

Big Bend Community Based Care Policy & Procedure

Series: 1400: Building and Facilities Management
Policy Name: Maintenance of a Safe, Hygienic Environment
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Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to maintain a clean and safe environment for all employees and for all children and families served.

Procedure

A. Work Place Safety and Cleanliness.

1. **Accident Reporting.** Any injury at work—no matter how small—must be reported immediately to your supervisor and receive first aid attention. Serious conditions often arise from small injuries if they are not cared for at once.
2. **Workplace Safety Rules and Guidelines.** To ensure your safety, and that of your coworkers, please observe and obey the following rules and guidelines:
 - a. Observe and practice the safety procedures established for the job.
 - b. In case of sickness or injury, no matter how slight, report at once to your supervisor. In no case should an employee treat his own or someone else's injuries or attempt to remove foreign particles from the eye.
 - c. Pile materials, skids, bins, boxes, or other equipment so as not to block aisles, exits, fire fighting equipment, electric lighting or power panel, valves, etc. FIRE DOORS AND AISLES MUST BE KEPT CLEAR.
 - d. Keep your work area clean.
 - e. Use compressed air only for the job for which it is intended.
 - f. Shut down any machinery before cleaning, repairing, or leaving.
 - g. Running and horseplay are strictly forbidden.
 - h. Do not block access to fire extinguishers.

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- i. Do not tamper with electric controls or switches.
 - j. Do not operate machines or equipment until you have been properly instructed and authorized to do so by your supervisor.
 - k. Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.
 - l. Report any UNSAFE condition or acts to your supervisor.
 - m. HELP TO PREVENT ACCIDENTS.
 - n. Use designated passages when moving from one place to another; never take hazardous shortcuts.
 - o. Lift properly—use your legs, not your back. For heavier loads, ask for assistance.
 - p. Do not adjust, clean, or oil moving machinery.
 - q. Do not throw objects.
 - r. Clean up spilled liquid, oil, or grease immediately.
 - s. Wear hard sole shoes and appropriate clothing. Shorts or mini dresses are not permitted.
 - t. Place trash and paper in proper containers and not in cans provided for cigarette butts.
3. **Safety Checklist.** It's every employee's responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list—or any other possible hazardous situation—please report it to your supervisor immediately.
- a. Slippery floors and walkways.
 - b. Tripping hazards.
 - c. Missing (or inoperative) entrance and exit signs and lighting.
 - d. Poorly lighted stairs.
 - e. Loose handrails or guard rails.
 - f. Loose or broken windows.
 - g. Dangerously piled supplies or equipment.
 - h. Open or broken windows.

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- i. Unlocked doors and gates.
- j. Electrical equipment left operating.
- k. Open doors on electrical panels.
- l. Leaks of steam, water, oil, etc.
- m. Blocked aisles.
- n. Blocked fire extinguishers, hose sprinkler heads.
- o. Blocked fire doors.
- p. Evidence of any equipment running hot or overheating.
- q. Oily rags.
- r. Evidence of smoking in non-smoking areas.
- s. Roof leaks.
- t. Directional or warning signs not in place.
- u. Safety devices not operating properly.
- v. Machine, power transmission, or drive guards missing, damaged, loose, or improperly placed.

4. Good Housekeeping. Your work location should be kept clean and orderly.

- a. Keep machines and other objects out of the center of aisles.
- b. Clean up spills, drips, and leaks immediately to avoid slips and falls.
- c. Place trash in the proper receptacles.

B. Ergonomic Work Place. Reducing the numbers and severity of musculoskeletal disorders (MSDs) caused by exposure to risk factors in the workplace can be accomplished by implementing ergonomics practices and staff training that will prevent such injuries known to occur. Management shall be committed to supporting this policy and program and will advise their staff to adhere to proper implementation of this policy in a persistent and systematic way.

The adoption of this Policy and implementation of these guidelines will optimize employee health and safety, maximize comfort at work, and enhance productivity and morale in the workplace.

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Improvement of general working conditions will reasonably accommodate employees with an average but ergonomically correct workplace. This includes all agencies attached to the BBCBC.

1. Equipment. BBCBC will provide proper equipment to ensure maintenance of an ergonomically correct workplace.

- a. Managers/Supervisors must provide reasonable equipment that meets user needs.
- b. Managers/Supervisors must provide reasonable accommodations for disabled employees as required by ADA.

