


# Blood borne Pathogen Policy

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	<b>The Louisiana Department of Health (LDH)</b>	
	<b>Policy Number</b>	3.1
	<b>Content</b>	Establishes policy to control employee exposure to blood borne pathogens.
	<b>Effective Date</b>	September 1, 2009
	<b>Inquiries to</b>	Office of Management and Finance Division of Safety/Security & Administrative Services 628 North 4 <sup>th</sup> Street Baton Rouge, LA 70802 (225) 342-3501 FAX: (225) 342-2467

LDH is committed to fostering, cultivating and preserving a culture of equity, diversity and inclusion. Our human capital is the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our Department's reputation and achievement as well.

If there is a discrepancy between an LDH Policy and a Program Office or facility policy, the LDH policy shall govern/overrule/supersede the conflicting section within the Program Office or facility policy.

## I. POLICY STATEMENT

It is the policy of the Department of Health (LDH) to provide a policy to control employee exposure to blood borne pathogens. Each department employee must willingly assist management in accomplishing this goal, which cannot be achieved without safe work practices. This policy, with certain procedural requirements, will serve as a guide to Offices in developing internal procedures to fit their particular operations. It is our objective to follow federal, state and local codes, and our own polices to maintain safe and healthy conditions.

Blood borne pathogens are disease-causing microorganisms that are carried and transmitted

through human blood and other bodily fluids. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

## **II. PURPOSE**

This policy provides procedural requirements in an effort to control employee's exposure to blood borne pathogens.

## **III. APPLICABILITY**

This policy is applicable to all employees of LDH.

## **IV. EFFECTIVE DATE**

The effective date of this policy is September 1, 2009

## **V. DEFINITIONS**

Blood – human blood, human blood components, and products made from human blood.

Blood borne Pathogen – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to HBV, HVC and HIV.

Bodily Fluids – includes by not limited to saliva, urine, blood, semen, vaginal secretions and any bodily fluids that may or may not be contaminated with blood.

Contaminated Sharps – any contaminated object that can penetrate the skin includes, but not limited to, needles, scalpels, broken glass, and broken capillary tubes.

Decontamination – the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

High-Risk – a professional health care provider who provides invasive procedures, such as injection of vaccines or medications to and for patients on a daily basis, employee that works in a healthcare clinic/laboratory, employee that visit the home of clients for services, employee that conduct inspections of healthcare facilities (hospital, nursing home, clinics) and/or food service establishments, employee that handle water/waste/sewage samples, employee assigned to a LDH Emergency Preparedness Site (with exception to Regional/State Emergency Operations Center).

Occupational Exposure – reasonably anticipated skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Parenteral – piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions on any part of the body.

Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard and are not considered personal protective equipment.

Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **VI. TRANSMISSION OF BLOODBORNE PATHOGENS**

Blood borne pathogens are transmitted when contaminated blood or bodily fluids enter the body of another person. In the workplace setting, transmission is most likely to occur through:

- a) An accidental puncture by a sharp object, such as a needle, broken glass, or other "sharps", contaminated with the pathogen.
- b) Contact between broken or damaged skin and infected bodily fluids.
- c) Contact between mucous membranes and infected bodily fluids.

Unbroken skin forms an impervious barrier against blood borne pathogens. However, infected blood or bodily fluids can enter your system percutaneously through:

- a) Open sores;
- b) Cuts;
- c) Abrasions;
- d) Acne; or
- e) Any sort of damaged or broken skin such as sunburn or blisters. Blood borne pathogens can also be transmitted through the mucous membranes of the eyes, nose, or mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

There are also many ways that blood borne pathogens are not transmitted. For example, blood borne pathogens are not transmitted by:

- a) Touching an infected person;
- b) Coughing or sneezing; or
- c) Using the same equipment, materials, toilets, water fountains or showers as an infected person.

It is important that you know which ways are viable means of transmission for the blood borne pathogens in your workplace, and which are not.

