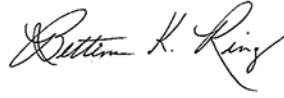


Policy and Procedure 8-15

Workplace Safety – Bloodborne Pathogen Exposure Control

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Codes/Mandates: OSHA Occupational Exposures to Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030 and as revised in 2001 by the Needlestick Safety and Prevention Act P.L. 106-430.

References: N/A

Forms: 8.29 Bloodborne Pathogen Exposure Medical Evaluation and Vaccination Waiver

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PURPOSE

Although slight, VDOF employees have the potential to be exposed to bloodborne pathogens while on the job. The purpose of this policy is to comply with OSHA's Occupational Exposures to Bloodborne Pathogens Standard, which provides safety protocols to help prevent employees from contracting bloodborne infections by eliminating or minimizing their exposures to blood and other OPIM.

POLICY

VDOF has the responsibility of providing its employees with a safe working environment. It is the position of VDOF management that all employees will comply with the procedures outlined in the Bloodborne Pathogen Exposure Control Policy. It is designed to help safeguard employees from bloodborne diseases that could be present in the workplace. It should be noted, however, that

- ◆ VDOF employees are not in occupations where exposure to blood and OPIM is likely.
- ◆ Exposure to blood or OPIM doesn't mean you will contract a disease.
- ◆ Most exposure incidents carry with them a very small probability that the exposed person will acquire a bloodborne disease.

Even though the risk of contracting a bloodborne disease through exposure to blood or OPIM is slight, considering the seriousness of the inherent diseases, all blood and other body fluids that VDOF employees come into contact with will be considered contaminated and dealt with using the appropriate safety precautions as outlined.

DEFINITIONS

“Agency” and **“VDOF”** means the Virginia Department of Forestry.

“Commonwealth” means the Commonwealth of Virginia.

“Acute hepatitis C infection” refers to a person newly infected with HCV. About 20 to 30 percent of these people develop jaundice and 10 to 20 percent have other symptoms including fatigue, loss of appetite and abdominal pain. The symptoms usually disappear within several months. Fifteen to 25 percent of HCV-infected people are able to fight off the infection and completely eliminate the virus from their systems within six months.

“Appropriate personal protective equipment (PPE)” means PPE specifically appropriate for bloodborne pathogen contact. PPE will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

“Assigned first-aid responder” is a person who is assigned the duty of rendering first aid at a designated facility in the event of a medical emergency. VDOF does not have any such assignments.

“At-risk employee” means an employee who may come into contact with blood or other potentially infectious materials during the course of performing their regular job duties.

“Blood” means noticeable fluid that results from a wound such as plasma, platelets, red and white blood cells.

“Bloodborne pathogens” or **“BBPs”** means pathogenic microorganisms in blood and OPIM that can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), human immunodeficiency virus (HIV), hepatitis C, malaria, syphilis and viral hemorrhagic fever.

“Contaminated” means the presence, or the reasonably anticipated presence, of blood or OPIM on an item, a surface or in the work environment.

“Chronic hepatitis C” is an HCV infection in people who cannot fight it off. It progresses slowly and remains in the person's system. The infected person may not show any of the signs or symptoms for up to 20 years. However, these people continue to carry the virus in their blood and are capable of spreading it to others.

“Engineering controls” are devices that remove or reduce the bloodborne pathogen hazards from the workplace.

“Exposure incident” is a situation where a person has been exposed to blood or OPIM.

“Hepatitis A (HAV)” was formerly called “infectious” hepatitis and is spread from person to person by fecal-oral transmission (putting something in your mouth that has been contaminated with the stool from a person with hepatitis A). It is spread easily in areas where there is poor sanitation. This form of hepatitis is not considered to be a significant risk in our occupational setting.

“Hepatitis B (HBV)” is a serious liver disease caused by the hepatitis B virus. The virus is spread from person-to-person through contact with the blood or body fluids of a person that is infected with the hepatitis B virus. The incubation period is 14 days to 9 months with an average of 60 to 90 days. The good news is that most people's immune systems are able to fight off the infection. Those that do become infected typically exhibit the following symptoms: jaundice (yellowing of the skin and eyes), fatigue, loss of appetite, nausea, vomiting, dark urine, clay-colored bowel movements and joint pain. Five to 10 percent of the people infected with HBV will show no symptoms. These people are known as carriers. They remain infected with the virus and are capable of spreading it to others. Five to 10 percent of people infected with HBV will

develop chronic hepatitis B. Chronic hepatitis B has more severe, long-term consequences which can include scarring of the liver, liver cancer, liver failure and death.

