 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Executive Division
	Chapter No./Name	DCFS Departmental Policy
	Part No./Name	3 – Health / Safety
	Section No./Name	3-1 Bloodborne Pathogens
	Document No./Name	3-1 Bloodborne Pathogens
	Effective Date	October 19, 2022

I. STATEMENT OF POLICY

It shall be the policy of the Department of Children and Family Services (DCFS) to establish a procedure using universal precautions regarding bloodborne pathogens (BBP) and preventing the contraction of communicable diseases (CD) in the workplace.

It is the purpose of this policy to reduce or eliminate occupational exposure to blood and other potentially infectious materials and communicable diseases to state employees. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, clean up procedures and medical protocol involving post exposure evaluation.

This policy covers all employees who can “reasonably anticipate”, as the result of performing their job duties, exposure to blood and other potentially infectious materials, and exposure to communicable diseases.

Definitions

Bloodborne pathogens (BBP) – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

Communicable diseases – A disease that is caused by a specific infectious agent or its toxic products and which can be transmitted either directly or indirectly from a reservoir to a susceptible host.


Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

DCFS Safety Officer – Individual appointed by the DCFS Secretary to plan, organize, direct and control the Safety Program for DCFS.

Decontamination – Ensuring that all contaminated work surfaces are cleaned immediately after completion of first aid, to the point where they are no longer capable of transmitting disease and the surface is rendered safe for handling, use or disposal. Decontamination/cleanup is to be completed by using bleach solution (10 parts water to 1 part bleach), and/or other Environmental Protection Agency (EPA) registered germicide, along with gloves and plastic sealable bags for disposal.

Emergency responders – DCFS employees selected by the DCFS Secretary, Safety Officer, Safety Coordinator or other appointing authority and trained to perform first aid and/or Cardiopulmonary Resuscitation (CPR).

Exposure incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (caused by needle sticks, human bites, cuts and abrasions) with blood or other potentially infectious materials. Other exposure incidence includes direct contact with respiratory, fecal/oral infectious agents as in TB, measles, and Hepatitis A.

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High exposure risk position – A position that involves potential exposure to greater risk that may result in injury for an employee.

Infectious materials – Includes, but is not limited to, body fluids, whether visibly contaminated with blood or not, unfixed tissues or organs other than intact skin for humans.

Occupational exposure – Means reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials – Includes human body fluids of semen, vaginal secretions, blood, saliva, amniotic fluids, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV or HBV – containing cultures or other solutions.

Safety Coordinator – Individual appointed by the Bureau/Division/Section Director to organize, direct and control the Safety Program for their assigned Bureau/Division/Section.


Significant exposure – Contact between not intact skin and mucous membrane with contaminated blood or body fluids.

Universal precautions – An approach to infection control in which all human blood and human body fluids are treated as if known to be infectious.

II. PROCEDURES

Responsibilities

- The DCFS Secretary is responsible for making every possible effort to ensure a safe environment for the employees and clients of the DCFS.
- The DCFS Safety Officer is responsible for:
 - Acting as Department-wide safety/exposure control officer.
 - Overseeing implementation of safety regulations in the Department and ensuring that personal protective equipment is available in all appropriate locations.
 - Reviewing the policy annually for all staff


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- Safety Coordinators are responsible for:
 - Ensuring minimal first aid supplies and personal protection equipment (PPE) are available.
 - Investigating and documenting all exposure incidents.
 - Ensuring that all employees are trained on the Bloodborne Pathogen and Communicable Diseases policy within three (3) months of hire ***.
 - Ensuring that all employees determined to be in a high exposure risk position use the appropriate personal protection equipment (PPE) and that all appropriate sizes are readily accessible.
 - Ensuring that all personal protective equipment is cleaned or disposed of by appropriate methods and/or personnel.
 - Ensuring the area where a BBP spill has occurred is decontaminated in accordance with the spill and clean up procedures.

