

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: EMPLOYEE PROTECTION FROM BLOODBORNE PATHOGENS POLICY 9.03

Authority: [29 C.F.R. Section 1910](#) *Occupational Safety and Health Administration*
[Chapter 49.17 RCW](#) *Washington Industrial Safety and Health Act*
[Chapter 49.60 RCW](#) *Discrimination—Human Rights Commission*
[Chapter 70.24 RCW](#) *Control and Treatment of Sexually Transmitted Diseases*
[Chapter 296-823 WAC](#) *Occupational Exposure to Bloodborne Pathogens*
[Chapter 246-100 WAC](#) *Communicable and Certain Other Diseases*

Reference: [DSHS Administrative Policy 9.06](#) *Prevention and Control of Occupational Exposure to Bloodborne or Other Potentially Infectious Materials*
[DDA Policy 7.03](#) *Informed Consent*

PURPOSE

This policy establishes procedures to help detect, prevent, and control the risk of transmission of bloodborne pathogens, and requires exposure incident reporting and referral to post-exposure follow-up treatment.

SCOPE

This policy applies to all employees of the Developmental Disabilities Administration (DDA) who, in the performance of their assigned duties, face a reasonably anticipated risk of occupational exposure to bloodborne pathogens.

DEFINITIONS

Blood means human blood, human blood components, and products made from human blood.

Bloodborne pathogens means disease-causing microorganisms present in human blood, such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated means the presence of, or the reasonably anticipated presence of, blood or other potentially infectious materials on an item or surface.

Contaminated laundry means laundry soiled with blood or other potentially infectious material or laundry that may contain contaminated sharps.

Contaminated sharps means any contaminated object that can penetrate the skin, such as needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Exposure incident means a specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of nonintact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, and acne.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials means the:

1. Following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids;
2. Unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV-, HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, and abrasions.

Regulated waste means: liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source individual means any person, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Standard precautions (formerly known as “universal precautions”) means specific approaches to infection control. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work practice controls means methods that reduce the likelihood of an employee's exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed technique).

POLICY

DDA employees who can reasonably anticipate occupational exposure to bloodborne pathogens must be afforded all necessary protection to reduce the likelihood of exposure to, transmission of, and possible infection with HBV, HCV, HIV, or any other bloodborne diseases.

PROCEDURES

- A. All DDA organizational units in which employees can reasonably anticipate a risk of occupational exposure to bloodborne pathogens must do all of the following:
1. Complete an analysis of all job categories and tasks to identify employees at risk of occupational exposure.
 2. Develop a written exposure control plan to implement the provisions of [WAC 296-823-11010](#).
 3. Provide annual training to employees on occupational risks and how to minimize exposures, including an overview of the exposure control plan and the WSHA standard on bloodborne pathogens. Training must be offered to all employees at risk of occupational exposure within ten days of employment or prior to starting any work assignment where a risk of occupational exposure might be anticipated. Records of training must be kept for three years.
 4. Maintain a record keeping system for HBV vaccination, medical evaluation, and follow-up, which assures confidentiality for the duration of employment, plus 30 years.
 5. Use warning labels, signs, or color coding to identify hazards.
 6. Use Department of Health standards and work practice controls to eliminate or minimize employee exposure.
 7. Develop and implement procedures for ensuring worker protection, including the use of standard precautions and the safe handling of sharps, specimens, contaminated laundry, and regulated waste.
 8. Offer free HBV vaccinations to all employees at risk of exposure without regard to the frequency of such exposure and the use of protective equipment. HBV vaccinations must be offered to all employees at risk of occupational exposure within ten days of employment or prior to starting any work assignment where a

risk of occupational exposure might be anticipated. An employee declining HBV vaccination must sign a statement that the employee declines to be vaccinated.

9. Provide, at no cost to employees, protective clothing and equipment, such as gowns, gloves, eye and mouth protective barriers, one-way resuscitation devices, hand sanitizer, and color coded or labeled infectious waste disposal bags.
- B. For each designated first aid provider in organizational units where there is not a reasonably anticipated risk of occupational exposure to bloodborne pathogens, DDA must:
1. Provide initial and annual training on occupational risks and how to minimize exposures, including an overview of the epidemiology and transmission of bloodborne pathogens and a review of WAC 296-823-11010.
 2. Provide protective clothing and equipment as needed at no cost to the employees.
 3. Offer free HBV vaccination within ten days of employment or prior to starting any work assignment where the provision of emergency first aid is a job expectation.
 4. Maintain a record keeping system for training, medical evaluation, and follow-up. Training records must be kept for three years. All medical records are confidential and must be kept for the duration of employment plus 30 years.
- C. For each non-designated volunteer first aid provider and other staff who may voluntarily respond to emergency situations in organizational units where there is not a reasonably anticipated risk of occupational exposure to bloodborne pathogens, DDA must:
1. Provide training on standard precautions and prevention of exposures to bloodborne pathogens. Employees should receive training as soon as possible after start of employment or receipt of first aid card.
 2. Provide, at no cost to employees, protective clothing and equipment.
 3. Maintain a record keeping system for training and medical evaluation and follow-up. Training records must be kept for three years. Medical records are confidential and must be kept for the duration of employment plus 30 years.
- D. Exposure Incident

All DDA organizational units in which an exposure incident has been reported must:

