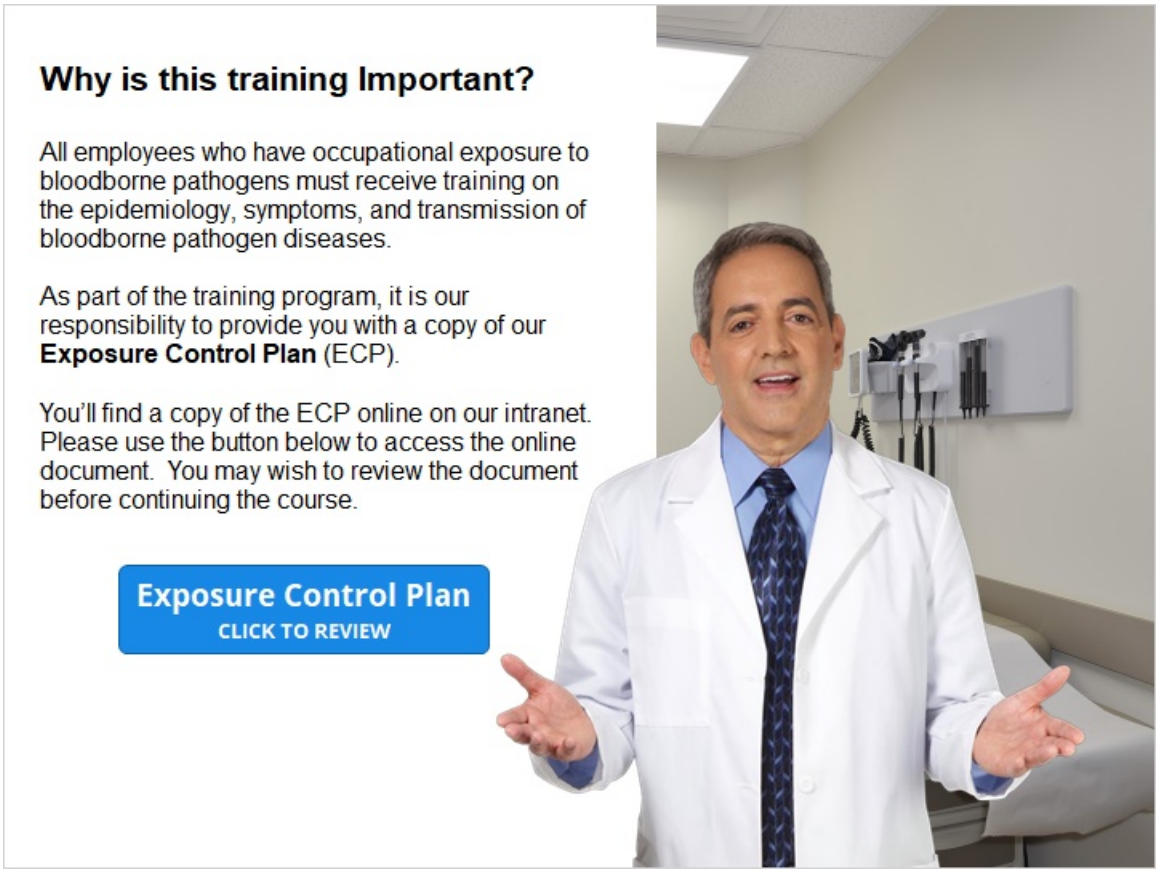

UNIVERSITY HEALTHCARE ALLIANCE
Infection Control:
Exposure Control Plan Guidelines
Clinical Staff
rev 12.14.16

Welcome! This course reviews our policies and procedures to prevent and control infections. As a member of University Healthcare Alliance's community, you are expected to follow these procedures to ensure your safety and protect the health of those around you, including our patients.

This course consists of these sections.

- **Understanding our Exposure Control Plan** reviews our exposure prevention program and guidelines
- **Understanding Disease Transmission** reviews direct and indirect exposure risks
- **Understanding Engineering Controls and Safe Work Practices** explores methods to reduce exposure
- **Handling Medical Waste** reviews our requirements for the disposal of contaminated items
- **Post Exposure Guidelines** reviews our response to accidental exposure

Let's get started by reviewing our Exposure Control Plan and how this important, documented process reinforces our guidelines for preventing exposure.



NOTE: For this PDF version, the button above does not function. Please refer to the Exposure Control Plan (separate document) found on the UHA Intranet.


Exposure Prevention:
Understanding our Exposure Control Plan (ECP)

UHA is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, we follow the guidelines in our **Exposure Control Plan** (ECP). The purpose of the ECP is to eliminate or minimize occupational exposure to bloodborne pathogens. The Plan also focuses on the determination of employee/provider exposure as well as the implementation of various methods of exposure control.

These are the **Control Methods** covered in our ECP. You'll learn more about each Control Method as you progress through the course.

- Standard or Universal precautions
- Engineering and work practice controls
- Standard operating procedures
- Personal Protective Equipment (PPE)
- Housekeeping
- Labeling
- Signage
- Hepatitis B vaccination
- Post exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping

UNIVERSITY
HEALTHCARE ALLIANCE

Policy Name: Exposure Control Plan
Policy Number: EHS-05

I. **PURPOSE**

II. **DEFINITIONS**

The Exposure Control Plan contains many terms and definitions that you must know.

To get started, let's review the most important term – **Standard or Universal Precautions.**

Simply stated, Standard or Universal Precautions means using the same precautions for all patients, whenever there's a chance of exposure to blood or body fluids.

Review of Infectious Diseases

According to the concept of standard or 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.

Infectious agents (human pathogens), materials from human sources or primates that may contain pathogens, and organism-produced toxins, venom, allergens, etc. that causes disease in humans. These include, but are not limited to blood, body fluids, human serum, and viruses found in blood.

Viruses found in blood can cause disease. They are Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). The viruses are spread by: sexual contact, sharps/needlestick injury or mucous membrane contact, eye, nose, mouth and/or broken skin.

Approximately 5.6 million American workers are at risk of developing various types of illnesses due to their exposure to bloodborne pathogens such as the Human Immunodeficiency (HIV) and Hepatitis B (HBV) viruses and other potentially infectious materials in the workplace.

Here is a list of additional terms from our Exposure Control Plan.
Click each of the buttons below to learn more.

- Biohazard Bag
- Bloodborne Pathogens
- Chemotherapy Waste
- Exposure Control Program
- Exposure Incident
- Medical Waste
- OPIM
- Pathological Waste
- PPE
- Safety Medical Devices
- Sharps

Biohazard Bag: A disposable red bag that is impervious to moisture and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled bag.

A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer.

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Bloodborne Pathogens (BBPs): Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

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Chemotherapy Waste:
A waste which is hazardous only because the waste is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty.

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Exposure Control Program:
A written program that outlines the exposures that are present (or potentially present) in the workplace and the steps taken to eliminate or control those exposures.

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Exposure Incident:
A specific eye, mouth, 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.

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- Sharps

Medical Waste means waste that is any of the following:

- Liquid or semi-liquid blood or OPIM;
- Contaminated items that:
  - Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
  - Are capable of releasing these materials when handled or compressed.
- Contaminated sharps
- Pathological and microbiological wastes containing blood, or OPIM
- Waste regulated by the Health and Safety Code

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OPIM: Stands for "Other Potentially Infectious Materials", such as contaminated waste, tissue samples, Human body fluids, including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

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Pathological Waste:
A waste which is hazardous only because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty.

