**Occupational Safety and Health Administration (OSHA) / Blood-borne Pathogens and Contagious & Infectious Disease Prevention**

RMYA is committed to complying with OSHA standards and guidelines as it applies to our agency. The RMYA nurse is responsible for OSHA (Occupational Safety and Health Administration) compliance and other medical related staff training. The nurse is also responsible for seeking current medical advice and keeping OSHA and medical training material updated with regards to the prevention and control of infectious and contagious disease including HIV/Aids, Hepatitis, and Tuberculosis.

**a. Exposure Determination and Procedures**

Some employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. for purposes of this policy employees are considered to be exposed even if they wear personal protective equipment.). This exposure determination lists all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency.

Some employees in certain job classifications may be exposed to blood or other potentially infectious materials because of tasks or procedures that would cause the employees to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

**JOB CLASSIFICATION: TASKS/PROCEDURES:**

Residential Specialist When administering First Aid

Team Leader As a collateral duty to routine work

Night Supervisor, Nurse when cleaning up body fluid spills.

**b. Precautionary Measures**

To help control and prevent HIV/AIDS, hepatitis, tuberculosis, and other contagious and infectious diseases, employees are required to observe the following precautionary measures:

 **Compliance Methods:** Standard precautions will be observed to prevent contact with blood or other potentially infectious materials. Any employee who is required to prepare and/or serve food will **not** do so if they have symptoms of acute illness or an open, untreated wound. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water, or germicidal disinfectant. Minimum dishwashing and laundry water temperatures to kill blood borne and airborne bacteria are 155 degrees. The dishwashers used are all equipped with an internal heating element that allows water temperatures to reach this requirement.

If employees incur exposure to their skin or mucous membranes, those areas are washed or flushed with water as appropriate as soon as feasible following contact.

 **Personal Protective Equipment:** All personal protective equipment is provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

**PERSONAL PROTECTIVE EQUIPMENT:** Gloves

**TASK**: Administering First Aid. Cleaning up body fluid spills.

All personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments, which are penetrated by blood, are removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. **The following protocol has been developed to facilitate leaving the equipment at the work area:**

Place in bins marked for bio-hazardous disposal.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be used for the following procedures: When administering First Aid and cleaning up body fluid spills.

Any broken glassware, which may be contaminated, will not be picked up directly with the hands. Tongs are located in First Aid kits for this purpose. Broken glassware will be placed in approved biohazard sharps containers, never in plastic trash bags.

 **Regulated Waste Disposal:** Regulated wastes other than sharps are placed in appropriate containers. Such containers are located in all staff offices.

 **Laundry Procedures:** Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry will be cleaned at each program facility. Residents should remove any and all of their own bedding contaminated with body fluids, and place directly into washing machines. Laundry is to be washed in hot water and a germicide (located at each program) is added to ensure that bacteria are killed. The germicide is needed because the facilities water heater temperatures cannot be set at the minimum temperature of 155 degrees and the laundry machines will not heat the water to this required temperature. Adding the germicide complies with the Texas Department of Health requirements for killing bacteria.

If laundry contaminated with bodily fluids cannot be immediately washed, place in red biohazard bag in laundry room and label “LAUNDRY” until such time as it can be washed and sanitized.

 **Hepatitis B Vaccine:** All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who decline the Hepatitis B vaccine will sign a waiver, which uses the wording in Appendix A of the OSHA standard.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost at a provider designated by RMYA. The Nurse is responsible for OSHA training of new employees.

 **Post-Exposure Evaluation and Follow-Up:** When the employee incurs an exposure incident, it must be reported to the Senior Director of Human Resources.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up.

This follow-up will include the following:

o Documentation of the route of exposure and the circumstances related to the incident.

o If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.

o Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

The employee will be offered the option of having his blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted, the appropriate action can be taken and the blood sample discarded.

The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Services. These recommendations will be made in accordance with the guidelines for the current worker’s compensation provider.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

The following person has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy: Senior Director of Human Resources of RMYA.

 **Interaction with Health Care Professionals**: A written opinion is obtained from the health care professional that evaluates employees of this facility.

Written opinions will be obtained in the following instances:

o When the employee is sent to obtain the Hepatitis vaccine.

o Whenever the employee is sent to a health care professional following procedure needs to be followed:

 When a resident informs a RMYA staff that he/she would like to be tested for HIV, the staff needs to advise the resident to make the request to his/her caseworker or legal guardian. The caseworker or legal guardian will need to be responsible for making arrangements for testing. Residents who ask to be tested have the right to be tested without his/her caseworker or legal guardian's consent; however, the resident must be offered information and counseling. RMYA staff must ensure that any duly approved HIV-testing performed on the child conforms to the policies specified in 40 Texas Administrative Code (TAC) §§700.1401-700.1406 (Subchapter N, AIDS Policies for Children in DFPS's Conservatorship).

 The RMYA staff will then be responsible for allowing the resident to make contact with his/her caseworker or legal guardian at the time the request for testing is made to them.

 When a resident has requested testing or relayed information about HIV, the staff whom the resident has talked to may not communicate this with anyone else because to do so would be a breach of confidentiality.

 If a resident chooses to talk to other RMYA staff members about their request to be tested or any outcome of testing -- this will be his/her decision. However, if told, the RMYA staff may not discuss the information with anyone because it is a breach of confidentiality.

**Tuberculosis Testing**

RMYA’s policy is based on the guidelines set forth by the State and local health departments. Their guidelines are compiled from the CDC (Centers of Disease Control).

Based on the guidelines from the health department, and at the discretion of the RMYA nurse, employees may be required to complete a tuberculosis (TB) risk assessment. This assessment will be conducted by the RMYA nurse to determine if a TB skin test is necessary. If an employee is tested and the test results are positive, then they must demonstrate completion of an approved treatment and this documentation will be kept in the employee’s file. Risk assessments are also kept in the employee’s file.

**f. OSHA Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include explanations of the following:

 The OSHA standard for blood-borne pathogens;

 Epidemiology and symptomatology of blood-borne diseases;

 Modes of transmission of blood-borne pathogens;

 This Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.);

Procedures which might cause exposure to blood or other potentially infectious materials at this facility;

 Policies and procedures to prevent and control HIV/AIDS, hepatitis, tuberculosis, and other contagious and infectious diseases;

 Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials;

 Personal protective equipment available at the facility;

 Post-exposure evaluation and follow-up;

 Signs and labels used at the facility;

 Hepatitis B vaccine program at the facility;

 Infection Control for commonly encountered conditions; and

 Material Safety Data Sheets (MSDS) and related OSHA symbols for biohazards.

Training will be done by use of videotape, written material, and in-services.

All employees receive OSHA training within the first 90 days of employment, and are offered annual refresher training. RMYA’s nurse will be responsible for annually reviewing these policies and updating them if necessary. The outline for the training material is located in the office of the Director of Training.

**g. OSHA Recordkeeping**

The Senior Director of Human Resources, Chief Financial Officer, and/or the Chief Executive Officer will maintain all records required by the OSHA standard. These records included all incidents and medical records related to exposure to contagious and infectious disease.