*State of Louisiana*

DIVISION OF ADMINISTRATION
OFFICE OF THE COMMISSIONER

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GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

DIVISION OF ADMINISTRATION

DOA POLICY NO. 12

EFFECTIVE DATE: JANUARY 3, 2000, Revised July 8, 2003

SUBJECT: BLOODBORNE PATHOGENS PROGRAM

AUTHORIZATION: Whitman J. Kling, Jr.
Deputy Undersecretary

## I. PURPOSE:

The purpose of this Program is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to DOA Personnel and other emergency personnel. 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.

## II. PROCEDURES

A. The Division of Administration will use the 911 (Emergency Response system) to render medical attention when there is an excessive exposure to bodily fluids. In case of minor cuts, the Certified First Aid/CPR Personnel or employees in the section may assist the injured person if it at all possible without actually coming into contact with the wound.

B. All bodily fluids will be considered infectious regardless of the perceived status of the source individual. Procedures for providing first aid and disinfecting contaminated areas will duplicate those developed and used by the health industry.

C. In an effort to limit the potential for all employees exposure to bloodborne pathogens, bloodborne pathogen information/training will be made available to all DOA employees and Sectional Safety Managers.

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## III. PERSONAL PROTECTIVE EQUIPMENT

Bodily Fluid Clean-Up Kits (Personal protective gear) will be located in each section with the First Aid Kit. Safety Managers are responsible for the maintenance of these protective items. The Safety Manager will make replacements of these kits. The kits will contain:

A. Disposable Gloves-which should 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.

B. Disposable Goggles, Face Mask, Apron and Shoe Covers-Will 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.

C. Clean-up Absorbent Pack – Sprinkle over the spill to solidify the blood and bodily fluids to assist in safer handling.

D. Scoop and Scraper – Used to pick up the solidified blood and bodily fluids.

E. Chlorine Concentrate – Use to clean contaminated surfaces. Follow instructions in the kits. (If necessary, substitute with a 10/1-bleach solution)

F. Suitable Towelettes – Use the towelette to clean your hands.

G. Biohazard Labeled Red Plastic Bags – All contaminated materials used in the treatment of injuries and the disinfecting and cleaning of the area are to be kept in a separate biohazard marked, self-closing container with a biohazard marked plastic bay liner. These contaminated plastic bags will be sealed and handled only by trained personnel with latex rubber gloves and will be disposed of as required by law. The bags will be secured with no tears or leakage. Leaking and/or torn bags will be put into another intact plastic bag with biohazard markings.

## IV. PROCEDURE TO FOLLOW IF EXPOSED

A. Wash the exposed area with soap and water, then follow with suitable Towelette.

B. Report the incident immediately to your supervisor, Safety Manager or the DOA Safety Coordinator.

C. An 'Incident/Accident Investigation Form" will be filed by the Safety Manager and an "Employer's Report of Occupational Injury or Disease Form" will be completed by the Safety Manager if necessary.

D. The Safety Manager will notify the DOA Safety Coordinator that an employee is being sent for predetermined evaluation of the exposure. An exposed employee may seek the services of his own physician.

E. Disposal of contaminated clothing, cleaning materials, sharps, and bodily fluids will be prearranged with a vendor capable of complying with all applicable regulations. Safety Managers should contact the Office of State buildings in Baton Rouge at (225) 219-4820 to schedule proper cleanup and disposal.

## V. MEDICAL PROVISIONS

All Division of Administration employees, who have been identified as having exposure to blood or other potentially infectious materials during an situation, emergency or non emergency, will be offered the Hepatitis B Treatment at no cost to the employee. The employee may decline and sign a statement of refusal (see Appendix A). If any employee initially declines Hepatitis B Treatment, but at a later date decides to accept the vaccine, the vaccination shall then be made available at not cost to the employee. **The immunization series should be started as soon as possible, but in no event later than 24 hours.**

## VI. TRAINING

All employees will participate in a training program. The training shall be provided at least annually thereafter. The Safety Manager will schedule appropriate sessions within the guidelines of this policy.

## VII. RESPONSIBILITY

The Division of Administration supports and stresses the importance of following the guidelines of the Bloodborne Pathogens Program.

A. Safety Manager

1. Report, investigate, and document all exposure incidents.

2. Request the purchase of Bodily Fluid Clean-Up Kit and maintain replacements.

3. Ensures that the training for all employees is provided at the time of initial employment. All DOA employees must be trained at least once during the course of their employment with the Division.

B. First Aid/CPR Personnel

1. Will use universal precautions in the treatment of all victims.

2. Will follow the guidelines of this instruction.

3. Will attend all training sessions.

## VIII. QUESTIONS

Questions should be directed to the Division of Administration Safety Coordinator.

Appendix A

## EMPLOYEE'S REFUSAL TO TAKE HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline this vaccine, and understand that I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine; I can receive the vaccination series at no charge to me.

_____ _____

Signature Witness

_____ _____

Employee's Social Security No. Date