Training

- Requirements
 - All employees are to be trained on this policy within three (3) months of hire.
 - * DCFS shelter workers, all Child Welfare field workers and the Child Support Arrest Team members must attend annual instructor led training by a certified Bloodborne Pathogens trainer.
 - BBP awareness training for **all other** employees must be completed within three (3) months of hire via the LEO system and every five (5) years thereafter. **
- Documentation

The employee's training transcript or ZP174 report from LEO may be used to document BBP awareness training. These records must be maintained in accordance with DCFS [Policy 6-2](#), Retention of Departmental Records.

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Exposure Determination

DCFS has determined that the following positions are at high risk for occupational exposure:

- Designated shelter workers,
- Child Welfare (CW) field staff who work directly with children and families,
- Child Support *** Arrest Team members who carry weapons.

Known risks of infection to employees while performing normal duties are minimal.

However, listed below for illustration purposes are some situations, based on seriousness of risk contacts that may expose an employee to a BBP.

Higher risk situations considered to be significant exposures include such contacts as:


- Being pricked or jabbed with a used hypodermic needle.
- Having blood or other body fluids possibly contaminated with blood spilled on non-intact skin, especially on an open wound, sore, near the mouth, eyes or other mucous membrane.
- Human bite wounds that break the skin.
- Performing mouth-to-mouth resuscitation on any person without using a resuscitation mouthpiece, particularly when the person is bleeding from the mouth.

Minimal risk contacts include, but are not limited to:

- Human bite wounds that do not break the skin.
- Human scratch wounds.

Remote risk contacts include:

- Casual contact with bloodborne pathogens (Human Immunodeficiency Virus [HIV]/Hepatitis B Virus [HBV]) carriers.
- Intact skin visibly contaminated with blood/body fluids (being spat upon, contact with tears or perspiration of any person).

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Although Tuberculosis (TB) is not a bloodborne pathogen disease, employees shall be aware that there is minimal to high risk of contracting TB through close contact with respiratory body fluids, and if droplets of saliva or particles are projected towards the face.

Method of Compliance

Universal precautions mandate staff to treat all body fluids as if they are infectious. Personal protective equipment such as hand washing solution, gloves, masks and resuscitation mouthpieces could be used. These standards stress hand washing as a method of exposure control.


Each employee is responsible for the disposal of his/her own potentially hazardous items such as used syringes and soiled bandages. Disposing medical waste in trash cans is prohibited. Employees must dispose of medical waste in a biohazard container located in the building.

Failure to follow these procedures may result in disciplinary action in accordance with DCFS [Policy 4-07](#), Disciplinary Corrective Actions and Separations.

Employees shall make it a practice to bandage open wounds or cuts, hang nails and rashes on hands to avoid potential contact with contaminated body fluids. Bandages shall be sealed on four sides and should be replaced if they become wet or soiled.

The following equipment should be kept at all first aid stations:

- **Gloves:** Required to be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Example: paper cut, skin scrape, etc.
 - Disposable (single use) gloves shall be readily accessible so that replacement occurs as soon as practical upon contamination, tearing, or puncturing.
 - Disposable gloves shall not be washed or decontaminated for reuse.
 - Employees wearing gloves to prevent exposure shall not touch knobs, switches, telephones and other surfaces until the gloves are removed.
- **Mask and Eye Protective Devices:** Required to be worn whenever splashes, sprays, splatters or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Example: skin puncture, etc.


