

POLICY MANUAL

1. GENERAL ADMINISTRATION.

1.06. Universal Precautions.

A. POLICY OVERVIEW:

PA WIC shall require that all State Agency (SA) and Local Agency (LA) personnel, including contracted and sub-contracted employees, involved with blood testing participate in training, demonstrate proficiency in, and exercise universal precautions to prevent exposure to bloodborne pathogens. The Occupational Safety and Health Administration (OSHA) regulations related to Bloodborne Pathogens, 29 CFR, Subpart Z, 1910.1030 (dated 12/6/91, last updated 4/3/12) and Needlesticks and Other Sharps Injuries (29 CFR, Part 1910, dated 1/18/01) must be followed. The procedure below highlights these regulations, but LAs must comply with all applicable components.

B. POLICY:

1. Administrative

- a. LAs that perform hematological testing shall ensure that orientation and training on blood test safety precautions and on the hepatitis B vaccine are provided to all LA staff who do testing during their initial orientation and annually thereafter.
- b. LAs shall maintain an Exposure Control Plan designed to eliminate or minimize employee exposure to blood or other potentially infectious materials. The written Plan shall contain, at a minimum:
 - (1) A list of all job classes in which all or some employees perform tasks or procedures in which occupational exposure to blood and body fluids may occur without regard to personal protective equipment.
 - (2) The schedule and method of implementation of Methods of Compliance, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, Communication of Hazards to Employees, and Record keeping, as described in 29 CFR Section 1910.1030 (d), (f), (g), and (h).
 - (3) The procedure for the evaluation of circumstances surrounding exposure incidents as required by 29 CFR §1910.1030 (f)(3) of the regulations. The HIV Act provides procedural requirements (which are more stringent than those contained in the OSHA regulations) governing testing of a source individual's available blood without consent, disclosing a source individual's HIV test results to an exposed employee and obtaining baseline blood testing of an exposed employee.
 - (4) Sample "Sharps Injury Log"
 - (5) A copy of this Policy.
- c. The Exposure Control Plan shall be accessible to all employees. It shall be reviewed and updated as needed or at least annually with input from clinic staff who conduct bloodwork testing. The review and update should reflect new tasks, positions, and procedures that affect occupational exposure, as well as changes

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in technology and consideration of safer devices to eliminate or minimize occupational exposure.

- d. As an alternative, LAs that are part of larger agencies that have agency-wide Exposure Control Plans may substitute the agency-wide Plan for the above, provided all components listed above are included.

2. Clinical

- a. LAs shall make available, at no cost to the employee, the hepatitis B vaccine and vaccination series to all employees who perform hematological testing. Immunization shall be offered within ten calendar days of initial assignment to a position that may have occupational exposure to bloodborne pathogens and following training on bloodborne pathogens. If accepted, the immunization series shall be initiated before the employee conducts bloodwork testing. LAs shall identify a source for the hepatitis B vaccine and a service provider to administer it. LAs shall assure that employees who are offered the vaccinations receive and read a copy of CDC Vaccine Information Statement – , Hepatitis B Vaccine Information Statement, and sign a copy of either, Informed consent form, or, Hepatitis B Vaccine Declination. Signed forms shall be maintained in employees' files. More information for Health Professionals on Hepatitis B can be found at <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm>
- b. LAs shall make available, at no cost to the employee, evaluation and follow-up to all employees who have an exposure incident. LAs shall identify a health care provider to provide this service.
- c. LAs shall provide equipment and supplies necessary to minimize the risk of infection with human immunodeficiency virus (HIV) and other bloodborne pathogens, such as HBsAg which causes Hepatitis B.
- d. Containers of infectious waste, refrigerators and freezers containing blood or other potentially infectious material (e.g. Hemoglobin Control Substance), equipment (e.g. HemoCue instrument) possibly contaminated with blood or other potentially infectious material and containers used to store, transport or ship blood or other potentially infectious materials shall be labeled as described in 29 CFR Section 1910.1030, paragraph (g)(1)(i).
- e. LAs shall monitor staff adherence to recommended precautions and take corrective action as appropriate.
- f. LAs shall adhere to procedures indicated in this policy when performing hematological blood testing, by simple finger or heel sticks. Human Immunodeficiency Virus (HIV) in Healthcare Settings (<http://www.cdc.gov/HAI/organisms/hiv/hiv.html>) shall be strictly followed.
- g. A copy of the OSHA Regulations, Occupational Safety and Health Standards, Bloodborne Pathogens (29 CFR 1910.1030, dated 12/6/91, last updated 4/3/12):

