

Model Exposure Control Plan
Primarily Applicable for
Norovirus Control

for

(Name of Facility)

**Prepared by the
Branson Health Department**

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Glossary of Abbreviations

The abbreviations and symbols used in this Exposure Control Plan and their representations are as follows:

CDC	-	Centers for Disease Control and Prevention
CFR	-	Code of Federal Regulations
e.g.	-	Example given
ECP	-	Exposure Control Plan
F	-	Fahrenheit
FDA	-	Food and Drug Administration
g	-	Gram
MSDS	-	Material Safety Data Sheet
OSHA	-	Occupational Safety and Health Administration
pH	-	Scaled measurement to determine acidity and alkalinity (bases)
PDI	-	Public Diarrhea Incident
PPE	-	Personal Protection Equipment
PVI	-	Public Vomiting Incident
ppm	-	parts per million
U.S.C	-	United States Code

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I. EXPOSURE CONTROL PLAN PURPOSE

Exposure Control Plan

What follows is a model Exposure Control Plan (ECP) developed for non-medical settings in the format used by the Occupational Safety and Health Administration (OSHA). Each business should review the information and use the format and basic information to develop its own plan. Management and staff should review the information and procedures in the plan, and periodically (at least annually) update the plan.

The information contained in this plan is not considered a substitute for OSHA standards, nor considered a definitive interpretation for compliance with OSHA requirements. This plan provides general guidance on the cleaning of bodily fluids, such as stool and vomitus to prevent the spread of communicable diseases, especially Norovirus. The reader should consult the OSHA standard 29 CFR 1910.1030 "Occupational Exposure to Bloodborne Pathogens" in its entirety for specific compliance requirements. For additional information on bloodborne pathogens, consult the Centers for Disease Control and Prevention's (CDC) Universal Precautions guidelines.

Purpose: This plan was developed to assure that a safe environment is maintained for workers and the public by preventing the spread of disease from body fluids through the environment to the staff and the public (our customers). The ECP is a key document to assist the facility in ensuring protection of staff and customers and compliance with OSHA standards. The ECP plan includes:

- ☞ Identification of management responsible for putting the plan into effect
- ☞ Identification of which designated employees that could have contact with bodily fluids or prevent disease spread
- ☞ Identification of management responsible for employee training of the staff members identified
- ☞ Identification of staff members responsible for maintaining supplies
- ☞ Descriptions of personal protective equipment and supplies
- ☞ Description of difference between cleaning and disinfecting
- ☞ Discussion of various disinfectants
- ☞ Descriptions of Universal Precautions and effective cleaning procedures
- ☞ Descriptions of the four Public Health Levels and their associated procedures
- ☞ Forms to document ECP reviews, bodily fluid incidents and employee training

Exposure Control Plan Policy

The _____ (*name of facility*) is committed to providing a safe and healthful work environment for our staff and our customers. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize exposure to blood borne pathogens and other infectious material transmitted in bodily fluids.

The ECP is a key document to assist our facility in implementing and ensuring protection of our staff and customers. The plan will be reviewed at least on an annual basis and if required, changes will be made. The review will be documented with forms found in the Appendix of this plan.

Implementation. The member of management that is responsible for carrying out the ECP:

Name

Title

Location/Phone Number

Recordkeeping, Reviews and Updates. The member of management that is responsible for maintaining, reviewing, and updating the ECP at least annually, and whenever necessary to include new or changing tasks and procedures:

Name

Title

Location/Phone Number

Employee Training. The member of management that is responsible for employee training, documenting the training, and making the written ECP available to employees:

Name

Title

Location/Phone Number

Maintain Supplies. The staff member that is responsible for ensuring that adequate supplies and personal protective equipment are maintained and provided:

Name

Title

Location/Phone Number

Our business offers a valuable commodity to the public. In an effort to protect that value we will evaluate the facility and the traffic patterns to determine the potential areas at which our staff or customers could be infected with a disease transmitted from bodily fluids. We will also evaluate which employees have the potential to come in contact with bodily fluids and prevent the spread of diseases transmitted from bodily fluids.

Norovirus and Other Infectious Diseases

This ECP was mainly developed to be effective against Norovirus, but the procedures described in this plan are also effective against other bacteria and viruses.

Recent technological advances have allowed us to detect Norovirus. Norovirus (also known as Norwalk or Calicivirus) generally causes symptoms that include sudden acute nausea, vomiting, watery diarrhea, and abdominal pain. The symptoms last about 24-60 hours. Symptoms usually occur within 12 hours of exposure. Recovery is considered complete, although there can be some problems due to dehydration or complications of existing health conditions. It is estimated that 23 million cases of norovirus occur worldwide each year.

