POLICY G: BLOODBORNE PATHOGEN EXPOSURE CONTROL

I. Purpose

The objective of the School Based Clinic Program Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain other body fluids, or other potentially infectious materials as defined below:

A. **Blood**: human blood, human blood components, and products made from human blood.

B. **Bodily Fluids**: 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.

C. **Other potentially infectious materials**: any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

II. Background

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

III. Assignment of Responsibility

A. Program Administrator

The School Based Clinic Manager shall manage the Bloodborne Pathogen Exposure Control Plan for the School Based Clinics and maintain all records pertaining to the plan.

B. Management

The Minneapolis Department of Health and Family Support (MDHFS) Management team will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. MDHFS Management will ensure proper adherence to this plan through periodic audits.

C. Supervisors

Supervisors shall themselves follow and ensure that their employees are trained in and use proper work practices, universal precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. Employees

Employees are responsible for employing proper work practices, universal precautions, personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure incidents to supervisor immediately and MDHFS Human Service Representative within 1 day.

IV. Determination of Risk

A. Positions at Risk

1. Category I Exposure Determination

a. Registered Professional Nurse

b. Nurse Practitioner

c. Medical Assistant

d. Physician

2. **Category II Exposure Determination**
    a. Office Support Specialist/Program Aide
    b. Mental Health Counselors
    c. Nutritionist

B. Evaluation of Risk

Personnel in the School Based Clinic program are routinely exposed to blood and other body fluids of clients through the provision of care in the school based clinic setting.

1. **Tasks at Risk: Category I**
    a. Perform examinations
        i. Pelvic exams
        ii. Obtaining vitals
    b. Collecting specimens from clients
        i. Venipuncture: blood
        ii. Finger sticks: blood
        iii. Throat cultures: saliva, blood
        iv. Vaginal Cultures: body secretions, blood
        v. Urine and stool collection
    c. Administration of vaccine and injections
    d. Handling (processing and testing) specimens: urine, stool, blood, vaginal secretions, sputum
        i. preparing microscopic slides with body fluids
        ii. transferring fluids from one container to another
        iii. transporting clinical samples and unsterilized biohazardous materials
        iv. disposal of specimens and biohazardous material
    e. Preparing specimens for transport to outside lab
    f. Handling contaminated instruments and equipment and disposables
    g. Disinfecting contaminated surfaces

V. Precautions for Preventing Exposure

A. Definitions

1. **Universal blood and body fluid precautions:** Concept developed by the CDC in 1985. This concept stresses that *all patients should be assumed to be infectious for HIV and other bloodborne pathogens*.
2. **Universal precautions:** When workers are exposed to blood, certain other *regulated body fluids* (amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen and vaginal secretions, including menstrual blood, saliva in dental procedures, or any body fluid visibly contaminated with blood) and any unfixed tissue or organ (other than intact skin) from a human (living or dead). Universal precautions do not apply to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine and vomitus) unless visible blood is present. However, *when emergency medical and public safety workers encounter body fluids under uncontrolled, emergency circumstances in which differentiation between fluid types is difficult, if not impossible, they should treat all body fluids as potentially hazardous*.

3. **Significant exposure:** Contact with blood or other body fluids to which universal precautions apply through percutaneous inoculation (sharps, needles, broken glass) or contact with an open wound, non-intact skin, or mucous membrane (eyes, nose or mouth). Bites that break the skin are considered exposures.

B. Hepatitis B Vaccination

Workers whose jobs involve participation in activities or tasks which involve exposure to blood or other body fluids (to which universal precautions apply) must be offered Hepatitis B vaccine. All workers who refuse to have the vaccine must sign a declining vaccination form *(See Attachment XX)*. This form should be turned into the supervisor, who will send it to the personnel officer. Vaccination for Hepatitis B must be offered within 10 working days of assignment free of charge to the employee. At the orientation training given by SBC management, the employee will receive education regarding Hepatitis B and the vaccine . The department will keep records of employee vaccinations. The vaccination will be available for employees who have previously refused, but later decide to become vaccinated.

