

V. DEFINITIONS

A. Acquired Immunodeficiency Syndrome (AIDS):

A disease caused by the Human Immunodeficiency Virus (HIV). The body's immune system becomes severely damaged by AIDS and many different types of infections and cancers may invade the body. Symptoms can include extreme weight loss, white coating of the tongue/mouth, night sweats/fever, swollen lymph glands, shortness of breath/dry cough, chronic diarrhea, sensitivity to bruising and bleeding from skin lesions and mental disorientation. Diagnosis must be confirmed by a physician. Currently, there is no vaccine or cure for AIDS.

B. Bloodborne Infectious Disease:

A disease caused by bloodborne pathogens and transmitted from one individual to another by transfer of the organism through direct contact with the blood product of the infected individual to that of a non-infected individual. These are not known to be spread by casual contact.

C. Bloodborne Pathogens:

Pathogenic microorganisms present in human blood/blood products that can cause disease in humans.

D. Engineering Controls:

Measures that serve to reduce employee exposure in the work place either by removing the hazard or isolating the hazard. This may include items such as puncture-resistant sharps containers, absorbent powders, bleach/water, gloves, biohazard bags, and safer medical devices such as needle less systems.

E. Exposure Determination:

1. A list of all job classifications/programs in which all employees have anticipated occupational exposure:

- a. Registered Nurse
- b. Residential Facilities

Employees in these job classifications/programs may have occupational exposure when performing such tasks as giving injections; providing personal care/hygiene; engaging in physical intervention techniques; and providing first aid.

2. A list of all job classifications/programs in which some employees have occupational exposure:

- a. Supports Coordinators
- b. Social Workers
- c. Psychologists
- d. Clubhouse

Employees in these job classifications/programs may have occupational exposures when performing such tasks as providing personal care/hygiene; engaging in physical intervention techniques, and providing first aid.

3. Other employees whose job responsibilities may at some time entail occupational exposure:
 - a. Administration
 - b. Clerical
 - c. Supervision
 - d. Physician/Physician's Assistant/Nurse Practitioner
 - e. Managed Care Division
 - e. Other Support Staff

Employees with these job responsibilities may have occupational exposure when performing such tasks as face-to-face contact with aggressive/assaultive individuals and providing first aid.

- F. Exposure Incident:
A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- G. Hepatitis B Virus (HBV):
An inflammation of the liver caused by a viral infection. The virus is present in the blood, blood products, and other body fluids of an infected individual, and transmission occurs through direct contact with the infected individual's body fluids. Symptoms include liver enlargement, fever, gastrointestinal distress, headaches, anorexia, and jaundice.
- H. Hepatitis C Virus (HCV):
Viral infection of the liver. The virus is present in the blood, blood products, and other body fluids. Transmission is thought to be the same as for Hepatitis B, although it may not be as easily transmitted.
- I. Human Immunodeficiency Virus (HIV):
This virus is transmitted through the semen, vaginal discharge, blood, or blood products of HIV-infected individuals. Once the virus is present, HIV destroys the cells that make up the body's immune system. Without these cells (T-lymphocytes), the body cannot defend itself against disease and infections that invade the body.
- J. Infectious Disease:
A disease capable of being transmitted from one individual to another.
- K. Needleless System:
A device that does not use needles for: (1) collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

- L. Occupational Exposure:
Any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or any other potentially infectious materials that may result from the performance of an employee's duties.
- M. Parenteral Contact:
The piercing of mucous membrane or skin; examples are needle-sticks, bites, cuts, and tattooing.
- N. Personal Protective Equipment (PPE):
Specialized clothing or equipment provided to any employee with occupational exposure to eliminate or minimize the risk of infectious materials entering the employee's body. These include gloves, gowns, face shields or masks, eye protection and CPR mouthpieces or ventilation devices.
- O. Potentially Infectious Materials:
Include semen, vaginal secretions, saliva in dental procedures, amniotic fluid, and any fluid or solid that is visibly contaminated with blood.
- P. Sharps with Engineered Injury Protection:
A non-needle sharp or needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- Q. Universal Precautions:
An approach to infection control whereby all human blood and certain human body fluids are treated as if known to be infectious for HIV, HCV, HBV, and other bloodborne pathogens.
- R. Work Practice Controls:
Procedures that reduce the likelihood of exposure by changing the manner in which the task is performed. Includes handwashing, "sharps" handling, and "regulated waste" disposal practices/procedures.