Noroviruses are incredibly small, about 27-32 nanometers, which means about 1,000,000 of the norovirus particles can fit on the period at the end of this sentence. Ingestion of as little as 10 viral particles are thought to cause an infection.

Infected people shed the virus in the vomitus and feces while they are experiencing symptoms and up to 2 weeks after recovery. Some people will be infected and shed the virus without experiencing any symptoms.

Noroviruses are primarily transmitted through the fecal-oral route. This occurs when the virus is consumed in contaminated food or water, or through ingestion of the virus from aerosolization, or when you touch contaminated surfaces such as door knobs, shaking hands, chair arms, bathroom fixtures, etc. and then touch your mouth or food. One study determined that people within 25 feet of someone vomiting have more than a 50% chance of becoming infected. Another study indicates that the virus can survive on surfaces (e.g. carpet) for up to 2 weeks.

This virus is difficult to kill, but as it can survive on surfaces and requires only a very small amount to make you or your customers ill, it is very important to follow the procedures outlined in this plan.

Bodily fluids can include feces (stool), vomit, saliva, nasal secretions, sputum, semen, vaginal secretions, sweat, tears, urine, human breast milk, and blood. OSHA regulates the cleaning of any potentially infectious materials. In addition, the CDC provides guidelines known as "Universal Precautions" that apply to blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid to prevent the spread of disease. The Universal Precautions basically provides information how to perform medical tasks to prevent exposure to bodily fluids, how to handle bodily fluids, and who, when, how, and why to wear protection clothing.

As bodily fluids can spread diseases, is it important to clean the material in a manner to prevent the spread of disease. Several examples of the types of bodily fluids and the diseases that can be spread are described below:

**Examples or Other Transmission Concerns
Body Fluid Sources in Infectious Agents**

Body Fluid Source	Organism of Concern	Transmission Concern
Blood cuts/abrasions nosebleeds menses contaminated needle	Hepatitis B Virus Hepatitis C Virus Human Immunodeficiency Virus (HIV)	Bloodstream inoculation through skin with cuts/abrasions/open wounds Direct blood stream inoculation
Feces Incontinence	Salmonella Bacteria Shigella Bacteria Rotavirus Hepatitis A Virus Norovirus	Contaminated food or water Eating, drinking, or chewing nails with contaminated hands caused by: - not washing hands after using the toilet or changing a diaper, or - touching contaminated surfaces
Respiratory Secretions	Mononucleosis Virus Common Cold Virus Influenza Virus	Eating, drinking, or chewing nails with contaminated hands caused by touching contaminated surfaces Coughing and sneezing
Vomitus	Gastrointestinal Virus, (e.g. Norovirus)	Eating, drinking, or chewing nails with contaminated hands caused by touching contaminated surfaces

This is not a comprehensive list, and there are other communicable diseases that are spread through contact with bodily fluids. Protecting oneself with appropriate protective clothing, proper cleaning of the bodily fluids, and disinfection of the area can prevent the spread of these diseases. The procedures developed in this plan are determined to be effective against Norovirus and many other communicable diseases.

Highly Touched Surfaces

Disease-causing germs can survive on surfaces for several hours up to years. These germs can be then transmitted to other people and cause them to become infected. The proper cleaning and disinfecting of surfaces can help prevent this further spread of disease.

A large number of people come into the entrance. The entrance is considered a “**common area**”, as staff and other customers share the space. Other types of common areas include: bathrooms, concession stands at theaters, stairs, elevators, continental breakfasts at motels, lobby, exercise rooms, seating areas, swimming pools and spas.

What areas at the facility would be called “**common areas**”? _____

These common areas have surfaces that are repeatedly touched by a large number of people, allowing the germs to spread quickly. We’ll call these surfaces “**highly touched common surfaces**” and they require frequent cleaning. These surfaces would include: pens, door handles, stair rails, tables, counters, condiments, bathroom faucets, towel holders and knobs, hand dryer controls, toilet handles, bathroom stall locks, chair arms, elevator buttons, phones, spa controls, exercise equipment, video arcade controls, light switches, and the area of the chair that you grab when you pull it up underneath you.

What areas at your facility would be called “**highly touched common surfaces**”? _____

Other surfaces are highly touched but not located in a common area. Some areas are restricted to staff. Motels also have surfaces that are private, in the customer rooms, where only the customer will be touching. But many of these surfaces are repeatedly touched. Let’s call these surfaces “**highly touched personal space surfaces**” and cleaning these surfaces would also be important. These surfaces would include: door handles, phones, light switches, drawer handles, thermostat controls, microphones, curtains and controls, counters, tables, desk, toilet handles, bathroom faucet handles, remote controls, hair dryer handle and controls, bedspreads, coffee pot handles and controls, toilet and shower grab bars, spa controls and grab bars.