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

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Safety Medical Devices (Engineered Sharps Injury Protection): A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

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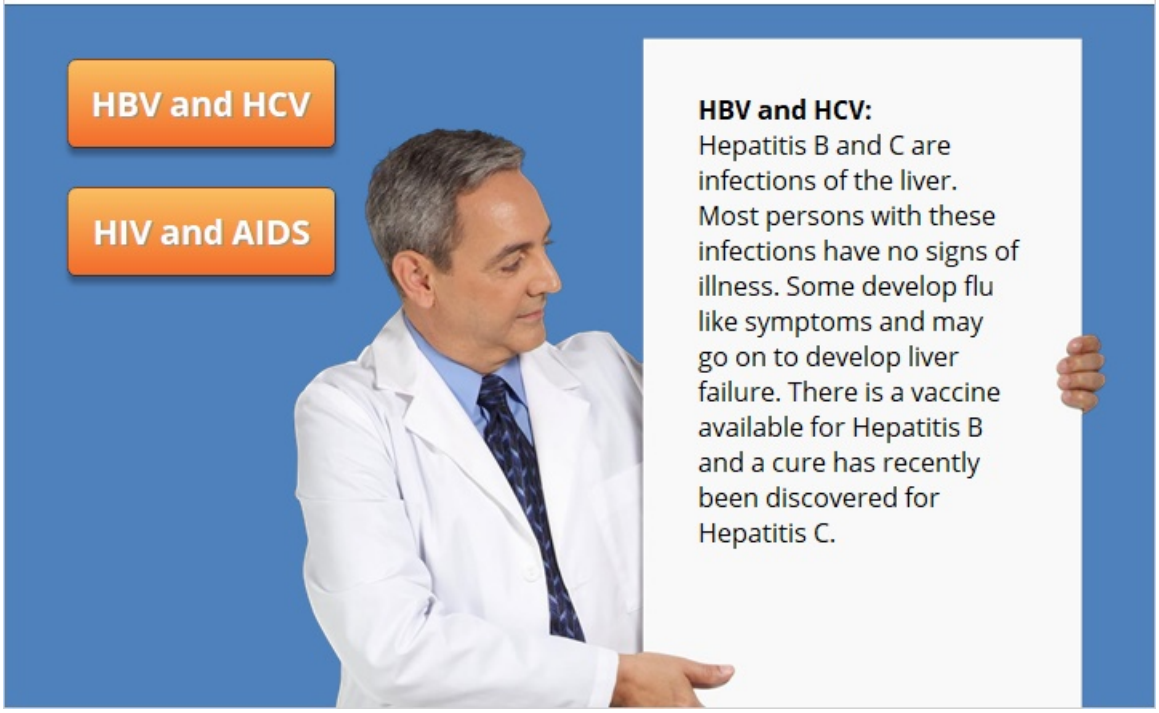
Sharps: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

To finish our list of ECP terms, let's review these definitions of biohazards and bloodborne pathogens (BBPs). **Click** each button to learn more.



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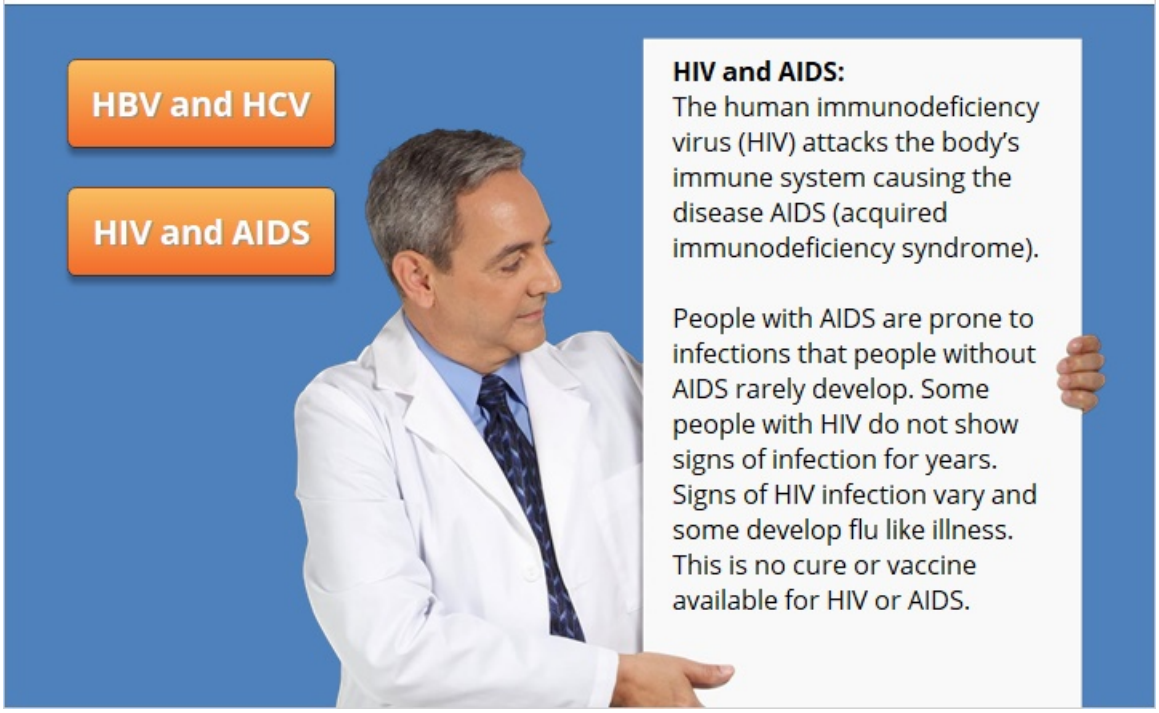

As an additional preventative measure, UHA will provide free vaccines for employees and providers for diseases such as seasonal flu or Hepatitis B.

If the vaccine is unavailable, the reason for unavailability will be documented on the employee's record, and the employee or provider will be vaccinated as soon as the vaccine becomes available. Refusing the vaccination is documented in your confidential files.

Click the buttons to learn more:

- Seasonal Flu
- Flu Vaccine
- Hep B Vaccine
- Hep B Declinations

Seasonal flu kills over 36,000 Americans every year. We have a duty to protect ourselves and our patients by getting the flu vaccine each year. The flu vaccine is also safe and important to prevent flu and deaths. Staff are required to have the vaccines or sign the declination statement that they've been informed of the risks and are refusing the vaccine. In some counties, an annual flu shot is mandatory, for healthcare workers, per county regulations.

Employees who develop flu like illness must be off work until they have been without a fever for 24 hours, without the use of fever-reducing medications. Most cases have typical influenza-like symptoms (fever, aches, sore throat).

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Click the buttons to learn more:

- **Seasonal Flu**
- **Flu Vaccine**
- **Hep B Vaccine**
- **Hep B Declinations**

UHA will provide vaccines for employees and affiliated providers at no cost for diseases such as seasonal flu. If the employee or provider does not want to receive a vaccine, they need to complete and sign a Declination Form for each vaccine.

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If the vaccine is unavailable, the reason for unavailability will be documented on the employee's record, and the employee or provider will be vaccinated as soon as the vaccine becomes available. Refusing the vaccination is documented in your confidential files.

Click the buttons to learn more:

- Seasonal Flu
- Flu Vaccine
- Hep B Vaccine
- Hep B Declinations

The Hepatitis B vaccine is a series of three vaccinations, given over a six-month period, which all employees, with a risk of work related exposure to blood, are offered and should complete.

