


## Infection Control-Bloodborne Pathogens

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### **Policy Statement:**

South Central Louisiana Human Services Authority (SCLHSA) shall provide safe working conditions for all its employees. The SCLHSA will voluntarily comply with relevant regulatory requirements to minimize risk from infectious disease.

### **Rationale:**

To describe SCLHSA's role and responsibility in protecting employees at risk for exposure to infectious disease in the work place through a prevention and infection control program for reporting, evaluating and documenting incidents related to the spread of infectious disease, including data collection, analysis and corrective action.

### **Procedure:**

SCLHSA has developed the following Exposure Control Plan in accordance with OSHA Bloodborne Pathogens standards:

#### **A. General Information**

Occupational exposures and/or infections are prevented through the routine use of measures that include work practices, Universal Precautions, and personal protective equipment (PPE).

Direct contact is the most frequent means of acquiring an occupational infection. This can occur by parenteral exposure (needle stick) or contamination of a lesion (non-intact skin), mucous membrane or eye with blood or Other Potentially Infectious Materials (OPIM).

SCLHSA does not discriminate against blood-borne infected persons in employment, education, and the use of public facilities.

#### **B. Definitions**

1. Bloodborne Pathogen – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
2. Body substances – blood, body fluid, tissues and secretions (such as sputum) from a person, which may contain infectious agents.

3. Exposure Incident – a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee’s duties.
4. Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of a staff member’s duties.
5. Personal Protective Equipment (PPE) – a part of standard precautions for all health care workers to prevent skin and mucous membrane exposure when in contact with blood and body fluid of any patient. PPE includes protective clothing, disposable gloves, eye protection, and face masks.
6. Regulated Waste – means liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
7. Standard/Universal Precautions – an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HCV, HBV, or other blood borne pathogens. Universal Precautions include but are not limited to wearing personal protective equipment, proper disposal of sharps, and proper hand washing.

### **C. Exposure Determination**

Employees who may perform duties have occupational exposures at SCLHSA agencies include the following job classifications:

Registered Nurses, Licensed Practical Nurses, Social Services staff, Registered Nurse Practitioners and Physicians

Specific tasks and procedures performed by these job classifications are: medication injections, disposal of sharps, HIV and HCV screenings, urine drug testing, and administration of TB skin tests.

All non-clinical employees may have some exposure to blood and OPIM. Occupational exposure is unlikely, but may occur in SCLHSA office settings.

### **D. Methods of Implementation and Control**

SCLHSA takes the following steps to minimize the risk of exposure to infectious disease for its employees and individuals served:

1. Standard/Universal precautions
  - a. All staff are trained in Infection Control practices, utilizing Standard/Universal Precautions as part of initial orientation and annually thereafter via eLearning and in-person training. Evidence of this training is maintained by site Safety Officers and the SCLHSA Safety Coordinator.
  - b. Standard/Universal Precautions are utilized by all staff involved in any service or procedure that carries a risk of exposure (i.e. cleaning areas or items soiled by bodily fluids, collection of specimens, providing injections, etc.).
2. Work Practice Controls
  - a. SCLHSA shall maintain a safe, hygienic, sanitary environment.
  - b. Staff members must make every effort to perform their tasks in a way that will minimize or eliminate their exposure to blood or OPIM.
  - c. Staff members must wash their hands immediately, or as soon as possible, after removal of gloves following any contact with blood or OPIM, staff members shall wash their hands and any areas of contacted skin with soap and

water. When hand-washing facilities are not available, staff members will use antiseptic towelettes or waterless hand sanitizer. Hands shall be washed with soap and water as soon as feasible.

- d. Staff members are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses in areas where injections are given or where hazardous wastes may be stored or disposed.
- e. Needles and sharps must be disposed in containers that are puncture resistant, labeled as biohazard, and leak proof on the sides and bottom. Needles shall not be recapped by hand, bent, or broken prior to disposal.