What areas at your facility would be called “**highly touched personal space surfaces**”? _____

Personal Protective Equipment and Supplies

Personal protective equipment (PPE) provides a barrier to reduce the risk of the material infecting the employee and the potential for carrying the viral particles on the body and clothing, which can then contaminate other surfaces. PPE should be worn while cleaning up bodily fluids. Also, PPE may be required by the particular cleaner or disinfectant you are using. Consult the Material Safety Data Sheet (MSDS) of the product to determine if, when and how PPE should be used. The MSDS can be obtained from the supplier and should be available at all times.

The types of PPE include: gloves, gowns, shoe protectors, hair protectors, eye protectors and respiratory protectors in the form of surgical masks. This PPE is also called protective clothing. It is important to have these items on hand before an incident occurs and for staff members to know where they are and how to use them. Disposable protective clothing is recommended.

Gloves. You must wash your hands before putting on gloves. Gloves shall be replaced when they become torn, punctured, or contaminated, or if their ability to function is compromised. Never wash or decontaminate gloves for reuse. Provide non-latex gloves for those who have latex allergies. Remove gloves in a manner that does not contaminate other surfaces or create splatter.

Protective Clothing. Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of infectious materials pose a hazard to the eye, nose or mouth. Wearing gowns, shoe protectors, and hair protectors will also reduce the potential for carrying the viral particles on your person and spreading them to other surfaces. It is recommended to use disposable protective clothing.

Remove protective equipment immediately after cleaning in a manner that does not contaminate other surfaces or create splatter. Contain the contaminated disposable protective clothing in a trash bag in a manner that does not contaminate other surfaces, or create spraying or splatter.

Always wash hands thoroughly after removing gloves and other protective equipment.

Other Supplies. The other supplies you'll need to keep supplied in or with your spill cleanup kit include:

- soap and water
- trash bags
- disposable towels
- disposable scrapers
- sharps disposable container
- antibacterial hand towels
- mops and buckets
- biohazard bags
- absorbent material
- cleaners
- disinfectants

Effective Handwashing Procedures

The Centers for Disease Control and Prevention (CDC) recommends handwashing as the “most important means of preventing the spread of infection”.

Handwashing Frequency. Wash hands frequently, and especially:

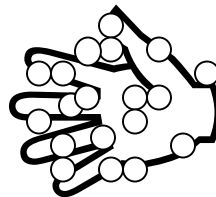
- after using the toilet
- after coughing sneezing, using tobacco, eating or drinking
- after soiling hands
- after touching unclean items or soiled materials
- after touching money
- before touching food
- during food preparation



People in food establishments should also wash their hands after touching their hair, ears, nose, face, arms, or other bare body parts.

Handwashing Procedure. Remove jewelry from your hands and wrists. Using comfortably warm water wet the hand, wrist, and lower arm surface.

Lather and scrub with a mild soap for at least 20 seconds (singing your ABCs usually takes 20 seconds). Scrub well between your fingers, under your nails, around the nails, on the back of the hand, knuckles and in the folds of your hand.



Rinse well with comfortably warm water. Dry your hands with a disposable towel. Because you turned the water faucet on with unclean hands, turn the water faucets off with a towel to keep your hands clean.

The CDC estimates that one person out of three does not wash their hands after using the restroom. So use a towel to open the bathroom door and then dispose of the towel. And please, be the two people out of three that washes their hands after using the restroom and encourage others!

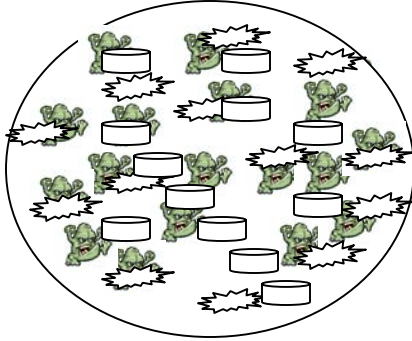
The soap, scrubbing action and rinsing are the most effective portion of handwashing!

Hand Sanitizers. Hand sanitizers are generally not as effective as proper handwashing. However, in some situations when a handsink is not available, hand sanitizers could provide some protection. Hand sanitizers are not to be used for foodborne illnesses.

Why Cleaning is Important Before Disinfecting

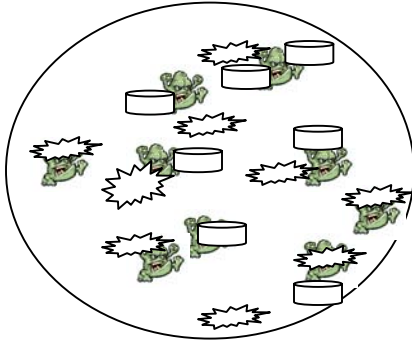
It is very important that thorough cleaning is performed before disinfecting.

