

ADMINISTRATIVE POLICY

1 Purpose

- 1.1 This document specifies the exposure control plan ("ECP") for OPTIONS required by paragraph (c) of the occupational health standard for blood borne pathogens (29 C.F.R. 1910.1030, "the Standard") promulgated by the Occupational Safety and Health Administration ("OSHA"), U.S. Department of Labor.
- 1.2 This ECP identifies the job classifications which have been determined to have potential exposure to blood and other potentially infectious materials at OPTIONS. Other potentially infectious materials is defined in the Standards as including the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
- 1.3 This ECP also describes the methods of compliance with applicable requirements of the Standard, sets forth a compliance schedule for such methods, and describes a procedure for evaluating exposure incidents..
- 1.4 All personnel employed by OPTIONS are required to comply with this ECP and with the requirements of the Standard. Any failure to comply may be cause for disciplinary action.
- 1.5 In the event that the requirements of this ECP or the compliance requirements of the Standard should conflict with established infection control procedures, the more protective procedure will be followed to obtain the maximum protection for the all persons. Questions concerning this ECP and compliance with the Standard should be directed to the Program Director of OPTIONS.

2 Person Responsible for OSHA Compliance

- 2.1 The Program Director of OPTIONS in conjunction with the HR Director and nursing staff have responsibility for implementing the ECP and ensuring compliance. The Residential Program Director shall lead infection control compliance.

3 Accessibility of the Exposure Control Plan

- 3.1 This ECP may be examined by employees of OPTIONS during employee's regular working hours or online at www.optionsfs.org at any time.

ADMINISTRATIVE POLICY

4 Review

- 4.1 This ECP will be reviewed and updated by OPTIONS as needed to reflect new or modified tasks and procedures which affect employees' potential exposure to blood and other potentially infectious materials, and to reflect new or revised potential exposure to employees.

5 Exposure Determinations

- 5.1 All employees in the following job classifications are potentially exposed employees:
 - 5.1.1 Registered Nursing Staff who have provided care to an injured or ill person served.
- 5.2 Some but not all of the employees in the following job classifications have the potential to be exposed to blood and other potentially infectious materials:
 - 5.2.1 Community Support Specialists and Supervisors: Tasks may involve the handling of contaminated laundry; i.e., individuals who sort laundry which may be soiled with blood or other potentially infectious materials. Although persons generally do their own laundry, they may not be able to do so during an illness. Community Support Specialists or Supervisors also may occasionally apply first aid procedures.
 - 5.2.2 Job Coaches or Community Support Specialists providing instruction at job sites which entail trash pick up or cleaning public restrooms. Occasional first aid procedures may also be necessary.
 - 5.2.3 Persons served employed in positions which entail trash pick up or cleaning public restrooms.
 - 5.2.4 Any Administrator or other employee who assists during an emergency situation.

6 Methods of Compliance

6.1 Work Practices

- 6.1.1 Universal Precautions: OPTIONS will observe Universal Precautions throughout its programs to prevent contact with blood

ADMINISTRATIVE POLICY

or other potentially infectious materials. Gloves will be available at each site and each person at risk of exposure will be trained on the proper use of gloves. Gloves will be discarded between use of each person. Under circumstances in which differentiation between body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials. Any surface that is contaminated and visibly soiled with blood or bodily fluids or other potentially infectious material will be thoroughly disinfected.

- 6.1.2 Hand hygiene: OPTIONS requires all employees to wash their hands using soap, running water, and friction or to use hand sanitizer, in the following situations:
 - 6.1.2.1 At the beginning and end of the work shift.
 - 6.1.2.2 Before distributing medications.
 - 6.1.2.3 Immediately after or as soon as feasible following contact with blood or other potentially infectious materials (other skin areas will be washed with soap and water and mucous membranes flushed with water after such contact).
 - 6.1.2.4 Before handling food or food preparation or storage equipment.
 - 6.1.2.5 Immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - 6.1.2.6 After using the restroom.
- 6.1.3 Hand hygiene facilities are readily accessible to OPTIONS employees with soap or hand sanitizer, running water and paper towels located in restrooms at every site. In the event of a job site in the community at a remote location, hand sanitizer will be available for immediate use.
- 6.1.4 Procedures Involving Blood: All persons served who are required to monitor their blood glucose levels must be able use and maintain the medical equipment independently. Direct assistance if necessary may only be provided by licensed nurses. Trained non-nursing staff may observe and provide verbal guidance only.
- 6.1.5 Eating, Drinking, etc.: Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas

ADMINISTRATIVE POLICY

where there is a reasonable likelihood of potential exposure. Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present. Application of hand cream is permitted in work areas provided the hands are thoroughly washed prior to application.

