



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: EMPLOYEE PROTECTION FROM BLOODBORNE PATHOGENS POLICY 9.03

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 296-823, Bloodborne Pathogens
WAC 296-823-13005, Hepatitis B Vaccine Declination (Mandatory)
WAC 296-823-170, 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).

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 result 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); 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 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).

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 296-823-11010](http://www.wac.wa.gov/WAC29682311010).

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 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, *Employee/Volunteer Personal Incident Report*, DSHS 03-333, *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

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.
 - (ii) 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.
 - (iii) 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 WAC 246-100-207 and RCW 70.24.105.
7. Provide a copy of the healthcare professional's written opinion to the employee within fifteen (15) days of completion of the post-exposure evaluation.

EXCEPTIONS

No exceptions to this policy may be made without the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 9.03
Issued April 1, 2003

DDD Policy 9.03
Issued February 17, 1994

DDD Policy 9.03
Issued March 3, 1993

Approved: /s/ Linda Rolfe
 Director, Division of Developmental Disabilities

Date: October 1, 2007

Attachment A – *Sample Notification Letter*
Attachment B – *Confidential Exposure Report*
Attachment C – *Post-Exposure Evaluation*
Attachment D - *WAC 296-823-11010*

ATTACHMENT A

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 296-823-11010 "Bloodborne Pathogens" (WAC 296-823-160 contain post-exposure evaluation and follow-up requirements); and
4. A post-exposure evaluation form for your completion and return.

Please return to: *name*
address

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 296-823-16020 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,

Signature

ATTACHMENT B

CONFIDENTIAL EXPOSURE REPORT

Name of Exposed Person: _____

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

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

Name of Source Person: _____

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

Body Fluid exposure to: vaginal secretions blood semen
 body fluid with visible blood other

Body part exposed (i.e., mouth, eyes, skin break on hand, etc.) _____

First aid provided (describe): _____

Severity of injury/exposure (describe): _____

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

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

NOTE: This assessment is to only be made by a qualified healthcare professional. If there is no qualified person to make this assessment, the employee shall be directed to the healthcare professional of their choice. Exposures must be reported and medical assistant sought as soon as possible, but within 24 hours of exposure.

Was the exposed person instructed/advised to report to a physician? Yes No

Date: _____ Time: _____

Has the exposed person completed a HBV vaccination series? Yes No

Date series completed: _____

RN (healthcare assessment) opinion of exposure: massive definite possible
 doubtful occupational non-exposure

Person declined to seek medical attention. Was statement signed? Yes No

STATEMENT OF EMPLOYEE CONSENT: I have provided the above information and agreed to its use pursuant to WAC 296-823-160 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: _____

ATTACHMENT C

POST-EXPOSURE EVALUATION

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 HBV vaccination is indicated?
- 4. Has the employee been vaccinated for HBV?

Signature of Licensed Healthcare Professional Date

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

ATTACHMENT D

WAC 296-823-11010

Develop and implement a written exposure control plan.

You must:

- Establish a written exposure control plan designed to eliminate or minimize employee exposure in your workplace.

Note: The elements of your exposure control plan may be located in other documents such as policies and procedures. Make sure to reference their location in your plan.

You must:

- Make sure the plan contains at least the following elements:
 - The exposure determination, WAC 296-823-11005;
 - A procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incident happened; and
 - How and when you will implement applicable requirements of this rule.

Note: The implementation dates need to be included only until your exposure control plan is fully implemented or when you are adding new requirements to your plan.

You must:

- Document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.
 - Use universal precautions or other at least as effective infection control systems.

Note: Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease.

Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation. These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances.

- Solicit input in the identification, evaluation, and selection of effective safer medical devices. This input must be solicited from nonmanagerial employees responsible for direct patient care with potential exposure to contaminated sharps.
- Document the process you used to solicit and include the identity of the employees or positions that were involved.

Note: • You are not required to request input from every exposed employee; however, the employees selected must represent the range of exposure situations encountered in the workplace. Your safety committee may assist in identifying employees.

- Although you are required to include nonmanagerial employees, you are not prohibited from soliciting input from managerial and other employees.

You must:

- Make sure the exposure control plan is reviewed and updated:
 - At least annually **and**
 - Whenever necessary to:
 - Reflect new or modified tasks and procedures which affect occupational exposure
 - Reflect new or revised job classifications with occupational exposure
 - Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

ATTACHMENT D

- Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- Make sure a copy of the exposure control plan is accessible at the workplace, when exposed employees are present. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer.
- Make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.

[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. 04-12-070, § 296-823-11010, filed 6/1/04, effective 9/1/04; 03-09-110, § 296-823-11010, filed 4/22/03, effective 8/1/03.]