*NOTE: The "one hand scoop method" of recapping a needle, must be utilized if a biohazard container is not immediately available, with proper disposal occurring as soon as possible.*

- f. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or OPIM are present.
- g. All procedures involving blood OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering and the generation of droplets of these substances.
- h. Specimens of blood or OPIM shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

### 3. Personal protective equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided during orientation. The types of PPE available to employees are as follows: disposable gloves, gowns, goggles and facemasks. *PPE is located in reception areas, medication rooms, and clinic lab. Items may be obtained as needed. Additional supplies are available from nursing staff.*

All employees using PPE must observe the following precautions:

- a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- b. Use alcohol based sanitizer on hands if hands are not visibly soiled, or after removing visible material with soap and water.
- c. Remove PPE after it becomes contaminated and before leaving the work area.
- d. Used PPE may be disposed of in a normal garbage container if unsoiled or within a biohazard bag if soiled with blood, body fluids, or OPIM.
- e. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other body fluids, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- f. Never wash or decontaminate disposable gloves for reuse.
- g. Wear appropriate mask and eye protection during activities that are likely to generate splashes, sprays, spatters, or droplets of blood or other body fluids.
- h. Remove immediately or as soon as feasible any garment contaminated by blood or, in such a way as to avoid contact with the outer surface.

### 4. Housekeeping

- a. Worksites shall be maintained in a clean and sanitary condition. *See Policy 106*
- b. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM.

### 5. Infectious Waste

Regulated waste means:

- a. Liquid or semi-liquid blood or OPIM
- b. Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed
- c. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- d. Contaminated sharps
- e. Pathological and microbiological wastes containing blood or OPIM
- f. Pharmaceutical waste

Regulated waste is currently collected and disposed of in accordance with applicable regulations by a contract service.

- a. Regulated (biohazard) waste is placed in containers, which are closable, constructed to contain all contents and prevent leakage, appropriately labeled, and closed prior to removal to prevent spillage or protrusion of contents during handling.
- b. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at each medication administration location. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
- c. Biohazard warning labels must be affixed to:
  - i. Containers of regulated waste
  - ii. Refrigerators and freezers containing potentially infectious materials
  - iii. Containers used to store or transport blood or other potentially infectious materials.

*NOTE: Red bags or red containers may be substituted for labels.*

## 6. Spills

- a. All spills of blood or body fluids must be immediately contained and cleaned up by staff that have been properly trained and are equipped to work with OPIM.
- b. Any staff member that observes a blood/body fluid spill is responsible for contacting the safety officer and cleaning up the area as soon as possible. In addition, that staff member should assure that necessary medical attention is given to the individual involved and secure the area to avoid any possible contamination to other employees or clients until the spill is cleaned.
  - i. Staff members that have been properly trained are called for the cleaning of blood spills utilizing a "Spill Kit" or a mixture of 1 cup of bleach to 5 gallons of water.
  - ii. Spill Kits are located in designated areas at each location.
- c. Employees that provide field services or utilize SCLHSA or their personal vehicles for the transport of clients are to incorporate Infection Control practices.
  - i. Each vehicle is to have a kit that includes: gloves, garbage bags used for disposal of soiled items, a first aid kit, and alcohol based hand sanitizer.
  - ii. When a vehicle is soiled by a client's blood/body fluids, the employee is to complete a Critical Incident Report and take the vehicle to a carwash for cleaning as directed by their supervisor.

## E. **Post-Exposure Procedures**

When an employee has an exposure incident, they should immediately wash the exposed skin with soap and water and flush the other areas such as mucous membranes of the eyes, nose or mouth with copious amounts of cool water. The employee shall report the incident to their supervisor immediately after washing.

The Clinic Manager is responsible for assuring that all applicable provisions of this policy are

effectively carried out and for maintaining all records related the exposure.

A confidential medical file will be created for the employee and shall include:

- First report of injury form
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine.
- A copy of all results of examinations, medical testing, and follow-up procedures, and
- A copy of the healthcare professional's written opinion, Physician's Modified Work Information Sheet (Transitional Return to Work Policy 241) if applicable due to restrictions imposed by the physician or provider.

