

Elizabeth Richardson Center

Health and Safety: Exposure Control Procedures

Exposure Control Procedures

I. OSHA Compliance

The ERC exposure control plan complies with OSHA standard 29 CFR 1910.1030 regulating occupational exposure to blood or other potentially infectious materials (blood borne pathogens).

II. Overview of Sections of this Procedure

Due to the length and complexity of the procedures covered in the document, this is a quick directory of the information and how it is formatted to help you access the section(s) you need.

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III. Definitions

1. Biohazard bags (also referred to as “red bags”) – Red plastic bags that are used for disposal of infectious medical waste. ERC has a contract with a medical waste disposal company to regularly pick up all medical waste from our facilities. Location of infectious waste disposal containers at ERC facilities are listed in section IX. of this document. NOTE: Diapers and feminine napkins are NOT considered medical waste and should not be placed in red biohazard bags.
2. **Blood Borne Pathogens** - Blood borne pathogens are micro-organisms in human blood that can transmit disease and cause disease in humans. They include:
 - a. Hepatitis B virus - (HBV causes hepatitis B, a serious liver disease)
 - b. Human immunodeficiency virus (HIV- causes Acquired Immunodeficiency Syndrome or AIDS)

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3. **Employee** – For the purpose of these policies & procedures, the term “employee” is defined as any full-time, part-time, PRN or contract staff working at any ERC facility or program as well as interns, volunteers, observers and anyone else who might have direct contact with individuals being served at an ERC program.
4. **Infectious medical waste** - Medical waste which is capable of producing an infectious disease. Medical waste shall be considered capable of producing an infectious disease if it has been, or is likely to have been, contaminated by an organism likely to be pathogenic to healthy humans, including but not limited to:
 - a. Contaminated sharps
 - b. Clothing, bedding or anything that has blood, vomit, urine or other bodily fluids **THAT CANNOT BE LAUNDERED**. Normal bleeding (cut/bloody nose/menstrual flow, etc.) on bedding or clothing that can be laundered successfully is **NOT** considered medical waste and should not be discarded.
 - c. PPEs that have been discarded and may be contaminated with blood, vomit, urine or other bodily fluids.
 - d. Contaminated items (dressings, bandages, gauze, sponges, wipes, etc.) that cannot be laundered and are saturated and dripping with blood or other body fluids. A band-aid or gauze that was used to clean a wound and has some blood on it is **NOT** considered medical waste and may be disposed of the regular trash.
5. **Primary Care Physician (PCP)** – This means the physician who is primarily responsible for the overall medical care and treatment of this individual.
6. **Personal Protective Equipment (PPE)** - Equipment worn to minimize exposure to a variety of hazards. Examples of PPE include:
 - a. Gloves
 - b. Masks
 - c. Eye protection
 - d. Gowns or aprons
 - e. Shoe protectors
 - f. Protective hearing devices (earplugs, muffs)
 - g. Hard hats
 - h. Other special protective clothing and equipment
7. **Universal Precautions** – Universal precautions refers to the practice of avoiding contact with patients' bodily fluids by wearing nonporous articles such as medical gloves, goggles, and face shields – referred to as PPEs. All health care workers and direct care staff should always avoid direct contact with bodily fluids to protect themselves and the individuals served from contracting a contagious disease.

IV. Scope and Purpose

1. All ERC program staff will be aware of and follow the Exposure Control procedures outlined to protect themselves, other staff and all individuals served.
 - a. Since employees are trained to give first aid and expected to do so as part of their job responsibilities, it is critical that employees are aware of the risks associated with giving first aid and contracting illness from bloodborne pathogens and other bodily fluids.

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- b. First Aid care should be administered in such a way as to minimize the potential for splashing, spraying or splattering blood or body fluids.
 - c. ERC offers free HBVA vaccine to employees within the first 10 days of employment. The procedure is listed in section X – “Exposure and Treatment” of this document.
2. The purpose of the exposure control plan is to limit occupational exposure to blood and other potentially infectious materials because any exposure could result in transmission of blood borne pathogens that could lead to disease or death.
- a. Occupational transmission of HIV is relatively rare. However, the lethal nature of HIV requires us to take every possible measure to prevent exposure.
 - b. The hazard of exposure can be minimized or eliminated by the use of a combination of engineering and work practice controls, including:
 - i. Personal protective clothing
 - ii. Personal protective equipment (PPE)
 - iii. Training of employees
 - iv. Medical surveillance
 - v. Hepatitis B vaccination
 - vi. Proper signage and labeling
 - vii. Other provisions, as deemed necessary

V. Annual review of exposure control plan

This exposure control plan is reviewed and updated at least annually by the Safety Committee or whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee position with occupational exposure.