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- **Resuscitation Mouthpiece:** Required when mouth-to-mouth resuscitation is administered. Example: respiratory arrest, loss of consciousness.
- **Hand Cleaning Solution:** Required for hand washing after every first aid treatment.
- **Sealable Plastic Bags:** Required for disposal of contaminated materials.
- **Blood spill kit:** May be a prepackaged kit containing protective gloves, eye cover, packet of granular fluid absorber and scoop, sealable red biohazardous waste disposal bag, and disinfectant hand wipes. It may consist of protective gloves, eye cover, bleach, rags/paper towels, sealable red bio-hazardous waste disposal bags, disinfectant hand wipes, mop, and bucket assembled but not via a prepackaged acquisition.
- **Decontamination solution or bleach:** If bleach is used for a clean up, mix ten (10) parts water with one (1) part bleach. Since a solution of bleach and water loses its strength quickly, it should be mixed fresh before each clean up for an effective cleaning.
- **Mop, bucket, rags or paper towels:** Items used for the cleanup process.

Spills and Clean-up Procedures

Upon notification that a BBP spill has occurred, the following procedures must be followed:

- The Safety Coordinator (or other approved and designated individual) will clear individuals from the affected area and set up a perimeter so that others will not come into contact with any BBP. Access to the area should be restricted.
- The Safety Coordinator (or other approved and designated individual) will wash/mop the affected area with a strong solution of water and bleach (10 parts water to 1 part bleach), or other decontamination solution. Personal protective equipment must be worn.
- Cleaning equipment must be properly decontaminated. Use disposable supplies whenever possible and dispose of properly.
- If blood or potentially infectious material has spilled directly onto you, it should be thoroughly washed off as soon as possible. If the material has spilled on your clothing and soaked through so that there is skin contact, the clothes must be removed and properly disposed of in a sealable red biohazardous waste disposal bag. Following removal, wash those areas where exposure is evident, even to

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the point of taking a shower. If blood or potentially infectious material has come into contact with any of the mucous membranes (eyes, nose, lips) they need to be thoroughly rinsed. If there is contact with open wounds or cracks in the skin, there is a risk of exposure.

- Employees shall wash hands immediately and thoroughly with hot water and soap following contact with blood or other body fluids, or any other possible source of infection.
- Hand washing is required whenever gloves have been worn and upon their removal.
- When provisions for hand washing are not available, employees shall use antiseptic towelettes. However, hands shall be washed with soap and running water as soon as feasible thereafter.
- Employees shall not smoke, eat, drink, apply make-up or lip balm, or handle contact lenses around areas where there is a reasonable likelihood of exposure, especially body fluid spills.
- Disposal of waste should be in accordance with applicable federal, state, and local regulations.
- All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste material must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.
- The office may elect to call in a professional for proper decontamination and disposal.

Work and Practice Controls – Response to Exposures: Immediate and Post Exposure

Immediate response to various exposures will depend upon the circumstances:

- If an employee receives a puncture/stick, cut, or scratch of the skin with a potentially infected sharp object, then wash the area immediately with soap and warm water. Medical attention shall then be sought.
- Employees shall always wash their hands thoroughly with soap and warm water after contact with any person's blood or bodily fluids (universal precautions)

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whether in a container or not. This includes persons who wear rubber gloves during an event.

- If an employee is bitten, apply pressure to encourage the wound to bleed, wash the area with soap and hot water. Medical attention shall then be sought.
- Employees who have been spat upon or who have come in contact with a person who has vomited, urinated or defecated upon him/herself, shall wash with soap and warm water after such contact.
- All accident forms required by DCFS Human Resources and Office of Risk Management (ORM) shall be completed within 24 hours of the incident.
 - A State Employee Incident/Accident Analysis Form ([DA 2000](#)) will be completed by the supervisor. The exposed employee(s) must attach a written statement to the form.
 - [LWC-WC IA-1](#) – Employer’s First Report of Injury or Illness (Worker’s Compensation) Form, shall be filled out by the supervisor even if the employee does not require or seek medical attention.
 - If a visitor or client is injured, the Visitor/Client Post Incident/Accident Initial Information Form ([DA 3000](#)) and General Liability Reporting Form ([DA 2065](#)) must be completed by the office Safety Coordinator or designated employee.
- If you are contacted by Legal Counsel for the injured party, forward the written request to the Safety Officer, with a copy to DCFS General Counsel, and Safety Officer Supervisor, who will then forward to ORM/Sedgwick for response.
- Forms instructions are in DCFS Safety 3-2.