## **VII. RESPONSIBILITIES**

Employees are responsible for safe work practices, and must follow the procedures and practices for blood borne pathogens established by the department and comply with this policy.

Supervisors are responsible for identifying employees with occupational exposure and shall develop, within the framework of this guide, a written exposure control plan to minimize or eliminate occupational exposure to blood borne pathogens. Supervisors must ensure that eligible employees follow the safety practices and receive required training as per the Office of Risk Management.

Each Office shall develop internal procedures to this policy in accordance with the departmental guidelines. Each Office's internal blood borne pathogen procedures shall reflect the commitment of management to safety and the philosophy that safety is a management directed program

## **VIII. EXPOSURE DETERMINATION**

Each section of LDH must perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. This determination, specific to LDH, includes the following:

Category 1 employees (High Risk): All job classifications in which employees in those job classifications have occupational exposure to blood or potentially infectious materials. Many LDH employees associated with healthcare programs have occupational exposure at clinical/laboratory sites, clients homes, inspectors of healthcare facilities and or food establishments, employees that handle water/waste/sewage sampling, or LDH Emergency Preparedness Sites (exception to Regional/State Emergency Operations Center) who have the responsibility of providing site-specific training, personal protective equipment, and controlling of potential exposure conditions.

Category 2 employees (Low Risk): All job classifications in which some employees have occupational exposure to blood and potentially infectious materials. Occupational exposure is unlikely, but may occur in office type settings.

## **IX. GOOD SAMARITAN ACTS**

Employees exposed to blood or other potentially infectious materials while helping members of the public or fellow employees shall report the incident promptly to their supervisor. All organizational parts of the Department of Health shall make provision for medical evaluation and treatment, if necessary, available to these employees. Employees performing "Good Samaritan Acts" are usually employees who are not members of a first-aid team or who are not expected to render medical assistance as a job duty.

## **X. UNIVERSAL PRECAUTIONS**

Universal precautions are intended to prevent transmission of infection, as well as decrease the risk of exposure for employees. It is impossible to identify all infected persons, so it is necessary to treat every person as potentially infected with a blood borne pathogen. Employees must protect themselves from blood or other bodily fluids that are not their own. Employees should anticipate possible exposures both in emergency situations and routine tasks they perform in a normal workday. Employees must be knowledgeable about the use of personal protective equipment such as latex or non-latex gloves, mask/eye protection, gowns, prevention of injuries by sharp instruments, proper handwashing techniques, mouthpieces and ventilation bags, proper disposal and cleanup techniques, and other important skills.

Universal precautions pertain to blood and other potentially infectious materials containing blood. When differentiation of types of bodily fluids is difficult or impossible, all bodily fluids are to be considered as potentially infectious.

When dealing with spilled blood/other bodily fluids, disposal of infectious waste or potentially infectious waste, universal precautions should be utilized as follows:

- A. Gloves
  1. Contact with blood/bodily fluids
  2. Contact with items soiled with blood/bodily fluids
  3. Contact with mucous membranes
  4. Contact with non-intact skin
  5. Wash hands and skin with soap & water immediately after contamination and/or between examining patients. D
- B. Mask/Eye Protection
  1. Any procedure likely to generate aerosols of blood/bodily fluids
- C. Prevention of Injuries by Sharp Instruments
  1. Never recap, bend or break needles
  2. Never remove needles from disposable syringes
  3. Immediately place sharps in puncture resistant sharps containers
- D. Wash hands/skin
  1. Immediately if contaminated with blood/bodily fluids
  2. With soap and water or skin sanitizer, if soap and water are not readily available.
- E. Health care workers with skin lesions or dermatitis
  1. Should refrain from all direct patient contact and handling patient care equipment with unclothed parts of their body, e.g. hands, until the condition resolves.

## **XI. ENGINEERING CONTROLS**

Engineering controls are designed to isolate or remove the blood borne pathogens hazards from the workplace so that employee exposure is limited. Where occupational exposure remains after institution of these controls, personal protective equipment must be used. Engineering controls may include sharps disposal containers, the use of plastic containers for blood specimens instead of glass safety needle systems, and in certain situations, ultraviolet lights to sanitize the air, and negative pressure airflow systems, when warranted.

