Section 14: BLOODBORNE PATHOGENS EXPOSURE CONTROL

INTRODUCTION

Bloodborne pathogens are microorganisms that can be present in human blood and cause disease in humans. These pathogens include, but are not limited to, the human immunodeficiency virus (HIV), which causes AIDS; the Hepatitis B virus (HBV); and the Hepatitis C virus (HCV).

APPLICABILITY

This Bloodborne Pathogens Exposure Control Plan is applicable to all King County employees who may perform first aid or CPR in a workplace emergency, but who are not designated first-responders. This plan is intended for all employees who are not otherwise included in a departmental Bloodborne Pathogens Program, in the event of an unanticipated exposure incident.

If your job includes designated duties that involve occupational exposure to human blood or other potentially infectious materials as defined below, your department must have a written Bloodborne Pathogen Exposure Control Plan and you must be included in a Bloodborne Pathogens Program specific to your job classification. That program supersedes this general plan.

RESPONSIBILITIES

Managers and Supervisors are responsible for:

- Ensuring that their department has a specific bloodborne pathogens policy, if required
- Ensuring that employees who may be exposed to bloodborne pathogens during the course of their work are trained appropriately
- Ensuring that employees who experience an exposure during work follow the procedures outlines in this plan

Employees are responsible for following procedures as outlined in this or their departmental bloodborne pathogens policy.

DEFINITIONS

"Blood" means human blood, human blood components, and products made from human blood.

"Exposure incident" is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's job duties.

"Non-intact skin" means skin that is damaged by a wound or lesions, or otherwise compromised by a condition such as eczema or some other form of dermatitis.

"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.

"Other potentially infectious materials (OPIM)" means human body fluids including 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 or impossible to differentiate between body fluids. ("Saliva in dental procedures" is included above due to the likelihood of the presence of blood in the saliva as a result of the dental procedures. Otherwise however, saliva and sweat are not included in the definition of other potentially infectious materials.)

"Parenteral contact" refers to exposure via a cut or puncture wound inflicted by a potentially-contaminated sharp, such as a piece of glass or a used hypodermic needle.

"Universal Precautions" is 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.

ASSESSING EXPOSURE INCIDENTS

For reporting and follow-up purposes, an "exposure incident" is defined as a specific incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially contaminated materials that results from the performance of an employee's job duties.

All human blood and other potentially-infectious materials are presumed to be infectious. Sweat and saliva are not considered to be infectious body fluids unless there is reason to suspect the presence of blood or other potentially-infectious materials in the sweat or saliva. If a victim's blood or other potentially-infectious body fluids splash in your eyes, in your mouth, up your nose, or on non-intact skin, an exposure incident has occurred.

Contact with healthy, intact, unabraded skin does not necessarily constitute an exposure incident. For example, if blood splashes on intact skin and is immediately washed off, it would not constitute an exposure incident. If the contact goes unnoticed and/or a significant amount of time passes before the

blood can be washed off, however, there is a much greater likelihood that subsequent eye, nose, mouth, or non-intact skin contact may have occurred. Performing first aid while observing universal precautions and using appropriate personal protective equipment does not constitute an exposure incident unless there is some specific body fluid contact as described above.

If the skin is broken by a potentially-contaminated item, either by incision, laceration, puncture, abrasion, or other trauma, an exposure incident has occurred.

EXPOSURE PREVENTION AND CONTROL PROCEDURES

First aid providers need to take every reasonable precaution to limit contact with a victim's body fluids. In the event that it is necessary for you to administer first aid or CPR at work, use nitrile gloves and the CPR mask, as appropriate, to prevent contact with the victim's body fluids. These items should be included in all first aid kits. Following any first aid/CPR emergency, all potentially-contaminated surfaces must be cleaned with an appropriate disinfectant solution. If no other disinfectant cleaner is available, a solution of one part chlorine bleach to nine parts water may be used.

After a first aid emergency, place all potentially-contaminated clothing, clean-up materials and other contaminated items into a plastic bag. Give the bag to the paramedics upon their arrival, or take it to the hospital with the victim. Do not eat anything, smoke, touch your face, or put on lotions or cosmetics until after you have thoroughly washed your hands.