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Click the buttons to learn more:

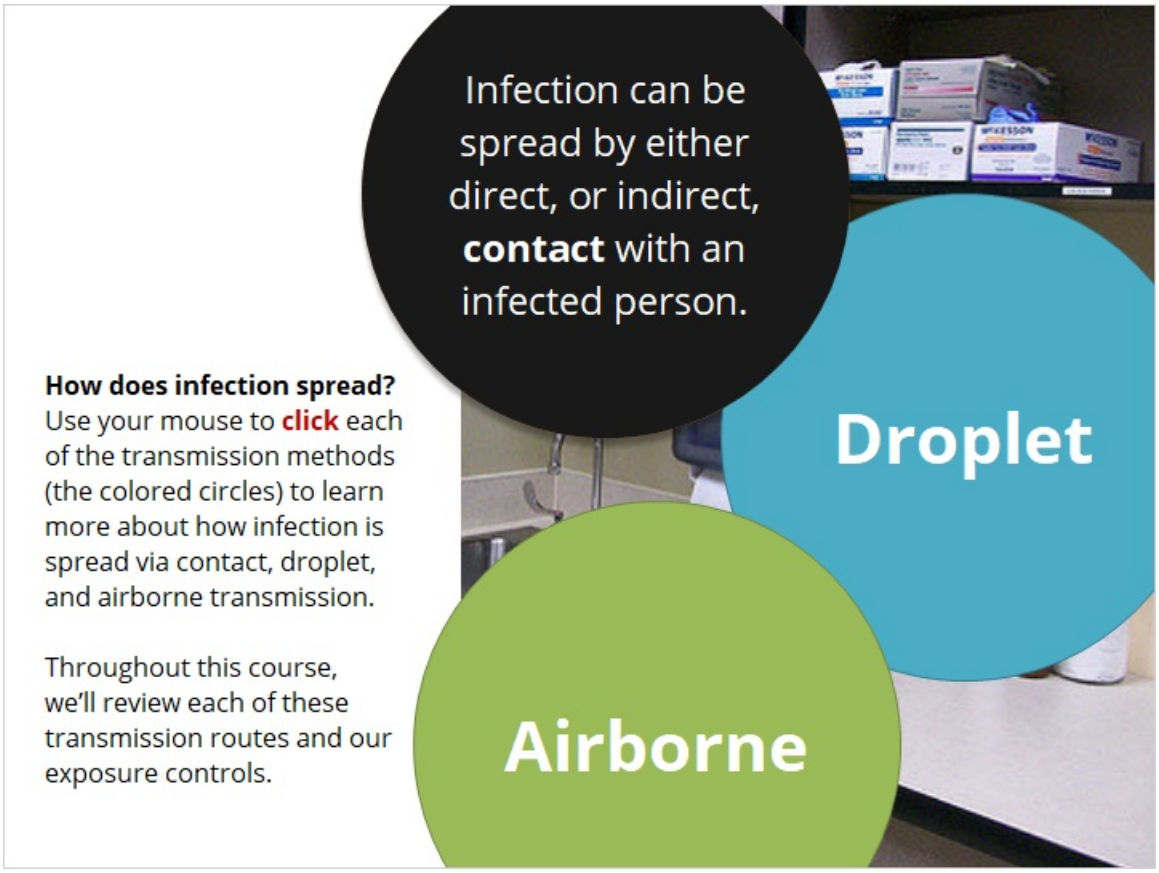
- **Seasonal Flu**
- **Flu Vaccine**
- **Hep B Vaccine**
- **Hep B Declinations**

Over 90% of people receiving the vaccine develop protection against Hepatitis B. Because the risk of liver disease is so great, employees are required to complete their HBV vaccination series or sign a Hepatitis B Declination Form. You may change your mind and receive the vaccine at a later time.

The Hep B Vaccination process is encouraged unless: (1) documentation exists that the employee/provider has previously received the series, (2) antibody testing reveals that the employee/provider is immune, or (3) medical evaluation shows that vaccination is contraindicated.

Employees/providers who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in your confidential file.


Exposure Prevention:
Understanding
Disease Transmission



How does infection spread?
Use your mouse to **click** each of the transmission methods (the colored circles) to learn more about how infection is spread via contact, droplet, and airborne transmission.

Throughout this course, we'll review each of these transmission routes and our exposure controls.

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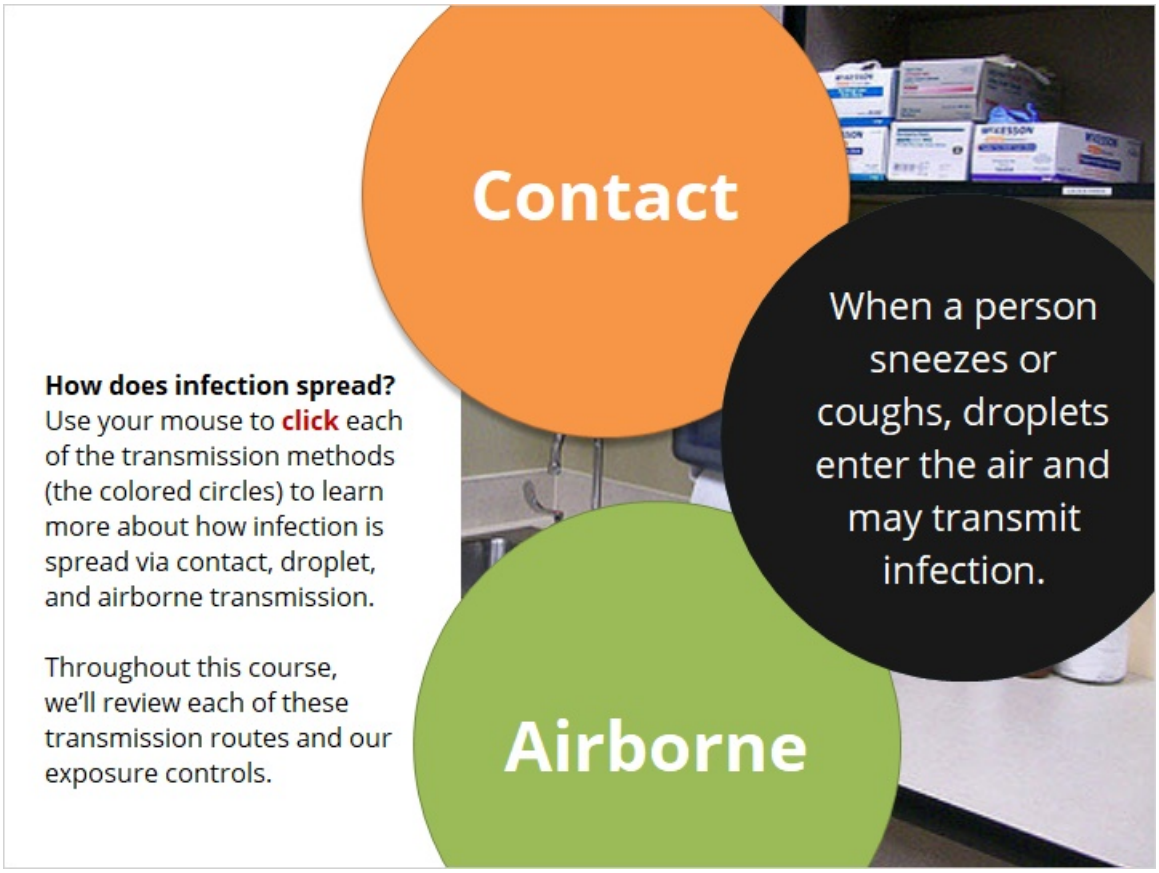

