

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type	Subject of Policy	Policy No.
	Prevention of the Transmission of Diseases Borne by Blood or Other Body Fluids Such as AIDS and Hepatitis B	3016

1. Purpose. The purpose of the DDS Policy on Prevention of the Transmission of Diseases Borne by Blood or Other Body Fluids Such as AIDS and Hepatitis B is to establish procedures whereby both employees and individuals are protected from potential exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), which is shown to cause Acquired Immunodeficiency Syndrome (AIDS), and other blood-borne diseases.
2. Scope. This policy shall apply to all employees/volunteers of the Arkansas Division of Developmental Disabilities Services.
3. Definitions.

AIDS means Acquired Immunodeficiency Syndrome.

HBV means Hepatitis B Virus which causes Hepatitis B.

HIV means Human Immunodeficiency Virus which causes AIDS.

Universal Precautions mean those precautions recommended by Centers for Disease Control, Atlanta, to protect health-care workers from blood and those body fluids implicated in the transmission of HIV and HBV infections.

Body Fluids to Which Universal Precautions Apply include blood, and body fluid containing visible blood, semen, vaginal fluid, pleural fluid, peritoneal fluid, and pericardial fluid.
4. Universal Precautions. Centers for Disease Control, which is part of the U.S. Department of Health and Human Services, has recommended that health-care workers minimize the risk of exposure to diseases transmitted through blood and body fluids

Replacement Notation: This Policy replaces DDS Deputy Director's Office Policy Number 3016 effective November 15, 1988.

Effective Date: March 15, 1993

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References: Journal of American Medical Association – Volume 25, September 11 and 18, 1987 from Centers for Disease Control, Recommendations for Prevention of HIV Transmission in Health Care Settings;

The Federal Register – October 30, 1987, Joint Advisory Notice, Department of Labor/Department of Health and Human Services.

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implicated in the transmission of HIV and HBV infections by considering ALL patients are potentially infected. Since medical history and examination cannot reliably identify all persons infected with HIV, HBV, or other blood-borne pathogens, blood and body-fluid precautions as defined by Centers for Disease Control and set forth in this Policy will be consistently used for all patients/individuals. This approach is referred to as UNIVERSAL PRECAUTIONS. All health-care workers will routinely use the following precautions to prevent skin and mucous-membrane when contact with body fluids implicated in the transmission of HIV and HBV infections of any patient is anticipated. It should be noted that universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomits unless they contain visible blood.

- A. Gloves will be worn to prevent contact with blood and body fluids implicated in the transmission of HIV and HBV infections, mucous-membranes, and non-intact skin of all persons, and for handling items or surfaces soiled with body fluids to which universal precautions apply. This includes but is not limited to collecting and handling laboratory specimens, drawing blood and other vascular access procedures, changing dressings, and handling soiled clothing and bed linens. Gloves and soiled barrier precaution devices will be changed after contact with each patient.
- B. Hands and other skin surfaces will be washed immediately and thoroughly if contaminated with body fluids to which universal precautions apply. Hands will be washed immediately after gloves are removed.
- C. All health-care workers will take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during or after procedures, and when cleaning or disposing of used instruments. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles and other sharp items will be placed in puncture-resistant containers for disposal.
- D. Although saliva has not been implicated in transmission of HIV, to minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces and resuscitation bags will be available for use in areas in which the need for resuscitation is predictable.

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- E. Health-care workers who have exudative lesions or weeping dermatitis will refrain from all direct care and from handling patient care equipment until the condition resolves. This will also apply to indirect-care workers in food services or laundry.
- F. Items that are to be shared by individuals that are likely to be contaminated by blood or body fluids to which universal precautions apply, such as electric or safety razors, must be thoroughly disinfected after each use. The electric razor is to be dismantled and the blades and the screen and other parts which come in contact with skin are to be swabbed with a 2 % Amphyl solution, or household bleach solution (1 part bleach to 10 parts water) and dried thoroughly before putting together for re-use. The safety razor is to be unlocked and loosened, then swished thoroughly in either of the solutions above, rinsed well, then re-tightened and locked for re-use. To the maximum extent practicable, safety razors should be disposable.
- G. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
- H. Precautions for Dentistry. Precautions for health-care workers in dentistry recommended by Centers for Disease Control shall be posted in a conspicuous place in the dental area and followed.
- I. Precautions for Food Services. All food service workers will follow recommended standards and practices of good personal hygiene and food sanitation according to guidelines of the Health Care Financing Administration. Dishwashing cycles commonly used are adequate to decontaminate dishes, glassware, and utensils.
- J. Precautions for Laboratories and Specimens. Blood and other body fluids to which universal precautions apply from all patients/individuals will be considered infective. To supplement the universal blood and body fluid precautions already listed, precautions for health-care workers in clinical laboratories recommended by Centers for Disease Control shall be posted in a conspicuous place in the laboratory and followed.

