

## Title: **Bloodborne Pathogen Exposure Prevention & Control Plan—Employee Health**

**Effective Date:** 04/20/2017

**Applies to:** University Wide

**Statement:** WesternU provides staff, in accordance with state and federal laws, regulation information and guidance in the event of exposure to a blood, body fluid or other potentially infectious material (OPIM).

**Purpose:** To ensure adherence to state and federal laws regarding the health and safety of employees and patients.

### **Related Information:**

#### Hepatitis B Prevention

##### A. Hepatitis B Vaccination:

All Health Care Workers (HCWs) who have been classified as either Category I or II must be offered the Hepatitis B vaccination within 10 days of employment. Employees in these two categories are at increased risk of exposure to blood, body fluids, and other potentially infectious materials (OPIM) while in the performance their duties. The vaccine is provided at no cost to Category I and II HCWs.

#### Hepatitis B Vaccine is not indicated for the following HCWs:

1. Category I and II HCWs who have previously received the vaccine series or have documented antibody test results that shows immunity;
2. Category I and II HCWs who have documented positive surface antigen test results indicating acute or chronic Hepatitis B disease;
3. HCWs in which the vaccine is contraindicated for medical reasons. The participation in a pre-vaccination screening program is not a prerequisite for receiving the Hepatitis B vaccination.

All Category I and II HCWs at the Center will be offered the Hepatitis B vaccine at no charge to the employee.

1. By state law, any HCW may decline to receive the vaccination, but may request to be vaccinated at a later date.
2. Any Category I or II HCW declining the Hepatitis B vaccination must, by state law, sign a declination statement, which will be placed in their employee medical record.
3. The Hepatitis B vaccination will only be given by the intramuscular route.
4. Routine booster doses of Hepatitis B vaccine are not recommended at this time.

Exception: When post-exposure blood test reveals the exposed HCW has an inadequate antibody response a booster dose will be offered. The employee still has the right to refuse the vaccine even in this type of situation.

NOTE: Even though HBV vaccine is highly efficacious when properly administered to immunologically competent adults, approximately 6% to 10% of those immunized fail to develop protective titers or antibody. If the employee has completed two (2) entire Hepatitis B vaccination series (a total of 6 injections) and the serum titer after the completion of the 2nd series still shows the employee without antibodies, that employee will be a “documented non-converter” and does not need to complete a third vaccination series according to the CDC guidelines.

### Sharps Injuries

The requirements to establish and maintain an OSHA 300 Log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. Sharp injuries shall be logged and maintained for the period required by 29 CFR 1904.8(a).

In the event a HCW sustains an injury related to sharps with possible exposure to blood-borne pathogens, the Sharps Injury Log will be completed. The Sharps Injury Log shall be kept confidential and located in the University Safety Office.

The exposure shall be recorded on the OSHA 300 Log within 14 working days of the date of the incident. The information shall include the following information, if known or reasonably available:

1. The date and time of the exposure incident.
2. The type and brand of sharp involved in the incident.
3. Job classification of the exposed employee.
4. Department or work area where the exposure incident occurred.
5. The procedure that the exposed employee was performing at the time of the incident.
6. How the incident occurred.
7. The body part involved in the exposure incident
8. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, or failure of the protective mechanism to activate, whichever situation applies.
9. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and the HCWs opinion about whether any other engineering, administrative or work practice controls could have prevented the injury.

## Hazard Communications

Specific labeling (with the biohazard symbol or the use of red bags or containers) is required to warn healthcare workers of potential hazards. Contaminated equipment, containers for biohazardous waste, and refrigerators or freezers or other containers used to store, transport or ship blood or other potentially infectious materials are labeled.

The warning labels include the universal biohazard symbol followed by the term biohazard. Red bags or containers may be substituted for specific labeling.

Labeling is not required for:

1. Individual containers of blood or other potentially infectious materials that are placed in secondary labeled containers during storage, transport, shipment, or disposal;
2. Specimen containers, if the facility uses Standard Precautions when handling all specimens;
3. Laundry bags or containers if the facility uses Standard Precautions for handling all laundry;
4. Biohazardous waste that has been decontaminated.

## Healthcare Worker Education

Specific information and training about occupational hazards and required protective measures must be provided to all healthcare workers:

1. At the time of initial assignment;
2. Annually thereafter;
3. Additional training shall be provided when changes, e.g., introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupation exposure. The additional training may be limited to addressing the new exposure created.