VI. PROCEDURE

- A. Employee Education and Training
 1. Specially trained HealthWest staff or contracted trainers will provide all new employees with training in the areas of Infection Control and Bloodborne Infectious Diseases within ten (10) days of hire. Existing employees will receive updated training annually or sooner if new information becomes available.
 2. Employees with a determined risk for occupational exposure to bloodborne pathogens will be provided with information about the hazards associated with blood and other potentially infectious materials and the protective measures to be taken to minimize the risk of occupational exposure.
 3. Employees must be trained to identify tasks which put them at risk for exposure and to utilize the proper protective measures.

4. Employee Training Program shall contain at a minimum:
 - a. Accessible copy of Exposure Control Plan
 - b. Epidemiology and Symptoms of Bloodborne Infectious Diseases
 - c. Modes of Transmission for these diseases
 - d. Recognizing High Exposure Risk Tasks
 - e. Engineering and Work Practice Controls
 - f. Personal Protective Equipment (types, limitations, location, proper use, decontamination and disposal)
 - g. Choice of Appropriate PPE for Occupational Exposure
 - h. Hepatitis B Vaccination Information
 - i. Post-exposure Follow-up Procedures
 - j. The use of Biohazard Signs, Labels, and Bags
5. Employees will be trained in the appropriate actions to be taken in an emergency involving exposure to blood and other potentially infectious materials.
6. Employees will be informed as to the reasons why they should participate in Hepatitis B Vaccination and post-exposure evaluation and follow-up.
7. Training will be provided at the time of initial work assignment, (within ten (10) working days) and at least annually thereafter.
8. Training materials must be appropriate to employees' vocabulary, education level, and language.
9. Training records must be maintained for three (3) years from the date of training and include the following:
 - a. Name and job title of each attendee
 - b. Summary of training session
 - c. Name and qualifications of trainer(s)
 - d. Dates of initial and follow-up training

B. Proper Understanding of Engineering and Work Practice Controls

1. Employees shall wash their hands as soon as possible after removing their gloves or other personal protective equipment. If handwashing sinks are not available, the employer shall provide an appropriate antiseptic skin cleanser.
2. Used needles/sharps shall not be bent, broken, recapped, or resheathed by hand. Sharps will be placed intact into an appropriate sharps container or a needleless device will be used if determined necessary.
3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where there is reasonable likelihood of occupational exposure.

C. Personal Protective Equipment

1. Personal Protective Equipment, (PPE) shall be provided by the agency to any employee with occupational exposure to eliminate or minimize the risk of infectious materials entering into the worker's body through apparent or unapparent skin lesions or entry through the membranes of the eyes, nose, or mouth.
2. "Appropriate PPE" consists of, but is not limited to, gloves, gowns, lab coats, face shields or masks, eye protection, and CPR mouth pieces or ventilation devices.
3. It is the Environment of Care Committee's responsibility is to examine and evaluate the Personal Protective Equipment as well as Engineering and Work Practice Controls basis to ensure their effectiveness and to ensure replacement or repair as necessary.

NOTE: OSHA prefers well developed and documented Engineering and Work Practice Controls over the reliance on employees using Personal Protective Equipment.

4. Methods of Compliance

- a. **Gloves:** To be worn when it can be reasonably anticipated that there will be hand contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin. Disposable gloves, (single use only) can be made of latex or vinyl. They must be replaced if visibly soiled, torn, punctured, or when the barrier is compromised. They shall not be washed or disinfected to reuse. Appropriate sizes must be available. Non-allergenic gloves must be provided if needed. General purpose utility gloves may be reused after disinfecting unless deteriorated.
- b. **Masks, Eye Protection, and Face Shields:** Masks in combination with eye protection devices (such as goggles or glasses with solid side shields, or chin length face shields) shall be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated.
- c. **Gowns, Aprons, and other Protective Body Coverings:** Worn whenever there is potential body, head, foot, or clothing exposure. The type and characteristics will depend upon the task and degree of exposure anticipated.
- d. **CPR Mouthpieces:** To be used whenever CPR is rendered (preferably with a one-way valve).