“Hepatitis C (HCV)” is a serious liver disease caused by the hepatitis C virus. Infection from the virus can cause liver inflammation that can lead to cirrhosis, liver cancer and death. HCV is spread primarily through contact with human blood. This can be through direct contact such as blood exposure to an open wound. Or, it can be through indirect contact, such as a worker cut with a glass shard contaminated with HCV. Luckily, though, it is not transmitted efficiently in these types of exposures. There is no known cure for hepatitis C and, unlike hepatitis B, there is no effective vaccine available to prevent infection.

“Human immunodeficiency virus (HIV)” is a virus that causes acquired immunodeficiency syndrome, more commonly referred to as AIDS. It has no cure and there is no vaccine to prevent people from contracting it. HIV adversely affects a person’s immune system by killing or damaging cells within the system and progressively destroying the body’s ability to fight infections, certain cancers and other disorders. It is transmitted from person to person through contact with blood, semen, vaginal secretions and breast milk. Infection can result from the direct transmission of these fluids from an infected person to an uninfected person. Since the virus does not survive well outside the body, other modes of transmission are extremely remote. In occupational settings, the risk of exposure comes primarily from HIV-infected blood entering an open cut or mucous membrane (e.g., eyes or inside of nose). This could take place while an employee is rendering first aid to a person who is infected with HIV. Luckily, according to the CDC, the risk of HIV transmission after an exposure to a mucous membrane is only 0.09 percent. People who have been exposed to blood or OPIM should not rely on the manifestation of symptoms as an indication of infection since symptoms vary widely between individuals. Some people do not show any symptoms when first infected. The only way to tell for certain if an infection has occurred after exposure is through testing.

“OPIM” means “other potentially infectious materials”.

“Soiled laundry” means towels, sheets, pillow cases, wash clothes, etc. that have been used by someone since their last laundering.

“Universal control” is an approach to infection control. It means, assume that ALL blood or OPIM is contaminated regardless of any perceived “low-risk” status of the person and always observe appropriate safety precautions and good work practices.

“Work practice controls” are procedures to be followed that reduce the likelihood of exposure by changing the way a task is performed (e.g., sweeping up broken glass with a dust pan versus picking it up with hands).

PROCEDURES

Responsible Parties

Agency safety officer is responsible for the development and oversight of the exposure control plan, and review and update the Bloodborne Pathogen Exposure Control policy and procedures annually to address any workplace changes that have occurred during the year that could potentially affect occupational exposures to BBPs.

Director of human resources is responsible for evaluating Employee Work Profiles (job EWP) to determine which positions are considered at-risk and will maintain a list of all positions that have been designated as such.

Supervisors and program managers are responsible for ensuring that any at-risk employees under their direction comply with appropriate practices, and notifying the director of human resources of any changes in their subordinates’ duties that may move them into an at-risk status.

Employees are required to follow the workplace safeguards set forth in the policy and procedures, and properly wearing all PPE prescribed in this plan; participating in proper training on bloodborne pathogen exposure control and prevention. At-risk employees will have the option of receiving the Hepatitis B vaccine series at the agency’s expense.

Accident Investigators are responsible for investigating exposure incidents and help determine and document routes of exposure and circumstances of the incidents, and for recommending ways to prevent future exposures of similar circumstances from occurring.

Workplace Safeguards

Engineering, work practice controls and personal protective equipment, as outlined below will be used to eliminate or reduce employee exposure to bloodborne pathogens hazards.