This medical file shall be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside SCLHSA except as required by law. SCLHSA shall maintain the medical records for at least the duration of employment plus 30 years.

If an employee is exposed to an individual having or determined to be at risk of having an infectious disease, the following procedures are followed according to each described condition:

1. Any staff member exposed to an infectious disease is referred to a health provider of the SCLHSA's choice or is given the option of seeing his/her own physician with full cooperation of the SCLHSA. Employees must demonstrate completion of an approved treatment or provide medical documentation that no treatment is required and provide the completed Physician's Modified Work Information Sheet. The SCLHSA Safety Coordinator and the Transition to Work Coordinator is responsible for obtaining documentation when staff demonstrates completion of approved follow-up treatment.
2. Upon realizing a possibility of exposure to an infectious disease, the employee must notify his/her supervisor immediately. A Blood/Body Fluid Exposure Report form (Attachment A) should be completed immediately following the incident and submitted per the Critical Incident Reporting & Review policy.
3. If it is known or believed to be that the source is positive for HIV, viral hepatitis or another serious infectious disease, the exposed employee should immediately call his/her personal physician to discuss the possibility of a post-exposure prophylactic medication regimen.
4. If the source is not known to be HIV positive, refuses testing, or is suspected to be at high risk of HIV infection, e.g., IV drug user, person with hemophilia, person engaged in high risk sexual behavior, etc., the exposed employee should be counseled by the SCLHSA Medical Director or clinic medical staff regarding the risk of infection and referred for appropriate evaluation and treatment.
5. If it is known, or believed to be, that the source is positive for Tuberculosis (TB) the exposed employee will have a TB skin test completed immediately and 8-10 days later. Employees ineligible for TB skin testing are required to sign the declination form and provide documentation of follow-up care. See policy 125 *Tuberculosis Testing* for more details.
6. Results of any staff medical issues, screening or treatment are maintained in the employee confidential medical file.
7. A written opinion shall be obtained from the health care professional who evaluates a referred employee with the written consent of the employee.
8. Health care professionals shall limit their opinions to the following: whether the Hepatitis B vaccine is indicated; if the employee has received the vaccine; or, for

evaluation following an incident, that the employee including any medical conditions resulting from exposure to blood or OPIM. No reference to any personal medical information is otherwise necessary.

9. Employees who do not follow the SCLHSA Bloodborne Pathogen Exposure Control Policy and procedures may be subject to corrective and/or disciplinary action.
10. A quality improvement review of all incidents related to employee exposure to HIV, HCV, or Hepatitis B by a known positive source takes place per the Critical Incident Reporting & Review policy.

#### **F. Vaccination**

1. Upon employment, SCLHSA offers all new hires a program of vaccinations for Hepatitis B. The employee must either decline or accept via the Hepatitis B Vaccine Declination form (Attachment B). This form is maintained in the employee confidential medical file in the Human Resources Department. For those employees that accept, documentation of completion of the vaccinations is maintained in the confidential employee medical file. Employees whose work location or duties provide the opportunity for exposure have the option to obtain a Hepatitis B Vaccination (unless medically contraindicated) at any time, even if they previously declined to do so.
2. SCLHSA partners with the Office of Public Health to provide the vaccination at no cost to the employee or obtained by the SCLHSA Pharmacy.

This policy including the Exposure Control Plan shall be reviewed and updated, if necessary, at least annually.

#### **Compliance Requirement:**

OSHA Bloodborne Pathogens standards

#### **Attachments:**

- Blood/Body Fluid Exposure Report form
- Hepatitis B Vaccine Declination form

#### **Linkages:**

- Infection Control – Routine Cleaning - Policy 106
- Transitional Return to Work - Policy 241
- Tuberculosis Testing - Policy 125
- Critical Incident Reporting – Policy 1103