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http://www.ecfr.gov/cgi-bin/text-idx?SID=6a8639d0689ab3120f4389041765360b&mc=true&node=se29.6.1910_11030&rgn=div8) and the Needlesticks and Other Sharps Injuries; Final Rule (29 CFR 1910, dated 1/18/01), shall be maintained in LA files.

- h. The following guidelines shall be followed in all WIC clinics when performing hematological testing:
- (1) Disposable, impermeable gloves must be worn for performing all hematological tests. Gloves must be changed after contact with each patient or when punctured or torn. Gloves must be worn for handling items or surfaces soiled with blood. Gloves must be worn during cleansing and decontaminating procedures.
 - (2) Hands must be washed with soap and water immediately or as soon as feasible after gloves are removed. If gloves become torn or punctured during a procedure, they shall be removed and hands washed with soap and water immediately and thoroughly with germicidal soap if contaminated with blood or other body fluids. When provision of hand washing facilities is not feasible, LAs shall provide either an antiseptic hand cleanser or antiseptic towelettes. Hands shall be washed with soap and running water as soon as feasible thereafter.
 - (3) Clinic staff who have exudative lesions, weeping dermatitis, cuts or abrasions on exposed parts of the body must refrain from all direct patient contact or from handling patient-care equipment until the condition resolves.
 - (4) Care shall be taken when performing hematological tests, to avoid contaminating the outside of the microcuvette. If the outside of the microcuvette is visibly contaminated with blood, it shall be carefully wiped on a tissue or towel in a horizontal position.
 - (5) Blood spills must be cleaned up promptly with a 10% bleach solution prepared fresh daily (one ounce of bleach to nine ounces of water) or equivalent. Work surfaces shall be decontaminated with a 10% bleach solution prepared fresh daily or equivalent when work activities are completed. Most household disinfectants are not equivalent to 10% bleach. Information on EPA-registered disinfectants can be found at <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>. All other procedures described in 29 CFR 1910.1030, (d)(4), Housekeeping, shall be adhered to by all employees working with blood products. Bleach and other cleaners should be kept out of the reach of children.
 - (6) Disposable blood sampling devices must always be used. They must be a non-needle sharp (e.g., laser device) or needle device with a built-in safety feature or mechanism that effectively reduces the risk of an

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exposure incident. Such devices generally feature a self-retracting blade designed for single use only.

- (7) After lancets and other sharp items such as microcuvettes are used, they must be placed into the red or labeled puncture resistant containers for disposal. The puncture resistant container shall be located as close as practical to the use area. Containers shall be closed during handling or transport to prevent spillage. The LA is responsible for adhering to all engineering and work practice controls described in 29 CFR 1910.1030 (d)(2) and redefined in the 1/18/01 (Needlesticks and Other Sharps Injuries) update.
- (8) Other waste items (e.g. disposable gloves, gauze, and band-aids) are defined as infectious waste and must be placed in double plastic bags and isolated from other trash. The bags must be as close as practical to the use area and out of the reach of children. Bagged waste must be prominently labeled "blood precautions." Alternatively, it may be placed in plastic bags of color designated solely for disposal of infectious wastes. Bagged waste must be placed in covered (tarp) or enclosed non-compacting type equipment prior to transport. Non-disposable containers may be used, but shall be cleaned and sterilized between uses.
- (9) All puncture resistant containers and other contaminated waste must be processed or incinerated prior to final disposal. Approved processing methods are autoclaving, gas/vapor sterilization, dry heat sterilization, chemical sterilization or irradiation. Incineration must be accomplished in an incinerator approved by the Department of Environmental Protection (DEP) for infectious waste disposal. Local landfills, local hospitals and private haulers may be contacted to provide assistance in proper disposal of infectious waste.
- (10) If an employee has contact with blood or other potentially infectious materials, they must wash hands and any other affected skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible.
- (11) If a clinic staff person has a parenteral (e.g., needle stick or cut) or mucous-membrane (e.g., splash to eye or mouth) exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, the procedures described in the OSHA Regulations 29 CFR 1910.1030 (f) and in the Guidelines for Management of Parenteral or Mucous Membrane Exposure to Blood or Other Body Fluids must be followed. Also, The Confidentiality of HIV-Related Information Act (HIV Act), PL274585 No 14859, dated 11/29/90 and amended 7/7/11 may be used to obtain release of HIV-related information, testing of an available blood sample in the absence of the source individual's consent, and court-ordered HIV testing. The HIV Act

