EXPOSURE CONTROL PLAN

With Standard Operating Procedures

Executive Summary

POLICY

Living Alternatives for the Developmentally Disabled, Inc. (LADD) is committed to providing a safe and healthy work environment for our entire staff and key stakeholders who visit our facilities. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA Bloodborne Pathogens standard 29 CFR 1910.1030 and MIOSHA Part 554 Bloodborne Infectious Diseases (10/18/01).

The ECP is a key document that helps our company implement and ensure compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
  - Universal precautions.
  - Engineering and work practice controls.
  - Standard operating procedures.
  - Personal protective equipment; and,
  - Housekeeping.
- Hepatitis B vaccination.
- Post-exposure evaluation and follow-up.
- Communication of hazards to employees and training.
- Recordkeeping; and,
- Procedures for evaluating circumstances surrounding an exposure incident

The implementation methods for these elements of the standard are discussed on the following pages of this ECP.

LADD has developed the following Exposure Control Plan and Standard Operating Procedures:

Exposure Determination

OSHA requires employers to conduct an exposure determination to identify which employees may be exposed to blood or other potentially infectious materials. The exposure determination is made without regard to the use of Personal Protective Equipment – P.P.E. (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. At LADD, the following job classifications are in this category:

- Professional C.A.R.E/Coach Technicians/Externs/Volunteers
- Ancillary Employees
- Specialty Team- IT, QA, and Training
- Assistant Managers/Coordinators
- Office Personnel
- Maintenance Personnel
- Compliance Officer
- Managers
- Supervisors
- Directors
- Administrators

I. EMPLOYEE EXPOSURE DETERMINATION

Category A:

Includes positions that are required to perform procedures or other job-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve the likelihood of spills or splashes of blood or other potentially infectious materials. This includes procedures or tasks conducted in non-routine situations as a condition of employment. Appropriate protective measures are required for each Category A position.

The following is a list of all job classifications at our establishment that have been determined to be Category A:

JOB TITLE	DEPARTMENT/LOCATION
Professional C.A.R.E./Coach Technician	Services/Any location supports are provided
Assistant Managers/Coordinators	Services/Any location supports are provided
Manager's	Services/Any location supports are provided
Supervisors	Services/Any location supports are provided
Regional Directors	Services/Any location supports are provided
Director of Development & Operations	Services/Any location supports are provided
Maintenance Personnel	Any working location

**Volunteers and externs/visitors are not covered under the standard.*

Category B:

Includes positions that do not require tasks that involve exposure to blood or other potentially infectious material on a routine basis as a condition of employment. Employees in this category do not perform or assist in emergency medical care or first aid and are not reasonably expected to be exposed in any other way.

The following is a list of all job classifications at our establishment that have been determined to be Category B:

JOB TITLE	DEPARTMENT/LOCATION
Ancillary Employees	Any working location
Office Personnel/Specialty Teams	Business/Any working location
Compliance Officer	Business/Any working location
Department Directors/Administration	Business/Any working location

PROGRAM ADMINISTRATION

The Services Department is responsible for implementing the ECP. *The Quality Improvement Department* will maintain, review, and update the ECP at least annually and as needed to include new or modified tasks and procedures. Contact location/phone number: *269-782-0654 Corporate Office.*

Employees determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Services and Business Departments will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. *Services and Business Departments* will ensure that adequate supplies of the equipment are available in the appropriate sizes. Contact location/phone number: *269-782-0654 Corporate Office.*

The Human Resources Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained. Contact location/phone number: *269-782-0654 Corporate Office*

Quality Improvement/ Human Resources Departments will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives. Contact location/phone number: *269-782-0654 Corporate Office*

II. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

All employees will utilize universal precautions.

B. Exposure Control Plan

Employees covered by the bloodborne infectious disease standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have the opportunity to review this plan at any time during their shifts by logging in to the Employee Log In/Resources or contacting *the Human Resources Department.* If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The *Quality Improvement Department* is responsible for reviewing and updating the ECP annually, or more frequently as needed, to reflect any new or modified tasks and procedures that affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.

C. Standard Operating Procedures

Standard operating procedures (SOPs) provide specific guidance on controls and practices to be used when performing tasks involving occupational exposure to bloodborne pathogens. SOPs are listed in Housekeeping Appendix A and used in service-specific employee training.

D. Contingency Plans
Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation, and medical follow-up as part of the standard operating procedures.

E. Engineering Controls and Work Practices
Engineering and work-practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed in Appendix A, and Appendix B is the Job Safety Analysis Template.

Sharps disposal containers are inspected, maintained, or replaced by the Services Department as needed or requested, or as necessary to prevent overfilling. Sharps containers are not to be used once ¾ full to prevent overfilling and are to be disposed of no more than 90 days. The chosen pharmacy or supply company will replace all sharps containers and provide a system for disposing of full sharps containers through a scheduled pickup or mail-back program.

