

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

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| Chapter: 14 | Infection Control | | |
| Section: 1 | Exposure Control | | |
| Topic: 1 | Bloodborne Pathogens and Exposure Control | | |
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Policy

Bay-Arenac Behavioral Health Authority (BABHA) is committed to high standards of employee and consumer safety practices. This standard will include the prevention, surveillance, identification and control of all Infectious Diseases as it relates to Bloodborne Pathogens and Exposure Control.

Purpose

This policy and procedure is established to ensure appropriate standards and practices are maintained regarding the prevention, surveillance, identification and control of Infectious Diseases, to include hand-hygiene that is based on the Center for Disease Control (CDC) guidelines, Bloodborne Pathogens and Exposure Control.

Education applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABHA's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

Blood-borne Pathogens: Any virus, bacteria, parasite or other infectious material transmissible via blood and/or bodily fluids that is capable of causing disease. These include, but are not limited to, HIV (Human Immunodeficiency Virus), HBV and HCV (Hepatitis B and C) and Prions.

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Community Mental Health Services Program (CMHSP): Any program operated directly or via contract by BABHA for the purpose of providing treatment services for mentally impaired or developmentally disabled individuals

Hand-Hygiene: Washing of hands with soap and water (when visibly dirty) or using an alcohol-based hand rub (based on CDC Guidelines for Hand Hygiene).

Hepatitis B: Injury to liver cells caused by Hepatitis B virus (HBV), a double-stranded DNA virus. The virus is transmitted by exposure to blood or body fluids of an infected individual.

Human Bites: A person who bites is typically the one who ingests blood. Viral transmission of HBV or HIV through saliva is unlikely, if bitten by anyone resulting in a break in the skin. A human bite is NOT considered a significant blood borne exposure unless blood is visible in the saliva or around the mouth of the source individual.

Infection Control: A method by which a single person, group or agency might prevent and control the spread of infection. Infection control procedures are predicated on the risk of exposure to infected materials, but no specific disease.

Occupational Exposure: Reasonable 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.

Parenteral: Exposure as a result of piercing of the epidermal skin layer with a contaminated object, (e.g., a needle that potentially contains a blood borne pathogen or OPIM).

Responsible Mental Health Agency (RMHA): The Michigan Department of Community Health (MDCH) hospital, center, or CMHSP Board responsible for providing, arranging, contraction for and/or coordination of the provision of services.

Significant Exposure Incident: A specific eye, mouth or other mucous membrane, non-intact skin or other parenteral contact with blood or other potentially infectious materials which results from the performance of an employee's duties.

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Universal Precautions: A system of infectious disease control, which assumes that every direct contact with blood or body fluid is infectious.

Procedure

Guidance for Procedure for the Hiring Process

To ensure that high quality services are provided in a safe environment and to control exposure to potentially infectious materials and bloodborne pathogens, all employees of BABHA will be divided into two categories as follows:

Category A Employees, Independent Contractors, and Volunteers are those employees or staff who could have occupations that require procedures or other occupational-related tasks that involve exposure or reasonably anticipated exposure (exposure does not include incidental exposures, which may take place on the job) to blood or other potentially infectious materials (e.g., Nursing Personnel, the Residential Liaison and staff in Day Programs). These employees or staff will meet with the Nursing Team Leader, or designee within 10 days of assignment, for initial education regarding bloodborne pathogens, TB, Hepatitis B, and universal precautions.

Category B Employees, Independent Contractors, or Volunteers are those employees, independent contractors or volunteers who have occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis (e.g., Administrative Staff, Staff Development, Performance Improvement staff, Marketing Personnel, Secretaries in Clinical settings, Recipient Rights, Case Manager/Supports Coordinators, Therapists, Counselors, Psychologists, Psychiatrists, etc.)

1. Hepatitis B vaccine will be offered to all Category A individuals, at no cost, during hours of work and after counseling (received within 10 days of assignment),
2. Individuals choosing NOT to receive the Hepatitis B vaccine as offered, will sign a waiver indicating the refusal, and

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- Hepatitis B vaccine series or booster doses will be offered to all employees (Category A or B) who have had a significant on the job exposure to blood or potentially infectious body fluids, upon the recommendation of the examining physician. This will be provided at no cost to the employee and during hours of work.

Exposure:

Significant Exposure (Blood or Body Fluids):

- Needle stick injury (a needle stick injury with a non-contaminated needle, one that has had NO contact with another individual, does NOT constitute an exposure),
- Contact with blood on hands (which are chapped, abraded or afflicted with dermatitis) or on non-intact skin,
- Splashing of bloody secretions into the eye, mouth or nose, or
- Exposure to non-bloody fluids does NOT constitute an exposure (e.g., saliva, tears, sweat or urine, etc.) however; post monitoring is indicated and medical follow-up, if necessary.

