

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 79
Subject: **Bloodborne Pathogens**

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Page: 1 of 6

Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) to follow appropriate, widely recognized and accepted standards for protecting consumers and employees from exposure to bloodborne pathogens.

Purpose

To minimize or eliminate the risk of contracting a bloodborne pathogen infection, including Hepatitis B (HBV), Hepatitis C (HVC) and Human Immunodeficiency Virus (HIV).

To reduce risk through a system of information or education and appropriate follow-up in the event of exposure.

To provide all direct care employees with the Hepatitis B vaccine.

To comply with standards established by federal, state, and other regulatory agencies.

Application

This policy applies to all SCCMHA employees and contract employees.

Definitions

AIDS: Acquired Immune Deficiency Syndrome means an illness complex caused by an invasion of T-lymphocytes macrophages and nerve cells by the Human Immunodeficiency Virus (HIV).

For reporting purposes, AIDS is defined by the U.S. Public Health Service, Centers for Disease Control (CDC) as an illness characterized by:

- a. The presence of one or more of the opportunistic diseases that is indicative of an underlying cellular immunodeficiency.

- b. Absence of all known underlying causes of cellular immunodeficiency (other than HIV infection) and absence of all other causes of reduced resistance reported to be associated with at least one of those opportunistic diseases.
- c. Documented evidence of HIV infection, e.g. seropositivity or viral isolation on blood culture, is desired but not mandatory.

HIV: Human Immunodeficiency Virus.

Direct Care Employees: Those employees who perform procedures or occupational-related tasks which involve exposure or reasonably anticipated exposure to blood or other potentially infectious material, or which involve the likelihood for spills or splashes of blood or other potentially infectious material. This category also includes positions where procedures or tasks are conducted in non-routine situations as a condition of employment.

Hepatitis: Hepatitis is an inflammation of the liver often caused by viruses. Most cases of hepatitis occur without visible signs or symptoms and usually clear completely without any lasting effects. Specific blood tests can show whether an individual has had viral hepatitis.

There are two major types of hepatitis that are transmitted primarily through exposure to infected blood and other body fluids:

- a. Hepatitis B: Viral hepatitis caused by the Hepatitis B virus. Hepatitis B was formerly known as "serum hepatitis." Transmission is bloodborne, through sexual contact or perinatal (relating to the period shortly before and after birth). Its incubation period is 45 to 180 days. Some of the symptoms of the acute illness are loss of appetite, nausea and vomiting, fatigue and headache, followed by jaundice. These can be severe or the person can be totally asymptomatic. A vaccine is available. After vaccination more than 90% of healthy adults develop protective antibodies.
- b. Hepatitis C: Viral hepatitis caused by the Hepatitis C virus. It is transmitted the same as HBV but sexual contact is less likely. Its incubation period is from 14 to 180 days. The symptoms are similar to HBV, but usually not as severe. No vaccination is available.

Hepatitis B Carrier: An asymptomatic individual who tests positive for Hepatitis B antigen and who can transfer the virus to others.

- a. Carriers are people who have the virus in their blood, but show no symptoms of the disease. Although they are not sick themselves, carriers potentially can pass the virus to others and may cause them to develop Hepatitis B.

- b. In most cases of Hepatitis B the presence of the virus is only temporary. In a small minority of cases, Hepatitis B persists as a carrier state in affected persons (less than 10%).
- c. Infection with Hepatitis B provides lifelong immunity to repeat infection by the Hepatitis B virus. Immunity to Hepatitis B does not protect against Hepatitis C.

HBV: Hepatitis B virus.

HCV: Hepatitis C virus.

HbsAg: Hepatitis B surface antigen; first detectable marker for Hepatitis B infection appears 4-12 weeks post infection; persistence after 8-12 weeks suggests a strong possibility of carrier state.

Anti-HBs: Antibody to the Hepatitis B virus; the desired outcome of having received the Hepatitis B vaccine; probably persist for life and confirm immunity to HBV; can also result from previous illness.

HBIG: Hepatitis B Immune Globulin, an immune globulin prepared from plasma which contains high titer antibodies to HBV.

IG: Immune Globulin (formerly called immune serum globulin, ISG, or gamma globulin) prepared from plasma and contains low titer antibodies to HBV.

Occupational Exposure: means skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Standard Precautions: is an approach to infection control that combines the major features of Universal Precautions which reduces the risk of transmitting bloodborne pathogens and Body-Substance Isolation which reduces the risk of transmitting pathogens from moist body substances.

Standards:

- 1. General Purpose:
 - a. The Bloodborne Pathogen policy is a part of the agency wide Infection Control Plan. It incorporates the needs of recipients of service, staff and visitors' health as it pertains to exposure to blood or other potentially infectious material (OPIM).
 - b. Standard precautions are followed.

2. Hepatitis B Vaccination:

The Hepatitis B Vaccination will be made available to all direct care employees. The vaccination will be provided after the employee has received the required training and within 10 working days of initial assignment.

3. HIV/HBV Post-Exposure Evaluation and Follow-Up:

SCCMHA will offer each employee who reports an occupational exposure the immediate opportunity for a confidential medical evaluation and follow-up.

In the event of an exposure, staff will be sent to a community physician to discuss the importance of post-exposure evaluation and follow-up. After the discussion with the physician, staff will either give consent or refusal for the post-exposure evaluation and follow-up. Following consent the physician will recommend and provide the necessary follow-up and documentation. The treatment will follow the standard recommended practice as established by the Centers for Disease Control. At a minimum the evaluation will:

- a. Document the route(s) of exposure, the circumstances under which the exposure occurred, identification and documentation of the source individual if not prohibit by state or local law or identification is unfeasible.
- b. When appropriate provide for the collection and testing of the source individual's blood to determine HIV or HBV infection if the source individual is known and consents to testing. If the source individual refuses to give consent, the employer must determine if the legally required consent cannot be obtained. If the source individual's consent is not legally required, the employer will make sure his/her blood is tested and the results documented.
- c. Provide treatment according to standard recommendations for medical practice if the source individual is unknown or consent for testing cannot be obtained.
- d. Provide follow-up of the exposed employee, including counseling and illness reports, regardless of the HIV or HBV status of the source individual.
The counseling will cover risk reduction behaviors related to sexual contact, pregnancy and other behaviors. It will also cover the risks and benefits of HIV testing in accordance with state law.
- e. Provide for the collection and testing of an employee's blood to determine HBV, HCV and HIV status as soon as possible after exposure incidents if,

after counseling, he/she requests it. Actual antibody testing of the blood may be done at the time of collection or at intervals that are optimum for the development of detectable antibody titer.

If the employee consents to baseline blood collection but not serologic testing, the employer will ensure that the sample is preserved for 90 days. If within that time, the employee decides to have serologic testing, the employer will have the tests conducted.

- f. Provide safe and acceptable post-exposure prophylaxis, when medically indicated for HIV, HCV and HBV. U.S. Public Health standards for prophylaxis apply.

Approved by: Signed by Dr. Razvan Adam 09/09/14
Medical Director Date

Signed by Joseph Sedlock 09/09/14
Chief Executive Officer Date