VI. How to limit exposure

- 1. Needles and sharps instruments
 - a. The greatest risk of exposure to pathogens is through needle sticks and cuts with sharp instruments.
 - b. Never re-cap, bend or break a used needle or other instrument.
 - c. Dispose of needles and sharp instruments in puncture-resistant container designed for their disposal.
 - d. Immediately report any cut or needle stick to supervisor on duty at the ERC program site.
- 2. Wash hands:
 - a. Routine hand washing with warm water and soap is a basic infection control procedure. Sinks with running water, liquid soap and disposable paper towels for handwashing are readily available to all employees and are located throughout all ERC facilities.
 - i. Hands should be washed with warm water and soap before and after contact with each consumer.
 - ii. Wash hands with soap under a steady stream of warm water for at least fifteen (15) seconds.
 - iii. Soap should be lathered all over the hands and wrist area.
 - iv. Soap should be completely rinsed off with running water.
 - v. Disposable paper towels should be used to dry hands and discarded after using the paper towel to turn off the running water.
 - vi. You may also want to use the paper towel to protect your hand when you open the restroom door and then discard the towel.

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- b. Handwashing should occur:
 - i. Upon arrival at work for the day;
 - ii. When moving a client from one group to another and the process requires touching the individual;
 - iii. Before and after eating or feeding individuals who are receiving services;
 - iv. Before and after giving medication;
 - v. After using the toilet or helping an individual receiving services to use the toilet;
 - vi. After handling any human blood or body fluids or touching mucous membranes (eyes, nose, mouth);
 - vii. After cleaning any surface that may contain or be contaminated with human blood or body fluids;
 - viii. After removal of gloves or PPEs;
 - ix. Before and after food preparation and handling any raw meat
 - x. Children's services – playing in water that is used by more than one (1) person or playing in the sandbox.
 - c. When immediate handwashing is not feasible, employees will use antiseptic handcleaner, followed by handwashing as soon thereafter as possible.
 - d. Use of alcohol-based hand rubs should be limited to situations where the hands have no visible soil and where use and control of containers of the hand rubs are out of reach of individuals receiving services – both children and adults.
3. Flush mucous membranes with water immediately or as soon as possible after contact with blood or other potentially infectious materials.
4. Wear gloves:
- a. Medical single use gloves should always be worn whenever consumers are examined and discarded immediately when the task is completed.
 - b. Avoid exposure to blood, body fluids, secretions, excretions, tissues or mucus membranes.
 - c. Wash hands with warm water and soap after gloves have been removed.
 - d. Gloves should be used when cleaning soiled instruments, surfaces, and when handling linens soiled with blood or body fluids.
 - e. Gloves should also be used if employee has cuts, scrapes, hangnail or rash.
 - f. If gloves are punctured, torn or damaged in any way, they should immediately be removed and discarded, hands washed and new gloves put on.
 - g. Housekeeping personnel may wear standard rubber gloves that are intact. Replace them immediately if they are ripped, torn, punctured or damaged in any way.
5. Wear gowns - Protective gowns or aprons should be worn when there is a potential for blood or body fluid splatters or spraying.
6. Wear goggles - Protective eyewear should be worn when there is a potential for blood or body fluids splatters or spraying.
7. When to wear masks:
- a. It is not necessary to wear a mask during casual contact with consumers.
 - b. Masks should be used when there is any potential for blood or body fluid spays or splatters.
 - c. Masks should also be used if the consumer is in respiratory isolation for their protection.

