



**OSHA Policy and Procedure  
Manual**

**Occupational Safety and Health  
Guideline**

**For Outpatient Healthcare**

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Hazards Communication Program  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.00  
**Effective Date:** 12/2011  
**Distribution:** All Departments

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### I. **POLICY:**

In order to comply with 29 CFR 1910.1200 Hazard Communication, the following written Hazard Communication Program has been established for Katy Trail Community Health. Under this program, all employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks, such as the cleaning in confined spaces, and the hazards associated with chemicals in unlabeled containers.

### II. **GUIDELINES:**

#### A. **GENERAL PROGRAM MANAGEMENT**

##### 1. **Responsibility**

The Safety Officer(s) have responsibility for this program. The Safety Officers are the Medical and Dental Site Managers. The Safety Officer(s) will review and update the program, as necessary. Copies of the written program may be obtained from any of the safety officer(s).

##### 2. **Program Review and Update**

In order to have an effective Hazard Communication Program, the program should be reevaluated every two years. The SDS's will be renewed every two years in order to assure that all chemicals at this company are under the program. Training and reviewing of the program will also be done under these circumstances:

- New employees at new employee orientation
- New chemicals or hazardous materials are introduced into work areas.

#### B. **METHODS OF COMPLIANCE**

##### 1. **List of Hazardous Chemicals**

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

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The Safety Officer(s) will make a list of all hazardous chemicals and related work practices used in the facility, and will update the list as necessary. The list also identifies the corresponding SDS for each chemical. A master list of these chemicals will be maintained by, and is available from the Safety Officer(s).

### **2. Container Labeling**

The Safety Officer(s) in each work area will verify that all containers received for use will:

- Be clearly labeled as to the contents,
- Note the appropriate hazard warning,
- List the name and address of the manufacturer.

The Safety Officer(s) in each work area will refer to the corresponding SDS to assist in verifying label information. Containers that are shipped from the manufacturer will be checked by the safety officer(s) to make sure all containers are properly labeled.

### **3. Safety Data Sheets (SDS)**

The Safety Officer(s) will be responsible for obtaining and maintaining the safety and data sheet manual for the organization. The Safety Officer(s) will review incoming Safety Data Sheets for new health or safety information. They will see that any new information is passed on to the affected employee(s).

Copies of SDS's for all hazardous chemicals to which employees of this organization may be exposed will be kept in all sites.

SDS's will be available to all employees in a designated location in their site for review during each work shift. If SDS's are not available or new chemicals in use do not have SDS's, an employee should immediately contact the Safety Officer(s).

To ensure Safety Data Sheet information is current, replacement data sheets will be requested upon notification of a change in the product, or reason to believe a change has been made. In such cases a Safety Data Sheet will be immediately requested from the supplier/manufacturer.

### **4. Employee Training and Information**

The Safety Officer(s) are responsible for the employee training program. They will ensure that all elements specified below are carried out.

During orientation, each new employee of this company will attend a health and safety training and will receive information and training on the following:

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- An overview of the requirements contained in the Hazard Communication Standard,
- Chemicals present in their workplace operations,
- Location and availability of our written hazard program,
- Physical and health effects of the hazardous chemicals,
- Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area,
- How to lessen or prevent exposure to these chemicals through usage of control/work practices and personal protective equipment,
- Steps the company has taken to lessen or prevent exposure to these chemicals,
- How to read labels and review SDS's to obtain appropriate hazard information,
- Location of SDS file and hazardous chemical list.

After attending the training class each employee will sign a form to verify that they attended the training, received the written material, and understood the organization's policies on Hazard Communication. Prior to a new chemical hazard being introduced into any department of this company, each employee of that department will be given information as outlined above. The Safety Officer(s) is responsible for ensuring that SDS on the new chemical(s) is available.

#### **5. Hazardous Non-Routine Tasks**

Any maintenance, or other infrequent work shall be reviewed by the Safety Officer(s) for potential exposure to hazardous chemicals or other safety problems, (e.g., cleaning tanks, entering confined spaces, etc.) A written procedure shall be agreed on, detailing appropriate actions and safeguards for the control of exposure to any hazardous chemicals. This procedure shall be used whenever the work is to be performed. If a written procedure is needed, it will include:

- Specific chemical hazards,
- Personal protective equipment or safety measures the employee should use,
- Measures the company has taken to lessen the hazards including ventilation, respirators, presence of other employees, emergency procedures and etc.

#### **6. Informing Contractors**

It is the responsibility of the Safety Officer(s) to provide contractors and employees the following information:

- Hazardous chemicals to which they may be exposed to while on the job site,
- Precautions the employees may take to lessen the possibility of exposure by usage of protective measures.

The Safety Officer(s) will be responsible for contacting each contractor before work is started in the company to gather and disseminate any information concerning chemical

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hazards that the contractor is bringing to our workplace.

### Appendix A CHEMICAL INVENTORY

<u>PRODUCT NAME</u>	<u>HAZARDOUS CHEMICAL</u>
<b>Adrenalin (epinephrine for injection)</b>	Benzenediol derivative
<b>Ah Plus paste A and B</b>	Bisphenol A Diglycidylether, Bis-methana
<b>AirGas</b>	Liquid nitrogen
<b>AirWick Freshmatic Ultra Aerosol Spray</b>	Flammable Aerosols
<b>Alcohol Prep Pads</b>	Isopropyl alcohol
<b>Alcohol USP 70%</b>	Isopropyl alcohol USP 70%
<b>Albuterol Sulfate Inhalation</b>	Sodium chloride/sulfuric acid/bis sulphate
<b>Alere Hemopoint H2 Optics Cleaner, Meter, Microcuvettes</b>	No hazard to end user
<b>Alere LDX Reagents and Controls</b>	Chloramphenicol
<b>Bacitracin Zinc</b>	Bacitracin Zinc/White Petrolatum
<b>Batteries-Energizer</b>	, Graphite Manganese Dioxide, Potassium Hydroxide, Zinc, Non-Hazardous Components
<b>Benadryl Allergy Tablets</b>	Diphenhydramine HCl
<b>Benadryl Injection</b>	Diphenhydramine hydrochloride, hydrogen chloride, sodium hydroxide
<b>Benzoin Tincture Compound</b>	Ethanol
<b>Betadine Solution (10% povidone iodine)</b>	1-ethenyl-2-pyrrolidinone homopolymer compound with iodine Glycerin pareth 25-9
<b>Bio pure</b>	Whey, Hydrated Silicon dioxide, Freeze dried microbial cultures and enzymes
<b>Canned-Air/Compressed Gas Duster</b>	Contents pressure
<b>Cavicide</b>	Isopropanol, Ethylene Glycol monobutyl ether, diisobutylphenoxyethoxyethyl dimethylbenzyl ammonium chloride
<b>Cavity conditioner</b>	Polyacrylic acid, Aluminum chloride hydrate

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<b>Ceftriaxone Sodium for Injection</b>	Ceftriaxone Sodium
<b>Citrace Hospital Germicide</b>	Ethanol, Orthophenyl Phenol, d-limonene, sodium nitrite, propane propellant
<b>ChloroPrep</b>	
<b>Clinitek Microalbumin</b>	Creatinine 2 1/5Albumin Reagent
<b>Clorox Anywhere Sanitizing Spray</b>	Product contains no substances that at their given concentrations are considered to be hazardous to health
<b>Clorox Green Works Bathroom Cleaner</b>	Citric Acid, Caprylyl/capryl oligoglucoside
<b>CoaguChek XS PT Test Strip</b>	
<b>Compare General Purpose Low- Foam Cleaner</b>	Dipropylene glycol n-butyl ether, Alcohol ethoxylate
<b>Correction Fluid</b>	n-hexane
<b>Correction Tape</b>	Silcia, titanium, magnesite
<b>Cyanocobalamin Injection</b>	Cyanocobalamin Injection
<b>Dab’N Seal Envelope Moistener</b>	
<b>Dermabond</b>	2-Octylcyanoacrylate
<b>DCA Hemoglobin A1c Control/Normal and Abnormal</b>	HbA1c normal control reconstitution fluid HbA1c abnormal control reconstitution fluid
<b>DCA Hemoglobin A1c Reagent Kit</b>	HbA1c Oxidant, HbA1c Buffer Solution, HbA1c Antibody Latex, HcA1c Agglutinator
<b>Depo-Medrol</b>	Benzyl Alcohol, Methylprednisolone Acetate
<b>Depo-Provera</b>	Medroxyprogesterone Acetate Injectable Suspension USP 150mg/ml
<b>Dexamethasone Sodium Phosphate Injection, USP</b>	Dexamthasone Phosphate, Benzyl Alcohol, Sodium Sulfate, Sodium Citrate Dihydrate
<b>Dexamethasone Intensol Oral Solution 1mg/mL</b>	9-9-fluoro-11, 17, 21 trihydroxy-1 6a methylpregna-1-4- diene,3,3 0-dione
<b>Dry Erase Markers</b>	This product is considered safe under normal use conditions. Ethanol, Isopropyl alcohol
<b>Endo Ice</b>	Butane, propane, isobutane
<b>Engerix-B</b>	Aluminium Hydroxide, Disodium Hydrogen Phosphate, Hepatitis B Virus Surface Antigen,
<b>Enzyme ultrasonic tablets</b>	Sodium benzonate,citic acid,carbowax polyethylene glycol,sodium bicarbonate, deterzyme APUG, sorbitol sorbogem,soda ash dense grade

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<b>Epinephrine</b>	L-Epinephrine
<b>Esthetx HD compules</b>	Silica Amorphous
<b>Filtek Supreme</b>	Di-tert-butyl-p-cresol
<b>GBG Aloe Gel Instant Hand Sanitizer</b>	Flammable liquids- Ethyl Alcohol
<b>Gentamicin Sulfate Ophthalmic Solution</b>	Gentamicin Sulfate Ophthalmic Solution, USP, 0.3%
<b>Glucagon</b>	Glucagon
<b>Gluma</b>	Hydroxyethyl methacrylate, glutaral
<b>GluStitch</b>	n-Butyl cyanoacrylate
<b>Glue Stick</b>	Does not contain any substance classified as hazardous.
<b>Havrix Adult</b>	Hepatitis A virus
<b>hCG Pregnancy Test Device</b>	Sodium carbonate, Triton X 100, Sodium azide
<b>Hemodent</b>	Aluminum chloride hexaydrate
<b>Hemopoint H2 Microcuvettes</b>	Sodium Azide, Sodium Nitrite, Sodium Desoxycholate
<b>Hibiclens</b>	Chlorhexidine digluconate Isopropyl Alcohol
<b>Hydrocortisone Cream USP 1%</b>	, Hydrocortisone USP
<b>Hydrogen Peroxide 3% USP</b>	Hydrogen Peroxide 3% USP
<b>Icon Infiltrant</b>	Acrylate-resin
<b>ICX tabs</b>	Silver nitrate, cationic surfactant, tetrasodium EDTA dehydrate
<b>Inkjet</b>	Water, 2-pyrrolidone, Ethylene glycol, Alkyldiol, Food Black 2 Acid Salt #3
<b>IRM liquid and powder</b>	Zinc oxide
<b>Ipratropium Bromide 0.5 mg/Albuterol Sulfate 3.0mg Inhalation Solution</b>	Ipratropium Bromide 0.5mg Albuterol Sulfate 3.0mg
<b>Kenalog 40mg</b>	Pregna-1, 4-diene-3, 20-dione, 9-fluoro-11, 21-dihydroxy-16, 17—methylene bis (oxy) 11.beta.16 alpha
<b>Ketorolac Tromethamine</b>	Ketorolac trometamol-5 benzoyl-2, 3-dihydro-1 H-pyrrolizine-1-carboxylic acid, compound with 2-amino-2-hydroxymethyl- 1, 3-propanediol
<b>Kinrix</b>	Diphtheria toxoid, filamentous haemagglutinin, pertactin, pertussis toxoid, polio virus Mahoney strain, polio virus MEF Strain, Polio Virus Saukett strain, Tetanus Toxoid
<b>Lactates Ringers Injection</b>	Sodium Chloride, Potassium Chloride, Calcium Chloride Dihydrate, Sodium Lactate 60%