Door knobs are highly touched surfaces that to the eye, can appear clean. Let us look through a “magical” microscope at a door knob:



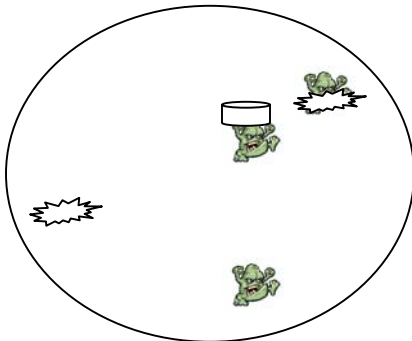
The little gray guys can represent disease-causing germs, and the other shapes can represent dirt. Although in reality, the germs are much, much smaller than dirt particles.

If we disinfect instead of cleaning, it is not very effective, as demonstrated below:



The germs can “hide” from the disinfectant in the dirt, and the disinfectant gets “trapped” in the dirt.

If we thoroughly clean and then disinfect, the disinfectant can work adequately on the germs:



Because the surface was thoroughly cleaned before disinfecting, the disinfectant was able to reach and kill most of the germs.

Although, these drawings are a crude representation at best, they illustrate the importance of thorough cleaning **BEFORE** you disinfect.

Keys to Effective Cleaning

Performing effective cleaning requires knowledge of the following concepts:

Begin With Clean Equipment and Supplies. Before beginning to clean, wash hands. Wear clean clothes. Make certain that the cleaning supplies are clean. Begin with fresh cleaner located in a spray bottle so that the cleaner solution does not get contaminated. Begin with clean cloths, so that the disease-causing germs cannot be spread around over all surfaces. Consider using disposable cloths.

Fresh Disinfectant. Refer to the manufacturer's directions to determine how long the disinfectant solution is effective. For example, Virkon™ solution is effective for up to seven days from the date mixed or whenever the color fades. However, bleach requires a fresh solution at least daily. MikroBac II is effective for five to seven days. As the cruise ship industry learned, soft surfaces also require disinfecting.

Work From Clean to Dirty. To prevent cross-contamination, always clean from the least dirty areas towards the known dirty areas. When cleaning up a spill, work from the edges towards the center. Do not clean the toilet and then use the same cloth to clean the faucet handles. Likewise, do not use the same cloths that were used in an area where an incident occurred to then clean other areas.

Top to Bottom. Clean from the top towards the bottom. If any dirt or disease-causing germs become dislodged while cleaning the top, it will fall down and be cleaned as the bottom areas are cleaned. Carpets and floors are to be cleaned last.

Separate Clean From Dirty. Do not place dirty items with, above or close to clean items. For example, if a bodily fluids incident occurred in a motel room, do not place the soiled items on the maid's cart with clean items. Soiled items from a bodily fluids incident shall be double-bagged. If the items are to be disposed of, contain within one trash bag and then contain the trash bag within a second trash bag.

If the soiled items are washable (e.g. napkins, towels, curtain) contain them within a dissolvable plastic bag and then in a trash bag. The dissolvable plastic bag should not be opened, but washed in a Virkon™ solution or in hot water of at least 165°F. If a bodily fluids incident occurred on a bed but did not visibly soil the mattress; disinfect and air-dry the mattress before putting on clean sheets.

Disinfectants

Studies have been conducted and continue to be performed to find a disinfectant effective against Norovirus. These studies have indicated several disinfectants that are effective. They vary in cost, contact time, effectiveness, toxicity, and corrosiveness. Some disinfectants are appropriate for soft surfaces such as upholstery or carpet, while others are appropriate for food-contact surfaces. Refer to the manufacturers directions to determine what surfaces the product is compatible with, as well as the applications and dilutions of the product to use.

Several of the disinfectants found to be effective in current studies are described below:

Product Name	Manufacturer	Main Active Ingredient	Application	Contact Time*	Safety Profile
Bleach (Chlorine)	Varies	0.1% Sodium hypochlorite	Powder or liquid (1000 ppm)	1 minute	Eye, lung, mucous membrane and skin irritation Corrosive to metals, fabrics & other materials Approved for food preparation areas at 200 ppm (the 1000 ppm solution can be used when the facility is closed with no food prep and the area must be washed off with clean water after 10 minutes)
EcoTru ®	EnvironSystems	0.2 % parachloro-metaxylenol	RTU liquid	30 minutes	Non-toxic Not approved for food-contact surfaces (the disinfectant can be used when the facility is closed with no food prep and the area must be washed off with clean water after 10 minutes)
MikroBac II	EcoLab	4.75% o-phenylphenol, 4.75% benzyl-p-chlorophenol	Liquid (1:28 dilution)	10 minutes	Toxicity to brain (ethylene glycol), kidneys, liver, lungs, skin; carcinogen (OPP); teratogen (ethylene glycol) Not approved for food-contact surfaces or some fabrics (the solution can be used when the facility is closed with no food prep and the area must be washed off with clean water after 10 minutes)
Virkon	Antec International	21.45% peroxy-monosulphate	Powder (1% solution)	10 minutes	Non-toxic Not approved for food-contact surfaces (the solution can be used when the facility is closed with no food prep and the area must be washed off with clean water after 10 minutes)