Although such occurrences are rare, King County employees in "low risk" occupations have been cut and/or stuck by potentially-contaminated sharps hidden in flower boxes, flower beds or other vegetation, trash containers, and rubbish piles. Never dig in soil or reach in vegetation with your hands where you cannot see. As a general rule, always consider the possible presence of contaminated sharps before reaching under, behind, on top of, or into anything or anywhere you cannot see. Never compress trash with your hands. Handle closed trash bags by the neck only, and carry them away from your body.

Use tongs, or a dustpan and broom to pick up potentially contaminated sharps. Never pick up items such as used hypodermic needles, broken glass, jagged pieces of metal, razor blades, or other sharp-edged items by hand, even if you are wearing gloves. Place all sharps in a sturdy, leak-proof container.

POST-EXPOSURE FOLLOW-UP PROCEDURES

Following an exposure incident, the exposed areas of the body should be washed with soap and warm water as quickly as possible. Mucous membranes

such as mouth, eyes and nose should be flushed with large amounts of clean water.

The exposure incident should be reported to your supervisor as soon as possible. If you are unsure whether or not an incident meets the criteria for a reportable exposure incident, proceed as if it does.

Go to the Harborview Medical Center Emergency Room, or any L&I approved medical provider (https://fortress.wa.gov/lni/imets/), or a US HealthWorks Occupational Medicine Clinic (http://www.ushealthworks.com/Medical-Center/Washington.html)

Inform them that you are a King County employee and describe the incident in detail. Be sure to mention that the incident was work-related and that King County is self-insured. If available, take a self-insurance packet along with you to the hospital or clinic. A King County Workers' Compensation claim must be filed for all bloodborne pathogen exposure incidents.

The consulting physician may submit a request for testing of the source individual's blood for HIV, HBV, and HCV. In Washington State this information cannot be released without the source individual's permission. Provided that the source individual gives permission to release the information, the results of the blood test will be made available to your physician as soon as possible.

The post-exposure medical evaluation will include a review of the exposure incident, a review of your medical history including HBV vaccination status, a review of the source individual's blood test results if available, a baseline sample of your blood, and commencement of treatment as deemed appropriate by the attending physician.

Following the post-exposure evaluation, the attending physician will provide your supervisor with a written opinion. This opinion will be limited to a statement that you have been informed of the results of the evaluation and told of the need, if any, for any further evaluation or treatment. Your supervisor is required to provide you with a copy of the physician's opinion within 15 days. The physician's written opinion will be the only information provided to your supervisor regarding the exposure incident; all other medical findings and records will remain confidential.

All potential bloodborne pathogen exposures need to be reported as a Workers' Compensation Claim, regardless of whether there is a visit to a health care provider. The claims forms, including the SIF-2, need to be filled out both for the employee's protection (documentation for any future claims) and to comply with state reporting requirements.

TRAINING

Any job may involve some possibility of exposure to blood or other potentially infectious materials. While it is not possible to specifically address and control every exposure risk, training in hazard awareness and precautionary measures can greatly reduce the potential for bloodborne pathogens exposure incidents. King County Safety and Claims Management provides training on bloodborne pathogens to all occupationally-exposed employees, and it is included in the county's first aid training.

Bloodborne Pathogens training includes the following topics, as appropriate:

- An accessible copy of the regulatory text of the bloodborne pathogens standard and an explanation of its contents;
- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the exposure control plan and the means by which an employee can obtain a written copy;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and discussion of the criteria for determining who receives the preventative vaccination series;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

- Information on the post-exposure evaluation that the employer is required to provide for the employee following an exposure incident;

- An explanation of the signs and labels and/or color coding intended to inform/warn employees of potential hazards; and

- An opportunity for interactive questions and answers with the person conducting the class.

If you have not received bloodborne pathogens training, ask your supervisor or your safety committee representative, or contact the Safety and Claims Management office at 206-477-3350.