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Section: 7 Risk Management

Date: June 1, 2018

Policy: HH7-1A Risk Management

Replaces: January 31, 2017

Policy: The agency is committed to compliance with standards that identify a plan of action for carrying out an infection control program related specifically to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) and other blood-borne pathogens.

The purpose of this program is to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood-borne pathogens which could lead to disease or death.

Guidelines, Practices, and Procedures:

The agency, through appropriate committees shall:

1. Evaluate, review, and revise at least annually current policies as necessary for potential risk.
2. Draft new policies, when indicated.
3. Assign responsibility and delegate appropriate authority to carry out program.
4. Implement rules, regulations, and guidelines.
5. Ensure provision of necessary protective equipment.
6. Ensure provision for all follow-ups of exposure incidents through exposure control plan/loss prevention program guidelines.
7. Ensure maintenance records in accordance with regulations.
8. Evaluate incidents of exposure for potential revisions to policies and procedures.
9. Develop a curriculum and establish a training program that shall include all areas.

Departments Involved in Development: Board of Directors, Compliance Committee, Legal Counsel
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10. Ensure provision of Hepatitis B vaccine,

11. Assure presentation of the Exposure Control Plan to the appropriate facility committee for annual review.

12. Ensure provision of all recommended services in the regulations at no cost employees.

13. Assist local agencies in contracting with qualified health care professional to provide the required services if applicable.

Section 1:

1. Exposure Determinization:

A. All agency employees are considered at risk for occupational exposure

2. Examples of Specific Tasks and Procedure Where Exposure May Occur:

A. Venipuncture and other vascular access procedures

B. Dressing changes

C. Touching blood and body fluids, mucous membranes or non-intact skin of all patients

D. Any invasive techniques (this list is not intended to be all-inclusive, but is a representative of primary exposure)

3. Information and Training will be Provided to All Employees:

A. At the time of initial assignment to task where occupational exposure may take place.

B. Annually thereafter.

Whenever necessary to reflect new or mortified tasks and procedures which effect exposure.

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IV. Record Keeping

- A. Medical Records- An accurate record for each employee with occupational exposure shall be established and maintained.
 - 1. The name and social security number of the employee
 - 2. A copy of the employee's Hepatitis B vaccination status including the Hepatitis B vaccination
 - 3. A copy of all results of examination, medical testing, and follow-up procedures
 - 4. The employer's copy of the health care professional's written opinion
 - 5. A copy of the information provided to the health care professional

- 8 . Confidentiality- the employer shall ensure the medical records are:
 - 1. Kept confidential
 - 2. Are not disclosed or reported without the employee's express consent to any person within or outside the workplace as required by law
 - 3. The employer shall maintain the records for at least duration of the employment plus seven (7) years

If any employee violates another employee's or client's confidentiality, he or she may be subject to immediate discipline, including: discharge

Definition:

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

- A. The employee will contact his/her supervisor immediately to report the exposure incident
 - B. The supervisor is responsible for the preparation of the incident report.
 - C. The incident will be documented to include:
 - 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
 - 2. Identification and documentation of the source individual (unless the employee can establish that identification is infeasible or prohibited by state or local law)
 - 3. Recommended follow-up procedures
 - D. The supervisors shall immediately make available to the exposed employee a confidential medical evaluation and follow-up that will include:
 - 1. Counselling
14. Recommendations regarding post-exposure prophylaxis and/or medical treatment.

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C. Training Records shall include the following

1. The dates of the Training session
2. The content or a summary of the training session
3. The names and qualification of instructors conducting the training
4. The names and job titles of all person attending the training session
5. Records must be maintained at least seven (7) years
6. Records must be provided to all employees, employee representatives, and/or state and federal agencies for inspection upon request.

V. Engineering and Work Practices Controls-

Engineering and Work Practice Controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these control, personal protective equipment shall also use.

- A. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness
- B. All Agency staff in a supervisory capacity for employer shall ensure provision of hand washing facilities that are readily accessible to employees
- C. All Agency staff in a supervisory capacity shall ensure that employees was their hand immediately or as soon as feasible after removal of glove or other personal protective equipment
- D. All Agency staff in a supervisory capacity shall ensure that employees wash their hands and any other skins with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infections material.
- E. If any employee fails to observe these precautions, he or she will be subject to disciplinary action up to an including dismissal.

VI Disciplinary Actions-

The following are disciplinary actions for failure to comply with this policy:

- A. Written reprimand
- B. Second written reprimand
Third violation within 24 months period, three-day suspension without pay.
- C. Fourth violation within 24-month period, termination for failure to comply with health precautions and practices

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VII. Personal Protective Equipment

A. Employers must provide. At no cost, and require employees to use appropriate personal protective Equipment such as; glove, gowns, mask, mouthpieces, and resuscitation bags and must clean, replace, or repair as necessary (This is not intended to be all inclusive, but a representation of primary exposure tasks.)