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provides specific procedures, in addition to those stated in the OSHA regulations, governing post-exposure evaluation and follow-up, which must be satisfied in order for an exposed employee to (1) obtain HIV testing of the source individual's available blood in the absence of consent; (2) obtain results of HIV testing on a source individual's available blood; (3) obtain court-ordered HIV testing of a source individual where a blood sample is not available; or (4) obtain release of HIV-related information.

- (12) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious material (e.g., Hemoglobin control substance) are present. Refrigerators where Hemoglobin Control Substance is stored shall be labeled accordingly.
- (13) 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 to blood or other potentially infectious materials.
- (14) Initial and annual training on blood test safety precautions shall include, at a minimum, an explanation of the following:
 - (a) The OSHA standard for Bloodborne Pathogens.
 - (b) Epidemiology and symptomatology of bloodborne diseases.
 - (c) Modes of transmission of bloodborne pathogens.
 - (d) The Exposure Control Plan (points of the plan, lines of responsibility, how the plan will be implemented, how employees can access the plan etc.)
 - (e) Procedures which might cause exposure to blood or other potentially infectious materials at your LA.
 - (f) Control methods to be used at your LA to control exposure to blood or other potentially infectious materials.
 - (g) Action to take and person(s) to contact in the event of an exposure incident involving blood or other potentially infectious materials.
 - (h) Personal protective equipment required/available at your LA (including location of the equipment, proper use, and disposal and who should be contacted concerning this equipment.)
 - (i) Post Exposure evaluation and follow up.

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- (j) Labels used at your LA.
 - (k) Hepatitis B vaccine program at your LA.
- (15) Documentation of blood test safety precautions annual training shall be maintained as directed as in Policy 1.01SP.

Reference(s):

1. Centers for Disease Control (CDC), Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR, June 29, 2001, Vol. 50 (RR11): 1-42.
2. Pennsylvania Department of Environmental Protection, Bureau of Waste Management, Post Office Box 69170, Harrisburg, Pennsylvania 17106-9170.
3. Selected EPA-registered Disinfectants: <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
4. OSHA Regulations 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule. Federal Register, Vol. 56, No. 235, Friday December 6, 1991, Last Updated April 3, 2012: http://www.ecfr.gov/cgi-bin/text-idx?SID=6a8639d0689ab3120f4389041765360b&mc=true&node=se29.6.1910_11030&rqn=div8
5. OSHA Regulations 20 CFR 1910, Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries; Final Rule. Federal Register, Vol. 66, No. 12, Thursday January 18, 2001: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=16265
6. CDC Vaccine Information Statement – Hepatitis B Vaccine: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>
7. Hepatitis B FAQs for Health Professionals: <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm>
8. Human Immunodeficiency Virus (HIV) in Healthcare Settings: <http://www.cdc.gov/HAI/organisms/hiv/hiv.html>

Policy Status:

1. This Policy supersedes P&P number 1.06 dated November 17, 2014.
2. This P&P supersedes P&P number 2.17, dated October 16, 2000.