



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: EMPLOYEE PROTECTION FROM BLOODBORNE PATHOGENS POLICY 9.03

Authority: CFR 29, Part 1910, Subpart Z
RCW 70.24.105
Chapters 246-100-206-209, 296-62-08001 WAC
DSHS Administrative Policy 6.09
DDD Policy 9.07

PURPOSE

This policy:

- A. Assures that employees working in environments that place them at a reasonably anticipated risk of exposure to bloodborne pathogens will be provided protection from occupational exposure to blood and other potentially infectious materials.
- B. Establishes measures which help detect, prevent and control the risk of transmission of Bloodborne Pathogens.
- C. Ensures 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) 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, 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 ensure that:
1. An analysis of all job categories and tasks is completed to identify employees at risk of occupational exposure.
 2. A written exposure control plan is developed as defined in Chapter 296-62-08001 WAC.
 3. At a minimum, annual training is provided 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. A record keeping system for HBV vaccination, medical evaluation and follow-up is developed which assures confidentiality for duration of employment, plus 30 years.
 5. Warning labels, signs and/or color coding are used to identify hazards;
 6. Procedures for ensuring worker protection including the use of universal precautions, and the safe handling of sharps, specimens, contaminated laundry, and regulated waste are developed and implemented;
 7. Free HBV vaccination is available 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.
 8. Protective clothing and equipment are provided 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. All DDD organizational units in which there is not a reasonably anticipated risk of occupational exposure to bloodborne pathogens shall ensure for each designated first aid provider that:

1. At a minimum, annual training is provided on occupational risks and how to minimize exposures including an overview of the epidemiology and transmission of bloodborne pathogens, and a review of Chapter 296-62-08001 WAC. 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. Protective clothing and equipment are provided as needed at no cost to the employees.
3. Free HBV vaccination is available and offered 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. A record keeping system for training (records to be kept for three (3) years) and medical evaluation and follow-up is developed. All medical records are to be confidential and kept for duration of employment, plus 30 years.

C. All DDD organizational units in which there is not a reasonably anticipated risk of occupational exposure to bloodborne pathogens shall ensure for each non-designated volunteer first aid provider and other staff who may voluntarily respond to emergency situations that:

1. Training is provided on universal 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. Protective clothing and equipment are provided as needed at no cost.
3. A record keeping system for training (records to be kept for three (3) years) and medical evaluation and follow-up is developed. All medical records are to be confidential and kept for duration of employment, plus 30 years.

- D. All DDD organizational units in which an exposure incident has been reported shall ensure that:
1. Each exposure incident is carefully investigated to determine whether or not an exposure has occurred. The exposure incident is to be documented on a DSHS 03-133, Report of Employee Personal Injury form, and on an OSHA 200 form.
 2. Each exposure incident is carefully investigated to determine whether or not an exposure has occurred.
 3. The investigation of an exposure incident is completed within seven (7) days from the date of reporting the incident.
 4. Pre-test counseling is provided 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 client and/or their guardian determine if a test is needed. Pre-test counseling is also aimed at helping an individual to 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.
 5. A post-exposure medical evaluation and follow-up are provided within 24 hours of exposure.
 6. Each health care professional performing a post exposure medical evaluation and follow-up is provided with:
 - a. An informational cover letter (see Attachment 1, sample letter to health care professionals);
 - b. A copy of Chapter 296-62-08001 WAC;
 - 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 2, "Confidential Exposure Report");
 - d. A copy of all applicable medical records (as available) with the employee's written permission;

- e. A "Post-Exposure Evaluation" (see Attachment 3); and
- f. The name of the source individual, if known.
 - (1) Each organizational unit shall designate an individual(s) to seek informed consent for release of information concerning the HBV/HIV status of the source individual to the exposed employee and the health care professional conducting their post-exposure evaluation.
 - (a) If the HBV/HIV status of the source individual is not known, the organizational unit designee shall seek informed consent of testing to determine HBV/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/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.

- (3) Each organizational unit shall ensure that each exposed employee is informed that any information they may receive about the source individual's HBV/HIV status is to remain confidential in accordance with Chapter 246-100-016 WAC and RCW 70.24.105.
7. A copy of the health care professional's written opinion is obtained and provided to the employee within fifteen (15) days of completion of the post-exposure medical evaluation.

DEFINITIONS

- A. **"Blood"** means human blood, human blood components, and products made from human blood.
- B. **"Bloodborne Pathogens"** means pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) 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 controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the work place.
- 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 result from the performance of an 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. **"HIV"** means human immunodeficiency virus.
- O. **"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.
- P. **"Other potentially Infectious Materials"** means:
1. The following human body fluids: 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 or impossible to differentiate between body fluids.
 2. Any 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- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Q. **"Parenteral"** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, and abrasions.

- R. **"Personal Protective Equipment"** is specialized clothing or equipment worn 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.
- S. **"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.
- T. **"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.
- U. **"Sterilize"** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.
- V. **"Universal Precautions"** are an approach to infection control. According to the concept of 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.
- W. **"Work Practice Controls"** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed technique).

SUPERSESSION

Division Policy Directive 9.03
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Approved: /s/ Norm Davis Date: 2/17/1994
Director, Division of Developmental Disabilities