



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: EMPLOYEE PROTECTION FROM BLOODBORNE PATHOGENS POLICY 9.03

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Authority: Title 29 CFR, Part 1910, 1030 Bloodborne Pathogens  
Chapter 49.17 RCW, Washington Industrial Safety and Health Act  
Chapter 49.60 RCW, Washington State Law Against Discrimination  
Chapter 70.24 RCW, Control and Treatment of Sexually Transmitted Diseases  
WAC 296-62-08001, Bloodborne Pathogens  
WAC 296-62-08050, Appendix A – Hepatitis B Vaccine Declination (Mandatory)  
WAC 296-62-052, Access to Employee Exposure and Medical Records  
Chapter 246-100 WAC Communicable and Certain Other Diseases

Reference: DSHS Administrative Policy 9.06, *Prevention and Control of Occupational Exposure to Bloodborne Diseases*

**PURPOSE**

This policy establishes procedures to help detect, prevent and control the risk of transmission of bloodborne pathogens, and assure effective post-exposure follow up treatment or referral for treatment, and reporting of communicable bloodborne diseases.

**SCOPE**

This policy applies to all employees of the Division of Developmental Disabilities (DDD) who in the performance of their assigned duties face a reasonably anticipated risk of occupational exposure to bloodborne pathogens, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

**POLICY**

DDD employees who can reasonably anticipate occupational exposure to bloodborne pathogens shall 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 DDD organizational units in which employees **can reasonably anticipate a risk** of occupational exposure to bloodborne pathogens shall:
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 296-62-08001.
  3. Provide annual training to employees on occupational risks and how to minimize exposures, including an overview of the exposure control plan and the WISHA standard on bloodborne pathogens. Training must be offered to all employees at risk of occupational exposure within ten (10) 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 (3) 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 and/or color coding to identify hazards;
  6. Use engineering 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 vaccination to all employees at risk of exposure without regard to the frequency of such exposure and the use of protective equipment. HBV vaccination must be offered to all employees at risk of occupational exposure within ten (10) days of employment or prior to starting any work assignment where a risk of occupational exposure might be anticipated. An employee declining HBV vaccination will sign a statement declining.
  9. Provide protective clothing and equipment as needed at no cost to employees, including, but not limited to, gloves, eye and mouth protective barriers, one-way

resuscitation devices, germicidal handwipes, 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, DDD shall:
1. Provide 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 296-62-08001. Training must be provided within ten (10) days of employment or prior to starting any work assignment where the provision of emergency first aid is a job expectation.
  2. Provide protective clothing and equipment as needed at no cost to the employees.
  3. Offer free HBV vaccination within ten (10) 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 (3) years. All medical records shall be confidential and 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, DDD shall:
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 protective clothing and equipment are provided as needed at no cost.
  3. Maintain a record keeping system for training and medical evaluation and follow-up. Training records must be kept for three (3) years. Medical records shall be confidential and kept for the duration of employment, plus 30 years.
- D. Exposure Incident

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

1. Investigate the incident to determine whether or not an exposure has occurred. The investigation must be completed within seven (7) days from the date the incident was reported.
2. Document the exposure incident on DSHS 03-133 form, *Employee/Volunteer Personal Incident Report*, DSHS 03-333 form, *Post-Exposure Incident Report*, and on the OSHA 300 log.
3. Provide pre-test counseling when a determination is made that exposure has occurred, and testing of the source individual is requested and appropriate. The purpose of the pre-test counseling is to help the employee determine if a test is needed. Pre-test counseling is also aimed at helping the person understand ways to reduce the risk of HIV transmission, the nature, purpose and potential ramification of HIV testing; the danger of the HIV infection; and assessing the individual's ability to cope with the results of testing.
4. Ensure a post-exposure medical evaluation and follow-up occurs within 24 hours of exposure or within two (2) hours if preventive exposure prophylaxis is anticipated.
5. Provide each health care professional performing a post-exposure medical evaluation and follow-up with:
  - a. An informational cover letter (see Attachment A for sample letter);
  - b. A copy of WAC 296-62-08001;
  - 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(s) of exposure (see Attachment B, *Confidential Exposure Report*);
  - d. A copy of all applicable medical records (as available) with the employee's written permission;
  - e. A *Post-Exposure Evaluation* form (see Attachment C); and
  - f. The name of the source individual, if known (HIV requires informed consent).
    - (1) Each organizational unit shall designate an individual(s) to seek informed consent for release of information concerning the

HBV/HCV/HIV status of the source individual to the exposed employee and the health care professional conducting their post-exposure evaluation.