VII. General procedures during daily operations at ERC

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1. How to clean up spills:
 - a. Spilled or splattered blood and body fluids should be cleaned up immediately.
 - b. Gloves should be worn when cleaning up spills of blood or body fluids.
 - c. Use a fresh solution – made daily – of 1:10 household bleach and water (1 part bleach to 10 parts water) is adequate.
2. Eating, Drinking and other personal issues
 - a. Food and drink will be kept away from any areas that might be exposed to blood or other infectious material exposure.
 - b. Employees should not smoke, drink, eat, apply cosmetics or lip balm or handle contact lenses in any areas that might be exposed to blood or other infectious material exposure.
3. Dishes and utensils:
 - a. Standard dishwashing is sufficient and special handling is not indicated.
 - b. Gloves should be worn only if dishes and utensils are visibly soiled with blood or body fluids.
4. Laundry:
 - a. Standard laundry detergents and wash cycles are sufficient for linens contaminated with blood and body fluids.
 - b. Wear gloves when linens and consumer clothing are soiled with blood or body fluids, secretions, or excretions.
5. Housekeeping:
 - a. Standard housekeeping procedures are adequate for routine, daily cleaning of consumer rooms.
6. Casual Contact:
 - a. Casual contact with consumers does not pose a risk of infection with HIV or Hepatitis B.
 - b. Handshaking, touching, talking, visiting and other casual contact with consumers does not require any special infection control procedures since HIV and Hepatitis B are not spread through casual contact.

VIII. Infection Disease Control Procedures

1. Staff should take measures to insure that consumers and other staff are not at risk of exposure while obtaining supplies or cleaning a spill.
2. Any staff involved in the clean-up effort should protect themselves with appropriate PPEs (medical gloves and protective eyewear).
3. In the event that an infectious waste spill occurs, clean-up shall commence immediately.
 - a. For spills on solid surfaces (Counters, desks, tables, wooden chairs, floor, etc.)
 - i. Infectious fluid should be soaked up with disposable towels.
 - ii. Any contaminated surface should then be wiped down with a bleach solution of 1:10 (1 part bleach to 10 parts water). This solution should be made up daily.
 - iii. All solid waste, disposable towels, PPE and any materials used to clean the infectious waste must be placed in a red biohazard bag and disposed of in designated biohazard containers.
 - b. For spills on carpeted or absorbent surfaces

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- i. Sponge up area with disposable towels.
 - ii. Then cover area with absorbent granules.
 - iii. Follow the directions on the granule container.
 - iv. After the specified time, sweep up granules, spray sanitizing aerosol, and vacuum.
 - v. All solid waste, disposable towels, PPE and any materials used to clean the infectious waste must be placed in a red biohazard bag and disposed of in designated biohazard containers.
4. Other general clean-up procedures (See chart below)
- a. Follow all directions, precautions and seek assistance from the nurse at your facility or the ICF nurse if you have any questions regarding blood borne pathogen clean up procedures.
 - b. Diaper pails should be covered and lined with plastic bags.
 - c. Toxic supplies will not be stored in the same areas as food storage preparation.
 - d. Cleaning fluids, detergents, and wax will be stored in original containers with labels describing contents. NOTE: There should be MSDS sheets kept at all ERC facilities on ALL products used at that facility. Location of MSDS sheets are listed in this document and are shown on all facility evacuation maps.

RECOMMENDED PROTECTIVE EQUIPMENT AGAINST HIV & HBV TRANSMISSION

TASK OR ACTIVITY	Gloves	Gown	Mask	Protective Eyewear
Bleeding Control – Blood Spurting	YES	YES	YES	YES
Bleeding Control – little blood	YES	NO	NO	NO
Helping with Intravenous (IV) Line	YES	NO	NO	NO
Oral/Nasal Suctioning Manually Clearing Airways	YES	YES	No – UNLESS splashing is likely	No – UNLESS splashing is likely
Handling & Cleaning Contaminated Equipment & Clothing	YES	NO – Unless soiling is likely	NO	NO

MATERIALS USED TO CLEAN UP HAZARDOUS WASTE

Universal Precautions Apply to:	Gloves	Gown	Mask	Resuscitation Devices	Protective Eyewear
Blood	YES	YES - if spurting	YES - if spurting	NO	YES - if spurting
Semen	YES	YES	YES	NO	NO
Vaginal secretions	YES	YES	YES	NO	NO
Body Fluids if visible - Blood	YES	YES	YES	NO	NO
Feces	YES	NO	NO	NO	NO
Mouth-to-Mouth Resuscitation	YES	NO	NO	YES	NO

