

NORTHERN NEVADA ADULT MENTAL HEALTH (NNAMHS)  
POLICY AND PROCEDURE

SUBJECT: PREVENTING TOXIC AND HAZARDOUS SUBSTANCE EXPOSURE

NUMBER: NN-IC-20

ORIGINAL DATE: 12/22/10

REVIEW/REVISE DATE: 12/5/13

APPROVAL: \_\_\_\_\_ Cody L. Phinney \_\_\_\_\_, Agency Director

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I. PURPOSE

To ensure staff and consumer safety in relation to possible exposure to HIV and HBV.  
To describe the exposure control plan, and the process to manage exposures when they occur.

II. POLICY

NNAMHS shall follow Occupational and Safety and Health Administration (OSHA) Guidelines related to toxic and hazardous substance exposure including prevention, staff education and follow-up procedures should an exposure occur.

III. REFERENCES

OSHA 1910.1030 Toxic and Hazardous Substances  
NNAMHS Policy NN-IC-04 Employee Health Communicable Disease Prevention  
NNAMHS Policy NN-IC-06 Hand Hygiene  
NNAMHS Policy NN-IC-07 Standard (Universal) Precautions  
NNAMHS Policy NN-IC-14 Control of Environmental Contaminants (Cleaning Schedule)  
NNAMHS Policy NN-IC-15 Hazardous Waste Handling and Disposal  
NNAMHS Policy NN-IC-19 Post-Exposure Evaluation and Follow-up

NNAMHS Policy NN-HR-27 Training and Role Proficiency

IV. DEFINITIONS

1. Bloodborne Pathogens: Pathogenic microorganisms that are present in human body fluids and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
2. Engineering Controls: 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 bloodborne pathogens hazard from the workplace.
3. Exposure Incident: 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. Occupational exposure includes exposure that may be reasonably expected in the performance of job duties.
4. Parenteral Contact: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
5. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work cloths (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
6. Regulated waste: Liquid or semi-liquid bodily fluids 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.
7. Universal Precautions: An approach to infection control; According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

V. PROCEDURES

A. Exposure Control

1. NNAMHS Exposure Control Plan contains the following information:
  - a. Methods of compliance
  - b. Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up
  - c. Communication and training for employees regarding hazards.
  - d. Record keeping of employee health information.
  - e. The procedure for evaluation of exposure incidents.
2. The Exposure Control Plan (Policy NN-IC-19 Post-Exposure Evaluation and Follow-up) is located on the desk top links; NNAMHS policies. This plan is updated annually.
3. The plan is developed with input from direct patient care staff that are potentially exposed to injuries from contaminated sharps.
4. Employee Work Performance Standards define those positions which have a potential for occupational exposure. Each employee reads and signs their Work Performance Standards annually to assure they understand the potential risk of exposure.

B. Methods of Compliance

1. Work practice controls are in place to eliminate or minimize the risk of employee exposure. These controls include:
  - a. Use of universal precautions to prevent contact with blood, bodily fluids or other potentially infectious materials.
  - b. Availability of hand washing facilities in work areas which are equipped with soap, water and clean paper towels. Hand washing is monitored as a performance improvement process and reported in the Infection Control meeting on a monthly basis.
  - c. Availability of antiseptic hand cleanser in work areas.
  - d. Use of needles with built-in protection against needle sticks such as self-sheathing needles.

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- e. Use of puncture resistant, labeled and leak-proof SHARP containers to dispose of contaminated needles or other contaminated sharps.
  - f. Procedures which keep work areas clean to reduce the likelihood of exposure such as no drinking, smoking, applying cosmetics, lip balm, or handling contact lenses in these high risk areas.
  - g. Food and drink are not to be kept in the same refrigerator, freezers, shelves, or cabinets where blood or other potentially infectious materials are kept.
  - h. Specimens of blood or other potentially infectious materials are placed in containers that prevent leakage.
  - i. Contaminated areas are labeled as long as they remain contaminated to warn other staff of contamination.
2. Refer to Policies NN-IC-06, NN-IC-07 and NN-IC-14 for complete description of processes covering these procedures.

