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| Health Care Agency **Behavioral Health Services**  **Policies and Procedures** | Section Name:Sub-sectionSection Number:Policy Status: | Human Resources Employee Safety  03.03.02  New Revised |



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| SIGNATURE DATE APPROVED |
| Chief of OperationsBehavioral Health Services \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SUBJECT:** | BHS Non-blood-borne Pathogen Exposure Control Plan |

**PURPOSE:**

The purpose of this control plan is to: Eliminate or minimize employee occupational risk to skin contact or aerosolized infections not covered in the Blood-Borne Pathogen Exposure Control Plan (BHS P&P 08.01.01).

**POLICY:**

Health Care Agency/Behavioral Health Services (HCA/BHS) Employees and volunteers with occupational exposure will be provided education and training regarding non-blood-borne pathogens.

**SCOPE:**

This policy and procedure shall apply to all HCA/BHS staff and volunteers.

**REFERENCES:**

Behavioral Health Services P&P 08.01.01 (Blood-borne Pathogen Exposure Control Plan)

**DEFINITIONS:**

Occupational Risk – For BHS purposes, this is an additional category involving skin contact or aerosolized sneeze/cough excrements that was not included in CalOSHA list of blood or Other Potentially Infective Material (OPIM).

**PROCEDURE:**

I. Exposure Determination

A. All job classifications in Behavioral Health Services have some occupational risk in the course of their duties.

II. Methods of Compliance

A. Service Chiefs or their designees shall have the responsibility to set schedules and examine office/common areas for the following:

1. Standard precautions will be observed in order to prevent infection from skin contact or aerosolized sneeze/cough excrements.

2. Hand washing facilities will be available in the staff restrooms. Hand sanitizing will be available for use when the sinks are not available.

B. Employees shall ensure that they wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

C. Employees shall ensure that they clean their office keyboard, phone, and chairs (e.g. arm rests, seats and backs) with cleaning and sanitizing products that will be available.

D. Potentially contaminated surfaces will be decontaminated after the chair or other surface was exposed to infected skin contact or aerosolized sneeze/cough excrements. Material used for cleaning contaminated services shall be disposed of in red-biohazard bags in the medication room.

E. For staff without risk for occupational exposure to blood or OPIM, the annual presentation for occupational risk to other infections would include procedures for cleaning the office keyboard, phone, chairs, and procedures for responding to clients (and staff with wounds). Hand sanitizing availability should be included.

F. Each clinic site should have an agreement with the facilities staff regarding cleaning the common areas such as counters and chairs.

1. In the event of a sudden contamination of the clinic with blood, OPIM, or other bodily excrements, then an arrangement for urgent decontamination and cleaning of floors, walls, and furniture, should be available.

a) This arrangement for urgent decontamination may be with a separate contract, if the agreement with the facility’s staff does not include this.

G. Urine specimens that are obtained by the staff shall be handled with a disposable glove, labeled, and stored in the refrigerator that is not used for food storage.

1. If the Adult and Older Adult Behavioral Health Services (AOABHS) chain of custody procedure is not used, then after a physician has entered in the chart the order for the urine test, a laboratory request form will be left for the phlebotomist which will direct them to take the urine at the next pickup.

H. Prior to home or off-site visits by clinical staff, to eliminate or minimize employee occupational risk to skin contact or aerosolized infections not covered in the Blood-borne Pathogen Exposure Control Plan, the nature of mental health services should be re-assessed, particularly if there is to be coordination with Public Health services.

1. If health hazards may exist within a home, consider providing mental health services outside, staying near a door or window, and keeping interior visits brief.

III. Personal Protective Equipment

A. Latex or non-latex gloves will be available in needed sizes

IV. Prohibited Practices

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

B. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where urine is stored.

C. Latex/non-latex gloves shall not be reused or washed.

V. Training

A. All staff will attend presentations that would cover how to maintain general hygienic conditions in an office where clients are there for mental health reasons, but also may have “other potentially infectious material” (OPIM) or aerosolized sneeze/cough excrements that are unknown to client and staff.

B. The presentation for occupational risk to other infections would include procedures for cleaning the office keyboard, phone, chairs, and procedures for responding to clients and staff with wounds.