LADD identifies the need for changes to engineering controls and work practices through a review of MIOSHA records, employee interviews, committee activities, OSHA and MIOSHA standard reviews, *and EMC.*

We evaluate new procedures or products by reviewing the product SDS, checking EPA approval, submitting the product for review to the Emergency Management Committee (EMC), which is part of the Quality Improvement and Business Departments, and, if necessary, obtaining final approval from *the Steering Committee.*

Input from all employees (Professional Care Technicians, Management, Directors, and the Emergency Management Committee) is solicited on an ongoing basis as directed in ECP Training. Input methods include the Monthly Family Staff Meeting agenda, post-training surveys, and the Employee Log-in section of the LADD website.

The Business, Services, Quality Improvement, and Human Resources Departments will ensure the effective implementation of these recommendations.

F. Personal Protective Equipment (PPE)
All Personal Protective Equipment (PPE) used at licensed homes or service locations supported by LADD will be provided without cost to employees. PPE is required for the employee's protection when it is reasonably anticipated that the employee will have contact with blood or other potentially infectious materials. PPE will be selected based on anticipated exposure to blood or other potentially infectious materials, and on job safety analysis when applicable. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of use. PPE will be provided and will be readily accessible for use. PPE will be specific to the task. PPE is demonstrated for use during CPR and First Aid Training. Please see the following list of PPES used at licensed homes or service locations supported by LADD.

PPE	Task
Disposable (Single-Use) Gloves	Employees shall wear disposable gloves if there is a reasonable anticipation of direct skin contact with blood or potentially infectious material, mucous membranes or no intact skin of persons supported.
Fluid Resistant Gowns/Aprons	Worn where appropriate if there is a reasonably anticipated exposure. Such clothing shall protect all areas of exposed skin that has a significant likelihood for contamination.
Foot Coverings	Worn where appropriate if there is a reasonably anticipated exposure of shoes becoming soaked with blood or other potentially infectious materials.
Masks/Eye Protection	Worn when splashes, droplets, respiratory secretions, spray of blood or body fluids or cleaning products with hazards can be reasonably anticipated.
Disposable/Utility Gloves	Worn when cleaning/disinfecting equipment or surfaces, laundry cleaning or collection, hand washing or sanitizing dishes. May be used for personal care based on preference. Utility gloves are available upon request from employees after a job safety analysis. Gloves are to be changed frequently to prevent cross contamination and should be removed as trained.
CPR Mask/Any type	Used for emergency CPR. Located in all service locations and vehicles, as well as given to Community Living Support employees during CPR/First Aid training.

PPE will be cleaned, laundered, and/or disposed of by LADD at no cost to employees. The employer will, at no cost, make all repairs and replacements to PPE. Employees may request replacement or additional PPE from management at any time.

All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. The following protocol has been developed to facilitate leaving the equipment at the work area: all disposable PPE will be disposed of in the receptacle provided at the work area, non-disposable equipment will be bagged and then taken to the area designated for equipment cleaning/disinfecting.

Disposable gloves in the appropriate sizes are available at all staffing service support locations. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. Gloves are not to be washed or decontaminated for reuse and must be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse, provided the glove's integrity is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or otherwise deteriorated, or if their ability to function as a barrier is compromised. Utility gloves are available to employees upon completion of a job safety analysis.

Masks, in combination with eye protection devices such as goggles or glasses with a solid side shield, shall be worn as appropriate when splashes, sprays, spatters, droplets, or aerosols of blood or other potentially infectious material may be generated, and when there is a likelihood of eye, nose, or mouth

contamination. Situations that would require such protection are listed in the housekeeping section of this exposure control plan. All LADD service locations will be cleaned and decontaminated in accordance with the Standard Operating Procedures in this Exposure Control Plan.

PPE is provided to our employees at no cost. Training is provided in person during *CPR and First Aid certification classes and at service locations by Management, as well as online, on the appropriate PPE to be used for the tasks or procedures employees will* perform.

The types of PPE available to employees are detailed in Appendix A, Housekeeping for PPE required for specific procedures. *Management at each location* is responsible for ensuring PPE is available and for notifying employees of its location.

G. Housekeeping- see Appendix A

III. Labels/Labeling

While the standard does not specifically mandate colors to be used on accident prevention tags, the following color scheme is recommended by OSHA for meeting the requirements of this section:

"DANGER" – (More severe hazard) Red, or predominantly red, with lettering or symbols in a contrasting color. Used in Hazard communication training*.
"WARNING" – (Less severe hazard) Orange, or predominantly orange, with lettering or symbols in a contrasting color. Used in Hazard communication training*.
"BIOLOGICAL HAZARD" - Fluorescent orange or orange-red, or predominantly so, with lettering or symbols in a contrasting color. *Used in MIOSHA and OSHA standards.*

This is the standard Biohazard picture used for all locations.

(Appendix A/Housekeeping has a (in color) printable biohazard label.)

A warning label that includes the universal biohazard symbol, followed by the term "biohazard," must be included on bags/containers of regulated waste, on bags/containers of contaminated laundry, on refrigerators and freezers that are used to store blood or OPIM, and on bags/containers used to store, dispose of, transport, or ship blood or OPIM (e.g., specimen containers). In addition, contaminated equipment to be serviced or shipped must have a readily observable label that displays the biohazard symbol and the word "biohazard," along with a statement indicating which portions of the equipment remain contaminated.