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- K. Sterilization and Disinfection. Standard sterilization and disinfection procedures as recommended by Centers for Disease Control of the U.S. Department of Health and Human Services, are adequate to sterilize or disinfect items contaminated with blood and other body fluids from persons infected with blood-borne pathogens including HIV.
- L. Housekeeping. Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary disinfection or sterilization of these surfaces is not necessary. Disinfectant-detergent formulations normally used by housekeeping for cleaning environmental surfaces are acceptable for routine cleaning.
- M. Laundry. Soiled linen will be handled with minimum agitation to prevent microbial contamination of the air and persons handling the linen.

Linen soiled with blood or body fluids to which universal precautions apply will be placed and transported in bags that prevent leakage. Laundry personnel will use rubber gloves when handling this linen. It will be washed with detergent in water at least 71 degrees C (160 degrees F) for 25 minutes.
- N. Implementation of universal precautions for all patients/individuals eliminates the need for use of the isolation category of "Blood and Body-Fluid Precautions" for patients known or suspected to be infected with blood-borne pathogens, but may not eliminate the need for isolation, which should be decided on a case-by-case basis. Isolation will be practiced on specific physician orders when necessary.
- 5. Protection of Health Care Workers. Protection of health-care workers from potential exposure to Hepatitis B Virus, Human Immunodeficiency Virus which causes Acquired Immunodeficiency Syndrome (AIDS), and other blood-borne diseases was addressed in a joint advisory notice from Department of Labor/Department of Health and Human Services printed in Federal Register Vol. 52, No. 210, Friday October 30, 1987. Recommendations from this joint advisory notice shall be utilized in measures effected for the protection of workers in DDS as follows:

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- A. All working conditions and the specific tasks that workers are expected to encounter as a consequence of employment are to be evaluated. That evaluation leads to the classification of work related tasks to one of three categories of potential exposure. These categories represent those tasks that require protective equipment to be worn during the task (Category I); tasks that do not require any protective equipment (Category III); and an intermediate grouping of tasks (Category II); that also do not require protective equipment, but that inherently include the predictable job-related requirements to perform Category I tasks unexpectedly or on short notice, so that these persons should have immediate access to some minimal set of protective devices.

B. Exposure Categories.

Category I – Tasks that involve exposure to blood, body fluids to which universal precautions apply, or tissues: All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, implicated in the transmission of HIV and HBV infections, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures will be required for every employee engaged in Category I tasks. This category includes all Life Skills Trainers, laboratory technologists, all licensed nursing personnel, physicians, dental personnel, and all DDS respiratory therapy personnel.

Category II – Tasks that involve no exposure to blood, body fluids to which universal precautions apply, or tissues, but employment may require performing unplanned Category I tasks; the normal work routine involves no exposure to blood, body fluids to which universal procedures apply, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures will be readily available to every employee engaged in Category II tasks. This category includes all laundry personnel, occupational therapists, physical therapists, speech therapists, teachers, psychological staff, and social work staff.

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Category III - Tasks that involve no exposure to blood, body fluids to which universal precautions apply, or tissues, and Category I tasks are not a condition of employment; the normal work routine involves no exposure to blood, body fluids to which universal precautions apply, or tissues – Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care of first aid or to be potentially exposed in some other way. This category includes housekeeping and clerical personnel.

C. Medical.

Voluntary HBV immunization shall be provided for all workers whose employment requires them to perform Category I and Category II tasks. Since Hepatitis B vaccine is considered by all medical authorities to be safe, and since pre-vaccine screening for personnel not in Hepatitis B high risk groups has been shown not to be cost-effective, no pre-immunization screening shall be done. Monitoring, at the request of the worker, for HBV and HIV antibodies following known or suspected parenteral exposure to blood, body fluids to which universal precautions apply, or tissues shall be provided. This monitoring program must include appropriate provisions to protect the confidentiality of test results for all workers found, as a result of the monitoring described above, to be seropositive for HBV or HIV shall be provided, as well as counseling for those found to be seronegative for those diseases.