D. Universal Precautions for Direct Care Personnel

1. Policy - Staff will utilize universal precautions for all care assuming potential presence of infectious agents, thereby preventing transmission of bloodborne disease. Staff will treat all blood and body fluids as potentially infected.
2. Equipment
 - a. Gloves
 - b. Masks
 - c. Protective Eye Wear
 - d. Gowns
 - e. Puncture-Proof Containers
 - f. Pocket Masks, Ambu Bags
 - g. Bleach (1:10) Water
 - h. Hand Washing Soap/Ready Access to Sink or other CDC approved hand sanitizers
3. Each Site Safety Officer is responsible to ensure that appropriate equipment is supplied and available to staff.
4. The Property Specialist shall ensure that vehicles used for transport are equipped with appropriate Personal Protective Equipment.
5. Procedure for Use of Personal Protective Equipment
 - a. Gloves - Wear gloves for direct contact with mucous membranes, non-intact skin, when handling blood and body fluids, when touching items or surfaces soiled with blood and body fluids; when performing venipuncture and other vascular access procedures. Gloves will be discarded after single contact and hands washed immediately. Wearing gloves is especially important for employees who have cuts and abrasions on their hands.
 - b. Hand Washing - Wash hands for a minimum of ten (10) seconds after each contact and immediately if soiled with blood and/or body fluid; and attempt to refrain from direct care if you have cuts, lesions, or dermatitis.
 - c. Gowns - Wear gowns when spraying/splattering with blood or body fluids is likely.
 - d. Masks and Protective Eye Wear - Wear masks and protective eye wear when splattering or spraying of blood and/or body fluids is likely.
 - e. Needles and Sharps - Do not recap, break, remove needles from disposable syringes, or otherwise manipulate by hand. Place into puncture-resistant Biohazard collection containers (sharps boxes) as close as possible to the area in which they are used. At the time of discard, the biohazard collection container shall be sealed. Full sharps biohazard containers will be handled according to Procedure # 07-021, Hazardous Materials-Safe Handling and Disposal.

- f. Pocket Masks, Ambu Bags - Use pocket masks or other ventilation devices to minimize the risk of exposure during mouth-to-mouth resuscitation.
- g. Blood or Body Fluid Spills - Wipe up blood or body fluid spills with diluted household bleach (5.25% Sodium Hypochlorite dilution of 1:10 with water). Absorbent powder may need to be used first.
- h. Cleaning equipment, toys, and other objects - Objects visibly soiled with blood or body fluids will be cleaned with diluted household bleach (5.25% Sodium Hypochlorite dilution) or a commercial disinfectant, otherwise, routinely cleaned with soap and water.
- i. Soiled Linen or Clothing - Place soiled linen or clothing in leakproof containers, wearing gloves if soiled with blood or body fluids. Linen or clothing shall be washed using standard procedures with detergent in the hottest water possible or cold water with appropriate amount of bleach.
- j. Soiled Disposable Items - Place soiled disposable articles in provided containers away from care areas.
- k. Isolation of Individual - Will be used if there is reason to believe there is danger of environmental contamination. Residents known to be positive for a bloodborne disease, but with no other clinical symptoms requiring additional barriers do not require private rooms or isolation. Isolation shall require approval by the Behavior Support Committee.
- l. Dishes - If a dishwasher is unavailable, visibly contaminated dishes shall be carried directly to the dish washing area, washed in soap and hot water, rinsed in diluted bleach solution, and allowed to air dry. Gloves shall be worn when handling dishes visibly contaminated with body fluids and hands should be washed after removing gloves.

E. Waste Disposal and Residential Housekeeping Practices

1. Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials; contaminated sharps; and microbiological waste containing blood and other potentially infectious materials.
2. Staff shall place all regulated waste destined for disposal in closable leakproof containers or bags that are color-coded/ labeled biohazard or appropriate "Sharps Containers".
3. Warning labels shall be affixed to containers of potentially infectious materials, refrigerators/freezers containing potentially infectious materials, and other containers used to store/transport potentially infectious waste or materials.

