exposure to HIV/HBV • Sanitation/Housekeeping 	<ul style="list-style-type: none"> • Review of Agency P&P • Review of training records • Review of other documentation • Interviews with staff
		<p>3.12 (b) Agencies will ensure that all employees are trained in the aforementioned policies and procedures within 60 days of employment and annually thereafter. Training for each employee will be documented.</p>	<ul style="list-style-type: none"> • Review of Agency P&P • Review of training records • Review of other documentation • Interviews with staff