Red bags or containers may be used in place of biohazard labels. Labeling is not required if the service location has laundry bags or containers marked with an alternative label or color code, provided the service location uses Universal Precautions for handling all soiled laundry and the alternative marking permits all employees to recognize the containers as requiring compliance with Universal Precautions. Service locations using alternative methods must get approval from the Director of Development/Operations, be approved in the EMC minutes, and be added to the *ECP*.

The following labeling method(s) is used in service locations:

EQUIPMENT TO BE LABELED	LABEL TYPE (size, color, etc.)
Contaminated laundry (All)	*biohazard label &/or red bag*
Contaminated briefs/attends/sanitary	*biohazard label &/or red bag*
Specimen containers	*biohazard label, red container*

Employees are to notify *Management and/or Corporate Compliance* if they discover regulated waste containers, refrigerators containing blood or OPIM (other potentially infectious materials), or contaminated equipment without proper labels. Management will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the location.

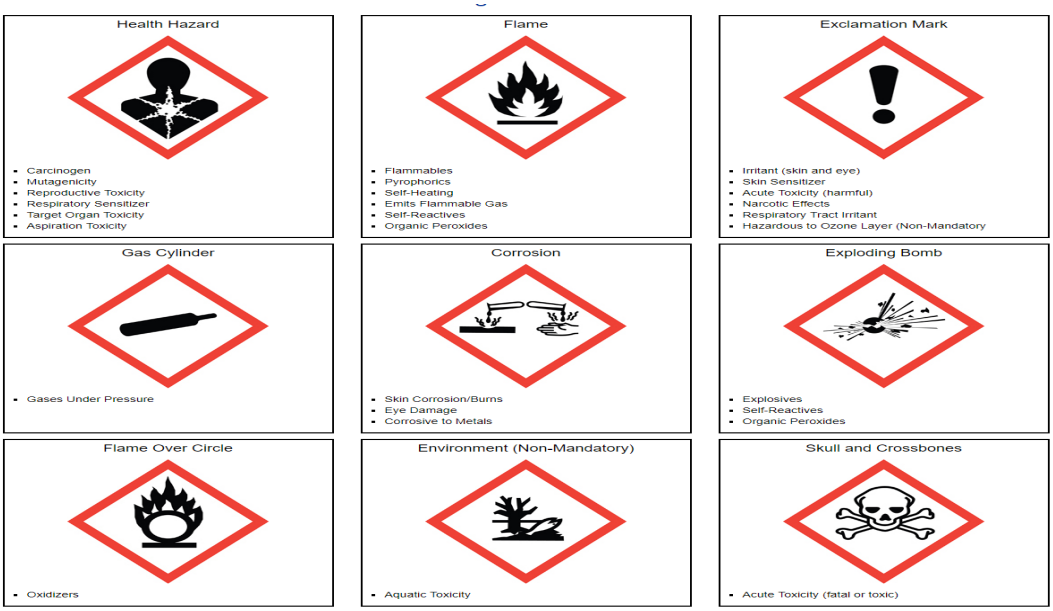
All containers (primary and secondary) must be labeled with the name and any applicable hazard. Alcohol, bleach, and other cleaners should not be put into spray bottles for use in any service location unless the label meets the CET:5530 format for a written hazard communication program for labeling secondary containers:

- Product identifier.
- Signal word.
- Hazard statement(s);
- Pictogram(s);
- Precautionary statement(s); and,
- Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party.

The Business Department is responsible for seeing that all containers entering the workplace from a manufacturer, importer, or distributor are properly labeled. *Services Department employees* are responsible for seeing that all secondary containers used in service locations are properly labeled. *Office personnel* using secondary containers are responsible for proper labeling. See Hazard Communication Program Plan.

Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification. See LADD's Hazard Communication Program Plan for more information.



IV. HEPATITIS B VACCINATION

The *Human Resources Department* provides initial training and information to employees on hepatitis B vaccination, in accordance with Section VIII of this plan.

Hepatitis B vaccinations will be made available to all employees at no cost after training and within 10 days of initial assignment. If an employee initially declines the hepatitis B vaccination but later decides to accept it, they should contact the *Human Resources Department.* LADD will pay for the hepatitis B vaccine for employees who elect to receive it. An employee who chooses to receive the hepatitis B vaccine and does not complete the required series may be responsible for the costs if the series is requested to be re-administered due to their failure to report in a timely manner.

Documentation of vaccination refusals is kept on file with the *Human Resources Department*.

Vaccinations are provided at different facilities and will be reviewed with the employee by the *Human Resources Department.*

Following the medical evaluation, a health care professional's written opinion will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

V. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact Management using the Emergency Procedure call numbers posted in the service location or in the intake packet received at time of hire for individual CLS/Respite.

An immediately available confidential medical evaluation and follow-up will be conducted by *qualified medical personnel.* Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individually (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.

- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect the exposed employee's blood as soon as feasible after the exposure incident, and test the blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

VI. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Human Resources Department ensures that the health care professional(s) responsible for employees' hepatitis B vaccination, post-exposure evaluation, and follow-up are provided with a copy of MIOSHA's bloodborne infectious diseases standard.