C. Training Programs

Training programs in occupational exposure must be provided by the School Clinic Manager (or designee) at the onset of employment and yearly thereafter. Records of who was trained, by whom, what information was covered, and the date of training must be maintained for three years by the supervisor and personnel officer.
See Procedure G-1: Annual Staff Training

D. Policy Revisions

This policy will be updated annually by the School Based Clinic Manager (or designee) and staff will be informed of any changes.

E. Personal Protective Equipment (PPE)

The supervisor shall ensure that employees use appropriate personal protective equipment unless the supervisor shows that employee(s) temporarily and briefly declined to use personal protective equipment when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Clinic Manager and supervisors shall ensure that appropriate PPE is readily accessible at the work site.

F. Hand Washing and Protective Attire

Blood and other body fluids from all patients should be considered infective. All clinic workers shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient is anticipated.

1. **Gloves**
   Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for the testing and processing of blood and body fluids. Employees shall wear gloves to collect blood specimens by venipuncture as well as by finger stick. Gloves shall be changed after contact with each patient and after completion of specimen processing. Gloves must be discarded in a biohazard container only if they are dripping of bodily fluids.

2. **Masks & Protective Eyewear**
   Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to mucous membranes of the mouth, nose and eyes.

3. **Lab Coats**
   Lab coats are encouraged to be worn during procedures that are likely to generate splashes of blood or other body fluids.

4. **Hand Washing**
   Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands shall be washed immediately after gloves are removed and at the completion of clinical activities. Anti-bacterial soap is provided in the clinic.

G. Needles/Syringe/Glass Disposal and Safety

Used needles shall not be bent, removed, sheared or purposely broken. Clinic staff are encouraged to use needless, syringes or must use the one-handed capping procedure. (Use one hand, place contaminated syringe with needle on tray and scoop on cap) and disposed of in biohazard "Sharps" containers. *See Procedure G-4: Disposing of Biohazardous Materials*

After administering an injection or drawing a blood specimen, **needles are not to be re-sheathed**. In order to avoid accidental needle sticks, all children who may struggle during procedure should be properly restrained by another adult. Any needle puncture should be considered serious and the employee should inform his/her supervisor immediately.

H. Biohazard Identification

Biohazard warning labels shall be affixed to containers, refrigerators and freezers that contain regulated body fluids. *See Procedure G-4: Disposing of Biohazardous Materials*

I. Food within the Clinic

Coffee and food within the clinic shall be restricted to designated areas within each clinic and shall not be found in any direct patient care area or around any equipment used for client care. No food should be stored in refrigerators used to hold specimens or vaccines.

J. Safety Equipment

All safety equipment, including eyewash stations and fire extinguishers are to be checked periodically by site staff to ensure that they function properly.

K. Specimen Handling

Staff will be trained by contract lab on appropriate specimen preparation. *See Procedure G-3: Handling of Specimens*

L. Exposure on Duty

1. An *exposure on duty* is when blood or regulated body fluids from one person comes in contact with another individual in the following ways:
   a. unhealed cuts or abrasions
   b. splashes into the nose, mouth, eyes or other body openings
   c. injuries with contaminated needles or sharps
   d. cutaneous exposure involving large amounts of blood or prolonged contact with blood
2. Any employees who are exposed to body fluids should wash the exposed area or flush mucous membranes with water immediately and report as soon as possible to their supervisor. See *Procedure G-5: Employee Post Exposure*
3. Small amounts of blood and body fluids in contact with *intact* skin a short time followed by hand washing as soon as possible would not be considered an exposure (from HCMC, 7/86).

M. Pregnant Staff Members

Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant. However, if a health care worker develops HIV infection during pregnancy, the infant is at-risk of infection resulting from perinatal transmission. Due to this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Procedures

- G-1: Annual Staff Training
- G-2: Cleaning of Bodily Fluids
- G-3: Handling of Biohazardous Material
- G-4: Disposing of Biohazardous Material
- G-5: Employee Post Exposure

Applicable Attachments

12. Authorization for Request/Release of Protected Health Information Form: Source Individual
13. Consent for Special Testing: Source Individual
14. Employee Declination Form: Hepatitis B Immunization
15. Supplemental Physician Statement

Approved

Program Manager, Minneapolis School Based Clinics	12/05/11 Date
Medical Director, Minneapolis School Based Clinics	Date