### C. Personal Protective Equipment

1. Appropriate personal protective equipment (gloves, masks, gowns, etc.) is provided to employees and located in work areas. Latex-free gloves are available for employees who are sensitive to latex.
2. The requirements for the use of gloves is defined and requires the employee to use gloves if they have cuts, scratches or other breaks in their skin.
3. Masks, eye protection and/or face shields are to be worn if splashes, sprays, or spatter of blood, bodily fluids, or other infectious materials may occur. Gowns, aprons and/or lab coats are to be worn in occupational exposure situations, depending on the situation.
4. Refer to Policies NN-IC-06 and NN-IC-07 for complete description of these procedures.

### D. Housekeeping

1. All employees are responsible for ensuring their worksite is maintained in a clean and sanitary condition.

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2. A written schedule for cleaning is developed and followed. Refer to Policy NN-1C-14 for the cleaning schedule.
3. Contaminated work surfaces are decontaminated with an appropriate disinfectant on a regular basis and immediately after obvious contamination.
4. Refer to policies NN-IC-07 and NN-IC-14 for complete description of these procedures.

### E. Regulated Waste

1. Contaminated sharps are discarded into a closable, puncture resistant, leak-proof, and labeled container immediately after use.
2. SHARPS containers are disposed of following waste management procedures when full.
3. Refer to policy NN-IC-15 for complete description of these procedures.

### F. Other Regulated Waste Containment

1. Other waste is placed in containers which are closable, labeled, leak-proof, and closed prior to removal.
2. Appropriate bags are labeled and placed in the closed, labeled and leak-proof containers located around campus.
3. Refer to Policy NN-IC-15 for complete description of these procedures.

### G. Laundry

1. NNAMHS contracts with an outside vendor for laundry services.
2. Soiled laundry is stored in soiled laundry rooms in the POU and inpatient units. Laundry is then transported via covered laundry cart for processing and pick-up by the vendor.
3. Refer to policy NN-IC-14 for complete description of these procedures.

### H. Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up

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1. The Hepatitis B vaccination is made available to all employees at NNAMHS at no cost. The vaccination is made available at the time of hire and at any time the employee may decide to receive this vaccination.
2. If the employee declines the Hepatitis B vaccination, they are asked to sign a Hepatitis B Vaccination Declination form which is kept in the employee's health record.
3. Should an exposure occur, Exposure to Bloodborne Pathogens Exposure response plan will be initiated.
4. Refer to policies NN-IC-09 and NN-IC-19 for complete description of these procedures.

### I. Communication of Hazards to Employees

1. Labels and signs are affixed to containers of regulated waste, refrigerators and freezers containing blood and other potentially infectious materials.
2. The labels use a universally recognized symbol and label of BIOHAZARD.
3. Red bags and containers are used to denote BIOHAZARD as well.
4. Each employee is trained regarding occupational exposure, biohazardous waste and clean-up, handling bloodborne pathogens, use of personal protective equipment, Hepatitis B infection control practices, emergency procedures, and OSHA regulations regarding toxic and hazardous substances at the time of new employee orientation and at least annually thereafter.
5. Training is completed in a variety of formats by individuals who are knowledgeable in the subject matter as it relates to the workplace.
6. Refer to policies NN-IC-15 and NN-HR-27 for complete description of these procedures.

### J. Recordkeeping

1. Employee health records are maintained on each employee and located in the Employee Health Office in a locked cabinet.

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2. Employee health records contain the employees name and Social Security number, Hepatitis B vaccination status, results of any examinations and follow-up procedures. These records are retained post-termination of the employee.
3. All employee health records are confidential. Information is not released without written consent by the individual except in situations required by law or statute.
4. Training records are maintained in the Education Department and include the dates of trainings, summary of the training and the names and qualifications of the persons conducting the training.
5. A Sharps Injury Log is maintained in the Employee Health Office and reported at the Infection Control meeting on a monthly basis.
6. For employees hired after 1/1/2011, the Hepatitis B Declination Record will contain the specific mandatory statement outlined by OSHA. Employees hired before 1/1/2011 have signed a declination record that indicates they decline receipt of the vaccination after having been educated on the vaccination. This record is kept in the employee health record.