

TITLE	POLICY NUMBER	
Bloodborne Pathogens Policy	DCS 02-04	
RESPONSIBLE AREA	EFFECTIVE DATE	REVISION
Office of Business Support – Risk Management; Human Resources	01/11/19	

I. POLICY STATEMENT

The Department of Child Safety (DCS) is committed to protecting the safety, health, and well-being of all employees and other individuals in the workplace. This policy constitutes a Bloodborne Pathogen (BBP) Protection Program in compliance with Arizona Administrative Code. The Department’s protocols for minimizing exposure or the effects thereof are described in the DCS Exposure Control Plan (Attachment A).

II. APPLICABILITY

This policy applies to DCS employees in positions where contact with blood or other potentially infectious materials may occur. Although exposure to BBP is not “reasonably anticipated” as part of a DCS employee’s job duties, the Department establishes this policy to be prepared for this possibility.

III. AUTHORITY

29 CFR 1910.1030	Occupational Safety and Health Standards, Bloodborne Pathogens
A.A.C. R2-10-207 (10) (m)	Agency Loss Prevention Program Elements
A.R.S. Title 23, Chapter 6	Workers’ Compensation
A.R.S. § 23-1043.02	Human immunodeficiency virus; establishing exposure; definition
A.R.S. Title 41, Chapter 9, Article 8	Public Accommodation and Services

IV. DEFINITIONS

Blood: Human blood and its components, and products made from human blood.

Bloodborne Pathogen or BBP: Microorganisms in human blood that can cause disease in humans.

Bloodborne Pathogen (BBP) Standard: The common reference for the Occupational Safety and Health Act (OSHA) final rule ([29 CFR 1910.1030](#)) regarding occupational exposure to bloodborne pathogens.

CorVel: The company that contracts with DCS to manage worker's compensation claims.

DCS or the Department: The Department of Child Safety.

Employee: For the purposes of this policy, "employee" means all DCS full-time, part-time, intermittent, and temporary employees, as well as all students, interns, and volunteers.

Engineering Controls: Physical items and methods used to isolate or remove the bloodborne pathogens in blood or Other Potentially Infectious Material (OPIM) from the workplace (e.g., laundry bags, warning labels, specimen containers, biohazard containers, puncture-resistant disposal containers for contaminated sharps instruments).

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

HBV: Hepatitis B virus.

HCP: Health care professional.

HIV: Human immunodeficiency virus.

Housekeeping Procedures: Practices designed to ensure sanitary conditions, including placing waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed to prevent spillage or protrusion of contents, such as needles.

Labeling: The marking of containers that hold blood or OPIM so that workers recognize contaminated or potentially infectious material. The standard requires that fluorescent orange (or orange-red) warning labels be attached to containers of regulated waste, to refrigerators and freezers containing blood and other BBPs, and to other containers used to store, transport, or ship blood or other BBPs. Signs must be used to identify restricted areas where the potential for occupational exposure exists.

Non-intact Skin: Skin that has cuts, abrasions, or other openings through which BBP can enter the bloodstream.

Occupational Exposure: 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.

Other Potentially Infectious Materials (OPIM): Includes all human body fluids, and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

Parenteral: An adjective that applies to the piercing of mucous membranes or the skin barrier through events such as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment: Specialized clothing and equipment that 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 the protective equipment shall be used. Examples include goggles, facemasks, utility gloves, hypoallergenic gloves, gowns, caps, and shoe covers.

Regulated Waste: Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Sharps: Any object that can penetrate the skin such as needles, scalpels, broken glass, and exposed ends of dental wires.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Universal Precautions: Safety procedures based on the assumption that all human blood and body fluids are considered to be infectious and are designed to eliminate or minimize exposure incidents. Universal Precautions are accomplished through engineering controls, work practice controls, personal protective equipment, and housekeeping practices.

Work Practice Controls: Behaviors that reduce the likelihood of exposure, including washing hands, avoiding contact with needles, and avoiding environments where BBP may be present.

V. POLICY

- A. DCS shall implement exposure control procedures that describe ways to avoid bloodborne pathogen contamination and the steps to be taken when an exposure incident occurs.
- B. Following an exposure incident, DCS shall provide confidential counseling through the Employee Assistance Program (EAP). EAP services shall be available at the request of the employee or the employee's supervisor.
- C. A confidential medical evaluation and follow-up will be immediately available to an employee exposed while in work status for DCS, as well as (at no cost to the employee) post-exposure prophylaxis, evaluation of reported illness, and counseling, when medically indicated and as recommended by the U.S. Public Health Service.
- D. All employees with a BBP related disorder or instances of employee exposure to BBP are subject to the reasonable accommodations provisions cited in the [Implementation of the Americans with Disabilities Act – Title I](#) policy.
- E. DCS shall make Bloodborne Pathogens training available to employees whose job duties contain the possibility of occupational exposure.
- F. DCS Risk Management shall review BBP incidents and update this policy and procedures as needed.
- G. DCS Human Resources shall maintain BBP related confidential records in accordance with Arizona Division of Occupational Safety and Health (ADOSH) and the Post-Exposure Procedure, and oversee the provision of Hepatitis B vaccinations and post-exposure control services to employees identified as having been exposed to BBP.

VI. PROCEDURES

A. Training

1. Initial Training

- a. When an employee is initially assigned to a task where BBP exposure may occur, the employee shall be provided with BBP training. An initial assignment may be:
 - i. a new hire;
 - ii. a new assignment for a current employee; or
 - iii. a change of duties for an employee which may affect the employee's risk for occupational exposure.
- b. Employees register for training through TraCorp after they receive supervisory approval to attend training.
- c. Each trainee will be apprised of the BBP Exposure Control Plan.

2. Annual and Additional (Updated) Training

- a. DCS will provide annual training within one year of the employee's initial training for all employees identified as having potential BBP exposure;
- b. DCS shall provide updated training when changes such as modification to tasks or procedures, or the institution of new tasks or procedures, affect an employee's potential BBP exposure. The updated training may be limited in scope by addressing only the new or modified tasks or procedures.

3. Training Records

DCS Human Resources is the custodian of training records. All records pertinent to BBP training shall be retained for not less than three years.

- a. Upon completion of the training session, the trainee must complete the *Hepatitis B Vaccination Consent/Declination* form (see *Forms Index* for a link to this and all other forms referenced in this policy), indicating their consent to accept, or refuse, the Hepatitis B virus inoculation provided by the Department.
- b. Records containing health-related information shall not be retained in official personnel files; they will be stored in secure file cabinets in DCS Human Resources.
- c. All records relevant to the BBP Standard will be provided, upon request, to the Director of the National Institute for Occupational Safety and Health (NIOSH) and the Assistant Secretary of the United States Department of Labor (DOL) in accordance with [29 CFR 1910.1020](#) (access to employee exposure and medical records).
- d. Employee training records shall be provided upon request for examination and copying to employees and to anyone having the written consent of the employee.

B. Medical Records

Employee medical records shall be kept confidential and shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the Occupational Safety and Health Act (OSHA) final rule ([29 CFR 1910.1030](#)).

C. Procedure for Vaccinations

1. Department Responsibilities

The Department shall:

- a. make the Hepatitis B vaccine and vaccination series or any other vaccine(s) that may be recommended by the U.S. Public Health Service for BBP and that is approved by DCS Management available for all employees:

- i. whose job duties contain the possibility of occupational exposure; and
 - ii. who have had an occupational exposure incident.
- b. make vaccines available at no cost and at a reasonable time and place to employees when the U.S. Public Health Service recommends the vaccines and DCS Management approves them;
- c. make vaccines available for employees after the employees have received the required training and within ten (10) working days of initial assignment to positions with potential for occupational exposure;
- d. not require the employee's participation in a prescreening program as a prerequisite for receiving the Hepatitis B vaccination or any other vaccine(s) approved by DCS Management;
- e. make all DCS-approved vaccinations available to any employee who initially declined the vaccination but later decides to accept the vaccination;
- f. require each employee to sign the *Hepatitis B Vaccination Consent/Declination* form indicating the employee's consent to accept or decline the Hepatitis B vaccine or any other vaccine(s) that may be recommended by the U.S. Public Health Service for BBP and that is approved by DCS Management.
 - i. The employee's signature on the *Hepatitis B Vaccination Consent/Declination* form is required following BBP training for new hires or employees newly assigned to a position or to job duties that may affect the employee's occupational exposure.
 - ii. The employee's signature is required on the *Hepatitis B Vaccination Consent/Declination* form when DCS deems it necessary to offer vaccinations recommended by the U.S. Public Health Services.

- iii. The completed and signed original *Hepatitis B Vaccination Consent/Declination* form shall be tracked by Risk Management with a copy to the employee, then sent to HR for storage.
 2. The employee, after receiving the required information regarding Hepatitis B vaccine and vaccination series, or any other vaccine(s) approved by DCS management, shall do the following:
 - a. Document his/her decision to accept or decline vaccination by signing either the consent section or the declination section of the *Hepatitis B Vaccination Consent/Declination* form upon completion of the required training.
 - b. Keep all scheduled appointments for vaccinations if consenting to vaccination. If a routine booster dose of the Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such a booster dose will be made available at no cost to the employee.
 3. Human Resources is responsible for maintaining the completed original of the *Hepatitis B Vaccination Consent/Declination* form.

D. Procedure for Post-Exposure Service and Evaluation

1. Employees who believe they have been exposed to blood or other potentially infectious material shall:
 - a. notify their supervisor immediately following an exposure incident and provide sufficient details about the incident to enable the supervisor to prepare the *Unusual Incident Report* (UIR) and the *Confidential Evaluation of Employee Exposure to Bodily Fluids* form, sections I (Information about Person Exposed), II (Route of Exposure), III (Description of Incident), and IV (Source Information) if known;
 - b. complete and submit to Risk Management a *Report of Significant Work Exposure to Bodily Fluids* form within ten (10) calendar days of the exposure incident.
 - c. complete the *UIR* and contact CorVel at (800) 685-2877.

- i. CorVel coordinates the referral of the employee to a licensed health care professional (HCP) no later than twenty-four hours after the exposure if possible or as soon as feasible for a post-exposure evaluation. The employee will be responsible for providing information requested by the HCP.
2. The employee's supervisor shall:
 - a. take immediate emergency measures and then proceed with the responsibilities that follow in cases of injury or exposure that require immediate or emergency medical treatment by a physician or other HCP;
 - b. assist the employee with completing the *Unusual Incident Report* and forward it to DCS Risk Management no later than the next working day following the incident for completion of the *Unusual Incident Report*;
 - c. complete the *Confidential Evaluation of Exposure to Bodily Fluids* sections I, II, III, and IV (if known), ensuring the following is documented on the form:
 - i. the route(s) of exposure and the circumstances under which the exposure incident occurred;
 - ii. the source individual's identity, unless it is known that identification is infeasible or prohibited by law. The source individual's blood will be tested as soon as feasible after consent is obtained in order to determine HPV and HIV infectivity.
 - d. inform the employee who chooses not to complete the reporting forms that the employee is at risk of denial of a Workers' Compensation claim;
 - e. ensure that the source individual's blood is tested as soon as feasible after consent is obtained in order to determine BBP infectivity.

- i. Send a referral to the HCP for the collection and testing of blood for HPB and HIV serological status.
 - ii. If consent is not obtained, the Department shall consider that the legally required consent cannot be obtained.
 - iii. When the source individual is already documented as being infected with HPB or HIV, testing for the source individual's known HPB or HIV status need not be repeated.
 - f. provide results of the source individual's testing to the exposed employee and inform the employee of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual;
 - g. send the original *Report of Significant Work Exposure to Bodily Fluids and Other Infectious Material* form to Risk Management, and one copy to DCS Human Resources;
 - h. receive the HCP's written opinion from Risk Management and provide a copy to the exposed employee no later than five (5) days after receiving the report.
3. Risk Management shall retain the original UIR and complete the *Evaluation of Incident* section of the *Confidential Evaluation of Employee Exposure to Bodily Fluids* form.
4. Human Resources shall:
- a. retain the HCP's written opinion on the *Confidential Evaluation of Employee Exposure to Bodily Fluids* form, and the *Hepatitis B Vaccination Consent/Declination* form for the exposed employee's duration of employment, plus thirty years in accordance with the BBP Standard;
 - b. forward a copy of the HCP's written opinion to the employee's supervisor no later than three (3) days after receiving the report.

5. The Program Administrator (or Central Office equivalent) shall:
 - a. complete the *Unusual Incident Report*, no later than seventy-two (72) hours after notification;
 - b. direct the exposed employee's blood to be collected and tested as soon as feasible after consent is obtained.
 - i. When the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, request that the HCP preserve the blood sample for at least ninety (90) days;
 - ii. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, request that the HCP complete the test using the sample previously provided and that the test be completed as soon as feasible.

VII. FORMS INDEX

[*Confidential Evaluation of Employee Exposure to Bodily Fluids \(DCS-1127A\)*](#)

[*Employer's Report of Industrial Injury \(DCS-1007A\)*](#)

[*Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material \(ICA 0124\)*](#)

[*Unusual Incident Report \(DCS-1125A\)*](#)

[*Hepatitis B Vaccination Consent/Declination \(DCS-1128A\)*](#)



Bloodborne Pathogens Exposure Control Plan

December 2018

I. INTRODUCTION

DCS shall provide support to adequately protect employees from occupational exposure to bloodborne pathogens (BBPs). Accordingly, this Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in recognition of Occupational Safety and Health Administration (OSHA) standard [29 CFR 1910.1030](#), “Occupational Exposure to Bloodborne Pathogens.”

Employees incur risk each time they are exposed to blood or other potentially infectious materials (OPIM). Any exposure incident may result in infection and subsequent illness. Considering the possibility of becoming infected from a single exposure incident, exposure incidents must be prevented whenever possible. The goal of this ECP is to reduce the risk of infection by:

1. eliminating or minimizing occupational exposure to blood and OPIM;
2. making available the Hepatitis B vaccine to employees with occupational exposure; and
3. providing post-exposure medical evaluation and follow-up.

Identifying the tasks and procedures where occupational exposure may occur and the positions whose duties include those tasks and procedures are critical elements of exposure control. Although routine exposure to BBPs is not inherent to any position within DCS, there may be exposure risk or incidents, however infrequent. For the purposes of this ECP, the positions deemed to be most at risk for exposure include staff assigned to the Tucson and Phoenix Welcome Centers.

This ECP will be reviewed and updated annually under the direction of DCS Risk Management and whenever necessary to reflect new or modified tasks and procedures. It will be available electronically on the DCS Intranet. DCS Risk Management will be responsible for making the written ECP available to employees, Occupational Safety and Health Administration (OSHA), and National Institute of Occupational Safety and Health (NIOSH) representatives. Risk Management may be contacted at:

DCS Risk Management
OpRiskManagement@azdcs.gov
3003 N. Central Ave Phoenix, AZ 85012
(602) 542-3185

DCS Human Resources will be responsible for ensuring that all appropriate medical actions are performed and that employee health and OSHA records are maintained. For Workers' Compensation claims related to BBP, contact DCS Human Resources:

DCS Human Resources
EmployeeRelations@azdcs.gov
3003 N. Central Ave. Phoenix AZ 85012
(602) 255-2903

II. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions and Work Practice Controls

Universal precautions are methods of preventing disease by preventing the transfer of blood and body fluids such as semen, vaginal secretions, cerebrospinal fluid, and amniotic fluid. The underlying concept of universal precautions is that all blood and body fluids are considered to be infectious for BBPs. Employees should treat all blood and body fluids as though they contain BBPs. *Work practice controls* are behaviors that reduce the likelihood of exposure and shall include:

- avoiding any environment where BBPs (or any chemicals) are presumed to be present. Staff should call the local fire department for assistance;
- avoiding all contact with needles or other sharp objects;
- washing hands and any other skin area (intact or non-intact) with soap and water as soon as feasible, or flushing mucous membranes with water immediately after such body areas come into contact with blood or OPIM. The Department shall provide hand-washing or sanitizing supplies readily accessible in the workplace to employees who come into contact with blood or OPIM during the performance of their duties. In the event that hand-washing facilities are not available, either an appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels or antiseptic towelettes, shall be provided. When antiseptic hand cleansers or towelettes are used, employees should wash their hands with soap and running water as soon as feasible.

B. Personal Protective Equipment

The Department shall provide Personal Protective Equipment (PPE) to be used when employees face the risk of BBP exposure. The equipment will consist of gloves, masks, and other objects that do not require training to use. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided. The Department shall repair or replace PPE as needed to maintain its effectiveness. The following behaviors are advised:

- wearing appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replacing gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised;
- washing hands immediately or as soon as feasible after removing gloves or other PPE;
- removing PPE after it becomes contaminated and before leaving the work area;
- wearing appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth;
- removing immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

C. Housekeeping

The Department shall maintain work sites in a clean and sanitary condition. Signs must be used to identify restricted areas where the potential for occupational exposure exists.

Decontamination

All equipment and environmental and working surfaces shall be cleaned and immediately decontaminated with an appropriate disinfectant after contact with blood or OPIM. Additionally, any materials (mops, sponges, re-usable gloves, buckets, pails, etc.) used to clean up a spill of blood or OPIM must be decontaminated immediately.

Decontamination should be accomplished by using:

- A solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water, or
- Lysol or some other disinfectant.

If cleaning up a spill of blood, carefully cover the spill with paper towels or rags, then gently pour the 10% solution of bleach over the towels or rags, and leave it for at least 10 minutes. This will help ensure that any BBPs are killed before wiping up the material. By covering the spill with paper towels or rags, the chances of causing a splash when pouring the bleach are

minimized. If decontaminating equipment or other objects (broken glass, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, etc.), leave the disinfectant in place for at least 10 minutes before continuing the cleaning process. For emergencies, call the 24-hour Landport Hotline at (602) 542-2236.

Sharps

Discarded insulin syringes create a potential for exposure for persons emptying the trash whether the insulin is administered by the diabetic individual or by another. The Welcome Centers will have a sharps disposal container and maintain a sharps injury log. Needles shall be disposed of in sharps containers only.

Labeling

Warning labels should be affixed to containers of regulated waste. These labels may be fluorescent orange, red, or orange-red. Bags used to dispose of regulated waste must be red or orange/red, and should have the biohazard symbol readily visible upon them. Regulated waste should be double-bagged to guard against the possibility of leakage if the first bag is punctured.

Laundry

Contaminated laundry shall be handled as little as possible. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment. Prior to disposal, contaminated laundry will be bagged or containerized at the location where it was found. Containers shall be labeled (or color-coded) and leak-proof.

III. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact CorVel at (800) 685-2877, then DCS Risk Management at OpRiskManagement@azdcs.gov or (602) 542-3185.

An immediately available confidential medical evaluation and follow-up will be conducted by a licensed health care professional. Following initial first aid (cleaning the wound, flushing eyes or other mucous membrane, etc.), the following activities will be performed, pursuant to the DCS Bloodborne Pathogens Policy:

- documenting the routes of exposure and how it occurred;
- identifying and documenting the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law);
- obtaining consent and making arrangements to have the source individual tested as soon as possible to determine infectivity (unless the source is known to be HIV and/or HBV positive); documenting that the source individual's test results were conveyed to the employee's health care provider;

- assuring that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality);
- after obtaining consent, collecting exposed employee's blood as soon as feasible after exposure incident, and testing blood for HBV and HIV serological status. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

IV. PROCEDURE FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

DCS Risk Management will review the circumstances of all exposure incidents to determine:

- what controls were in use at the time;
- whether work practices were being followed;
- whether protective equipment or clothing was used at the time of the exposure incident;
- where the incident occurred;
- what activities were being performed when the incident occurred;
- what training the employee had received;
- whether OSHA recordkeeping requirements are being met.