The immediate supervisor and affected employee shall evaluate each exposure incident to determine immediate preventive measures and necessary medical attention.

All significant exposure incidents will be referred to the appropriate health department for evaluation and investigation.

The designated health epidemiologist will review the incident, determine whether a true exposure occurred, and notify the affected member of recommendation.

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Medical Provisions for Affected Employees

- Employees are responsible for documentation and/or follow up on any situation that might lead to possible infection. All probable exposures to BBP and other infectious materials shall be reported to the Office of Public Health.
- Any employee who believes that he/she has been exposed to BBP or a communicable disease must notify their supervisor immediately. The Safety Coordinator will complete an Incident/Accident Analysis Form ([DA 2000](#)) and [LWC-WC IA-1](#) – Employer’s First Report of Injury or Illness (Worker’s Compensation) Form. The affected individual may elect to be sent for medical examination and it will be treated as a Worker’s Compensation matter.
- All exposures must be reported within 24 hours. A supervisor may call the appropriate [Office of Public Health](#) to report the exposure during a weekend if it is determined that immediate action is needed, e.g., meningitis prophylaxis.

If the Hepatitis B vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee. If an employee declines the offer of the free Hepatitis B vaccine then the employee is required to sign a [declination statement](#). If at any time the employee changes his/her decision and decides to accept the offer of the Hepatitis B vaccine, then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee. Due to confidentiality requirements the designated health epidemiologist shall only report the results of the investigation to the affected member. It is the member’s responsibility to report to his/her supervisor any investigative results.

Record Keeping and Confidentiality

- There must be a record kept on all actions requiring the services of a Safety Coordinator, supervisor or other designated individual. The date, time, place, and circumstances of the need for treatment should be recorded. An Incident/Accident Analysis Form ([DA 2000](#)) and [LWC-WC IA-1](#) – Employer’s First Report of Injury or Illness (Worker’s Compensation) Form must be completed when a BBP exposure occurred while providing emergency medical care. Treatment should be sought as a precaution, or if the exposure resulted in an injury.
- The Safety Coordinator must keep this information in a confidential file for the employee’s length of employment in accordance with DCFS [Policy 6-2](#), Retention of Departmental Records.

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- An employee, visitor or client who declines treatment should sign a [First Aid Treatment Waiver Form](#), in the presence of two (2) witnesses, to acknowledge his/her refusal of treatment.
- The original First Aid Treatment Waiver Form is retained by the Safety Coordinator, and a copy is sent to the DCFS Safety Officer, Administrative Services Manager and Human Resources Section, along with the appropriate [DA 2000](#) and [LWC-WC IA-1](#) – Employer’s First Report of Injury or Illness (Worker’s Compensation) Form Report of Injury/Illness Form for employees; or [DA 3000](#) and General Liability Reporting Form ([DA 2065](#)) for clients/visitors.
- Information and documentation on communicable diseases regarding a staff member is confidential. Louisiana state law protects the confidentiality of all HIV and anonymous testing.
- Information shall be kept with audit files in accordance with the DCFS Policy 6-2, Retention of Departmental Records.

III. FORMS AND INSTRUCTIONS

[DA 2000](#) / [Instructions](#) State Employee Incident/Accident Analysis

[DA 2065](#) General Liability Reporting Form

[DA 3000](#) / [Instructions](#) Visitor/Client Post Incident/Accident Initial Information

First Aid Treatment Waiver [Form](#) / [Instructions](#)

First Aid Information [Form](#) / [Instructions](#)

HBV Declination Statement [Form](#) / [Instructions](#)

[LWC-WC IA-1](#) / [Instructions](#) Employer’s First Report of Injury or Illness (Worker’s Compensation) Form, [Sample Form](#)

IV. REFERENCES

There are no references associated with this policy.