IX. Disposal of PPEs and other contaminated materials

1. Removing gloves:

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- a. Remove protective gloves by grasping one glove on the inside at the cuff and pulling it off inside out.
 - b. Then put the removed glove in the palm of the hand that is still gloved and remove the second glove in the same manner.
 - c. Dispose of gloves in biohazard "red" bags.
 - d. By following this procedure all possible contamination is on the inside of the gloves and will not contaminate other objects the gloves might touch.
 - e. Always wash hands with warm water and soap for 10 to 15 seconds after removing protective gloves. If you cannot immediately wash with water and soap, employees will use antiseptic handcleaner, followed by handwashing as soon thereafter as possible.
2. Gowns / Masks / Protective Eye Wear:
- a. Always wash hands with warm water and soap for 10 to 15 seconds after removing gown.
 - b. Dispose of gown in biohazard "red" bags.
3. Washing hands:
- a. Wash hands with warm water and soap for 10 to 15 seconds after removing any PPE.
 - b. Wash any parts of your body with warm water and soap that came into contact with blood or other risky materials.
4. Proper handling and disposing of sharps/needles:
- a. Do not ever throw a needle and syringe into the regular trash.
 - b. NEVER put the cap back on a needle has been used to give an injection.
 - c. NOTE: For individuals who require the use of sharps, ask their parent or have a supply of SESIPs (Sharps with Engineered Sharps Injury Protection) whenever possible.

X. Location (by facility) PPEs/Biohazard bags & containers/Clean-up/MSDS sheets

1. Adult Facilities
 - a. Intermediate Care Facilities (ICF-MR Homes)
 - i. **Biohazard "red" bags** – in the laundry room cabinet above washing machine in each home.
 - ii. **Biohazard containers** – in the janitor closet of each home and in the storage building behind the ICF Richardson home.
 - iii. **First Aid Kits** – on the wall in the medication room in each home.
 - iv. **MSDS sheets** – in the laundry room cabinet above washing machine in each home.
 - v. **PPEs** – in the laundry room cabinet above washing machine in each home.
 - vi. **Sharps Disposal Container** – in the medication room in each home.
 - vii. **Vacuum, granules and sanitizing spray** - in the janitor's closets in each home.
 - b. Life Skills
 - i. **Biohazard container** – in the storage building behind the ICF Richardson home.
 - ii. **First Aid Kit** – on the wall in the nurse's station.
 - iii. **MSDS sheets** – in the office of the Life Skills Coordinator in a binder.
 - iv. **PPEs** – in the nurse's station.
 - v. **Biohazard "red" bags** – in storage room.
 - vi. **Sharps Disposal Container** – in the nurse's station.
 - vii. **Vacuum, granules and sanitizing spray** – in janitor's closet.
 - c. Richardson Industries
 - i. **Biohazard "red" bags** – in the break room cabinet.
 - ii. **Biohazard container** – outside in a locked storage container on west side of

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- RI/administration building. The key is kept in the RI Sales & Production office.
- iii. **PPEs** – in biohazard clean-up kit on wall above eye wash in RI.
- iv. **Vacuum, granules and sanitizing spray** – in storage cabinet near the eye washer.
- v. **First Aid Kit** – on wall of client lunch area outside staff offices.
- vi. **Sharps disposal container** – in the staff bathroom.
- viii. **MSDS sheets** – in the office of the RI Sales and Production manager and the janitor's closet in RI.

2. Children's Facilities

a. Farmington CDC

- i. **Biohazard "red" bags** – in the nurse's office.
- ii. **Biohazard container** – east of the CDC beside the outside storage building.
- iii. **First Aid Kit** – on wall in nurse's office. There is also a small first aid kit in the emergency evacuation bag located in the Program Secretary's office.
- iv. **MSDS Sheets** – in the front office and in the janitor's closet.
- v. **PPEs** – Gloves are in all classrooms and changing areas. Full PPE kits (gown/mask/gloves) are in the nurse's office.
- vi. **Sharps disposal container** – in the nurse's office.
- vii. **Vacuum, granules and sanitizing spray** - the janitor's closet.

b. Fayetteville CDC

- i. **Biohazard "red" bags** – in the nurse's office.
- ii. **First Aid Kit** – on wall inside nurse's office. There is also a small first aid kit in the emergency evacuation bag located above the copier.
- i. **PPEs** – Gloves are in all classrooms and changing areas. Full PPE kits (gown/mask/gloves) are in the nurse's office.
- iii. **Sharps disposal container** – in the nurse's office.
- iv. **Vacuum, granules and sanitizing spray** – in the laundry room.
- v. **MSDS Sheets** – in the cabinet in the receptionist office.