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<b>LeadCare Treatment Reagent</b>	Hydrochloric Acid
<b>Lidocaine Hydrochloride Injection</b>	Acetamide 2-diethylamino-N-(2,6 dimethylphenyl)-monohydrochloride, 26 Acetoxylicidide, 2-diethylamino- hydrochloride
<b>Lidocaine Hydrochloride 1% and 2%</b>	hydrochloride
<b>Luxacore</b>	Mythacrylic ester
<b>Marcaine</b>	Bupivacaine Hydrochloride
<b>MMR</b>	Measles Virus, Mumps Virus, Rubella Virus
<b>MultiStix</b>	No known significant effects or critical hazards
<b>Nail Polish Remover Pads</b>	Acetic Acid Ethyl Ester
<b>Nitroglycerin Tablets</b>	Nitroglycerin, Glyceryl monostearate, Calcium Stearate, Starch, pergelatinized, Silicon dioxide
<b>OB Towelette</b>	Benzalkonium/Isopropyl
<b>One Step Pro+Mono</b>	This product does not contain any hazardous substances above 1% or above 0.1% levels required, depending on the hazard
<b>One Step hCG Urine Pregnancy Test</b>	
<b>Opticide-3 Disinfectant Cleaner</b>	Isopropanol
<b>Oraqix</b>	Lignocaine, prilocaine
<b>Pediarix</b>	Diphtheria toxoid, tetanus toxoid, pertussis toxoid, filamentous haemagglutinin, pertactin, polio virus type 1, polio virus type 2, polio type 3, hepatitis B virus surface antigen,
<b>Pentacel</b>	Acellular, diphtheria toxoid, acellular pertussis toxin, polio viruses, haemophilus influenzae
<b>Phenol Solution 10%-89%</b>	Phenol Solution
<b>Pneumovax</b>	Pneumococcal
<b>Podocon-25</b>	
<b>Povidone Iodine Pads</b>	Povidone Iodine Complex
<b>Precise QTB Cleaner</b>	Diethylene glycol, Monobutyl ether, tetra sodium, ethylenediamine tetra, acetic acid
<b>Prevnar</b>	Peptide Conjugate
<b>Prisma Gloss</b>	
<b>Pro Clean</b>	Citric acid, Sulfamic acid
<b>Promethazine HCl</b>	Promethazine Hydrochloride, Phenol, Edetate Disodium, Sodium Metabisulfate, Calcium Chloride

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<b>Proparacaine Hydrochloride Ophthalmic Solution</b>	Proparacaine HCl, Glycerin
<b>Provon Medicated Foam Handwash</b>	Propylene glycol, Ethanol, Dodecanoic acid, Ethanolamine, Imidazolium compounds, Lactic Acid
<b>Purell Advanced Instant Hand Sanitizer</b>	Ethanol, Propan-2-ol
<b>Quidel Quick View Influenza A+B</b>	There are no hazardous chemicals contained within this kit at concentrations that are considered hazardous to personal health and/or the environment.
<b>Quidel Quick View RSV kit</b>	Sodium Azide
<b>Rotarix</b>	Human Rotavirus Live
<b>Sani Cloth Plus Germicidal Cloth</b>	Isopropanol, Benzyl-C12-18-alkyldimethyl, ammonium chlorides, ammonium compounds
<b>Saline Solution 0.9%</b>	
<b>Scotchbond universal etchant</b>	Phosphoric acid, synthetic amorphous silica, polyethylene glycol, aluminum oxide
<b>Scotchbond universal</b>	Bisphenol a diglycidyl ether dimethacrylate, 2-hydroxyethyl methacrylate, decamethylene, silane treated silica, ethanol, 2-propenoic acid
<b>Septocaine with epi</b>	Articaine hydrochloride, epinephrine
<b>Sharpie Marker</b>	Not hazardous under normal use conditions. Butanol, Propanol, Diacetone Alcohol, Ethanol, pigments, dyes, additives.
<b>Silver Nitrate Sticks</b>	Silver Nitrate BP fused with potassium nitrate
<b>SoftSoap Antibacterial Liquid Hand Soap</b>	Cetrimonium Chloride, Glycerin
<b>Speed clean</b>	2-butoxyethanol, tetrapotassium pyrophosphate, ethoxylated alcohols phosphate ester, tergitol NP-33
<b>Stainless Steel Cleaner</b>	Petroleum Distillate, Isobutane/Propane Blend
<b>Strep A Control +</b>	Sodium Azide
<b>Strep A Reagent 1</b>	Sodium Nitrite
<b>Strep A Reagent 2</b>	Acetic Acid
<b>Surgical Instrument Cleaner and Lubricant</b>	Methanol
<b>Surgical Tape (Microfoam)</b>	Poly (vinyl chloride) foam layer

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<b>Surgical Tape (Micropore)</b>	This product is exempt from hazard classification according to OSHA Hazard Communication Standard, 29 CFR 1910.1200.
<b>Telio CS C&amp;B</b>	Ethyoxylated bisphenol a dimethacrylate
<b>Temp-bond</b>	
<b>Topical anesthetic gel</b>	Glycol polymer, aromatic ester
<b>TPH spectra</b>	Triethylene glycol dimethacrylate
<b>Triamcinolone Acetonide Suspension Sterile</b>	Triamcinolone Acetonide
<b>Tytin</b>	Mercury,silver, tin,copper
<b>Urine Controls</b>	This product is exempt from hazard classification according to OSHA Hazard Communication Standard, 29 CFR 1910.1200.
<b>Vacutainer with Dipotassium EDTA</b>	Dipotassium EDTA
<b>Varicella</b>	
<b>Vitrabond plus liner</b>	Copolymer of acrylic and itaconic acids, 2-hydroxyethyl methacrylate
<b>White Board Cleaner</b>	Diazolidinyl Urea, Methylparaben, Propylparaben, Phenoxyethanol, Propylene Glycol, Tween 80, Surfactant, Water
<b>Xylocaine Viscous Solution</b>	Lidocaine hydrochloride
<b>Zostavax</b>	A weakened form of the varicella-zoster virus.

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**HAZARD COMMUNICATION TRAINING**

I have received Hazard Communication Training as described on The Hazard Communication Program. The training was conducted on \_\_\_\_\_.(Date)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Work Area

I hereby certify that the above named employee has been provided with Hazard Communication Training on \_\_\_\_\_.(Date)

\_\_\_\_\_  
Safety Officer Signature

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** : Exposure Control Plan-Introduction to Blood Borne Pathogens Program **Policy Number:** 6.01

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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### I. **POLICY:**

It is the policy of Katy Trail Community Health (KTCH) to ensure compliance for Occupational Safety and Health Administration (OSHA) regulations by using CDC approved methods for infection control.

### II. **GUIDELINES:**

#### **INTRODUCTION AND COMMITMENT OF MANAGEMENT**

KTCH is committed to protecting employee safety and health. To that end, we have developed this Exposure Control Plan (ECP) to protect workers against potential exposure to Blood Borne Pathogens in accordance with OSHA standard 29CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

Our ECP includes:

1. Determination of employee exposure
2. Implementation of universal precautions
3. Use of engineering and work practice controls
4. Providing personal protective equipment
5. Ensuring housekeeping procedures
6. Offering Hepatitis B vaccination and post-exposure evaluation and follow-up
7. Offering Flu Vaccine at no cost to all employees
8. Mandating TB testing for all employees
9. Training
10. Appropriate recordkeeping

Our Chief Operating Officer (COO) is responsible for implementation of the ECP and will review our written program and evaluate safety devices at least once annually. The ECP will be updated as needed to incorporate new procedures or improved controls such as safer medical devices. The practice will ensure that the COO has sufficient authority and resources to implement, maintain, and enforce the ECP. All employees are responsible for complying with our ECP. Failure to adhere to this policy may result in disciplinary actions.

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Employees are encouraged to discuss any concerns with their supervisor or the COO. This includes notifying the COO of any uncontrolled hazards observed and suggesting additional or better controls.

The ECP is available to all employees at all times.

### **Background**

Certain pathogenic microorganisms found in the blood of infected individuals can be transmitted to other individuals by blood or other body fluids. Healthcare workers whose occupational duties expose them to blood and to other potentially infectious materials are at risk of contacting any one of these Blood Borne Pathogens. Hepatitis B and C and HIV are three of the most significant of these diseases.

Blood Borne Pathogens are microscopic organisms that thrive only in blood or certain other body fluids. They do not survive well outside a support system, such as the human blood stream or a specifically engineered environment. They may be fungi (yeasts and molds), bacteria, prions and parasites, in addition to the well-publicized viruses. There are more than 25 Blood Borne Pathogens known today, and that number is ever-increasing.

Other pertinent viruses include CMV (cytomegalovirus), Ebola (causes fatal hemorrhagic disease), and Epstein-Barr (infectious mononucleosis). Fungal infections include *Rhizopus*, *Candida albicans*, *Coccidioides immitis*, *Blastomyces*, and *Histoplasma*. Bacteria that invade the bloodstream include *Syphilis*, *Brucellosis*, *Pseudomonas*, *S. epidermidis* and *S. aureus*; *Strep. anginosus*, *sanguis*, *mutans* and *bovis*; *Haemophilus influenza* and *parainfluenza*; *Listeria monocytogenes* and *Bacillus fragilis*; *Clostridium perfringens*, and *Campylobacter* species. Parasites include *Plasmodium* (malaria), *Babesia*, *Trypanosoma* (Chagas' disease, for example), *Leishmania*, *Loa loa*, and *Toxoplasma*.

- Blood Borne Pathogens are spread through several routes:
- Contact with mucous membranes, such as eye, nose, or mouth, or non-intact skin
- Puncture wounds
- Organ transplants and blood transfusions
- Sexual contact
- Mother to unborn child through the placenta
- Mother to child through the breast milk

### **HEPATITS B AND C**

Hepatitis B and Hepatitis C are the major infectious occupational health hazards in the

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healthcare industry. The Centers for Disease Control (CDC) believes that as many as 18,000 healthcare workers may be infected by HBV each year. Nearly 10% of these become long-term carriers of the virus and may have to give up their profession. Several hundred healthcare workers will become actively ill or jaundiced from Hepatitis B. Approximately 300 workers may die annually as a result (directly or indirectly) of Hepatitis B.

