


CHAPTER Health/Medical	CHAPTER 03	SECTION 002	SUBJECT 30
SECTION Health Care		DESCRIPTION Exposure control and Post Exposure Plan/Hepatitis B Virus and Human Immunodeficiency Virus	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) has an exposure control and post-exposure plan designed to eliminate or minimize occupational exposure to Hepatitis B Viruses (HBV) and Human Immunodeficiency Virus (HIV).

STANDARDS:

- A. Employees in any occupation where they are potentially exposed to body fluids are considered to be at risk of occupational exposure to HIV and/or HBV.
 - 1. Routine contacts with persons who are carriers of HBV or HIV or who have acute Hepatitis B illness or AIDS do not constitute exposures to the virus.
 - 2. Significant exposure requires the introduction of virus by body fluids, such as blood saliva, semen, blood products, vaginal secretions, cerebro-spinal fluid, synovial fluid, pericardial fluid, amniotic fluid and concentrated HIV or

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HBV viruses into the blood stream through percutaneous (needle stick or cut) or cutaneous (when the skin is chapped, abraded or otherwise non-intact) or by absorption through mucosal tissue.

3. Employee exposure to an unrecognized carrier is always a possibility.

B. EXPOSURE CONTROL:

1. Universal precautions are observed to prevent contact with blood and other body fluids.
 - a. All employees are trained on Universal Precautions annually. Training records are kept on file for three years.
 - b. In compliance with the Centers for Disease Control and Prevention (CDC) directive, the LCCMH has in a policy regarding Universal Precautions. See LCCMH Policy 05.003.15 Universal Precautions / Standard Precautions. All new employees must review this policy and initial on the New Employee Orientation Checklist (Form #293).
2. Hand washing signs are posted near each sink.
3. Required warning labels or biohazard symbols are affixed to all containers of regulated waste and red puncture-proof containers used to dispose of used needles. See LCCMH Policy 03.001.35 Disposal of Syringes Used for Intramuscular Injections.
4. All employees are offered HBV vaccination at no cost. See LCCMH Policy 05.003.10 Hepatitis B Vaccine.
5. Immediately following use, reusable equipment contaminated with blood or body fluid will be disinfected with an approved disinfectant which is available in clinic areas.

PROCEDURES:

- A. Universal Precautions and Blood Borne Pathogen Exposure Plan for sharps / needlestick safety:
 1. The Health and Safety Committee will review this exposure plan, including sharps / needlestick safety.

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2. Changes will be made to represent improvements in technology, safer techniques, and training procedures as they occur. Feedback from Health and Safety Committee members and front line staff will be considered in this process. All actions taken will be noted in the Health and Safety Committee minutes, as well as a summary in the Quality Council Annual Report.
 3. Non-managerial staff, including direct care workers and nurses, will be representative members on the Health and Safety Committee. They are encouraged and expected to share their expertise and give input on all areas of the safety and exposure plan.
 4. All incidents will be reviewed at the first Health and Safety meeting following the exposure incident. Suggestions and improvements will be made and documented in the Health and Safety Committee minutes.
 5. Training on exposure procedures and reporting will be included in Health and Safety orientation at the start of employment and annually.
 6. Staff required to give injections to persons served, or use needles or other sharps, will have training on the safe use and disposal of the device used. This will be done prior to staff using the device.
- B. Post-exposure education, treatment, evaluation and follow up procedures are outlined below:
1. During orientation and required health and safety training, employees will be trained on the importance of reporting each exposure incident.
 2. A record of every exposure incident will be maintained by LCCMH and a copy of the HBV exposure report is to be submitted to the Michigan Department of Health and Human Services (MDHHS) Office of Clinical Services.
 3. Post-exposure evaluations and follow-up will be provided to every employee who has experienced a percutaneous (needlestick or cut) or mucous membrane (splash to the eye, nose or mouth) exposure to blood or body fluids or has a cutaneous exposure when the employee's skin is chapped, abraded or otherwise not intact.

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- a. The source individual will be identified and tested with their or their guardians permission in accordance with Michigan Compiled Laws 333.5133 (12).
 - b. If the source is not tested, or tests positive for HIV, the employee will be evaluated clinically and offered antibody testing for HIV as soon as possible. The employee will be advised to seek medical attention of any acute febrile illness that occurs within twelve weeks of exposure. Exposed employees testing seronegative for HIV will be offered retesting at six and twelve weeks and six months post exposure.
4. Post exposure prophylaxis for HBV will be offered to the employee in accordance with recommendations of the CDC Immunization Practices Advisory Committee, as published in the Morbidity and Mortality Weekly Report, Volume 40, Number RR-13, November 22, 1991.
 5. When an employee is involved in an exposure incident, staff will follow the steps outlined in the Worker's Compensation/On the Job Injuries Policy 05.001.130. Additionally, the following steps will be taken to assure proper handling of post exposure incidents:

WHO

DOES WHAT

Employee:

1. Immediately after possible exposure the employee will:
 - A. Wash the affected body part with running water and soap, or after possible exposure to the eyes, flush with saline eye wash at the eyewash station or clean water per the Centers for disease Control (CDC) National Institute for Occupational Safety and Health (NIOSH).
 - B. Notify the immediate supervisor or nurse.
 - C. Complete an incident report in the electronic health record for any exposure involving a person served.
 - D. Complete an Employee Report of Injury Form including the following information:

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1. File number of the individual by whom exposed;
2. Route of exposure;
3. Circumstances of exposure, i.e.,
 - a. accidental sharps / needle puncture (include manufacturer, type and brand of device)
 - b. bite
 - c. mucosal exposure (mouth, nose, lips and eyes)
 - d. scratch
 - e. exposure of broken skin to blood or saliva
 - f. any other incident as determined by a LCCMH nurse.

2. Assumes responsibility for follow-through obtaining treatment and counseling if needed.

Supervisor:

3. Determines from discussion with employee and any witnesses to the incident if type of exposure meets criteria for treatment. If uncertain, consult with LCCMH nurse.

4. Completes and signs "Supervisor's Report of Accident Form.

5. Sends employee with forms to the County office for authorization for follow-up with the county-designated physician. Sends copy of report to LCCMH HR Office and to the Health and Safety Committee for review. Exposure information is kept in the employee confidential medical file in the HR Office.

County
Representative:

6. Determines need for follow-up examination and treatment. If treatment is needed, completes and

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signs "Authorization for Treatment" and sends employee to the County-designated physician for examination and treatment. Examination and treatment will be at no cost to the employee.

Occupational Health : 7. The employee follows up with the physician at Occupational Health for testing, prophylactic care and monitoring according to the OSHA best practices for exposure control. See OSHA [APPENDIX D MODEL EXPOSURE CONTROL PLAN \(osha.gov\)](#)

A. Employee is advised to report and seek medical attention for any acute febrile illness that occurs within twelve weeks of the exposure.

B. Exposed employees testing seronegative for HIV is offered retesting at six and twelve weeks and six months to one year post exposure.

REFERENCES:

Centers for Disease Control, National Institute for Occupational Safety and Health: Bloodborne Pathogen Exposure
 CDC Immunization Practices Advisory Committee, as published in the Morbidity and Mortality Weekly Report, Volume 40, Number RR-13, November 22, 1991.
 Michigan Compiled Laws 333.5133 (12).
 OSHA Needlestick Safety and Prevention Act of November 2000,

SW:lr

 This Policy supersedes
 #09/10016 dated 09/27/2010.