* Contact Time is the time that the disinfectant remains wet on the surface. If it dries before the contact time has expired, reapply the disinfectant.

Public Health Alert Action Levels

As the Branson Health Department gathers information from local business, health care providers, pharmacies and other National, State, and local agencies concerning disease in or affecting local businesses, they will make an evaluation on the potential impact, and issue a color-coded disease level. All of the disease levels will be established by the Health Department on a situation-by-situation basis given the best information available. The Health Department will communicate the level to your facility to assist you and your staff on the appropriate responses and cleaning procedures.

The level of concern should not be made public or used to scare people but should be used to adjust the business communities approach to interventions that will better protect the public health and the health of its employees.

There is a shared responsibility between the facility and the Branson Health Department to exchange necessary information. This will enable you and the Health Department to protect the public health, and your business's and Branson's reputation.

A summary of the Color-Coded Levels for the Health Department and for the Facility is as follows:

Level	Public Health Description	Facility Description
Green	Normal Disease Level	Normal standard operating procedures
Yellow	Single or Low Disease Level in locations that could allow rapid spread	One bodily fluid incident
Orange	Above Normal Disease Level in a population that is attending or has direct contact with large gatherings of people at businesses within community	Several bodily fluid incidents within short time and increased cleaning and awareness
Red	Outbreak Conditions	It's a good bet that norovirus is being spread around – cleaning and disinfecting to protect yourself

The procedures for each level are discussed in further detail in the following Sections.

II. FACILITY LEVEL GREEN PROCEDURES

Level Green is a normal disease level. Standard operating and cleaning schedules are to be followed. General awareness of possible communicable disease is required.

Should a potentially infectious material incident, immediately proceed to Yellow Public Health Level Procedures as described in the following section.

III. FACILITY LEVEL YELLOW PROCEDURES

Level Yellow is when one bodily fluid incident occurs within a 24-hour period. When a bodily fluid incident occurs, management shall be immediately notified. Management is then to see that the Incident Reporting Forms located in the Appendix of this plan are completed and forward the information to the Health Department. In addition, management is to direct the Designated Employee(s) to perform the Incident Response Procedures described in the following table.

After the incident has been handled, and no other incidents are occurring in your facility or in the community, you can return to Level Green.

Incident Response Procedures

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When a potentially infectious material incident such as a public vomiting incident (PVI) or public diarrhea incident (PDI) occurs, follow these procedures:

Key Action	Description	Supplies Needed
Inform	<p>Inform the Designated Employee and your manager what happened and where. Complete Incident Report Forms</p>	<p>Incident Reporting Forms Pen/Pencil</p>
Secure Area	<p>Remember how the norovirus can spread by someone vomiting which creates tiny air droplets that could be ingested by the surrounding people? It is important to secure the area of the spill to prevent people from entering the area. Move the people located within 25 feet of the incident. Securing the area will reduce:</p> <ul style="list-style-type: none"> - people walking in, slipping in, and spreading the mess, - the air droplets they could be exposed to, and - people seeing or smelling the unpleasant spill. <p>Cover the spill with absorbent towels or even a trash bag.</p> <p>Use the wet floor signs, caution signs, cones, chairs, standards with rope, or even tape as a barrier to prevent access to the area.</p> <p>If the spill occurred in a swimming pool, wading pool, spa, or other water attraction/amenity, close the pool.</p>	<p>Barrier equipment such as wet floor signs, cones, chairs, standards with rope, caution signs, or tape</p>
Gather Supplies	<p>Grab your bodily fluids spill kit and other supplies that you anticipate needing. You should not interrupt the following cleaning procedures to walk through the facility for additional supplies.</p> <p>Mix or refill bottles of cleaners or disinfectant according to manufacturers directions. A 2% solution of Virkon™ is made with the 10-gram package of Virkon™ mixed with one pint (16 ounces) of water.</p> <p>If a mop and bucket are to be used, fill a clean bucket with water and detergent to take with you.</p> <p>Set up your supplies within 6 feet of the spill.</p>	<p>Bodily fluid spill cleanup kit Disposable towels Additional supplies (if necessary) Mop and bucket (if necessary) Disposable sharps container (if necessary) Protective clothing (described below)</p>