Healthcare workers are at a much higher risk for HBV and HCV infection than the general public, due to their frequent occupational exposure to blood and other body fluids. Studies have shown that approximately 30% of healthcare workers show evidence of past or present HBV infection. Strong concentrations of HBV in body fluids make it highly contagious and easily spread. One drop of blood from a HBV patient can contain up to 100,000 viral particles. The virus may remain infective for months outside of a support system. Co-infection with the delta particle (Hepatitis D) is a more severe infection.

Hepatitis C has similar etiology and symptoms, with a higher chance of developing chronic disease. It is more prevalent in the United States than Hepatitis B. There is no immunization or cure. The only currently available treatment is Interferon, with an effectiveness rate of 15 - 50%. Low effectiveness may be related to low patient compliance due to unpleasant side effects of the medication. Patients may remain asymptomatic for up to twenty years.

Hepatitis A and Hepatitis E are transmitted through the fecal-oral route usually due to poor hand washing techniques. Because they are not Blood Borne, these forms of Hepatitis are not addressed by the Blood Borne Pathogen Standard.

Hepatitis is an inflammation of the liver. It does not automatically mean an infection, and it can also be caused by hazardous chemicals.

Symptoms of HBV may include jaundice, anorexia, nausea, arthritis, rash, and fever. Chronic carriers of HBV, who may be asymptomatic but still infectious to others, are at risk of chronic liver disease and liver cancer later in life. Patients may have no symptoms, have flu-like symptoms, or experience a more severe course with classic symptoms.

### **HIV**

Infection with HIV in the workplace represents a small but real hazard to healthcare workers. With just over 1.1 million AIDS cases reported in the general population, there is ever-increasing potential for exposure to healthcare workers. About 18,000 people die in the U.S. every year from HIV/AIDS. Although there is currently no vaccine that is effective against HIV, the barrier techniques that help prevent HBV will also be effective against HIV.

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## **KATY TRAIL COMMUNITY HEALTH OSHA Policies**

HIV primarily attacks the CD4 (T4) lymphocytes of an individual's immune system. T4 cells are vital to the body's ability to recognize and defend itself from infection and disease. Although HIV is a fragile virus that has difficulty surviving outside the human body, it causes progressive damage to the human immune system over a variable period of time, making the individual vulnerable to a host of infections or malignancies. The condition known as AIDS represents the end stage of HIV infection.

Due to the long incubation period of HIV (potentially up to 10 years), many HIV-infected individuals have no symptoms and may not know that they are infected. These individuals can transmit the virus to others via direct contact with blood or other body fluids and through sexual intercourse, regardless of whether or not they have developed the symptoms of AIDS. Only blood and blood products, semen, and vaginal secretions have been directly linked to transmission of HIV.

Approximately 50% of HIV-infected individuals will exhibit one or more of the following symptoms within 2-4 weeks of initial infection: febrile illness resembling mononucleosis or influenza, which resolves spontaneously; malaise; body aches; maculopapular rash (similar to measles); lymphadenopathy; headache. Presently it is not understood why some people develop symptoms faster than others. It is thought that certain co-factors, such as stress, poor nutrition, alcohol or drug abuse, and certain sexually transmitted diseases (syphilis), may trigger the virus to begin replication.

Because of job-related risks and their profound negative impact on healthcare personnel, considerable interest has focused on the possible prevention of HIV infection after an exposure incident. Currently, there is no cure for HIV. Several chemicals are available as treatments. Current treatment guidelines change frequently. Clearly, any person would like to avoid the risk of HIV infection, with its attendant social, economic, and emotional costs, and its virtual certainty of death. The importance of participating in an organized program with immediate counseling available cannot be overemphasized. The decisions involved are extremely complex, and healthcare workers who have suffered an exposure often need emotional support as well as medical advice.

### **Statistics**

Chance of contracting diseases through occupational exposure:

**HIV:** Almost 1.2 million people in the U.S. have been infected with HIV. If the source patient is a member of the general population, the chance that the exposed employee will contract HIV is 1 in 10 million. If the source patient has HIV, the chance of transmission of the disease to the exposed employee is - <0.5% (0.3%).

**Hepatitis B:** There are currently about 1.4 million people in the U.S. with HBV. If the exposed employee has not been immunized and the source patient has HBV, the chance that the employee will become infected following an exposure is as high as 30%. The

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## **KATY TRAIL COMMUNITY HEALTH OSHA Policies**

chance of developing chronic disease once an individual is infected with HBV is about 5%.

**Hepatitis C:** The U.S. currently has about 3.2 million Hepatitis C patients. If an employee sustains an exposure involving a patient with HCV, the chance that the employee will become infected with HCV is 2 - 10%. The chance that anyone with HCV will develop chronic disease is as high as 85%.

### **EXPOSURE DETERMINATION**

OSHA defines occupational exposure as any reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other potentially infectious materials include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixated tissue or organ (other than intact skin) from a human (living or dead), HIV-containing cell or tissue cultures, organ cultures, HIV or HBV- containing culture medium or other solutions, and blood, organs or other tissues from experimental animals with HIV or HBV.

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** : Exposure Control Plan - Compliance  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.02  
**Effective Date:** 2009  
**Distribution:** All Departments

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### I. POLICY:

Katy Trail Community Health (KTCH) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to Blood Borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens" and to ensure each employee with occupational exposure becomes familiar with and adheres to the Exposure Control Plan. This plan will be reviewed and revised every two years.

The COO has the overall responsibility for the Exposure Control Plan and has the full support of the Board of Directors and the authority to ensure that compliance is maintained throughout the organization. OSHA compliance is a condition of employment.

### II. GUIDELINES:

#### **PURPOSE:**

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

#### **A. Definitions:**

**Blood** means human blood, human blood components, and products made from human blood.

**Blood Borne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin

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## **KATY TRAIL COMMUNITY HEALTH OSHA Policies**

including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy Blood Borne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the Blood Borne Pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless Systems** means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to Blood Borne Pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

### **Other Potentially Infectious Materials**

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

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## **KATY TRAIL COMMUNITY HEALTH**

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(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated 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; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps with engineered sharps injury protections** means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Standard Precautions** is an approach to infection control. According to the concept of Universal/Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne Pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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# KATY TRAIL COMMUNITY HEALTH OSHA Policies

**Policy Title:** : Exposure Control Plan- Exposure  
Determination/ Standard Precautions

**Policy Number:** 6.03

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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## **I. POLICY:**

Katy Trail Community Health (KTCH) will provide at no cost to the employee appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks and other ventilation devices. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through, to, or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

See Procedure 6.03 Exposure Control Plan – Exposure Determination/Standard Precautions for more information.

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KTCH ----- Policies      Approved: 2009; 10/2011; 7/2013; 9/2015; 7/2017; 5/2019      Revised: 7/2011; 9/2015; 4/2019; 5/2019

# KATY TRAIL COMMUNITY HEALTH OSHA Policies

**Policy Title:** : Exposure Control Plan - Sharps Use and Disposal

**BOD Approval:** 5/23/2019

**Responsibility:** All Departments

**Policy Number:** 6.04

**Effective Date:** 2009

**Distribution:** All Departments

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## I. **POLICY:**

It is the policy of Katy Trail Community Health (KTCH) to provide sharps containers in medical and dental patient care areas, and provide education of proper sharps use to all employees who use or are exposed to sharps.

See Procedure 6.04 Exposure Control Plan – Sharps Use and Disposal for more information.

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KTCH ----- Policies      Approved: 2009; 10/2011; 7/2013; 9/2015; 7/2017; 5/2019      Revised: 7/2011; 9/2015; 4/2019; 5/2019

# KATY TRAIL COMMUNITY HEALTH OSHA Policies

**Policy Title:** : Exposure Control Plan - Occupational Safety  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.05  
**Effective Date:** 2009  
**Distribution:** All Departments

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## I. POLICY:

Katy Trail Community Health (KTCH) will follow guidelines and policies set forth by OSHA regulations. The following occupational safety procedures will be followed, see Procedure 6.05 Exposure Control Plan-Occupational Safety for more information.

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KTCH ----- Policies      Approved: 2009; 10/2011; 7/2013; 9/2015; 7/2017; 5/2019      Revised: 7/2011; 9/2015; 4/2019; 5/2019

# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan - Personal Protective Equipment

**Policy Number:** 6.06

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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### **I. POLICY:**

Personal protective equipment (PPE) is provided to prevent blood or other potentially infectious material from passing through or contacting the employees' work clothes, street clothes, or undergarments, or to the skin, eye, mouth, or other mucous membranes. Katy Trail Community Health provides all staff with appropriate PPE, including protection for the eyes, hands, face, air passages, and clothing. Although this equipment is meant to reduce the risks of exposure, it may not eliminate it. All PPE must be removed prior to leaving the work area. It must be replaced when damaged or contaminated. Contaminated PPE must not leave the work area and must be discarded properly.

See Procedure 6.06 Exposure Control Plan – Personal Protective Equipment for more information.

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KTCH ----- Policies      Approved: 2009; 10/2011; 7/2013; 9/2015; 7/2015; 5/2019      Revised: 7/2011; 9/2015; 4/2019; 5/2019

# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan – Hepatitis B  
Vaccination Policy

**Policy Number:** 6.07

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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### I. POLICY:

Katy Trail Community Health(KTCH) will comply with OSHA’s guidelines for Hepatitis B immunization as detailed in the CPL 2-2.69 Enforcement Procedures for Exposure to Blood Borne Pathogens released on November 27, 2001, and the CDC’s recommendations explained in “Immunization of Health Care Workers: Recommendations of ACIP and HICPAC,” Vol. 46, No. RR-18, 6/30/2001 MMWR.

### II. GUIDELINES:

KTCH will offer the Hepatitis B immunization series to each new hire occupationally exposed employee (Group I). This will be done at no cost to the employee. It will be done during normally scheduled work time. It will be performed under the supervision of a licensed physician or another licensed healthcare professional. All lab testing performed will be done through an accredited laboratory.

#### **Exemptions:**

- The practice is not required to provide the immunization under these conditions:
- The employee has been previously immunized
- An antibody test reveals a protective titer
- The vaccination is medically contraindicated
- The employee chooses to decline the immunization

#### **Immunization:**

The immunization schedule is administered per CDC guidelines under the care of a licensed provider.

- The employee may decline the immunization, in which case he/she will be required to sign a declination form. If the employee initially declines the Hepatitis B vaccination but later decides to accept the vaccination while still employed by this facility, it will be provided under the same conditions.
- Documentation of the Hepatitis B immunization(s) will include the employee’s

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name and Social Security number, the dates of immunization administration, and a titer or the signed declination. It will be kept in the Employee's Medical File for 30 years beyond termination of the employee's job. Copies will be supplied at the request of the employee or the former employee at no cost.

**A. PROCEDURES FOR HEPATITIS B VACCINATION**

- a) Employee will sign an Employee Consent to Hepatitis B Vaccination Form.

**OR**

- b) Employee will sign the Employee Declination to Receive Hepatitis B Vaccination Form.
- c) Employee will receive three doses of Hepatitis B in the deltoid muscle following the schedule below:
  - 1<sup>st</sup> dose
  - 2<sup>nd</sup> dose-one month
  - 3<sup>rd</sup> dose-six months after 1<sup>st</sup> dose
- d) If an employee believes they had Hepatitis B Vaccination, but cannot provide documented proof the employee may consent to have titers or may receive the series again.