The Human Resources Department ensures that the health care professional evaluating an employee after an exposure incident receives the following:
- A description of the employees' duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- Results of the source individual blood test, if available; and
- Relevant employee medical records, including vaccination status

The Human Resources Department provides the employee with a copy of the health care professional's confidential written evaluation within 15 days of completion.

The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.

VII. SUGGESTED PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

Director of Development/Operations, HR, or Compliance, depending on circumstance will review the circumstances of all exposure incidents to determine:
- Engineering controls in use at the time
- Work practices followed
- Description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident *(gloves, eye shields, etc.)*
- Location of the incident.
- Procedure being performed when the incident occurred
- Employee training

If revisions are required, EMC/Quality Assurance, in consultation *with the reviewing Director,* will ensure that appropriate changes are made to this ECP.

VIII. EMPLOYEE TRAINING

Training will be monitored and ensured by the *Human Resources Department* for employees with potential exposure risk within 10 days of hire and then annually thereafter. This training is provided at no cost to the employee. Training for employees will include the following explanations and will be conducted in the following manner:

1. The OSHA and MIOSHA standards are available on the LADD website in the Right to Know Book.
2. Epidemiology and Symptomatology of Bloodborne Diseases, through the training course, and OSHA Bloodborne Pathogens training.
3. Modes of transmission of Bloodborne Pathogens are trained through OSHA Bloodborne Pathogens training.
4. This Exposure Control Plan is located on the LADD website in the Right to Know Book. Information from the Exposure Control Plan is available in the online training course and during in-person program-specific training. All employees are required to review and acknowledge the plan annually.
5. Procedures that might cause exposure to OPIM are included in the Exposure Control Plan.
6. Control methods that will be used in this program to control exposure to OPIM are listed in the Exposure Control Plan.
7. This Exposure Control Plan includes a list of Personal Protective Equipment available at all LADD service locations. The online training course includes information on the use of care and requesting additional supplies of Personal Protective Equipment.
8. This Exposure Control Plan gives information on Post-Exposure Evaluation and Follow-up.
9. Signs and Labels are trained and available to employees.
10. Hepatitis B Vaccine series is available at the time of hire and anytime thereafter if so desired.
11. Management is responsible for making sure employees whose work assignment requires them to perform procedures or other job-related tasks that involve exposure to blood or other potentially infectious materials receive this training. Initial work activities shall not include handling infectious agents until techniques are learned and proficiency is demonstrated.
12. Management is responsible for ensuring proper supplies and PPE are available in the program and for employees providing support services in the community and are usable. Employees are responsible for notifying us of any additional equipment needs.
13. Management is responsible for giving opportunities for interactive questions and answers to training questions.

IX. RECORDKEEPING

A. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at *the local office/HRIS/Human Resources Department*.

The training records include:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of people conducting the training; and,
- The names and job titles of all people attending the training sessions

Employee ECP/OSHA training records are provided to the employee or the employee's authorized representative upon request within 15 working days. Such requests should be addressed to the *Human Resources Department.*

B. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Part 432 Medical Records and Trade Secrets and OSHA 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records.

The Human Resources Department is responsible for maintaining the required medical records. These **confidential** records are kept at the local office/File hold/Human Resources Department for at least the **duration of employment plus 30 years.**

Employee medical records are provided upon the employee's request or to anyone with the employee's written consent within 15 working days. Such requests should be sent to the *Human Resources Department.*

C. MIOSHA Recordkeeping
An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by *the Human Resources Department.*

D. Sharps Injury Log
A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

- Type and brand of device involved in the injury.
- The department or work area where the exposure occurred; and
- An explanation of how the incident occurred.

The log is maintained to protect the injured employee's confidentiality. Part 11. Recording & Reporting of Occupational Injuries & Illnesses 300 Log of Work-Related Injuries and Illnesses may be used to record this information.

The Human Resources Department is responsible for maintaining the sharps injury log.

APPENDIX A – HOUSEKEEPING

STANDARD OPERATING PROCEDURES (SOP) FOR BLOODBORNE INFECTIOUS DISEASE CONTROL MEASURES

Housekeeping is the routine maintenance and upkeep of a workplace, ensuring it is clean and sanitary. The Occupational Safety and Health Administration (**OSHA**) has found that good workplace housekeeping reduces injuries and accidents, improves morale, reduces fire potential, and can even make operations more efficient.

The SOP- Standard Operating Procedure Contingency Plan:
If employees determine that any SOP cannot be followed, they should stop the procedure/work activity and consult their immediate manager/supervisor, or management, using the Emergency Procedure Responsible Person List/Company Directory to determine how to proceed (e.g., use bottled water to cleanse hands during a utility outage). Management will ensure that necessary equipment and supplies are provided to employees, and a revised SOP will be developed to address identified hazards.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE. Remove PPE after it becomes contaminated, and before leaving the work area.
- Each location has disposal locations for used PPE. Management is responsible for reviewing disposal locations with employees.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, discoloring, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood, respiratory secretions, or OPIM pose a hazard to the eye, nose, or mouth. Remove any garment contaminated with

blood or OPIM immediately, or as soon as feasible, to avoid contact with the outer surface.