4. Labels shall be fluorescent orange or red-orange (or predominately so) with printing in contrasting color.
5. Labels shall be an integral part of the containers.
6. Red bags or containers may be substituted for Biohazard labels.
7. HealthWest shall ensure through housekeeping contracts or by assignment to Site Safety Officers that the worksite is maintained in a clean and sanitary condition.
8. HealthWest shall determine and implement an appropriate written schedule for cleaning and the appropriate method of decontamination necessary, (depending upon facility, type of soil present, etc.).
9. Staff shall decontaminate all equipment, environmental surfaces, and work surfaces as soon as possible after contact with blood or other potentially infectious materials. (With a 1:10 bleach to water solution or an approved disinfectant).
10. Housekeeping personnel and/or site supervisors shall inspect all bins, pails, cans, and similar receptacles intended for reuse which have a likelihood for becoming contaminated with potentially infectious materials and shall decontaminate on a routine basis or clean and decontaminate immediately or as soon as possible upon visible contamination.
11. Staff shall pick up, by mechanical means, (i.e., broom, dustpan), broken glass which may be contaminated.
12. Staff shall treat laundry contaminated with potentially infectious materials as contaminated and shall handle as little as possible with a minimum of agitation. Contaminated clothing/laundry may not leave the employees' work area. All HealthWest sites shall maintain replacement clothing for staff.
13. If staff's contaminated clothing/laundry cannot be cleaned at the place of exposure, items will be placed and transported in a biohazard bag to an appropriate dry cleaners at agency expense.
14. Staff performing laundry assignments shall wear appropriate PPE when in contact with contaminated laundry.
15. Staff who place material in a biohazard bag are to:
 - a. Place the waste in a biohazard labeled safety lined container that is then tied or sealed shut.
 - b. Contact and/or advise the Infection Control Practitioner or the Safety Coordinator that a container needs to be picked up according to Procedure # 07-014.

F. HBV Vaccinations

1. The employer shall make HBV Vaccinations available to all employees free of charge who have anticipated occupational exposure after they have received training and within ten (10) working days of initial assignment. If the employee has previously been vaccinated for HBV or is known to have antibodies, this employee shall provide this information to the HealthWest Employee Resource Coordinator. At the recommendation of Hackley Occupational Health Clinic (HOHC), the employee may receive a test for antibodies (TITER) and a booster HBV vaccine.
2. Those employees in job classifications where all of the employees have been determined to have occupational exposure to blood and other body fluids will be offered a titer test within sixty (60) days of completion of their HBV series to determine their level of protection. (See Section V. E.: Exposure Determination, pages 2-3)
3. If the employee initially declines the vaccination and then requests it at a later date, the employer shall provide for the vaccination at that time.
4. Employers shall ensure that employees read and sign the "Hepatitis B Vaccine Acceptance/ Declination Form", A066, (Attachment) and file it in their Human Resource file.
5. HBV Vaccinations are given in three (3) doses over a six (6) month period and produce 85% - 97% effective levels of protective antibodies. Protection is thought to last at least ten (10) years and perhaps considerably longer.
6. Post-exposure prophylaxis with Hepatitis B Immune Globulin (HBIG) is approximately 75% effective if given as soon as possible after an HBV positive exposure.

G. Testing for Individuals Receiving Services

1. Testing for HIV will not be a mandatory part of the admission process.
 - a. An individual exhibiting symptoms of HIV infection and who has participated in high risk behaviors may be referred for testing with their consent.
 - b. Results of the HIV testing shall remain confidential and release of recipient-identifying HIV/AIDS-related personal information shall comply with Section 330.1748 of the Michigan Mental Health Code and PA 488 as amended.

H. Infection Considerations

1. Staff shall ensure that the Individual's Plan of Service (IPOS) addresses infection precautions when appropriate for persons with HBV or HIV.

2. These precautions shall be the least restrictive in nature and meet the care needs of the individual considering level of functioning, medical condition, and behavior.
3. These infection control procedures are based on the concept of Universal Precautions.