- ◆ Handle all blood or other potentially infectious materials (as defined above) as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, consider all body fluids as potentially infectious.
- ◆ Employees shall wash hands thoroughly using anti-bacterial soap and water whenever hands come into contact with blood or OPIM and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or OPIM, the skin shall be washed with anti-bacterial soap and water, and the mucous membranes shall be flushed with water, as soon as possible.
- ◆ All VDOF employees who are working in the field, where handwashing facilities are not available, will maintain an adequate supply of antiseptic wipes, antimicrobial wipes or quick evaporating germicidal liquid hand cleaner and a bottle of eye wash solution in their first aid kits. These items will be used in lieu of a soap and water wash/membrane flush, respectively, as described above in the event of contact with blood or OPIM. A thorough washing with soap and water/ flushing with water shall follow as soon as possible after any contact incident.
- ◆ Employees shall use practices that minimize splashing, spraying, spattering and generation of droplets during medical situations involving blood or OPIM.
- ◆ Single-use latex gloves will be maintained in all first aid kits.
- ◆ Protective gloves will be worn in all situations when an employee can reasonably anticipate coming into contact with blood or OPIM, mucous membranes and non-intact skin. This includes handling of soiled laundry from VDOF quarters and other facilities.
- ◆ Disposable protective gloves will be discarded and replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
- ◆ Utility gloves will either be disposed of or decontaminated after an exposure incident.
- ◆ Employees shall wear face masks in combination with eye and/or face protection devices in situations where splashes, spray, spatter or droplets of blood or OPIM could be generated to the eye, nose or mouth. Such protective devices shall be maintained in all first-aid kits.
- ◆ An appropriate ventilation device will be used if an employee must administer mouth-to-mouth resuscitation (see definition for “Appropriate PPE”). Appropriate ventilation devices will be housed in all first-aid kits.
- ◆ Any garment that becomes penetrated with blood or OPIM will be removed as soon as possible. The garment will be placed in a bag or container and clearly marked to indicate that it contains hazardous material. Hazardous material bags should be maintained in all first-aid kits.
- ◆ Equipment, tools and work surfaces, including bins, pails, cans and other such receptacles that have come in contact with blood or OPIM will be disinfected immediately, or as soon as possible, after contamination using a freshly-prepared 10 percent solution of household chlorine bleach in water.
- ◆ Mechanical devices (i.e., dust pan, brush, shovel, etc.) will be used to clean up broken glass and other types of shards (e.g., metal shavings, etc.) that could cause a person’s skin to become penetrated if picked up by hand, especially if they have been exposed to blood or OPIM.
- ◆ If laundry from VDOF quarters or other facilities is to be taken to a laundering service, it will be placed and transported in bags or containers which prevent any soaking through or leakage of any fluids. If carrying by hand, bags should be held by the top without support from underneath from the opposite hand and carried away from the torso.
- ◆ Persons involved in custodial duties must wear appropriate PPE. When cleaning facilities that have the potential for harboring bloodborne pathogens (e.g., restrooms, sinks, drinking fountains, locker rooms, showers, etc.) the person must wear protective gloves, water resistant shoes and long pants while performing such tasks. In situations where the employee has a reasonable chance of intercepting splash that could harbor pathogens (e.g.,

hosing down bathrooms, showers, etc.) safety glasses and facemask or face shield and waterproof outer wear should be worn.

- ◆ The only exception to the use of the above described PPE or practices is when under an employee's professional judgment its use would have prevented the delivery of health care or public safety services or it would have posed an increased hazard to the safety of the worker or co-worker.

At-Risk Positions

- ◆ Housekeeping Staff

Hepatitis B Vaccination Program

Vaccination is a safe and effective way to prevent a HBV infection from occurring from an exposure incident. Once vaccinated, HBV vaccines guard against infection for at least 15 years. The vaccine is also effective when administered within 24 hours after an exposure incident. Therefore:

Employees in positions identified as at-risk of exposure to blood and OPIM, those assigned as first-aid responders (assignment must be approved through the director of human resources) and any employee that experiences an exposure incident while on the job will be offered the hepatitis B vaccination protocol at no cost to them. In addition, any employee that experiences an exposure incident while on the job, whether the result of performing direct job duties or as a Good Samaritan, is covered for post-exposure vaccination (if not previously inoculated), evaluation and follow-up at no cost.

All medical evaluations and procedures, including the hepatitis B vaccination series, whether given as a preventative measure or post-exposure control, will be made available to the employee at a reasonable time and place. This medical service will be performed by or under the supervision of a licensed physician, physician's assistant or nurse practitioner. Medical care and vaccination series will be administered according to the most current recommendations of the U. S. Public Health Service.

The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing, or to any employee for whom the vaccine is medically inadvisable.

After an at-risk employee has completed the training, and within 10 working days of their assignment he/she is required to take one of the following actions:

- ◆ Decline inoculation.
 - If the employee decides against the inoculation option, he/she must sign a Form 8.29 Bloodborne Pathogen Exposure Medical Evaluation and Vaccination Waiver and submit it to the trainer, who will forward it to the Human Resources Office.
 - If an employee in an at-risk position opts at a later time to receive the inoculation, they should contact their supervisor, who will make the necessary arrangements.
- ◆ Consent to inoculation.
 - If the employee chooses to be inoculated, his/her supervisor will inform the worker's compensation coordinator. Upon approval and under guidance of his/her supervisor, the employee will set up appointments to receive the three-inoculation protocol from a local health provider. The employee should ensure, before accepting service, that the medical provider has a method by which they can receive payment from VDOF. Any questions related to finance issues should be directed to the Human Resource Office. The employee will supply the name of a healthcare provider and their inoculation schedule to their supervisor as soon after securing the appointments as possible. The supervisor will forward a copy of the bloodborne pathogens standard to the healthcare provider. After completing the three vaccinations, the employee will provide documentation to their supervisor stating or showing such. This will be forwarded to the Human Resources Office and placed in a personnel file.

- ◆ Provide appropriate documentation of previous inoculation series.