**Katy Trail Community Health Hepatitis B Immunization Record**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Employee Consent to Hepatitis B Vaccination**

I acknowledge that in fulfilling my job responsibilities, I may be exposed to Hepatitis B. I have been informed of the symptoms of the disease. I have been instructed that the vaccine is safe and effective and may have certain side effects such as soreness, fatigue, fever, joint pain, rash, headache, and/or dizziness. I hereby give my consent to receive the Hepatitis B vaccine.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**KATY TRAIL COMMUNITY HEALTH  
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**Employee Declination to Receive Hepatitis B Vaccination**

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

A. \_\_\_\_\_ I decline the Hepatitis B vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (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 materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

B. \_\_\_\_\_ I have had the Hepatitis B vaccination in the past but at this time I cannot get documentation. Approximate date(s) of vaccinations: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan-Influenza  
Vaccinations

**BOD Approval:** 5/23/2019

**Responsibility:** All Departments

**Policy Number:** 6.08

**Effective Date:** 2009

**Distribution:** All Departments

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### I. **POLICY:**

All employees (full-time, part-time, PRN and contracted) of Katy Trail Community Health shall be provided the influenza vaccine during the annual influenza vaccination campaign. Employees will be required to obtain vaccination by October 31st of each calendar year or sign a declination. Vaccine will be offered free of charge at various times and locations. Records will be maintained documenting vaccinations and declinations. If vaccine shortages occur or if CDC recommendations are altered, the CMO or CEO may suspend or revoke all or part of this policy.

### II. **GUIDELINES:**

#### A. GENERAL REQUIREMENTS

All employees and volunteers must complete the mandatory influenza vaccination form by October 31<sup>st</sup> of each calendar year.

- Employees and volunteers who decline the vaccination must provide a medical or religious waiver by October 31<sup>st</sup> of each calendar year.
- Employees and volunteers who decline the vaccination will be required to wear a face mask during the influenza season.
- Any employee and volunteer who is not compliant with this policy by October 31<sup>st</sup> of each calendar will be placed on an unpaid administrative leave until documentation of vaccination or completed waiver is received.
- After 45 days, if the employee or volunteer has not provided documentation of vaccination or completed waiver, she/he will be terminated.
- New employees and volunteers who are hired during the influenza season must comply within 10 days of the hired date.

#### Waivers

- Medical Waiver: A medical waiver must be signed by the health care provider and returned to Human Resources each calendar year.
- Religious Waiver: A religious waiver must be signed by the religious/spiritual leader and returned to Human Resources. This need not be renewed annually.

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# **KATY TRAIL COMMUNITY HEALTH**

## **OSHA Policies**

Records will be maintained documenting vaccinations and waivers. If national vaccine shortage occurs, the CMO or CEO may suspend or revoke all or part of this policy.

### **B. RESPONSIBILITIES**

#### Katy Trail Community Health

1. Complete full implementation of the program in order to obtain 100% compliance by all employees and volunteers.
2. Ensure ample supplies for all employees and volunteers.
3. Provide influenza vaccine, virus information and mandatory influenza vaccination form to all employees and volunteers.
4. Collect the completed and signed mandatory influenza vaccination form from all employees and volunteers.
5. Maintain records to track:
  - a. Number of vaccinations
  - b. Number of waivers
    - i. Medical reasons
    - ii. Religious reasons
  - c. Number receiving vaccinations from another clinic
  - d. Number of terminations for failure to comply
6. Provide, annually, results via mandatory Influenza vaccination report to the executive leadership team by October 31<sup>st</sup>.
7. Review and maintain annual mandatory influenza vaccination rates.
8. Recommend revisions to this policy to enhance and improve mandatory influenza vaccination rates within the system.
9. Determine influenza season based on CDC guidelines and influenza in the community.

#### Employee Health/Human Resources

1. Provide all employees and volunteers annually with a reminder of this policy.
2. Provide new employees and volunteers with information about the annual mandatory influenza vaccination policy during orientation and where to obtain the vaccine if employment begins during the influenza season.
3. Notify managers/supervisors regarding those employees and volunteers who are not in compliance with the requirements of this policy.

#### Manager/Supervisor

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## **KATY TRAIL COMMUNITY HEALTH OSHA Policies**

1. Require all employees and volunteers under supervision to comply with the Mandatory Influenza Vaccination policy. Address in a timely manner employees, employed physicians and volunteers who fail to comply with this policy.

### Employees and volunteers

1. Complete annually mandatory influenza vaccination form, by October 31<sup>st</sup>.
2. New employees and volunteers hired during the flu season, as determined by the CDC, must participate in this policy.
3. Employees and volunteers who received exemptions due to waivers (medical/religious) are required to wear masks when working in patient care areas, when within 3 feet of patients during influenza season.

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**KATY TRAIL COMMUNITY HEALTH  
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**MANDATORY INFLUENZA VACCINATION FORM**

I agree to take the influenza vaccine.

I received influenza vaccine from another provider (must provide documentation with location, date and proof of vaccination).

I decline the influenza vaccine and have provided a medical or religious waiver.

Medical Waiver (see reverse)

Religious Waiver (see reverse)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

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**KATY TRAIL COMMUNITY HEALTH  
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**MANDATORY INFLUENZA VACCINATION FORM  
MEDICAL AND RELIGIOUS WAIVER**

Name of Employee: \_\_\_\_\_

**Medical Waiver** – I \_\_\_\_\_ (Print Physician Name) certify that the above employee is under my medical care and should be exempt from receiving the influenza vaccination due to medical reason(s).

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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**Religious Waiver** – I \_\_\_\_\_ (Employee Name), under my religious belief, decline to receive the influenza vaccination. This need not be renewed annually.

\_\_\_\_\_  
Religious/Spiritual Leader Name (Print) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan – Tuberculosis Testing  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.09  
**Effective Date:** 2009  
**Distribution:** All Departments

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### I. **POLICY:**

It is the policy of Katy Trail Community Health (KTCH) to provide every employee with tuberculosis testing. This is performed initially prior to the employee working (or documentation of TB testing within past year prior to employment) and then annually. CDC guidelines will be followed.

### II. **GUIDELINES:**

All new employees will fill out a TB questionnaire, and have nursing fill out a TB Testing Record when it is administered. TB test will be read within 48 to 72 hours by a KTCH nurse, medical assistant, or physician/provider and documented on the TB Testing Record.

All current employees will have a TB testing record filled out and a TB test performed annually. The exception to this is if the employee has had a positive TB test in the past, and they would therefore fill out the TB questionnaire and discuss with the Chief Medical Officer (CMO) what follow-up is required, following current CDC guidelines.

All documents will be kept in the employee's Employee Medical File.

## TUBERCULOSIS/MANTOUX SKIN TESTING FORM

**It is the policy of Katy Trail Community Health to require an initial baseline Mantoux test (PPD) at the time of employment unless the employee can produce evidence of a negative test within the last twelve months or a copy of a chest x-ray.**

### SECTION I: INFORMATION/CONSENT

*Mycobacterium tuberculosis* (TB) is a disease which is carried through the air in small particles when people, who have active TB cough, sneeze, speak, or sing. It usually affects the lungs, but can also affect the heart, kidneys, bones, and other organs of the body. The TUBERCULOSIS SKIN TEST is a way of identifying TB infection. You cannot get TB from the skin test. Health care workers are required to be screened regularly for TB.

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## **KATY TRAIL COMMUNITY HEALTH OSHA Policies**

**SIDE EFFECTS:** If you have been exposed to TB in the past, swelling and redness may develop at the site of the test. A blister or scar may also result.

**PRECAUTIONS:** The TB skin test should not be given to persons who have had a positive reaction in the past, or who have had an active case of TB, or who have taken TB medication in the past. If this has happened to you, please tell the nurse prior to taking the skin test.

Since there is no reliable method of distinguishing tuberculin reactions caused by BCG (bacilli Calmette-Guerin) vaccine from those caused by natural infections, if you have received BCG vaccine (given in foreign countries) it is not a contraindication for receiving the TB skin test. The test should be given and interpreted regularly. Pregnant health care workers may receive the skin test. (Source: MMWR, Vol. 43/No. RR-13, CDC, 10/28/94.)

**If  $\geq 10$  mm induration or if assessment (section III) is positive, refer employee to the County Health Department for evaluation and treatment.**

**It is very unlikely that a side effect to the test will occur. If such an event does happen, the most common reaction is pain or redness at the test site. In very rare cases, a person who is hypersensitive to the solution could have a severe allergic reaction near the injection site. Such rare reactions may include blistering or a skin wound.**

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** : Exposure Control Plan - Biohazard Labeling  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.10  
**Effective Date:** 2009  
**Distribution:** All Departments

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### I. POLICY:

Bio-hazardous labels will be placed on appropriate equipment and storage containers according to OSHA standards.

### II. GUIDELINES:

Bio-hazardous warnings, either the internationally recognized biohazard symbol or bright red coloring, will be used to alert persons of potential contamination of:

1. Containers of contaminated waste
2. Containers used to store, transport, or ship blood or other potentially infectious materials
- Exceptions:
  - Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use
  - Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transportation or shipment
3. Refrigerators, freezers and other containers used to store, transport, or ship blood and/or other potentially infectious materials
4. Sharps containers
5. Medications needing to be discarded (aerosols, etc) and Amalgam are to be placed in a separate bio-hazardous red bagged container. This container is to be labeled to identify its contents.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH OSHA Policies

**Policy Title:** : Exposure Control Plan – Handling  
Emergencies Involving Occupational Exposure

**BOD Approval:** 5/23/2019

**Responsibility:** All Departments

**Policy Number:** 6.11

**Effective Date:** 2009

**Distribution:** All Departments

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## I. POLICY:

Katy Trail Community Health (KTCH) may have accidents or spills, exposing employees to potentially harmful occupational exposure. Those emergencies will be handled in the following manner:

See Procedure 6.11 Exposure Control Plan – Handling Emergencies Involving Occupational Exposure for more information.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan - Post Exposure  
Evaluation and Follow-up

**Policy Number:** 6.12

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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### I. POLICY:

Employees who experience an exposure should first clean the area thoroughly. If the exposure is to the face, splash with copious amounts of clean water. If the exposure is elsewhere, clean it with soap and water. The exposed employee should then report the exposure to the Quality Improvement Coordinator. All exposed employees will be offered Post-Exposure Evaluation and Follow-up according to the procedure prescribed by the U.S. Public Health Service, at no charge to the employee. Exposed employees may decline this medical follow-up upon signing a declination form.

This practice utilizes a cleaning service that is responsible for exposure evaluation and follow-up for their own employees. Housekeeping members who experience an exposure outside of regular business hours should report the exposure to their immediate supervisor immediately and follow their company policy.

See Procedure 6.12 Exposure Control Plan – Post Exposure Evaluation and Follow-up for more information.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH OSHA Policies

**Policy Title:** Exposure Control Plan- Blood and Biohazard  
Waste Storage

**Policy Number:** 6.13

**BOD Approval:** 5/23/2019

**Effective Date:** 2009

**Responsibility:** All Departments

**Distribution:** All Departments

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## I. **POLICY:**

Katy Trail Community Health (KTCH) observes all OSHA regulations concerning the handling of contaminated waste. Contaminated wastes include the following: blood or other potentially infectious body fluids; saliva in dental procedures; items which would release these fluids if compressed; items which are coated with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste containing blood or other body fluids including saliva.