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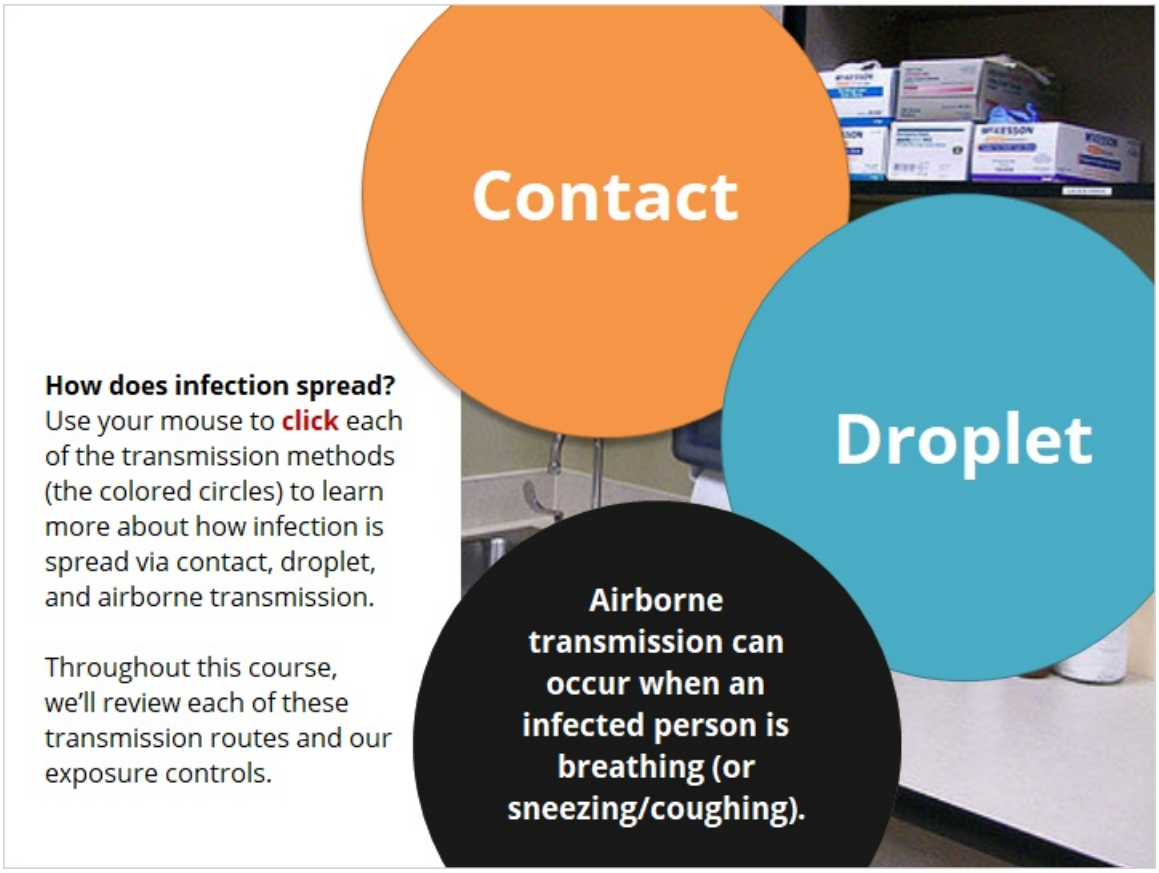


Standard or Universal Precautions stress hand hygiene. Proper hand hygiene is one of the most important ways to prevent the spread of infection.

The indications for hand hygiene are:

- Before direct contact with patients
- After contact with blood or body fluids, and objects likely to be contaminated
- Before preparing medications or setting up procedures.
- After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, lifting a patient).
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- Before eating or drinking. After blowing your nose, after coughing or sneezing, and after using the toilet.
- After removing gloves.

For visibly soiled hands, you must use soap and water for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

If hands are not visibly soiled, you may use an alcohol-gel hand sanitizer by rubbing the gel until hands are dry.

How can you prevent your own germs from spreading? To ensure that you don't spread germs, as a result of airborne transmission, you must practice respiratory hygiene as follows:

- Cover your nose and mouth with a tissue when you cough or sneeze. Then throw the used tissue in the trash.
- If you don't have a tissue, bring your arm up to cover your face and cough or sneeze into your elbow or shoulder; not into your hands.
- Wash your hands after coughing or sneezing.

And, perhaps most importantly, take time to **educate patients on respiratory hygiene** to prevent the spread of infection outside of the clinic.

In healthcare work environments, like UHA, most infections are spread by contact. Contact transmission may be **direct** or **indirect**.

Direct contact transmission occurs when an infected person makes contact with a susceptible person.

Indirect contact transmission occurs when an infected person contaminates an object such as a specimen container or medical equipment, then a susceptible person touches the contaminated item, gets the germs on his/her hands, then transfers the germs to self, another person, or another object.

So, what can you do to prevent both indirect and direct transmission?

At UHA, we use Personal Protective Equipment (**PPE**) which includes masks, gowns, gloves, face shields and other protective gear to ensure protection against disease, bloodborne pathogens and body fluids. Review these UHA PPE guidelines:

- Before entering an infected patient's room put on a mask, gloves and gown.
- All PPE must be used only **once** and then properly discarded into the correct trash receptacle **prior** to leaving the patient room.

For patients in an isolation room, designated isolation room equipment will be utilized if possible; i.e. BP cuff, temp-a-way sticks, stethoscope, bulk medications (inhaler, creams), pen etc.

Once any item is taken into the isolation room, the item **stays** in that room until the patient is discharged and the room is cleaned.

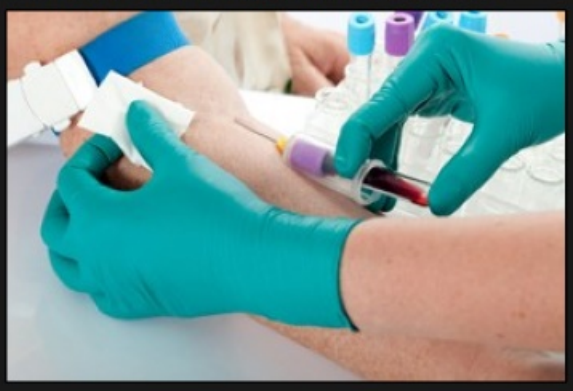
So, what clinical tasks are at risk for exposure? You may think of some obvious risks, but our ECP outlines all known risks. Use the **slider** at the bottom of this screen to review these risks before you continue.

Vaccination administration:
Wearing the appropriate PPE (gloves) is the best exposure prevention method while administering a vaccine.

Use your mouse to move the **slider** from left to right.

So, what clinical tasks are at risk for exposure? You may think of some obvious risks, but our ECP outlines all known risks. Use the **slider** at the bottom of this screen to review these risks before you continue.

Working with Hemoglobin:
Blood draws, for example, present a high risk of exposure. Again, wearing the appropriate PPE (gloves) is your best way to prevent exposure.



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So, what clinical tasks are at risk for exposure? You may think of some obvious risks, but our ECP outlines all known risks. Use the **slider** at the bottom of this screen to review these risks before you continue.

Administering First Aid:
Another exposure risk exists when administering first aid. Consider the risks, then don the appropriate PPE (gloves, gown) before you begin first aid.

Use your mouse to move the **slider** from left to right.

So, what clinical tasks are at risk for exposure? You may think of some obvious risks, but our ECP outlines all known risks. Use the **slider** at the bottom of this screen to review these risks before you continue.