D. Record Keeping.

If any employee is required to perform Category I or II tasks, the facility should maintain records documenting:

1. the administrative procedures used to classify job tasks; records will describe the factors considered and outline the rationale for classification; each employee should be classified and a copy of this classification plus the factors used will be placed in the personnel file after being signed by the employee, and a copy given to the employee;

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2. copies of all Standard Operating Procedures (SOP's) for Category I and II tasks, and documentation of the administrative review and approval process through each SOP passed;
 3. training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training, and the names of all those receiving training;
 4. the condition observed in routine surveillance of the workplace for compliance with work practices and use of protective clothing or equipment; if non-compliance is noted, the conditions will be documented along with corrective action taken; the mechanisms for carrying out this recommendation are already in place at the Human Development Centers with the present regular internal audit system;
 5. the conditions associated with each incident of mucous membrane or parenteral exposure to body fluids implicated in the transmission of HIV and HBV infections or tissue, an evaluation of those conditions and a description of any corrective measures taken to prevent a recurrence or other similar exposure.
6. Training and Education. The employer should establish an initial and periodic training program for all employees who perform Category I or II tasks. No worker should engage in any Category I or II task before receiving training to the SOP's, work practices, and protective equipment required for that task. Although a Category III person's normal work routine would not involve possible Category I and II type exposure or be required to perform/assist in emergency medical care on a routine basis, Category III personnel will also be trained if their work environment is close to (within the same building) the Category I type conditions. The training program should ensure that all workers:
- A. understand the modes of transmission of HBV and HIV;
 - B. can recognize and differentiate Category I and II tasks and understand the basis for selection of clothing and equipment;

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- C. know the types of protective clothing and equipment generally appropriate for Category I and II tasks;
- D. are familiar with appropriate actions to take and persons to contact if unplanned Category I tasks are encountered;
- E. are familiar with and understand all the requirements for work practices and protective equipment specified in SOP's covering the tasks they perform;
- F. know where protective clothing and equipment is kept, how to use it properly, and how to remove, handle, decontaminate, and dispose of contaminated clothing or equipment;
- G. know and understand the limitations of protective clothing and equipment; for example, ordinary gloves offer no protection against needle stick injuries. Employers and workers should be on guard against a sense of security not warranted by the protective equipment being used;
- H. know the corrective actions to take in the event of spills or personal exposure to fluids implicated in the transmission of HIV and HBV infections or tissues, the appropriate reporting procedures, and the medical monitoring recommended in cases of suspected parenteral exposure.

It is essential for both the patient and the health-care worker to be fully aware of the reasons for the preventive measures used. The health-care worker may incorrectly interpret the work practices and protective equipment as signifying that a task is unsafe. The patient may incorrectly interpret the work practices or protective garb as evidence that the health-care provider knows or believes the patient is infected with HBV or HIV. Therefore, worker education programs should strive to allow worker (and to the extent feasible, the individuals or patients) to recognize the routine use of appropriate work practices and protective equipment as prudent steps that protect the health of all.

7. Monitoring Adherence to Recommended Protective Measures. When monitoring reveals a failure to follow recommended precautions, counseling, education and/or retraining should be provided and if necessary appropriate disciplinary action should be considered.

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8. Testing of Individuals. Testing of individuals for Hepatitis B shall be carried out as set forth in existing policies and procedures.

Individuals shall not be tested for the presence of HIV antibodies unless there is, in the judgement of the primary physician, sufficient medical reason to do so.

The individual and/or patient/guardian will be made aware of the testing, and be informed of the test results with explanation as to what the results may mean to the individual, whether positive or negative.

9. Testing of Employees. Testing of employees for HBV and HIV antibodies will be provided following known or suspected parenteral exposure to blood, body fluids to which universal precautions apply, or tissues as previously set forth in this policy.

Testing for AIDS status will not be done as a screening device for employment, because the disease is not known to be transmitted by casual contact and screening for AIDS may be construed as discrimination.

10. Confidentiality. Necessary and customary precautions will be exercised in the case of information concerning AIDS status, as with all health information, so that unauthorized dissemination of information about the AIDS status of clients and employees shall not occur except as authorized by law. Direct contact providers are to be informed only on a need-to-know basis.