See Procedure 6.13 Exposure Control Plan – Blood and Biohazard Waste Storage for more information.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan - Record Keeping  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.14  
**Effective Date:** 2009  
**Distribution:** All Departments

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### I. **POLICY:**

Katy Trail Community Health (KTCH) will maintain an employee health record for each employee which will include records of occupational exposure

### II. **GUIDELINES:**

This record shall include:

1. The name and Social Security number of the employee.
2. A copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. Exposure Incident Report Form
4. The employer's copy of the visit note following an evaluation after an exposure incident.

Employee health records are kept confidential. Each employee may review his/her own health record as well as training records. Records will not be disclosed or reported to any person within or outside the workplace without the employee's express WRITTEN CONSENT or as otherwise provided by law. An exception is disclosure without consent for viewing and copying by the Assistant Secretary of Labor for Occupational Safety and Health, state Department of Health and Human Services, or where required by law.

KTCH will maintain the required records for the duration of employment plus thirty years. If the employer within that time ceases to do business and there is no successor employer to receive and retain these records for the prescribed period, the employer shall notify the OSHA Director. The Director will be contacted at least three months prior to record disposal so that the records may be transferred to the Director if so required.

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Policies

**Policy Title:** Exposure Control Plan - Training  
**BOD Approval:** 5/23/2019  
**Responsibility:** All Departments

**Policy Number:** 6.15  
**Effective Date:** 2009  
**Distribution:** All Departments

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### I. **POLICY:**

ALL employees must participate in a training program that will be provided at no cost to the employee and during regular working hours.

See Procedure 6.15 Exposure Control Plan – Training for more information.

*This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.*

KTCH ----- Policies Approved: 2009; 10/2011; 7/2013; 9/2015; 7/2017; 5/2019 Revised: 7/2011; 9/2015; 5/2019

# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure Control Plan – Exposure Determination/Standard Precautions

**Procedure Number:** 6.03

**Responsibility:** All department

**Effective Date:** 2009

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### **I. PROCEDURE:**

All patients are considered to be potentially infectious; therefore, proper protective equipment is to be worn as outlined below:

#### **1. Application of protective wear**

It is the responsibility of all staff to wear proper protective wear as the situation dictates.

#### **2. Glove application and removal**

Appropriate sized gloves should be worn whenever there is a possibility of contact with blood or other body fluids, i.e., saliva, feces, urine, sputum, etc. Change gloves immediately if a tear occurs. Wash hands well prior to applying new gloves. Removal of gloves is accomplished by peeling them off inside out. This places the contaminated side of the glove on the inside.

Discard in the appropriate container (biohazard or normal trash) in each patient care area. Gloves are not worn unless the employee is giving direct care and is likely to come in contact with blood or body fluids. Consider that contaminated gloves are the same as contaminated hands. Remove gloves as soon as possible and wash hands immediately and prior to touching another patient or articles in the patient room.

#### **3. Goggles/ Face Shields/Safety Glasses**

Goggles/ Face shields/Safety Glasses should be worn whenever the possibility of splashing may occur. If goggles/safety glasses become soiled with body secretions disinfect them, rinse, dry and replace on shelf for future use. If face shields become soiled they are discarded.

#### **4. Masks**

Masks are to be worn for respiratory precautions or if there is a possibility of splashing from blood or body fluids. Wash hands prior to putting on mask. Change the mask in-between every patient, and every 30 minutes or more often if the mask becomes damp or contaminated. Cover both nose and mouth with the mask. Do not touch the mask with gloved hands when wearing the mask. Discard the mask in a proper receptacle.

PPE (masks, face shields, gloves and gowns) are kept in the medical/dental labs, sterilization areas, and all medical/dental patient care areas. Extra PPE supplies are

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# KATY TRAIL COMMUNITY HEALTH OSHA Procedures

kept in medical/dental supply areas.

## II. PURPOSE AND SCOPE:

Katy Trail Community Health (KTCH) will provide at no cost to the employee appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks and other ventilation devices. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through, to, or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

## III. GUIDELINES:

### EMPLOYEE GROUP ONE

This classification includes employees whose routine duties involve potential for exposure to Blood Borne Pathogens. All employees in this group will be offered the Hepatitis B vaccine within 10 days of initial assignment and must receive our complete infection control training prior to commencement of their duties. It is the responsibility of the Chief Operating Officer (COO) to make sure these requirements are completed.

Personnel:

<input type="checkbox"/> Physicians	<input type="checkbox"/> Physician Assistants
<input type="checkbox"/> Dentists	<input type="checkbox"/> Nurse Practitioners
<input type="checkbox"/> Dental Assistants/Expanded Functions	<input type="checkbox"/> LPNs/RNs
<input type="checkbox"/> Dental Hygienists	<input type="checkbox"/> Registered Medical Assistants
<input type="checkbox"/> Quality Improvement Coordinator	<input type="checkbox"/> Certified Medical Assistants
<input type="checkbox"/> Clinic Site Managers	<input type="checkbox"/> Certified Nursing Assistant
<input type="checkbox"/> Dental Sterilization Technician	<input type="checkbox"/> Phlebotomists

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**KATY TRAIL COMMUNITY HEALTH  
OSHA Procedures  
RISK DETERMINATION FACTORS FOR GROUP ONE**

Exposure prone tasks/procedures	PPE Guidelines
Pap smear/pelvic exam	Gloves, and if necessary gown, mask
Injections	Gloves, and if necessary gown, mask/eyewear
IUD insertion/removal	Gloves and if necessary gown, mask/eyewear
Skin/Mole Biopsy	Gloves and if necessary gown, mask/eyewear
Wound care	Gloves, and if necessary gown, mask/eyewear
Minor surgery or any invasive procedures	Gloves and if necessary gown, mask/eyewear
IV insertion	Gloves, and if necessary gown, mask/eyewear
Incision and drainage	Gloves, , and if necessary gown, mask/eyewear
Instrument scrubbing	utility gloves, safety glasses with mask
Suturing	Gloves and if necessary gown, mask/eyewear
Urine/feces/vomitus fluid spills	Gloves, mask with eyewear and if necessary gown
Phlebotomy	Gloves, and if necessary gown, mask/eyewear
Catheter insertion	Gloves, and if necessary gown, mask/eyewear
Cultures	Gloves, and if necessary gown, mask/eyewear
Ear irrigation	Gloves, gown
Enema	Gloves, and if necessary gown, mask/eyewear
Handling Biohazard Waste	Gloves, and if necessary gown, mask/eyewear
Handling Contaminated Laundry	Gloves, and if necessary gown, mask/eyewear
Hematology	Gloves
Urinalysis	Gloves
Specimen transfer	Gloves
Strep testing	Gloves
Trash collection	Gloves
All dental patient care	Gloves, mask, eye protection, gown
Cleaning and disinfection of dental operatory,	Gloves, mask, eye protection, gown
Sterilization of equipment, instruments	Gloves, mask, eye protection, gown

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# KATY TRAIL COMMUNITY HEALTH OSHA Procedures

## EMPLOYEE GROUP TWO

This classification is for employee job descriptions that do not include any exposure-prone duties. It is not mandatory that these employees receive complete training in the Blood Borne Pathogen Standard nor that they be offered the Hepatitis B vaccine. These employees will receive basic training about HBV and HIV transmission, and will be trained to avoid situations that could result in potential exposure. If at any future date an employee in this group has any additional duties added which result in occupational exposure, then this employee will be offered the Hepatitis B vaccine within ten (10) days of initial assignment and given thorough training in all aspects of the Blood Borne Pathogen Standard.

Job Titles:

<input type="checkbox"/> Patient Service Representatives	<input type="checkbox"/> Staff Accountant
<input type="checkbox"/> Medical Records Clerks	<input type="checkbox"/> Chief Executive Officer
<input type="checkbox"/> Billing Staff	<input type="checkbox"/> Chief Financial Officer
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Executive Assistant
<input type="checkbox"/> Care Coordinators	<input type="checkbox"/> Chief Operating Officer
<input type="checkbox"/> HR Director	<input type="checkbox"/> Financial Staff
<input type="checkbox"/> IT Staff	<input type="checkbox"/> Dental Clinic Coordinator
<input type="checkbox"/> Credentialing Specialist	<input type="checkbox"/> Behavioral Health Consultant
<input type="checkbox"/> Business Office Manager	<input type="checkbox"/> Marketing Specialist
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Referral Coordinator

## METHODS OF COMPLIANCE

### STANDARD PRECAUTIONS

In this practice we will use the Standard Precautions approach to infection control.

*All* human blood and other potentially infectious body fluids will be treated as though they are known to be infectious for HBV, HCV, HIV and other Blood Borne pathogens.

Other potentially infectious body fluids include all body fluids containing visible blood, saliva in dental procedures, semen, vaginal secretions, synovial fluid, cerebrospinal fluid, pleural fluid, peritoneal and pericardial fluid and amniotic fluid. It does not include

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

feces, nasal secretions, sputum, sweat, tears, urine, saliva (in most settings), breast milk and vomitus, unless visible blood is present. It does cover unfixed tissues and cultures.

### **ENGINEERING AND WORK PRACTICE CONTROLS**

This practice has instituted the following engineering controls and work practices to help minimize employee exposure to Blood Borne pathogens. It is imperative that all employees utilize these techniques and observe these rules.

**Hand Washing:** Hand washing facilities have been provided for the employee's use in all exposure-prone areas of this facility. Where no sink is available, an antimicrobial product (gel or foam) will be used as an intermediate measure, to be followed by washing with soap and water as soon as feasible. Hands are to be thoroughly washed with water or an antimicrobial solution under the following circumstances:

- Before gloving
- After removing gloves
- After each patient procedure
- Before leaving the work area
- Before eating
- After hands have touched a possibly contaminated surface

Effective hand washing- means scrubbing with soap for at least 15-20 seconds on the palms, between the fingers, the back of the hands, and the wrist. Scrubbing is followed by a thorough rinse with water and complete drying. If a paper towel is used for drying, it should be used to turn off the water.

Hand wash training for all medical and dental patient care staff is conducted on an annual basis.

**Hand-to-Hand Transfer:** Hand-to-hand transfer of contaminated sharps such as scalpels, hand pieces, picks, probes, and burrs is forbidden where other methods are available. Transfer contaminated items by placing the sharp(s) on a flat surface, then using a “pick-up” to retrieve the item when feasible.