Training must be provided:

1. by an individual who is knowledgeable in the subject matter;
2. at no cost to the healthcare worker;
3. during regular working hours; and
4. at a location reasonably accessible to the healthcare workers.
5. Employee training records required by this Standard shall be provided upon request for examination and copying to employees, to employee's representatives, to the chief, to the Department of Health Services and to NIOSH.

Training records must be maintained for three (3) years.

All HCW employed by the Center shall be trained. The Directors or Managers of the Center will coordinate the training. The following components will be included:

1. The employer shall ensure that all HCWs with exposure to blood or other potentially infectious materials participate in a training and education program;
2. Materials appropriate in content and vocabulary to education level, literacy, and language background of HCWs shall be used;
3. The training program shall contain the following elements:
  - a. An accessible copy of the regulatory text of the standard and an explanation of its contents.
  - b. An explanation of the modes of transmission of bloodborne pathogens.
  - c. A general explanation of the epidemiology and symptoms of HBV and HIV and other bloodborne pathogens.
  - d. An explanation of the employer's exposure control plan and how they can obtain a copy of the plan.
  - e. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - f. An explanation of the use and limitations of methods of control that may prevent or reduce exposure - including standard precautions, engineering controls, work practices, and personal protective equipment.
  - g. Information on the types of, and an explanation of the basis for selection of personal protective equipment, their proper use, location, removal, handling, decontamination and disposal.
    - 1) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident; the medical follow-up that will be made available; and the procedure for recording the incident on the sharps log and information on the post-exposure evaluation and follow-up that the Department is required to provide for employees following an exposure incident.
  - h. Information on the HBV vaccine, including its efficacy safety, method of administration, and the benefits of being vaccinated and that the vaccine is offered free of cost for Category I employees.
  - i. Emergency action to take in case of exposure to blood or other potentially infectious material.
  - j. An explanation on the signs, labels, tags, and/or color coding used to denote Biohazards.
  - k. An opportunity for interactive questions and answers with the person conducting the training session. The person conducting the training shall be knowledgeable in the subject matter of the session.

## Medical Records

A. Occupational Health shall maintain records of all exposure incidents, post exposure follow-up, and Hepatitis B vaccination status. The records must be kept confidential and retained for the duration of the employment plus 30 years. These records shall be provided upon authorized request to the subject employee, to anyone having expressed written consent of the subject employee & to NIOSH.

With the record the following must be documented:

1. Healthcare professional's written opinion on indications for hepatitis B vaccination;
2. Signed declination statements if the HCW declines hepatitis B vaccination or post-vaccine serology;
3. Routes and circumstances of exposure incidents to determine follow-up corrective actions;
4. Results of the source patient's blood testing, if available; and
5. The healthcare professional's written opinion that the HCW was informed of the evaluation, of results of post exposure medical evaluations, and the need for further follow-up.

Occupational Health shall ensure that HCW medical records are kept confidential and are not disclosed or reported without the HCW's expressed written consent to any person within or outside the workplace, except as required by this section of the standard or as may be required by law.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred. The log shall be provided upon authorized request to the employee, employee representatives, to the Department of Human Services, and to NIOSH.

B. Guaranteeing confidentiality of Occupational Health medical records is an essential component of an effective medical surveillance program. Without a strictly enforced mechanism for assuring confidentiality of Occupational medical records, employee cooperation and participation in the universal safeguards program will be significantly diminished. CA Law Title 22 strictly regulates the confidentiality requirements, which must be met when any HIV test results are kept. There is no distinction made in the law between tests of Center patients and of Center employees.

**Key Words:** Exposure needlestick potentially infectious material

### **Definitions:**

HCW - health care worker

BBP - Blood borne pathogen

OPIM - Other potentially infectious materials

PPE - Personal Protective Equipment

## **Regulatory Information:**

### Federal

United States Department of Labor, Occupational Health and Safety Administration, 29 CFR Part 1904 & 1910.1030; 29 CFR 1904. The Sharps Injury Log shall be maintained for the period required by 29 CFR 1904.6.

Needle stick and Prevention Act (Public Law 106-430) 11/2000.

Centers for Disease Control & Prevention

Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007

Recommendations for Prevention of HIV Transmission in Health Care Settings, 2006

Guidelines for Infection Control in Dental Health Settings, 2017

Hand hygiene in Healthcare Settings, 2002, MMWR 51—RR-16.

### California

California Code of Regulations, Title 8, Subchapter 7, Group 16, Article 109, § 5193 and Title 22 section 75030.

California Health & Safety Code, 121348-121348.2: Post Exposure Prophylaxis

References, if applicable:

Related Policy: Bloodborne Pathogen Exposure Prevention & Control Plan: WesternU Health

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