VIII. Housekeeping-

A. Cleaning-Employees are to observe the following:


1. Blood or body fluid spills are to be cleaned up immediately with EPA approved disinfectant solution. Gloves are to be worn as minimum precaution. The employee shall wear the appropriate items as outlined in section in Section III (B) (3) if the possibility of body fluid of blood may be sprayed, splashed, or soiled onto the employee's clothing.
2. Any clothing linen or other material that has been contaminated with either blood or body fluids shall be placed in red bags or red container that is impervious to moisture before transport for cleaning. Glove is to be worn when doing so. It is the responsibility of the facility to launder ternate clothing. Contaminated clothing and provide alternate clothing.
3. Hands and other skin surfaces should be washed promptly and thoroughly if contaminated with blood or any other body fluids or after removal of any gowns, masks, or gloves
4. General-purpose utility gloves are to be used for housekeeping chores involving potential blood contact and instrument cleaning and decontamination procedures.

IX. Communication of Hazards-

A. Hazard Communication:

Requires warning labels including, the orange or orange-red biohazard symbol affixed to containers of regulated waste. Red bags or containers may be used instead of labelling. When an agency uses universal precautions in its handling of all specimens labelling is not required within the agency. Likewise, when all laundry is handling with universal precautions, the laundry need not be labelled.

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BLOOD-BORNE PATHOGENS TRAINING (PT)

Means of assessing the learning of Participants: Pre- and Post-Tests

I. Policy

It is the policy of this facility to provide the education and appropriate procedures necessary to prevent transmission of blood-borne pathogens. These policies are intended to be consistent with those of Occupational Safety and Health Administration (OSHA) and the center for Disease Control (CDC)

II. Purpose/Scope

The purpose of the blood-borne pathogens training is to provide guidance to both administration and staff in the prevention of exposure to, or the reasonably anticipated exposure to, or in the case of actual exposure to blood or other potentially infectious materials.

III. General Discussion of blood borne diseases

A. Viral Hepatitis is an inflammation of the liver caused by any one of several viruses. It is found throughout the world, but occurrence is highest in some African and Asian countries. It strikes at least one million persons in the United States each year.

Types of viruses that cause three common types of Hepatitis:

1. Hepatitis A: The most common type of hepatitis that is usually spread by the oral route, for example, by eating contaminated shellfish. It seldom causes a serious illness.
2. Hepatitis B: Serum hepatitis, usually spread by contact with infected blood, or blood products. May also be found in other body fluids, such as urine, tears, semen, vaginal secretions, and breast milk. Transmission of the disease can occur through sexual contact and the shared usage of razors or tooth brushes.

Although most people recover, the disease can be very serious and even fatal.

3. All viral hepatitis forms are caused by one or more viruses and are transmitted through contaminated body fluids.
4. Of the common forms of viral Hepatitis B appears to be the most serious because of the many ways it can be acquired and its potential for complications.

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B. Symptoms:

Many people may be infected with Hepatitis B, but never have symptoms. If they occur, the Usual symptoms may be flu-like and include fatigue, mild fever, muscle and joint aches, nausea, vomiting, loss of appetite, vague abdominal pain, and occasional diarrhea. Some develop jaundice, a yellow cast to the skin and whites of the eyes.

C. Complications:

5 to 10 percent become chronic carriers
Chronic active hepatitis
Cirrhosis of the liver
Chronic persistent hepatitis
Cancer of the liver

D. Groups at risk of contracting the Hepatitis B infection:

Physicians, surgeons, dentists, dental hygienists, Nurses, Nurses' Aides, Blood bank workers
paramedical personnel, lab technicians, clients, and staff.

Persons who repeatedly contract sexually transmitted diseases. Users of illicit injectable drugs.
People who have their body tattooed and/or ear pierced. People who have household and other intimate contacts with carriers.

THERES IS NO SPECIFIC TREATMENT AND NO KNOWN CURE!!!!

E. Prevention:

Infection Control Procedures-

- A. Universal Blood and Body Fluid Precautions are to be followed
- B. Used needles and syringes should not be put with disposal units. Caps should not be replaced on needle (to avoid stick). Entire needle and syringe should be put in Sharps Containers.
- C. Gloves should be worn by employees to clean up blood spills. Use chlorine bleach or other EPA approved disinfectant diluted one to ten to saturate material used to clean up blood spill and dispose of material as infectious waste.

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