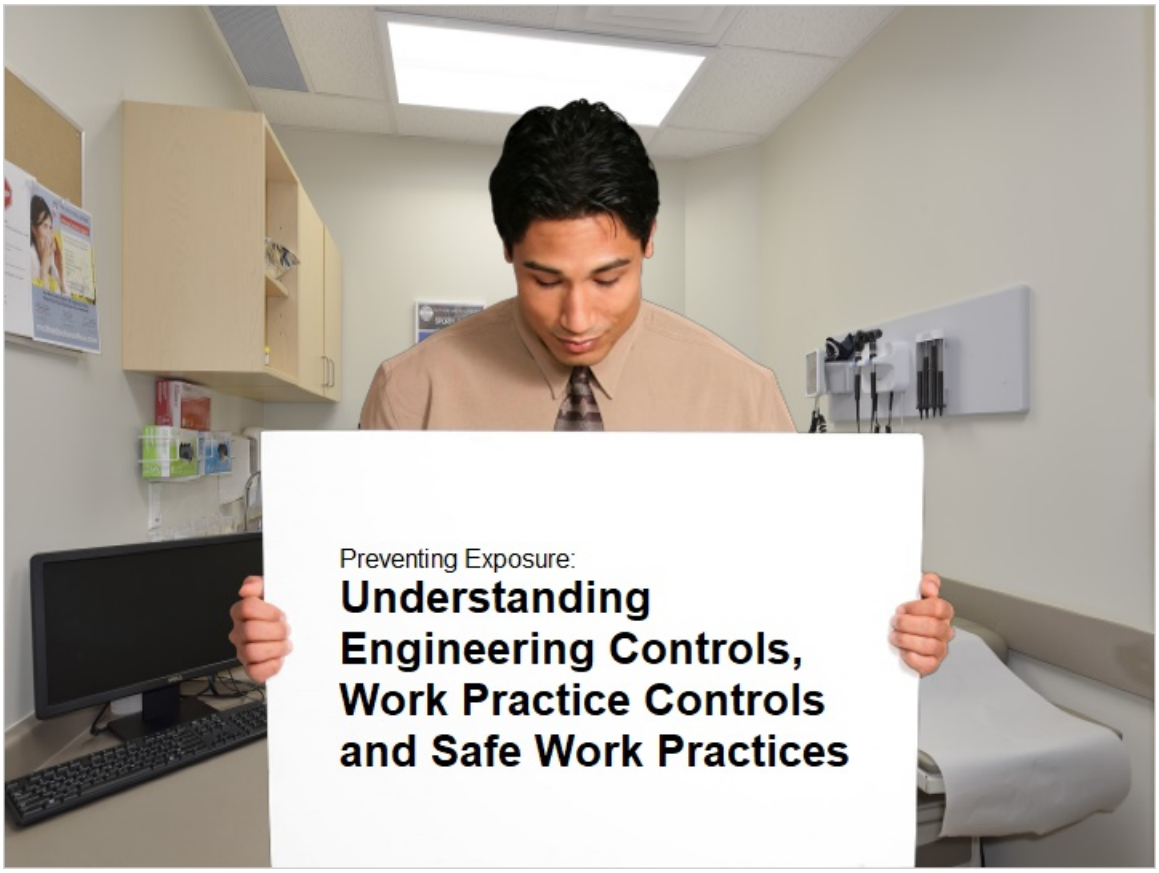
Administering CPR:
CPR can put you at risk for direct and indirect exposure – you can avoid the risks by donning PPE such as gloves and a mask..

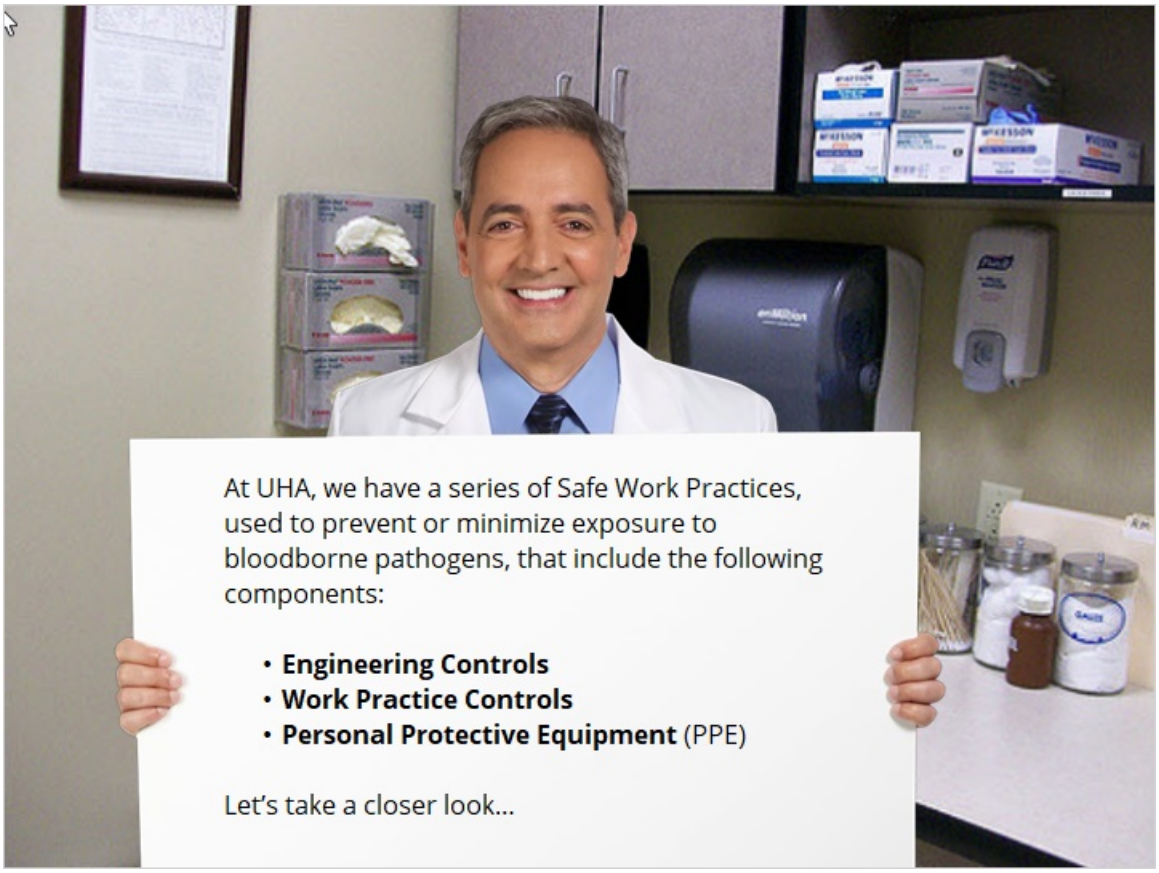
Use your mouse to move the **slider** from left to right.

So, what clinical tasks are at risk for exposure? You may think of some obvious risks, but our ECP outlines all known risks. Use the **slider** at the bottom of this screen to review these risks before you continue.

Disposal of syringes, needles, lancets and other contaminated items: Remember to wear PPE (gloves, masks and/or gowns) when performing these functions. This also applies when you're **handling shipments** that contain at risk materials.

Use your mouse to move the **slider** from left to right.


Preventing Exposure:
Understanding Engineering Controls, Work Practice Controls and Safe Work Practices


At UHA, we have a series of Safe Work Practices, used to prevent or minimize exposure to bloodborne pathogens, that include the following components:
• Engineering Controls
• Work Practice Controls
• Personal Protective Equipment (PPE)
Let's take a closer look...

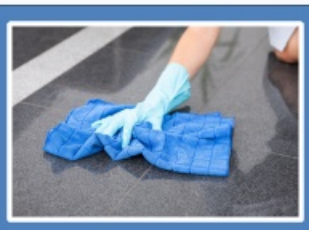
When you think of **Engineering Controls**, think of devices that are **hardwired** to our UHA environment.

Some examples include:

- Safety Medical Devices (use at all times)
- Sinks for hand washing (exam rooms) or dispensers for alcohol-based hand sanitizers and eye wash stations in laboratory areas

When you think of **Work Practice Controls**, think of procedures that we employ to reduce our risk to exposure. Some examples include:

- Removing food from our work areas
- Following administrative controls such as sterilization procedures and placing samples in containers which prevent leakage



When you think of **PPE**, think of procedures that we employ to reduce our risk to exposure. Some examples include:

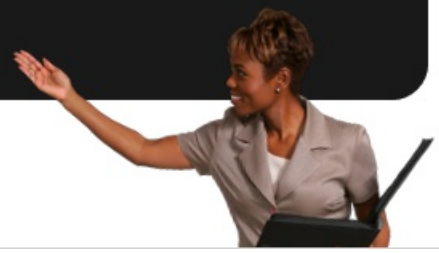
- Using the appropriate PPE for the task
- Disposing PPE after each use

More About Safe Work Practices
As a reminder, Safe Work Practices are the procedures that help us to avoid exposure.

Click each of the items below to learn about the safe work practices outlined in our Exposure Control Plan (ECP):

- **Contaminated Needles**
- **Eating at Work**
- **Mouth Pipetting**
- **Handling Spills**

Contaminated needles may not be recapped, bent or broken off. Shearing or breaking of contaminated needles is prohibited. They must be deposited in a biohazard-labeled sharps container immediately or as soon as possible after use. If recapping is a necessary part of a procedure, such recapping must be accomplished through the use of a recapping device or a one-handed technique.