- Post-procedures where blood or OPIM exposure is likely/occurred: Decontaminate all equipment and working surfaces using approved EPA-registered disinfectants or bleach and water solutions. Disposable cloths used on surfaces can be placed in the regular trash unless they are saturated with blood or OPIM. If saturated, use biohazard bags/labels.

General work practice controls:

- Eating, drinking, smoking, applying cosmetics or lip balm are prohibited in areas where there is reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

Management of Exposure Incidents: Provide immediate first aid, then follow the post-exposure follow-up procedure outlined in the exposure control plan.

JOB SAFETY ANALYSIS

Task: Housekeeping and Spill Cleanup
Equipment: Appropriate EPA-approved disinfectants, disposable gloves, paper towels, and an OSHA spill kit.

Procedure:

- Gloves must be worn when cleaning up blood or OPIM.
- The contaminated spill shall be wiped up with a paper towel or mop, and then an approved disinfectant shall be used on the area.
- The area around the spill shall be washed in a circular motion, working toward and including the spill.
- If a mop, broom, or dustpan is used, it must then be rinsed in disinfectant.
- All contaminated work surfaces will be decontaminated after completion of procedures and immediately when blood or other potentially infectious material is spilled.
- At the end of the work shift, the surface may have become contaminated since the last cleaning.
- All bins, pails, hampers, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: cleaned/disinfected at least weekly as a part of the normal schedule.
- Paper towels and gloves must be disposed of in an appropriate receptacle.
- Nothing flushes down the toilet.

Task: Food Preparation (see Food Handling Procedure/Policy)
Equipment: soap and hot water

Procedure:

- Thorough hand washing with soap and hot water must be performed before preparing food.
- All food preparation and eating surfaces (counters and tables) shall be washed and disinfected between meals.
- All leftover food shall be placed in waterproof, covered plastic containers, labeled, and refrigerated.
- No wooden cutting boards or spoons may be used for preparing or serving food.

- Cooking oil, grease, or cooking remnants are to be disposed of properly. Nothing is to go down the sink or any drain.

Task: Dishes and Utensils
Equipment: gloves, disinfectants
Procedure:
- Gloves should be worn when handling dishes visibly containing body fluids
- Visibly contaminated dishes shall be carried directly to the dishwashing area.
- Cooking oil, grease, or cooking remnants are to be disposed of properly. Nothing is to go down the sink.
- If the home has a dishwasher, place contaminated dishes and utensils in it; set it to the hottest temperature and use dishwasher detergent.
- If a dishwasher is unavailable, contaminated dishes must be washed in hot, soapy water, rinsed in disinfected water (typically a 1/10 bleach solution), and air-dried.

Task: Bathing
Equipment: disposable gloves
Procedure:
- Disposable gloves shall be worn if staff anticipate contact with blood or other potentially infectious material.
- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Tooth brushing
Equipment: disposable gloves (All equipment/personal care supplies must be in the bathroom before personal care/bathing begins)
Procedure:
- Gloves are available for assisted tooth brushing.
- If staff anticipate contact with blood or other potentially infectious material, gloves must be worn.
- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Assistance in the Bathroom/including Menstruation
Equipment: disposable gloves, plastic bag, biohazard sticker
Procedure:
- Gloves are available for assistance in the bathroom.
- If staff anticipate contact with blood or other potentially infectious material, gloves must be worn.
- Soiled clothing is bagged, rinsed, and placed in the bio-hazard laundry (If it cannot be washed immediately). Bio-hazard laundry is clearly labeled with bio-hazard stickers. Laundry is rinsed before placing it in the washing machine.
- The sink where the soiled clothes were rinsed out must then be disinfected. (DO NOT rinse out in the kitchen sink)
- The sanitary napkin should be placed in a small plastic bag labeled with a biohazard sticker, then placed in a covered receptacle.
- Nothing goes into the toilet.
- Gloves must be removed appropriately, placed in a small plastic bag labeled with a biohazard sticker, and then placed in a covered bagged receptacle.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Enemas
Equipment: disposable gloves, liner for bed, plastic bag, gown (if desired), goggles (if desired)
Procedure: All directions on the package will be followed first and foremost, including;
- Staff must wear gloves when giving an enema.
- Bedding must be protected by a liner.
- The liner must be placed in double plastic bags and disposed of appropriately.

- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Colostomy
Equipment: disposable gloves, plastic bags
Procedure:
- Gloves are available when assisting a person who wears a colostomy bag.
- If staff anticipate contact with blood or other potentially infectious material, personal protective equipment is required.
- Colostomy bags are to be placed in double plastic bags and disposed of appropriately.
- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Douches/Feminine Hygiene applicators
Equipment: disposable gloves, sanitary pad, liner for bed, plastic bags, gown (if desired), goggles (if desired)
Procedure:
- Gloves, gowns, and goggles are available for giving douches.
- If staff anticipate contact with blood or other potentially infectious material, personal protective equipment is required.
- Place the Douche into double plastic bags and disposed of appropriately.
- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Personal Hygiene – Assisted Hand Washing- Assisted Face Washing
Equipment: disposable gloves if necessary
Procedure:
- Gloves are available for personal hygiene, assisted handwashing, and assisted face washing.
- If staff anticipate contact with blood or other potentially infectious material, personal protective equipment is required.
- Gloves must be removed appropriately and placed into covered receptacles.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Emergency First Aid/CPR
Equipment: disposable gloves, gowns, goggles, resuscitation bag/CPR barrier mouth shield
Procedure:
- Gloves, gowns, goggles, and CPR barrier mouth shields are available for use during emergency First Aid.
- CPR barrier mouth shields must be used while performing CPR.
- If staff anticipate contact with blood or other potentially infectious material, personal protective equipment is required. Gloves, Gowns, and the CPR barrier mouth shield must be removed and disposed of appropriately.
- Nothing goes into the toilet.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.

Task: Assisted Medication Administration for applying cream or other topical medications.
Equipment: disposable gloves, and a plastic bag
Procedure:
- Gloves must be worn by staff when applying cream or other topical medications. They are not worn during normal medication passing.
- Gloves must be removed appropriately, placed in a small plastic bag labeled with a biohazard sticker, and then placed in a covered bagged receptacle.
- Wash your hands with soap and water. Follow the proper hand-washing procedure.
- Always keep the medication cabinet locked and store topical medications in a separate container.

Task: Urine Specimen
Equipment: disposable gloves, cooler labeled with appropriate OSHA sign
Procedure:

- When handling urine specimens, staff must wear gloves.
- Specimen cups are to be placed in a cooler with ice (if specified in the medical order).
- The cooler is to be disinfected after each use.
- Gloves must be removed appropriately and placed into covered receptacles.
- Nothing goes into the toilet
- Wash hands with soap and water. Follow the proper hand-washing procedure.

Task: Contaminated Laundry (Soiled with blood or other potentially infectious materials)
Equipment: disposable gloves, gown, plastic bags with labels indicating Biohazard
Procedure:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Gloves must be worn when handling contaminated laundry.
- Gowns may be worn if so desired.
- Contaminated laundry shall be bagged in an appropriately labeled bag or basket at the location where it was used. Such laundry will not be sorted or rinsed at the point of use, except for undergarments soiled with feces, which must be rinsed in the toilet only.
- Lines will be transported separately from personal clothing.
- Soiled laundry will be placed in bags/basket and transported to the laundry room for sorting. Sorting must never be done on the laundry room floor, and gloves must be worn.
- Soiled undergarments should be soaked in a bleach solution and hot water, according to the label instructions. The sink or pail will be disinfected after soaking.
- Once garments are rinsed and soaked, they are to be washed separately. White and light-colored clothing should be separated from darker colors. Do not wash lines with clothing.
- Clothes with stains should be pre-treated with Spray' N Wash or a similar product, then soaked before washing.
- All clothes will be washed using non-chlorine bleach or an alternative disinfectant in accordance with "Universal Precautions". ½ cup of non-chlorine bleach or an alternative disinfectant should be added to the wash cycle. Chlorine Bleach may be used to disinfect contaminated laundry by following the instructions on the bleach container and taking precautions to avoid damaging clothing.
- Baskets for soiled clothing and linens must be disinfected, using an approved disinfectant.
- Nothing is flushed down the toilet except BM and toilet paper.
- Clean laundry must not be sorted or folded on any floor surface. Only clear, clean surfaces are to be used, such as the laundry table.
- Contaminated disposable briefs will be placed in a double-bagged container labeled "biohazard" and disposed of.

Task: Sharps, Contaminated Broken Glass/Contaminated Razors
Equipment: utility gloves, sharps container, dustpan & broom or tongs

Procedure:

- All employees must take precautions to prevent injuries caused by needles, scalpels, razors, and other sharp instruments.
- Needles, glass, razors, etc., will be placed in a closable, leak-proof, puncture-resistant container labeled or colored in accordance with OSHA standards.
- Contaminated needles and other contaminated sharps shall not be sheared, bent, broken, recapped, or otherwise manipulated, or removed. These sharps containers shall be easily accessible to employees and located in close proximity to the area where sharps are likely to be found. These sharps containers must

remain upright during use, be emptied routinely, and not be overfilled. Sharps containers are not to be used once ¾ full to prevent overfilling.

- If glass is contaminated with blood, staff will clean the glass while wearing utility gloves, using a dustpan and broom or designated tongs, then place the glass in the sharp's container.
- If the glass is too big to fit into the sharps container, you may double-bag the contaminated glass and label the bag with a biohazard label. Dispose of appropriately.
- The sharps container will have a biohazard label.
- If tongs, broom, or dustpan are used, they must then be rinsed in disinfectant.
- Utility gloves can be decontaminated by following the laundry procedures above.
- Gloves shall be removed and placed in covered receptacles.
- Wash hands with soap and water. Follow the proper hand-washing procedure.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, and leak-proof on the sides and bottom, and are labeled or color-coded appropriately. Sharps disposal containers are available at each location. Management is responsible for reviewing the locations with employees. Containers must be easily accessible and as close as feasible to the immediate area where sharps are used.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Broken glassware, which may be contaminated, shall not be picked up by hand. It shall be picked up using mechanical means, such as a brush and dustpan, tongs, cotton swabs, or forceps.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Shall be inspected and decontaminated on a regularly scheduled basis: cleaned/disinfected at least weekly as a part of the normal schedule.