- 6.1.6 These work practices will be examined for effectiveness during Safety Committee/Infection Control Meetings and by Program Director in charge of Infection Control.

7 Use of Sharps

- 7.1 Disposable needles: Only disposable needles will be used. Contaminated disposable needles will not be bent, recapped or removed. Sharing or breaking of contaminated needles is prohibited.
- 7.2 Disposable sharps: Sharps will only be disposed of in containers that are rigid, portable, closeable, puncture-resistant, and leakproof on sides and bottom. The containers will either be red or will be affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a bio-hazard symbol. The disposable sharps containers will be located in the office of the site of their use. The containers must be maintained upright throughout use, replaced routinely and not be allowed to overfill. Reusable containers are not to be opened, emptied or cleaned manually or in a manner which would expose employees to the risk of percutaneous injury.

8 Specimens

- 8.1 Universal Precautions will be used by staff when required to collect stool or urine samples.

9 Personal Protective Equipment

- 9.1 Use: When there is potential exposure, OPTIONS will provide appropriate personal protective equipment ("PPE") to employees at no cost to the employee. The employers of those persons who are independent contractors (e.g., physical therapists, occupational therapists, or dental health care workers) are to provide their employees with PPE. If they fail to do so, OPTIONS will have the necessary PPE available for use by such contracted personnel. All persons who may face exposure to blood or other potentially infectious materials will use PPE appropriate for the anticipated exposure.

ADMINISTRATIVE POLICY

- 9.2 In the event of a large scale pandemic, there could be a shortage of supplies. In such an event, OPTIONS will work with the public health department and other local agencies to obtain equipment.
 - 9.3 In any circumstance where an employee makes a judgment not to use PPE and does not use it, OPTIONS will investigate and document the circumstances to determine an appropriate plan of action based upon the circumstances.
 - 9.4 Accessibility: Appropriate PPE will be kept in the office at each OPTIONS site for the Nursing Staff, Community Support Specialists, Job Coaches and consulting therapists.
 - 9.5 Gloves: Protective gloves must be worn whenever it is reasonably anticipated that an employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin. They must also be worn whenever performing personal care services and when handling or touching contaminated items or surfaces. Disposable sterile gloves will be worn during invasive and aseptic procedures. All employees and consulting medical service providers will wear gloves during any tasks which may result in contact with blood or other potentially infectious materials.
 - 9.6 Disposable (single use) gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. They will not be washed or decontaminated for reuse. Gloves will be discarded between persons.
 - 9.7 Latex free, powderless gloves are provided at each site.
- 10 Laundry
- 10.1 Contaminated laundry, including person's bed linens, will be handled with a minimum of agitation; i.e. the laundry will not be shaken or unfolded. It will be bagged or containerized in the persons' rooms, treatment rooms or other locations of use. Contaminated laundry will not be sorted or rinsed in the location of use.
 - 10.2 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from its bag or container, the laundry will be placed and transported in additional bags or containers to prevent soak-through and/or leakage.

ADMINISTRATIVE POLICY

- 10.3 All employees who have contact with contaminated laundry will wear disposable gloves provided by OPTIONS.