I. Response to Employee Exposures

1. An employee shall notify their supervisor, or designee, immediately upon exposure. Their supervisor shall notify the HealthWest Administrative Office at 231-724-4540 when a staff person experiences exposure to blood and/or body fluids.
2. The supervisor, or designee, will arrange transportation to an appropriate hospital emergency room, by ambulance if necessary, if immediate treatment is required.
3. Upon notification, the supervisor will contact the Muskegon County Risk Management Department, and provide authorization for the employee to receive treatment. Routine non-emergency treatment will occur at the Mercy Health Partners Workplace Health Muskegon (MHPWH)

The supervisor will contact MHPWH to advise them that a staff person will be coming for treatment. (The MHPWH telephone number is 231-728-4915) The employee will be given a Muskegon County Employee Injury Report/Order for Medical Treatment form signed by their supervisor/designee. Treatment should be initiated within two (2) hours of exposure.

4. The treating health care professional is to be provided with a description of the employee's duties and occupational exposure for each employee referred.
5. The attending physician at MHPWH will provide documentation of treatment to the staff for their HR file according to the form.
6. When staff are exposed to blood and/or body fluids of an individual receiving treatment, the supervisor, or designee, may request the individual to participate in screening for Hepatitis and/or HIV/AIDS if recommended by the treating physician. If tested, the individual will be requested to release testing results to the treating physician. Appropriate consent forms must be obtained to authorize testing and release results. If consent is not obtained, HealthWest staff shall document that legally required consent could not be obtained.

Note: If the individual is already known to be infected with HBV or HIV, testing will not be repeated.

7. The employee's supervisor will conduct an investigation to determine the cause of the injury/exposure and will provide recommendations to HealthWest Administration which may assist in preventing future similar incidents, (Use form HW-073).

8. The following are procedures for staff injury/exposure before 8:00 a.m., after 5:00 p.m., on holidays, or on weekends:
 - a. When injuries occur outside of business hours, staff must be treated at Mercy Health Partners – Mercy or Hackley Campus emergency departments.
 - b. Notify their immediate supervisor, if available, or the next available supervisor.
 - c. Complete an Order for Medical Treatment County Form as soon as possible.
 - i. Supervisor makes a copy of Injury Report to send with staff who are seeking medical attention.
 - ii. Staff are to give Supervisor a copy of any/all paperwork received.
 - iii. Original document: Supervisor addresses all safety issues/concerns.
 - iv. All completed documents are to be sent to the HealthWest Employee Resource Coordinator as soon as possible.
 - v. Complete an Employee Incident Report and send to the HealthWest Employee Resource Coordinator within twenty-four (24) hours.
 - vi. The HealthWest Employee Resource Coordinator will forward Employee Incident Report to HealthWest Safety Coordinator, HealthWest Risk Manager, HealthWest Chief Operating Officer or Chief Executive Officer and any additional paperwork to the appropriate County Personnel.
10. For injury/exposure incidents that occur outside of Muskegon County, staff shall:
 - a. Notify their immediate supervisor/designee as soon as possible.
 - b. Seek appropriate medical treatment.
11. The Administrative Office shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within fifteen (15) days of completion of the evaluation.
12. An accurate record for each employee with an occupational exposure incident will be established and maintained in their County Personnel file. The record shall include:

- a. Name of employee and social security number.
 - b. Copy of employee's HBV vaccination records.
 - c. Copy of all medical testing and findings.
 - d. Copy of health care professional's written opinion.
 - e. The record must be retained for the duration of employment plus thirty (30) years.
 - f. Employee confidentiality shall be ensured.
13. A Sharps Injury Log will be maintained by the Infection Control Practitioner and will contain: (1) the type and brand of device involved in the incident; (2) the work area where the incident occurred; and (3) an explanation of how the incident occurred.
- J. This policy will be reviewed/updated on an annual basis to reflect any changes in technology that eliminate or reduce exposure to bloodborne pathogens; and any considerations and/or implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. Information will be solicited from non-managerial employees responsible for direct care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

VII. REFERENCES

Centers for Disease Control - Infection Control Guidelines (CDC)
Occupational Safety and Health Administration Standard (OSHA) of December 6, 1991,
revisions April, 2001
Michigan Occupational Safety and Health Administration (MIOSHA)
American Red Cross HIV/AIDS Education Division
Michigan Public Acts 487, 488, 489, 490
Muskegon County Public Health Department
Attachment: Sharps Injury Log