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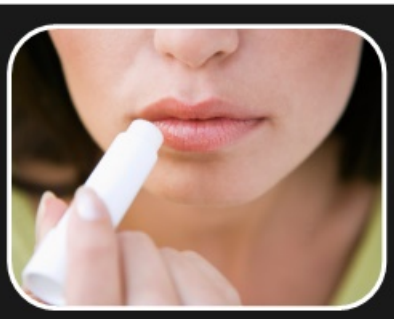
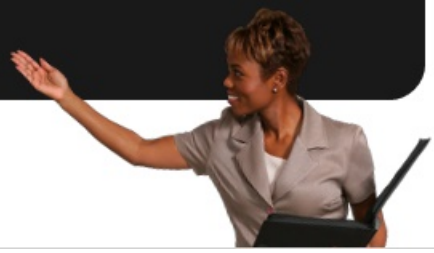


Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.



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As a reminder, Safe Work Practices are the procedures that help us to avoid exposure.

Click each of the items below to learn about the safe work practices outlined in our Exposure Control Plan (ECP):

- Contaminated Needles
- Eating at Work
- Mouth Pipetting
- Handling Spills

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

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- Contaminated Needles
- Eating at Work
- Mouth Pipetting
- Handling Spills

Spills of potentially infectious material must be cleaned up with a spill kit and placed in a biohazard-labeled red bag.

Safe Work Practices: Specimen Collection and Handling
Specimens of blood or other potentially infectious materials must be placed fluid proof, biohazard- labeled shipping containers. If the outside of the containers becomes contaminated, then it must be cleaned with 10% bleach (fresh daily) or an EPA approved disinfectant before being placed in the secondary container. If the specimen is capable of rupturing the inner container, then the inner container shall be made of a puncture-resistant material.

- Specimens of blood or other potential infectious materials should be handled in a manner that reduces the potential for splashing.
- Containers for storage, transport or shipping biological materials shall be labeled and shall be closed prior to being stored, transported or shipped.
- Refrigerators or freezers used to store biological materials must be properly labeled with a biohazard sign.

To wrap up our discussion of Work Practice Controls, consider that **equipment**, which may be contaminated with blood or infectious materials, must be examined prior to service. This means that if decontamination isn't an option, then a biohazard label must be attached to the equipment – and the contamination documented.

At UHA, we strive to ensure that we observe standard or universal precautions for our equipment and that we use the appropriate PPE to prevent exposure. **That said, here are some equipment guidelines to review from our Exposure Control Plan (ECP):**

- Bench tops should be impervious to chemicals and biological materials.
- Contaminated items should be segregated from non-contaminated items.
- All windows that can be opened should be fitted with screens.
- Work surfaces should be decontaminated at least once a day and after any spill of biohazardous material.
- Food and drink shall not be kept in freezers, refrigerators, shelves, and cabinets where blood or other potentially infectious materials are stored.
- Biohazard specimen bags must always be disposed of as biohazardous waste and never place in the regular trash can.

Personal Protective Equipment, or PPE for short, must be used to prevent exposure. At UHA, we have specific guidelines, as outlined in our Exposure Control Plan.

At UHA, training is provided, by your supervisor, in the use of the appropriate PPE for the tasks or procedures employees perform.

Please click each of these common PPE items to learn about our UHA guidelines.

GLOVES

FACESHIELDS

GOWNS / LAB COATS

Gloves must be changed between patients, tasks and sites to prevent the spread of infection. They are **not** a substitution for hand hygiene.

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Please click each of these common PPE items to learn about our UHA guidelines.

GLOVES

FACESHIELDS

GOWNS / LAB COATS

Face shields or masks/goggles are used to protect the eyes, nose, and mouth from splashing of blood/body fluids.

Goggles may be decontaminated between use.

Personal Protective Equipment, or PPE for short, must be used to prevent exposure. At UHA, we have specific guidelines, as outlined in our Exposure Control Plan.

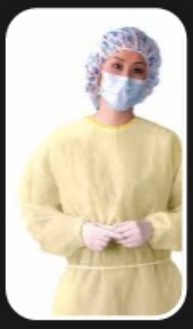
At UHA, training is provided, by your supervisor, in the use of the appropriate PPE for the tasks or procedures employees perform.

Please click each of these common PPE items to learn about our UHA guidelines.

GLOVES

FACESHIELDS

GOWNS / LAB COATS



Gowns and lab coats are worn to protect skin and work clothes from splashes.

Glove Precautions

Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM (Other Potentially Infectious Materials), 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, tearing, puncturing, or deterioration.

Perform hand hygiene immediately or as soon as feasible after removal of gloves or other PPE.

Never wash or decontaminate disposable gloves for reuse.

Surgical Attire and Eye Protection Precautions

Surgical caps and boots shall be worn in instances where gross contamination of skin and clothing can be anticipated, such as in surgery areas. Employee must remove caps or hoods immediately after use.

Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

N95 Respirator Use

At UHA, we use specialized masks called N95 Respirators to protect against inhaling airborne transmission.

You will need an N95 Respirator for these circumstances:

- You are in a room with a suspect case of TB, measles, chicken pox or disseminated shingles
- We have been notified, by the patient, prior to the office visit that he/she may have been exposed to TB or Chicken Pox
- You are in a room that has been occupied by the above patients within the past two hours
- If you are infected with disseminated shingles (you must be determined to be fit for duty by your physician and have your supervisor's permission)

N95 Respirator Precautions

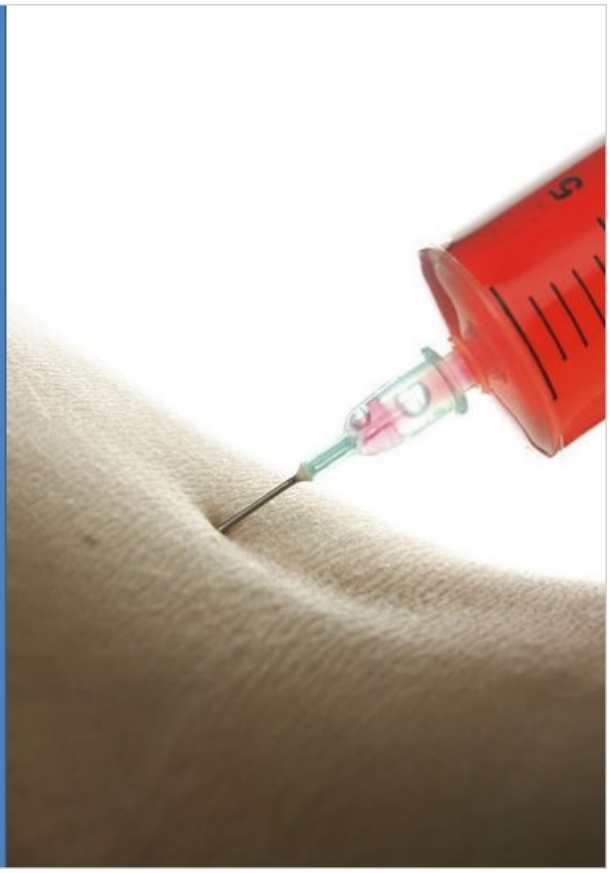
The N95 respirator should always be removed and discarded if (1) it becomes damaged or deformed, (2) it no longer forms an effective seal to the employee's face, (3) it becomes contaminated with hazardous substances, (4) it becomes wet or visibly dirty, or (5) breathing through it becomes more difficult. In addition, the respirator should always be discarded if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

Surgical masks should not be placed over the respirator, as they may unseat or deform the respirator and may make it more difficult to breathe through.


Remember to properly dispose **all** used Personal Protective Equipment (PPE) before leaving your work area.