## **XII. WORK PRACTICE CONTROLS**

Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed. Many times, they work with engineering controls to provide maximum protection for the employee. Work practice controls include handwashing practices, avoiding recapping of needles, using the proper personal protective equipment and refraining from eating or storing food in restricted areas.

### **A. Handwashing**

1. Handwashing facilities which are readily accessible must be provided to employees in clinical affiliation sites. These handwashing stations must have hot and cold running water, a germicidal handwashing detergent, and paper towels. In addition, each building must have public rest rooms that are available to all staff.
2. When the provision of handwashing facilities is not feasible, LDH shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleanser or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
3. LDH shall ensure that exposed personnel wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
4. Employees wash hands and any other skin with soap and water, or flush with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

### **B. Needles and Sharps**

1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
2. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
  - a. Puncture resistant
  - b. Labeled or color-coded in accordance with the Blood borne Pathogen standard
  - c. Leak proof on the sides and bottom D

### **C. Work Area Restrictions**

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
2. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertop or bench tops where blood or other potential infectious materials are present.
3. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

### **D. Specimens**

1. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.
2. The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped. When a facility utilizes standard precautions in the handling of all specimens, the
3. Labeling/color-coding of specimens is not necessary, provided containers are recognizable as containing specimens and containers remain within the facility. Labeling or color-coding is required when such specimens/containers leave the facility.
4. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
5. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture resistant in addition to the above characteristics.

### **E. Equipment Servicing or Shipping**

1. Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless a demonstration that decontamination of such equipment or portions of such equipment is not feasible.
  - a. A readily observable label shall be attached to the equipment stating which portions remain contaminated.
  - b. LDH shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

### **XIII. PERSONAL PROTECTIVE EQUIPMENT**

Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered PPE. Program coordinators and supervisors or their designees are responsible for ensuring that PPE is readily accessible in all areas where it may be needed and that it is properly used. The effectiveness of the required PPE should be periodically reviewed and appropriate changes made if necessary. Gloves should always be used for cleaning blood or other bodily fluids that are spilled on a work surface. In addition, plastic goggles, a surgical-type mask, and a gown should be worn if the situation is such that there is a large amount of potentially infectious material present and splashing is likely to occur in the cleanup process.

### **XIV. HOUSEKEEPING**

Contaminated surfaces must be cleaned and decontaminated with an appropriate disinfectant. In order to be effective, it is important that disinfectants be used according to all label instructions. Protective coverings can be used on surfaces, but they must be replaced when they become contaminated.

In handling and disposal of blood specimens and disposal of infectious waste and potentially infectious waste, emergency responders and staff of DHH Administrative Offices/Facilities must use the following precautions for the protection of both clients and personnel.

If blood or other bodily fluids are spilled on a work surface, the blood should be wiped up carefully with absorbent paper towels and the surface cleaned with a 1:10 solution of sodium hypochlorite (one part household bleach mixed with nine parts water, no older than one day.)

The absorbent paper towels, after use, are not considered infectious waste: the bleach solution disinfects the blood. The bloodied towels, however, should be placed in a heavy corrugated paper container (cardboard box) and taped shut. The package may then be disposed of with the regular trash or garbage. The nearest parish health unit may be called for advice or instructions about this. If the facility has 'routine' provision for storing, handling and disposing of potentially infectious waste, the bloodied towels, for example, may be discarded into the potentially infectious waste container, until disposal of the entire container occurs.

If glass is broken and has blood or other bodily fluids on it, the broken glass should be carefully disinfected by carefully pouring a solution of 1:10 sodium hypochlorite, as stated above, on the glass fragments. The glass fragments should then be carefully picked up with a dust pan and brush and placed in a heavy corrugated paper container and disposed of as stated above, or, if an approved sharps container is used 'routinely' in the facility, the broken glass, for example, should be placed in that sharps container. Of course, cuts on employees or office visitors should be immediately given proper care either by "first aid" or by a



professional health care provider.