2. Training. Training related to implementation and use of ergonomically correct workplaces may include, but not be limited to:

- a. Lectures and workshops about proper body alignment, equipment, ambient lighting, etc.
- b. Individual worksite evaluations/observations (specific fit to specific use).
- c. Live presentations and training videos.
- d. Use of ergonomics literature.
- e. Documentation of training including nature of training, employees' names and signatures, and dates of training.

C. Proper handling and disposal of Blood Bourne Pathogens. In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure plan has been developed:

1. Employees of BBCBC will be presented with OSHA standards regarding bloodborne pathogens. The purpose of this procedure is to:

- a. Provide employees with the requisite information and skills necessary to effectively reduce the transmission of diseases through the proper handling of Blood Bourne pathogens.
- b. To comply with OSHA Guidelines.
- c. To inform employees of actions necessary to eliminate or minimize exposure to bloodborne pathogens or other potentially infectious materials.

2. Definitions.

- a. "Blood" means human blood, human blood components and products made from blood.

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- b. "Bloodborne pathogen" means pathogenic microorganisms that are present in the 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).
 - c. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
 - d. "Parenteral" means piercing mucus membranes or the skin barrier through needle sticks, human bites, cuts, and abrasions.
 - e. "Decontamination" means the use of physical or chemical means to remove, inactivate, and destroy blood borne pathogens on a surface or item until they are no longer capable of transmitting infectious particles and the surfaced or item is rendered safe for handling, use, or disposal.
- 3. Exposure Determination.** OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. You will be notified of specific risks associated with job classifications at the initial time of your assignment. See *subsection C.4., below*, for a broad explanation of possible risks and job classifications.
- 4. Potentially Infectious Materials.**
- a. Semen;
 - b. Vaginal Secretions;
 - c. Cerebrospinal Fluid;
 - d. Synovial Fluid;
 - e. Pleural Fluid;
 - f. Amniotic Fluid;
 - g. Saliva;
 - h. Any bodily fluid visibly contaminated with blood;
 - i. Tissue and organ samples;
 - j. Cultures, Tissues, Organs which contain HBV and HIV;

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k. Blood.

D. Compliance Methods.

1. **Universal Precautions.** Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. "Universal Precautions" is an approach to the infection control. According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for HBV, HIV, and other bloodborne pathogens.
 - a. Under circumstances where differentiation of body fluids is impossible, all body fluids are to be considered potentially infectious materials.
 - b. Universal precautions shall include the use of personal protective equipment when contact with blood or other potentially infectious materials will occur or can be reasonably anticipated to occur.
2. **Engineering and Work Practice Controls.** Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at client facility.
 - a. Engineering controls means controls that isolate or remove bloodborne pathogen hazards from the work place. Work practice controls means controls that reduce the likelihood of exposure by altering the manner in which the task is performed.
 - b. When occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized.
3. **Hand Washing.** Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure.
 - a. When provision of hand washing facilities are not feasible, the employer shall provide either an antiseptic hand cleaner in conjunction with clean cloth or paper towels or antiseptic towelettes. When antiseptic towelettes or cleaners are used, hands will be washed with soap and running water as soon as possible.
 - b. Hands should be washed before and after patient contact and whenever soiled.
 - c. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area IMMEDIATELY or as soon as feasibly possible with soap and water.
 - d. If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasibly possible following contact.

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4. **Needles.** Contaminated sharps means any object which can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, or exposed ends of dental wires.
 - a. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needles be recapped or removed and no alternative is feasible and that action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
5. **Containers for Reusable Sharps.** Contaminated sharps must be placed immediately, or as soon as possible, after use into an appropriate sharps container.
 - a. Contaminated sharps shall be disposed of in leak proof, puncture proof, properly labeled or color coded containers as recommended by OSHA.
6. **Work Area Restrictions.** In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food or beverages are not kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
7. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
8. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
9. **Specimens.** Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transportation of the specimens.
 - a. The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.
 - b. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.
10. **Contaminated Equipment.** Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
11. **Personal Protective Equipment.** Personal protective equipment is specialized clothing or equipment worn by an employee for protection against a hazard.