### **Safer Sharps**

#### **Criteria for Safer Sharps**

1. Allows/requires employees' hands to stay behind the needle after use
2. Safety feature an integral part of the device, present before the device is contaminated
3. Safety feature stays in place throughout the waste stream
4. Easy to use with little instruction

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

5. Does not interfere with patient care
6. Safety feature activated with a one-handed technique

**Policy:** The use of safer medical devices and sharps is an integral part of our exposure control plan. We will follow OSHA guidelines to:

- Evaluate safer medical devices currently available on the market
- Include employees who use these devices for evaluation purposes
- Document these evaluations and choices
- Choose those safer devices that meet our needs
- Reevaluate as new devices become available at least annually

**Exceptions to using safer sharps:**

- No safer sharps are available for the procedure (have not been developed yet)
- Temporarily unavailable on the market (must continue attempting to obtain)
- Sharp interferes with patient care
- Poses greater safety risk to patient or employee
- By only one manufacture

We will use engineered sharps injury protection devices wherever feasible. If safer sharps are not available, we will evaluate other methods to reduce the chance of injury, such as devices uses to permanently cover the contaminated point.

When recapping of contaminated needles is medically necessary, a one-handed technique or a mechanical device will be used. Tube/needle holders used for collecting blood specimens will be discarded into the sharps container with the needle attached.

All sharps injuries involving contaminated sharps will be documented along with other Worker's Compensation events.

We will evaluate the effectiveness of our plan every two years. We will also evaluate new safer medical devices each year and revise our choices if better devices come on the market.

Conventional blunt needles with no safety device may be used in this office to draw up medications. The used needles are not contaminated and therefore may be recapped and removed, and then discarded into the sharps container. Safety needles are used for all medical patient care, except in certain situations such as joint injections.

**Evaluation Procedure:** This practice will use applicable safer medical devices where possible to reduce or eliminate the potential for sharps injuries that could lead to the transmission of Blood Borne pathogens.

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

- Each year, we will review our reported sharps injuries and/or device failures for the past year to determine if an additional personnel training is required or if certain devices should be replaced.
- If training is needed, we will contact the manufacturer for appropriate training resources. We will provide and document this additional training.
- If certain devices seem problematic, we will initiate an effort to find safer replacements by contacting:
  - Our supplier
  - The device manufacturer
  - Other appropriate sources for suggestions
- Even if we have experienced no sharps injuries or device failures, each year we will evaluate new safer devices that are available by:
  - Requesting information from our supplier
  - Contacting manufacturers
  - Searching the Internet
- When improved devices are available, we will determine if they would be useful in our setting and will request samples from our supplier and/or the manufacturer.
- We will evaluate these devices and document our findings. Employee-users will be included in the evaluation process.

#### **IV. REFERENCES:**

POLICY: 6.03

Katy Trail Community Health (KTCH) will provide at no cost to the employee appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks and other ventilation devices. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through, to, or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

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**KATY TRAIL COMMUNITY HEALTH  
OSHA Procedures  
Annual Safer Sharps Analysis**

**Date/Year:** \_\_\_\_\_

1. Review of sharps injury reports and device failure reports in our facility for the past year revealed that

a. Additional training is need            Y            N    (Circle One)

If yes, list employee(s) needing training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Some devices seem problematic            Y            N    (Circle One)

If yes, list devices that should be replaced.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Director of Human Resources

Date: \_\_\_\_\_

2. Training was provided for the employee(s) listed above on

Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

3. Literature requested/received/reviewed

4. Improved devices have been evaluated to replace the above listed devices.

Problematic Devices \_\_\_\_\_

Selected Replacement \_\_\_\_\_

Signature: \_\_\_\_\_

Director of Human Resources

Date: \_\_\_\_\_

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**KATY TRAIL COMMUNITY HEALTH  
OSHA Procedures**

**Safer Sharps Evaluation**

Device: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
Safety Feature: \_\_\_\_\_ Comments: \_\_\_\_\_  
Intended Use: \_\_\_\_\_  
Date Evaluated: \_\_\_\_\_ Acceptable: ( ) Yes ( ) No

Evaluation (circle one):

1. Allows/requires employees' hands to stay behind the needle after use ( ) Yes ( ) No
2. Safety feature an integral part of the device, present before the device was contaminated ( ) Yes ( ) No
3. Safety feature stays in place throughout the waste stream ( ) Yes ( ) No
4. Easy to use with little instruction ( ) Yes ( ) No
5. Interferes with patient care ( ) Yes ( ) No
6. Safety feature activated with a one-handed technique ( ) Yes ( ) No

Device: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
Safety Feature: \_\_\_\_\_ Comments: \_\_\_\_\_  
Intended Use: \_\_\_\_\_  
Date Evaluated: \_\_\_\_\_ Acceptable: ( ) Yes ( ) No

Evaluation (circle one):

- Allows/requires employees' hands to stay behind the needle after use ( ) Yes ( ) No  
Safety feature an integral part of the device, present before the device was contaminated ( ) Yes ( ) No  
Safety feature stays in place throughout the waste stream ( ) Yes ( ) No  
Easy to use with little instruction ( ) Yes ( ) No  
Interferes with patient care ( ) Yes ( ) No  
Safety feature activated with a one-handed technique ( ) Yes ( ) No

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**KATY TRAIL COMMUNITY HEALTH**  
**OSHA Procedures**  
**Safer Sharps Review Conclusion**

We have reviewed the safety devices currently in use at our practice and our sharps injury log for the past year (\_\_\_\_\_). We have researched the market and cannot find any products that would improve the level of safety for our employees. Our employees are satisfied with the safety devices currently in use. We will continue to reevaluate them periodically.

Applicable: Yes or No

We have tried to find a safer device for the following procedure(s) but so far have been unsuccessful. We will continue to work with our supplier to find a safer device.

- \_\_\_\_\_ Amniocentesis
- \_\_\_\_\_ Bone marrow aspiration
- \_\_\_\_\_ Spinal tap
- \_\_\_\_\_ Injecting radioactive materials
- \_\_\_\_\_ Electrosurgery
- \_\_\_\_\_ Metal syringe for use with carpules
- \_\_\_\_\_ Biopsy
- \_\_\_\_\_ Epidural
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

We have evaluated and chosen safer medical devices that are currently on back order by the manufacturer. We will continue to contact our supplier until we have received the ordered devices.

Device \_\_\_\_\_ Manufacture \_\_\_\_\_

Device \_\_\_\_\_ Manufacture \_\_\_\_\_

Device \_\_\_\_\_ Manufacture \_\_\_\_\_

Our providers have evaluated safer devices available on the market. However, at this time, it is their professional opinion that the devices available are contraindicated for the following procedures:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Quality Improvement Coordinator

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Safety Coordinator/Chief Operating Officer

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Employee

Employee Signature: \_\_\_\_\_

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure Control Plan - Sharps Use and Disposal

**Procedure Number:** 6.04

**Responsibility:** All department

**Effective Date:** 2009

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### **I. PROCEDURE:**

It is the policy of Katy Trail Community Health (KTCH) to provide sharps containers in medical and dental patient care areas, and provide education of proper sharps use to all employees who use or are exposed to sharps.

### **II. GUIDELINES:**

#### **Locations of Disposable Sharps:**

- procedure room
  - medical laboratory
  - all medical and dental patient care areas
  - sterilization cleaning area
1. Sharps containers or devices are properly labeled and color-coded, and are puncture-resistant and leak proof. They are kept upright at all times and the lid will be tightly sealed prior to removal of the container. If the outside of the container becomes contaminated, it shall be placed into another leak proof container prior to transport.
  2. Any contaminated object that can puncture the skin is considered a contaminated sharp. This includes, but is not limited to: needles, scalpels, broken glass, slides, exposed ends of dental wires, and any other objects capable of penetrating the skin. These **MUST** be placed immediately in the sharps container. These containers will never be overfilled, and will be replaced when the contents reach the fill line.
  3. Recapping and removing of contaminated needles is forbidden in the medical clinic except under rare circumstances where no alternative is feasible. In the dental clinic, recapping of needles is necessary and should only be performed by the provider who gave the injection. Under these circumstances the use of the one-handed scoop method is mandated. In addition, no one is permitted to bend, shear or break a contaminated needle or scalpel. Removing needles is necessary in the dental clinic. Needles should only be removed by the provider who gave the injection if the cap is securely in place. Once removed, the provider shall place the needle in the sharps container in the dental operator. Scalpel blades shall be removed and placed in the sharps container by the provider using

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

hemostats or needle holders. Bare or gloved hands shall not touch the scalpel blade.

4. Contaminated Instruments: Once instruments are contaminated with blood or other body fluids, employees will handle them as follows:
  - a. Medical
    - i. Place them in an instrument puncture resistant container and cover with lid during transport.
    - ii. In preparation for cleaning and sterilization, retrieve these instruments from the container only by mechanical means (forceps, pick-ups).
    - iii. Anytime these instruments need to be scrubbed prior to sterilization, the employee will wear appropriate personal protective equipment consisting of rubber household gloves and eye/face protection. A long-handled brush will be used.
    - iv. Instruments will be sterilized for patient use according to manufacturer guidelines based on the intended use of the instrument.
  - b. Dental
    - i. Loose instruments
      1. Take instruments and hand pieces to the sterilization room, in a covered puncture resistant container. The container must be marked as biohazard
      2. Place instruments in ultrasonic and turn on ultrasonic
      3. Rinse instruments in sink
      4. Inspect for particles and scrub as necessary
      5. Allow instruments to dry
      6. Package dry instruments
      7. Write initials, date, and autoclave load number on each pouch
      8. Pouches are color coded to coordinate with autoclaves
    - ii. Instruments in Cassettes
      1. Put all instruments back in cassette and close
      2. Transport to sterilization in the appropriate covered container
      3. Proceed as listed above

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure control Plan – Occupational Safety  
**Responsibility:** All department

**Procedure Number:** 6.05  
**Effective Date:** 2009

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### I. PROCEDURE:

Personal protective equipment (PPE) is provided to prevent blood or other potentially infectious material from passing through or contacting the employees' work clothes, street clothes, or undergarments, or to the skin, eye, mouth, or other mucous membranes. Katy Trail Community Health provides all staff with appropriate PPE, including protection for the eyes, hands, face, air passages, and clothing. Although this equipment is meant to reduce the risks of exposure, it may not eliminate it. All PPE must be removed prior to leaving the work area. It must be replaced when damaged or contaminated. Contaminated PPE must not leave the work area and must be discarded properly.

### II. GUIDELINES:

#### GENERAL SAFETY

- Eating, drinking, smoking, and applying cosmetics or lip balm, and handling contact lenses are strictly prohibited in treatment areas, sterilization areas, laboratory areas and waste storage areas.
- Food, drink and cosmetics shall NOT be kept in refrigerators, freezers, shelves, and cabinets or on countertops or benches where medications, blood or other potentially infectious materials are stored or handled.
- Medications/Vaccines shall NOT be stored in the same refrigerator as blood products, and biohazard materials such as lab reagents

#### EQUIPMENT REPAIR

- Contaminated instruments or equipment must be decontaminated prior to servicing or shipment. If these are unable to be decontaminated, proper labeling and notification to the receiving company is required.
- A readily observable red biohazard label shall be attached to the equipment stating which portion of it remains contaminated.

#### HOUSEKEEPING

For our disinfectants we use germicidal cloth/wipes in the medical clinic and germicidal liquid on 4X4's in the dental clinic.