## **XV. VACCINATION**

LDH must make available within 10 working days of initial assignment the hepatitis B vaccine and vaccination series to all employees who may in any way have an occupational exposure.

## **XVI. POST-EXPOSURE EVALUATION/FOLLOW-UP**

When an employee has an exposure incident, they should immediately wash the exposed skin with soap and water and flush the other areas such as mucous membranes of the eyes, nose or mouth with copious amounts of cool water. The employee should report the incident to their supervisor immediately after washing. The supervisor is responsible for assuring that all applicable provisions of this policy are effectively carried out and for maintaining all records related to the exposure.

Following a report of an exposure incident, LDH shall make immediately available to the exposed employee a confidential medical evaluation and follow-up.

LDH shall obtain and provide the employee with a copy of the evaluating professional health care person's written opinion.

## **XVII. TRAINING**

Low risk LDH employees must complete the LEO Online ORM Blood borne pathogen training on the within 90 days after the date of hire. Training shall occur once every five years thereafter. High-risk health care providers/employees must complete the training within 90 days after date of hire and annually thereafter. Training for high-risk employees shall be instructor-led by someone qualified and knowledgeable in such matters (e.g., healthcare professional, safety & health professional, EMT, First Aid/CPR instructor, Red Cross, etc.).

Training material must be from a nationally known, credible provider (e.g. National Safety Council, Red Cross, etc.) or must first be reviewed and deemed acceptable by LDH Safety Director and the ORM.

While in-person training is always the preferred method, virtual training is an acceptable alternative for HR BBP Training provided that **all** of the following criteria are met:

- HR BBP Course is scheduled via LEO so automated credit can be applied once course is complete:
  1. Click on this link: <https://intranet.la.gov/ldh/IT/AST/layouts/15/start.aspx#/>
  2. Click on the **Schedule New Instructor Led Course** image.
  3. Complete the form and then click **Save**.
- The instructor shall obtain the official rosters 2-3 days prior to the training and send out the virtual meeting link to all participants with explicit instructions that participant cameras shall be on at all times during the training.

- The qualified instructor is always present and available for interaction/questions at all times.
- Limit class size to the max gallery screen allowed under the video settings in the online platform used. Will vary by screen size, but all cameras must be visible on a single monitor.
- Require all participants to turn on their video feed, leave it on and unobstructed, and remain in front of the camera for the entire duration of the training.
- Conduct a roll call before and after to ensure all participants are present and assign (and document) someone to monitor the screen the entire time to ensure that no one leaves, is distracted, or turns off their video feed.
  - Should a participant leave, is distracted, or turns off their video feed no credit shall be awarded to that participant and they shall retake the course.
- Obtain the official participant report from the online platform reflecting the time participants logged on and logged off the virtual meeting along with name and date.
- Submit a single DocuSign envelope for all participants to e-sign the official roster by their name (should have been provided by OTS).
  - Keep the participant report and esigned roster and submit annually at end of every SFY (6/30)
- All training sign in sheets shall have the following clearly legible
  - Topic/Course Name
  - Instructor Name
  - Date and time of training
  - Teaching aids used (video, Powerpoint, etc.)
  - Version of presentation/videos
  - Typed names of employees receiving the training
  - Original signatures of those employees attending

## **XVIII. DISCIPLINARY ACTIONS**

Violations of this policy may result in disciplinary action up to and including dismissal.

## **XIX. REVISION HISTORY**

<b>Date</b>	<b>Revision</b>
09/01/2009	Policy created
04/09/2015	Policy revised
07/05/2022	Housekeeping – Add Virtual Instruction per ORM
07/10/2024	Housekeeping – Removed 25 limit since screen size vary.
10/2/2024	Housekeeping – Enhance High Risk Definition
7/1/2025	Housekeeping – Added that training must be from nationally known and/or approved by LDH Safety Director and ORM.