1. Immediately investigate the incident to determine whether or not exposure has occurred. The final investigation of the cause must be completed no more than five business days after the date the incident was reported.
 2. Document the exposure incident on:
 - a. [DSHS 03-133](#), *Safety Incident/Near Miss Report*;
 - b. Attachment C, *Post-Exposure Incident Report*; and
 - c. The OSHA 300 log.
 3. Ensure a post-exposure medical evaluation and other follow-up action occurs no more than 24 hours after exposure, or no more than two hours after exposure if preventive exposure prophylaxis is anticipated.
 4. Provide each healthcare professional performing a post-exposure medical evaluation and follow-up with:
 - a. An informational cover letter (see Attachment A, *Sample Notification Letter*);
 - b. A copy of WAC 296-823-11010;
 - c. A description of the tasks being performed by the employee at the time of exposure and the circumstances under which the exposure occurred, including the identification of the route of exposure (see Attachment B, *Confidential Exposure Report*);
 - d. A Post-Exposure Evaluation form (see Attachment C);
 - e. The name of the source individual, if known; and
 - f. The source individual's HBV, HCV, and HIV status, if consent has been obtained.
 5. Provide a copy of the healthcare professional's written opinion to the employee within 15 days of completion of the post-exposure evaluation.
- E. Obtaining Consent from Source Individual
1. Before sharing the source individual's HBV, HCV, and HIV status with the exposed employee or the healthcare professional conducting the post-exposure evaluation, the organizational unit must obtain informed consent from the source individual.

2. If the source individual's HBV, HCV, and HIV status is unknown, the organizational unit must seek informed consent for:
 - a. Testing to determine the status; and
 - b. Releasing the test results to the exposed employee and the healthcare professional conducting the post-exposure evaluation.
3. Due to the need for timely post-exposure evaluation and treatment, verbal counseling and initial verbal consent for source individual testing is preferable. When the source individual is a client with a legal guardian, the organizational unit:
 - a. Must seek consent from the guardian before testing the client and releasing the client's status; and
 - b. Must obtain written follow-up consent according to [DDA Policy 7.03, Informed Consent](#).
4. If the guardian has not responded in a timely manner for verbal or written consent, the Superintendent may authorize source testing.
5. The organizational unit must inform the exposed employee that any information they may receive about the source individual's HBV, HCV, and HIV status must remain confidential in accordance with [WAC 246-100-207](#) and [RCW 70.24.105](#).

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSSION

DDA Policy 9.03
Issued May 1, 2009

Approved: /s/: Debbie Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: January 15, 2020

Attachment A – *Sample Notification Letter*
Attachment B – *Confidential Exposure Report*
Attachment C – *Post-Exposure Evaluation*

ATTACHMENT A

SAMPLE NOTIFICATION LETTER

[Date]

Dear Healthcare Professional:

The individual seeking your care has had a possible occupational exposure to bloodborne pathogens and has been sent to you for a post-exposure medical evaluation in accordance with WAC 296-823-11010. To assist you in your evaluation, the following documents are enclosed:

1. An exposure report describing the circumstances, route of exposure, the exposed person's HBV vaccination status, and the source individual's name (if known).

The source individual's HBV, HCV, and HIV status, if known, can be obtained by contacting:

Name: _____

Phone Number: _____

Address: _____

2. A chart listing employee, employer, and healthcare professional responsibilities.

3. A post-exposure evaluation form for your completion and return. Please return to:

Name: _____

Phone Number: _____

Address: _____

If you have any questions, please contact _____ at _____.

Sincerely,
Signature

ATTACHMENT B

CONFIDENTIAL EXPOSURE REPORT

This report must be completed by a qualified healthcare professional. If a qualified person is not available to complete this report, the employee must be directed to the healthcare professional of their choice. Exposures must be reported and medical attention sought as soon as possible, but no more than 24 hours after exposure.

Name of exposed employee: _____

Agency, Division, Unit, or Work Area: _____ Position: _____ Last 4 S#: _____

Exposure date: _____ Time: _____ a.m. p.m.

Name of source individual: _____

What type of exposure occurred? (e.g., needle stick, cut, bite, or spill) _____

Body fluid from source individual:

Vaginal secretions Blood Semen Body fluid with visible blood Other

Body part of exposed person (e.g., mouth, eyes, or skin break on hand) _____

First aid provided (describe): _____

Severity of injury or exposure (describe): _____

Task being performed and conditions contributing to the exposure (describe):

In your opinion, has an exposure as defined by WAC 296-823-100 occurred? Yes No

Was the exposed employee referred to a physician? Yes No

If yes, when was the referral made?

Date: _____ Time: _____

Has the exposed employee completed an HBV vaccination series? Yes No

Date series completed: _____

Did the exposed employee decline to seek medical attention at this time? Yes No

Did the exposed employee sign DSHS 03-133? Yes No

STATEMENT OF EMPLOYEE CONSENT: I provided the above information and agree to its use pursuant to WAC 296-823-160, which pertains to post-exposure evaluation and follow-up when an exposure incident has occurred.

Employee Signature: _____ Date: _____

Report completed by (print name and title): _____

Signature: _____ Date: _____

ATTACHMENT C

Employee Name: _____ Employee SS#: _____

Job Classification: _____

1. Has the employee been informed of the results of the evaluation?
2. Has the employee been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment?
3. Have you determined if treatment, prophylaxis, or vaccination is indicated?
4. Did you start treatment, prophylaxis, or vaccination?

Signature of Licensed Healthcare Professional

Date

Please return this form in an envelope labeled Medical Confidential to:

