

SOUTH CENTRAL HUMAN RESOURCE AGENCY
INFECTIOUS DISEASE POLICY

SECTION I General Information

1. Purpose:

It is the responsibility of the South Central Human Resource Agency to provide employees a place of employment which is free from recognized hazards that may cause death or serious physical harm. In providing services to citizens of the South Central Tennessee Region, employees may come in contact with life-threatening infectious diseases which can be transmitted through job related activities. It is important that both citizens and employees are protected from the transmission of diseases just as it is equally important that neither is discriminated against because of basic misconceptions about various diseases and illnesses. The purpose of this policy is to establish a comprehensive set of rules and regulations governing the prevention of discrimination and potential occupational exposure to Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and Tuberculosis (TB).

2. Coverage:

Occupational exposures may occur in many ways, including needle sticks, cut injuries or blood spills. Several classes of employees are assumed to be at high risk for blood borne infections due to their routinely increased exposure to body fluids from potentially infected individuals. Those high risk occupations include but are not limited to;

- a. Homemakers / PS Homemakers
- b. Nutrition
- c. Head Start / Early Head Start
- d. Community Corrections
- e. Custodians / Maintenance Workers
- f. Any other employee deemed to be at high risk per this policy and an exposure determination.

3. Administration:

This Infection Control policy shall be administered by the Executive Director, or designee assisted by the Program directors of SCHRA and shall have the following duties and responsibilities:

- a. Exercise leadership in implementation and maintenance of an effective Infection Control policy subject to: Federal and State Laws relating to OSHA regulations;

- b. Make an exposure determination for all employee positions to determine a possible exposure to blood or body fluids;
- c. Maintain records of all employees and incidents subject to the provision of the policy;
- d. Conduct periodic inspections to determine compliance with the Infection Control policy by Agency employees;
- e. Coordinate and document all relevant training activities in support of the Infection Control policy;
- f. Prepare and recommend to the Policy Council and Executive Committee any amendments or changes to the Infection Control Policy;
- g. Identify any and all housekeeping operations involving substantial risk of direct exposure to body fluids and shall address the proper precautions to be taken while cleaning rooms and blood spills;
- h. Perform such other duties and exercise such other authority as may be prescribed by the Policy Council and Executive Committee.

4. Definitions:

- a. Body Fluid – Fluids that have been recognized by the Center of Disease Control as directly linked to the transmission of HIV and/or HBV and/or to which universal precautions apply; blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses.
- b. Exposure – The contact with blood or other body fluids to which universal precautions apply through contact with open wounds, non-intact skin, or mucous membranes during the performance of an individual's normal job duties.
- c. Hepatitis B Virus (HBV) – A serious blood-borne virus with potential for life-threatening complications. Possible complications include: massive hepatic necrosis, cirrhosis of the liver, chronic active hepatitis, and hepatocellular carcinoma.
- d. Human Immunodeficiency Virus (HIV) – The virus that causes acquired immunodeficiency (AIDS). HIV is transmitted through sexual contact and exposure to infected blood or blood components and prenatally from mother to neonate.
- e. Tuberculosis (TB) – An acute or chronic communicable disease that usually affects the respiratory system, but may involve any system in the body.
- f. Universal Precautions – Refers to a system of infectious disease control which assumes that every direct contact with body fluid is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluid were HBV or HIV infected.

Section II General Policies and Procedures:

1. Policy Statement: All blood and body fluids are potentially infectious for several blood-borne pathogens and some body fluids can transmit infections. For this reason, the Center for Disease Control developed the strategy that everyone should always take particular care when there is a potential exposure. These precautions have been termed “universal precautions”. Universal precautions stress that all persons should be assumed to be infectious for HIV and/or other blood-borne pathogens. Universal precautions apply to blood, tissues, and other body fluids which contain visible blood. Universal precautions also apply to semen, (although occupational risk or exposure is quite limited), Vaginal secretions, and to cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Universal precautions do not apply to feces, nasal secretions, human breast milk, sputum, saliva, sweat, tears, urine, and vomits unless these substances contain visible blood.
2. General Guidelines: General guidelines which shall be used by everyone include:
 - a. Think when responding to emergency calls and exercise common sense when there is potential exposure to blood or body fluids which require universal precautions.
 - b. Keep all open cuts and abrasions covered with adhesive bandages which repel liquids.
 - c. Soap and water kill many bacteria and viruses on contact. If hands are contaminated with blood and body fluids to which universal precautions apply, then wash immediately and thoroughly. Hands shall also be washed after gloves are removed even if the gloves appear to be intact. When soap and water or hand washing facilities are not available, then use a waterless antiseptic hand cleaner according to the manufacturer’s recommendation for the product.
 - d. All workers shall take precautions to prevent injuries caused by needles, scalpel blades, and other sharp instruments. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes and needles, scalpel blades and other sharp items shall be placed in puncture resistant containers for disposal. The puncture resistant container shall be located as close as practical to the use area.
 - e. The Agency will provide gloves of appropriate material, quality and size for each affected employee. The gloves are to be worn when there is

contact (or when there is a potential contact) with blood or body fluids to which universal precautions apply:

- i. While handling an individual where exposure is possible;
 - ii. While cleaning or handling contaminate items or equipment;
 - iii. While cleaning up an area that has been contaminated with one of the above; Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration. Employee shall not wash or disinfect surgical or examination gloves for reuse.
- f. Resuscitation equipment shall be used when necessary. (No transmission of HBV or HIV infection during mouth-to-mouth resuscitation has been documented.) However, because of the risk of salivary transmission during artificial resuscitation, bags shall be used.
- g. Masks or protective eye wear or face shields shall be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to mucous membranes of the mouth, nose, and eyes. They are not required for routine care.
- h. Gowns, aprons, or label coats shall be worn during procedures that are likely to generate splashes of blood or other body fluids.
- i. Areas and equipment contaminated with blood shall be cleaned as soon as possible. A household (chlorine) bleach solution (1 part chlorine to 10 parts water) shall be applied to the contaminated surface as a disinfectant leaving it on for at least 30 seconds. A solution must be changed and re-mixed every 24 hours to be effective.
- j. Contaminated clothing (or other articles) shall be handled carefully and washed as soon as possible. Laundry and dish washing cycles at 120 degrees are adequate for decontamination.
- k. Place all disposable equipment (gloves, masks, gowns, etc...) in a clearly marked plastic bag. Place the bag in a second clearly marked bag (double bag). Seal and dispose of by placing in a designated "hazardous" dumpster. NOTE: Sharp objects must be placed in an impervious container and then taken to a hospital for disposal.
- l. Tags shall be used as a means of preventing accidental injury or illness to employees who are exposed to hazardous potentially hazardous conditions, equipment or operations which are out of the ordinary, unexpected or not readily apparent. Tags shall be used until such time as the identified hazard is eliminated or the hazardous operation is completed.
- m. Linen soiled with body fluids shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linen. All soiled linen shall be bagged at the location where it was used. It shall not be sorted or rinsed in the area. Soiled linen shall be placed and transported in bags that prevent leakage. The employee responsible for transported soiled linen should always wear protective gloves to prevent possible contamination. After removing the gloves,

hands or other skin surfaces shall be washed thoroughly and immediately after contact with body fluids.

- n. Whenever possible, disposable equipment shall be used to minimize and contain clean up.

Section III Vaccinations, Testing and Post-Exposure Management

1. Hepatitis B Vaccinations: The South Central Human Resource Agency shall offer the appropriate Hepatitis B Vaccination to employees at risk of exposure free of charge and in amounts at times prescribed by standard medical practices. The vaccination shall be voluntarily administered. High risk employees who wish to take the HBV vaccination should notify their department head that shall make the appropriate arrangements through the Infectious Disease Control Coordinator.
2. Reporting Potential Exposure: Agency employees shall observe the following procedures for reporting a job exposure incident that may put them at risk for HIV or HBV infections (i.e., needle sticks, blood contact on broken skin, body fluid contact with eyes or mouth, etc...):
 - a. Notify supervisor of the contact incident and details thereof.
 - b. Complete the appropriate accident reports (work injury) and any other specific form required.
 - c. Arrangements will be made for the person to be seen by a physician as with any job-related injury.

Once an exposure has occurred, a blood sample should be drawn after consent is obtained from the individual from whom exposure occurred and tested for Hepatitis B surface antigen (HBsAg) and/or antibody to human immunodeficiency virus (HIV antibody). Testing of the source individual should be done at a location where appropriate pretest counseling is available. Post-test counseling and referral for treatment should also be provided.

3. Hepatitis B Virus Post-exposure Management: For an exposure to source individual found to be positive for HBsAg, the worker who has not previously been given the hepatitis B vaccine should receive the vaccine series. A single dose of hepatitis B immune globulin (HBIG) is also recommended, if it can be given within seven (7) days of exposure. For exposure from a HBsAg-positive source to workers who have previously received the vaccine, the exposed worker should be tested for antibodies to hepatitis B surface antigens (anti-HBs), and given one dose of vaccine and one dose of HBIG if the antibody level in the worker's blood samples is inadequate (i.e., 10 SRU by RIA, negative by EIA). If the source individual is negative for HBsAg and the worker has not been vaccinated, this opportunity should be taken to provide the hepatitis B vaccine series. HBIG administration should be considered on an individual basis when the source individual is known or suspected to be a high risk of HBV infection. Management and treatment, if

any, of previously vaccinated workers who receive an exposure from a source who refuses testing or is not identifiable should be individualized.

4. **Human Immunodeficiency Virus Post-exposure Management:** For any exposure to a source individual who has AIDS, who is found to be positive for HIV infection, or who refuses testing, the worker should be counseled regarding the risk of infection and infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure. The worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection. Following the initial test at the time of exposure, seronegative workers should be retested 6 weeks, 12 weeks and 6 months after exposure to determine whether transmission has occurred. During this follow-up, period (especially the first 6-12 weeks after exposure) exposed workers should follow the U.S. Public Health service recommendation for preventing transmission of HIV. These include refraining from blood donations and using appropriate protection during sexual intercourse. During all phases of follow-up, it is vital that worker confidentiality be protected. If the source individual was tested and found to be seronegative, baseline testing of the exposed worker with follow-up testing 12 weeks later may be performed if desired by the worker or recommended by the health care provider. If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be made available by the Agency to all workers who may be concerned they have been infected with HIV through an occupational exposure.
5. **Disability Benefits:** Entitlement to disability benefits and any other benefits available for employees who suffer, from on-the-job injuries will be determined by the Tennessee Worker's Compensation Bureau in accordance with the provisions of T.C.A. 50-6-303.

SECTION IV Training

1. **Regular Employees:** On an annual basis, all employees shall receive training and education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV infection and procedures to be used if they are exposed to needle sticks or body fluids. They shall also be counseled regarding possible risks to the fetus from HIV/HBV and other associated infectious agents.
2. **High Risk Employees:** In addition to the above, high risk employees shall also receive training regarding the location and proper use of personal protective equipment. They shall be trained concerning proper work practices and understand the concept of "universal precautions" as it applies to their work

situation. They shall also be trained about the meaning of color coding and other methods used to designate contaminated material. Where tags are used, training shall cover precautions to be used in handling contamination as per this policy.

3. New Employees: During the new employee's orientation to his/her job, all new employees will be trained on the effects of Infection Disease prior to putting them to work.

SECTION V Records and Reports

1. Reports: Occupational injury and illness records shall be maintained by the Benefits/Personnel Specialist. Statistics shall be maintained on the OSHA-200 report. Only those work-related injuries that involve loss of consciousness, transfer to another job, restriction of work or motion, or medical treatment are required to be put on the OSHA-200.
2. Needle Sticks: Needle sticks, like any other puncture wound, are considered injuries for record keeping purposes due to the instantaneous nature of the event. Therefore, any needle stick requiring medical treatment (i.e., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc...) shall be recorded.
3. Prescription Medication: Likewise, the use of prescription medication (beyond a single dose for minor injury or discomfort) is considered medical treatment. Since these types of treatments are considered necessary, and must be administered by a physician or licensed medical personnel, such injuries cannot be considered minor and must be reported.
4. Employee Interviews: Should the Agency be inspected by the U. S. Department of Labor Office of Health Compliance, the Compliance Safety and Health Officer may wish to interview employees. Employees are expected to cooperate fully with the Compliance Officers.

SECTION VI Legal Rights of Victims of Communicable Diseases

Victims of communicable diseases have the legal right to expect the same level of service and enforcement as any other individual would receive. All circumstances, not covered in this policy, that may arise concerning releasing confidential information regarding a victim, or suspected victim, of a communicable disease shall be referred directly to the Executive Director or designee.

Victims of a communicable disease and their families have a right to conduct their lives without fear of discrimination. An employee shall not make public, directly or indirectly, the identity of a victim or suspected victim of a communicable disease. Whenever an

employee finds it necessary to notify another employee or health care provider that a victim has or is suspected of having a communicable disease, that information shall be conveyed in a dignified, discrete and confidential manner. The person to who the information is being conveyed should be reminded that the information is confidential and that it should not be treated as public information.

Any EMPLOYEE who disseminates confidential information in regard to a victim of a communicable disease is in violation of this policy and shall be subject to serious disciplinary action and/or civil and/or criminal prosecution.