Following an Exposure Incident

If an employee comes into contact with the blood or OPIM from a second party, there is a risk of being infected by bloodborne pathogens. If this happens, the following steps will be taken:

Step One: Treat the Exposed Site

- ◆ Remove all clothing that may have been contaminated with blood, secretions or excretions and place them into a leak-proof bag.
- ◆ Thoroughly wash the hands and other parts of the body that have been exposed with hot water and soap; flush splashes to the nose and mouth, and irrigate eyes with clean water, saline or sterile irrigates.

Step Two: Report the Incident Immediately and Gather Critical Information

- ◆ Employees, whether at-risk employees or others performing good Samaritan acts on work time, who have a potential bloodborne pathogens exposure incident will contact their supervisor or a co-worker (if the supervisor is unavailable) immediately. The supervisor should be notified as soon as possible following the occurrence if not immediately available.
- ◆ Gather contact information on the source individual if possible (this can be done by the exposed individual, supervisor or an on-site co-worker). Provide this information directly to the Human Resources Office worker's compensation coordinator. He/she will make the necessary contacts to gather the medical status of the individual as it pertains to HBV, HCV and /or HIV and obtain consent for HIV testing.

Step Three: Seek Medical Attention or Sign a Medical Waiver

- ◆ If treatment is desired, the exposed employee should seek medical attention from an approved worker's compensation physician. The medical evaluation should be undertaken immediately, so that treatment, if needed, can be started preferably within one to two hours post exposure and no later than 24 hours.
- ◆ The healthcare provider will obtain the employee's blood for baseline testing. Testing for HBV, HCV and HIV will be performed after written consent from the employee. The employee may opt not to be tested for HIV at that time, in which case a blood sample should be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the sample tested, such testing shall be done as soon as feasible. The health care provider should advise and counsel the exposed employee with respect to the risk of infection resulting from exposure and the appropriate and standard treatment practices.
- ◆ If treatment is declined, the exposed employee must sign the Form 8.29 Bloodborne Pathogen Exposure Medical Evaluation and Vaccination Waiver and provide a copy to their supervisor and the worker's compensation coordinator within 24 hours of the incident.
- ◆ If possible, the source individual's blood should also be tested for HIV, HBV and HCV. When a source individual is already known to be infected with HIV, HBV or HCV, additional confirmatory tests may not be necessary.

Step Four: Submit Paperwork

- ◆ The affected employee's supervisor or co-worker will complete and submit a Form 8.21 Employer's Accident Report to the Human Resources Office within three days. Make sure to document the route(s) of exposure; circumstances of the incident; source individual if possible, and PPE used.
- ◆ The exposed employee will supply the name of a healthcare provider they are using to the worker's compensation coordinator as soon as possible after exposure. The Human Resources Office will forward to that healthcare provider the following information:

- A copy of the OSHA Bloodborne Pathogens Standard
- A description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred
- Results of the source individual's testing, if available
- All medical records relevant to the treatment of the employee, including vaccination records.

Step Five: Post Exposure Evaluation and Follow-Up

- ◆ The evaluating healthcare provider is responsible for furnishing the employee the test results within 15 working days of the completion of the evaluation.
- ◆ If a bloodborne pathogen infection has been identified through testing, the employee will be referred to other healthcare providers as necessary for follow-up treatment.

Information and Training

- ◆ In addition to the educational information contained in this policy, all employees will receive bloodborne pathogens training. All personnel will complete the on-line course *Reducing Exposure to Bloodborne Pathogens in the Workplace* to satisfy the training requirement.
- ◆ Housekeeping staff will be required to view an additional video specific to custodial work. In addition, custodial staff supervisors will discuss agency specific procedures with them regarding steps to follow if an exposure incident occurs; the HBV vaccination program, and obtain appropriate documentation as per the vaccination program.
- ◆ Employees not in at-risk positions will complete on-line training within 30 days of hire.
- ◆ Employees in at-risk positions will complete bloodborne pathogens training within 10 days of hire. At-risk employees will repeat the training annually thereafter.
- ◆ If any changes occur in the tasks of any employee that would elevate their exposure risk, additional training will also be provided. That training will address the new exposures.

Recordkeeping

The medical records for all persons involved in an exposure incident will be maintained for the length of employment plus 30 years. All records are confidential. Records will include name and social security number, hepatitis B vaccination status (including dates), results of any examinations, medical testing and follow-up procedures, a copy of the healthcare professional's written evaluation, and a copy of information provided to the health care professional. Records will be maintained only in the Human Resources Office.

Training records are maintained in the Virginia Learning Center. Individual records will document the dates of training sessions, instructor name and employee job title.

AUTHORITY

This policy and procedure is issued by the Virginia state forester.

INTERPRETATION

The director of human resources and agency safety officer are responsible for the interpretation of this policy and procedure.