



## Administrative Policy No. 9.06

**Subject:** Prevention and Control of Occupational Exposure to Blood-borne Pathogens or Other Potentially Infectious Materials

**Information Contact:** DSHS Enterprise Risk Management Office  
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**Authorizing Source:** [Americans with Disabilities Act](#)  
[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  
[Chapter 296-823 WAC](#), Blood-borne Pathogens  
[Chapter 246-100 WAC](#), Communicable and Certain Other Diseases

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**Revised:** February 10, 2025

**Approved by:** **Original approved by Pearlette J. Ramos**  
Senior Director, Office of Justice and Civil Rights

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### **Purpose**

The purpose of this policy is to:

- A. Identify methods to protect employees from exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other blood-borne pathogens.
- B. Provide requirements for employee post-exposure incident follow-up treatment, or referral for treatment, and the proper reporting of communicable blood-borne diseases.
- C. Outline the requirements for confidentiality in accordance with [WAC 296-823-16005](#).

### **Scope**

This policy applies to all programs and employees of the Department of Social and Health Services (DSHS).

### **Definitions**

**Blood-borne pathogens** mean any pathogenic microorganism that is present in human blood or other potentially infectious materials (OPIM) and can infect and cause disease in persons who are exposed to blood containing pathogens. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

**Employee** means all full-time, part-time, on-call, intern, work-study student, and volunteer staff employed by DSHS.

**Engineering controls** mean controls that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure incident** means a specific, actual occurrence of eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

**Occupational exposure** means the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties. Occupations typically associated with tasks that involve occupational exposure to blood or other potentially infectious materials are as follows:

#### Health Care Occupations:

- Physicians and physician assistants
- Nurses, dental hygienists, and other health care employees in clinics and offices
- Employees of clinical, dental, and diagnostic laboratories
- Staff in laundries that provide services to health care facilities
- Staff in clinics in correctional facilities
- Staff in institutions for persons with developmental disabilities
- Home health care workers
- Staff in nursing homes and long-term care facilities
- Medical equipment service and repair personnel

#### Non-Health Care Occupations:

- Law enforcement personnel and correctional officers
- Employees assigned to provide emergency first-aid by their employers as either a primary or secondary duty

- Employees who handle or pick up regulated waste

**Note:** The absence of a particular job from the list does not suggest that it falls outside the scope of this policy. Employees in jobs found on the list are covered only if they have occupational exposure.

**Other potentially infectious materials (OPIM)**, commonly refers to the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal 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; and unfixed tissue or organ (other than intact skin) from a human (living or dead).

**Parenteral Contact** refers to those occasions when mucous membranes or skin is pierced by needle-sticks, human bites, cuts, or abrasions.

**Personal protective equipment (PPE)** means specialized clothing or equipment worn by an employee to minimize exposure to hazards that can cause injuries and illnesses.

**Universal precautions** means as a generally accepted preventative practice to treat all blood and OPIM as if they contain blood-borne pathogens, whether or not the source of the blood or OPIM has been identified as having a blood-borne pathogen.

**Work practice controls** means methods that reduce the likelihood of the employee's exposure by changing the manner in which a task is performed.

### Policy

- A. The DSHS must provide for the safety and health of its employees by implementing exposure control plans designed to prevent and control the occupational transmission of blood-borne pathogens.
- B. All DSHS locations (divisions, institutions, offices, and facilities) having employees whose duties involve a potential for occupational exposure must create and maintain an exposure control plan. The exposure control plan must:
  1. Include a written policy identifying the specific employee job classifications with occupational exposure.
  2. Set forth the schedule and methods to be used to implement all necessary provisions of [WAC 296-823](#).
  3. Specify the procedures for evaluating and performing follow-up of exposure incidents.
  4. Be reviewed annually and updated at least every three years or whenever necessary to reflect:
    - a) New or modified tasks and procedures which affect occupational exposure;

- b) New or revised job classifications with occupational exposure; and
- c) Changes in technology that will eliminate or reduce exposure to blood-borne pathogens. [WAC 296-823-11010](#)

### **Procedures**

All DSHS administrations, institutions, offices, and facilities must:

- A. Conduct a site occupational exposure determination to:
  - 1. Identify all job classifications, tasks, and procedures at the site in which occupational exposure could reasonably be expected to occur;
  - 2. Analyze each job to determine risk categories of personnel having reasonably anticipated potential for exposure to blood or other potentially infectious materials; and
  - 3. List all employees with an occupational exposure. [WAC 296-823-11005](#)
- B. If it is determined that one or more employees are assigned duties that have a potential for occupational exposure, create and maintain a written exposure control plan designed to eliminate or minimize the exposure risk. Ensure enforcement of site-specific exposure control plans. [WAC 296-823-11010](#)
- C. Offer hepatitis B vaccine to any employee at risk for an occupational exposure. Be certain to include employees officially identified as first-aid providers and anticipated to render assistance during medical emergency incidents where an occupational exposure can be reasonably anticipated. [WAC 296-823-13005](#)
- D. Provide post-exposure evaluation, medical treatment, and follow-up for any employee who experiences an exposure incident. [WAC 296-823-160](#)
- E. Report all exposure incidents using the web [Report of Work Related Incident/Close Call](#) and DSHS Form [03-333](#), Post-Exposure Incident Report.
- F. Review the procedures of occupational exposure prone tasks and implement appropriate work practice controls and engineering controls. [WAC 296-823-140](#).
- G. Stock, issue, and mandate the use of appropriate personal protective equipment (PPE) to reduce the potential for an exposure incident. [WAC 296-823-150](#)
- H. Educate, train, and keep records of training related to occupational exposure to Blood-borne Pathogens. [WAC 296-823-120](#)
- I. Follow protocols for employee post-exposure follow-up consistent with the U.S. Public Health Services guidelines. [WAC 246-100 and WAC 296-823-160](#)

- J. Train employees on blood-borne pathogens, occupational exposure, post-exposure follow-up, reporting, and treatment. [WAC 296-823-12005](#)
- K. Properly retain records of post-exposure follow-up, treatment, and referral for treatment. [Washington State Government General Records Retention Schedule, Section 4.7, Occupational Health and Safety](#)
- L. Ensure confidentiality of all medical records. [Health Insurance Portability and Accountability Act of 1996, 42 USC 1320d, RCW 70.24, WAC 296-823-17005, WAC 296-823-16005, and WAC 246-100](#)
- M. When applicable, provide reasonable accommodation for affected employees. [Chapter 49.60 RCW](#) and the [Americans with Disabilities Act of 1990](#)
- N. Notify the Department of Health and local authorities of reportable blood-borne pathogen exposures. [RCW 70.24](#) and [WAC 246-100](#)

DSHS Official