Post-Exposure Follow-up:

Significant Exposure Follow-Up:

- If an employee, independent contractor or volunteer suspects a significant exposure, the following should occur:
 - Immediately wash the exposed area of skin with soap and water or rinse the exposed mucous membrane with warm water,
 - Notify the immediate supervisor (the Manager Medical Nursing Practices will be available for consultation),
 - After a determination of a significant exposure or with an employee, independent contractor or volunteer request for medical follow-up, the Human Resources Administrator should be notified to obtain a Treatment Authorization for the individual to receive a medical evaluation at BABHA's medical authority,
 - An Employee Accident, Incident, Illness, and Occurrence Report should be initiated and accompany the individual to the medical evaluation, at no cost, with a copy of the OSHA regulation regarding Bloodborne Pathogens,

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- E. A Hepatitis B vaccination series, or booster doses, will be offered to any employee, individual contractor or volunteer who has had a significant exposure on the job to blood or potentially infectious body fluids, upon the recommendation of the examining physician. This will be provided at no cost to the individual,
 - F. After completion by the examining physician, the Employee Accident, Incident, Illness, and Occurrence Report form should be returned to the immediate supervisor (informational purposes, only),
 - G. The report is then routed to the Nursing Team Leader, or designee for completion and appropriate distribution, and
 - H. The report shall be kept in the employee’s medical file for the duration of employment, plus 30 years.
2. If any contacted provider staff have been determined to have a significant exposure to blood or body fluids, the following should occur:
 - A. Follow responsible employer agency policies and procedures, and
 - B. Submit either the employer agency report of incident or the BABHA “Employee Accident, Incident, Illness Occurrence Report” form to the Nursing Team Leader.
 3. If a consumer is suspected as having had a significant exposure to blood or body fluids, the following should occur:
 - A. Notify the consultant RN working with that consumer (if unavailable, contact the Primary Health Care Provider) and
 - B. The incident will be addressed by the responsible team on an individual basis. Documentation will be via the Incident Report and/or Clinical Support Progress Note.
 4. Counseling regarding current risks and benefits of serological testing for HIV/AIDS will be provided to all employees who have had a significant exposure to blood or body fluids, whether or not the source is a known AIDS or HIV positive individual. This counseling will be provided by a certified HIV/AIDS counselor and placed in the employee’s medical file along with the “Employee Accident, Incident, Illness Occurrence Report” form for the duration of the employment, plus 30 years.

Source Individual Testing:

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Physician authorized HIV testing may be done on an individual whose blood or potentially infectious body fluids may have been a source of transmission of HIV:

1. With legal consent obtained from the source individual or legal guardian, or
2. Without legal consent, provided the individual was notified in writing upon admission to the facility that an HIV test may be performed without consent AFTER an employee of the facility sustains a percutaneous mucous membrane or open wound exposure, or
3. Without legal consent on individuals who are unable to receive, understand, or both, the information or execute the written consent form and a legally authorized representative of the source individual is not readily available to do either.

Training/Education:

1. All employees, independent contractors, volunteers (if determined to be Category A), will be provided information and education regarding HIV/AIDS, Hepatitis transmission and prevention, Universal Precautions, hand-hygiene, needle stick prevention, the use and location of Personal Protective Equipment (PPE), medical waste management and the procedure for Bloodborne Pathogen post exposure follow-up, upon hire, during the orientation process, and annually thereafter,
2. It shall be the responsibility of the college or university to provide students who are at occupational risk for exposure to blood or potentially infectious body fluids with training in the epidemiology, transmission and prevention/control measures of HIV, AIDS, Hepatitis, Universal Precautions, the use of PPE and post exposure follow-up. It is also the responsibility of the college or university to either assure the student has received the Hepatitis B vaccine or has signed a waiver indicating a desire NOT to be vaccinated.
3. A record of training received shall be kept for a period of three years. This record will include dates, content of the training program or a summary, educator's name and qualifications and names and job titles of all persons attending the training session.
4. All records pertaining to occupational exposure incidents shall be maintained for the duration of employment, plus 30 years.

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Review Process

A review of the Bloodborne Pathogens and Exposure Control policy and procedure will occur annually or sooner if needed and be presented to the Healthcare Practices Committee for approval.

Attachments

N/A

Related Forms

Employee Accident, Incident, Illness, and Occurrence Report (Employee forms Intranet)

Related Materials

N/A

References/Legal Authority

Occupational Exposure to Bloodborne Pathogens, 29 CFR Part 1910.1030

Occupational Safety and Health Administration.

Occupational Exposure to Bloodborne Pathogens, final rule December 6, 1991, Administration 29 CFR Part 1910. 1030

Department of Labor and Occupational Safety and Health

Commission on Accreditation of Rehabilitation Facilities (CARF)

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| Submission Form | | |
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| <u>Approving Body/Committee/Supervisor:</u> | <u>Author/Reviewer:</u> | <u>Approval/Review Date:</u> |
| MMPRC | Marianne Bartlett | 11/20/2008 |
| MMPRC | M. Bartlett | 9/21/2010 |
| MMPRC | M. Bartlett | 10/18/2011 |
| MMPRC | M. Bartlett | 10/17/2012 |
| HPC | S. Van Paris | 9/23/15 |
| <u>Result:</u> Deletion <input type="checkbox"/> New <input type="checkbox"/> No Changes <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Revision <input type="checkbox"/> | | |
| <u>List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.</u> Changes made to reflect changes in titles and the need to be reviewed annually according to Joint Commission Reflects title changes - no policy or procedure changes No changes Triennial review-title name change only. No Policy or Procedure changes-9-23-15 | | |