- (a) If the HBV/HCV/HIV status of the source individual is not known, the organizational unit designee shall seek informed consent of testing to determine HBV/HCV/HIV infectivity and for the release of the test results to the exposed employee and the health care professional conducting their post-exposure evaluation. As indicated in item D. 4. above, testing must be preceded by pre-test counseling.
  - (b) The organizational unit shall follow the pre-test counseling protocol, provided by a trained professional. Pre-test counseling for HIV is to include, among other things, risk assessment, donations of blood or body parts, assessment of behaviors, sexual/drug use history, risk reduction counseling, HIV transmission, abstinence, monogamy, alternative sexual practices, drug treatment programs, family planning, HIV antibody testing, benefits of knowing HIV antibody status, effects of HIV testing/positive results, discrimination, support systems, refusal of testing.
- (2) If informed consent for release of information or testing for HBV/HCV/HIV infectivity cannot be obtained, this will be noted in the medical record of the exposed employee and reported to the health care professional conducting the exposed employee's post-exposure evaluation and reported to the county health district within 24 hours.
  - (3) Each organizational unit shall ensure that each exposed employee is informed that any information they may receive about the source individual's HBV/HCV/HIV status is to remain confidential in accordance with Chapter 246-100-016 WAC and RCW 70.24.105.
7. Provide a copy of the health care professional's written opinion to the employee within fifteen (15) days of completion of the post-exposure evaluation.

**DEFINITIONS**

- A. **Blood** means human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** means disease-causing microorganisms present in human blood. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
- C. **Collateral Duty** means first aid by an employee who is designated, expected or assumes the responsibility of providing first aid to another person while on duty.
- D. **Collateral Exposure** means an employee becoming exposed to blood or other potentially infectious material in the course of giving first aid during the performance of the employee's collateral duty.
- E. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. **Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious material or may contain contaminated sharps.
- G. **Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- H. **Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- I. **Engineering Controls** means methods (e.g., sharps disposal containers, self-sheathing needles, etc.) that isolate or remove the bloodborne pathogens hazard from the workplace.
- J. **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results during performance of the employee's duties.
- K. **Hand Washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

- L. **Licensed Health Care Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by Hepatitis B virus vaccination, post-exposure medical evaluation and follow-up.
- M. **HBV** means Hepatitis B Virus.
- N. **HCV** means Hepatitis C Virus.
- O. **HIV** means Human immunodeficiency Virus.
- P. **Needleless Systems** means devices, that do not use needles for:
1. Collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is accomplished;
  2. Administration of fluids; or
  3. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- Q. **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.
- R. **Other Potentially Infectious Materials** mean 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 body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids; and
  2. Unfixed tissue or organ (other than intact skin) from a human (living or dead);
  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 from experimental animals infected with HIV, HBV or HCV.
- S. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, and abrasions.

- T. **Personal Protective Equipment** means specialized clothing or equipment worn by the 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.
- U. **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.
- V. **Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; residents in institutions for people with developmental disabilities; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- W. **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.
- X. **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.
- Y. **Work Practice Controls** means methods that reduce the likelihood of the employee's exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed technique).

### **SUPERSESSSION**

DDD Policy 9.03  
Issued February 17, 1994

DDD Policy 9.03  
Issued March 3, 1993





**SAMPLE NOTIFICATION LETTER**

(Current 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. To assist you in evaluation, the following documents are enclosed:

- 1. An exposure report describing the circumstances and route of exposure and the source individual's name (if known);

The HBV, HCV and HIV status (if known) of the source individual can be obtained by contacting:

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

The exposed person's HBV vaccination status is also noted in this report.

- 2. A chart listing employee, employer, and healthcare professional responsibilities;
- 3. A copy of WAC 296-62-08001 "Bloodborne Pathogens" (pages 13, 14, and 15 of this WAC contain post-exposure evaluation and follow-up requirements); and
- 4. A post-exposure evaluation form for your completion and return.

Please return to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WAC 246-100-206 part 10 gives authority to the local Health Officer to order testing of the source individual for HIV. WAC 246-100-209 covers HIV pretest and post counseling. RCW 70.24.105(5) addresses release of confidential information related to HBV/HIV. WAC 296-62-08001(6)(c)(iii)(B) requires employee blood samples to be preserved for 90 days if serologic testing is not immediately conducted.

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,



**STATEMENT OF EMPLOYEE CONSENT:** I have provided the above information and agreed to its use pursuant to WAC 296-62-08001(6) which pertains to the provision of a post-exposure evaluation and follow-up when an exposure incident has occurred.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Report compiled by: \_\_\_\_\_ Date: \_\_\_\_\_

POST-EXPOSURE EVALUATION

Employee Name: \_\_\_\_\_ Employee SS#: \_\_\_\_\_

Job Classification: \_\_\_\_\_

- 1. Has the employee been informed of the results of the evaluation? Yes \_\_\_ No \_\_\_
- 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? Yes \_\_\_ No \_\_\_
- 3. Have you determined HBV vaccination is indicated Yes \_\_\_ No \_\_\_
- 4. Has the employee been vaccinated for HBV? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of Licensed Healthcare Professional

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_