Incident Cleaning Procedures

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Key Action	Description	Supplies Needed
Protection	<p>The Designated Employee should first wash their hands. Beginning clean will help you remain clean.</p> <p>Look over your protective clothing to ensure that it is in good repair to provide an effective barrier. If not, replace it.</p> <p>The designated employee(s) will put on their protective clothing (shoe protectors, gown, hair protectors, eye shields or goggles, gloves, and mask). The correct method of putting on the clothing is illustrated in the additional training videos provided by the Health Department.</p>	<p>Protective clothing:</p> <ul style="list-style-type: none"> - gown/apron - hair protectors - shoe protectors - eye shield or goggles - gloves - mask
Initial Disinfect	<p>Avoid any direct contact with the material!</p> <p>Place the biohazard plastic bag next to the spill, opening the bag to allow you to insert the soiled material without getting the outside or edges dirty. A bag within a trash can would work.</p> <p>Carefully remove the towel or trash bag covering the spill and place in the biohazard bag.</p> <p>Spray the surface of the material with the 2% Virkon™ solution or other disinfectant as recommended in this plan.</p> <p>Allow the disinfectant to remain wet on the surface for about 10 minutes. This will not sanitize the area, but provide some protection while you are working.</p> <p>If the incident occurred in a swimming or water amenity, remove any solids with a net or scoop and double bag for disposal. Raise and maintain the free available chlorine concentration to 20 ppm and maintain the pH between 7.2 and 7.5. The water is to be filtered for six turnover cycles. Backwash the filter thoroughly without returning the backwash through the filter.</p>	<p>Disinfectant Biohazard Bag</p>
Absorb Spill	<p>Sprinkle absorbent material over the spill to soak up excess liquid.</p> <p>Use disposable scrappers or spatulas to carefully scrape up the absorbed material in a manner that does not create spraying or splatter. Work from the edge of the spill toward the center.</p> <p>Put the absorbed material in the plastic bag without getting the outside or edges dirty.</p> <p>Secure the biohazard bag and place within a trash bag.</p>	<p>Absorbent Trash Bag Disposable Scrapers/Spatulas</p>

Incident Cleaning Procedures

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Key Action	Description	Supplies Needed
Clean Area	<p>Clean the soiled area with detergent, hot water and disposable cloths.</p> <p>Do Not Vacuum! Vacuuming could send tiny viral particles into the air.</p>	<p>Cleaners/Detergents Hot Water Disposable Towels/Cloths</p>
Disinfect Area	<p>Apply the 2% Virkon™ solution or appropriate disinfectant as described in this plan.</p> <p>Allow the Virkon™ solution to remain wet on the surface for 10 minutes. If using a different disinfectant, consult the manufacturers directions on the time required.</p> <p>Let the area air-dry.</p> <p>If you used a mop and mop bucket, spray the disinfectant over the entire surface where the mop was used.</p> <p>Spray a 1% solution of Virkon™ or appropriate disinfectant as described in this plan on highly touched surfaces and on the areas where microscopic droplets may have fallen (e.g. walls, tables, bedspreads, chairs, desks, counters, handles, etc.) around the incident.</p> <p>Vacuuming can be performed after the disinfectant has remained wet for the appropriate amount of time and has air-dried.</p>	<p>Disinfectant</p>
Dispose	<p>Contain any items that require laundering (e.g. towels, sheets, napkins in area of ill person) in a dissolvable plastic bag and then a normal plastic bag. Wash the soiled items in the dissolvable bag with Virkon™ or in hot water of at least 165°F. Do not open the dissolvable bag.</p> <p>Carefully remove the protective clothing in a manner that does not contaminate other surfaces or cause splatter and place in the trash bag with the biohazard bag. The correct method of removing PPE is shown in the training video.</p> <p>If a mop and bucket were used, empty the bucket and spray the mop and bucket with disinfectant. Hang the mop up to dry.</p> <p>If vomiting occurred in an area of uncovered food (e.g. continental breakfasts, kitchen, buffet), discard the uncovered food.</p>	<p>Trash bags Dissolvable plastic bags (if necessary)</p>
Wash Hands	<p>Wash your hands after disposing of the trash bags. The CDC recommends handwashing as the “most important means of preventing the spread of infection.”</p>	
Restock	<p>Restock cleaners, disinfectants, PPE, absorbents, biohazard bags, trash bags, disposable towels, etc. Notify the person responsible for supplies if additional items need to be ordered.</p>	

IV. FACILITY LEVEL ORANGE PROCEDURES

Level Orange is when multiple bodily fluid incidents occur within a 24-hour period at your facility or in the community. The following cleaning guidelines apply:

Surfaces. All “highly touched common surfaces” shall be cleaned and disinfected no less than every 4 hours.

The “highly touched personal space surfaces” that were identified at your facility should be cleaned and disinfected whenever:

- a bodily fluid incident occurs within 25 feet of the area,
- at the shift change,
- a new guest occupies the space,
- requested by a guest,
- they are visibly soiled, and
- at the very least daily, if the guest allows admission to the room.

Food-contact surfaces shall be cleaned and sanitized as required by the current regulations.

Handwashing should be performed at least every 4 hours. Assure plenty of warm water, soap and towels are provided in the restrooms, and at handwashing sinks. Do not allow trash containers to overflow.

Employees that are experiencing vomiting and diarrhea should be discouraged from working.

Promptly report any episodes of vomiting or diarrhea to the Health Department and follow the Incident Response Procedures outlined Level Yellow. Complete the Incident Report Forms located in the Appendix.

V. FACILITY LEVEL RED PROCEDURES

Level Red will be issued when there are large groups of people experiencing illness in the community.

Level Red requires a sense of urgency and careful attention to cleaning and disinfecting procedures.

Surfaces. All “highly touched common surfaces” are to be cleaned and disinfected every 2 hours.

The “highly touched personal space surfaces” that were identified at your facility should be cleaned and disinfected whenever:

- a bodily fluid incident occurs within 25 feet of the area,
- twice each shift,
- a new guest occupies the space,
- requested by a guest,
- they are visibly soiled,
- at the very least daily, if the guest allows admission to the room.

Food-contact surfaces shall be cleaned and sanitized as required by the current regulations.

Handwashing should be performed more frequently, at least every 2 hours. Assure plenty of warm water, soap and towels are provided in the restrooms, and at handwashing sinks. Do not allow trash containers to overflow.

Employees that are experiencing vomiting and diarrhea should not work.

Depending on the type of communicable disease and the impact, the Health Department may make additional recommendations to prevent further spread of the disease. This could involve limiting self-serve areas.

Promptly report any episodes of vomiting or diarrhea to the Health Department and follow the Incident Response Procedures outlined Level Yellow. Complete the Incident Report Forms located in the Appendix.

References and Additional Sources

Published references used in producing this ECP and additional sources for information are as follows:

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- Doultree JC, Druce J.D., Birch D.J., Bowden D.S., and Marshall J.A. "Inactivation of Feline Calicivirus, a Norwalk Virus Surrogate", Journal of Hospital Infection, 1999, 41:51-57.
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- Sattar Syed A., Ph.D. "Scientific Solutions to the Norovirus Problem: Survival and Germicide Inactivation of Feline Calicivirus, a Surrogate for Noroviruses". Centre for Research on Environmental Microbiology, March 4, 2003.
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- United States Department of Labor, Occupational Safety and Health Administration, "Model Exposure Control Plan". Retrieved March 9, 2004 from http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf.
- Wheeler Robert, MD, FACEP. "Strategies for Norovirus Infection Control Aboard Cruise Ships", Voyager Medical Seminars, May 9, 2003.

APPENDIX

Plan Review, Employee Training, and Incident Reporting Forms

Exposure Control Plan Review Form

The Exposure Control Plan is to be reviewed at least annually or whenever changes in management, designated employees, procedures or traffic have occurred. These forms documenting the review are to be maintained with the plan for 3 years. The review is to be documented below:

This Exposure Control Plan was reviewed for: _____
Name of Facility

_____ *Name of Reviewer*

_____ *Date of Review* _____ *Title of Reviewer*

Check which item below applies to this review:

- _____ No changes in personnel, procedures, or traffic have been made since the last review. No changes other than updating the forms found in the Appendix are required.
- _____ The following changes or modifications were made to this plan: _____
- _____
- _____
- _____

This Exposure Control Plan was reviewed for: _____
Name of Facility

_____ *Name of Reviewer*

_____ *Date of Review* _____ *Title of Reviewer*

Check which item below applies to this review:

- _____ No changes in personnel, procedures, or traffic have been made since the last review. No changes other than updating the forms found in the Appendix are required.
- _____ The following changes or modifications were made to this plan: _____
- _____
- _____
- _____

Employee Training Forms

Page 1 of 2

Employees that come in contact with bodily fluids, carry out the ECP, or provide cleaning and disinfecting of the commonly touched areas are to receive initial and annual training.

The training records will include this page and the following form, as well as the name and qualifications of the trainer. The training records are to be kept for at least three years at the facility. The trainer is to identify each of the following items that were included in the training session.

Date of Training: _____ Number of Employees Trained: _____

Name and Title of Trainer: _____

Check items below that were included in the training:

____ Employee(s) received copy of ECP, or information on how to get a copy of the ECP.

____ Employee(s) were shown where the ECP is kept at facility.

____ Employee(s) received information on Norovirus, bodily fluids, disease transmission and disease prevention.

____ Employee(s) received explanation on importance of proper cleaning and disinfecting to prevent diseases.

____ Employee(s) received information on where the common areas, highly touched common surfaces, and highly touched personal space surfaces are located at facility.

____ Employee(s) were shown where personal protective equipment, cleanup spill kit and supplies are kept.

____ Employee(s) received information on effective cleaning and handwashing.

____ Employee(s) received description of difference between cleaning and disinfecting.

____ Employee(s) received training on how to use PPE and disinfectants.

____ Employee(s) received explanation of four Public Health Levels (Green, Yellow, Orange, and Red).

____ Employee(s) received explanation on Incident Response Procedures.

____ Employee(s) received information on who to contact or what forms to complete if an incident happens.

____ Employee(s) were given opportunity to ask questions and receive answers.

____ Other (specify): _____

Incident Report Form

Page 1 of 2

This form is to be completed by the person that experienced vomiting or diarrhea to assist in the cause of the illness. If that individual is a child, or is unable to complete the form, a parent, guardian, spouse, or companion could complete the form for the ill person. Forward this form to the Branson Health Department by Fax to (417) 336-5551. Alternatively, notify the Branson Health Department at (417) 337-8551 and then mail this form to address: 110 West Maddux St, Branson, MO 65616. Thank You.

Tour or Travel Group Name:								
Date:		How long have you been in Branson:						
Arrive by Plane? Yes / No		Arrive by Bus? Yes / No		Drive yourself? Yes / No				
Last Name:			First Name:					
Home Address:								
City:		State:		Phone:				
Date of Birth:		Age:		Sex: Male/Female				
Occupation:				Vaccinated? Yes / No				
Symptoms Started on Date:		Symptoms Stated Time:		AM/PM				
Symptoms Ended on Date:		Symptoms Ended Time:		AM/PM				
Do you know other people with the same symptoms? Yes / No								
If Yes, Please list names and relationship to you:								
Did you seek medical treatment? Yes / No		If yes, where?						
Name of physician?								
Treatment?								
Where any specimens collected? Yes / No		If so, what type?						
Which of the following symptoms did you have (circle Yes or No):								
Nausea	Yes	No	Chills	Yes	No	Dizziness	Yes	No
Vomiting	Yes	No	Fever	Yes	No	Other:		
Diarrhea	Yes	No	Exhausted	Yes	No	Other:		
Cramps	Yes	No	Headache	Yes	No	Other:		
What do you think is the cause of your illness?								
Where are you staying?								
What attractions have you visited in Branson?								
What restaurants have you visited in Branson?								

Confidentiality: All personal medical information received by CDC personnel shall be protected in accordance with applicable federal law, including 5 U.S.C. Section 552a. Privacy Act – Records maintained on individuals and the Freedom of Information Act. 5 U.S.C. Section 552. Administrative Procedure – Public information; agency rules, opinions, orders, records, and proceedings. The information requested on this form is collected under authority of Section 301 of the Public Health Service Act (42USC 269). Response in this case is voluntary. The individually identified data may be shared with health departments and other public health or cooperating medical authorities. It will be used to investigate the causes of gastrointestinal illness and to make recommendations to resolve and prevent the recurrence of such health problems. An accounting of such disclosure will be made to the subject individual upon request.

Incident Report Form

Page 2 of 2

This form is to be completed and maintained at the facility for at least five years.

Facility Name: _____

Type of incident (blood, stool, vomit, etc.) _____

Where was it found: _____

Who found it: _____

Was there a needle, syringe, glass, other? Yes / No

If yes, describe: _____

Who did it belong to (if known): _____

Date it was found: _____ Time found: _____ AM/PM

Who cleaned it up: _____

Date it was cleaned up: _____ Time cleaned: _____ AM/PM

What protective clothing was used: _____

What disinfectant was used: _____

At what strength/dilution: _____

Explain the cleaning procedure used: _____

How was it disposed (toilet, trash, sharps container, etc.): _____

Was anyone in the area before it was cleaned up: _____

Was anyone in the area while it was cleaned up: _____

*Were there any injuries while cleaning up: Yes / No

If yes, what and how: _____

Medical treatment of injury sought? Yes / No If yes, Date: _____

Any questions, suggestions or comments: _____

*OSHA requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is to aid in the evaluation and identification of problems in the devices and procedures being used.