11 Housekeeping

- 11.1 OPTIONS will clean and decontaminate those work surfaces, environmental surfaces and equipment in the person's rooms and treatment/examining areas as set forth below. A written cleaning schedule specifying methods of decontamination will be created as needed. The schedule will state the location of the areas to be cleaned, the types of surfaces to be cleaned, the soil present and the procedures to be completed.
- 11.2 OPTIONS will clean and decontaminate all equipment, environmental surfaces and working surfaces in those areas where there is potential exposure, such as a person's room and treatment/examining areas, after any actual contact with blood or other potentially infectious materials.
- 11.3 All reusable bins, pails, cans, and similar receptacles having a reasonable likelihood for contamination will be inspected and decontaminated quarterly.
- 11.4 Broken glassware that may be contaminated will not be picked up directly with the hands. Instead, it will be removed using mechanical means such as a brush and dust pan, tongs, or forceps.
- 11.5 In the event of a communicable infection or disease, the affected person will eat in their bedroom while under isolation. Disposable utensils and paper plates and napkins will be immediately disposed in the outside garbage bins or will be treated as regulated waste. Non-disposable dishes will be stored, washed and sanitized separately and labeled for use only by the specific individual.

12 Regulated Waste

- 12.1 Regulated waste includes items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; and pathological and microbiological wastes containing blood or other potentially infectious materials. If there is potential for any item, such as bandages, gauze, or linens, to be covered with or contain liquid or dried blood or other potential infectious materials, then that item will be handled as regulated waste.

ADMINISTRATIVE POLICY

- 12.2 If a need for disposal of regulated waste becomes evident, OPTIONS will provide containers that can be closed, constructed to contain all contents and prevent leakage of fluids, and red in color. The containers will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - 12.3 OPTIONS will place containers for regulated waste at each program site as needed.
 - 12.4 Disposal of all regulated wastes will be in accordance with applicable regulations and laws.
- 13 Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up
- 13.1 OPTIONS will make available at no cost the Hepatitis B vaccine to all employees who have potential exposure as listed in Section 5.
 - 13.2 OPTIONS will provide post-exposure evaluation and follow-up for any employee of OPTIONS who has an exposure incident; defined as specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials as a result of occupational duties.
 - 13.3 All medical evaluations and procedures related to the Hepatitis B vaccination and post-exposure evaluation and follow-up, including prophylaxis, provided by OPTIONS will be:
 - 13.3.1 Available at no cost to the employee.
 - 13.3.2 Performed by a physician or licensed health care professional.
 - 13.3.3 Provided according to U.S. Public Health Service recommendations. OPTIONS will stipulate that the contracting licensed health care professional will use an accredited laboratory at no cost to the employee for all laboratory tests conducted.
 - 13.4 Hepatitis B Vaccination
 - 13.4.1 OPTIONS will offer the Hepatitis B vaccination after the employee has received training as set forth below and within ten (10) days of initial assignment to a position with potential exposure, unless the employee has previously received the complete hepatitis B vaccination series, or antibody testing has revealed that the employee is immune, or the vaccine is

ADMINISTRATIVE POLICY

contraindicated for medical reasons. At such time as the U.S. Public Health Service recommends booster doses, they will be made available. OPTIONS is considered low risk unless a carrier of Hepatitis B is admitted to one of its programs. Universal precautions will be utilized at all times.

- 13.4.2 If an employee initially declines the vaccination but later decides to accept the vaccination, OPTIONS will make the vaccine available at that time, at no cost to the employee. If an employee chooses not to be vaccinated, they must sign a form containing the following statement:

"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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me."

- 13.5 Post-Exposure Evaluation and Follow-up: If any employee has an exposure incident, they should immediately report this event to the individual responsible for OSHA compliance. OPTIONS will immediately make available a confidential medical evaluation performed by a licensed health care professional, which will include the following:

- 13.5.1 Documentation of the route of exposure and circumstances under which the exposure incident occurred as set forth in policy #200.5.1
- 13.5.2 Employees who have experienced an exposure incident will have their blood tested for HBV. In the event an employee declines testing or refuses to be tested, they will be required to sign a declination form.
- 13.5.3 The employee should be retested if seronegative at 6 weeks, 12 weeks and 6 months past exposure, as recommended by the U.S. Public Health Service.
- 13.5.4 It is recommended that employees who have experienced an

ADMINISTRATIVE POLICY

exposure incident receive counseling that include advice to seek medical attention for any febrile illness that occurs within 12 weeks of exposure.