c. Huntsville CDC

- i. **Biohazard container** – east of the building in the outside storage building
- ii. **Biohazard "red" bags** – in the nurse's office.
- iii. **First Aid Kit** – in the emergency evacuation bag located in the Program Secretary's office.
- iv. **MSDS Sheets** – in the Program Secretary's office and the janitor's closet.
- v. **PPEs** – Gloves are in all classrooms and changing areas. Full PPE kits (gown/mask/gloves) are in the nurse's office.
- vi. **Sharps disposal container** – in the nurse's office.
- vii. **Vacuum, granules and sanitizing spray** – in the laundry room.

d. Siloam Springs CDC

- i. **Biohazard container** – in the trash area by the fence.
- ii. **Biohazard "red" bags** – in the nurse's office.
- iii. **First Aid Kit** – on wall in nurse's office. There is also a small first aid kit in the emergency evacuation bag located in the Program Secretary's office.
- iv. **MSDS Sheets** – Program Secretary's office and the janitor's closet.
- v. **PPEs** – Gloves are in all classrooms and changing areas. Full PPE kits (gown/mask/gloves) are in the nurse's office.
- vi. **Sharps disposal container** – in the nurse's office.
- vii. **Vacuum, granules and sanitizing spray** – in the laundry room.

e. Springdale CDC -

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- i. **Biohazard container** – in the front parking lot west of the outbuilding.
- ii. **Biohazard “red” bags** – in the nurse’s office.
- iii. **First Aid Kit** – on wall in nurse’s office. There is also a small first aid kit in the emergency evacuation bag located in the Program Secretary’s office.
- iv. **MSDS Sheets** – Program Secretary's office and the janitor’s closet.
- v. **PPEs** – Gloves are in all classrooms and changing areas. Full PPE kits (gown/mask/gloves) are in the nurse’s office.
- vi. **Sharps disposal container** – in the nurse’s office.
- vii. **Vacuum** - in the laundry **Granules and sanitizing spray** – under sink in kitchen.

3. Office Areas

a. Administration Offices

- i. **Biohazard container** – outside to the west of the RI/Administration building in a locked storage container. The key is kept in the RI Sales & Production office.
- ii. **Biohazard “red” bags** – PPE's – in biohazard clean-up kit on wall above eye wash in RI.
- iii. **First Aid Kit** – on wall in the mailroom area. A more extensive First Aid Kit is in the RI client lunch area outside the staff offices.
- iv. **MSDS Sheets** – in the office of the RI Sales and Production manager and the janitor’s closet in RI.
- v. **PPE's** – in janitor’s storage cabinet near the eye washer in RI.
- vi. **Sharps disposal container** – in the staff bathroom.
- vii. **Vacuum, granules and sanitizing spray** – in janitorial storage cabinet near the eye washer in RI.

b. Burdick House

- i. **Biohazard container** – outside to the west of the RI/Administration building in a locked storage container. The key is kept in the RI Sales & Production office.
- ii. **PPEs** - located in the kitchen cabinet near the refrigerator.
- iii. **First Aid Kit** – located in the kitchen cabinet near the refrigerator.
- iv. **MSDS Sheets** – the janitor’s closet in the bathroom nearest the back door.
- v. **Vacuum, granules and sanitizing spray** – in the janitor’s closet in the bathroom nearest the back door.

XI. Procedures for EMPLOYEE(S) exposed to blood borne pathogens

1. An employee must notify their supervisor immediately after they are exposed to blood borne pathogens by:
 - a. A bite, scratch or other direct exposure to blood or other bodily fluids from an individual known to have Hepatitis B Virus or HIV;
 - b. All puncture wounds (i.e., needle sticks);
 - c. Any contact with mucous membrane fluids.
 - d. Any skin contact with an open wound, rash, or other area of broken skin.
2. Because this is related to bloodborne pathogen issues, the supervisor will notify the Director of Nursing or the nurse on duty at the ICFs and DHR of the incident.
3. Since this is considered a critical incident, all appropriate report(s) must be completed in Therap.
4. Rights of the employee following exposure to Hepatitis B or HIV
 - i. Employee Workers’ Compensation forms will be completed and turned in to the DHR