Task: Books, magazines, arts/crafts, games, etc.
Equipment: utility gloves
Procedure:

- If soiled with potentially infectious material, they will be disinfected or destroyed.
- Discard in appropriate receptacles.
- If the item is an individual's personal property, it must be logged on their Personal Inventory list.
- Notify management to determine if the item must be replaced.

Task: Changing Disposal Briefs
Equipment: disposable gloves, blue/green disposable changing pad, plastic bags, biohazard label
Procedure:

- Gloves must be worn when changing disposal briefs.
- Make sure to have all supplies readily available (Plastic bag, wipes, new brief, and clothes if needed)
- Please refer to the Personal Profile – Meet the People Training Course that includes Personal Care and Hygiene for the General Procedure for changing Depends.
- Place the used brief directly into the plastic bag; do not place it on the bed or floor.
- Wipes and a disposable changing pad go into the plastic bag with the used brief. After the procedure is completed, the plastic bag containing the used brief, wipes, and changing pad should be taken to the designated location in each program and placed in the biohazard-covered receptacle.
- Gloves must be appropriately removed at this time and placed into the covered receptacle.
- Wash hands with soap and water. Follow the proper hand-washing procedure.

Task: Caring for a person with MRSA - methicillin-resistant Staphylococcus aureus
Equipment: Handwashing is one of the most important steps a person can take to prevent the spread of bacterial or viral illnesses, including methicillin-resistant Staphylococcus aureus (MRSA). Antiseptic hand foams and gels are also commonly used. The bacteria linked to methicillin-resistant Staphylococcus aureus infections are often present

on our skin; antibiotics may be used to reduce bacterial levels. Cleaning surfaces and bedding may also reduce the risk of transmission. Wear protective gowns and gloves.

Standard Precautions: These standard precautions should control the spread of MRSA in most instances.

- **Hand Hygiene**
  Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items, regardless of whether gloves are worn. Perform hand hygiene immediately after removing gloves, between contacts, and when otherwise indicated to prevent the transfer of microorganisms to other people or environments. When hands are visibly soiled with blood or other body fluids, wash hands with soap and water. It may be necessary to perform hand hygiene between tasks and procedures to prevent cross-contamination of different body sites.
- **Gloving**
  Wear gloves (clean nonsterile gloves are adequate) when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., of a person incontinent of stool or urine) could occur. Remove gloves after contact with a person and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one person. Do not wash gloves for reuse, as this practice has been associated with pathogen transmission.
- **Mouth, nose, eye protection**
  Use PPE to protect the mucous membranes of the eyes, nose, and mouth during procedures and person-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
- **Gowning**
  Wear a gown appropriate for the task to protect skin and prevent soiling or contamination of clothing during procedures and personal care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
- **Appropriate device handling of persons' care equipment and instruments/devices**
  Handle used personal-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other persons and environments. Ensure that reusable equipment is not used to care for another person until it has been appropriately cleaned and reprocessed, and that single-use items are properly discarded. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the person (e.g., bed rails, over bed tables) and frequently touched surfaces in the person care environment (e.g., door knobs, surfaces in and surrounding toilets in persons room) on a more frequent schedule compared to that for other surfaces such as the living room.
- **Appropriate handling of laundry**
  Handle used linen following the laundry procedure to avoid contamination of air, surfaces, and other persons.

Task: Caring for a person with Respiratory Illness – severe acute respiratory syndrome (SARS), Coronavirus (SARS-CoV-2, COVID-19), Influenza, and Respiratory Syncytial Virus (RSV). This guide provides practical recommendations and information to help people reduce the risk of common respiratory viral illnesses, including COVID-19, Influenza, and RSV.

Equipment: Healthcare workers treating patients known or suspected of having a respiratory illness should use standard precautions, including proper work and hygiene practices and the use of personal protective equipment (PPE) appropriate for bloodborne and airborne exposures. Appropriate PPE, as directed by the CDC, may include face masks, respirators, protective gowns, gloves, and eye protection. Handwashing is one of the most important

steps a person can take to prevent the spread of illnesses caused by bacteria or viruses. Antiseptic hand foam, liquid, and gel are often used if hand soap is not readily available.

Standard Precautions: The best way to prevent infection is to avoid exposure to respiratory viruses.
The virus is thought to spread mainly from person to person, including:

- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of nearby people or be inhaled into the lungs. Generally, infectious droplets and particles accumulate near the person emitting them. The closer you are to someone who has a respiratory virus, the more likely you are to catch it.
- Putting physical distance between yourself and others can help lower the risk of spreading a respiratory virus. There is no single number that defines a "safe" distance, as the spread of viruses depends on many factors.

