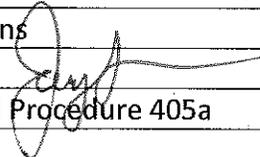




**VERMONT**

**405a**

**DEPARTMENT FOR CHILDREN AND FAMILIES**  
Family Services Division  
Woodside Juvenile Rehabilitation Center

Chapter:	Treatment, Health Care and Nutrition Services	
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Approved:	Jay Simons, Director 	Effective: 4/11/2018
Supersedes	Woodside Policy and Procedure 405a	Dated: 9/17/2015

## Purpose

This Procedure has been established by the Woodside Medical team to minimize and prevent the exposure of employees and residents to disease-causing microorganisms transmitted through human blood, and as a means of complying with U.S. Department of Labor, Occupational Safety and Health Administration OSHA Blood Borne Pathogens Standard #1910.1030.

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## Related Policies

**Woodside Policy 405c** on Preventing Illnesses/Disease Transmission  
 Vermont Department of Human Resources Policy Number 17.5 - BLOODBORNE PATHOGENS

## Definitions

**Bloodborne Pathogen:** pathogenic microorganisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), and Human Immunodeficiency Virus (HIV) the cause of AIDS.

**Occupational exposure:** “reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing) contact with blood or other potentially infectious materials. (1910.1030 [b])” An exposure is not simple contact.

**Occupational 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.

**Other Potentially Infectious Materials (OPIM):** the following human body 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. Also 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 (HBV)-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.



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**Personal Protective Equipment:** specialized clothing or equipment worn by an employee for protection against a hazard such as gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, etc.

## Policy

### *Training in Universal Precautions*

All employees must receive training in Universal Precautions at hire and shall observe all Universal Precautions to avoid contamination of self, fellow staff, or residents.

### *Post Exposure Evaluation and Treatment*

When a staff member or resident may have been exposed to a bloodborne pathogen, the staff member must report the incident to the supervisor immediately. The Woodside Director will also be notified as soon as possible and an incident report will be written.

If the Nurse is on duty, she/he will be immediately advised of the incident so that she/he can examine the site of exposure to aid in the determination as to the extent of the contact.

If a true exposure is suspected, Nurse will instruct staff to take resident/employee to the Emergency Department of the University of Vermont Medical Center.

Anyone who experiences a needlestick or other sharps injury or is exposed to blood or other potentially infectious material (OPIM) at Woodside will immediately wash the needlestick and/or cuts with soap and water.

The following steps will occur if there has been exposure:

1. Wash site with soap and water.
2. Flush splashes to the nose, mouth, or skin with water.
3. Report the incident to your supervisor.
4. Immediately seek medical treatment.

If the Nurse is not on duty, and an exposure is suspected, proceed immediately to the Emergency Department of the University of Vermont Medical Center.

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An incident report/worker's compensation report will be completed by the employee if they have an exposure.

## Bloodborne Pathogens Exposure Control Plan

The following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with U.S. Department of Labor, Occupational Safety and Health Administration OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - a. Universal precautions
  - b. Engineering and work practice controls
  - c. Personal protective equipment
  - d. Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

### *Determination of Employee Exposure (1910.1030[c][2])*

Woodside has determined that the following classes of employees may experience an occupational exposure to blood or other potentially infectious materials (OPIM), even if the staff member is using of personal protective equipment.

1. Woodside Director
2. Woodside Assistant Director (Clinical and Operational)
3. Woodside Supervisors (Clinical and Operational)



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4. Woodside Youth Counselors
5. Woodside Teachers, Educational Supervisor, and Educational Case Manager
6. Woodside Cooks and Kitchen Supervisor
7. Temporary employees
8. Administrative Employees
9. Awake/Overnight unit staff
10. Woodside Medical: Nurses, Contract Nurses, Contract Physicians

In addition, OSHA requires a list of all tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of the OSHA standard (1910.1030 c(2)(i)). Exposure may take place while performing the following duties:

<b>Job Classification</b>	<b>Task/Procedures</b>
Woodside Director	Response to emergencies
Woodside Assistant Directors	Response to emergencies
Woodside Supervisors	Response to Emergencies, visual searches, room searches, first aid, urine samples dressing changes if medical staff not available, contact with residents during physical restraint (may be exposed to bodily fluids)
Woodside Youth Counselors	Same as Woodside Supervisors
Woodside Teachers, Ed. Supervisor	Response to emergencies, first aid,
Educational Case Manager	Physical intervention (may be exposed to bodily fluids)
Woodside Cooks & Kitchen Supervisor	Response to emergencies, first aid, physical intervention
Temporary Employees	Same as Woodside Supervisors
Administrative Employees	Response to emergencies in work area, search of client belongings
Awake/Overnight staff	Same as Woodside Supervisors



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Medical	Blood draws, injections, dressing changes, emergency response and treatment, physical assessments, first iid, urine samples
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### *Compliance Methods*

#### Universal Precautions

Woodside will observe universal precautions in order to prevent contact with blood or other potentially infectious materials. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual (1910.1030(d)(1)).

#### Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment will also be utilized (1910.1030(d)(2)(i)). The following engineering controls will be utilized at this facility:

1. Sharps container will be available in the Nurse's Office and on each unit.
2. Gloves for all staff and teachers readily accessible on both wings, upstairs and downstairs classrooms, Nurse's office, Kitchen, and Front Desk.
3. Protective goggles for staff to be kept readily accessible on each wing and Nurse's Office.
4. Disposable Barrier gowns and masks available in Nurse's office
5. Biohazard (red) bags available on each unit and Nurse's office
6. Disposable CPR masks will be kept on each wing and Nurse's office for CPR.

The above controls will be examined and maintained on a regular basis 1910.1030(d)(2)(i).

Handwashing facilities are readily available to the employees who incur exposure to blood or OPIM. Handwashing stations for staff are located in the:

- staff bathrooms-each wing
- classroom upstairs
- upstairs bathroom
- Nurse's office



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- Two front bathrooms

After removal of personal protective equipment (gloves, gowns, masks, goggles), employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Employees must also flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

#### Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. Immediately or as soon as possible after use, contaminated sharps shall be placed in the designated sharps containers located on both units and the Nurse's office.



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**Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to:

- eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
- keep and food and beverages in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIMs are present.
- use mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIMs 1910.1030(d)(2)(xi).

Gloves will be worn when:

- Drawing blood, taking urine samples, preparing blood, urine, sputum, feces, or throat cultures for transport to lab.
- Changing dressings
- Examining open wounds
- Responding to emergencies
- Handling dirty laundry; and
- Conducting pat, strip, and room searches

**Specimens**

Specimens of blood or OPIMs will be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens. Universal precautions will be used in handling specimens.

Any specimen that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.



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### Personal Protective Equipment

All personal protective equipment (PPE) will be provided without cost to employees. PPE will be provided to employees in the forms of (See list above, under Engineering and Work Practice Controls). PPE shall be cleaned, laundered, and disposed of at no cost to the employee.

PPE will be chosen based on the anticipated exposure to blood or OPIMs. 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.

This facility shall ensure that the employee uses appropriate PPE unless the employee temporarily and briefly declined to use PPE when, under rare circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

### Disposal of Personal Protective Equipment

PPE will be disposed of/disinfected in the following manner:

1. Gloves will be disposed of in the nearest plastic lined waste container after being used.
2. Disposable CPR masks will be disposed of in the nearest plastic lined waste container.
3. Goggles will be placed in a bleach water solution at a ratio of 1:10 or other EPA registered germicide.
4. Barrier gowns will be disposed of in the nearest plastic lined waste container after use.
5. Any items soiled with a moderate to large amount of blood will be disposed of in a biohazard waste bag (red bag) and placed in Nurse's office for proper disposal through Stericycle Company 1866-783-7422.
6. Personal clothing that has been soiled will be removed as soon as possible and washed on site.

### Housekeeping



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Woodside and the Department of Buildings and General Services shall ensure that the worksite is maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIMs.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIMs; and at the end of the work shift if the surface may have become contaminated during the shift.

#### Laundry Procedure

Laundry contaminated with blood or OPIMs will be handled as little as possible. Such laundry will be placed in an appropriate laundry bag from Foley Services. Whoever prepares the dirty laundry is required to wear gloves.

#### Hepatitis B Vaccine

Upon hiring, the employee will receive an information packet about Hepatitis B and vaccination.

All employees who have been identified as having exposure to blood or OPIMs will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work which involves the potential for occupational exposure to blood or OPIM unless the employee has previously had the vaccine. The employee will also be able to submit an antibody test, free of charge to the employee.

Employees who decline the Hepatitis B vaccine will be required to sign a Hepatitis B Vaccine Declination form. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

#### Post-Exposure Evaluation and Follow Up

Occupational exposure incidents, will be reported in writing to: Shift Supervisor, Nurse, and Director. A copy of the report will be kept in the employee's personnel file. All employees incurring exposure will be educated on post-evaluation and follow-up in accordance with the



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OSHA standard by the medical staff. The exposure will be treated as a Worker's Compensation incident. The supervisor will complete an Employer's First Report of Injury form and the employee will contact Vermont Dept. of Health to report the injury (1800-639-8039).

Medical staff will attempt to obtain a written consent from the source individual to allow his/her health care provider to share his/her HIV/HBV status with the employee's health care provider. If the source individual consents and requires any laboratory tests or physical exam, the employer will arrange for payment of any charges.

Medical staff will educate employee and make appropriate referrals for follow up care.

The employee will be furnished with a Post Exposure Form to be completed by an external health care professional post examination

### Training

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur (and annually thereafter). Medical staff will provide training which will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens and how to obtain a copy of the Federal regulations.
2. Epidemiology and symptomology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. The Exposure Control Plan
5. Procedures that might cause exposure to blood or OPIMs at this facility.
6. Control methods that will be used at this facility
7. Personal protective equipment available
8. Post exposure evaluation and follow up
9. Hepatitis B vaccination
10. Q&A period

### Record keeping

All records required by OSHA standard will be maintained in employees' personnel files.