Handling Sharps
Needleless systems, safety needles and other sharps with built-in sharps protection must be used for blood drawing, injections/immunizations, IV starts or **whenever** the risk of injury is present. Unless the manufacturer does not provide a safety needle, or we determine using the safety device is a risk, you must always use a sharp with safety or built-in protection features.

Recapping is not allowed.



More About Sharps

Take a moment to review these additional guidelines for sharps use - you'll find additional details in our Exposure Control Plan (ECP).

All injuries due to a contaminated sharp must be reported per the requirements outlined in the Injury and Illness Prevention Program.

Reaching into a sharps container to remove a sharp is strictly prohibited.

Broken glassware and/or sharps that may be contaminated shall not be picked up directly with the hands.

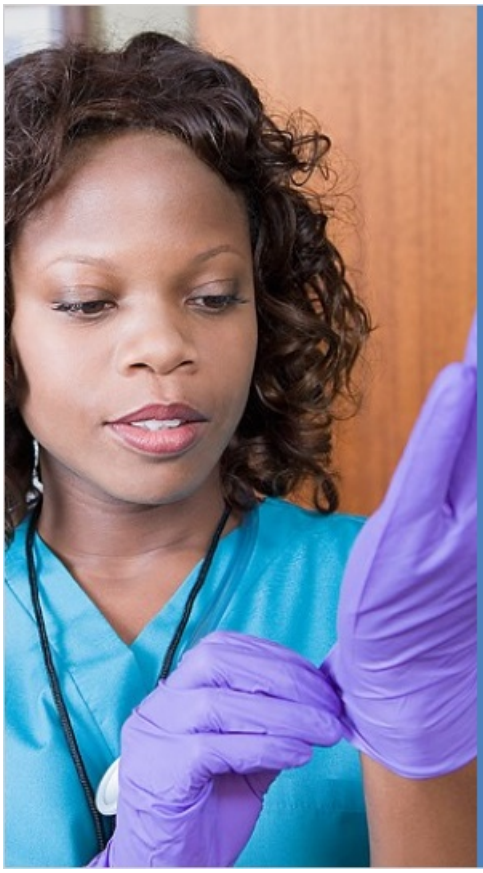
What about the collection of contaminated laundry? If you need to handle or sort contaminated laundry, you should do so as little as possible - *with minimal agitation* – and while wearing gloves, eye protection and a gown.

All wet contaminated laundry must be placed in a leak-proof, **red** biohazard-labeled bag – before placing it in a soiled linen can.

When do we clean contaminated work areas?
Contaminated work surfaces and equipment must be cleaned and decontaminated with an appropriate disinfectant - immediately or as soon as possible.

Per our Exposure Control Plan (ECP), the immediate cleaning and decontamination is **required** when:

- Surfaces become overtly contaminated
- There is a spill of biohazardous agents and/or materials including blood or OPIM
- Before procedures are started and after procedures are completed
- At the end of a work shift if the surface may have become contaminated since the last cleaning



How do we avoid exposure to a spill?
In the event of a spill or splatter, wear gloves and other protective equipment to clean up the area.

Absorb excess fluid and apply the approved disinfectant or 1:10 bleach. Allow proper contact time between the disinfectant (10 minutes for bleach).

Wipe up the spill with a clean paper towel and repeat with a disinfectant soaked towel.

After proper contact time, clean and dry the surface – then dispose of all material as biohazardous waste.


Preventing Exposure:
Handling Medical Waste

Do you know what is **not** considered medical waste?

Here are some examples:

- Empty pharmaceutical containers
- Empty syringes without needles
- Bodily fluids such as urine, feces, saliva, vomitus, etc. not contaminated with blood
- Paper towels or other paper products such as surgical masks, wipes, plastic wrappings from patient care

So, what is included in the definition of Medical Waste?

At UHA, the term Medical Waste includes:

- **Biohazardous Waste**
- **Chemotherapy Waste**
- **Pharmaceutical Waste**
- **Pathological Waste**

Let's continue our discussion by reviewing each of these waste definitions and the proper collection methods...

Medical Waste:
Definitions and Collection

Click on each of the definitions below to learn more about each waste type *and* our approved collection method.

- **Biohazardous**
- **Chemotherapy**
- **Pharmaceutical**
- **Pathological**

Biohazardous Waste contains or has been exposed to **blood**, including fluid blood, mucus, sputum or vomit.

Consider, too, that **equipment** used to collect or may be contaminated with the above substances is also included in the definition of biohazardous waste.

Biohazardous waste should be placed into a leak-resistant **red** biohazardous waste container lined *with* a red biohazard bag. The container must labeled with the word Biohazardous Waste or BIOHAZARD. Keep the red containers close to the area where the waste is generated and always keep the container closed when not in use.

Medical Waste:
Definitions and Collection

Click on each of the definitions below to learn more about each waste type *and* our approved collection method.

- **Biohazardous**
- **Chemotherapy**
- **Pharmaceutical**
- **Pathological**

Chemotherapy Waste includes used IV bags, sharps used for chemotherapy drugs, and Chemo contaminated PPE such as gowns, gloves, etc.

Chemotherapy waste should be placed into a leak-resistant **yellow** waste container lined *with* a yellow plastic bag. The container must labeled with the phrase Chemotherapy Waste or CHEMO *and* Incinerate Only.

Keep the yellow containers close to the area where the waste is generated and always keep the container closed when not in use.

Medical Waste:
Definitions and Collection

Click on each of the definitions below to learn more about each waste type *and* our approved collection method.

- **Biohazardous**
- **Chemotherapy**
- **Pharmaceutical**
- **Pathological**

Pharmaceutical Waste includes prescription or over-the-counter drugs, and liquid/solid medications in use or open vials, pills, inhalers, creams, lotions, powders, etc.

Pharmaceutical waste should be placed into a leak-resistant **black** waste container. The container must labeled with the phrase Incinerate Only.

Keep the black containers close to the area where the waste is generated and always keep the container closed when not in use.

Medical Waste:
Definitions and Collection

Click on each of the definitions below to learn more about each waste type *and* our approved collection method.

- **Biohazardous**
- **Chemotherapy**
- **Pharmaceutical**
- **Pathological**

Pathological Waste includes human surgery specimens or tissues removed during surgery with suspect infectious agent contamination.

Pathological waste should be placed into a leak-resistant **white** waste container. The container must labeled with the phrase Pathology Waste or PATH and Incinerate Only.

Keep the white containers close to the area where the waste is generated and always keep the container closed when not in use.

How do we label biohazards?
At UHA, we have specific guidelines, as outlined in our Exposure Control Plan (ECP) for correctly labeling biohazardous materials. The list of items that require labeling includes:

Sharps containers, biohazard closet, biohazard can, red bags, linen red bags, specimen bags, refrigerators or freezers that contain specimens, body fluids or other potentially infectious materials (OPIM).

Labels on biohazard cans should be visible from **all sides** and the **top**.

Medical Waste Requirements at UHA

Click the button to review *additional* requirements for the proper collection of Medical Waste.

Additional Requirements

- Bags shall not be used without a can.
- All medical waste is to be hauled by a registered medical waste hauler.
- Never place medical waste in a regular garbage can.
- Medical waste must not be stored in carpeted areas.
- If the waste container is damaged, do not reuse it.
- If the container becomes contaminated, it should be decontaminated.
- Securely close the bag with tape, by tying or with other tight sealing device, when the bag is two-thirds full or accumulation time limit has been reached, whichever is earlier.

Each type of medical waste **must** be segregated, stored and disposed of in an appropriate manner.

Medical Waste is **always** contained *separately* from other waste at our facilities.

Medical Waste Accumulation Areas

Click the button to review our guidelines.

Guidelines

Rooms used to consolidate medical waste must be secured so as to deny access to unauthorized persons and must be marked with warning signs on, or adjacent to, the exterior of entry doors, gates or lids. The storage area may be secured by use of locks on entry doors, gates or receptacle lids. Warning signs must be readily legible during daylight from a distance of at least 25 feet.