These standard precautions should control the spread of a respiratory virus in most instances:

- **Hand Hygiene**
  Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items, regardless of whether gloves are worn. Perform hand hygiene immediately after gloves are removed, between contacts, and when otherwise indicated to avoid transfer of microorganisms to other people or environments; after blowing one's nose, coughing, or sneezing. Wash hands with soap and water for at least 20 seconds. It may be necessary to perform hand hygiene between tasks and procedures to prevent cross-contamination of different body sites. Wash your hands frequently throughout the scheduled shift. Use antimicrobial soap and alcohol-based waterless hand hygiene products. If soap and running water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all the surfaces of your hands and rub them together until they feel dry. **Avoid touching your eyes, nose, and mouth with unwashed hands.**
- **Gloving**
  Wear gloves (clean nonsterile gloves are adequate) when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., of a person incontinent of stool or urine) could occur. Remove gloves after contact with a person and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one person. Do not wash gloves for reuse, as this practice has been associated with pathogen transmission. Immediately after removing gloves, they should be discarded, and hand hygiene should be performed. Wash your hands for 20 seconds.
- **Source control**
  How long someone can spread the virus depends on different factors, including how sick they are (severity), underlying medical conditions (such as having a weakened immune system), and how long their illness lasts (duration). Instruct the symptomatic person to cover their mouth/nose when sneezing/coughing; use a tissue and dispose of it in a no-touch receptacle. Observe hand hygiene after handling respiratory secretions. Generally, masks can help filter out germs, reducing the number of germs a person breathes in or out. Their effectiveness can vary across different viruses, for example, depending on the virus's size. When worn by someone with a virus, masks can reduce the risk of spreading it to others. Masks can also protect wearers from inhaling germs; this type of protection typically comes from better-fitting masks (for example, N95 or KN95 respirators). If the symptomatic person cannot wear a mask, those in close contact should wear one. Masks should fit snugly around the face over the nose and mouth and should not be touched or handled during use. If masks are to be reused by a person in the location, procedures for identifying each person's mask and containing it between uses should be in place. This is to ensure that a sick person's mask is not mistaken for an employee's mask; the mask is designed to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth). Masks should be placed in a clearly labeled brown paper bag when not in use. Potentially infectious people suspected or confirmed to have a respiratory virus should be isolated from others whenever possible to prevent further transmission. If a person or employee is suspected or confirmed, thorough disinfection of the location should be performed within the last 24 hours on any areas, materials, and equipment that have likely been contaminated by the person (e.g.,

rooms they occupied, items they touched). Nonessential travel should not occur for a person with known or suspected respiratory virus until fever-free for 24 hours, and symptoms are getting better overall; continue using precautions for the next 5 days to help reduce the risk of spreading the virus to others

- **Appropriate device handling of persons' care equipment and instruments/devices**
  Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other work environment elements at least once daily, following manufacturers' instructions for applying cleaners. Cleaning means removing dirt and impurities, including germs, from surfaces using soap and water or other cleaning agents. Cleaning alone reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases the risk of infection from surfaces. Handle used personal-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other persons and environments. Ensure that reusable equipment is not used for the care of another person until it has been appropriately cleaned and reprocessed and that single-use items are properly discarded. Clean and disinfect surfaces that are likely to be contaminated with pathogens daily, including those that are in close proximity to the person (e.g., bed rails, over bed tables) and frequently high touched surfaces in the person care environment (e.g., door knobs, light switches, countertops, handles, faucets, sinks, surfaces in and surrounding persons room) on a more frequent schedule compared to that for other surfaces such as the living room. Use detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for the use of all cleaning and disinfection products (e.g., concentration, application method, contact time, and personal protective equipment). Use disinfectants appropriate for the surface. Open exterior doors and windows to improve air circulation in the area, if possible.
- **Work tools and equipment (Office setting)**
  Employees should not use each other's cell phones or desk phones, desks, offices, or other work tools and equipment when possible. High-touch surfaces in an office environment should be cleaned and disinfected more frequently. Use detergent or soap and water prior to disinfection. Most common EPA-registered household disinfectants are expected to be effective against respiratory illnesses based on data for harder-to-kill viruses. Follow the manufacturer's instructions for the use of all cleaning and disinfection products (e.g., concentration, application method, contact time, and personal protective equipment). Use disinfectants appropriate for the surface. Open exterior doors and windows to improve air circulation in the area, if possible. For technological equipment such as iPad tablets or touchscreens, monitors, PCs, laptops, keyboards and mice, headphones, remotes, printers, game consoles, smartwatches, and Fitbits: Follow the Technology Equipment Infection Control document at each worksite.
- **Appropriate handling of laundry**
  Handle used linen following the laundry procedure to avoid contamination of air, surfaces, and other persons. Launder items according to the manufacturer's instructions, using the warmest appropriate water setting and dry items completely. Clean and disinfect the clothes hamper.
- **Reporting signs and symptoms**
  Employees are to self-monitor for signs and symptoms prior to each scheduled shift. If exhibiting signs or symptoms of a respiratory virus or have been exposed to a person with a confirmed respiratory illness diagnosis, employees are to report to the appropriate member of Management immediately by following the Emergency Responsible Persons List.