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- a. All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucus membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
 - b. All personal protective equipment will be cleaned, laundered and disposed of by the employer at no costs to the employees. All repairs and replacements will be made by the employer at no cost to employees.
 - c. All garments which are penetrated by blood shall be removed immediately or as soon as feasibly possible. All personal protective equipment will be removed prior to leaving the work area and placed/disposed of in appropriate labeled container.
- 12. Gloves.** Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes.
- a. Disposable gloves used at client facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasibly possible if they are torn, punctured, or when the ability to function as a barrier is compromised.
- 13. Masks, Eye Protection and Face Shields.** Masks in combination with eye protection devices shall be worn whenever splashes, spray, splatters, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 14. Gowns, Aprons or Other Protective Clothing.** This OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments be worn in occupational exposure situations. The type and characteristics will depend upon the task and the degree of exposure anticipated.
- 15. Housekeeping.** Employees shall ensure that the work site is maintained in a clean and sanitary condition. All contaminated work surfaces and equipment will be decontaminated after completion of procedures and immediately or as soon as feasibly possible after any spillage of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.
- a. Protective covers such as plastic wrap, aluminum foil, absorbent paper shall be removed and replaced as soon as feasible possible or at the end of the work shift if they have been contaminated during that work shift.
 - b. All bins, cans, receptacles for re-use which have reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and

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cleaned on a regular schedule and cleaned and decontaminated as soon as feasible with visible contamination.

- c. Broken glassware which may be contaminated shall not be picked up directly with the hands. Broom and dust pan, tongs or forceps, are recommended.

16. Regulated Waste Disposal. All contaminated sharps shall be discarded as soon as feasibly possible in sharps containers which are located in the facility.

17. Laundry. Contaminated laundry means laundry which has been soiled with blood or potentially infectious materials or contaminated sharps.

18. Facilities.

- a. Contaminated laundry shall be bagged in the area of use.
- b. Contaminated laundry shall be placed and transported in labeled or color coded bags or containers.
- c. Contaminated laundry which presents a likelihood of soak through or leakage shall be placed and transported in bags or containers which will prevent soak through or leakage to the outer surface.
- d. Gloves and personal protective equipment shall be worn when handling contaminated laundry.
- e. Hands shall be washed immediately after removal of personal protective equipment.

19. Hazard Communication (Labels). Warning labels shall be affixed to containers or regulated wastes, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials.

- a. Labels shall be fluorescent orange or orange-red with lettering or the biohazard legend in a contrasting color.

20. Hepatitis B Vaccine. All employees who have been identified as having exposure to blood or other potentially infectious material will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wish to submit to antibody testing which shows the employee to have sufficient immunity.

- a. Employees who decline the Hepatitis B vaccine will sign a waiver or declination. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

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- b. The Hepatitis B Vaccine induces protective antibodies in most individuals receiving the recommended 3-dose regimen. Response is age dependent with children responding more vigorously than adults. Immunocompromised persons do not respond as well as healthy individuals.
- c. The vaccine is recommended for all persons who are at increased risk of exposure. It is contra-indicated in persons with a sensitivity to yeast.

21. Post-Exposure Evaluation and Follow-Up. When an employee incurs an exposure incident, it should be reported to Manager/Administrator immediately. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- a. Documentation of the route of exposure and circumstances related to the incident.
- b. If possible, the identification of the source individual and if possible, the status of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- c. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- d. The employee will be offered the option of having their blood collected for testing of the employee HIV/HBV serological status. The blood sample will be preserved for up to ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decided prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
- e. The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- f. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
- g. The following person(s) has been designated to assure that the policy outlined here is effectively carried out as well as to maintain record related to this policy: Manager/Administrator and Risk Manager.

22. Interaction with Health Care Professionals. A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

- a. When the employee is sent to obtain a Hepatitis B vaccine.

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- b. Whenever the employee is sent to a health care professional following an exposure incident.

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

- a. Whether Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for the evaluation following an incident;
- b. That the employee has been informed of the results of the evaluation; and
- c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials (Note that the written opinion to the employer is not to reface any personal medical information).

24. Training. Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training for employees will include the following and explanation of:

- a. The OSHA standard for Bloodborne Pathogens.
- b. Epidemiology and symptomatology of bloodborne diseases.
- c. Modes of transmission of bloodborne pathogens.
- d. This Exposure Control Plan, (i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.).
- e. Procedures which might cause exposure to blood or other potentially infectious materials at client facilities.
- f. Control methods which will be used at client facilities to control exposure to blood or other potentially infectious materials.
- g. Personal protective equipment available at client facility.
- h. Post Exposure evaluation and follow-up.
- i. Signs and Labels used at client facilities.
- j. Hepatitis B vaccine program at the facility.

25. Record Keeping. All records required by OSHA standard will be maintained by the IT/Facility Manager.