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- within 24 hours of exposure. (See Accident/Incident report, "N" report, and a Release of Medical Information form. These forms are located on the Intranet in the HR forms area.)
- ii. All employees will complete an Exposure Control Questionnaire Consent Form and return to DHR.
5. Treatment for Exposure
- i. Within twenty-four (24) hours of the incident, the supervisor, nurse or DHR will secure a medical office visit with the appropriate Worker's Comp medical provider.
 - ii. If known, or if consent is given, free blood test must be given to the source and the employee to find out if the source or employee has HIV or HBV.
 - iii. If HIV exposure occurs, ERC will provide counseling, concerning the risk of infection, all treatment options, and the risk of infecting others.
 - iv. If the employee who has been exposed has not received the Hepatitis B vaccine series, the physician may administer a dose of Hepatitis B immune globulin (HBIG).
 - a. This should be done within twenty-four (24) hours of the exposure.
 - v. Consent to administer the vaccine must be signed by the employee prior to any and all treatments.
 - a. NOTE: If an employee is allergic to yeast, an allergic reaction could occur.
 - vi. It is recommended that the regular 3-shot series be started immediately. If the regular series is not accepted by the employee, a second HBIG is recommended one (1) month after the exposure.
 - vii. If the employee who has been exposed received the Hepatitis B Vaccine prior to employment at ERC and...
 - a. They received the HBV injections properly in the arm or the thigh, then the procedures above (4.iii and 4.iv.) should be done.
 - b. They received the HBV injection in the hip, the employee will be treated as if he/she has never been immunized.
 - viii. All employees are required to bring documentation of any treatment from the physician to DHR.
 - ix. All information will be kept strictly confidential.

XII. Exposure of ERC CONSUMER(S) to blood borne pathogens

1. Children's Program
 - a. If staff suspect that a child attending any of ERC's children's programs has been exposed to blood borne pathogens:
 - i. The nurse or CDC coordinator should immediately notify the parent or legal guardian of that child and request that the child be seen by their PCP.
 - ii. State that a note from the physician must be brought to ERC before the child can return to the CDC.
 - b. NOTE: Just breaking the skin does not constitute exposure since saliva is not considered a bodily fluid under blood borne pathogen exposure procedures. So if a child bites another child that is NOT considered "exposure" in the context of these procedures.
 - c. Since this is considered a critical incident, the appropriate report(s) must be completed in Therap.
2. Adult Day Programs (Richardson Industries/Life Skills)
 - a. If staff suspect that an adult at one of the ERC day programs has been exposed to

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blood borne pathogens:

- i. If the consumer is NOT a resident at the ICF-DD homes or a Waiver client:
 - (a.) Staff should immediately notify the parent, legal guardian
 - (b.) Request that the consumer be seen by their PCP
 - (c.) A note from the physician must be brought to ERC before the consumer can return to their day program.
3. If the consumer resides at the ICF homes:
 - a. Staff should notify the nurse on duty at the ICF homes.
 - b. The nurse should first notify ICF management.
 - c. The nurse should arrange for the consumer to be seen by their PCP.
 - d. A note from the physician must be brought back to ERC before the consumer can return to RI or LS.
4. If the consumer participates in ERC's Community Living (Waiver) program:
 - a. Staff should notify Waiver team lead at Life Skills.
 - b. Waiver team lead should arrange for consumer to be seen by their PCP.
 - c. A note from the physician must be brought back to ERC before the consumer can return to RI or LS.

XIII. Policy Reference – Health and Safety Policy

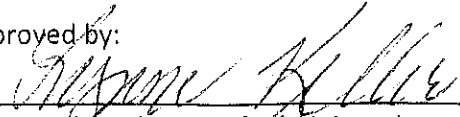
Safety of Persons Served at ERC and Staff

1. To ensure the safety of persons served, staff, volunteers and visitors at all ERC program sites, the Executive Director shall have procedures in place that address various and specific, as well as general safety procedures.
2. These safety procedures should include:
 - a. Building evacuation
 - b. Security
 - c. Vehicle safety
 - d. Medical safety
 - e. Blood-borne pathogens
 - f. Administration of medications
 - g. Severity of illness
5. These procedures shall assure that the ERC remains in compliance with all state, federal and regulatory licensing requirements.

Review/Revision/Approved by:

- List all review/revision dates made by P&P Review Committee: 3/2014, 9/2015, 6/2016, 3/2017
- Procedures only – does not require Board approval.

- Approved by:


Lynne Keller, Director of Administration


Date

Printing this document may make it obsolete. The latest version will always be on the ERC website at www.ercinc.org/AboutUs/Policies.