- 13.5.5 The licensed health care professional evaluating the employee after an exposure incident is required to provide a written opinion stating that (1) the employee has been informed of the results of the evaluation; and that (2) the employee has been told about any medical conditions resulting from the incident that require further evaluation or treatment. The licensed health care professional is also required to omit from the written report any other findings or diagnosis and to keep them confidential. The licensed health care professional will also be directed to provide OPTIONS with a copy of the written opinion within 15 days of the completion of the post-exposure evaluation, so that OPTIONS can provide the employee with a copy of the written opinion within 15 days of the completion of the evaluation.

13.6 Documentation of Circumstances Surrounding Exposure Incidents

- 13.6.1 The medical evaluation and follow-up will include, as set forth above, documentation of the circumstances under which the exposure incident occurred. The goal is to identify and correct problems in order to prevent recurrence of similar incidents.
- 13.6.2 The documentation and investigation of the circumstances surrounding an exposure incident will include, at minimum, the following:
- 13.6.2.1 Documentation of the time, place and procedure engaged in by the employee of OPTIONS at the time of the exposure incident.
 - 13.6.2.2 Documentation of the personal protective equipment in use at the time of the exposure incident.
 - 13.6.2.3 Documentation of work practices and any other requirement of the Standard that was not being

ADMINISTRATIVE POLICY

followed at the time of the exposure incident.

13.6.2.4 An evaluation by the individual responsible for OSHA compliance and the exposed employee of what could have been done to avoid the incident.

13.6.2.5 Identification of policies or procedures that should be followed or revised to avoid similar exposure incidents in the future.

14 Hazard Communication

14.1 OPTIONS may at times be required to store or transport stool or urine samples.

15 Training

15.1 All OPTIONS employees with potential exposure as listed in Section 6 of this policy, including part-time and per diem employees, will be required to participate in a training program addressing Universal Precautions during the initial employee orientation. This ensures that employees are trained prior to being placed in positions where exposure may occur.

16 Records

16.1 Medical Records: OPTIONS will maintain medical records for each employee with potential for exposure. These medical records will contain:

16.1.1 The employee's name

16.1.2 A copy of all results of examinations, medical testing, and follow-up procedures, including documentation of the circumstances of an exposure incident.

16.1.3 A copy of the licensed health care professional's written opinion.

16.1.4 A copy of the information provided to the licensed health care professional. These medical records will be maintained at least for the duration of employment plus 7 years.

16.2 Confidentiality: OPTIONS will keep all medical records required by the foregoing paragraph confidential and they will not be disclosed or reported

ADMINISTRATIVE POLICY

without the employee's express written consent to any person in or outside OPTIONS except as required by law.

- 16.3 Training Records: OPTIONS will maintain training records which will include:

16.3.1 The dates of training sessions.

16.3.2 The contents or summary of the sessions.

16.3.3 The names of trainers.

- 16.4 Training records will be maintained three years from the date on which training occurred.

- 16.5 Availability: OPTIONS will make available upon request to appropriate OSHA officials all records required by this ECP. Medical records will be made available only upon presentation of a proper access order issued pursuant to the requirements of 29 C.F.R. Part 1913 and after notification to the employees of OPTIONS. Employee training records and medical records required by the ECP will be provided to an employee upon request for examination and copying. Medical records will also be available to anyone having the written consent of the subject employee.

- 16.6 Transfer of Records: If OPTIONS closes with no successor employer to receive or retain the records, OPTIONS will notify OSHA at least three months prior to disposal and transmit all records to OSHA within the three-month period if required by OSHA to do so.

POLICY DATE:	February 1996
REVISED:	July 1998, April 2004, August 2007, May 2012, May 2014
REVIEWED:	September 2015
REVISED:	October 2016
REVIEWED:	October 2017, October 2018
REVISED:	March 2019
REVIEWED:	September 2019, November 2019
REVISED:	March 2020
REVIEWED:	November 2020, March 2021, March 2022
REVISED:	June, 2023, July 2024
REVIEWED:	April 2025
REVISED:	August 2026