Medical Waste Accumulation Areas shall be marked with warning signs in English and Spanish stating:

- In English: "CAUTION – BIOHAZARDOUS WASTE STORAGE AREA – UNAUTHORIZED PERSONS KEEP OUT."

- In Spanish: "CUIDADO – ZONA DE RESIDUOS BIOLOGICOS – PELIGROSOS – PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS.

The area shall provide protection from animals, vermin and natural elements.

Medical Waste Time Limits

Click the button to review our *additional* guidelines.

More Guidelines

Medical waste may be stored at or below 0C (32F) onsite for no more than 90 days. If 20 or more pounds of medical waste is generated per month, it may be stored above 0C (32F) onsite for no more than seven days. If less than 20 pounds of medical waste is generated per month, it may be stored above 0C (32F) onsite for no more than 30 days

Exception: Pharmaceutical waste is not subject to the above storage limitations. Pharmaceutical waste may not be stored for longer than 90 days when the container is ready for disposal. The container shall be emptied at least once a year.

What about sharps collection? Sharps must be immediately disposed of in a rigid sharps container after use. The sharps container should be labeled with the biohazard symbol or words. Sharp containers used for chemotherapeutic waste should also be labeled as Chemotherapeutic Waste or CHEMO and Incinerate Only.

The container must have the lid locked and be replaced when ¾ full or the accumulation time limit has been reached. Sealed biohazard sharps containers may be placed in biohazard container. Sealed chemo sharps containers may be placed in the chemo containers. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.


Exposure Prevention:
Post Exposure
Guidelines

What happens if you're exposed to infection? Should an exposure incident occur, remove any contaminated garments immediately. Then, your UHA Site Management and Human Resources (HR) should be informed immediately and initial first aid provided (clean the wound, flush eyes or other mucous membrane, etc.).

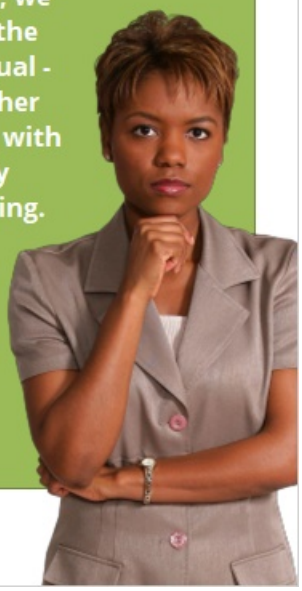
UHA must provide the exposed employee/provider with a confidential medical evaluation and follow-up. To learn more about exposure risk, **click** each of the questions below.

What gets documented?

What evidence is collected?

What are possible treatments?

In the event of an exposure, we must document the routes of exposure and how the exposure occurred. And, we must identify the source individual - obtaining his/her consent along with scheduling any necessary testing.



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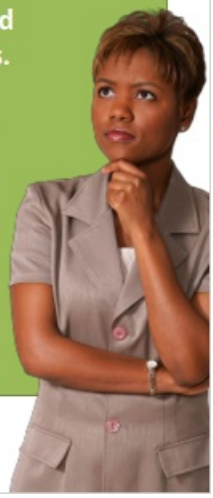
What gets documented?

What evidence is collected?

What are possible treatments?

When we document the exposure, we must obtain consent and a medical provider will collect blood from exposed employee (or provider) as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.

Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.



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UHA must provide the exposed employee/provider with a confidential medical evaluation and follow-up. To learn more about exposure risk, **click** each of the questions below.

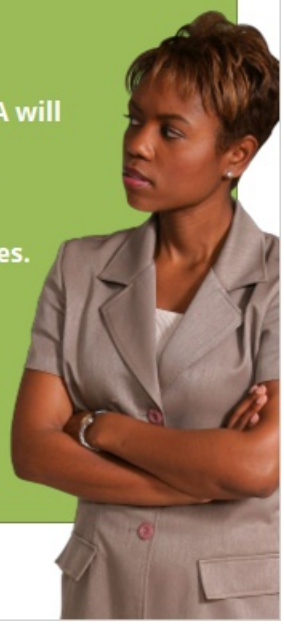
What gets documented?

What evidence is collected?

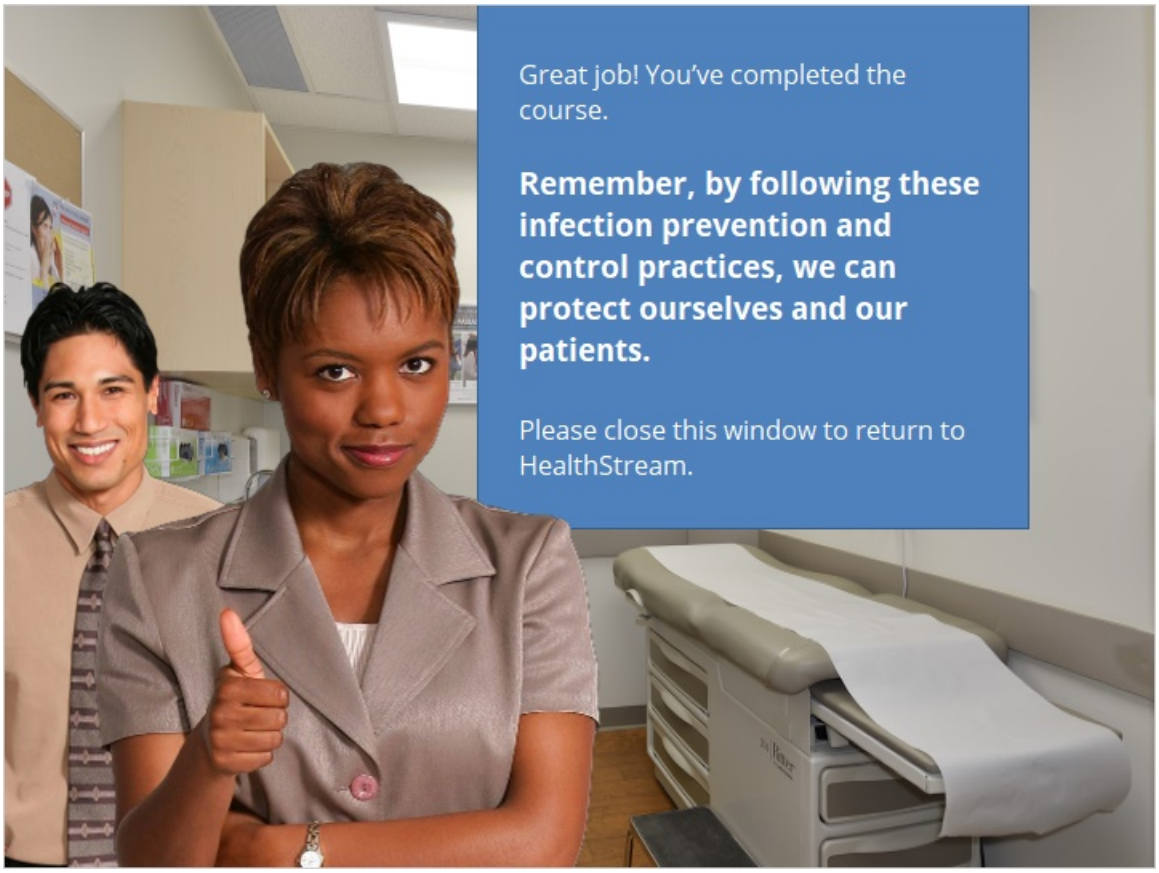
What are possible treatments?

UHA must provide post-exposure prophylaxis when medically indicated, as recommended by the U.S. Public Health Service.

In addition, UHA will provide for counseling and evaluation of reported illnesses.



In all situations, you must report exposures to **Management** or **Human Resources (HR).**


Great job! You've completed the course.
Remember, by following these infection prevention and control practices, we can protect ourselves and our patients.
Please close this window to return to HealthStream.