1. Patient Care Equipment: Each worker will use the above cleaners to decontaminate all equipment and environmental work surfaces after he/she has used them or made contact with blood or other potentially infectious materials. All equipment and instruments that can be sterilized without damaging or compromising the equipment's effectiveness will be sterilized.
2. Work Surfaces: Each worker is responsible for using the above cleaners to decontaminate

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## **KATY TRAIL COMMUNITY HEALTH**

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work surfaces after he/she has used them and made contact with blood or other potentially infectious materials. Disinfection and decontamination of work surfaces will also be each worker's responsibility at the end of each shift. Work surfaces include countertops, exam tables, mobile med carts, etc.

3. Trash Cans: All bins, pails, cans, and similar receptacles which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected, cleaned, and decontaminated as soon as feasible upon visible contamination.
4. Spills/Broken Glass: Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using a brush and dust pan, tongs, or forceps and cautiously placed in a sharps container.
5. Exam Rooms/Procedure Room/Lab/Dental Operatories: After treatment of each patient and at the completion of daily work activities, countertops, exam tables, chairs, and patient care surfaces (blood pressure cuffs, stethoscopes, and thermometers) will be cleaned with the above cleaners. Surfaces that are visibly soiled or that can be reasonably assumed to be contaminated with patient material, blood, or bodily fluids should then be disinfected with any of the above cleaners. The following procedure will be followed:
  - a) Put on gloves, mask, eye protection, and other protective equipment as needed
  - b) Spray or wipe with the approved cleaner, dental operatory surfaces must be wiped down two consecutive times with heavily saturated opticide 4x4s.
  - c) Allow the surfaces to air dry before replacing the infection control barriers used.
6. General Housekeeping: KTCH uses a combination of clinical staff, janitorial staff, and contracted maintenance companies to clean and maintain its facilities. Cleaning of KTCH is performed by independent contractors.

#### **STERILIZATION**

The autoclave is to be loaded according to manufacturer's instructions; it should not be overloaded as this does not allow sterilization of instruments. Once loading is complete, the appropriate cycle should be chosen and the autoclave started. The autoclave should be allowed to complete the entire sterilization cycle and the air dry cycle BEFORE instruments are removed. The door to the autoclave will automatically release once the sterilization process is completed. After each load a receipt will print, those must be saved with the autoclave spore testing/cleaning logs.

#### **LAUNDRY**

Contaminated laundry (gowns, lab coats, blankets, towels, etc.) will be handled as little as possible, and not sorted or rinsed prior to placement into a biohazard bag that is placed in a designated laundry hamper. Employees handling contaminated laundry will handle it with gloves. In the event the laundry contains blood-soaked items, the handler will also wear a fluid-resistant gown. If the container becomes contaminated on the outside, it will be placed in another labeled leak proof container.

No employee may wear or transport out of this facility any contaminated laundry. (*ITEMS MAY NOT BE TAKEN HOME FOR CLEANING.*)

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure Control Plan – Personal Protective Equipment

**Procedure Number:** 6.06

**Responsibility:** All department

**Effective Date:** 2009

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### **I. PROCEDURE:**

Personal protective equipment (PPE) is provided to prevent blood or other potentially infectious material from passing through or contacting the employees' work clothes, street clothes, or undergarments, or to the skin, eye, mouth, or other mucous membranes. Katy Trail Community Health provides all staff with appropriate PPE, including protection for the eyes, hands, face, air passages, and clothing. Although this equipment is meant to reduce the risks of exposure, it may not eliminate it. All PPE must be removed prior to leaving the work area. It must be replaced when damaged or contaminated. Contaminated PPE must not leave the work area and must be discarded properly.

### **II. GUIDELINES:**

#### **Gloves:**

- Disposable latex free nitrile gloves are available for use in all KTCH clinical facilities.
- These gloves are NOT puncture-resistant, nor are they 100% protective against infectious agents.
- Gloves must be replaced as soon as practical when contaminated (at a minimum, after each patient).
- Torn or punctured gloves must be replaced as soon as feasible.
- Disposable gloves may NOT be washed for reuse.
- Gloves will be removed prior to leaving the treatment area unless transporting dirty instruments to the sterilization area. Then they will be removed before leaving the sterilization area.
- Gloves will be removed prior to documenting in a patient's chart or prior to answering the telephone.
- Grossly contaminated gloves will be discarded into the bio-hazardous waste container located in each treatment room. They may go into the regular trash if they are not grossly contaminated.
- Heavy-duty utility gloves used for clean-up may be decontaminated for reuse if glove integrity is not compromised. They must be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.
- Employees must wash their hands with soap and running water immediately after

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

removing their gloves.

- Hand sanitizer may be used as an intermediate measure but not in place of hand washing.

### **Type of Gloves and Their Use:**

- Use sterile gloves for procedures involving contact with normally sterile areas of the body.
- Use examination or procedure gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
- Change gloves between patients.
- Do not wash or disinfect surgical or examination gloves for reuse.
- Use general purpose or utility gloves (i.e., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures.

### **Gloves Must Be Used:**

- If the skin of the healthcare worker is cut, abraded, or chapped.
- During exam of the mouth.
- During pelvic and rectal examinations.
- When examining abraded or non-intact skin or patients with active bleeding.
- During invasive procedures.
- During housekeeping and cleaning involving body fluids.
- During decontaminating procedures.
- When performing phlebotomy, processing and/or testing blood or other potentially infectious specimens.
- During all surgical or dental procedures.

### **Eyewear:**

- Protective eyewear is used in this facility when indicated; goggles face shields, or glasses with solid side shields. If a procedure presents a danger of splashing or if a manufacturer recommends that goggles be worn when using their product, the employee must wear goggles.
- Protective eyewear, other than prescription glasses, shall be removed prior to exiting the treatment area.

### **Masks:**

- Masks are used in this facility when indicated.
- Contaminated masks will be replaced immediately or as soon as is feasible.

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## KATY TRAIL COMMUNITY HEALTH OSHA Procedures

- Contaminated masks will be placed in the bio-hazardous waste container located in each treatment area.
- Change masks between patients.

### **Gowns, Aprons, Lab Coats:**

- Gowns can be worn to protect street wear and the arm and neck areas from contamination. They may be worn until or unless they become soiled, damaged, or wet, at which time they must immediately be removed and replaced.
- Protective laboratory coats will be removed and replaced as soon as they become visibly damaged or contaminated. Disposable gowns should be properly disposed of by placing them into the appropriate container based on whether or not they are contaminated. No employee will take PPE home.

### **Resuscitation Equipment:**

- Resuscitation bags and other ventilation devices are kept in the procedure room.

### **Selection of Appropriate PPE:**

Determination of appropriate PPE is based on the anticipated exposure to blood or other potentially infectious body fluids during any given procedure. The type of exposure, amount of blood or fluids, and likelihood of splattering are taken into account when making these determinations.

<b>Type of Procedure:</b>	<b>Appropriate PPE:</b>
Pelvic examination, suture removal, bandage change, venipuncture	Gloves
Procedures with mild potential for exposure, i.e. Toenail removal	Gloves
Procedures with moderate potential for exposure, i.e. lancing cysts	Gloves, lab coat, face protection
Procedures with relatively high potential for exposure, i.e. Surgical procedures, induced sputum collection, aerosolized treatments	Gloves, lab coat, face protection (mask and eye wear or full length face shield)
All dental procedures	Gloves, lab coat, face protection (mask and eye wear or full length face shield)
Sterilization of dental instruments	Gloves, gown, face protection, utility gloves

### **Latex Allergy: This practice does not supply latex gloves.**

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure Control Plan – Handling  
Emergencies Involving Occupational  
Exposure

**Procedure Number:** 6.11

**Responsibility:** All department

**Effective Date:** 2009

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### **I. PROCEDURE:**

Katy Trail Community Health (KTCH) may have accidents or spills, exposing employees to potentially harmful occupational exposure. Those emergencies will be handled in the following manner:

### **II. GUIDELINES:**

#### ***1. Accidents/Spills of blood and other potentially infectious materials***

- Isolate area where spill occurs - place hazard sign in front of spill or have another employee stay at spill site to warn others.
- Put on gloves, mask, eyewear, and fluid-proof gown.
- Apply the absorbent material in the spill kit to absorb the fluid.
- Place the absorbed material and all disposable clean-up items in the bio- hazard bag.
- Clean area where spill occurred with: (a) soap and water, then with (b) disinfectant.
- Place the biohazard bag into the central biohazard container.
- Remove and dispose of disposable personal protective equipment and clean and disinfect non-disposable items.
- Wash hands with soap and running water

*Sharps and contaminated broken glass or other sharp materials must be placed in the sharps biohazard container. These items are never to be picked up by the hand, even when wearing gloves. Always use forceps or scoop and brush.*

#### ***2. Emergencies Involving Patient Care***

**CPR** - Always use the provided CPR device which serves as a barrier when performing mouth-to-mouth resuscitation.

For unexpected bleeding; airway obstruction; etc.

- The patient must be cared for immediately in these events.
- If treatment results in blood or other body fluids contaminating any area of employee's skin or eyes or mucous membranes, these are to be washed with soap and running water as soon as possible.

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

- Mucous membrane contact with a patient's body fluids is an exposure incident and the employee will receive a post-exposure evaluation.
- If blood or other body fluids soak through clothing, then this clothing must be removed and the skin underneath cleaned with soap and running water.
- The contaminated item of clothing is to be placed in the red biohazard bag to be then placed in the cleaner's bag.
- If at any time during this emergency it becomes possible to interrupt treatment and put on proper personal protective equipment (with no increased risk to the patient), then the employee is to do so.

### ***3. Reporting of Accidents and Emergencies***

- Any employee witnessing an accident or emergency must immediately contact a first responder.
- The first responder will work to secure the area.
- All accidents and emergencies must be reported to either the Quality Improvement Coordinator (QIC) or the Chief Operating Officer (COO) immediately.
- All incidents that involve having to treat a patient without appropriate personal protective equipment must be documented on an Event Report and given to the QIC.

### ***4. Employer's Responsibility***

When an incident such as the one listed above occurs where an employee must treat a patient without appropriate personal protective equipment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure Control Plan – Post Exposure  
Evaluation and Follow-up

**Procedure Number:** 6.12

**Responsibility:** All department

**Effective Date:** 2009

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### I. PROCEDURE:

Employees who experience an exposure should first clean the area thoroughly. If the exposure is to the face, splash with copious amounts of clean water. If the exposure is elsewhere, clean it with soap and water. The exposed employee should then report the exposure to the Quality Improvement Coordinator. All exposed employees will be offered Post-Exposure Evaluation and Follow-up according to the procedure prescribed by the U.S. Public Health Service, at no charge to the employee. Exposed employees may decline this medical follow-up upon signing a declination form.

This practice utilizes a cleaning service that is responsible for exposure evaluation and follow-up for their own employees. Housekeeping members who experience an exposure outside of regular business hours should report the exposure to their immediate supervisor immediately and follow their company policy.

### II. GUIDELINES:

An exposure incident is defined as a specific occupational incident involving eye, mouth, and other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials, including saliva. The most common example is a needle stick.

***Katy Trail Community Health will follow this protocol for exposure to Blood Borne pathogen incidents: (see attached Post Exposure Follow up Checklist)***

### **Katy Trail Community Health POST EXPOSURE FOLLOW-UP CHECKLIST**

Under the Blood Borne Pathogen Standard, an occupational exposure incident is defined as “a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.”

When such an incident occurs, certain follow-up activities must be performed. These follow-up activities will be provided by KTCH at no cost to the employee and will be kept in a confidential manner.

## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

- Hold **source patient** at facility if patient is still present. If patient is not present and the source patient can be identified, staff must contact the patient and ask them to return to the facility for testing.
- Report incident to Quality Improvement Coordinator (QIC) or Chief Operating Officer (COO) immediately.
- Document all details of the incident (Use attached Exposure Incident Report form).
- Obtain consent for HBV, HCV, and HIV blood tests from the **source patient** if possible. (consent form attached).
- If possible collect blood specimen, if not already available, from **source patient**.
  - Hepatitis B Surface Antigen
  - HIV-
  - Hepatitis C Antibody

**Exception:** If the source patient is known to be infected and documentation is available, with HIV, HCV, or HBV, that test does not need to be repeated.

- Obtain permission from the ***employee*** for immediate testing.

### **OR**

- Have employee sign declination form if no follow-up is desired.
- Chief Medical Officer will do the follow-up and ordering of the following tests:
  - HIV I rapid screen Hep B Surface Antibody (Hep B Surface Ab) (if employee is up to date on Hepatitis B Vaccination, otherwise, order Hepatitis B Surface Antigen (HBsAg Screen)
  - ALT
  - Hepatitis C Antibody (HCV Antibody)
- Offer a Hepatitis B vaccination to the employee if this has not already been done.
- Quality Improvement Coordinator will report incident to the current Worker's Compensation carrier **immediately**

**KATY TRAIL COMMUNITY HEALTH**  
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- The Chief Medical Officer or his/her designee is responsible for counseling the employee regarding this exposure
  
- Physician will document their recommendations within the patient's chart on lab results. Employees who are patients may request that the lab results are removed from their patient chart. A copy of the labs will be placed in the Employee Medical File with recommendations notated on it.
  
- Subsequent laboratory follow up includes:
  - 6 weeks from needle stick
    - HIV
    - Hepatitis B Surface Antigen
  
  - 12 weeks from needle stick
    - HIV
  
  - 6 months from needle stick
    - Hepatitis C Antibody
    - ALT
    - HIV
    - Hepatitis B Surface Antigen
  
- Maintain all relative documentation in the Employee Medical File for 30 years beyond the end of the employee's employment.

**Exposure Incident Report Form**

Exposed Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Department: \_\_\_\_\_

Duties as they relate to incident: \_\_\_\_\_

Date/time/location of incident: \_\_\_\_\_

Route of exposure:       Percutaneous injury       Mucous membranes  
                                  Non-intact skin                       Bite that broke the skin

Source patient: \_\_\_\_\_

Procedure being performed: \_\_\_\_\_

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Instrument being used: \_\_\_\_\_ Type: \_\_\_\_\_ Brand: \_\_\_\_\_

Type/amount of body fluid involve

- Blood
- Bloody body fluid
- OPIM \_\_\_\_\_  
(Specify)

Incident as described by exposed employee:

\_\_\_\_\_  
\_\_\_\_\_

- Was a safety device used?     Yes     No  
If so, was the safety feature activated?     Yes     No  
When did the injury occur relative to     Before  
activation of protective mechanism?     During or     After

If a safety device was not used, could a safety device have prevented the injury?

- Yes                       No

If so, how?

\_\_\_\_\_

Other controls used at the time of the exposure (PPE, e.g.): \_\_\_\_\_

\_\_\_\_\_

Could any of the following controls have prevented the injury? Describe how.

Engineering Control  \_\_\_\_\_

Administrative Control  \_\_\_\_\_

Work Practice Control  \_\_\_\_\_

Signed: \_\_\_\_\_  
Exposed Employee

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Quality Improvement Coordinator

Date: \_\_\_\_\_

**KATY TRAIL COMMUNITY HEALTH  
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**CONSENT FOR HIV BLOOD TEST**

I have been informed that my blood will be tested in order to detect whether or not I have antibodies and/or antigens in my blood to the Human Immunodeficiency Virus (HIV), which is the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the test is performed by withdrawing blood and using a substance to test the blood.

I have been informed that the test results may, in some cases, indicate that a person has antibodies and/or antigens to the virus when the person does not (false positive), or that it may fail to detect that a person has antibodies to the virus when the person has antibodies (false negative). I understand that in order to diagnose AIDS, other clinical evidence must be used in conjunction with this blood test.

I also consent to be tested for Hepatitis B Virus and Hepatitis C Virus at this time.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks and alternative tests, I may ask those questions before I decide to consent to the blood test.

I understand that the results of the blood test are confidential and will only be released to those healthcare practitioners directly responsible for my care and treatment, and to others as required by law. I further understand that no additional release of the results will be made without my written authorization.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood tests and release of results and have had all of my questions answered. Further, I acknowledge that I have given consent for the performance of a blood test to detect antibodies to the Human Immunodeficiency Virus (AIDS).

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Witness

**KATY TRAIL COMMUNITY HEALTH  
OSHA Procedures**

**Informed Refusal Of Post Exposure Medical Evaluation Declination**

I, \_\_\_\_\_, am employed by Katy Trail Community Health. My employer has provided to me training regarding infection control and the risk of disease transmission in the medical office.

On \_\_\_\_\_, 20\_\_\_\_\_, I was involved in an exposure incident when I  
(describe incident)

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My employer has offered to provide follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contacted an infectious disease from this incident.

However, I, of my own free will and volition, and despite my employer's offer, have elected not to have a medical evaluation. I have personal reasons for making this decision.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: Maintain this record for duration of employment plus 30 years. Place in Employee Medical File.**

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# KATY TRAIL COMMUNITY HEALTH

## OSHA Procedures

**Procedure Title:** Exposure control Plan - Training

**Procedure Number:** 6.13

**Responsibility:** All department

**Effective Date:** 2009

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### **I. PROCEDURE:**

ALL employees must participate in a training program that will be provided at no cost to the employee and during regular working hours.

### **II. GUIDELINES:**

Training shall be provided by a trainer who is knowledgeable of Blood Borne pathogens exposure control. Training will be as follows:

1. At the time of initial assignment to tasks with risk for occupational exposure
2. At least annually thereafter
3. When changes, such as modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. Additional training may be limited to the new exposures.
4. The training program shall include:
  - An accessible copy of this standard and an explanation of its contents
  - Explanation of the epidemiology and symptoms of Blood Borne diseases
  - The modes of transmission of blood borne pathogens
  - The employer's Exposure Control Plan and how to obtain a copy
  - Appropriate methods for recognizing tasks that may involve exposure
  - The use and limitations of methods that will prevent or reduce exposure, including the use of engineering controls
  - Basis for selection of personal protective equipment
  - Means of disposal of personal protective equipment
  - Hepatitis B series: safety, administration and benefits of vaccination
  - Appropriate actions in a Blood Borne pathogen emergency
  - Protocol for exposure incidents - reporting, follow-up
  - Employer's responsibility after exposure incidents
  - Bio-hazardous signs and labels
  - Interactive questions and answers session
5. Records shall be maintained on the training sessions and shall include the following information:
  - The dates of the training sessions

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## **KATY TRAIL COMMUNITY HEALTH OSHA Procedures**

- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions
- Training records shall be maintained for three years from the date on which the training occurred.

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# KATY TRAIL COMMUNITY HEALTH OSHA Procedures

**Procedure Title:** Exposure Control Plan-Blood And  
Biohazard Waste Storage

**Procedure Number:** 6.15

**Responsibility:** All department

**Effective Date:** 2009

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## **I. PROCEDURE:**

Katy Trail Community Health (KTCH) observes all OSHA regulations concerning the handling of contaminated waste. Contaminated wastes include the following: blood or other potentially infectious body fluids; saliva in dental procedures; items which would release these fluids if compressed; items which are coated with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological waste containing blood or other body fluids including saliva.

## **II. GUIDELINES:**

Protocol for waste handling is as follows:

- All contaminated sharps are to be placed in the sharps container at the location where they are used. These containers will be tightly closed and removed when contents reach the fill line.
- All amalgam is to be placed in the sharps container labeled “AMALGAM” where it is used within each operatory. These containers will be tightly closed and removed when contents reach the fill line. Amalgam separators have been installed to separate any amalgam caught in the suction system. The filter is to be changed every year by the contracted dental service technician company. It will be decontaminated, boxed up and shipped to the designated amalgam waste company.
- All expired medications are to be placed in the sharps container with the exception of aerosols/combustibles/solvents, which must be placed in a separate biohazard bag.
- All wastes will be separated into contaminated and non-contaminated types. Non-contaminated waste is placed in the regular trash can. **IF IN DOUBT, PLACE THE ITEM IN THE RED BIOHAZARD CONTAINER.**
- Contaminated wastes, including grossly contaminated gloves, are to be placed in the biohazard containers located in each treatment area. Do NOT carry these items back to the central sterilization area; dispose of them where they are used. These containers must be closeable, leak proof and properly labeled. Close lid prior to transporting for pick-up.
- Contaminated wastes and filled sharps containers may NOT be placed in with the regular trash for removal from this facility. The contracted medical waste management service

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## KATY TRAIL COMMUNITY HEALTH OSHA Procedures

comes on a scheduled basis to pick up contaminated waste. All biohazard containers must be placed inside a large red bag, placed within the provided cardboard containers for waste removal. Amalgam containers should not be mixed with other sharps containers and should be easily identifiable to the medical waste management company.

Aerosols/combustibles/solvents should not be mixed with other sharps containers and should be easily identifiable to the medical waste management company.

- Blood and other potentially infectious materials are to be placed in a biohazard container that prevents leakage during collection, handling, processing, storage, transportation, or shipping. If the primary container could be punctured, then it must be placed in another container that is puncture-resistant and labeled with the biohazard symbol.

**Medical Waste Disposal Guide**

Item	Regulated Waste	Routine Trash	Sharps Container
Band-aids/Cotton Balls/Gauze – <i>slightly soiled</i>		<b>X</b>	
Band-aids/Cotton Balls/Gauze – <i>saturated</i>	<b>X</b>		
Blades/Razors			<b>X</b>
Blood or Blood Products	<b>X</b>		
Capillary Tubes			<b>X</b>
Culture Plates, Tubes	<b>X</b>		
Dental Wires			<b>X</b>
Disposable Gown – <i>damaged or slightly soiled</i>		<b>X</b>	
Disposable Gown – <i>saturated</i>	<b>X</b>		
Disposable Vaginal Speculums	<b>X</b>		
Exam Table Paper		<b>X</b>	
Glass Blood Collection Tubes			<b>X</b>
Glass Slides			<b>X</b>

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Gloves – <i>not visibly soiled</i>		<b>X</b>	
Gloves – <i>visibly soiled</i>	<b>X</b>		
Lancets			<b>X</b>
Laser Masks	<b>X</b>		
Masks – <i>damaged or soiled</i>		<b>X</b>	
Needles			<b>X</b>
Pap Smear Brushes			<b>X</b>
Pipettes, Glass			<b>X</b>
Sharps Container	<b>X</b>		
Teeth with Roots			<b>X</b>
Throat Swab		<b>X</b>	
Tissue, Unfixed	<b>X</b>		
Urine Specimens – <i>bloody</i>	<b>X</b>		
Vaginal Swabs	<b>X</b>		

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